

IN FOCUS: A SUMMARY OF THE ASIAN AMERICAN COMMUNITY GROUP REPORTS

Cambodian Community Needs Assessment Summary Report

RESEARCH TEAM

Maryland Asian American Health Solutions (MAAHS)
University of Maryland College Park School of Public Health

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BACKGROUND

In May 2007, the research team conducted a focus group with a diverse group of Cambodian community members. The purpose of the focus group was to identify and learn about the most important health issues affecting this community. Ten community members participated in the focus group meeting. In terms of participants' age distribution, one participant was in her 20s, two participants were in their 30s, two in their 40s, three in their 50s, and one participant was 65 years old or older. Two of them were males, and seven were Buddhists. Two participants finished high school, three participants had an Associate's degree, two finished their college education, two had a doctoral degree, and one participant did not provide information on his education. Their occupations varied, and included a general private company employee, an educator, a physician, an attorney, a government official, a student, and a retired individual. Additionally, we conducted one in-depth interview with a Cambodian health care professional who has seen Cambodian patients for over 27 years.

1 | HEALTH CONDITIONS

a. General Health Issues

For the Cambodian respondents, mental health, particularly post-traumatic stress disorder (PTSD), is the most critical health concern facing the first and second generation Khmer community (please refer to the mental health section for more detailed information). Diabetes,

hypertension, and high cholesterol were the second most common health issues afflicting the community. According to respondents, traditional Khmer cuisine, changes in diet and lifestyle as a result of migration, and increased obesity rates might explain these health issues. The group also mentioned hepatitis B as a concern because many of the people that have immigrated to the United States from Cambodia have not received the vaccine, which increases risk for transmission if the carrier is unaware of his disease status. Alcoholism and HIV/AIDS were also brought up in this discussion, but it is unclear to the participants how prevalent the problem is within their community in Montgomery County. However, some were concerned about adult men who travel frequently to Cambodia and engage in risky behavior there. One respondent commented on an observed increase in HIV/AIDS and other sexually transmitted infections in the community. However, due to the stigma it carries, many do not acknowledge the infection and fail to seek prompt health care. Smoking was identified as a prevalent habit among the male Khmer population.

b. Mental Health Issues

Because of Cambodia's tumultuous history with the Cambodian Holocaust, participants expressed concerns about mental health, especially PTSD, within the Khmer community. Dealing with memories from their native country of Cambodia in conjunction with adapting to life in America can cause stress for some people, which can develop into other serious problems—such as depression or even suicide—if not properly treated. Some participants mentioned that even though the second generation Khmer children do not experience PTSD first-hand, they may experience the aftereffects if their parents or other loved ones suffer from the condition.

c. Vulnerable Groups

Seniors: The community members stressed that both physical and mental health were of great concern in this particular age group. Diabetes and heart disease were identified as health conditions affecting seniors. These problems may be further complicated because many people do not go to annual check-ups or follow-up appointments. Concern was also raised about seniors having unprotected sex, particularly when they travel back to Cambodia. Being unaware of the risks behind the behavior, they may be harboring unknown diseases that can be transmitted to others. The group also mentioned dental health among seniors. Dental health becomes difficult to address because many health insurance policies do not cover it and preventive dental care is not a common practice. Consequently, seniors suffering from poor dental health have problems eating and may develop digestive problems.

In regards to the mental health of seniors, language barriers and lack of mobility may bring about feelings of depression and isolation. Some seniors feel uncomfortable utilizing public transportation for fear that they may get lost, and consequently, this problem hinders them

from visiting the temple, a place where they can feel secure and surrounded by other people in the Cambodian community. They may feel that their independence and/or the respect for them is fading, forcing them to be reliant on other family members. As far as caring for the seniors, the participants stated that they would be more likely to take care of their parents at home, rather than sending them to an assisted living facility.

Children and Adolescents: The child/adolescent health concerns mentioned by the focus group participants include childhood obesity, smoking, teen pregnancy, and mental health. Some Khmer adolescents have adopted poor dietary habits and do not exercise regularly. Without guidance and support, it is likely that the unhealthy lifestyle will continue into adulthood, perhaps causing more serious health problems in the future. One community member mentioned that Khmer children probably experience peer pressure or pressure from their parents. They struggle to find a balance between American standards and the standards set by their Khmer parents, and some children adapt better than others.

Women: The group identified cancer (uterine, cervical, and breast) and osteoporosis as health concerns for the female senior members, and this problem is further complicated because the women appear to be reluctant to see a gynecologist or other medical professional for preventive services. Domestic violence was brought up as a lingering problem among Khmer couples; however, due to the topic's sensitivity, it is not a subject that is discussed in public. It is suspected that incidences of domestic violence go unreported in this community, and the situation requires further investigation to see how prevalent it is.

2 | HEALTH SERVICE UTILIZATION

a. Access Barriers

Consistent with other Asian American communities, many Cambodian community members tend to access health services when they are very sick. They rarely utilize preventive services. Most will first seek relief in a traditional medicine method called "coining." Coining is a method by which a coin is pressed against the skin and rubbed. Although participants agreed that most Cambodians use this method, if the illness persists for a few days they will seek professional medical attention. However, not all Cambodians have easy access to health services.

