



# Connecticut Asian Pacific American Health Equity Concerns

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*We want to recognize the Connecticut Health Foundation for funding this report  
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## Executive Summary

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Asian Pacific Americans (APAs) are the fastest growing minority group in Connecticut (CT). Dr. William Howe, a former Asian Pacific American State Commissioner stated, “the Asian community is the largest minority in 40 percent of Connecticut’s school districts.”<sup>1</sup> The APA population more than doubled in size in the last decade, notably with the increase of many Southeast Asian refugee and immigrant communities. Connecticut’s Asian American population grew from 95,368 in the year 2000 to 157,088 in 2010 – a 65% increase.<sup>2</sup> The diversity of APA communities means there are new and different health needs to address, among them language issues, health literacy, and health concerns related to poverty and trauma. This report looks at the many health access issues that affect APAs, specifically Southeast Asian refugees and immigrants from Cambodia, Laos, and Vietnam. Even with the implementation of the Affordable Care Act (ACA) and Culturally and Linguistically Appropriate Services (CLAS) standards, APAs continue to face barriers to healthcare. APAs remain some of the most neglected racial/ethnic minority groups in CT and in the US.

Based on mutual interest in the ultimate goal of strengthening Connecticut’s healthcare system’s ability to provide culturally competent and linguistically accessible services to the state’s APA communities, the Asian & Pacific Islander American Health Forum (APIAHF) and the Connecticut Asian Pacific American Affairs Commission (APAAC) developed a statewide Coverage to Care for Asian Pacific Americans (C2CAPA) Project in 2015. APAAC worked closely with multiple APA communities to address the rising needs of the diverse APA population. APAAC’s previous health efforts included partnerships with grassroots leaders from the Cambodian, Lao, and Vietnamese communities to conduct the state’s first needs assessment on the Southeast Asian communities in 2014. In this current C2CAPA effort, local community coalition partners provided ACA education and outreach in order to promote APA health insurance enrollment in CT. During these sessions, coalition partners documented community members’ previous and current barriers to accessing ACA education and healthcare services. The community feedback informed this report.

The report objectives are to:

- Identify the key healthcare stakeholders and who is working on healthcare in Connecticut’s Southeast Asian community
- Understand knowledge of health equity and health disparity as it affects Connecticut’s Southeast Asian community
- Understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community
- Understand how key informants think about solutions to health issues

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<sup>1</sup> Campbell, Susan. “Asian-Americans Shun Mental Health Care.” Connecticut Health I Team. May 7, 2013. Accessed August 03, 2016. <http://c-hit.org/2013/05/07/asian-americans-shun-mental-health-care/>.

<sup>2</sup> “APA Facts.” Connecticut Asian Pacific American Affairs Commission. Accessed August 03, 2016. <http://ctapaac.com/areas-of-concern/apa-facts/>

## Methodology

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The report was created with the help and partnership of three community-based organizations led by Southeast Asian leaders: the Connecticut Coalition of Mutual Assistance Associations (CCMAA), Khmer Health Advocates (KHA), and Lao Association of Connecticut (LAC). Each organization organized educational healthcare events and administered hundreds of surveys to community members before and after each event. These organizations also reached out to dozens of key community members and leaders to conduct key informant interviews. This wealth of community data informed the report and helps us understand APAs' experiences with the healthcare system in CT.

The research questions were developed with input from APA community members and leaders. Preliminary drafts of the surveys and key informant questions were sent to the Asian Pacific American Affairs Commission (APAAC), which made suggestions for possible changes, additions, or deletions.

Research question topics included:

- Background
- Key healthcare stakeholders
- Level of knowledge about health equity in CT
- Understanding of access to healthcare and awareness of healthcare services within the community
- Solutions to health issues
- Leadership & Policy

The survey administrator analyzed quantitative data from survey results and qualitative information from key informant interviews. Survey responses were imported into Microsoft® Excel, where data analysis was completed.

A total of **412** surveys and **81** key informant interviews were conducted.

APA organizations used interpreters to conduct interviews in community settings. All interviews were translated from native languages into English for the report. Additionally, community leaders in partnership with the State Innovation Model's Consumer Advisory Board (SIM CAB) held a "Listening Forum" in October 2015, which attracted over 150 Southeast Asian community members to learn about community perspectives on healthcare equity issues and to share relevant healthcare information.<sup>3</sup>

*Note: The complete pre and post survey questionnaire and key informant interview questions for community members and leaders are available for reference in the appendices.*

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<sup>3</sup> Becker, Arielle Levin. "Language Barriers Compound Disease, Trauma for Southeast Asian Refugees." The CT Mirror. October 21, 2015. Accessed August 03, 2016. <http://ctmirror.org/2015/10/21/language-barriers-compound-disease-trauma-burden-in-southeast-asian-refugees/>.

## Key Findings

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Limited services exist to support APAs with healthcare access in CT. Most Southeast Asian refugees and immigrants encountered a range of difficulties relating to language, transportation, and cultural barriers when trying to address their healthcare needs.

APAs struggled mostly due to language and transportation barriers. Notably, many Southeast Asians continue to rely on family and friends to set up doctors' visits, to interpret in healthcare settings, and to help decipher follow-up instructions. Additionally, many elderly APAs lack transportation to consistently get their annual check-ups, much less attend follow-up appointments. Reliance on community members for language help and for transportation prevent APAs from properly accessing healthcare. Translation and interpretation support from qualified professionals is critical to healthcare access for Southeast Asians.

APAs also struggled to find healthcare due to cultural barriers. Many felt that doctors do not understand them or the backgrounds. Community members wanted more APAs represented among healthcare providers, or that providers at least knew about their specific healthcare concerns. People wanted any ongoing healthcare research on APAs to have disaggregated data (by ethnic group) so healthcare providers and policy makers can understand the differences between different APA communities and treat them accordingly.

## Recommendations

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- 1. Offer Comprehensive and Reliable Translation and Interpretation Services:** While more bilingual and bicultural health providers are needed, one strategy to addressing APA healthcare access issues is a comprehensive plan to offer trained, qualified interpreters in healthcare settings and translated healthcare materials (including drug prescription, patient education, and shared decision-making materials) across different APA languages. Easy access to telephone and video interpreter services also should be part of the strategy. Trained interpreters help APAs understand their diagnoses, participate more fully in their healthcare, complete follow-up care, and engage in preventive behaviors. Behavioral health is a service for which it is especially important to have qualified, trained interpreters and translated materials.
- 2. Offer Culturally Appropriate Behavioral Health Services:** Mental health and addiction issues are already stigmatized in APA communities. Without these essential services, many APAs who can benefit from therapy or outpatient services cannot and will not use preventive behavioral healthcare. Many Southeast Asian refugees have trauma histories, post-traumatic stress disorder (PTSD), and lack language skills to address these issues. Without bilingual and bicultural staff and/or qualified, trained interpreters on staff, agencies may rely on family members, untrained staff, or community health workers to do this essential work. However, relying on family members or friends to provide verbal interpretation about subject matter that is personal and stigmatized in many communities can be detrimental to treatment. The commitment to offer interpretation and translation services should come from the Department of

Mental Health and Addiction Services (DMHAS) and from other state agencies whose charge is to help refugees adapt to life in the USA.

- 3. Offer Accessible Healthcare Providers or Transportation to Healthcare Appointments:** To address transportation issues, healthcare agencies should be within walking distance to APA communities, be within easy access to main bus lines and transportation hubs, or offer in-home services for community members who struggle to leave their home. In-home services can include helping people manage medications, offering therapeutic conversations to address mental health concerns or loneliness, and providing basic preventive medical care. Health insurance companies should ensure their provider networks offer services to meet these needs.
- 4. Train healthcare staff to be culturally competent and aware of issues specific to refugee communities:** In addition to language services, healthcare providers must seek to improve their hiring of bilingual and bicultural staff and offer culturally competent care. Hiring APA healthcare staff can help APA community members, but APA staff cannot always adequately represent all APA clients. Given the growing APA populations in CT and the diversity within the APA community, it is important that all clinicians are trained to be more culturally sensitive to different APA communities' needs. Creating an atmosphere of inclusion and offering culturally competent care are key elements to increasing APA access to healthcare. Culturally competent care includes providing interpretation services, knowledge of community needs and challenges, and a way to provide follow-up assistance. This can mean creating a welcoming office with understanding, reliable clinicians who listen and who help people feel at ease. Community Health Workers can also help clinicians provide culturally competent care for our APA communities.
- 5. Continue to Research APA Community Needs and Disaggregate the Data:** APA healthcare needs are distinct from other minority groups, and within the diverse APA community, it is important to distinguish which groups need what kinds of support. Disaggregation of APA health data by race/ethnicity and primary language is key to understanding the differences between Khmer, Lao, Vietnamese, and other Asian American groups in CT. Gathering this data should be an integral part to developing cultural competency for healthcare providers.

## Conclusions

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As the APA population continues to age and expand across the state and nationwide, we must do a better job of addressing APA communities' healthcare needs. To do this, we must address gaps transportation, in translation and interpretation, and offer culturally competent care.

Before APA health equity can be advanced in Connecticut, APIAHF and APAAC believe that it is important for policymakers, potential funders, and community stakeholders to have an understanding and appreciation of APA health inequities and related social determinants of health. This report is intended to help raise this awareness. Ultimately, the intention is to galvanize multi-sector attention and interest to better address the individual, community, and systematic barriers that can impede APAs

from getting educated about the ACA, enrolling for health benefits, and navigating the healthcare system.

Due to state budget cuts, APAAC no longer exists as a standalone entity since July 1, 2016. APAAC was consolidated into the new legislative Commission on Equity and Opportunity (CE&O), which also includes the commissions on Latino and Black American communities. CE&O has a mandate to focus its efforts on quality of life for members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state: That all such members are (A) healthy, safe and achieve educational success; (B) free from poverty; and (C) free from discrimination. APAAC staff will work within the new, broader Commission to support APAs and all people of color in Connecticut. Although APAAC itself will no longer exist, its dedication to serving APAs and all marginalized peoples in Connecticut persists in the CE&O.

# Summary of Results

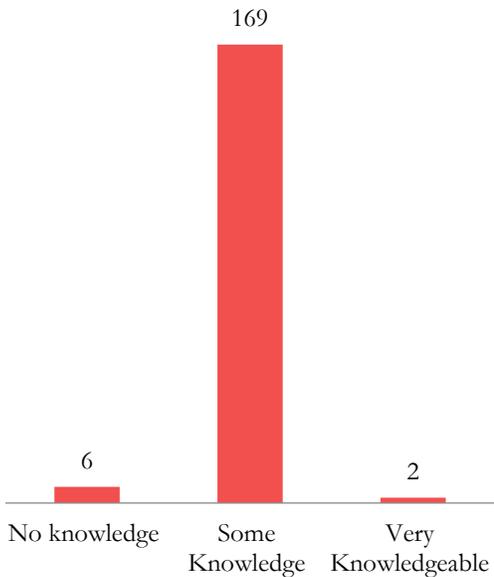
## Survey Results from Community Healthcare Events

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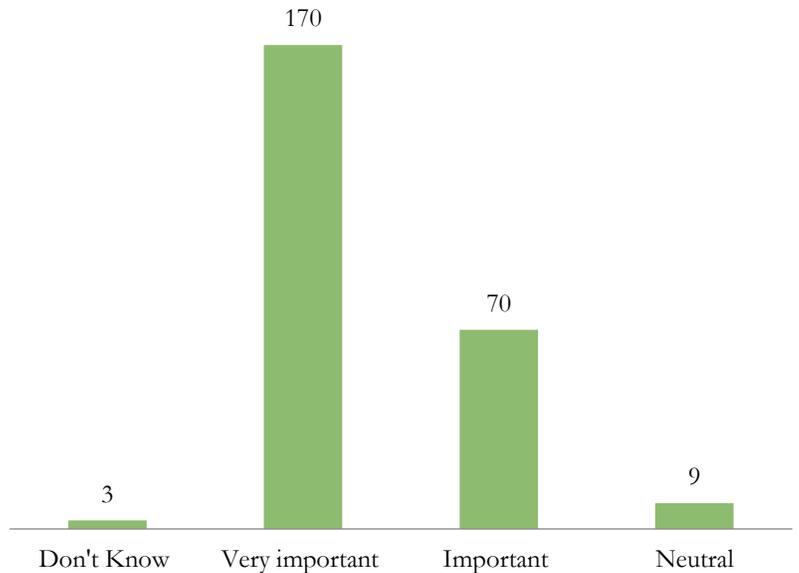
Three community-based organizations: Connecticut Coalition of Mutual Assistance Associations (CCMAA), Khmer Health Advocates (KHA), and Lao Association of Connecticut (LAC) organized dozens of educational healthcare events in their communities. These events occurred at temples, grocery stores, and community organizations, and offered education and discussion about the Affordable Care Act (ACA). The community healthcare events also offered free educational materials from Connecticut's healthcare exchange, Access Health CT (AHCT) for people to learn about healthcare and health insurance. In addition, these three community-based organizations administered hundreds of pre and post surveys to community members before and after each event to learn about people's healthcare experiences. The following results of the pre and post surveys represent **412** unique Southeast Asian individuals who attended these health sessions.

# Pre Community Healthcare Event Survey Results

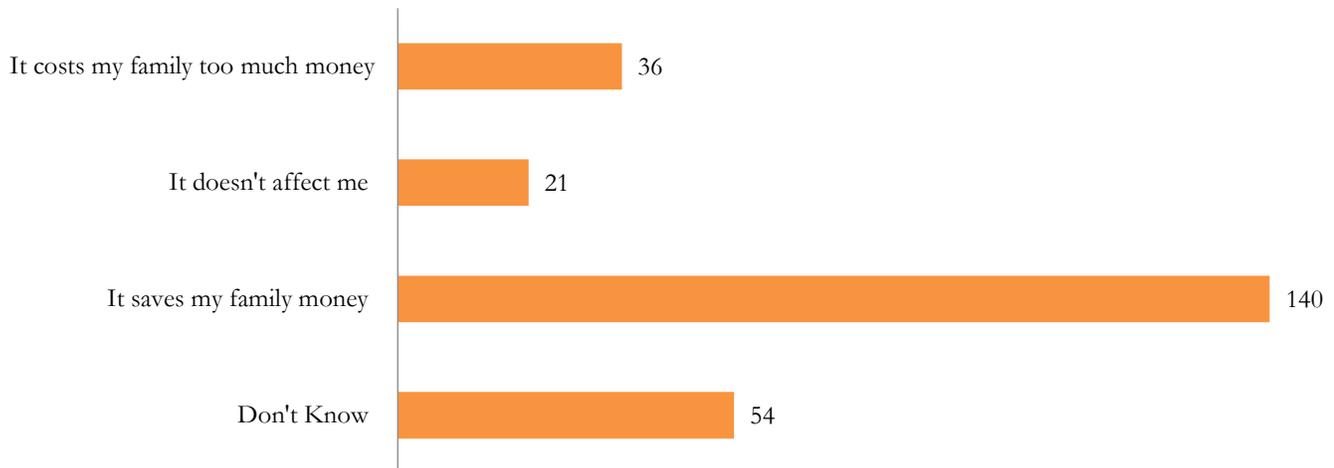
## 1. What is your knowledge of ACA?



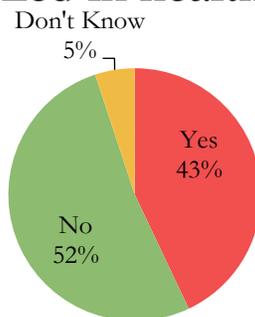
## 2. How important is health insurance for you?



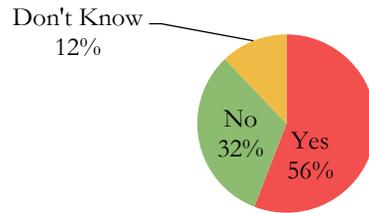
## 3. How does the ACA affect you?



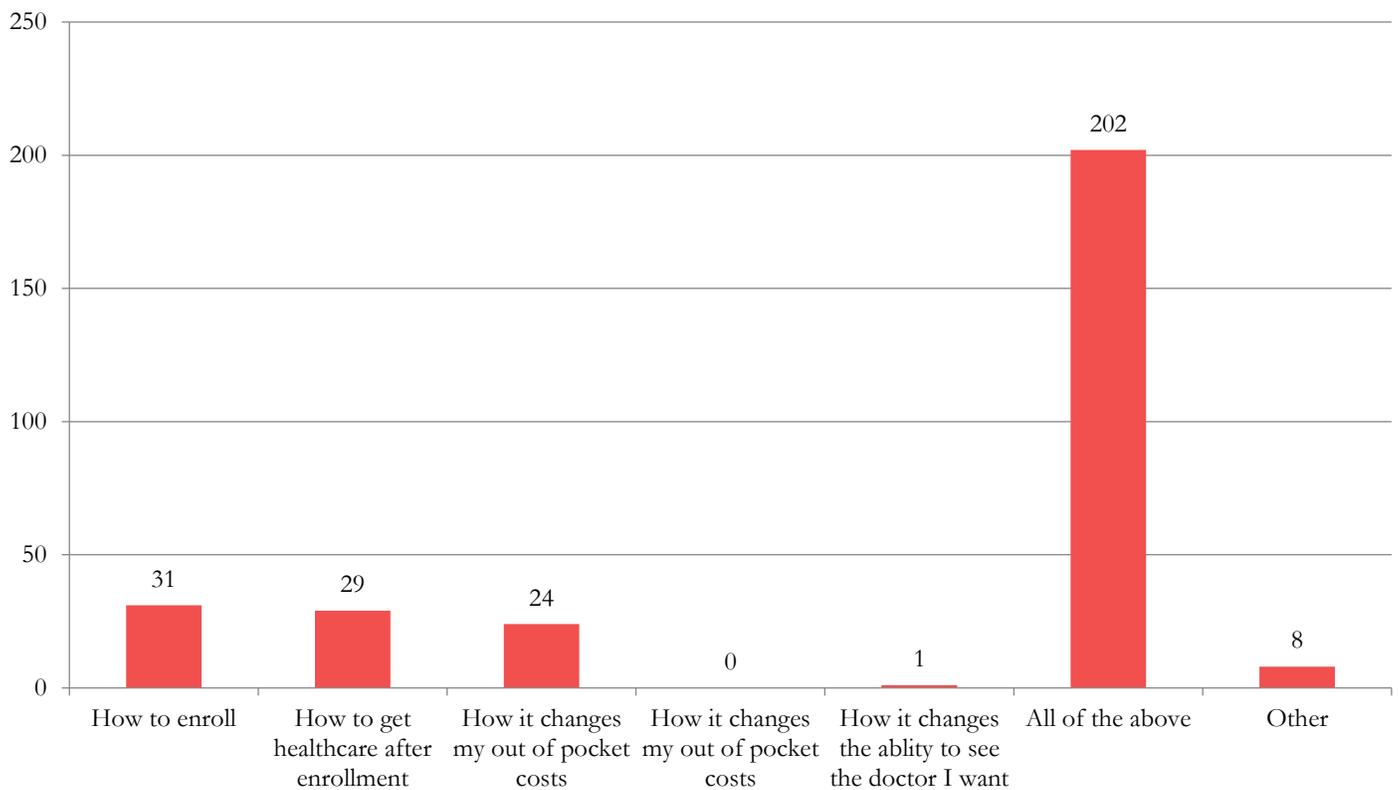
## 4. Are you enrolled in health care coverage?



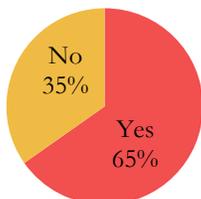
### 5. If you are not enrolled, do you know how to sign up for health care coverage?



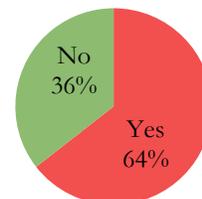
### 6. What do you want to know about the ACA?



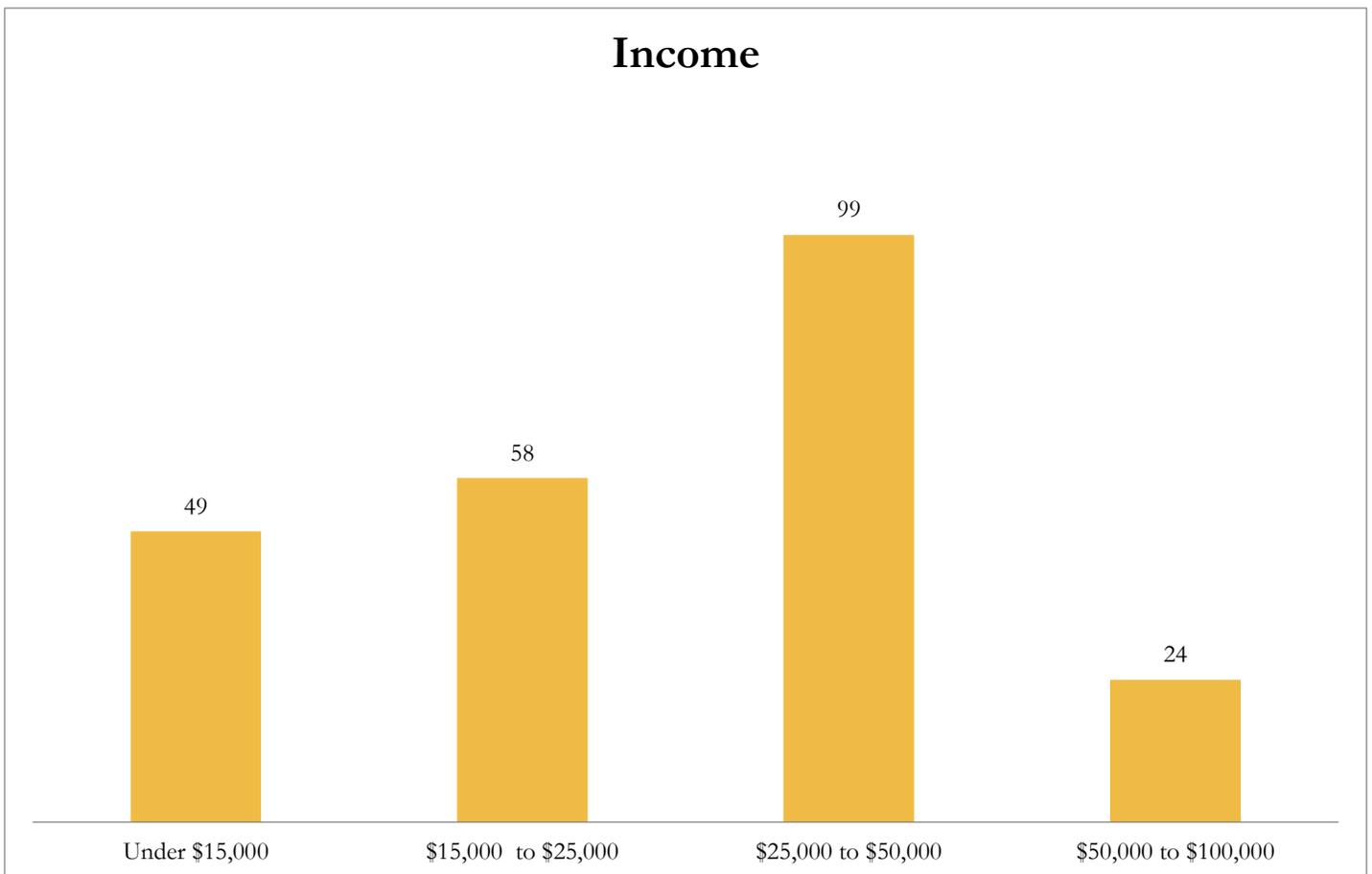
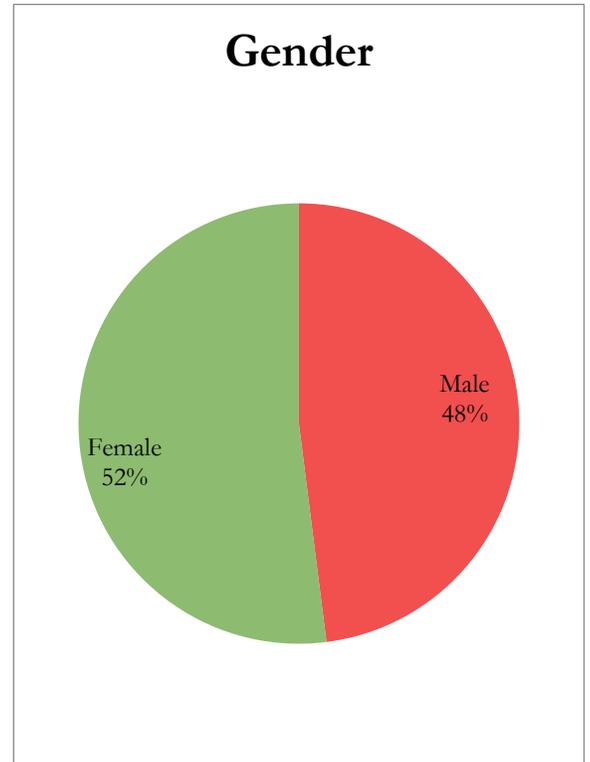
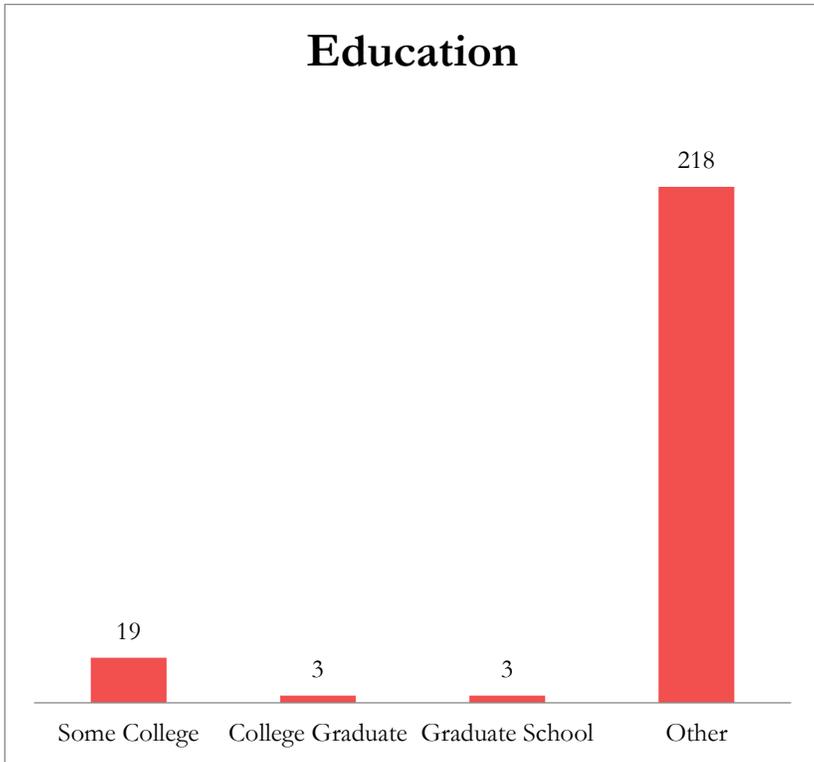
### 7. Did you know patients have the right to get a free translation services?



