

Summaries of *Community Conversations*



Cambodian Community Health 2010

Lowell Community Health Center, Lowell, MA

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Our Partners:

Cambodian Mutual Assistance Association, Southeast Asian Bilingual Advocates, Inc., University of Massachusetts Lowell Center for Family, Work and Community, University of Massachusetts Lowell Center for Health Promotion, Massachusetts Department of Public Health: Refugee and Immigrant Health Program, Khmer Health Advocates Inc., U.S. Centers for Disease Control and Prevention, Lowell General Hospital, Saints Memorial Medical Center, Visiting Nurse Association of Greater Lowell, Health South.

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Glory Buddhist Temple
Eliot Church
Holy Union Church
Cambodian Mutual Assistance Association
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Andy Brouwer, *Andy Brouwer's Cambodia Tales*
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Introduction

Lowell, MA is home to approximately 25,000 Cambodians, and this community makes up nearly 25% of the city's population of 104,418. Although precise figures on the age structure of the Cambodian community are not available, it is estimated that over 15% of the population is over age 45.

Cambodians in Lowell are at disproportional risk for morbidity and mortality due to CVD and diabetes. Among Cambodians in Lowell, a disproportionate share of adults deaths (age \geq 45 years) are attributable to stroke (15.9%) and diabetes (13.4%), when compared with all MA residents (6.5% and 2.5%, respectively).¹ Heart disease was the leading cause of death for both Cambodian and all MA adults, representing 19.5% and 33.1% of all deaths, respectively. When heart disease, stroke, and diabetes are combined, the proportion of deaths attributable to these is 48.9% for Cambodians, compared with 42.1% for all MA adults.

Risk factors for CVD and diabetes in Cambodians profiles conform the increased risk for these conditions. Cambodians have low awareness of hypertension, low medication treatment levels, low control rates and low rates of contact with primary care physicians.² Diets in high sodium and fats are typical. Smoking rates among Cambodian males are extremely high (71%) even in comparison to other Asian groups,³ and correlate to low levels of acculturation and poor understanding of English.⁴

During Phase 1 of our project, one of our goals was to gather as much information as possible about knowledge, attitudes, beliefs, and behaviors among Cambodian concerning cardiovascular disease, diabetes and access to care. The community conversations provided a wealth of qualitative data. Community conversations are the Cambodian version of a 'focus group'.

Qualitative data were collected through fourteen community conversation groups (focus groups) held in seven locations throughout the community. In total one hundred forty-one Cambodians participated with an average of 10 - 15 people participating per group. There were 51 males and 90 females who participated ranging in age from 19 to 81 years old. The average age group was in the range of 40 to 49 years of age.

¹ Bureau of Health Statistics, MA DPH

² Stavig SR, et. al. Hypertension and related health issues among Asians and Pacific Islanders in California. *Public Health Reports*. 1998;103:28-37.

³ Fact Sheet on Asian Americans and Pacific Islanders and Cancer. *Published in Asian American and Pacific Islander Journal of Health*. 1997;5:74.

⁴ Chen, MS, et. al. Lessons learned and baseline data from initiating smoking cessation research with Southeast Asian adults. *Asian American and Pacific Islander Journal of Health*. 1993;1:194-214

Conversation groups lasted on average one and one-half to two hours. The questions used to guide the community conversations were developed in English, translated into Khmer by project staff, reviewed/edited by the Cambodian Community Advisory Board, and administered in Khmer (the Cambodian language). Participants were asked about their knowledge of cardiovascular disease, hypertension, and diabetes; they were asked to comment on what they saw as appropriate treatment; and they were asked to comment on access to medical care and any barriers they might have encountered.

Various staff members, who facilitated and presented at these community conversations, wrote the following summaries you are about to read. Staff summarized only 10 of these conversations.

