

# **NATIONAL DIABETES EDUCATION PROGRAM**

---

## **NATIONAL PROGRAM TO PROMOTE DIABETES EDUCATION STRATEGIES IN MINORITY COMMUNITIES: 2005–2010**

### ***National Town Hall Meeting Brings Cambodian Community Together to Discuss Health, Diabetes and Trauma***

#### **PROBLEM STATEMENT**

Cambodians arrived in the United States as refugees in large numbers in the 1980s, after fleeing war, torture and genocide. Today, Cambodians are dying at a rate six times higher than the general population from diabetes complications<sup>1</sup>. Chronic conditions such as diabetes are exacerbated by trauma experiences<sup>2</sup>. A health crisis has been declared in the Cambodian community due to escalating health problems and diminishing resources. Innovative technology must be used to bring together geographically dispersed communities to identify community needs, solutions and resources. The Cambodian community is scattered across the United States. According to the 2000 Census data, the geographical distribution of Cambodians presents a challenging picture. Although approximately 50% of Cambodians live in two States—California and Massachusetts—the remaining 50% live in cities with populations of 7,000 or less. Cambodians who live in less populated areas are particularly vulnerable because of their limited access to services such as health care and because of their higher risk of social isolation. At Khmer Health Advocates (KHA) we rely heavily on our collaborative efforts to ensure that we reach all Cambodians, specifically those who are socially isolated.

#### **DESCRIPTION OF THE ACTIVITY**

A National Cambodian Town Hall Meeting was convened by KHA's National Diabetes Education Program (NDEP)-funded National Cambodian American Diabetes Project (NCADP) on April 17, 2006. The purpose of this meeting was to mobilize the community to identify needs related to diabetes, to promote diabetes awareness and to develop community action plans to address diabetes as one facet of a larger health emergency in Cambodian communities. This town hall meeting was the first national meeting for the Cambodian community and it took approximately 4 months to plan. The meeting was hosted by our project site, the Cambodian Association of Illinois, and used videoconferencing technology to bring five communities together. Universities and community-based organizations provided space for people to gather and participate in the meeting. These five communities included:

- Farmington, Connecticut—University of Connecticut Health Center
- Lowell, Massachusetts—University of Massachusetts
- Portland, Oregon—Immigrant Refugee Community Organization

---

<sup>1</sup> Centers for Disease Control and Prevention. (2003). *State program in action: Exemplary work to prevent chronic disease and promote health*. (p.85). Atlanta, GA: Centers for Disease and Control and Prevention.

<sup>2</sup> National Diabetes Education Program, U.S. Dept. of Health and Human Services. (June, 2006). *Silent Trauma: Diabetes, Health Status, and the Refugee Southeast Asian in the United States*. (p. 11). Available at <http://ndep.nih.gov/diabetes/pubs/SilentTrauma.pdf>.

- Long Beach, California–Cambodian Association of America
- Chicago, Illinois–Cambodian Heritage Museum and Killing Fields Memorial

Members of Cambodian communities, including youth and elders, Cambodian community organizations, Cambodian faith-based organizations, State agencies (Diabetes Prevention and Control Program), health professionals and health experts that served Cambodians, and national Asian and Pacific Islander (API) organizations were invited to attend. The 5-hour national town hall meeting was held on April 17, 2006, with over 400 in attendance. Verbal testimonies concerning participants' health-related concerns were heard from 40 community members and Cambodian health experts.

Themes from the testimonies included high rates of diabetes, cardiovascular disease and stroke associated with extreme trauma, poor health, concerns over accessing health care, and the need for Khmer-speaking community health workers (CHWs). In addition to the verbal testimonies, 159 community members completed written testimonies. Of that number, 20% reported having diabetes and 72% identified language as a barrier to accessing healthcare. To address these and other concerns raised, KHA has focused our programmatic activities on the needs identified by the community. For example, the following themes were identified at the town hall meeting and are central to the NCADP's activities and interventions:

- Community health workers are vital in improving diabetes care and awareness
- Diabetes is a comprehensive condition, in which cultural, social, family, community, and emotional factors must be addressed
- Trauma plays a major role in contributing to diabetes within the Cambodian community
- The community can deliver the best services; the healing process is not dependent on outside experts; instead, the community is capable of healing with the assistance of key external resources

## **RECIPE FOR SUCCESS**

This town hall meeting would not have been possible without the dedication and support of our partners. All NDEP-funded program staff and members of the National Cambodian American Health Initiative (NCAHI) steering committee were involved in outreach, logistical coordination and promotion. The NCAHI is a national collaboration of community-based organizations and individuals committed to addressing Cambodian health issues on a national level. Members from its steering committee serve as advisors to NCADP. Countless community volunteers were involved in these activities as well. The NCADP evaluation team assisted with documenting participation, and analyzing the verbal and written testimonies. Technical expertise was provided by Paul Ouk (KHA Information Technology Director), HB communications, universities, and a production company. Federal and State agencies were involved in event promotion and two federal workers were asked to serve as commissioners. The commissioners were chosen on the basis of their expertise in the areas of health and community. Their role was to facilitate discussions at the town hall meeting and to provide objective oversight for a summary report and community action plan. Universities and community-based organizations also provided meeting space.

As a result of the meeting, 1,000 posters and 5,000 postcards advertising the meeting were disseminated to 58 Cambodian organizations and temples, relevant State and government officials, health experts, and community members from across the nation. Outreach materials were also disseminated through mail lists and Asian supermarkets and temples, through the help of CHWs, the NCAHI steering committee members, and community volunteers. NDEP materials, including

the brochures *Take Care of Your Heart and Two Reasons I Find Time To Prevent Diabetes* as well as the NCADP project brochure, were disseminated during the meeting to promote the prevention of diabetes and complications from diabetes. The availability and use of technological innovations such as videoconferencing was also a major ingredient for success.

## **IMPLICATIONS OF THE SUCCESS STORY**

The town hall meeting was made possible because of the strong will of community members. Technology enabled us to successfully capitalize on this will and provided a forum for regional Cambodian communities to unite as a national Cambodian committee to articulate its health-related concerns. We were able to strengthen existing partnerships and develop new partnerships across all sectors of our community while increasing awareness of diabetes and sharing NDEP messages, materials and resources. Using technological innovations. It is important to have staff, whether in-house or consultants, who have the knowledge, experience and expertise to use the technology, assess network capacity, and troubleshoot as needed. It is also important to set aside enough time to adequately plan an event of this scale and scope.

As a result of the town hall meeting, reports were created documenting the details of the meeting and summarizing the community's health care needs, including diabetes-related needs. This latter report is referred to as the Health Emergency Report. KHA is also organizing and conducting a national strategic planning meeting and is in the process of establishing a national clearinghouse for health information for the Cambodian community that includes Khmer-translated NDEP materials. KHA also has actively supported the development of Khmer-speaking community health workers. Future efforts include improving technology to share resources nationally; improving national awareness of the health needs of the community; and developing interventions to specifically address diabetes and diabetes-related health problems such as cardiovascular disease, stroke, and serious psychological distress.

## **ORGANIZATIONAL INFORMATION**

Khmer Health Advocates

Theanvy Kuoch, MA, LPC

Phone: 860-561-3345

Email: [info@khmerhealthadvocates.org](mailto:info@khmerhealthadvocates.org)

Web site Address: [www.Cambodianhealth.org](http://www.Cambodianhealth.org)

Diabetes Program Page: <http://www.cambodianhealth.org/ncadp>

**This program is supported by Cooperative Agreement Number U58/DP 124586 from CDC.**

**The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of CDC.**