### 8. Did you know patients have the right to get free health information translated into their native language?



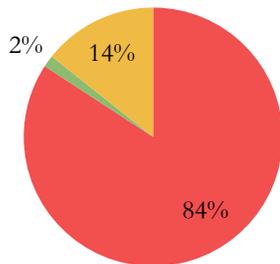
# Demographic Information for Survey Respondents:



# Post Community Healthcare Event Survey Results

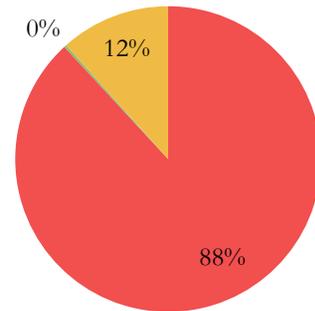
**1. Do you know who to talk to if you want more information?**

■ Yes ■ No ■ Don't Know



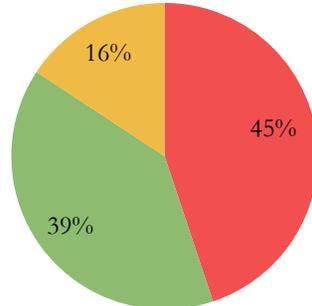
**2. Was this session helpful to you?**

■ Yes ■ No ■ Don't Know



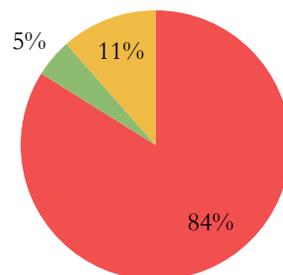
**3. Based on what you learned, are you going to enroll?**

■ Yes ■ No ■ Don't know



**4. Did this session help you understand that you have options to your plan?**

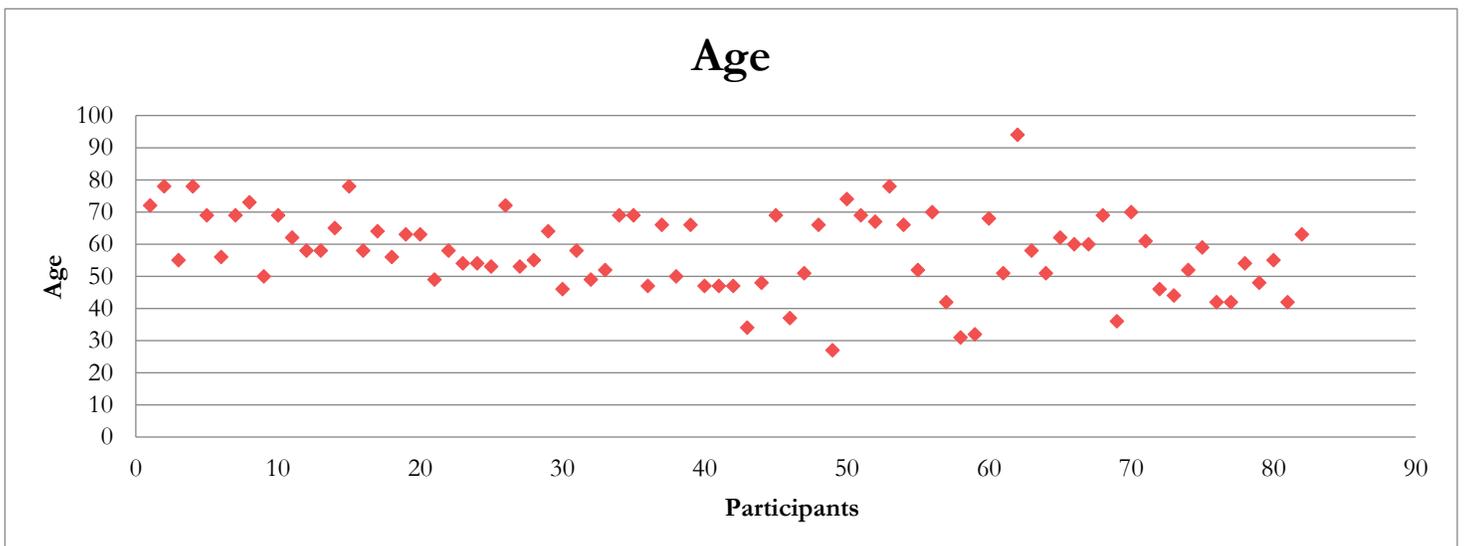
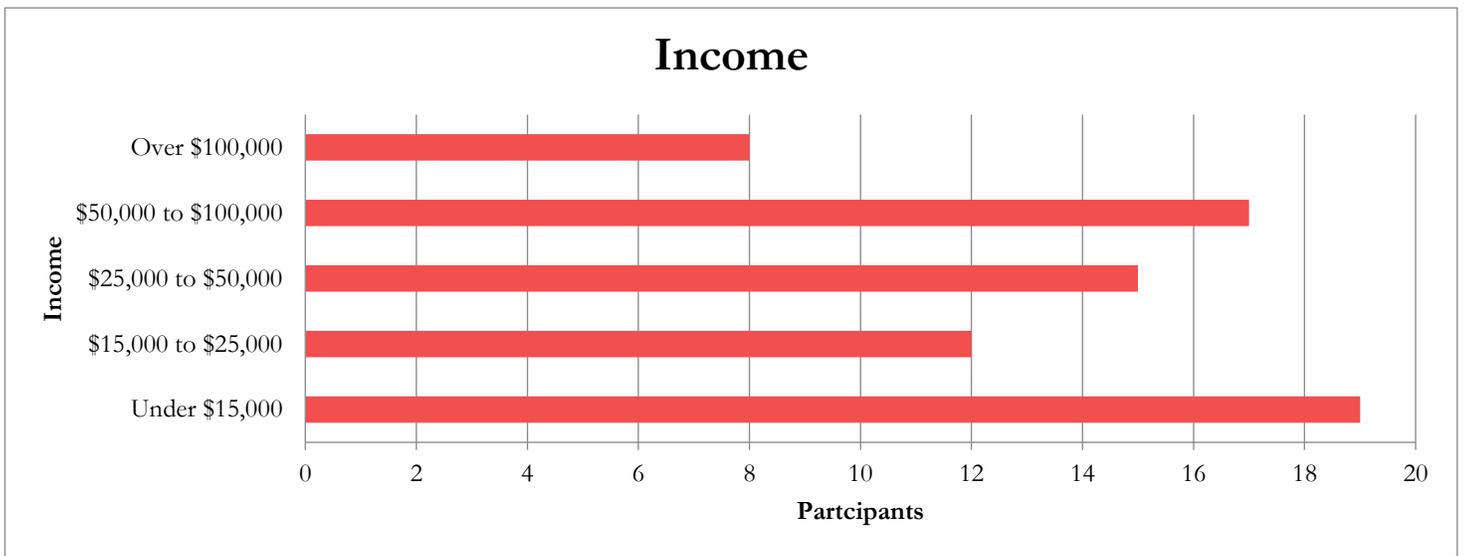
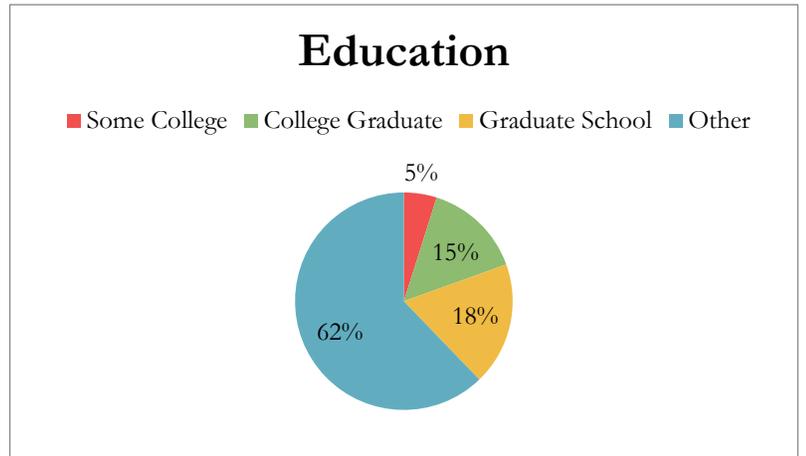
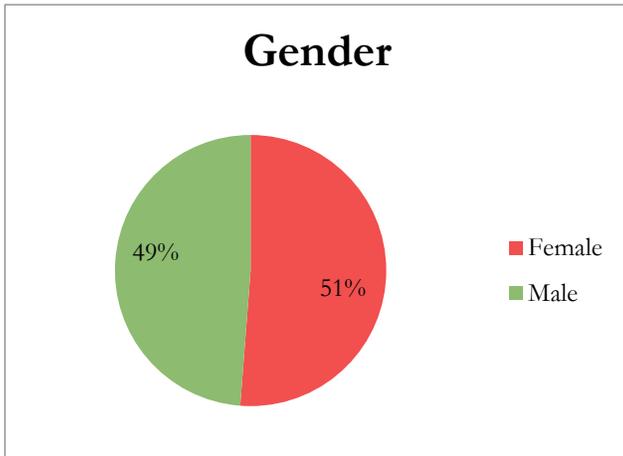
■ Yes ■ No ■ Don't Know



# Key Informant Surveys: Numbers

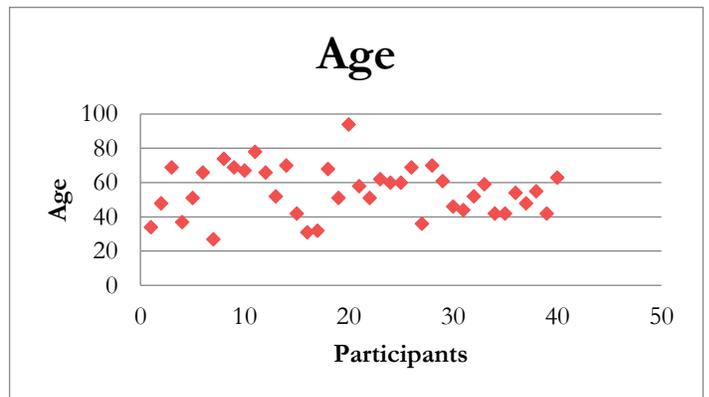
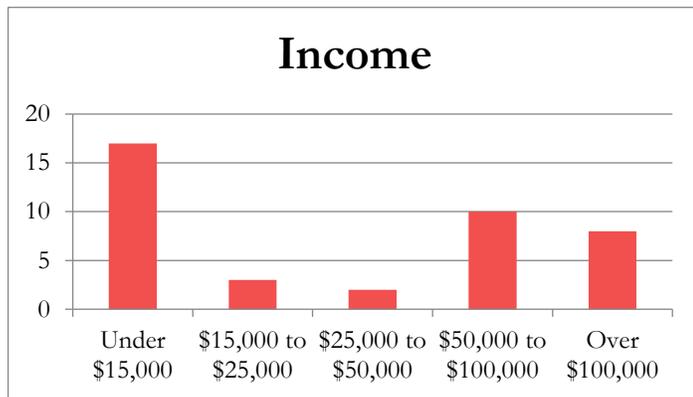
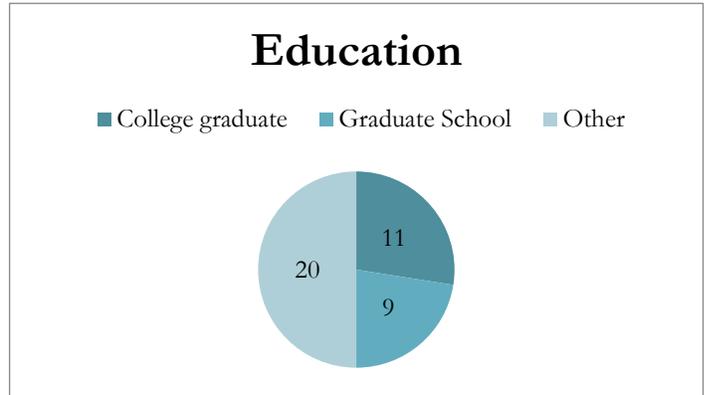
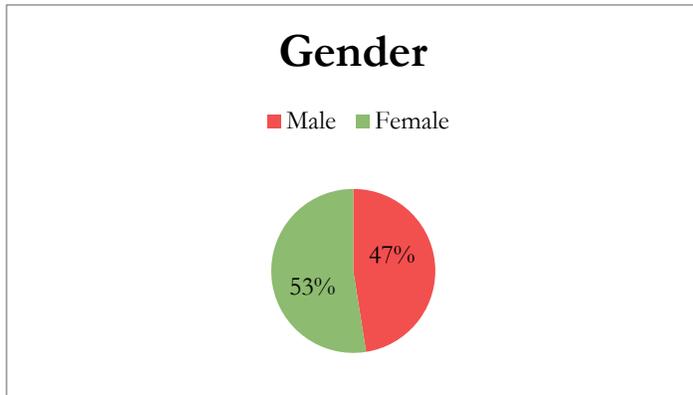
In addition to surveys, the three community-based organizations met with people one-on-one to learn about their stories, and gathered **41** key informant surveys for community members and **40** key informant surveys for community leaders.

## Total Key Informant Survey Demographics:

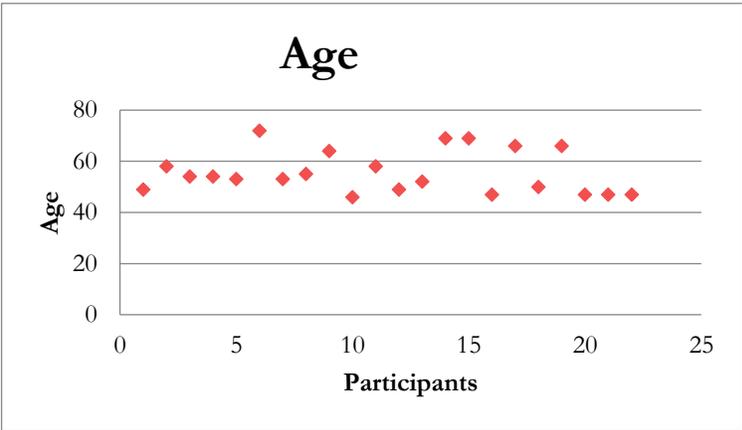
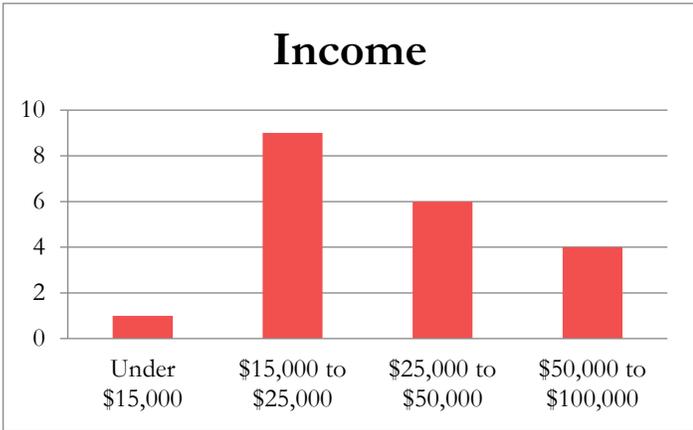
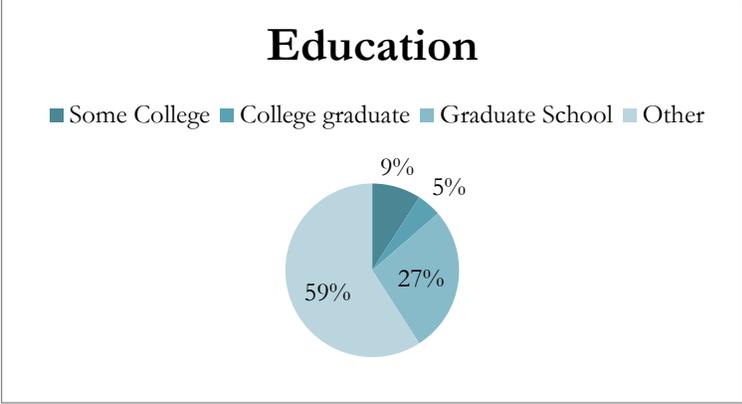
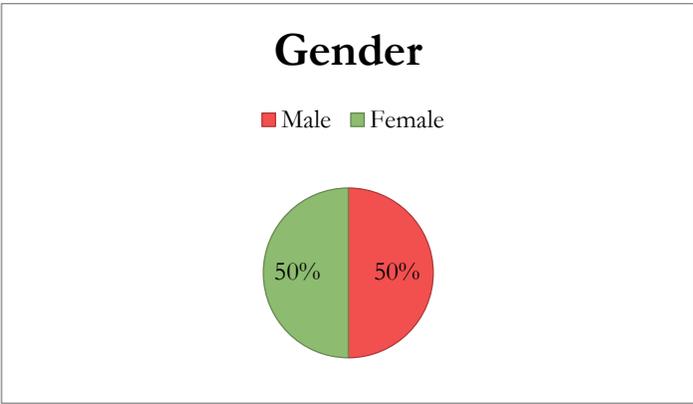


# Disaggregated Demographics:

## CT Coalition of Mutual Assistance Associations (CCMAA):



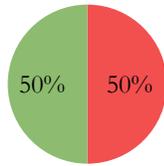
# Khmer Health Advocates (KHA):



# Lao Association of CT (LAC):

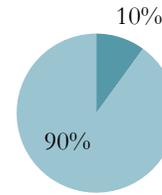
## Gender

■ Male ■ Female

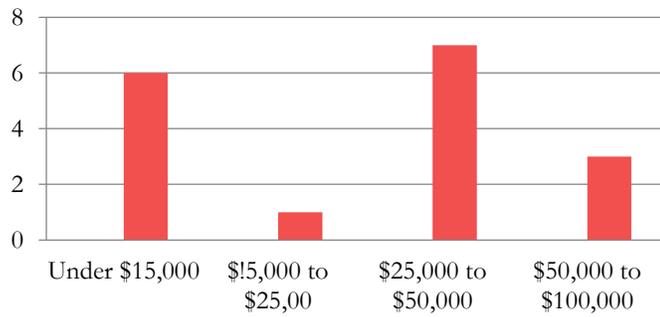


## Education

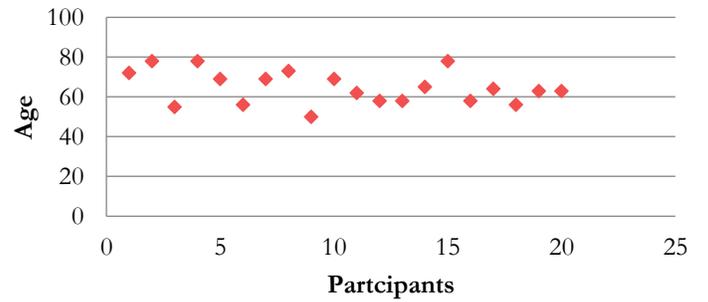
■ Some College ■ Other



## Income



## Age



## Key Informant Surveys for CCMAA Community Members

### ***Goal 1. Background of interviewee and services provided***

The CT Coalition of Mutual Assistance Associations (CCMAA) community members ranged from people in their thirties to retired folks. The oldest community member was 94 years old. People shared that they were worried about their health and that of family members. People also wanted health insurance for their family.

Most community members mentioned the role of CCMAA in helping them get healthcare access. One way CCMAA did this was by offering help with health insurance coverage, either via enrolling them in the Affordable Care Act (ACA) or by helping translate and fill out forms for people. CCMAA also helps community members with reading letters and contacting doctors. People cited the Department of Social Services (DSS) and the Social Security Administration (SSA) as state agencies they work with in the area.

Community members talked about being part of the lower socioeconomic class, where they struggle with health access because many doctors do not accept their health insurance. People shared that “many low-paying jobs do not provide affordable health insurance.” Some acknowledged that “Obamacare helps.” Some community members felt isolated or “lost in American society.” Others talked about struggling with mental problems due to the war. One person shared that they were lonely and depressed since their wife passed away. Some talked about being elderly without support from family members. Elderly people need help with translation and with transportation. People wanted help with paperwork and English, with navigating healthcare symptoms, medical services, and dealing with DSS and SSA requirements. People are confused about various choices of health insurance.

### ***Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community***

Community members identified CCMAA as a key healthcare stakeholder in the community, and as an organization that is working on healthcare. Obamacare is another key healthcare stakeholder identified.

Community members believe that we should be talking to a range of people about healthcare in CT. These people include Vietnamese immigrants, less educated or non-English-speaking Vietnamese, elderly people, families without health insurance, people with low paying jobs who cannot afford company insurance, and ex-soldiers who survived re-education camps.

### ***Goal 3: To understand the interviewee’s knowledge of health equity and health disparity as it affects Connecticut people***

In terms of health issues, Vietnamese people struggle most with not having English skills, which means they cannot make doctors’ appointments. Some people may have language skills but still are not familiar with American society, so they struggle with navigating the system. People shared they need assistance with making arrangements for healthcare. Elderly Vietnamese who have no family feel isolated. Some Vietnamese without health insurance will go back to Vietnam for more affordable treatments, but this is risky and still expensive. People also believed that some low-income workers do not buy insurance from companies because it’s expensive. In regards to physical health issues, people shared they struggled with high blood pressure due to salty food. Some shared that Vietnamese may

not realize the severity of diabetes and high blood pressure. Others acknowledged that they are too busy making a living to pay attention to their health.

The main barriers for Vietnamese to access high quality healthcare involve language or transportation. Vietnamese community members feel they do not understand the medical system and do not understand American society. They are not familiar with DSS requirements. Vietnamese community members explained that since they are struggling to survive financially, they cannot afford time off from work to get medical help, especially preventative care. Some lack general knowledge of health issues. Others lack health insurance and therefore cannot access quality healthcare. People acknowledged that adapting to new environments is especially difficult for older folks. Vietnamese community members want comprehensive and coordinated assistance.