Following the conversations, you will find a report that outlines common themes and more in-depth description of the points made and an Appendix with the Community Conversation Question Guide that was utilized when the conversations were conducted. The report was written by Robin Toof, evaluator for the Cambodian Community Health 2010, at The Center for Family, Work, and Community, University of Massachusetts Lowell. The Cambodian Community Health 2010 Program and the program's partners developed the Community Conversation Question Guide.

Conversation #1

Location:	Cambodian Mutual Assistance Association
Date:	February 24 th , 2000
Time:	10:30am - 12:00pm
Topic:	Diabetes and Access to Care
Number of Participants:	10
Presenters:	Rithyvuth Sap

Summary by Rithyvuth Sap:

This task is providing us effective tools in collecting information to implement our intent of expanding services to serve and educate the community in regards to Diabetes, CVD, and Access to Care. In addition, it allows us to be proactive by linking the community to the health center.

The following is some feedback from the focus group:

- Client lack of transportation.
- Duration of time waiting for doctor.
- Doctor opposite sex to patient.
- Language barrier/ obstacle to set up doctor appointment
- Isolate elderly who need Out reach Worker to educate and deliver information.

Some participants were impressed with the group and said, "You are the light bulb that lights up the risk factor of these diseases for us to know. I'm glad you are here today, or else we would not know anything about the diseases or the programs available. We are as the frog in the well and we are delighted to support you with warm and welcome at any time." They would like to see more of our workshops in the community.

Conversation #2

Location:	Trairatanaram Temple
Date:	February 25 th , 2000
Time:	1:00pm - 3:00pm
Topic:	Diabetes and Access to Care
Number of Participants:	13
Presenters:	Rithyvuth Sap and Chanda Soth

Summary by Rithyvuth Sap:

- Language barrier is isolating our elders from the health care system
- Never had anyone educate about the risk factors of Diabetes and Cardiovascular
- Cultural issues
- Family member not available at the time for doctor appointments, which cancelled many appointments
- Transportation issues

Summary by Chanda Soth:

While waiting for more participants to arrive some of the participants who were waiting left. The staff thought that perhaps they were not really interested. Fortunately, they all returned. The interesting part was that grandmothers asked for rides in order to attend.

One elder said that he was very disappointed when he saw a few people leave when the staff arrived. He said that he believed that the staff is working very hard to serve the Community better. "Why leave when they arrived?" he said. He said that he's given us the applause to show that they are really supporting us. They said they are very excited that Cambodian health educators are involved in the community to provide them with knowledge.

Many people in the group like to use Cambodian herbs to cure diabetes. Some of them told us it worked, some said they do not, but try them anyway.

The two issues that they voiced:

-Transportation

-Language barriers

They told us that if the staff wants to come teach them more about diabetes or CVD, they are willing to attend the class, as long as it is on weekends. Their expression showed us that they really wanted to learn more. After Rithy and I performed the presentation, Sovann showed the group a little bit about CVD. It seemed like they couldn't wait for us to come back and talk about that. It seemed like every session, they put their trust on us 95% about providing them with services in terms of transportation and translation. They even said that from here on they would feel better whenever they want to go visit the doctor.

Conversation #3

Location:	Glory Buddhist Temple
Date:	February 26 th , 2000
Time:	1:00pm - 2:30pm
Topic:	Diabetes and Access to Care
Number of Participants:	15
Presenters:	Chanda Soth and Rithyvuth Sap

Summary by Chanda Soth:

Many men participated in this group and about 5 participants (33%) were diabetics. This group wanted to learn more about health than any other group. They asked many questions and felt very comfortable with the staff.

The only issue they brought up was transportation. They said once we can take care of that it would be very helpful to them and the community. They were expecting us to go back and teach them more about CVD.

Translation is not important to them. They said that their doctors provided interpreters.

I felt that this location and this group were very easy to work with. They paid very close attention to the staff during the presentation. They were very cooperative. They were very excited that we were there. They treated us as though we were their doctors. They were very supportive.

