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Silent Trauma: Diabetes, Health Status and the Refugee

Silent Trauma: Diabetes, Health Status and the Refugee
By Tom LaVenture

Asian Americans are at increased risk for type-2 diabetes and its complications. There are significant barriers to diabetes management for Southeast Asian populations.

The National Diabetes Education Program recently published a monograph project called "Silent Trauma: Diabetes, Health Status and the Refugee." The work is intended to detail the impact of mental health conditions on diabetes prevention and control among Southeast Asians. It also provides successful outreach models to help health care providers and community leaders serving Southeast Asian communities arrive at solutions.

Despite nearly three decades of acculturation, survivors of war and genocide bare the emotional scars so deep that mental health conditions such as depression, anxiety and post-traumatic stress disorder are common and complicate diabetes management.

The U.S. Department of Health and Human Services' National Diabetes Education Program, the National Institutes of Health and the Centers for Disease Control and Prevention with the support of more than 200 partner organizations, created this new publication that explores the many special health needs and issues relevant to Southeast Asian Americans with diabetes. It offers resources, promising practices, and recommended action steps for health care providers, mental health professionals, public health leaders, and organizations serving Southeast Asian Americans.

Dr. Jane Kelly, program director, NDEP, Division of Diabetes Translation, has over 15 years of experience as a primary care provider in resource-challenged settings with cross-cultural diversity.

Dr. Kelly said that structure of a partnership network brings the clinical approach of evidence base diabetes prevention and control, together with organizations they rely upon to help identify the needs, how to reach people that may have diabetes, and with helping people better prevent and control diabetes.

The network also helps to raise awareness for healthcare professionals on how to work with patients, and for organizations in their role of awareness education and prevention and control.

Health care providers not set up to screen appropriately in multicultural health settings often misinterpret traditional health practices that can lead to errors in diagnosis, and exclude background information of existing conditions challenging diabetes care.

This publication is unique for its pairing of diabetes management with mental health care. They provide questionnaires to assist diagnosis of post-traumatic stress disorder (PTSD). They offer shared experiences of mental health providers working with Southeast Asian Americans, and supporting regional data on PTSD and depression and their impact on morbidity and mortality.

"The monograph details the impact of mental health conditions on diabetes prevention and control among Southeast Asians," said Dr. Kelly. "It also provides successful outreach models to help health care providers and community leaders serving Southeast Asian communities arrive at solutions."

Dr. Kelly said the publication dismisses the stereotypes that have some believing Southeast Asians with less body mass, are less at-risk for diabetes. Genetic predisposition counts as much as the manageable and preventable risk factors.

Southeast Asians refugees also have higher rate of PTSD, Anxiety and

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Depression from exposure to war and genocide. The study reveals how an existing mental health condition, even if decades old, can compound the day-in and day-out self-management concerns of food monitoring, physical activity, taking care of skin and feet, and seeing a doctor regularly.

“We didn’t want to just raise awareness; we also wanted to be part of the solution,” she said.

Khmer Health Advocates, Inc. is a non-profit organization in West Hartford, Connecticut, is one organization that is one example of a community based intervention program to help people with diabetes, compounded with mental health issues.



Theanvy Kuoch, MA, LPC, executive director, Khmer Health Advocates, is a member of the NDEP Asian American Pacific Islander Work Group and a co-author of the monograph. She has published many articles on the issues of health care for Cambodians.

Ms. Kuoch is the Chair of the National Cambodian American Health Initiative. She holds a Masters Degree in Refugee Mental Health and Contextual Family Therapy and provides therapy as part of the KHA torture treatment team. She is on the board of directors of the National Asian American and Pacific Islander Mental Health Association and the steering committee member of the National Diabetes Education Program.

She has received numerous awards for her work with refugees, including the Women's commission for refugee women and children award. In 1991, President George Bush named her the “Point of Light” for her volunteer work with refugee and in 1984, the United Nations? named her “Outstanding Woman of Connecticut.”

Now a mother and a grandmother, Ms. Kuoch is a survivor of the Cambodian Holocaust. She lived through war and the killing fields. She came to this country very depressed and could not function. Were it not for friends who understood that she suffered from refugee trauma, she would not have gone to see a psychiatrist. That experience saved her, and she went to school to become a family therapist to help others.

“Since I came to the United States 27-years ago, this is the first time anyone has put together something like this for the Cambodian community,” said Kuoch. “I am very grateful in that it brings out the trauma issues and how it impacts health to the health community and policymakers.”

Today’s version of her close and attentive friends, are the many volunteer caregivers that work with organizations to provide support with clinical care and health management and social services.

These people help diabetics with depression and other mental health issues that would otherwise find it difficult to stick to their diet and exercise regime, to care about themselves and see the importance of eating right and taking that 30 minute daily walk.

“Those conditions make it seem futile for healthy behavior changes and its harder to make healthy behavior choices around food and physical activity if suffering from anxiety or depression,” she said.

Kuoch said that without this attention people don’t go to the doctor until they are ready for the emergency room, and by then it is often very serious and sometimes too late.

“That is why the community outreach workers and health navigators and cross cultural outreach workers play a very vital role in navigating the people who have no self-esteem,” said Kuoch. “It is almost like they gave up on themselves, and we need to encourage them and support them very compassionately to see the doctor and to explain that this is a survivor of torture, and that they need to know what happened.

“For them, they don’t believe that talking to the health care provider will help anything. They love the navigator,” she added.

Both Dr. Kelly and Ms. Kuoch said the solutions include adequate funding of diabetes management programs, to include the people that bridge the gap and go out to the people who need help understanding

healthy lifestyle choices in otherwise isolated communities.

“The community health worker has the essential role of bringing client back to health,” said Kelly. “The community-based organizations know the culture, and have the trust of the community, and know their needs and can administer to them personally on behalf of mainstream agencies.”

Telemedicine is an obvious step for the relatively few caregivers who can speak to people in their first language and know the culture, and can appreciate first hand their past experiences. One person can reach man people throughout the day, individually and in groups, via teleconference online.

This is also a way for larger communities with more resources to help the smaller pocket communities around the country.

Download a free copy of the Silent Trauma monograph online at www.KhmerHealthAdvocates.org, www.CambodianHealth.org, or www.ndep.nih.gov.

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