The health issues that need the most attention in Vietnamese communities range from lack of education about preventive care, to getting help with making doctors' appointments, and finding transportation to those appointments, to getting, keeping, and using affordable health insurance. Many people do not have health insurance, and would like to understand how to get it. Those who have it worry about losing health insurance if they do not provide the paperwork properly. People also wanted someone to review their overall health situation "since many different doctors give too many drugs." Some struggled with diabetes and high blood pressure, and thought the community needed to learn about preventive care and healthy diets. While CCMAA was credited as a helpful agency, Vietnamese community members wanted more help because the CCMAA personnel was "very limited." CCMAA was overwhelmingly named as the organization that helped address Vietnamese community members' health concerns.

#### ***Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community***

Vietnamese community members described healthcare access in the state as inaccessible. People shared that many Vietnamese do not have health insurance. Some believe that "without insurance, people ignore health problems until they become serious." Others acknowledged that CT has a good healthcare system but Vietnamese people cannot access it effectively due to language and transportation barriers. Many doctors and specialists do not provide interpretation services. Vietnamese people think there is a need to educate people about healthcare and available services – people need more assistance in order to utilize medical services more effectively. People also felt that the paperwork and medical system are too complicated, and since many Vietnamese do not always ask for medical help, the difficulties to accessing healthcare mean they will not seek help until it is too late.

Vietnamese people agreed that language, transportation, and money concerns all contribute to healthcare access issues. Language was identified as the biggest barrier. Community members acknowledged that you need English to make appointments and to change them. Once at the appointment, communication with health providers is problematic. Transportation issues also prevent Vietnamese from using health services. If you cannot speak English, then you cannot ask for Dial A Ride to get transportation help for doctors' visits. People also did not know how to drive and did not know how to use the bus, and they said it's too expensive to pay other people to drive them. Money is also a key issue since workers with low wages cannot afford to pay for insurance.

To take care of their health, Vietnamese people pray and rely on herbal medicine. Many shared they only seek help when medical problems become serious. People reiterated that they do not talk about mental health problems. When they are able to overcome transportation and language barriers to get a doctors' visit, they cannot follow doctors' instructions after the visit because they may not fully understand them.

### ***Goal 5: To understand how key informants think about solutions to health issues***

To address the top health issues mentioned, Vietnamese people believe they need someone to help them make appointments and interpret at the doctor's office. Vietnamese people also think that we ought to increase resources for community organizations that help with healthcare issues, like CCMAA. One person suggested offering walk-ins for medical appointments so that people who struggle with English and making appointments can access services more easily. Vietnamese community members also suggested providing health insurance to everyone, or making health insurance more affordable. People agreed there should be more help for people with applying for health insurance. Someone wanted help with coordinating health appointments. Vietnamese community members wanted more outreach to the elderly. People also wanted Vietnamese-speaking health providers and social workers. Finally, people thought there should be more information and education on Obamacare.

Local community members can help with healthcare problems by telling each other about doctors who have language line or interpretation services. People also felt they could participate in outreach, address the issue with the government, and voice their concerns. Vietnamese community members admitted that they could be more vocal, that "our people are normally quiet, keep to ourselves." People also felt that they should educate older folks about medical issues. Finally, people wanted to inform others about Obamacare – some knew that Assisters (who helped enroll people in health insurance) are no longer available to help community members. These people believe it is important to personally share what they knew.

### ***Goal 6: Leadership & Policy***

Most Vietnamese community members have never participated in an effort to change something related to health. The few who have participated attended public meetings to share their concerns or offered input. None of the Vietnamese community members have been involved in CT health policy conversations.

Vietnamese community members believe that the most important health policy topics address language and transportation barriers. They want more funding and resources for community-based organizations like CCMAA that can help Vietnamese people access health services effectively by offering interpretation and translation services, transportation, and coordination of medicine and healthcare appointments. Some community members wanted help with not only doctors' visits but also with follow-up appointments, lab tests, etc. Vietnamese community members also felt that access to health insurance coverage was important. People acknowledged that mental health issues were a concern among Vietnamese. Finally, people talked about addressing loneliness and social isolation by getting opportunities to meet new people or socializing as a way to improve health. They suggest supporting agencies that educate people about the importance of taking care of people's health regularly and that use common cultural bonds to bring communities together.

## **Key Informant Surveys for CCMAA Community Leaders**

### ***Goal 1. Background of interviewee and services provided***

Community leaders for CCMAA ranged from Vietnamese members of the Board of Directors for CCMAA, church presidents and officials, directors of local non-profits, directors of healthcare organizations, and corporate executives.

Vietnamese community leaders collaborate in a variety of ways with other organizations in the area. They work with other nonprofit organizations which provide assistance to refugees and immigrants, and government agencies such as the Department of Social Services. They help members access healthcare. They also work with public and private funders. Finally, Vietnamese community leaders collaborate with churches and temples as well as community based organizations.

The community served mostly includes lower income Vietnamese, Laotian, or Burmese refugees and immigrants who have little or no English skills. The community served is mostly uneducated and unfamiliar with life in the USA. “For these people, America is totally new and very different from Southeast Asia where they came from.” They struggle with language, climate, culture, and a new government. One community member explained, “Our folks are usually quiet, not vocal. Since their government did not help them, they are not used to seeking help from the government.”

### ***Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community***

Vietnamese community leaders know many people and organizations involved in improving access to healthcare. These include CCMAA, Access Health CT, state and federal legislators, policy makers, and assisters that are involved in Obamacare. People also know about agencies which help get insurance to folks. Vietnamese community leaders cited the Department of Health and the Department of Social Services as state agencies to help improve access to healthcare.

Vietnamese community leaders identified a range of people who we should be talking to about healthcare in CT. These include policy makers, state and US legislators, health and social services departments, community leaders that understand healthcare in CT, and community based organizations working on healthcare issues. They also said we should talk to refugees and immigrants directly about healthcare in CT.

### ***Goal 3: To understand the interviewee’s knowledge of health equity and health disparity as it affects Connecticut people***

Community leaders have seen a range of health issues related to language and transportation barriers and mental health issues. People state that it’s difficult for community members to access healthcare due to the language barrier. They think it’s important to provide individual, personal assistance to Vietnamese people to help them access medical services. Transportation barriers prevent people from getting to health providers. One leader explains the issues particular to the Southeast Asian refugee communities, “Newly arrived refugees are in general in poor health because they normally stay in refugee camps for a long time. Most of them need major dental work.” Community leaders were also worried about people being uninsured. “Many are not qualified for Medicare/Medicaid. They don’t know how to get help with healthcare” Leaders also pointed out that family members sponsored by their relatives do not receive public medical insurance and they cannot afford private insurance. Those who do have health insurance may not use health services effectively and receive no preventive care. Leaders were also concerned about people’s poor health due to an unhealthy diet and difficult working

conditions such as overnight shifts. The biggest common health concern among CCMAA communities is mental health – many leaders acknowledged that community members have mental health issues due to their past experiences, many are in denial, and the problems were never properly addressed.

The main barrier to accessing high quality healthcare for CCMAA members is language. Other barriers mentioned include transportation, a cultural understanding of how things work in the USA, costs of healthcare, cost of health insurance, and religious barriers. A couple of people mentioned that many doctors do not accept their insurance and that choices are limited.

The health concerns that need the most attention are mental health issues and dental care. People struggle with coping with a new life and loneliness. Many cannot access mental health services due to the language barriers, or they encounter difficulty with getting these services because a particular healthcare provider will not accept their insurance. People also do not focus on preventive healthcare and fail to seek medical attention until it becomes a crisis.

To address health concerns, CCMAA community leaders offer translation services, help with transportation, and make appropriate referrals to community members. Leaders also do outreach, particularly for the elderly folks, and educate community members about health issues and help determine whether they are qualified for health insurance such as Obamacare or Medicaid. Leaders provide personal contact through outreach efforts. CCMAA community leaders also organize events for people to get together, to foster mutual support and offer education. Leaders inform community members and refer them to agencies which process insurance.

#### ***Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community***

CCMAA community leaders describe healthcare access in the state as “poor” at worst and “pretty good but needs improvement” at best. One leader explained, “Due to the language barrier, they cannot get quality healthcare and do not comprehend health related issues.” Leaders also shared that community members need more outreach because many people are not aware of or know how to get Obamacare. Personal assistance with healthcare, language help and transportation services were cited as ways to improve healthcare access in CT.

One leader explains, “Doctors in their country do not explain anything to them, therefore they do not ask doctors in the US about the nature of their health problems and treatment. Another adds, “In their country, they only seek medical attention for serious health problems only. They still behave the same way here in the US.” Leaders agreed that community members tend to be “quiet, smiling even if having medical problems.” Most community members usually do not acknowledge medical problems. Leaders recommend, “We have to gain their trust and use our observations to detect their medical problems.” Leaders also shared, “America is a new and strange country for them. Many struggle to survive, therefore healthcare is not high priority, they are not used to requesting medical services. Due to language and cultural barriers they do not communicate effectively with healthcare providers, they do not always follow medical advice.” Religious beliefs also play a role. Some community members believe in karma as the source of their health problems instead of medical issues, so they pray instead of seeking proper medical help. Finally, leaders acknowledged, “Since their previous government never helped them with healthcare. they do not ask for help to obtain health insurance.”

Social, economic, geographic, and cultural factors contribute a great deal to healthcare issues.

Common cultural practices that community members use to take care of their health include using herbal medicine, relying on religion and prayers to address karma issues, and avoiding medical

treatment until the problems become very serious. Leaders assert, “They prefer herbal medicine and claim that western medicine creates a bad side effect.” People also tend to resolve medical problems themselves instead of seeking medical attention. One leader states, “They are used to traditional practices themselves instead of medical services. They only seek medical help when problems become severe.” Leaders agreed that community members smile quietly, even when having medical problems; therefore, health issues are not detected early. Community members also do not recognize mental health problems, or if they do, they choose to ignore or hide them.

### ***Goal 5: To understand how key informants think about solutions to health issues***

Community leaders believe the best opportunities to address the top health issues mentioned are to research various government programs, request to dedicate some resources to help specific need of refugees and immigrants, and make sure community members are involved with the political process. Leaders believe they must use the political process to address healthcare issues. One way to do this is to invite legislators to a community town hall meeting, so legislators can learn about healthcare issues from the community and to take action. Leaders want to meet with government agencies and policy makers with specific suggestions and solutions.

Another tactic is to educate community members about healthcare, preventive maintenance, healthy living, and how to seek medical services in a timely manner. Leaders mentioned a need to connect community members with medical services available by providing personal attention. Leaders advocated that community agencies need more resources, because “Community-based organizations understand the situation and need of the communities and they should address the health issue.”

Local communities and those most affected by the healthcare access issues can help address the problems by communicating with community based organizations about their healthcare issues and speaking with legislators on behalf of the community to request resources. Leaders asserted, “Our people need to be involved with the political process and use it to address our issues. Be vocal, be persistent, address issue with legislators and seek solutions.” Others admitted, “Our people have the tendency to be quiet; we need to be more vocal and proactive.” Leaders believed that if they address the issues with community-based organizations, they will in turn address them with government agencies. “Communicate with community based organizations and they in turn talk to policy makers.” Education and outreach also help community members learn about healthcare resources.

### ***Goal 6: Leadership & Policy***

Most CCMAA community leaders participated in an effort to change something related to health. Leaders participated in meetings about healthcare, helped individuals access medical service, and advocated for refugee health issues with legislators. To do this, leaders participated in meetings with government agencies to discuss health issues from the community perspective. They also served as sources of referral, directing people to government agencies that can get health insurance for them. Some leaders are involved with Assister programs, which help enroll community members into Obamacare.

Many Southeast Asian leaders have been involved in CT health policy conversation. They attended meetings organized by Access Health CT. They participated in policy health conversations on behalf of refugees and brought up community perspectives. Leaders also discussed healthcare issues with community based organizations and provided feedback to policy makers. Only a few leaders have not yet been involved in CT health policy conversations.

The most pressing policy topics to CCMAA leaders are to provide affordable health insurance to the uninsured and improve access to quality healthcare. To do this, leaders believe we must improve access to language services and transportation. Additionally, some community members need a full-time assistant to coordinate all health and related activities on a regular basis to be able to access healthcare consistently. Leaders also believed that it is important to provide health insurance for people who are not qualified for Medicare/Medicaid from their work place. People needed communication and ongoing support. One leader stated, “Community based organizations need more resources to provide personal help” in order to connect community members to quality healthcare. Leaders asserted that people are “adequately taken care of during the resettlement period” but that they are “more concerned about the support after that period.”

## Key Informant Surveys for KHA Community Members

### ***Goal 1. Background of interviewee and services provided***

All interviewees were Cambodian community members who worked on their own health issues. None of the Cambodian community members collaborated with other organizations in the area.

The Khmer community came from all over the state. People shared they are from Hartford, to the Western part of the state, to Danbury, Middletown, and New Britain. Many shared that they know few other Cambodians. Some shared that everyone they knew is working or disabled. People self-identified as not rich because they work in factories. Those who work in construction are seen as making more money. Cambodian community members felt they “all work hard,” and they have their own temple and help one another.

### ***Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community***

Cambodian community members overwhelmingly agreed that Khmer Health Advocates (KHA) has people working on improving access to healthcare for Cambodians. People also rely on friends from church or temple to help them go to the doctor.

Most people do not know who else we should be talking about healthcare in CT. People referred to a church organization that helped refugees when they first arrived in the USA. Cambodian community members also suggested talking to a monk at the temple.

### ***Goal 3: To understand the interviewee’s knowledge of health equity and health disparity as it affects Connecticut people***

Cambodian community members talked about a range of health issues, from mental health to diabetes. Due to the Khmer Rouge – many people have trauma, depression, inability to sleep, or PTSD. People also talked about issues with strokes and cancer. One person shared that her sister just died of cancer, and she was only 52. She didn’t have health insurance so she didn’t go get checked for cancer – this person felt that this happens a lot in the Khmer community.

Khmer people said their main barriers to accessing high quality healthcare involve language barriers and cultural stigma against going to the doctor. One person shared, “Language is a big issue. I can speak English but my wife has trouble remembering words. She really needs help whenever she’s at the doctors but it is hard for me to get time off to go with her.” Another lamented, “I can go to any doctor I need, but I don’t understand them and they don’t understand me, and I think this happens to everyone in my community.” People also shared their fears of leaving the house due to PTSD and trauma from the Khmer Rouge. One person said, “My main barrier to healthcare is that I am afraid all the time and I don’t like to leave my house. Khmer Health Advocates comes to see me at my home but I have medical problems and it is hard for me to go see my doctor.” Others admit that they only go to the doctor when they are very sick, and that it takes a long time for them to trust new doctors. Another person said, “People are afraid to go to the doctor because they are afraid they will find something wrong. They feel

good enough so they just keep working.” Finally, other barriers involve not knowing how to use their insurance or being unable to afford their medications.

Health issues that need the most attention in the Khmer community include mental health and addressing diabetes and strokes. People suffered a lot through the Khmer Rouge and continue to struggle in isolation in the USA. One person shared, “It seems like a lot of people in my community are dying before they get to be old. I see a lot of people who are alone and have no one to help them. I feel lonely too and now I am old and am afraid of what will happen to me.” Some people didn’t like to get involved in their community because they do not want to talk about the past. Other people worried about their children, who they perceive to spend too much time on computers, alone in their rooms, eating “American food” which Cambodians do not think is healthy. People also worried about the fact that children are not as connected to the family, and that old people are home alone all day.

Khmer folks are also concerned about the cost of medication. One person shared, “I am diabetic but can't get my test strips because they cost too much. I have to choose between getting my medicine and getting my food.” Khmer people thought that in their community, everyone over 40 seems to have diabetes.

Every respondent said that Khmer Health Advocates helps the community. No one knows about any other organizations that help address Cambodians’ concerns.

#### ***Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community***

Khmer folks described healthcare access in the state as difficult, not due to their ability to find a doctor or clinic but to find someone who can understand their problems. A Cambodian explained, “Some things I don’t trust the doctors to understand, they don’t know my story.” People also don’t trust their doctors because when they go for a checkup, some Khmer people have a different doctor every time, and none of the doctors speak Khmer. So they don’t feel like they get to know their doctor or that their doctor knows them. And sometimes doctors prescribe expensive medication that they cannot afford, so they do not find the doctors’ visits useful.

People also shared problems with transportation. One person shared, “I have bad eyes and cannot drive, so I always have to ask someone to take me to the doctor. It is ok if it is in town but I often have to go to Hartford and a lot of my friends are afraid to drive in the city, there is no bus to Hartford from Middletown.”

Cambodian community members also struggled with their insurance. A Cambodian community member said, “I don’t understand what to do when they will not pay for something.” Another person said “I spent a lot of time trying to get insurance this past year. I went online and then I went to get help from Access Health CT. I had to go 11 times before I got any insurance, and then later, I found out that my doctor was not on my insurance plan. I have a lot of health problems and it looked like I would have to start all my treatment all over again because I was out of the system my insurance would pay for.”

Like the other Southeast Asian groups, Khmer folks struggled with language issues. A person confessed, “In general, the doctors who take care of me are polite but I don’t always understand what they are doing to help me.” Another shared, “I know that people do not want to go to the doctor until they are really sick because it costs too much and they don’t understand what the doctor tells them.” Even with a telephone interpreter, Cambodian people felt shy about asking doctors to clarify issues: “I go to one of the clinics in Danbury and they are very nice to me but I don’t always understand. They

use the telephone for an interpreter but I don't always understand the interpreter and I don't like to keep asking them to repeat what they said. It is hard when you don't speak English." Doctors need to anticipate these issues and strive to ensure their patients understand.

Even those who feel like they have access to care struggle with transportation and language barriers. One person shared, "I am on disability and Medicaid so I have access to care. I don't know what I would do if I didn't have this. But I don't have a lot of money to take care of myself and it is hard to get a ride or get someone to help me talk to my doctor."

Money, language, mental health, and transportation issues impact healthcare access a great deal in Khmer communities. In regards to money, people shared that the cost of medicine can be prohibitively expensive. One community member shared, "If you don't have a lot of money medicine is always a problem. Seeing the doctor isn't too expensive but the medicines are. There always seems to be a problem like insurance won't cover medicines that the doctor orders." Even hard-working families struggle with medical costs. A Khmer man stated, "I work about 50 hours a week. I don't make a lot of money and I have to pay insurance for my wife and kids. She works too but only 20 hours a week. It is good to have insurance but it is hard to pay for medicines."

In regards to language, people said that even with some English skills, it is difficult to navigate the complicated healthcare system. One person explained, "I can speak English okay but there are a lot of things I don't understand. My husband doesn't understand either and I worry he isn't doing the right things for his diabetes." Another person felt that mental health issues prevented Khmer people from learning English better and succeeding to find a good life, "If you don't speak English it is hard to find transportation or find a good job. I try very hard to study but I know many people in my community cannot concentrate because their brains were damaged during the Khmer Rouge. They try very hard but forget." Others still live in fear, "I just moved into a new apartment and I am all alone. I am afraid to walk outside by myself. I can't get to the store when I need food. I think this makes me worry a lot." A few people shared that their fear of leaving their house prevented from accessing healthcare.

Khmer people also did not trust that American doctors understand their issues. "I have a lot of health problems and many of my problems are because of what happened to me in Cambodia. A lot of doctors don't understand and they never ask me what happened to me. How can they treat me if they don't know my story." Khmer community members wanted someone who is from their own community to help them, "I do not want to complain about the US they gave me a lot. But I have problems that come from not having enough education and not speaking English well. Sometimes I think my mind does not remember things well. It helps when someone from my community helps me."

Most Cambodian community members talked about traditional herbal medicine and religion as balms to take care of their health. Many believed in traditional Khmer herbs and temples, "I believe in traditional medicine and go to the temple to earn merit. I think traditional ways can help us stay healthy." Others found solace in American churches, "I joined a Christian church and I do not follow any cultural practices of my community." Khmer people also follow certain diets to stay healthy, "I give my husband some traditional vegetables for his diabetes like bitter melon." Khmer immigrants go to see healers when they visit Cambodia – they think those people understand their health better than Western doctors. One person shared that traditional healers in the USA have all died, "I miss some of our traditional healers but we don't have them here anymore, they all died."

Some Cambodian community members admitted that these traditional tools do not adequately address the pain they suffered during and after the Khmer Rouge. "Our culture helps us live in balance but we have no tradition to help us with the great trauma and loss that we had in the 1970's." Some Khmer folks felt out of balance due to the stressful life in the USA. "It is our tradition to do things in balance.

Not to eat too much, not to work too much, not to think too much. But I have trouble because I have to work overtime or my family cannot survive. I think too much but don't have time to go to the temple."

### ***Goal 5: To understand how key informants think about solutions to health issues***

The best ways to address the issues mentioned are to get health education in Khmer and to gain help from Khmer community health workers. Cambodian community members shared, "Our community needs a great deal of health education. Most people cannot read or write in English or Khmer, so we need it in another format. We need someone who can teach us in Khmer." Many Khmer people also appreciated and felt safe with community health workers, "I like when I have a community health worker to help me. Khmer Health Advocates used to have one in Danbury but not anymore. It used to make me feel safer when I could call them." Others shared, "Khmer health Advocates helps me with my diabetes and teaches me how to take care of my health. They used to have community health workers who would come and take me to the doctor. They were very helpful because if I didn't understand the doctor. The community health worker would explain it to me."

To help community members with healthcare problems, Khmer people said they need more help from healthcare providers. "We have been addressing the issues for 3 decades. It is time now that we have access to the services and information other people have. We are Americans now." Another person said, "My community helps me get appointments and they help me when I am sick but we need more help from people who understand our sickness." Cambodian community members knew they needed to talk to one another about their problems, but some admitted they "just didn't know how to do it." "We need to encourage each other to eat in balance and to get more exercise but it is hard because everyone is always working. The old people are home alone." People thought they could help by sharing their problems with Khmer Health Advocates, who can advocate for them or address these issues directly. Cambodian community members appreciated the healthcare education and support they get from Khmer Healthcare Advocates, "Cambodians need good advice for their health. I like the way Khmer health advocates teaches me about diabetes because it is in my language and uses our traditional ideas."

### ***Goal 6: Leadership & Policy***

To participate in efforts to change something related to health, Cambodian community members advocate by sharing their healthcare experiences with others. They attend meetings organized by Khmer Health Advocates, share their stories with others in the media, attend meetings for the State Innovation Model (SIM), and participate in listening sessions and complete healthcare surveys.

Cambodian get involved in CT health policy conversations by attending meetings recommended by Khmer Health Advocates. Many shared, "I participate in state meetings whenever Khmer health advocates asks me to." Half the Cambodians we interviewed have attended State Innovation Model (SIM) meetings. A few mentioned meeting with a representative from the White House, and one mentioned meeting with the United Nations with their Congressman. Cambodian community members seem more connected with legislative and state matters than other Southeast Asians, probably due to their connection with Khmer Health Advocates.

The health topics most important to Khmer folks are to get more community health workers, address mental health and diabetes, and complete more research for the community to know more about the health of Cambodians.

## **Key Informant Surveys for KHA Community Leaders**

### ***Goal 1. Background of interviewee and services provided***

All of the interviewees were Khmer community leaders who worked with various non-profit agencies, community associations, and religious organizations. They all have different roles including executive director, board member, and pastor. Two of the respondents were mostly focused on their fellow Cambodian community members in the Danbury, Connecticut (CT) area. A majority had an affiliation or worked with Khmer Health Advocates (KHA). KHA was stated to be one of the only resources for the Cambodian community. Most of the interviewees stated that they work with the Cambodian community members who lack resources. Many of the people they serve are survivors and refugees of the Khmer Rouge (Cambodian holocaust). Since coming to America, many live below the poverty line and lack education and the ability to read or write in English or Khmer. One respondent stated “My community came to the US as refugees and survivors of genocide. We lost 90% of our educated population. Our community here in CT is generally working and buying their own homes but we have a large number of disabled people who require care. About 1/3 of our families have disabled family members and that puts the entire family at risk for poverty.” The community leaders report a high number of different health issues that come with trauma and poverty including depression, anxiety, post-traumatic stress disorder, diabetes, and high blood pressure which are huge burdens for the community.

### ***Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community***

All of the community leaders stated that they only knew Khmer Health Advocates (KHA) as the only organization that is actively helping the Cambodian community. Theanvy Kuoch is the Director at KHA and is held in high regard in the community as an advocate in improving healthcare. The University of Connecticut (UConn) Hospital was also mentioned, as they have many services that the community uses, but it is not believed that they do anything specifically for the Cambodian community. When the Asian and Pacific American Affairs Commission (which focused on improving healthcare access) was shut down due to budget cuts, the community felt a great loss.