Conversation #4

Location:	Eliot Church
Date:	March 2 nd , 2000
Time:	1:30pm - 4:00pm
Topic:	Cardiovascular Disease and Access to Care
Number of Participants:	13
Presenters:	Sovann Kheam

Summary by Sovann Kheam:

The following is feedback from the focus group:

- Clients do not have transportation available when needed
- They do not have much time discussing with doctor about health information
- Need health educators to speak and to share information to them
- Need Khmer speaking persons to explain about health information because most of clients do not speak English
- Clients use Khmer Herbal Medicine to cure illness

Conversation #5

Location:	Glory Buddhist Temple
Date:	March 5 th , 2000
Time:	5:00pm - 6:30pm
Topic:	Cardiovascular Disease and Access to Care
Number of Participants:	13 (9 women; 4 men)
Presenters:	Sovann Kheam

Summary by Sovann Kheam:

The following is feedback from the community. Here are some of the issues that should be considered:

- Most clients used Khmer herbal medicines when they were in Cambodia.

The community needs Khmer professionals to explain to them more about health issues. Most of them need more time to ask questions to a doctor.

- Most clients do not speak English
- Some patients stay home alone and when they get really sick because there is no one to bring them to hospital; their family is either at work or away. This creates a very dangerous situation.

In conclusion the clients feel very happy and disclosed some stories and personal problems to us. They like us like a family and encourage us to come to visit their homes again and to talk about health issues.

Conversation #6

Location:	St. Julie Asian Center
Date:	March 9 th , 2000
Time:	9:30am - 10:30am
Topic:	Cardiovascular Disease and Access to Care
Number of Participants:	8
Presenters:	Sovann Kheam, Rithyvuth Sap & Chanda Soth

Summary by Sovann Kheam:

This Community Conversation's purpose was to collect information from clients about cardiovascular disease, diabetes and access to care. We got information about Cambodian culture and Khmer Herbal Medicines.

This Community conversation will help community members know where help center is and will inform all members about the services available at the local health center. Clients want to eat their cultural food even in the hospital. They are used to these foods and have a difficult time eating the food in the hospital.



Food market in Cambodia

Summary by Chanda Soth:

The participants seemed to be educated about diseases. They did not really believe in Cambodian herbs. They use modern medicines to cure diseases. They all know how to book an appointment when they are sick. They were disappointed about the other outreach groups from local agencies giving them confusing information.

They said that the groups did not explain to them well about the difference between “walk in” and “making an appointment”. They thought they could walk in without calling, but unfortunately they were not allowed to do that.

The important issues are:

- Translation
- Doctor

A few participants said they were afraid when they made the phone call because the operators speak English. They hope we can do something about it.

One person was very disappointed with the doctor. He said the doctor sometimes does not know what he is doing. He does not trust the doctor. He said one time his daughter was sick because she ate too much peanut butter. When he brought her to see the doctor, the doctor wanted to perform a surgery. He himself knew exactly what happened to his daughter, so he refused. Instead, he used the Cambodian remedy while the doctor was out of the office. After that, his daughter woke up. Since then, he never trusts the doctor. He suggested us to mention these kinds of problems to the doctor (cultural treatment).

Summary by Rithyvuth Sap:

Learn different opinions about these chronic diseases and the way that they rescued patients during stroke, chest pain, and Kyol Kor (Khmer for “heart stopped working” – heart attack).

Here is some information:

- To help stroke or Kyol Kor patient, while calling 911, they picked a patient up shook the body and sometimes performed coining.
- A root called Moeum Chhay Thav would help decrease high blood pressure, as they have experienced on their family back in Cambodia.
- They are worried if they get sick because they are unable to communicate with the doctor based on their new experience in United States.
- They suggested having outreach staff to help them set up a doctor’s appointments and have them available while seeing a doctor.

Conversation #7

Location:	Lowell Adult Education Center
Date:	March 10 th , 2000
Time:	9:00am - 10:30am
Topic:	CVD and Access to Care
Number of Participants:	10
Presenters:	Sovann Kheam, Chanda Soth & Rithyvuth Sap

Summary by Sovann Kheam:

This Community conversation's purpose was to collect information from clients about Cardiovascular and Access to Care. Furthermore, we get information about Cambodian culture and Khmer Herbal Medicines. After collecting information, we intend to implement and expand services to serve the Khmer community. This Community conversation will help community members know where the health center is and will inform all members about the services available at the center.