The main barrier is the lack of health insurance. Lacking health insurance keeps many Cambodian community members from seeking medical help or engaging in frequent preventive and screening services. Many visit the monks in the Buddhist temple for advice and prayer, or receive informal medical advice from Khmer physicians outside of office hours. When paying out of pocket, some Cambodians find it difficult to follow through on referrals for specialists

or even to buy prescription medications. Many participants commented on senior patients and low wage earners who did not buy their medications due to the high cost of prescription drugs. A common concern for participants was the availability of health insurance for early retirees. Retirees, they argue, lose their health insurance when they stop working but do not meet the age or income requirements to receive Medicare or Medicaid. Therefore, they are caught in a gap lacking access.

A second major concern for many participants was the difficulty of communicating with physicians. Communication problems arise due to lack of English skills and low health literacy levels. Many Khmers came to the United States as refugees, and did not have the opportunity to study, go to school or learn English. Therefore they struggle when they need to communicate their needs and symptoms to a physician. In addition, many lack basic health literacy skills and are unable to interpret test results and make decisions accordingly. Some argued that after doing several screenings during the temple-sponsored health fair, many Khmers still did not know how to interpret the results or take appropriate measures.

Community members reported that transportation was a major issue for accessing health services, particularly for seniors. Many seniors depend on a relative, usually a son or daughter, to take them to doctor's appointments, serve as language interpreters, and serve as a companion or chaperone. Relatives often have to take off hours from work to accompany them. According to one interviewee, seniors frequently hide their need to go to the physician from their family members to avoid being a burden and to prevent family members from taking additional hours from work. Those who are able to access health services, either through their insurance or at a public health clinic, complain about the long waiting time for an appointment. In case of a serious illness, many opt to go to the emergency room.

b. Preventive Services

According to community members, many Khmers do not use preventive services on a regular basis. One main reason is perhaps cultural. Many access health services in case of illness only. Others do not have health insurance and find it difficult to pay for screenings and other preventive services. The Cambodian Buddhist temple holds a health fair every year where physicians and health workers volunteer and conduct several screenings, for diabetes, osteoporosis, and others. Many take advantage of the health fairs to get their screenings. However, they are unable to go to a physician to follow up if they are found at risk or are diagnosed with an illness.

c. Physician Preference

Most participants agreed that Cambodians prefer an Asian physician, usually one that friends and family members go to. They perceive Asian physicians, particularly those trained in Asia

and in the United States, to have more knowledge about the illnesses that afflict their community. If they were trained in Asia, they are presumed to understand and use non-Western medicine practices. Therefore, for this reason and the limited number of Cambodian physicians in the Washington, D.C. area, they usually go to Vietnamese or Chinese physicians. However, one participant explained that Khmers like to take medications and thus judge the quality of physicians based on how often they prescribe medications. Generally, they trust male doctors more than female doctors. However, for women's health issues, women feel more comfortable going to a female doctor.

3 | RECOMMENDATIONS

a. Health Education

Almost all participants agreed that health education and health literacy are critical in their community. They report needing information regarding health conditions, and the importance of preventive and screening services. More specifically they would like additional information on nutrition and physical fitness, mental health, and the importance of visiting a mental health service provider. One community member argued that sexual health education was becoming a necessity among the senior population, specifically education to prevent HIV/AIDS and sexually transmitted infections. They also want more information about resources and services available to them, such as the Pan Asian Clinic and interpretation services, for example.

b. Disseminating Health-related Information

The focus group suggests that any health education program be carried out in their language and in a culturally appropriate manner. They suggest using community peer educators or natural helpers, such as monks, to deliver such information. The monks should also be involved in health education training as they are the first people community members contact when ill. They propose having community leaders act as liaisons between the community and the county, as they are trusted gatekeepers. As far as preferred channels to receive health related information, they consider the temple as a clearinghouse of information. The Temple sends out newsletters to community members, posts announcements on their bulletin board, and has printed materials available for distribution. They also suggest using the newspaper Asian Fortune to post announcements and advertise activities. Postings should also be done at local Cambodian business locations (e.g., grocery stores). The Cambodian community does not have television shows, radio programs or printed media dedicated exclusively to them.

c. Improve Access to Health Services

To improve access to health services, the community proposes improving access to low cost clinics, such as the Pan Asian clinic. They also inquired about the possibility of the com-

munity obtaining low cost health insurance. Access to transportation was considered crucial, particularly for seniors who do not drive and have difficulty using the public transportation system. Availability of interpreters in health clinics, as well as translated health materials and prescription drug indications, would also be helpful to facilitate access to services. In addition, many community members regard the Buddhist temple as an ideal location for preventive counseling or healing. Based on this and other unique social functions, the temple warrants the allocation of more resources for the purpose of human development.

SUMMARY

Conscientious of Cambodia's history of holocaust, the group expressed that mental health is of great concern within the Khmer community. Additional research must be conducted to understand in more detail how Cambodia's history affects its people and what actions can be taken to address post traumatic stress disorder and other mental conditions. Chronic conditions, such as high cholesterol, hypertension, and diabetes, were identified as physical health concerns and these problems may be exacerbated by poor dietary and exercise habits. The group mentioned that reasons behind the community's reluctance to seek preventative services and medical attention are the lack of health insurance, lack of transportation, and language barriers. Dissemination of health information and health education should be done through networking with highly regarded community leaders and organizations and at locations that the Khmer community considers safe. Announcements about events and services should be advertised linguistically appropriately and in media outlets that the Khmer community has access to, such as the newspaper Asian Fortune. Postings should also be done at local Cambodian business locations (e.g., grocery stores). The group also recommended improving access to health care as well as transportation services.