All of those interviewed believed there needed to be more conversations about their community’s needs in places where it is not currently happening such as hospitals, insurance companies, and public health agencies. A few of the community leaders believed that the conversation should be happening more in their community in places such as temples and churches to educate the community on their legal healthcare rights as US citizens. Others stated that Khmer community’s healthcare access should be taught in colleges so that future professionals in different fields who may work with the community are aware of the issues that are often ignored.

### ***Goal 3: To understand the interviewee’s knowledge of health equity and health disparity as it affects Connecticut people***

The Cambodian community suffers from a variety of chronic illnesses, most of which require long-term care and require the ill person to be fully engaged in their healthcare. This is a great barrier in the community since most Cambodian refugees do not understand English, so they lack comprehension about what they should be doing for themselves. One community leader stated, “The primary issues in the Cambodian community are PTSD, depression, diabetes and hypertension. What is unique in the Cambodian community about these issues is the number of people who have them and the high mortality rate from these conditions. 62% of adults over 35 have a major mental health disorder and approximately 50% of these adults have diabetes or pre-diabetes and hypertension. Cambodians are

dying of diabetes at a rate 6 times that of the general population and 3 times for stroke.” (These statistics have not been verified.) These diseases happen in great numbers in the community.

One of the biggest barriers in accessing healthcare for the community is healthcare providers’ lack of understanding about the Cambodian history and the accompanying trauma. One participant declared, “Our major barrier is lack of understanding of our communities’ history of war, torture and genocide. Our health needs are similar to those of concentration camp survivors and prisoners of war. These needs are generally not understood in mainstream healthcare. Our high rates of chronic disease are causing disabilities and families with disabilities always suffer from the social determinants of health.” Another concern is that the Khmer community is often not recognized in statewide health assessments. There is a concern about the fact that Cambodians are often categorized as “Other” when it comes to ethnicity. This means that there is no granular data in what health problems the community faces.

Other barriers include lack of transportation and very few translation options in the state. Elderly, disabled, and poor people lack private modes of transportation and must rely on buses or family members to help them. This prevents many from accessing healthcare. When Cambodian refugees try to communicate with their doctor, there is often a complete language barrier. The community members are also worried about diabetes and the effects that it will have on their body.

The different organizations that help this community offer as many resources as they can, including providing direct services such as torture treatment programs, counseling for those battling mental illness, and helping people understand medications. Community organizations that help Cambodians also focus on advocating for the community and work on community development.

#### ***Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community***

The access to healthcare in CT for the Cambodian community is challenging. Since the community is spread throughout the state it is very difficult to develop resources for them. Transportation to get to their appointments is also a huge issue. Once they get to the doctor, there is no way for them to communicate with their doctor to solve whatever health issue they are having. Access to healthcare is also challenging because many of the members of the community do not know how to get insurance. If they do have coverage, they do not understand how to use the insurance. A lot of the Khmer Health Advocate’s time is spent troubleshooting community members to help them gain an understanding of the healthcare system. Cambodian community members are often socially isolated and remain mute about their problems. Geography is a huge issue for the community because they were resettled in small groups all around the state; this makes it difficult to provide transportation and interpretation. Because of the scattered population it is hard to make a case for a need of specialty services. Poverty is also a big factor. Most make enough income to survive but do not have a savings in case of an emergency. Elders cannot get help from their children because they are struggling to make a living.

The Cambodian community still practices traditional culture to take care of their healthcare. They believe in meditation and a state of balance. Religion is very important to the community and most are practicing Buddhists and Christians. Many still use traditional herbs and an array of traditional medicines. They also do things like cupping and coining to try to feel better. There is a general distrust of Western medicine and they believe that monks are traditional healers who can better heal them.

#### ***Goal 5: To understand how key informants think about solutions to health issues***

Leaders gave a huge outcry for more community health workers. One interviewee stated, “All of the important health issues are behavior-dependent conditions which means that the person must fully

engage in their own healthcare. It is vital to have community-based support for engagement and health promotion.” Others believe that there needs to be a change in how the community is identified in insurance companies so that the proper data can be gathered in order to get more resources. The community leaders all stated that they believed it fell on the community be more engaged in the conversation. They want to tell their stories and demand their civil rights, like asking for an interpreter for every aspect of their healthcare, including at the pharmacy, in order to understand what they need to do in order to take care of themselves. Leaders also feel they need to report civil right offenses, especially those that have to do with language services.

### ***Goal 6: Leadership & Policy***

The Cambodian community leaders are very proactive in their efforts to change the healthcare system. A majority participate in public meetings about healthcare. Others focus their attention to research and community-based programs for prevention and health management. Advocacy is another big part of what they do in order to change the healthcare system. The most pressing health topic is to get funding for community health workers. Leaders believed community health workers will be most effective because they know about the issues that community members face. One Khmer leader thought the priority should be on the elderly and those community members who are socially isolated. Others think the attention should be focused on research to gather data in order to make change.

## Key Informant Surveys for LAC Community Members

### ***Goal 1: Background of interviewee and services provided***

LAC community members are mostly retired Laotians and/or temple members. Many have government insurance parts A&B and/or Medicare. Some have Medicaid; others are not eligible. Some are on their spouse's insurance; when the spouse falls ill or passes away, some are at risk for losing health insurance and are looking to transition to Medicaid.

Many Laotian community members talked about attending the Southeast Asian Healthcare Listening Forum as work with other organizations in the area. While these members participated rather than organized the process, being part of an event that included community members from other Southeast Asian groups (Khmer and Vietnamese) helped people see themselves as part of a larger community. Laotian community members saw Asian Family Services and LAC as organizations to rely upon for help with paperwork or other needs. Some Laotians work in social services and offer their skills in organizations such as Catholic Family Services. Temples were also mentioned as a place where community work happened.

Laotian community members help out each other, with a focus on the elderly. Most see attending temple as a way to serve the community. The Lao Association of CT (LAC) is another place where people volunteer or receive services in the community. The community needs range from translation, to transportation, to referrals for other services. Outside of temples and LAC, Asian Family Services was mentioned as a resource for community members.

### ***Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community***

The overwhelming number of Laotian community members cited LAC as an organization that is involved in improving access to healthcare. LAC offers information on health issues, where to get healthcare insurance in the local area, how to understand the health insurance exchange Access Health CT, interpretation services, and relevant healthcare information in Lao. For some people, being insured helps improve access to healthcare, so the fact that LAC helps with information about health insurance and paperwork makes a big difference. Asian Family Services was also cited as an organization involved in improving access to healthcare.

Most Laotians only knew about LAC as a primary resource on healthcare in CT. The partnership between LAC and the local Lao Temple ensured that many Laotians were recently exposed to information about the Affordable Care Act and Access Health CT at temple. Asian Family Services was mentioned once as a resource to get Medicaid. A couple of people mentioned social services and local government agencies to help if people are eligible. One person saw a commercial about Access Health CT and cited this agency as a potential resource for healthcare.

### ***Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people***

Laotian community members agreed there are particular health issues unique to the Lao community. Many cited cancer, gout, arthritis, diabetes, kidney and liver diseases, and heart attacks. One Lao respondent explained, "They are lacking information; no one to help us regarding translation,

transportation, or other barriers." Another person stated, "Many people have healthcare problems, but they hesitate to get help due to lack of information and people to help them."

Laotian community respondents cited transportation and language as major barriers to accessing high quality healthcare. People pointed out that the elderly face many barriers, "We have a number of older people who are unable to see their doctor due to no transportation, no interpreter, lack of childcare, and working family members who can otherwise provide those services." Some people also mentioned lack of knowledge about available services, lack of community health workers, and childcare or elderly care needs. Others cited lack of cultural competency from providers as a barrier, "We do not have service providers who have the knowledge about my culture and my community behavior and health beliefs."

The most important health concern for Laotians is finding healthcare providers that can offer culturally appropriate care and interpretation services, and having reliable transportation. Some Laotians noted that "many people go to see the doctor, but they do not go for follow-up." This can be the result of lack of information about the value of preventive care, being unable to find consistent transportation, or lack of interpretation services. Translated materials can also help people with preventive care and address chronic healthcare conditions.

Every Laotian community member cited the LAC as the organization that helps address their community's health concern. The LAC helps meet community members where they're at to explain healthcare information, help with health insurance, and offer interpretation and translations. Multiple people shared that LAC recently did a healthcare presentation. One person mentioned Asian Family Services and another mentioned the temple as other resources for community concerns.

#### ***Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community***

Most Laotian community members seemed unaware of healthcare access issues across the state. People are struggling to learn about health insurance and healthcare access for themselves. One person believes that most elderly are on government insurance parts A&B, and some are on Medicaid. Another identified that the elderly struggle to get healthcare due to lack of insurance, while younger people are covered with health insurance through their jobs.

Laotian community members overwhelmingly agreed that money, transportation, and language barriers are major problems for access to healthcare. Some people also cited service providers who understand the culture of the patients as helping with access.

All Laotian community members mentioned herbal medicine as a common cultural practice that helps take care of their health. One person explained, "Many of them believe in traditional medicine to ease the high cost of medication; sometimes they skip the (Western) medication due to lack of resources and information about how to access help." Another person seemed to think herbal medicines are a generational and cultural preference, "Many elder persons continue to use herbal medicine for sickness and rarely take the prescription medicine for their sickness." Some Laotian respondents shared that people seek blessings from Buddhist monks to feel better.

#### ***Goal 5: To understand how key informants think about solutions to health issues***

Community members cited the best ways to address top health issues. One solution is to hire community health workers who speak the language and understand the needs of the community, who understand the health issues of Laotians and can share these with doctors, and who can specifically

focus on helping the elders. Another solution is to hire translators and interpreters to help with doctors' visits. Many community members mentioned the need to have a full time staff with language skills and cultural competency to work with the community and healthcare providers.

Community members think they can help with healthcare problems by sharing the healthcare needs of the community. Some members thought they needed to speak with their community leaders, and others referred people to the LAC to get information and referrals. Some wanted to share information about what they learned on healthcare access, but felt they lacked resources and information to do so. Community members believed they could disseminate healthcare information and collaborate to work with service providers.

### ***Goal 6: Leadership & Policy***

Community members do a variety of things to change something related to health. Some meet with legislators, others encourage friends and the LAC to speak with the government. Community members also go to the temple to attend presentations on healthcare. Many expressed that they were ready to share their health problems with anyone who can help and attend meetings to do this work.

Most community members are involved in CT health policy conversations via events with the LAC. The LAC seems to be a rich resource that organizes informational events on healthcare, coordinates dialogues to learn about Laotian healthcare needs, and offers help for those with healthcare access issues. One community member spoke with the government about healthcare needs of the Laotian community.

The health policy topic most important to community members is access to healthcare. This includes access to healthcare regardless of income, health status, or transportation barriers. People also talked about the need for more information on health issues, prevention, and where to get help.

## **Key Informant Surveys for LAC Community Leaders**

### ***Goal 1. Background of interviewee and services provided***

Respondents are leaders of community based organizations or religious leaders. Some leaders focus on helping the elderly, offering translation, and connecting people to appropriate services as needed. Others unite the Laotian community and advise community leaders on how to better serve Laotian needs. Community leaders also value preserving the language and culture of Laos. Some are retired and have government insurance parts A&B and so they can relate to community members' needs. Many operate in Bridgeport or along the shoreline area of CT.

To work with other organizations in the area, Lao leaders often work with Lao Association of CT (LAC). Many participate in meetings with other Southeast Asian organizations to address shared issues. Lao leaders mentioned coming together with Southeast Asian leaders to talk about healthcare for the community and to address affordability issues. In the Fairfield area, Lao leaders convene to discuss culture and health and to create events at the temple. Communities that Lao leaders work with include Cambodian, Vietnamese, Korean, Sri Lankan, and Thai.

Lao leaders serve the Lao-American community in CT, and refugees and immigrants from Southeast Asia including Thai and Sri Lankans. Most people served are refugees from Laos, and many are working or retired. The community served is predominantly low-income, elderly, and non-English-speaking. Many Laotians work in manufacturing around Hartford.

### ***Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community***

Most Lao leaders do not know people involved in improving access to healthcare. Many shared that LAC holds meetings at the temple to discuss healthcare access. Some shared they have talked about access to healthcare at a couple of LAC meetings. Only 20% of leaders shared that they are actively involved in helping community members gain access to healthcare, and 10% cited collaborations with APAAC, Cambodian and Vietnamese organizations to discuss healthcare.

Most Lao leaders do not know who else they should be talking to about healthcare in CT. A few leaders suggested non-profits such as LAC, Access Health CT, and Catholic Charities, and funders like CT Health Foundation.

### ***Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people***

Lao leaders have seen big gaps in health equity that affect community members in CT. Lao leaders cited issues ranging from lack of community health workers and interpreters, to transportation issues, to lack of information and resources. Low income and high deductibles also affect people's ability to see a doctor. In terms of health issues, Lao leaders cited cancer, heart disease, kidney issues, and hepatitis.

Lao leaders identified multiple barriers to accessing high quality healthcare. One is the lack of health providers who are from their own community and competent in the community's language. Another is the lack of service providers who are culturally competent, who can understand the culture and the particular health needs of the Lao community, if not the language. Other barriers include affordable healthcare, easily accessible healthcare services, and lack of transportation.

According to Lao leaders, the health issues that need the most attention include services for the elderly and the poor. Many people have health problems and do not know where to go. The diseases that concern Lao leaders most include cancer, heart disease, and hepatitis. They also shared that many people do not have eye or dental insurance, and some people do not like to see their doctors for annual checkups, due to a variety of cultural, transportation, or language barriers. For some, it is too late by the time they see their doctors for treatment. Lao leaders also think people need information on prevention of diseases. Finally, they agree that lack of service providers who understand Laotians contribute to healthcare access issues.

To address health concerns, Lao leaders do everything from talking about the issues to community members, to sharing problems with policy makers and service providers, to conducting meetings and sharing information. Lao leaders translate relevant healthcare materials and distribute them to community members, and they also collaborate with other organizations facing similar healthcare issues. Some help with transportation by personally driving community members to the hospital, as needed. They are aware of and discuss healthcare insurance coverage issues. Many have attended meetings with the LAC and shared concerns about lack of healthcare access.

#### ***Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community***

According to Lao leaders, health access in CT is difficult to access due to cost, lack of resources, and lack of service providers with appropriate language skills or cultural understanding. Lao said that Lao community members only know about local healthcare issues, not the statewide picture. They acknowledge that most elderly Laotians have government health insurance, and that it is difficult to access healthcare in CT if you have low income and no insurance. For those who are insured through work or through retirement, sometimes health insurance coverage is not enough. Lao leaders cited lack of community healthcare workers who understand the needs of Laotians as one issue of access to healthcare. They also said that Laotians sometimes rely on friends or family members to interpret at doctor's offices, which increases the difficulty of accessing healthcare. In CT, Lao leaders acknowledge that there are not many healthcare facilities that understand the Lao culture and language.

Social, economic, geographic, and cultural factors contribute to the healthcare issues a lot. Lao leaders say that community members do not demand what they need. The majority of Lao community members have low income, or they earn just enough money to not be eligible for public assistance in healthcare, or they have health insurance but cannot afford the high deductible. Transportation barriers also affect Laotians' access to health. Finally, no service providers can understand them Lao refugees, and few interpreters exist, which deters Laotians from accessing services.

Laotian leaders overwhelmingly identified temple-based rituals, spiritual health beliefs, and herbal medicine as common cultural practices to address people's health. Most Lao leaders said that Laotians go to temple for spiritual healing and use traditional herbal medicine to feel better. Elders are especially likely to use herbal medicine.

#### ***Goal 5: To understand how key informants think about solutions to health issues***

Lao leaders identified the best opportunities to address health issues. One solution is to speak with elected officials to find resources such as funding to hire community health workers. Many leaders mentioned hiring community members who have the skills to serve the Lao community. Another is to address non-English speakers by offering translation and interpretation services. Collaborating with other community organizations was identified as another way to address these problems. Another leader felt it was important to share health concerns of Laotians when invited to speak at public events.

Overall, leaders felt that the solution is to offer access to a healthcare facility that is equipped with staff and doctors who care about the healthcare needs of non-English-speaking patients.

Local communities and those most affected by healthcare access issues can help address the problems. To do this, Lao leaders think they must be vocal about the healthcare needs of their community. They identified language and computer literacy as barriers for elders to understanding the issues. Lao leaders also shared that they are aware of the issues but cannot do much to address them without funding.

### ***Goal 6: Leadership & Policy***

Lao leaders have made many efforts to improve healthcare access. Sometimes, Lao leaders attend meetings with service providers and legislators hoping that they could help address health issues. Lao leaders participated in the Health Forum with Khmer Health Advocates (KHA) and the Vietnamese Refugee Coalition to speak about healthcare access. At this meeting, Lao leaders shared with the group the healthcare needs for the Laotian community, and learned about potential solutions, including using Access Health CT and hiring community health workers. Leaders then educate community members on relevant issues. A couple leaders worry that nothing is happening, but they continue to persevere in their efforts to reach out and discuss Laotian healthcare issues.

Involvement in the CT health policy conversation for Lao leaders included attending LAC meetings to discuss healthcare issues and participating in the October 2015 Southeast Asian Health Forum.

The most pressing health policy topics to Lao leaders involve access to interpreters, affordable healthcare, and addressing common Lao ailments like cancer and heart disease.

# Appendices

## Coverage to Care for Asian Pacific Americans (C2CAPA) PRE-SURVEY

Date: \_\_\_\_\_

*Thank you for participating in our community session or individual session.  
The purpose of this short survey is to collect some information about your experience and the overall program.  
Please note, all questions are optional and will be confidential!*

**1. What is your knowledge of ACA?**

- a. Very Knowledgeable    b. Some Knowledge    c. No Knowledge

**2. How important is health insurance for you?**

- a. Not important    b. Neutral    c. Important    d. Very important    e. Don't know

**3. How does the ACA affect you?**

- a. It doesn't affect me  
b. It saves my family money  
c. It costs my family too much money  
d. It affects my small business  
e. Don't know  
f. Other: \_\_\_\_\_

**4. Do you understand that everyone is required to have health insurance?**

- a. Yes    b. No    c. Don't know

**5. Are you enrolled in healthcare coverage?**

- a. Yes    b. No    c. Don't know

**6. If you are not enrolled, do you know how to sign up for healthcare coverage?**

- a. Yes    b. No    c. Don't know

**7. What do you want to know about the ACA? Please number in order of importance:**

- a. \_\_\_ How to enroll  
b. \_\_\_ How to get healthcare after enrollment  
c. \_\_\_ How it changes my out-of-pocket costs  
d. \_\_\_ How it changes my medication costs  
e. \_\_\_ How it changes my ability to see the doctor that I want  
f. \_\_\_ All of the above  
g. \_\_\_ Other: \_\_\_\_\_

**8. Did you know patients have the right to get a free language interpreter from their doctor if they need it?**

- a. No    b. Yes

**9. Did you know patients have the right to get free health information translated into their native language?**

- a. No    b. Yes

**10. Optional comments: Anything else you'd like to share?**


PERSONAL INFORMATION (All questions are optional!)

1. How many years of school did you complete or highest level of education?

- \_\_\_\_\_
- Some College
  - College Graduate
  - Graduate School (advanced degree)
  - Other \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Gender:

- Female
- Male
- Other \_\_\_\_\_

4. What ethnicity do you identify with?

\_\_\_\_\_

5. Which of the following best describes your annual income?

- Under \$15,000
- \$15,000 to \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$100,000
- Over \$100,000

***Thanks for your participation and cooperation!***

Page 2 of 2

# Coverage to Care for Asian Pacific Americans (C2CAPA) POST SURVEY

Date: \_\_\_\_\_

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*Thank you for participating in our community session or individual session.  
The purpose of this short survey is to collect some information about your experience and the overall program.  
**Please note, all questions are optional and will be confidential!***

**1. Now that you have participated in a session, please check what you think the ACA is:**

- a) The ACA is a government program that helps people get insurance
- b) You have to sign up for insurance or there will be a fine that you have to pay
- c) There is help paying for insurance if you qualify for financial assistance
- d) There are different healthcare options for different insurance plans
- e) There are locations throughout CT where you can enroll
- f) There is an enrollment period

**2. Do you know who to talk to if you want more information?**

- Yes       No       Don't Know

**3. Was this session helpful to you?**

- Yes       No       Don't Know

**4. Based on what you learned, are you going to enroll?**

- Yes       No       Don't Know

**5. If you already have coverage, did this session help you understand that you have options to your plan?**

- Yes       No       Don't Know

## Key Informant Survey for Community Members

### **Goal 1. Background of interviewee and services provided**

- Could you briefly describe yourself and your role in working with health issues?
- Describe your work or collaborations with other organizations in the area?
- Could you describe the community that you serve?

### **Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
- Who else should we be talking to about healthcare in CT?

### **Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in your community? Are they unique to this community?
- What are your community's main barriers to accessing high quality healthcare?
- What health issues/concerns need the most attention in your community?
- What organizations help address your community's health concerns?

### **Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community**

- Using your community's experiences, how would you describe healthcare access in the state?
- How do money, language, transportation, and other factors contribute to the healthcare issues?
- What are some common cultural practices in your community that people may use to take care of their health?

### **Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best ways to address the top health issues that you have mentioned?
- How can you and local community members help with healthcare problems?

### **Goal 6: Leadership & Policy**

*Who they are, what they do?*

- Tell me about a time you participated in an effort to change something related to health.
- How, if at all, have you been involved in CT health policy conversations?
- Which health policy topics are the most important, in your opinion?

## Key Informant Survey for Community Organization Leaders

### **Goal 1. Background of interviewee and services provided**

- Could you briefly describe your organization and your role?
- Describe your work or collaborations with other organizations in the area?
  - *Probe for which partners and nature of the collaboration.*
- Could you describe the community that you serve?
  - *Probe for community characteristics like economic and social status, cultural attributes and anything that might be unique about the service community.*

### **Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
  - *Distinguish between access through policy and access through service and innovation.*
- Who else should we be talking to about healthcare in CT?

### **Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in the community you serve? Are they unique to this community?
- What are your community's main barriers to accessing high quality healthcare?
- What health issues/concerns need the most attention in the population you serve?
  - *Probe: Think about recent interactions you have had with community members, do you remember anything they brought up that concerns them.*
- What does your organization do to address health concerns?

### **Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - *Probe for: insurance coverage, treatment, prevention, education, literacy. etc.*
- How do social, economic, geographic, cultural, including racial and ethnic, factors contribute to the healthcare issues?
- What are some common cultural practices in the community you serve that people may use to take care of their health?
  - *Probe for whether these practices are beneficial, harmful, and how they may contribute to the overall health of the community.*

### **Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best opportunities to address the top health issues that you have mentioned?
- How can local communities and those most affected by the healthcare access issues help to address the problems?

### **Goal 6: Leadership & Policy**

*Who they are, what they do?*

- Tell me about a time you participated in an effort to change something related to health.
- How, if at all, have you been involved in CT health policy conversation?
- Which health policy topics are the most pressing in your opinion?

# Key Informant Surveys: Community Members' Feedback

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These are the key informant survey results for community members.

## CT Coalition of Mutual Assistance Associations (CCMAA):

### Goal 1. Background of interviewee and services provided

- Could you briefly describe yourself and your role in working with health issues?
  - I am a 34-year-old man, married with a young son. Need health insurance for the family
  - 48-year-old divorcee
  - Older woman, widow
  - Family of four, low paying job
  - Single immigrant woman
  - Older Vietnamese woman
  - Single mom
  - Old widower
  - 69-year-old man from Vietnam
  - 67-year-old widow
  - 78-year-old farmer without formal education
  - Older Vietnamese man
  - 52-year-old divorced woman
  - 70-year-old Vietnamese woman
  - I am a 42-year-old single woman. I try to take care of my health
  - I am 31 years old and have a young son. Worry about my health and my son's health
  - 32-year-old male
  - 64-year-old widow
  - 51-year-old man
  - 94-year-old man
- Describe your work or collaborations with other organizations in the area?
  - I asked the community organization for help to set health insurance
  - Constantly in touch with community agency for help with accessing healthcare
  - In close contact with the community agency – CCMAA, for help
  - Seek help from Agency – CCMAA
  - Work with CCMAA to get Obamacare
  - Community agency – CCMAA
  - Community agency
  - Frequently ask CCMAA for help with doctors
  - Maintain good relationship with community base agency in order to get help
  - DSS, SSA and CCMAA
  - Ask CCMAA for help
  - Work with DSS and SSA for health insurance
  - Worked with DSS for Health Insurance work with CCMAA: reading letters, fill out forms, contact doctors
  - I rely on help from CCMAA for everything related to healthcare
  - Frequently ask the community based organization CCMAA for help
  - Asked CCMAA for help with English
  - Get Obamacare from Assistor at CCMAA
  - Work with DSS, SSA and CCMAA
  - Work with Assistor from CCMAA for Obamacare
  - Medicare and Medicaid (DSS and SSA) and CCMAA for assistance

- Could you describe the community that you serve?
  - Vietnamese community; lower economic level
  - Many doctors do not accept our health insurance
  - Elderly without support from family members
  - Many low paying jobs do not provide affordable health insurance, Obamacare helps
  - Many doctors do not accept my insurance
  - Older people need help with translation and with transportation
  - Isolated – no family members to help
  - I am lost in the American society
  - Mental problems due to the war
  - Need help with paperwork in English
  - Totally lost, need help to navigate through healthcare symptoms: paperwork, medical services needed...
  - Need help in dealing with DSS and SSA requirements – confused about various choices of health insurance
  - Need help to maintain health insurance via DSS
  - Vietnamese elderly: hard time accessing healthcare because no English, no transportation
  - I am not familiar with American society
  - Vietnamese, very little English cannot talk to doctors and hospitals
  - Quite often company's insurance is too expensive for low paying employees. Obamacare is more affordable
  - Special small group of older Vietnamese in the middle of large American society
  - Obamacare is cheaper than health insurance provided by the company
  - Lonely and depressed since wife passed away

**Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
  - Obtained health insurance from Obamacare
  - Provide language translation
  - Community organization – CCMAA
  - CCMAA
  - CCMAA
  - Community agency – CCMAA
  - Community agency
  - Can only ask CCMAA for help with my health issues
  - CCMAA tries to improve access to healthcare but their resources are limited
  - CCMAA
  - CCMAA
  - CCMAA
  - Need English spoken Vietnamese to communicate with health providers
  - CCMAA
  - Community organization CCMAA
  - CCMAA
  - CCMAA
  - Ask CCMAA to help in dealing with DSS and SSA
  - Assistor from Obamacare
  - CCMAA
- Who else should we be talking to about healthcare in CT?
  - Vietnamese immigrants

- Talk to less educated Vietnamese who do not know much English
- Elderly people
- Families without health insurance
- Older women with low paying jobs
- Elderly Vietnamese
- Single mothers with low paying job and not much English
- Elderly Vietnamese
- Ex-soldiers in reeducation camps – mental problems
- Elderly folks: special need
- Talk to older and uneducated folks – to understand their need
- Elderly to understand their situation and needs
- Newer immigrants about their health medical need
- Other elderly Vietnamese
- Other Vietnamese immigrants in Connecticut
- Other Vietnamese immigrants
- Talk to uninsured employees
- Older folks: special need
- Low income workers cannot afford company's insurance
- Other old folks

**Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in your community? Are they unique to this community?
  - No English – cannot talk to doctors about appointments, changes to appointments
  - Need assistance with making arrangements for healthcare
  - Elderly without family, isolated
  - No preventative care – annual check up
  - People without health insurance for major medical problems. They go back to Vietnam for cheap treatment – still very expensive
  - High blood pressure due to salty food
  - Too busy making a living that they do not pay much attention to their health
  - Can read, write, speak, listen to English. Not familiar with American society
  - Mental problems not recognized and addressed
  - Make sure paperwork is proper so that I can keep medical benefits
  - English and understanding the American system
  - Need coordination with different doctors
  - Need help with DSS requirements to get and maintain health insurance
  - Elderly: many problems with health. Not enough help: making appointment, transportation, interpretation
  - English
  - I do not understand how the medical system works. How to get medical assistance without interpreters
  - Lack of health insurance no preventive care such as annual check up
  - They do not realize the severity of diabetes and high blood pressure
  - Some low income workers do not buy insurance from companies because it's expensive
  - Diet not healthy, very salty – high blood pressure but cannot eat American food
- What are your community's main barriers to accessing high quality healthcare?
  - English
  - Language: need help with talking and to read letters
  - No English, do not drive
  - Too busy working, healthcare is not a high priority
  - Lack of health insurance

- Do not speak English
  - Struggling to survive financially, cannot afford time off from work to get medical help. Especially preventative care
  - Not familiar with, do not understand American society
  - English and do not recognize mental issues
  - English
  - Need comprehensive and coordinated assistance
  - English
  - Not familiar with government (DSS) requirements – need with letters from DSS
  - Everything in America is different from Vietnam. Can't speak, read write English
  - They don't know how to get medical help because of English and do not understand medical system
  - English, transportation
  - Financial pressure – healthcare low priority
  - Lack general knowledge of health issues
  - Cannot afford insurance therefore cannot access quality healthcare
  - To adapt to new environment hard for older folks
- What health issues/concerns need the most attention in your community?
    - To make appointments with doctors
    - More health/social support from community organization in order to get healthcare
    - How to get quality healthcare if cannot communicate with health providers and cannot go to their places
    - Education: take better care
    - Provide affordable health insurance for people
    - Translation – making appointments, talk to doctors
    - Many do not have health insurance
    - Need someone to personally take care of all health issues
    - Preventative care, learn to live healthy!
    - Someone to review overall health situation since many different doctors give too many drugs
    - Many doctors, many drugs – need to review overall medical condition and drugs taken
    - Fear of losing health insurance if do not provide paperwork properly
    - Need more help – CCMAA personnel very limited
    - Many have diabetes and do not take medicine and do not eat properly
    - Provide health insurance to the uninsured
    - Diabetes and high blood pressure
    - Provide insurance to the uninsured one. They might not be aware of Obamacare
    - Preventative care and healthy diets
- What organizations help address your community's health concerns?
    - Community based organizations (CCMAA)
    - CCMA
    - Community organization
    - CCMAA
    - CCMAA
    - Community agency – CCMAA
    - Help people to get health insurance
    - CCMAA
    - Community agency
    - CCMAA can speak for me
    - CCMAA
    - CCMAA
    - CCMAA
    - CCMAA
    - CCMAA
    - Community organization

- CCMMAA
- CCMMAA
- Outreach, educate older folks about health issues
- CCMMAA
- CCMMAA

**Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - Many people do not have health insurance
  - Good healthcare system but we cannot access them effectively
  - Good healthcare system but we cannot access it due to the language barrier as well as transportation
  - Need to educate people about healthcare, services available
  - Without insurance people ignore health problems until they become serious
  - Many doctors and specialists do not provide interpretation
  - Assist people to get quality care
  - I cannot access healthcare without help. A to Z
  - Good system but we do not/cannot access it because of language
  - Satisfied with current healthcare system. Need more assistance in order to utilize medical services more effectively
  - Improve education to understand medical services available and how to access them efficiently
  - I appreciate the healthcare system. Need help with English to access it efficiently
  - Good healthcare system yet complicated paperwork
  - Ability to access healthcare very poor
  - Medical system is too complicated for immigrants without English
  - Many people do not get help in the early stage due to language problem
  - The uninsured ones: no access to healthcare
  - Difficult to access due to language and transportation. Also we do not always ask for medical help
  - Healthcare is good but expensive. More people should get Obamacare, more affordable
  - Happy with current healthcare system. Need more language translation
- How do money, language, transportation, and other factors contribute to the healthcare issues?
  - English to make appointments, change them
  - Language/transportation issue prevents us from using health services
  - Language: cannot talk to doctors. Transportation: cannot go to doctors
  - Do not have time to take care of health issues – too busy working
  - Money, cannot buy health insurance
  - Communication barrier prevents any quality healthcare
  - Money: work hard to make ends meet, no time for healthcare
  - Language: cannot communicate with health providers, cannot go to doctors/hospitals myself
  - Definitely language, all issues related to communication
  - Transportation is an issue. No English: cannot ask for Dial A Ride
  - English
  - English
  - Language barrier
  - Language to get help. Transportation: no English to get Dial A Ride to go to doctors
  - Language problem: cannot get medical help
  - Transportation: do not drive, don't know how to use the bus. Expensive to pay people to drive
  - Money is key issue here since some cannot afford to pay insurance
  - Yes, communication with health providers (languages). Also difficult to go to doctors (transportation)
  - Money is key consideration for workers with low wages
  - English

● What are some common cultural practices in your community that people may use to take care of their health?

- No English – cannot make appointment to see doctors
- Because community resources is extremely limited, it is very difficult for us to set the support we need
- Pray for God to keep us healthy. Frustrated in getting help to access healthcare all the time
- Only seek help when medical problems become serious
- No preventative healthcare, only get help when health problems become serious
- Since its very difficult to get medical health, we ignore health problems until they become serious
- No preventative healthcare such as annual checkup. Only ask for medical help with serious health problems
- Younger ones to take care of older ones but they are lousy and their English is not good
- Our people do not talk about mental problem due to our culture and religion
- To follow exactly as doctors recommend – our folks change/stop drug intake themselves
- Community agency has limited resources, struggle to get help timely
- Do not follow instructions of doctors because we do not fully understand them
- Always need help with paperwork in English
- Hesitate to get medical help. Hope that the health problems would go away
- Try to care our self instead of getting medical attention
- Prefer herbal medicine
- Do not take care of themselves properly. No preventive healthcare
- We prefer herbal medicine therefore do not take or reduce dosage of drugs given by doctors
- Since they struggle financially, healthcare is not their priority
- Old eating habits. Prefer herbal medicine

**Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best ways to address the top health issues that you have mentioned?
  - Someone to help make appointments, translation at doctor's office
  - Increase resource for the community organization such as CCMAA
  - Understand the community issues. Simple things: call to make appointment but we don't speak English – allow walk in!
  - Education
  - Provide health insurance to everyone
  - Provide more resources to the community agency so they can help us more
  - Help them get health insurance
  - Someone to be in charge of all of my health issues. Coordinate all activities
  - Educate people about mental issues and how to get help
  - More outreach: address health issues especially related to elderly
  - Let community agency – CCMAA speaks for us – they understand our situation
  - Make help available when need it with translation and recommendation for health services
  - More resources for community agency to help people
  - Let community organization address our issues
  - Talk to community organizations
  - CCMAA to have more resources to help us more
  - Provide affordable insurance to the uninsured one
  - Increase accessibility to assistance by Vietnamese speaking health/social workers
  - Inform people about Obamacare. Need resource to help them with Obamacare
  - Vietnamese health workers understand our need. Talk to them
- How can you and local community members help with healthcare problems?
  - Tell each other about doctors who have language line/translation
  - Community Org: speak one language, understand our situation, can help us effectively

- CCMAA speaks to health providers, explain our issues with language and transportation
- Outreach
- Address the issue with the government
- Voice our concern with the government
- Provide assistance with applying for health insurance
- I don't know
- Be more vocal, our people are normally quiet, keep to ourselves
- Regular contact to review medical condition
- Provide more personal assistance, case management
- Provide more assistance
- Provide personal help consistently
- Community members let us know/share with us their experience
- Outreach
- I can only help myself and my son the best I can, ask CCMAA to help
- Outreach. They might not know they are qualified for Obamacare
- Educate older folks about medical issues
- Inform people about Obamacare. Problem that Assistors are no longer available to help them, especially in Vietnamese
- Be more vocal to address our issues with government

### **Goal 6: Leadership & Policy**

- Tell me about a time you participated in an effort to change something related to health.
  - I told the community based organization about our problem
  - None
  - Complain with the community organization
  - None
  - Once, meeting and give input
  - None
  - None
  - Once, Obamacare
- How, if at all, have you been involved in CT health policy conversations?
  - None
  - None

- None
- None
- None
- None
- None
- None
- None
- None
- None
- None
- None
- None

- Which health policy topics are the most important in your opinion?
  - English
  - More resources for the community based organization so that they can help us to access health services effectively
  - More help to access healthcare. Social and health workers who speak our language, who understand our situation
  - Educate people about the importance of taking care of their health regularly, not only when serious
  - Provide health insurance to everyone
  - Someone to coordinate all health related tasks (making appointments, drive to doctors, translate, pharmacy...)
  - Provide health insurance for everyone
  - Need coordination of all health related issues
  - Dealing with mental problems
  - Provide assistance with paperwork to maintain health insurance
  - Need more English speaking Vietnamese health/social workers
  - Someone to coordinate drug usage as well as medical instructions from different doctors
  - Help people get and maintain health insurance
  - Someone with English to help us full time not on an ad hoc basis. For example, help with doctor visit but cannot help with follow up, lab tests...
  - Deal with all issues relating to language barrier: communicate with doctors, hospitals. Read/write letters
  - Translation, transportation
  - Provide affordable health insurance for uninsured. Continue with Assistor Program to help people
  - Provide more assistance by Vietnamese social workers
  - Qualify Obamacare for low wage workers
  - Lonely – need opportunity to meet people (other Vietnamese), socializing

## Khmer Health Advocates (KHA):

### Goal 1. Background of interviewee and services provided

- Could you briefly describe yourself and your role in working with health issues?
  - I am Cambodian and I work on my own health issues – 11 respondents with same answer
- Describe your work or collaborations with other organizations in the area?
  - I do not work with others – 11 respondents with same answer
- Could you describe the community that you serve?
  - I come from Cambodian community in the Hartford Area – 2 respondents with this answer
  - I come the Cambodian community in the western part of the state. I live in a small community with very few Cambodians
  - I come from the Cambodian community in Danbury CT – 2 respondents with this answer
  - I come from the Cambodian community in the southeastern part of the state near RI
  - I come from Middletown CT. We used to have a bigger Cambodian community but now a lot of people have moved away. I don't know my community like I did before.
  - I come from the Cambodian community in New Britain. Everyone I know is working or is disabled. We are not a rich community because we work in factories. Only a few people work in construction so they make more money.
  - I come from a community in the middle of the state
  - I come from Danbury. My community is not rich and not poor. We all work hard. We have our own temple and help one another.

### Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community

- Who do you know that are involved in improving access to healthcare?
  - The only people I know who work on health of Cambodians is Khmer health advocates. I know some people with the church who will help me go to the doctors. – 2 respondents with this answer
  - I call Khmer health advocates whenever I have a problem with access to healthcare. I can call them anytime I need help. I can speak English enough to have a conversation and I usually don't ask for an interpreter but when I don't understand something I ask Khmer health advocates helping me.
  - Khmer health advocates is the only organization I know that deals with healthcare for our community. – 3 Respondents with this answer.
- Who else should we be talking to about healthcare in CT?
  - I don't know – 8 respondents with this answer
  - There used to be a church organization that helped refugees when I first came to the US, but they do not help anymore – 2 respondents with this answer
  - Maybe you should talk to the monk at the temple. – 2 respondents with this answer

### Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people

- What particular health issues have you seen in your community? Are they unique to this community?
  - My community has problems with mental health. We suffer a great deal during the Khmer Rouge and our bodies and minds are damaged.
  - My community has problems with mental health and diabetes. It seems like everyone has diabetes.
  - People have problems with their mental health because of their experiences in Cambodia. They also have a lot of diabetes and stroke. – 2 respondents
  - My community has a lot of problems with diabetes and stroke. We have mental health problems because of our experiences in Cambodia.
  - A lot of my people have diabetes and stroke. I think we have this more than other people.

- My community has a lot of problems with depression and not sleeping. This is because of our experience during the Khmer rouge. We also have a lot of trouble with Diabetes. My sister just died of cancer, she was only 52. She didn't have any health insurance so she didn't go get checked. I think this happens a lot in my community.
- I don't get involved in my community. I only socialize with my church. I don't know what problems my community has. – 2 respondents.
- I think a lot of people in my community are depressed. They suffered a lot during the Khmer Rouge and when they came to the US they worked very hard to make money and get a home. Now they are tired and everyone seems to be getting sick.
- What are your community's main barriers to accessing high quality healthcare?
  - Language is a big issue. I can speak English but my wife has trouble remembering words. She really needs help whenever she is at the doctors but it is hard for me to get time off to go with her.
  - I can go to any doctor I need but I don't understand them and they don't understand me and I think this happens to everyone in my community.
  - My main barrier to healthcare is that I am afraid all the time and I don't like to leave my house. Khmer health advocates comes to see me at my home but I have medical problems and it is hard for me to go see my doctor. – 2 respondents
  - We come from a country where you only go to the doctor when you are sick. I went to see the same doctor since I came to the US but how do I know if he is a good doctor. I was in pain for a long time and he didn't send me to see another doctor. Now I have a new doctor and he made sure I got treatment for my pain. It is hard to know if someone is good or not.
  - People don't go for healthcare until they are almost dead. People from my community do not speak English. They have some kind of insurance but don't know how to use it. They can't afford their medications.
  - I can't speak English or read or write in English or Khmer.
  - People are afraid to go to the doctor because they are afraid they will find something wrong. They feel good enough so they just keep working. – 2 respondents
  - I think language is the main barrier to healthcare. People can't speak English enough to speak to their doctors. Many people can't read or write in English or Khmer
  - I know that I cannot speak English and this is a big problem for me. I know a lot of people like me.
- What health issues/concerns need the most attention in your community?
  - It seems like a lot of people in my community are dying before they get to be old. I see a lot of people who are alone and have no one to help them. I feel lonely too and now I am old and am afraid of what will happen to me.
  - I worry about the old people because it is very hard for them here in the US. They can't get to the temple and they are alone all day. I also worry about the kids. I think many of them are too fat. I think they use the computer too much and don't play outside enough. They like to eat American food and it is not good for them.
  - Some people in my community worry about their kids. Some of their kids don't like to socialize and spend a lot of time in their room. The old people are alone most of the time too. Everyone is working and they don't have time to take care of them like they used to in Cambodia – 2 respondents
  - I worry about the young people because they are not as connected to the family. Old people are home alone all day. I worry about myself because sometimes it is hard for me to remember things.
  - I want to know why medicine costs so much. I am diabetic but can't get my test strips because they cost too much. I have to choose between getting my medicine and getting my food
  - In my community everyone over 40 seems to have diabetes. I don't have it but my husband does. We have to worry about what we eat. I have a lot of problems with my back. I also have a problem with my lungs and my stomach. I have a problem with my mental health and I think a lot of people have this too but that is our karma
  - I don't like to get involved in my community because I don't want to talk about the past. So I don't know what their problems are. – 2 respondents

- The problems are diabetes and stroke. We have trouble with other things too. My eyes are very bad and I think we all have some mental health issues from what happened in Cambodia.
- My community has a lot of worries about diabetes and stroke. We worry about the elders because they seem to be having a problem with their memories and they need more attention than we can give them. It is very expensive in the US, we all have to work very hard to have a home
- What organizations help address your community's health concerns?
  - Khmer Health Advocates helps the community, I do not know of any others. – 11 respondents

**Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - I don't think there is a problem to find a doctor or clinic but I think it is hard to find someone who understands your problems. I have bad eyes and cannot drive, so I always have to ask someone to take me to the doctor. It is ok if it is in town but I often have to go to Hartford and a lot of my friends are afraid to drive in the city, there is no bus to Hartford from Middletown.
  - I cannot complain about healthcare but sometimes I have trouble with my insurance. I don't understand what to do when they will not pay for something. In general, the doctors who take care of me are polite but I don't always understand what they are doing to help me. – 2 respondents
  - I spent a lot of time trying to get insurance this past year. I went online and then I went to get help from ACCESS CT. I had to go 11 times before I got any insurance and then late I found out that my doctor was not on my insurance plan. I have a lot of health problems and it looked like I would have to start all my treatment all over again because I was out of the system my insurance would pay for.
  - I don't understand about access. I know that people do not want to go to the doctor until they are really sick because it costs too much and they don't understand what the doctor tells them. Some things I don't trust the doctors to understand, they don't know my story.
  - I don't understand my insurance. They pay and sometimes they don't. I have a big bill from the hospital because I went to the ER when I felt like I couldn't breathe.
  - I don't know about the healthcare in the state. I only know about my own. I go to one of the clinics in Danbury and they are very nice to me but I don't always understand. They use the telephone for an interpreter but I don't always understand the interpreter and I don't like to keep asking them to repeat what they said. It is hard when you don't speak English. – 2 respondents
  - Every time I go to the doctor I have a different doctor and none of them speak Khmer. So I don't feel like I know my doctor or that my doctor knows me. If somethings bothering me I go but I have been very sick. I don't have diabetes but my husband does. He goes to the doctor more often. They give him a lot of medicine that is very expensive.
  - I am on disability and Medicaid so I have access to care. I don't know what I would do if I didn't have this. But I don't have a lot of money to take care of myself and it is hard to get a ride or get someone to help me talk to my doctor.
- How do money, language, transportation, and other factors contribute to the healthcare issues?
  - The healthcare system is very complicated. It is hard for people who speak English and even harder for people who speak another language. All problems are linked together. If you don't speak English it is hard to find transportation or find a good job. I try very hard to study but I know many people in my community cannot concentrate because their brains were damaged during the Khmer Rouge. They try very hard but forget.
  - I just moved into a new apartment and I am all alone. I am afraid to walk outside by myself. I can't get to the store when I need food. I think this makes me worry a lot
  - If you don't have a lot of money medicine is always a problem. Seeing the doctor isn't too expensive but the medicines are. There always seems to be a problem like insurance won't cover medicines that the doctor orders. I can speak English okay but there are a lot of things I don't understand. My husband doesn't understand either and I worry he isn't doing the right things for his diabetes.

- I work about 50 hours a week. I don't make a lot of money and I have to pay insurance for my wife and kids. She works too but only 20 hours a week. It is good to have insurance but it is hard to pay for medicines. I have diabetes and it costs a lot. – 2 respondents
  - If you don't have money you can see the doctor but you can't get medicine
  - I have trouble driving and only go where I know. Sometimes they send me to other clinics and it is hard for me to find them.
  - I have a lot of health problem and many of my problems are because of what happened to me in Cambodia. A lot of doctors don't understand and they never ask me what happened to me. How can they treat me if they don't know my story.
  - Because I am afraid to leave my house it is hard for me to get healthcare. – 2 respondents
  - I do not want to complain about the US they gave me a lot. But I have problems that come from not having enough education and not speaking English well. Sometimes I think my mind does not remember things well. It helps when someone from my community helps me.
- What are some common cultural practices in your community that people may use to take care of their health?
- Our culture helps us live in balance but we have no tradition to help us with the great trauma and loss that we had in the 1970's
  - I believe in traditional medicine and go to the temple to earn merit. I think traditional ways can help us stay healthy but it is hard to get to the temple as much as I would like.
  - I joined a Christian church and I do not follow any cultural practices of my community. – 2 respondents
  - I use meditation to help me with my mental health. I also get exercise and watch what I eat. This is our tradition.
  - My community likes to use traditional medicine. When I go to Cambodia, I go to see the healer. I think they understand my health better.
  - It is our tradition to do things in balance. Not to eat too much, not to work too much, not to think too much. But I have trouble because I have to work overtime or my family cannot survive. I think too much but don't have time to go to the temple
  - I use some traditional medicine and I think some people in my community do too. – 2 respondents
  - I give my husband some traditional vegetables for his diabetes like bitter melon. We don't use medicine from Chinatown because we had a problem with it one time.
  - I use coining to help me when I don't feel good. I miss some of our traditional healers but we don't have them here anymore, they all died.

#### **Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best ways to address the top health issues that you have mentioned?
  - Our community needs a great deal of health education. Most people cannot read or write in English or Khmer, so we need it in another format.
  - I like when I have a community health worker to help me. Khmer health advocates used to have one in Danbury but not anymore. It used to make we feel safer when I could call them.
  - I think we need to understand our sickness better. We need someone who can teach us in Khmer. Khmer health advocates used to have community health workers but they don't have them anymore except for one.
  - Khmer health Advocates helps me with my diabetes and teaches me how to take care of my health. They used to have community health workers who would come and take me to the doctor. They were very helpful because if I didn't understand the doctor. The community health worker would explain it to me. I think we need this kind of help. – 2 respondents
  - I know that I have to cut down on how much rice I eat and I have to get exercise. I need to take my medication for my high blood pressure but sometimes I forget.
  - My community needs more community health workers to help us learn new ideas
  - People are tired. We don't want to talk about what happened but now we don't even want to talk to each other. We do not get involved with each other anymore. I don't want to get involved but I think this

is bad for us and for our health. We are healthier when we socialize with each other and help one another

- I address my health problems by praying. I don't like western medicine and try not to use it unless I have too. – 2 respondents
- How can you and local community members help with healthcare problems?
  - We have been addressing the issues for 3 decades. It is time now that we have access to the services and information other people have. We are Americans now.
  - My community helps me get appointments and they help me when I am sick but we need more help from people who understand our sickness.
  - I cannot help my community with their problems. They have to find a way to do it for themselves. – 2 respondents
  - I think they need to get involved in community health. We need to talk to one another about what our problems are. I just don't know how to do it.
  - Cambodians need good advice for their health. I like the way Khmer health advocates teaches me about diabetes because it is in my language and uses our traditional ideas.
  - We need to encourage each other to eat in balance and to get more exercise but it is hard because everyone is always working. The old people are home alone.
  - I think we can help by providing information to Khmer health advocates about the problems we are having – 2 respondents
  - I am not a doctor. I do not know how to help.
  - People help one another a lot. I don't know about people in the local community. We still have trouble speaking English.

#### **Goal 6: Leadership & Policy**

- Tell me about a time you participated in an effort to change something related to health.
  - I am involved by going to meetings Khmer Health Advocates arranges
  - I talked with the representative from the white house and I did an interview for the newspaper. I think that this helps a lot.
  - I work all day and cannot take the time to go to meetings
  - I went to a meeting for CT's health innovation plan
  - I went to a meeting for southeast Asian Americans because Khmer health advocates asked me to go. One other time I went to talk to the representative from the white house who came to Connecticut
  - I went to a meeting with someone from the white house and this fall I went to a meeting in West Hartford to talk about our health problems
  - I went to a meeting for south east Asian Americans because Khmer Health Advocates asked me to go
  - I always go to the meetings that Khmer health advocates organizes because I believe we must help ourselves.
  - I went to a meeting for southeast Asian Americans because Khmer health advocates asked me to go. I want to support them because they help me without telling me I have to do it their way. – 2 respondents
  - I participate in a survey and I went to a listening session for community health.
- How, if at all, have you been involved in CT health policy conversations?
  - I attended a health meeting for the state's health innovation plan in the fall and I went to another one last week
  - I try to tell people what I need. I participate in state meetings whenever Khmer health advocates asks me to.
  - The meeting was for CT health innovation plan – 5 participants
  - I attended meeting with United nations with our congressman and with the white house. Last fall I went to meeting with the health innovation plan
  - I try to talk about the problems in my community so the state understands we need help.
  - I participate in Health Innovation plan through Theanvy Kuoch who is with Khmer health advocates. I provide information and feedback.

- Which health policy topics are the most important, in your opinion?
  - I want to know more about the health of my community and I think this requires getting information from the community. We need more research for our community.
  - I am glad I have Medicare and think we need to help paying our medical expenses because everything costs too much- 2 respondents
  - The biggest help would be community health workers.
  - I think mental health and diabetes are the big problems – 2 respondents

## Lao Association of CT (LAC):

### Goal 1. Background of interviewee and services provided

- Could you briefly describe yourself and your role in working with health issues?
  - member of the LAC; retired; have government insurance parts A&B and Medicaid
  - do not know who to talk to about health problems; need someone to help
  - do not have good health; have been sick and was hospitalized on and off for a long time
  - member of Laotian community and temple member; retired; living with daughter; social security income; government insurance parts A&B; still pay for medication
  - retired; living with children; member of the Lao temple in South Windsor; member of LAC; come to temple once a week; live off SSI and on government insurance parts A&B
  - has United Healthcare insurance through husband
  - retired and use government insurance parts A&B; not eligible for Medicaid
  - retired; have government insurance parts A&B and supplemental insurance
  - private company health insurance and COBRA; use health insurance through my husband's work; he has poor health and recently passed away; bought COBRA insurance that was very expensive – looking for HUSKY health in the future
  - housewife; never worked; husband recently retired; have insurance through husband
- Describe your work or collaborations with other organizations in the area?
  - attended meeting with the Cambodian and Vietnamese about the problems we are facing and healthcare issues we are lacking in our communities
  - go to Asian Family Services and sometimes LAC to help me with paperwork
  - attended Southeast Asian Community Health meeting with Khmer Health and Vietnamese organization in West Hartford. I learned something about access to health from the LAC presentation and occasionally I get help from the Catholic Family Services
  - Through my work I collaborated with LAC; at Catholic Family Services, I work part-time in community services, and sometimes help the Lao veteran elders. I also participated in the culture heritage group as a dancer.
  - I come to the temple very often, every Friday if I'm not busy with other things. I am a member of the temple and the LAC and occasionally attended meetings when they asked me to
  - I am a member of the temple. I come to the temple very often and member of the LAC
  - I attended the meeting with Cambodian and Vietnamese to discuss the need of the community. The LAC invited me and my husband!
- Could you describe the community that you serve?
  - I do volunteer for the temple when they call me
  - I am a member of LAC
  - I have been helped by the LAC to give me suggestions and referrals to appropriate services. The Asian Family Services in Hartford is helping me regarding my healthcare services
  - I come to the temple often and sometimes attend LAC gatherings, especially for Lao New Year
  - I sometimes volunteer to provide service to my friends at the temple. I call them to attend the community gatherings and meetings about the need of the community
  - I help elder Lao community who are not citizens of the USA yet, and sometimes if I have time I help other elders regarding translations, transportation, referral for other services
  - The temple provides Dharma teaching to help members understand how to become a good person to help one another
  - I volunteer to help the work of temple and sometimes help my friends and elders with transportation to the temple and clinic
  - I volunteer sometimes with the shoreline community, Lao Association of CT, and Lao temples
  - I only go to the temple at least once a month or less

## **Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
  - LAC provided me the information on health issues and where to get healthcare insurance in my area
  - Asian Family Services and the LAC sometimes helps me
  - Asian Family Services and the LAC and other local service providers
  - LAC presentation about healthcare and access to healthcare
  - On Medicaid and parts A&B government insurance and for medication I am on United Healthcare prescription plan
  - I know the LAC provided information about Access Health CT
  - I was invited to attend the healthcare presentation by the LAC and hope the community members take advantage of this
  - LAC sometimes distribute information in Lao language about healthcare and recently gave a presentation on how to get healthcare assistance
  - I only rely on LAC; they help me with translation and healthcare information
- Who else should we be talking to about healthcare in CT?
  - LAC and Asian Family Services helped me get Medicaid
  - I attended an ACA presentation by the LAC representative at the temple. I learned about Access Health and saved money on healthcare expenses.
  - Social Services can refer people to service providers about access to health
  - The LAC; I saw they advertised on TV about Access Health
  - I think local government agencies and state can help with health if people are eligible for these services
  - LAC recently gave a presentation of ACA and Access Health
  - I only know the LAC

## **Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in your community? Are they unique to this community?
  - Many of them have similar problems: cancer, heart attacks, diabetes
  - I know some people in my community get heart attacks; maybe they do not know how to prevent it
  - Many people have problems with cancer and heart attacks in my community
  - A number of people have cancer, diabetes, kidney and liver diseases
  - I know a member of our community died because of cancer and other health issues such as diabetes and kidney diseases
  - There are a number of issues regarding health equity in Lao community. Many of us do not know where to get healthier on these issues. They are lacking information, no one to help us regarding translation, transportation, or other barriers.
  - In general, they are working and have their health insurance through their employers. Many people that I know in my community have cancer, heart disease, diabetes, and gout and many other diseases
  - Many people have healthcare problems, but they hesitate to get help due to lack of information and people to help them; heart attack, cancer, diabetes, high blood pressure
  - Cancer, gout, arthritis, diabetes
  - Many people have problems with health, but they do not know where to get help. Many of them have the same problem: cancer, heart disease, kidney and many other diseases
- What are your community's main barriers to accessing high quality healthcare?
  - Many of them know where to get help, but they do not have a car. Many of them do not speak English and someone to help them.
  - We do not have a community worker like Asian Family Services (they sometimes help me)
  - The main barrier is people do not know where to get help, they do not speak English and they do not have a car

- We have a number of older people who are unable to see their doctor due to no transportation, no interpreter, lack of childcare, and working family members who can otherwise provide those services
  - We have many barriers such as transportation, language, time, and elder care
  - Lacking information on health access, transportation, language and culture sensitivity from service providers
  - For the elderly, they do not have anywhere to get help; they don't have transportation, no interpreter, or someone who can help them
  - No community health worker; also no transportation; no language
  - Language, transportation, time, access to health information, and need for healthcare
  - We do not have service providers who have the knowledge about my culture and my community behavior and health beliefs.
- What health issues/concerns need the most attention in your community?
    - Where to get health to pay cheaper with good quality; where to have the interpreter and provider who understand my culture?
    - Many people as I know have cancer, heart diseases, diabetes, gout, and other diseases
    - People need to go to the hospital when they get sick; if they do not know where to go, it's a problem, and sometime your friend cannot help either
    - Transportation, interpreter, and doctor who understand the healthcare issues of my people. Many people went to see doctor, but they do not go for follow-up.
    - Health information, prevention care, someone can work for community healthcare to help the elders and the needy people in the community
    - Prevention is one of the issues. They do not like to have annual check-up for cancer, TB, diabetes, and many other diseases.
    - I believe cancer is one of them, heart attack, diabetes, arthritis, and gout are common diseases in our community
    - Healthcare prevention information in America, translate healthcare information and where to get health
    - Cancer, preventive care, access to healthcare, interpreting, transportation, and health information
    - Many of them have similar problems to access to health
  - What organizations help address your community's health concerns?
    - LAC and sometimes I hear from my friends about the insurance
    - The LAC representative visited me to explain Access Health CT and how to get help
    - The LAC visited me and asked how I got help. I got help from the state, because Asian Family Services helped me quite a long time ago
    - The LAC gave presentation about ACA and Access Health CT and ways to pay less for healthcare
    - The LAC gave presentation and gave information on health issues and ways to pay less for healthcare
    - Recently, I only saw the LAC gave presentation on the health and where to get health in different areas
    - The LAC provide information about healthcare and sometimes translate in Lao language that helps
    - The LAC and the temple can help about where to find healthcare and referrals
    - The LAC provides some information about health issues
    - I only know the LAC

**Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - Besides the LAC talking about where to get healthcare, I also hear a lot of people talk about this issue when we get together
  - I do not know much about the access to health in CT. I am on government assistance. I have information about health translated by the LAC – they gave it to me.
  - My state health is Humana Insurance and I pay a small amount for this insurance.
  - I do not know. I have my government insurance. I got to see my own doctor, but they do not speak Lao.

- I learn about access to health recently from the LAC representative about seeking healthcare insurance with different companies.
  - In most cases, many of them, especially the older members of my community are on government insurance parts A&B and some of them are on Medicaid of the state.
  - As I mentioned earlier, many young people have their insurance through their work, but many elders who did not work have problems to get help.
  - We do not know about access to health until recently, when the LAC gave a presentation about access to healthcare in CT.
  - Most of the friends I know are on their work insurance, many of them are not entitled to state assistance and most of the older people are on government health plans part A&B insurance.
  - I have the insurance through my husband, parts A&B, United Healthcare, and Medicaid from the state.
- How do money, language, transportation, and other factors contribute to the healthcare issues?
    - If you have money to hire community workers, it would help reduce problems
    - Money, language, and transportation are major problems for access to healthcare.
    - If we have money, know English, and have transportation, it will help a lot.
    - Yes, money and language are parts of the issues that prevent many of my friends who do not see doctors for treatment
    - Money and language and community health work are big barriers to solve the healthcare issues in our community.
    - People do not have enough money to pay for supplemental insurance and in many cases are not eligible due to their assets. In general, money, language, and health workers contribute to the health access of my community.
    - I believe money, language, and transportation are main obstacles to access to health mostly for elderly persons and service providers who understand the culture of the patients
    - Of course, money can help a lot to hire someone who can provide healthcare
    - Yes, money, language, transportation are key factor barriers to health
    - It would be very helpful if we have money to hire the community health worker
- What are some common cultural practices in your community that people may use to take care of their health?
    - Using herbal medicine is common in my community. They get the herbal medicine from Laos, Thailand and other places from Asia
    - I sometimes use herbal medicine to treat myself. Some of my friends are getting better from herbal medicine, they told me.
    - I am using medicine, such as tea and other traditional medicine and I go to the temple when they have religious events
    - Some people get herbal medicine from Thailand, Laos for their treatment and it's working
    - Many of them believe in traditional medicine to ease the high cost of medication and sometimes they skip the medication due to lack of resources and information about how to access help.
    - Sometimes they go see some elders to get advice for traditional medicine, some people go to the temple for blessing of Buddhist monks.
    - Many elder persons continue to use herbal medicine for sickness and rarely take the prescription medicine for their sickness
    - Many people use traditional herbal medicine and go to the temple to get blessing from the Buddhist monks
    - Many of them use traditional herbal medicine, tea, and for spiritual health they go to see the Buddhist monk for blessing

#### **Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best ways to address the top health issues that you have mentioned?
  - I think if we have money to hire community workers who speak the language and understand the needs of the community

- I think the government should help us access healthcare
  - I think if we have the money we can hire someone to help elders and many others like needy people to get their healthcare needs
  - We need someone who can translate with doctors and understand the health issues of our community
  - There are many factors that can help and be a solution such as community health workers who can speak the language well and know the culture and communities
  - The solution for health in our community are as follows: someone who gets paid to provide services – this person must understand the needs of the community.
  - I believe if we have money to hire someone who can work for our community to provide community services, especially with healthcare needs
  - I think the leaders should reach out to communities and learn and implement the policy to address the health issues
  - There are some solutions that can ease healthcare such as having full time staff with language and cultural competence to work with community and health providers
- How can you and local community members help with healthcare problems?
    - I do not think the community can do anything much besides sharing the healthcare needs of the community
    - I do not know, how can I help?
    - I think we need to speak to our leaders to find some help; my people in our community have no access to healthcare and they do not know how to seek it
    - We can only tell them to contact the LAC to get information and referrals
    - I can help to spread the word about what I learn, but it is difficult because we do not have resources and information
    - Our community can disseminate the information and collaborate to work with service providers
    - I cannot do anything besides share what I do to help myself and where I got help, but everyone is different
    - We can suggest and refer services we know to them
    - I'm barely helping myself and I do not have any means to help others besides volunteer to help occasionally

## **Goal 6: Leadership & Policy**

- Tell me about a time you participated in an effort to change something related to health.
  - I do not think they can do any much either, I met and talked to couple of times, but nothing is happening
  - I told my friends and the LAC to speak to our government. It has been a long time, but nothing is happening
  - I went to the temple and hear people talk about healthcare that was presented by LAC – I do not know what to tell them to get help
  - I participated in LAC meetings and expressed the need for healthcare for the community
  - I spoke to LAC representatives to convey the information to whoever can tell us about the healthcare issues
  - We would like to reach out to our leaders to implement the healthcare issues so that all of us can get access to healthcare
  - I think I should have the opportunity to share my health problems with them, so they will have ideas on how they can find ways to help us
  - If we have the opportunity to share our concerns about healthcare services; we are ready to attend the meeting
  - They're supposed to learn about the healthcare needs from us and find ways to help out
- How, if at all, have you been involved in CT health policy conversations?
  - I only attended the meeting with the LAC when they invited me
  - I recently spoke to the LAC about this issue when they told me about health access information.
  - No

- I only have conversations about healthcare with LAC representatives recently
  - I have participated in healthcare meetings and expressed my concern to government about the healthcare need for the Laotian community
  - We would like to participate in this if we have the opportunity to get involved
  - I only recently attended the health presentation the LAC invited me to
  - That is a good idea
  - No I did not, I only hear from the Rep of the LAC recently
- Which health policy topics are the most important, in your opinion?
    - I think taxpayers must have access to healthcare regardless of whether they're rich or poor
    - Who can help me and where I can get help?
    - I think government should have solutions to help people get help.
    - I wish everyone have access to healthcare without any barriers
    - Information on health issues, prevention, and how to access healthcare without barriers
    - Access to health with reasonable and affordable care
    - I think everyone should have access to healthcare with proper services
    - I think everyone should have access to healthcare regardless whether they're rich or poor
    - I believe people should have access to health regardless of their health and income
    - I think everyone must have access to healthcare, if they need it

# Key Informant Surveys: Leaders' Feedback

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These are key informant survey results for community organization leaders.

## CT Coalition of Mutual Assistance Associations (CCMAA):

### Goal 1. Background of interviewee and services provided

- Could you briefly describe your organization and your role?
  - Board Director of Mutual Assistance Association serving the Vietnamese community
  - Church official
  - Board Director of a Mutual Assistance Association
  - Program director of a nonprofit organization serving refugees and immigrants
  - Corporate executive helping refugees and immigrants for many years
  - Board Director at a church
  - Board Director of a non-profit organization
  - Director of a non-profit
  - Board member of a non-Profit
  - Board Director of a non-profit
  - Director of a healthcare organization
  - Director of a non-profit organization
  - I've associated with various non-profits to help the refugees and immigrants. I was also an adviser for Obamacare program
  - Board member of a church
  - Chairmen of a community based organization
  - I am executive director of a non-profit organization which provides services to refugees as well as immigrants
  - Executive director of a MAA
  - Chairmen of the board for non profit
  - President of a church
  - I have volunteered to help the Vietnamese refugees since 1975, over 40 years.
- Describe your work or collaborations with other organizations in the area?
  - Work with other nonprofit organizations which provide assistance to the refugees and immigrant
  - Help members in accessing healthcare
  - Worked with other nonprofit organization involving with refugees and immigrants
  - Work with funders, public and private
  - Worked with community based organization
  - Worked with various non-profit organizations and churches
  - Work with churches and community based organizations
  - Involved with CT DSS and other non-profit organizations
  - Work with gov agencies and nonprofit organizations
  - I work with the DSS and NCAAA in getting funding and to provide services in according to agreements. I also work with our non-profit organizations to get help for my clients(refugees and immigrants)
  - I work with the government agencies as well as other non-profit organizations to get help for our community
  - Working with community based organizations and other churches.
  - Associated with various non-profit organizations to help[ refugees and immigrants
  - Work with government agencies
  - Work with other non-profit organizations as well as government agencies.
  - Work with other nonprofit organizations as well as government agencies
  - Work with other non-profit organizations as well as state and federal government agencies

- Work with other nonprofit organizations
- Collaborate with other non profit organizations to address health issues
- Work with other churches and community organizations
- Could you describe the community that you serve?
  - In lower economic segment of the population, little or no English
  - Refugees and immigrants need help to assimilate in to American society
  - New immigrant group, low income, low level of English
  - Newly arrived refugees
  - Since they are new to this country, they need a lot of help to start their new life
  - New immigrants to the US
  - Community needs help to start new life in America- Normally little or no English, Low paying jobs
  - Community: low income, less education, little or no English, new to America
  - Support underserved communities such as Vietnamese, Laotian, Cambodian. They are newer immigrants
  - Newer immigrant group to the US- Unfamiliar with American systems
  - Language ,transportation, Social/cultural barriers
  - Unfamiliar with life in the US
  - Vietnamese- Not familiar with life in the US
  - Vietnamese community: Elderly and under privileged people- lost in the American society
  - The Vietnamese community- Challenged: Language, understanding of American environment, skill sets are unusable in the US
  - Vietnamese, Laotian, Burmese
  - Many people are not familiar with the American way of life
  - Our folks are usually quiet, not vocal, since their government did not help them, they are not used to seeking help from the government
  - Vietnamese: Nice and gentle and seldom seek medical services, try to heal themselves.
  - America is totally new to them, very different from Southeast Asia where they come from. Language, Climate, culture, government

**Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
  - *Distinguish between access through policy and access through service and innovation.*
    - I know CCMAA which help with providers with accessing healthcare
    - The nonprofit organization which participate in Obamacare initiative
    - State legislators
    - Policy makers and legislators have the ability to improve healthcare
    - Help them to get health insurance, medical services done through community based organization
    - Community based organizations such as CCMAA, Vietnamese mutual assistance association
    - Inform people about medicare/Medicaid
    - Outreach, referral. Talk to anyone about the healthcare need of the community.
    - Refer people to agencies which process health insurance. Address health needs of the community with policy makers
    - The assister and organizations which are involved with Obamacare
    - Work with agencies involved with healthcare, get insurance for folks, provide inputs to those agencies to improve efficiency
    - Agencies which process health insurance
    - Community based organizations
    - State and federal departments of health
    - My organization and other organizations dealing with health issues
    - A community based organization which involved with Obamacare

- Community based organizations, nonprofit organizations, which serve immigrants and refugees
- Community based organizations try to improve access to healthcare
- Department of health, social services, legislators
- Need to provide health insurance to the uninsured ones, talk to state and federal legislators

Who else should we be talking to about healthcare in CT?

- Policy makers, state and US legislators
- State and US legislators
- US senators and representatives
- Health and social services departments
- State legislators, head of health and social service departments
- Dept of health and social services
- Community leaders that understand the situation of healthcare in CT
- Government agencies such as department of health
- Community based organizations
- Organizations dealing with healthcare
- Get feedback from the community based organizations which are knowledgeable about the health issues of the communities
- Refugees and immigrants, community based organizations
- Community based organization leaders
- Community based organizations, they understand the needs of the community
- People who currently do not health insurance, community based organizations can help you with it.
- Continue with Obamacare, out reach to more people to get health insurance
- Get our people involved with the political process so that politicians and policy makers will be more sympathetic with our healthcare needs
- CT dept of health
- Department of health, CT

### **Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in the community you serve? Are they unique to this community?
  - Difficult to access healthcare because of the language barrier
  - Only provide individual, personal assistance to member in accessing medical services
  - Uninsured person, language barrier, difficult to access health services
  - Newly arrived refugees are in general in poor health because they normally stay in refugee camps for a long time. Most of them need major dental work
  - I am worried about the uninsured ones
  - Many are not qualified for Medicare/Medicaid. They don't know how to get help with healthcare
  - Mental problems due to their past experiences, in denial and never addressed properly.
  - Mental health: severe but not addressed properly if at all
  - Lack of health insurance, get quality health services
  - Not aware of opportunity to get health insurance. Do not use health services effectively and receive no preventative care.
  - Unique in view of American community. The issues are language, knowledge of American government and society, cultural and religious barriers
  - Poor health practice and do not address health issues in a timely manner
  - Lack of health insurance and language barrier
  - Transportation-Cannot get to health providers, language- cannot communicate with health providers to making appointments and describe their health issues
  - The main problem is language barrier and culture barrier- no effective communication with health providers.

- Poor health due to unhealthy diet and working conditions such as long hours and night shifts
  - The community is unable to fully access current healthcare services available
  - Due to language barrier, they need help to navigate the healthcare system
  - Family members sponsored by their relatives do not receive medical insurance and they cannot afford private insurance
  - Some still uninsured, don't know or cannot access quality healthcare
- What are your community's main barriers to accessing high quality healthcare?
    - English
    - Language barrier
    - Language
    - English is the major barrier. Unfamiliar with the new country is a major issue
    - Language
    - Language barrier
    - Finances, little to no English
    - Language barrier, unfamiliar with American systems
    - Language barrier, unfamiliar with healthcare systems
    - Language, do not know how to access quality healthcare
    - Many doctors do not accept their insurance and choices are limited
    - Many doctors do not accept their insurance, and there is a problem with communication
    - Language and unfamiliar with American systems
    - Language and understanding of opportunities to obtain health insurance
    - Costs, language
    - Language, transportation
    - Language and unfamiliar with American systems
    - Language and how things work in the US
    - Language, transportation
    - Language, cultural and religious barriers
- What health issues/concerns need the most attention in the population you serve?
    - Cannot access healthcare because of language barrier
    - Insurance for the uninsured, help with translation/transportation so people can access healthcare
    - Many still do not have health insurance. Cannot access medical services because of language barrier
    - General health and dental care. Mental issue needs to be addressed
    - Everything starts with communication. Need help with language barrier
    - Difficulty with getting their healthcare providers to accept their insurance
    - Age related health issues that are not addressed properly
    - Mental issues, coping with new life and loneliness
    - Get our people to seek medical services in a timely fashion
    - Help them get health insurance, and educate them on health issues, preventative healthcare and help them access health services
    - Due to cultural and religious background, they generally do not maximize the use of health services
    - Many do not know how to get health insurance
    - Difficult to get good medical providers, many doctors do not accept the insurance they have.
    - Uninsured folks
    - For the community to put more attention to health issues, preventative healthcare and seek medical attention properly.
    - Obtain quality healthcare. Many doctors do not accept their insurance
    - Many still do not have health insurance
    - Many still do not have insurance and the ones with insurance have a problem accessing quality healthcare
    - Uninsured ones

- Help them get and maintain health insurance, help them to access quality healthcare. This is done by providing regular and personal help/services
- What does your organization do to address health concerns?
  - Provide translation on limited basis because of limited resource
  - Provide some translation and transportation. Refer them to apply Obamacare
  - Provide translation and transportation so people can access healthcare, limited resource
  - Provide assistance for them to become independent, to assimilate into American society
  - I personally help them with applying for health insurance and to get medical services
  - Provide translation and transportations but our resources are very limited
  - Address health issues, preventive care.
  - Outreach- Educate them about health issues and provide them with translation and transportation
  - Outreach, determine whether they are qualified for health insurance such as Obamacare, Medicaid etc
  - Community outreach, particularly care for the elderly folks
  - Outreach, personal contact
  - Provide language translations as well as transportation to some folks, especially the elderly
  - Community outreach
  - Help them to get health insurance
  - Help them obtain health insurance, help them with setting up appointments, go to appointments and remind them to listen and do what the doctors tell them
  - Referral, outreach
  - Outreach, educate about health issues and preventive care
  - Functions for people to get together, mutual support and education
  - Get medical services for the elderly
  - Inform them of the opportunity, refer them to agencies which process insurance

**Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the Community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - Due to the language barrier, they cannot get quality healthcare and do not comprehend health related issues
  - Due to language barrier our people face difficulty in accessing healthcare
  - Some still do not have health insurance. Difficult in accessing healthcare because of language barrier
  - With our assistance, they receive proper healthcare
  - Health access in general is fine expect for the refugees and immigrants they need personal help to access services
  - Need more outreach because many people are not aware of or know how to get Obamacare.
  - We appreciate the governments effort in healthcare but need to be more effective by addressing special needs of community such as language and transportation
  - Nice try but better if can provide specific, personal assistance
  - Government has tried but overall still por. Need more education and personal services.
  - Appreciate effort from gov. but overall still poor, need more education and direct services from community based organizations.
  - Language is a major problem in getting insurance and use of medical services
  - Poor, need to educate and inform community about health issues and how to get help.
  - Pretty good, but still have room to improve
  - Healthcare system could always be improved, but the main issue here is to help people accessing quality healthcare with translation and transportation
  - Need to improve and pay more attention to underserved groups such as refugees and immigrants
  - Good- need to assist people to improve access to quality healthcare
  - Healthcare is alright except some communities does not know how to or unable to access health services

- Many doctors do not accept their health insurance
  - Due to language barrier, they do not access health services effectively
  - Overall our community does not access healthcare effectively we have to get more resources to help them.
- How do social, economic, geographic, cultural, including racial and ethnic, factors contribute to the healthcare issues?
    - Doctor in their country do not talk, explain to them therefore they do not ask doctors in the US about the nature of their health problems and treatment
    - In their country, they only seek medical attention for serious health problems only. They still behave the same way here in the US
    - Tend to be quiet, smiling even if having medical problems
    - They usually do not acknowledge medical problems. We have to gain their trust and use our observation to detect their medical problems
    - They are usually quiet and do not seek medical attention unless the problems are severe
    - Tendency to keep medical problems to themselves. Do not seek medical attention in a timely fashion. We have to gain their trust to be aware of what their medical problems are and get help for them.
    - They do not seek medical services in a timely fashion. Need to be more productive.
    - America is a new and strange country for them. Many struggle to survive, therefore healthcare is not high priority, they are not used to requesting medical services.
    - Part of the problem is that they are new to this country and do not know how to access health services
    - Due to language and cultural barriers they do not communicate effectively with healthcare providers, they do not always follow medical advice.
    - All of above factors inadvertently effect access to quality healthcare.
    - Due to their previous life experience, they do not seek medical attention in a timely fashion, they try to wait and resolve problems themselves.
    - Due to language, religious, cultural differences, they do not access healthcare effectively.
    - Religious: Believe in karma instead of medical issues- pray instead of getting proper medical help.
    - Not familiar with medical services, only use them in life threatening situations. Instead of viewing as medical problem, they think the problem is due to their karma.
    - Do not actively seek help. Only ask for health services when problems become severe, need preventative care.
    - Language/ transportation. Be more active seeking medical services, proactive and preventative care.
    - Try to solve medical problems themselves instead of seeking medical services.
    - Preventative healthcare, seek medical services in a timely fashion, follow instructions from doctors.
    - Since their previous government never helped them with healthcare they do not ask for help to obtain health insurance
  - What are some common cultural practices in the community you serve that people may use to take care of their health?
    - They only seek medical treatment with the problems become very serious
    - They prefer herbal medicine. Claim that western medicine creates bad side effect
    - Tending to resolve medical problems themselves instead of seeking medical attention. Do not recognize and/or face with mental problems
    - Gently, smiling, quiet even when having medical problems therefore health issues are not detected early
    - Due to their past experience, I think most of them suffer some sort of mental problems but they do not address and seek help for mental issues
    - Pray and try to solve medical problems themselves instead of requesting medical services timely.
    - Since they are used to herbal medicine, they get bad side effects from western medicine, therefore often they do not take western medicine or take it at a reduced rate.
    - No preventative healthcare, only get medical help in very serious situations
    - Try to solve medical problems themselves, hide medical problem, especially mental problems

- They are used to traditional practices themselves instead of medical services. Only seek medical help when problems become severe
- Use herbal medicine instead of western medicine prescribed by doctors. Karma; Instead of medical issues so do not seek medical help.
- Use herbal medicine
- They do not believe in doctors, no communication therefore they use their own judgements instead of do as told by doctors.
- They use herbal medicine instead of western one.
- Do not get medical attention in a timely fashion, usually try to cure by themselves first
- They prefer herbal medicine instead of western medicine
- Do not recognize health issue until problem becomes severe. Need to emphasize on preventative care.
- They try to cure themselves first only seek medical attention when problems become severe
- Where they come from healthcare is very poor and sometimes non-existent, therefore it is their second nature to seek medical help
- They tend to keep their medical problems to themselves, try to resolve the problems by themselves, and only seek medical services when the problems become very severe

### **Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best opportunities to address the top health issues that you have mentioned?
  - Research various government programs, request to dedicate some resources to help specific need of refugees and immigrants
  - Our people to be involved with the political process, use it to address our issues
  - Invite legislators to town hall meeting to learn healthcare issues from the community and to take action
  - To educate them about healthcare, preventive maintenance, healthy living, to seek medical services timely
  - Invite policy makers to town hall meetings so they understand the specific need of the community
  - Need to connect them with medical services available currently: by providing personal attention, community agencies need more resources.
  - Community based organizations understand the situation and need of the communities, they should address the health issue
  - Meet with government agencies and policy makers with specific suggestions and solutions
  - Bring to government agencies/policy makers with specific solutions
  - Come up with specific recommendations for the policy/government officials
  - Bring specific cases to the attention of the government
  - Get the policy makers to understand the needs of the community
  - Use community based organizations: effective communication with the community.
  - Need meeting with policy makers to address health issues from the community
  - Meet to address issues with government policy makers.
  - Community based organizations understand community needs- they can address them with the government
  - Meet with policy makers to address specific needs of community, personal services, language, transportations
  - Educate policy makers about the healthcare need of the community, provide solutions to effectively provide healthcare.
  - Involve legislators, get them to support the need of our community.
  - Have town hall meeting address community health issues with legislators for help.
- How can local communities and those most affected by the healthcare access issues help to address the problems?
  - Speak to legislators on behalf of the community, request resources to help them
  - Our people to be involved with the political process, use it to address our issues
  - Organize (above) town hall meeting with policy makers

- Education/Outreach
- Address issues with policy makers, offer solution and request action
- Be vocal, address issue with legislators and seek solutions.
- Meet with government agencies and legislators/ policy makers to address issue and to suggest solution.
- Speak out, our people have the tendency to be quiet, need to be more vocal and proactive.
- Address community based organizations and government
- Address the issues to the community based organizations. They will in turn address them with government agencies.
- Via community based organization to the policy makers.
- Communicate with community based organizations and they in turn talk to policy makers.
- They need ongoing support year around, only during sign up period currently.
- The community based organizations to speak out for the communities.
- Increase funding for the community based organizations so that they can provide personalized services for folks in the community.
- Community based organizations best source to address issues/problems.
- Be more vocal to get help
- Community outreach in person contact/care for people in the community.
- Address the problems by recommend specific solution to the government agencies and policy makers.
- Provide government agencies and policy makers solutions- be persistent.

### **Goal 6: Leadership & Policy**

- Tell me about a time you participated in an effort to change something related to health.
  - N/A
  - Participated in some meetings about healthcare
  - Only help individuals to access medical service. Participated in health conversation
  - N/A
  - Only address health issues of refugees with legislators when opportunity arrives
  - Participate in health conversation.
  - Participated in meetings with government agencies to discuss health issues from the community perspective
  - Help with community outreach- address health issues with community.
  - Involved in Obama care
  - Involved with meetings/conversation.
  - None so far
  - Referral: direct them to government agencies which can get health insurance for them.
  - Involved with assister program.
  - Referral, outreach, inform community.
  - Refer people to Obamacare
  - Referral, education, provide information
  - Referral, education
  - Outreach to the community.
  - Participated in health policy conversation.
  - Participated in health conversation
- How, if at all, have you been involved in CT health policy conversation?
  - N/A
  - Participated in one conversation. Addressed issues of the community
  - Participated in CT health conversation
  - Participated in health conversation on behalf of refugees
  - Was invited to one conversation, spoke out on the specific need of the community
  - Address my peoples health issues in the health policy conversation

- Address community need in the CT health policy conversation
  - Participate in meetings addressing healthcare issues
  - None so far
  - Discuss with community based organizations
  - involved with Obamacare
  - not yet
  - No involvement in CT health policy conversation.
  - Discuss the issues with leaders of community based organizations
  - None
  - Provided feedback to policy makers.
  - Participated in various conversations/ meetings about healthcare.
  - Participated in health conversation
  - Involved with health policy conversation, still waiting for action.
  - Participated in policy conversation, brought up community perspectives.
- Which health policy topics are the most pressing in your opinion?
    - Provide assistant to coordinate all health and related activities on a regular basis not on ad hoc basis
    - Provide insurance to the uninsured
    - Provide insurance to the uninsured
    - There are adequately taken care during the resettlement period. I am more concerned about the support after that period. They still need help
    - Insurance for the uninsured, support/personal access to health services
    - Outreach, get still uninsured health insurance.
    - Provide affordable health insurance to still uninsured people, continue with assister program, people need on going support year around not only during registration period
    - Improve access to quality healthcare
    - Provide healthcare insurance, improve access to quality healthcare.
    - Provide insurance to the uninsured, get insurance for people who are qualified but do not know how to get it, improve access, language and transportation.
    - Provide uninsured folks with health insurance
    - Provide health insurance for people who are not qualified for Medicare/Medicaid from their work place.
    - Communication and ongoing support.
    - Help them obtain health insurance.
    - Obtain medical insurance, access to quality healthcare, use medical services effectively.
    - Improve access to medical services, provide health insurance, language and transportation.
    - Specific help to address need of the community: personal services, education, language, transportation.
    - Obtaining health insurance for folks
    - Community based organizations need more resources to provide personal help in order to connect them/ access to quality healthcare.
    - Provide insurance to the uninsured, request translation and transportation who need them.

## Khmer Health Advocates (KHA):

### Goal 1. Background of interviewee and services provided

- Could you briefly describe your organization and your role?
  - I am the program director for a Cambodian health organization. I am also an Advanced practice nurse who specializes in adult mental health. I plan programs and provide clinical care
  - I am the executive director of a Cambodian health organization that provides direct services for Cambodian survivors in Connecticut and is the national organization for Cambodian mental health. In my national role I serve as the chair of the National Cambodian Health Initiative
  - I do not work for an organization now but in the past I worked with Mutual Assistance Association and the Buddhist association. I used to be on the board of Khmer Health Advocates
  - I do not work for an organization but I try to help my community in the Danbury area.
  - I am the project director for the Cambodian health organization. In CT, KHA is the only Cambodian organization addressing health issues. There is no other Mutual assistance association providing services for Cambodians in the state. – 4 respondents with this answer
  - I am on the board of directors of a Cambodian American health organization. I am a refugee and survivor of torture. – 2 respondents with this answer
  - I am a pastor at a Danbury Church
- Describe your work or collaborations with other organizations in the area?
  - As a Clinician I work as part of a treatment team for torture survivors. I work with a psychiatrist, community health worker, family therapist, pharmacist. I also collaborate with other healthcare providers in a private practice and in clinics. As a program director I work with statewide organizations such as the Vietnamese and Lao Associations as well as with a statewide group working on integrated healthcare. I am part of the National Cambodian American Initiative and a working group for technology and the underserved
  - I have been in a leadership role for over 35 years and have seen the types of collaborations change with time. In the early days it was very necessary to build the structure of each ethnic organizations. We needed to work with resettlement organizations. These ties however prevented the state from working directly with us for long term community goals. We are now in the process of building our statewide collaborations with both public and private entities. On a national level we have worked with national organizations that are working for health equity.
  - I have done volunteer work for 3 decades and I try to link people with resources
  - I collaborate with Khmer Health Advocates and I go to the temple and see how I can help the people there.
  - As a Project director, I am working with the University of Connecticut on a 5 year, 3 state project for health promotion for Cambodians. I have also collaborated with UConn school of Social work on projects using community based participatory research. – 4 respondents with this answer
  - I've been on the board for many years and I am also very involved with the Buddhist temple. I do not speak English so I am limited in how much I can do collaboratively.
  - As a board member I am involved in deciding the direction of our organization. We are currently focused on prevention and management of chronic pain related to trauma. We want to pursue programs for both elders who are socially isolated and young people clearly are suffering from the trauma their parents experienced.
  - I generally serve Cambodians who are Christian. They are generally employed and active in the church. I am getting to know members of the community now that I am working with Khmer Health Advocates
- Could you describe the community that you serve?
  - I work with survivors of the Cambodian holocaust who generally are living below the poverty line, have had less than a grade school education and are illiterate in English and Khmer and speak limited English. What is unique about this community is a universal experience of trauma and torture with extremely high rates of depression, PTSD, diabetes, and stroke. They require intensive integrated healthcare as they generally have at least 3 chronic diseases and multiple barriers to care.

- My community is traumatized and resources are poor. We lost 90% of our educated people during the Khmer Rouge as well as our homes and our country. We did not bring any material with us from Cambodia and in fact we need to send our limited resources to our country to support our families back home. Consequently, our community has extremely high rates of disability which lead to poverty. We also have extraordinary rates of PTSD (62%) of adults over 35 and a rate of diabetes or pre-diabetes of 50%. This is a huge burden on our community.
- My community lives all across the state and there are no large neighborhoods of Cambodian. People work hard, many own their own home. When people get sick they also get poor because we have no reserve.
- My community works very hard. They are not rich and many are disabled.
- My community is working class with about 30% living below the poverty level. Generally, the community over 35 is Khmer speaking and has limited formal education. Large number have had little formal education and are illiterate- 4 respondents with this answer
- My community suffered a great deal. We all work hard to take care of our families. We are not poor like we were in Cambodia but we are not rich. We have to worry about our health a lot and we worry about our children.
- My community came to the US as refugees and survivors of genocide. We lost 90% of our educated population. Our community here in CT is generally working and buying their own homes but we have a large number of disabled people who require care. About 1/3 of our families have disabled family members and that puts the entire family at risk for poverty.

**Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
  - Khmer health Advocates is the only organization that I know of that deals with healthcare of our community. I have my own doctor by the does not deal with community. We are close to UCONN and they have a lot of services but I don't know what they do in the community.
  - I go to Khmer health Advocates when I need help with my health. My family has always gone to local clinics for help. My workplace helped me when I was disabled.
  - The only people I know who work on the health of Cambodians is Khmer health Advocates. I went to an organization in my part of the state and asked them to help me with insurance and they did help me but other than that I don't know anyone.
  - I go to the clinic for my healthcare and when I have a problem I go to Khmer Health Advocates.
  - Theanvy Kuoich is the director of Khmer Health Advocates and she is very involved in improving our healthcare – 6 respondents with this answer
  - I don't know anyone else who is working on Cambodian health issues other than Khmer Health Advocates and partners at the UCONN Schools of Medicine, Social Work and Pharmacy.
- Who else should we be talking about healthcare in CT?
  - I think we should be talking with the community centers about what services they will be providing to end disparities. There is talk about accountable care organizations taking on a more comprehensive role but it is too early to know if they will do it.
  - The usual people are healthcare providers, insurers, and public health agencies. We need to be looking at community based support providers such as religious groups and social groups. In CT there are very few for the Cambodian community. We have two temples in the state and two churches. We have some involvement with all four groups. There are no refugee resources for our community and we are relatively invisible in state run programs.
  - It is like we are building our resources all over again and trying to get people to know who we are. When I go to meetings I am surprised by how few people know about us.
  - I know you have already talked with our community members. I don't think other people know about our sickness.
  - Due to budget cuts, we just lost our Asian and pacific Commission which has been active in improving access. We are waiting to see if there will be an new equity commission. Our state is currently engaged

in a state health innovation plan that has a goal of health equity. It may be useful to talk to members of that office.

- I think we need to be talking with Universities and colleges as well as community colleges who will be producing community health workers. We need to be sure we have research and education to address health issues – 4 respondents
- I don't know

### **Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in the community you serve? Are they unique to this community?
  - My community has a problem with mental health and diabetes. I think we have this problem because of stress.
  - The major health issue in our community is chronic disease. These illnesses require that the person be fully engaged in their own care. They can only do this by having community health workers who can teach people how to care for themselves. – 4 respondents
  - My community has a great deal of mental issues, diabetes and stroke. Because much of our community does not speak English it is very hard to control these conditions
  - My community suffered a lot during the war and Khmer Rouge. This causes them a lot of mental health problems and a lot of them have diabetes.
  - My community has trouble with diabetes and mental health.
  - My community suffers a great deal from diabetes and mental health problems. I think this is due to our trauma.
  - We have a great need for integrated healthcare. We have very serious mental health disorders in our community that contributes to our high rates of chronic diseases especially diabetes and stroke. We also have a very serious problem with social isolation which is an indicator of sickness and early death.
  - The primary issues in the Cambodian community are PTSD, depression, diabetes and hypertension. What is unique in the Cambodian community about these issues is the number of people who have them and the high mortality rate from these conditions. 62% of adults over 35 have a major mental health disorder and approximately 50% of these adults have diabetes or pre-diabetes and hypertension. Cambodians are dying of diabetes at a rate 6 times that of the general population and 3 times for stroke.
  - The biggest health issues I see are diabetes, high cholesterol and mental health.
- What are your community's main barriers to accessing high quality healthcare?
  - The major barriers are Lack of knowledge of the Cambodian trauma, lack of integrated healthcare, language issues, lack of coverage or inability to use their coverage, social isolation is a major issue.
  - Our major barrier is lack of understanding of our communities history of war, torture and genocide. Our health needs are similar to those of concentration camp survivors and prisoners of war. These needs are generally not understood in mainstream healthcare. Our high rates of chronic disease are causing disabilities and families with disabilities always suffer from the social determinants of health.
  - The major barriers are language and literacy, disability and trouble accessing care and lack of understanding of the Cambodian history.
  - The major barriers are language, literacy, transportation and lack of support – 4 respondents
  - My community needs a great deal of help accessing healthcare. They cannot talk with their doctors, they cannot get to appointments and they don't understand how to stay healthy here in the United States.
- What health issues/concerns need the most attention in the population you serve?
  - My community is very concerned about their health especially diabetes and stroke. – 4 respondents
  - My community worries about not having the support they need to get healthcare. They need community health workers.

- The biggest issue is helping people communicate with their provider. I speak English very well but I still have trouble making my healthcare provider understand my problems. What about my community members who don't speak English and have no one to help them.
- The people I talk to are concerned about problems from diabetes. I have a problem with my liver after I came back from Cambodia. The doctors here don't understand too much about sickness from hot countries.
- I rely on Khmer Health Advocates but some people feel ashamed. They think someone will think they are crazy.
- The major health issue is lack of granular data for our health problems. Cambodians are generally categorized as other and do not have their health needs recognized in statewide assessments. We are currently working to get the state to require use the CDC granular categories which can change the picture of the health needs of small countries
- I think if I had grant money the first thing I would work on is social isolation. It has reached a point where 16% of Cambodians don't have any interaction with family, friends or their community. We know from refugee camps that social engagement greatly increases access to health.
- Right now, I think we need to take care of our elders. They are being placed in nursing homes where they cannot communicate with staff and other patients and they do not have Cambodian food or access to Cambodian traditional healing.
- What does your organization do to address health concerns?
  - We operate a torture treatment program which provides both clinical and supportive services and we engage in research
  - We provide direct services that include torture treatment services. We also advocate for the specific health needs of our community by working nationally and locally. We have spent decades gathering and publishing information about our community.
  - Khmer health advocates helps with mental health problems and with diabetes and other problems. They have people that can talk to us and to our doctors.
  - I try to tell Khmer health Advocates about the things my community is worried about.
  - I don't work for an organization.
  - We operate treatment and prevention programs but our funding has been cut and we are very limited in the number of people we can reach.
  - Khmer Health Advocates focuses on chronic disease including mental health disorders, research and community development.- 4 respondents
  - I spend a lot of time visiting sick and elderly people.

**Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - If you have money and speak English the healthcare system is very good. If you don't speak English and you don't have a lot of money, healthcare is about luck. Sometimes you get good care, sometimes you just lose money.
  - Healthcare is very difficult to access in CT because people are spread throughout the state and it is hard to develop resources for them. Transportation is a big issue as is language and literacy. – 4 respondents
  - People can get healthcare providers but they can't talk with them and can't solve any problems related to treatment.
  - My community has very little access to healthcare and health programs in the state. I see people who go to the doctor and get a prescription but then they can't get the treatment. It's all too complicated.
  - It is very hard for my community to understand about how to talk to their doctor and how to use their insurance
  - I know some people don't have insurance and they have trouble when they are sick because they don't understand their healthcare provider.

- Our healthcare system has a few system wide strategies for meeting the health needs of underserved people. We do not have a system for language service or community support. We have evidence that our community cannot access healthcare without these services.
  - Healthcare access is complicated. Most people have some form of coverage but even though they get to see a provider they cannot necessarily access treatment. We spend 90% of our time troubleshooting.
  - I don't understand how people can get good treatment and prevention if they can't speak English and providers don't use interpreters community health workers.
- How do social, economic, geographic, cultural, including racial and ethnic, factors contribute to the healthcare issues?
    - 30% of our community is living below the poverty line. In CT, they are scattered across the state so that there is no concentration of people in one site to warrant specialty services developing. Culturally Cambodians do what they are supposed to do in terms of going for healthcare but they are not able to follow through because they don't understand or can't afford co-pays for specialty care. There is a general mistrust of the system.
    - Our culture has elements that both help and hurt us. We are very committed to caring for each other and using our traditional knowledge to improve health. We also have a strong tendency to remain mute and not talk about our problems. This is a serious problem.
    - A lot of Cambodians stay home all of the time and don't have anyone to help them. We have a lot of people who don't have families or they have kids but their children can't help them because they have their own problems. – 2 respondents
    - When you don't have money, life is hard. Most of my community have enough just to live. When they have a problem it is very hard.
    - I think there are a lot of racial barriers, also my community does not speak up and demand their rights. Money is tight for everyone so when there is a problem they can't get someone to help them.
    - Geography is a big problem for us. We were resettled in small numbers across the state so we don't have one place where we have access to a lot of the community. We can't provide interpreters to cover the state and we don't have the funding to put a community health worker in each town where our people need help.
    - Right now Cambodians are often socially isolated and remain mute about their problems.
  - What are some common cultural practices in the community you serve that people may use to take care of their health?
    - My community has a tradition of using meditation. We can learn a lot from our elders who were able to keep their families healthy during very difficult times.
    - Our traditional beliefs include meditation and working for a state of balance. These are two resources for our community.
    - People use meditation and religious ceremonies for healing. They also use an array of traditional medicines and herbs. Some are helpful but some are dangerous. We found one medication that was imported from Malaysia that had steroids in it. This was not stated on the label.
    - Cambodian cultural practices are generally based on Buddhism or a belief in spirits. These cultured beliefs can be helpful but there are few monks and even fewer traditional healers. We lost most of our monks during the Khmer rouge. Traditional healers can no longer be supported by the community and have to work regular jobs. This reduces their power because they cannot focus on healing. – 4 respondents
    - Religion is very important to our community especially the elders and it really helps them with their health but they have trouble with access to the temple. Many of the Christians churches help their people go to the doctors but most of the Cambodians are still Buddhists. The Buddhist temple is very good at providing social support but they do not have anyone who can help with transportation and interpreting
    - We use coining and cupping to help us feel better. We also talk to the traditional healer to find help but most of the old people go to temple.
    - Buddhism is very important to my community and it helps people especially when they are getting older.
    - My community uses prayer to help them heal. We have much to heal from.

## Goal 5: To understand how key informants think about solutions to health issues

- What do you think are the best opportunities to address the top health issues that you have mentioned?
  - I think we need more community health workers that can help us solve problems.
  - I worked for an insurance company and I know that data is very important. We need to be counted in the electronic medical records and in insurance records so we can use that data to get resources
  - The best opportunities to address our health problems is by increasing the number of community health workers who can support us when we go to the doctors. – 2 respondents
  - The best opportunity is by increasing the number of community health workers who can support the community. – 2 respondents
  - All of the important health issues are behavior dependent conditions which means that the person must fully engage in their own healthcare. It is vital to have community based support for engagement and health promotion. Mental health, diabetes and hypertension are all helped by meditation, exercise and control of diet.
  - We are working very hard to tell our story in the state and we have now acquired some very strong supporters. Unless our state understands the unique stories of our citizens we will keep working only for the needs of the majority.
  - I am very happy to be part of a research project because I don't think we understand enough about what is making Cambodians sick.
- How can local communities and those most affected by the healthcare access issues help to address the problems?
  - I help by participating in meetings
  - I think we need more data about our community. I think it is important to talk to our community members about participating in research and data collection.
  - Our communities can impact healthcare by telling their stories and demanding their rights. We have to convince our community to report civil rights offenses especially those that have to do with language services.
  - Local communities must be involved with health promotion.
  - People need to request medical interpreters for every aspect of their healthcare including being able to talk with pharmacists and health educators.
  - Our local communities help one another a great deal. They help when people are sick and they do the best they can to help with transportation. We are a resource poor community and we still do not have a good basic foundation to help our community.
  - We have to tell our stories and help doctors understand what happened to us
  - I think that we need to talk more openly about our experiences and our health problems.

## Goal 6: Leadership & Policy

- Tell me about a time you participated in an effort to change something related to health.
  - I go to every public meeting I can about health.
  - I go to all meetings about health that Khmer health advocates asks me to go to. I also get involved in providing information like this survey and other surveys
  - I try to do surveys and attend meetings on health. Sometimes I help by driving people to meetings. I participate in meetings and I always get involved in doing surveys about my community
  - I focus my work on research which supports the efforts of our executive director.
  - I have actively been involved in research and community based programs for prevention and health management
  - I am working to change our healthcare system on a daily basis. My organization made a commitment to this two years ago.
  - I am just now beginning to do that through my work with Khmer Health Advocates. I am working on research and I will be working in advocacy.

- How, if at all, have you been involved in CT health policy conversation?
  - I am on the consumer advisory board that is directly under the governor. I am involved with multiple workgroups.
  - I am actively involved in our states health innovation plan by attending meetings and doing presentation on community health workers.
  - I attend all public meetings related to the health of my community.
  - I attended the states listening session for Southeast Asians last fall.
  - I attend a health meeting for the state's health innovation plan
  - Yesterday I talked with the head of the state health innovation plan and gave him permission to use my story.
  - I have not been involved until now..
  
- Which health policy topics are the most pressing in your opinion?
  - I think the most important thing is we need community health workers. – 3 respondents
  - I think the most important thing is we need help with interpreters and community health workers. We need help from our community because we know what problems we have.
  - Funding for community health workers is most important issue for the Cambodian community. They need language and supportive services. – 3 respondents
  - I think granular data from insurers and health records are a priority – 2 respondents
  - I am very concerned about the elderly and isolated people.

## Lao Association of CT (LAC):

### Goal 1. Background of interviewee and services provided

- Could you briefly describe your organization and your role?
  - My organization is community based and occasionally volunteer helping the elderly who are in need of translation, looking for healthcare services and other services in community
  - Representative of the shoreline community; role is to share the information of the community members and find ways to help them
  - Retired 5 years ago, have government insurance parts A&B; due to low income, recently applied for state assistance
  - My organization in very small community; majority of them live along the shoreline area; my role is work together with our Lao culture
  - Grassroots community organization that I am a Board member
  - I am one of the committee members for Morris temple – we are helping temple members who have health issues to work with the LAC
  - I am one of the advisers of the Lao in Bridgeport; I participate in the meetings and give advice to the chairman about how to make community better served
  - I am on the advisory board – my role is to give advice to make our community better, to unite, to help one another, and to preserve our culture
  - My organization is to help one another in time of need, to unite, to preserve the language and culture of the Laotian Americans. I am a Board Member
  - I am a Buddhist Monk. My role is to teach the Dharma, to follow the path of the Buddha, to help followers become a good person. I sometimes help people with spiritual needs.
- Describe your work or collaborations with other organizations in the area?
  - We work with LAC and sometimes other organizations when we are invited.
  - Yes I sometimes participated in the meetings of other southeast Asian organizations.
  - I sometimes attend meetings with other organizations such as Cambodian and Vietnamese.
  - Yes, We work with other communities to share issues that the community faced in the Lao community.
  - We come together to talk about the healthcare for the community, who have low income that cannot afford to pay out of pocket. We meet with southeast Asian communities to discuss how to help these people.
  - We have different organizations in the Fairfield area. We get together sometimes to talk about the different events, such as culture, health, and other events at the temple.
  - Yes, I sometimes meet with the LAC and other Lao communities in different towns.
  - We work with other communities who have very similar goals like ours, such as Cambodian and Vietnamese.
  - We sometimes work with other organizations such as Cambodian, Vietnamese and Korean community.
  - I work very closely with LAC and sometimes meet with Cambodian and Vietnamese when I was invited. I also work with Sri Lanka community and Thai Community.
- Could you describe the community that you serve?
  - We serve the Lao- American community in CT. Many of them are refugees from Laos and re rooted in CT.
  - Most of our community members are refugees, immigrants from Laos. Majority of them are working and retired.
  - They are refugees from Laos. Many of them are retired and need help, especially healthcare access.
  - Most of them are Laotian refugees. Some are Cambodian, Thai and some Caucasian. I only work for the Laotian group that comes to temple.
  - There are refugees from Laos. Most of them are working in the manufacturing company in surrounding town of Hartford.
  - Many members of our community are refugees from Laos and recently we have had some immigrants too. Most of them are working, especially young folks.

- They are refugee and immigrants from Laos
- Most of my community members are refugees and immigrants from south east Asia, Laos.
- Community we are serving is mostly Laotian community. Low income, Elders and non-speaking community members.
- Most of my community members are refugees and immigrants from southeast Asia. Majority are from Laos. Some from Thailand and Sri Lanka. I also have some Caucasian attend the temple too.

**Goal 2: To learn about who the key healthcare stakeholders in the community are, and who is working on healthcare in the community**

- Who do you know that are involved in improving access to healthcare?
  - I do not know. I only see the LAC have the meeting at the temple to talk about healthcare access.
  - I do not know except the LAC that talk about access to healthcare.
  - I only know the LAC talk about the healthcare issues and where to get help when needed.
  - I participated a couple times with the LAC
  - Recently I participated in the meeting with the LAC that addressed healthcare access for the Lao community in different areas on how to access healthcare with a better price for some members with low income.
  - I only know sometime participated in the meeting to talk about healthcare access for community members.
  - I do not know. I only see the LAC come to the temple to talk about access to healthcare for the Laotian community members.
  - I do not know
  - We get involved with access to healthcare in hope to help our community members gain access to healthcare that they deserve.
  - We collaborate with APAAC, Cambodian & Vietnamese organizations to discuss about the healthcare.
- Who else should we be talking to about healthcare in CT?
  - I do not know
  - Sometimes we attended the meeting with other organization such as Connecticut health foundation and other non-profit organizations.
  - The LAC, Access to healthcare, that is all I know.
  - I do not know.
  - I do not know.
  - I do not know
  - I do not know about this topic, I only know from the LAC
  - I know of LAC and sometimes catholic charities representative.
  - I do not know.
  - I do not know.

**Goal 3: To understand the interviewee's knowledge of health equity and health disparity as it affects Connecticut people**

- What particular health issues have you seen in the community you serve? Are they unique to this community?
  - There is a big gap about health equity and health disparity that effect community members in CT. They do not have healthcare workers or interpreters, transportation etc. are obstacles to access healthcare and lack of information and resources.
  - I know my community members have low income. They cannot afford to see a doctor sometimes.
  - They have similar problems such as cancer, heart disease and diabetes.
  - Many people have similar problems, such as cancer, heart, hepatitis and other diseases.
  - Many of them do not have access to healthcare due to lacking of transportation, interpreter, and community who can help.

- I have seen and heard from community members have cancer, heart diseases, hepatitis and some other diseases.
  - I think so, many of them have cancer and heart diseases as I know of.
  - I think so. The people who have low income have problems getting healthcare or pay very high deductible for healthcare.
  - Yes I think so. They have cancer, heart diseases, diabetes, hepatitis, etc.
  - Yes. Many of them have health problems such as cancer, heart diseases, kidney, diabetes and many other diseases,
- What are your community's main barriers to accessing high quality healthcare?
    - Healthcare worker who are from their own community and competent in community language and culture of their own community.
    - Service provider that understands the culture and language.
    - Community lack of service providers who understand the language and culture of the health seeking behavior.
    - Where to access healthcare they can afford. Service providers with culture and language they can understand.
    - There are not many service providers who can understand the culture, language and healthcare seeking and belief of Laotian community.
    - We do not have high quality of health to access only our primary care doctors. They do not have staff who can speak the language and understand the culture of Lao people.
    - Lack of healthcare where they can easily access.
    - They do not have someone who can help them to access healthcare due to no transportation, language and providers who understand their culture.
    - We do not have providers who can understand out health seeking behavior, sensitive to the healthcare needs in our community.
    - We do not have or know service provider who we can access when we needed, interpreter and transportation are also the problems.
- What health issues/concerns need the most attention in the population you serve?
    - We need to take the elderly and the needy people who have health problems and do not know where to go.
    - There are a number of diseases need to pay attention to most in cancer, heart and hepatitis A B S
    - I believe they need information on healthcare prevention. They need to know cancer, heart and other diseases prevention.
    - Lack of worker of service provider that understands them.
    - I think is cancer and heart diseases prevention most community need to be aware of.
    - Information about access to healthcare to prevent cancer, heart diseases and other diseases.
    - The community members do not like to see their doctors for annual check ups. Some of them is too late by the time they see their doctors for treatment.
    - Many people complain they do not have insurance for eyes and teeth. Part A and B do not cover.
    - Healthcare prevention such as cancer, heart and liver cancer.
    - Healthcare services with high quality of care such as access to interpreter and appropriately culture and language that lead to high quality of care.
- What does your organization do to address health concerns?
    - We talked about healthcare prevention access to affordable healthcare with good to high quality of care.
    - To speak to the authority and the organization that represent us.
    - We have brought this issue to the LAC meeting and they have meeting with policy makers and service providers but nothing is happening.
    - We have convey our healthcare need through the service providers and the LAC about our healthcare needs.

- When we have information we conduct meeting and talk about on how to get healthcare services they can afford.
- We have attended meeting with the LAC and share some concerns about lack of healthcare prevention and some do not have enough insurance.
- I know not know besides to share with other organizations about the need of healthcare for our community.
- Yes, we have prevention healthcare, translated and distributed to our community members.
- We participate with other organizations who have similar healthcare issues like us to address the issues.
- I only help them when I am available to take them to the hospital. I do not know much about this and how to help them.

**Goal 4: To understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community**

- Using your community's experiences, how would you describe healthcare access in the state?
  - Health access in our state is not much known to our community members. Many of them go to see their own doctor in their local community.
  - Most elderly member have their own insurances from government, such as part A B and D. Some of them buy part C from united healthcare and other agencies and some are on Medicaid.
  - Healthcare access in Ct is not much and I know of many people have their own insurance from their work and some get Medicaid from the state.
  - It is difficult to access to healthcare in CT if you have low income and no insurance.
  - As I know of, many of our community members have insurance through their work and through their retirement but it does not cover enough.
  - Healthcare access in the state of CT is hard to access due to lack of community health workers who understand about the healthcare need for Laotian community.
  - Most of the community go to see their family doctor for routine healthcare check ups without an interpreter. Sometimes they use friend or family member to translate for them.
  - It is difficult to get healthcare without having transportation and understanding the language.
  - In CT, there are not many healthcare facility who understand about the Lao culture and language.
  - Health access in CT is still difficult to access due to cost, lack of resources and service providers with language and culture understanding.
- How do social, economic, geographic, cultural, including racial and ethnic, factors contribute to the healthcare issues?
  - These factors contribute a lot to healthcare access of the community members in CT
  - They contribute a great deal. Many of my community members do not demand what they need.
  - Yes the contribute to the problem, because a majority of our community members have low income and no service providers who can understand them.
  - These are major problems contributing a great deal to our community members. They have low income and are not eligible for public assistance for healthcare.
  - They are big factors that contribute to the health access to Laotian in CT.
  - These are big factors contribute to our community members. They are lacking of transportation interpreter and healthcare who understand about our culture.
  - These issues contribute a great deal to access to healthcare.
  - Yes it does for the low income that are not qualified for the government aide and they cannot afford to pay for high deductible.
  - Yes there are big problem. Especially for people who have low income but are not eligible for assistance from other sources, service providers are not equip for culture and language differences contribute to great problems.
  - These are major problems contribute to the health problem. They do not have much income, no service providers understand their culture especially their health belief and culture.

- What are some common cultural practices in the community you serve that people may use to take care of their health?
  - Most of community member use traditional medicine and go to the temple for their spiritual health belief.
  - Most of my community member are using traditional medicine and go to temple for their spiritual healing.
  - Most of the people use traditional medicine and go to the temple for spiritual healing.
  - In my community, many people use traditional herb medicine for treatment their sickness and they go to the temple for spiritual belief.
  - Many of them use traditional medicines they can get from Asian grocery stores in their neighborhood or order from the TV advertisement in Lao/Thai TV channels. Spiritually they go to the temple.
  - Many of our community member are using traditional medicine for their sickness and go to the temple for their spiritual blessing.
  - Most of them use traditional herb medicine, especially the elders.
  - Many of them use traditional medicine to treat themselves.
  - Many of them use herbal medicine to treat themselves. They order from TV or from friends and other sources.
  - Many of them use traditional medicine for their healthcare treatment. They believe sometimes it helps.

**Goal 5: To understand how key informants think about solutions to health issues**

- What do you think are the best opportunities to address the top health issues that you have mentioned?
  - To speak to our elected official to find resources such as funding to hire worker to share culture belief with healthcare service providers etc.
  - The LAC has mentioned at the meeting on how to access to affordable healthcare but it did not apply to our community much most members are not English speaking etc.
  - Sometimes I attended the meeting with other organization to discuss about this problem.
  - One of the solutions to the healthcare access to a better in to have the community health workers who are from their own community.
  - Is to have money to hire community members who have skill to serve their community.
  - I think is to share the health concern of our community members when we are invited.
  - I have not heard about solutions from anyone on how to address the healthcare problems.
  - The solution is to have access to healthcare facility that is equip with staff and doctor who care about the healthcare need for non English patients.
  - Most of them think to have the community worker from their own community will help a lot.
  - One of the solutions is to have community health worker who are from their own community to provide healthcare service that includes culture & language.
- How can local communities and those most affected by the healthcare access issues help to address the problems?
  - We can only tell them about the healthcare needs for our community.
  - They have attended with the community and other communities and organizations to address the health issues.
  - The community members are ready to share about the healthcare for the community.
  - The LAC has the meeting to talk about the access to healthcare, but there hard for elders who cannot understand language and access to computer.
  - They participated in the meeting and share their health concern.
  - I do not know, so far only meet with the LAC
  - We have spoken to number of service providers and healthcare authority but so far nothing is happening.
  - Many of them are unable to access to healthcare due to lack of resources such as transportation, interpreter, service providers who can accommodate them.

- We have mentioned about this problem to our organization but nothing much they can do without having the funding.

## **Goal 6: Leadership & Policy**

*Who they are, what they do?*

- Tell me about a time you participated in an effort to change something related to health.
  - Sometimes I attended the meeting with service providers representatives in the hope that they can help address the health issues.
  - We participate with the health forum with Khmer health and refugee coalition to speak about healthcare access
  - No, I have not done that.
  - We have shared and attended the meeting and tell them about the healthcare needs for out Laotian community.
  - When I attended the meeting they mentioned about the access to healthcare if we do not have funding to hire the competent worker to health their own community.
  - We have met with the LAC and other community member to discuss about healthcare need for our community.
  - when I attended the meeting I always healthcare issues for the needs in my community.
  - We have brought this issue to the authority and service provider.
  - We have mentioned our community leaders and healthcare service providers, but nothing is happening.
  - I only attend the meeting with the policy maker when they invited me but so far nothing is happening, I think they can help us.
- How, if at all, have you been involved in CT health policy conversation?
  - Yes, I attended the healthcare forum organized by the southeast Asian coalition of CT last time.
  - Not really, the LAC representative spoke to us how to go about speaking to someone who can help us on this issue.
  - This is the first time I meet with the LAC to talk about the healthcare access
  - A couple times with the LAC and community members.
  - I would ask for funding to hire someone who has knowledge about healthcare and competent in knowing his/her community well.
  - We will tell the policy maker to help us on healthcare needs in our community.
  - Yes a couple times to share the concern of the healthcare needs for the community.
  - Yes a couple times I met with the LAC
  - I attended the meeting with the LAC and other organizations and we have talked about this and other social services.
  - I attend the healthcare access conducted by the LAC last time.
- Which health policy topics are the most pressing in your opinion?
  - To access to healthcare when needed
  - Mostly are prevention access to health with interpreter, annual checkup and follow up with service providers etc.
  - To have the access to health that understand the culture of the Lao patience and language.
  - Everyone should have access to healthcare that they can afford.
  - To have the community member have access to healthcare regardless their income.
  - In general in cancer, heart diseases and other diseases prevention.
  - Cancer and heart diseases are the most pressing topic in my opinion,
  - Is to have access to healthcare for the community members.
  - There are almost the same the cancer, heart, hepatitis A B C and many other diseases.

The Listening Forum discussed in many key informant interviews is represented in the newspaper article below:



### Language Barriers Compound Disease, Trauma for Southeast Asian Refugees

By: ARIELLE LEVIN BECKER | October 21, 2015



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#### **Ban Tran, executive director of the Connecticut Coalition of Mutual Assistance Associations.**

Although it's been decades since he left Vietnam, Ban Tran recently had a nightmare about being in a Communist prison.

"This happens very often for me," said Tran, who spent nine years in re-education camps in Vietnam that he said are better described as concentration camps.

Tran is now executive director of the Connecticut Coalition of Mutual Assistance Associations, an organization that helps refugees and other immigrants. He said he recognizes that the nightmares represent a kind of mental illness. But he said many in his community who face similar challenges don't want to acknowledge them.

"It is not easy to talk about this issue because they don't want to speak out, but it is still in their minds," he said.

Tran spoke Tuesday as part of a "listening session" on the health care issues facing Southeast Asian Americans, hosted by the consumer advisory board of the state innovation model, a multifaceted effort to redesign the way health care is delivered and paid for in Connecticut.

State Healthcare Advocate Victoria Veltri, whose office is overseeing the initiative, told the audience that health care policy is often made by people who don't reflect those it affects.

"Only by listening to you can we change the way we deliver health care...change it to be meaningful to you," she said.



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### **Theanvy Kuoch, executive director of Khmer Health Advocates.**

Organizers expected 85 people to attend the event at West Hartford's Elmwood Community Center, but 148 came. Many in the audience listened through headsets because the program was being translated into Khmer, Lao and Vietnamese.

Those who spoke described challenges including difficulty affording medication, concerns about social isolation, and higher rates of chronic disease and mental health conditions related to trauma than the overall population.

Language barriers drew particular attention.

Many of those who came to Connecticut as refugees from Vietnam, Cambodia and Laos in the 1970s and 80s live with multiple chronic medical conditions, depression and post-traumatic stress. But often, they get medical care without access to trained interpreters to help bridge language barriers that can make it difficult to communicate their symptoms, understand how to handle medication, or build the trust needed to address the effects of trauma, speakers said.

"Language is a huge barrier," said Megan Berthold, a UConn School of Social Work professor who has worked extensively with refugees from Southeast Asia.

A patient might nod and smile or answer yes or no in response to questions, leading the health care provider to think he understands, Berthold said. Some patients bring their children to translate for them, which can make it difficult for a parent talk about feelings of depression and hopelessness, she said. And without trained interpreters, she said, many patients don't feel safe telling their doctor the full extent of what they're experiencing, asking questions or weighing in on their treatment in ways that could improve it.



### **Many in the audience wore headsets to listen to the panel through an interpreter.**

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Language barriers can be particularly challenging in addressing trauma, since people tend to feel most comfortable in their native language when discussing painful subjects, said Sambo Ly, director of the interpreter services department and refugee health programs at Alameda Health System in California.

Community leaders spoke of their own experiences surviving prison camps or torture in Vietnam, Laos and Cambodia.

Howard Phengsomphone, executive director of the Lao Association of Connecticut, described fleeing Laos by swimming across the Mekong River in the middle of the night. He spent almost a year in a refugee camp before being resettled in Old Lyme in 1980.

Theany Kuoch, executive director of Khmer Health Advocates and a member of the consumer advisory board that hosted the event, spoke of living through the Khmer Rouge's brutal regime in Cambodia in the 1970s. At least 19 of her family members were killed by the Khmer Rouge or died from starvation or lack of medication.

"I remember the Khmer Rouge put my sister in a cage" and beat her daily, she said.

Like Kuoch, many Cambodian refugees came to the U.S. with little more than the clothes on their backs, and settled in places where no one spoke their language, where the food was unfamiliar, she said.

Even today, Kuoch said, "Our problem is that many people don't know about us."

There are more than 4,000 Cambodians in Connecticut, she said, and the overwhelming majority of those older than 36 were victims of torture.

Kuoch's organization, [Khmer Health Advocates](#), focuses on the health needs of survivors of the Cambodian genocide and their families, and provides, among other things, treatment for victims of torture.

Patricia Checko, who co-chairs the consumer advisory board, said she hoped the experiences of Southeast Asian refugees could provide lessons at a time when another wave of refugees, from Syria, is expected in the country.

Berthold said there's a huge difference between those who come as legal immigrants and those who flee a country as refugees or asylum-seekers.

"They had no choice. They didn't want to leave their homeland. It was not safe," she said.

One of the biggest challenge health care providers face in working with refugees, she added, is establishing the trust needed to talk about intimate health details.

Dr. Rick Miller, the medical director for the Khmer Health Advocates Torture Treatment Program, noted that refugees have experienced many difficult cultures. Those from Cambodia, he noted, lived through Cambodia before the Khmer Rouge, the horrors of Pol Pot's regime, refugee camps, and starting out in a new country as immigrants. And that can lead to cultural clashes, he said. Although rice is a staple in Cambodian diets, he said, one survivor was told by his primary care doctor not to eat rice for health reasons.

The man later told others, "I didn't live through Pol Pot to be told now that I cannot eat rice," Miller said.

Khmer Health Advocates' program helps trauma survivors tell their stories at their own pace. One woman took 25 years to begin telling her story, Miller said. The program has an "open-ended" relationship with survivors, recognizing that they might come, go and return later, depending on when they need support. It also incorporates traditional Cambodian techniques, including Buddhist ceremonies.

Tom Buckley, a professor at the UConn School of Pharmacy who also works with Khmer Health Advocates, said many in the community take multiple medications, which can cause problems if they're not taken as prescribed or if they interact with other drugs.

"We spend more money on treating the problems a medication causes than we spend on a medication," he said.



## **Howard Phengsomphone, executive director of the Lao Association of Connecticut, and Ban Tran.**

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But Buckley said he's hopeful about an approach to addressing complex medication regimens that pairs a pharmacist with a community health worker who knows the community and culture. The community health worker gathers as much information as possible from the patient and has training to screen for depression, post-traumatic stress disorder and other issues. That can help bridge communication with the pharmacist, allowing him or her to concentrate on figuring out which medications are right for the patient, explaining how to take them, and ensuring that the care plan reflects what the patient wants.

Ly, the California health official, described a video interpretation service her department now uses. Before they had that service, when interpreters traveled to each appointment, they could meet 100 requests for interpretation per day. Now, by doing it by video, they can do 700, she said.

### **FILED UNDER:**

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- [Connecticut Coalition of Mutual Assistance Association](#)
- [Khmer Health Advocates](#)
- [State Innovation Model](#)

### **ABOUT ARIELLE LEVIN BECKER**

Arielle Levin Becker was a finalist in 2009 for the prestigious Livingston Award for Young Journalists, a recipient of a Knight Science Journalism Fellowship and the third-place winner in 2013 for an in-depth piece on home caretakers from the National Association of Health Journalists. Arielle previously worked for The Hartford Courant, most recently as its health reporter. She also has covered education and municipal beats for The Courant and for the Home News Tribune of East Brunswick, N.J. She is a 2004 graduate of Yale University. E-mail her at [alevinbecker@ctmirror.org](mailto:alevinbecker@ctmirror.org).