- Clients do not have too much time to discuss with the doctor about health information.
- Need health educators to speak and to share information with them.
- Need Khmer speaking persons to explain health information to Khmer clients who cannot speak or understand English.
- Some clients had experienced using Khmer herbal medicines to cure illnesses.
- There is one monk in the Khmer community that still has the knowledge of the use and methods of Khmer herbal medicine.

In summary, the community surveyed was overwhelmingly receptive and enthusiastic. They encouraged us to come and visit often. They like the topic of community health and traditional medicine.

Summary by Chanda Soth:

The place was very well organized. Teachers were very cooperative. Participants were also polite. These participants were very familiar with heart disease. Some of them said they used the Cambodian remedies to rescue patients. Some said they know CPR. They had a lot of experiences from Cambodia. However, they used herbs to cure diseases most of the time. They believed it worked for them. One participant used American medicine and she said it worked as well.

These are three issues that they came up with:

- Translation
- Transportation
- Insurance

Participants said they have problems communicating with the doctors. They do not know how to explain to doctors about their health or diseases. It would be very helpful if we can help them. Some of them said their grandmas need transportation. When they go to work no one can take them to see the doctors.

Some participants themselves do not have transportation either. Two of the participants do not have insurance. They really needed help from us.

At the end of the discussion group participants were very happy that we showed up. They said they do not know much about the resources. We were very helpful to them.

Summary by Rithyvuth Sap:

Each day, conversations, allows us to learn different information and treatment behaviors based on their beliefs.

Some feed back:

- They do not have transportation; their sons go to work.
- They do not speak English, cannot make doctor appointments.
- They need translators to communicate with doctors.

They said diabetes is a disease that affects rich people in Cambodia because they do not move too much. In the United States diabetes affect anyone; we want to learn more about this disease. To be more specific they have asked us to have these programs more often.

Conversation #8

Location:	Holy Union Church
Date:	March 13 th , 2000
Time:	10:00am – 12:00pm
Topic:	CVD and Access to Care
Number of Participants:	6
Presenters:	Rithyvuth Sap, Sovann Kheam, Chanda Soth

Summary by Chanda Soth:

I really liked this place and the participants. They made us feel like home. The conversation between the participants and us was flowing like water. The participants were incredible. They loved to learn and to exchange ideas. They told us they were very lucky that we came to see them. They urged us to come back and teach about diabetes, but they said Cambodian herbs extend their lives. They are still using them everyday.

Issues that they brought up:

- Do not trust doctor
- Transportation
- Insurance
- Language

One man said he does not like to go visit the doctor. He said that one lady was very sick and when the doctor gave her a shot she died right away. He said that since that time he never trusts the doctor. He would rather cure the disease himself. He really believes in the Cambodian medicines. He told us about lot of Cambodian herbs. He said when he's sick, he sticks the sewing needle in his flesh and takes the blood out when he feels like he has high blood pressure. By doing this it made him feel much better. It sounded very scary, but he said he would rather do that than visit the doctor.

Transportation is not that important to them, but it is with their relatives. One person does not have insurance. He asked for help.

Translation is important to them. They cannot communicate with the doctor at all. They are happy if we could help them. They said sometimes they are a little sick, but did not want to go visit the doctor because they cannot communicate.



A woman doing coining for an elderly at a local temple

Summary by Rithyvuth Sap:

Community conversations will benefit us in learning new behaviors of how people think about diseases and would they take it serious, and then how do they control it.

Here are issues discussed in the groups:

- They are scared of diabetes and cardiovascular diseases. From their experiences, they saw one female friend who had stroke symptoms. She spoke to him normally then asked her daughter, “where are they going to take her to?” Her daughter said, “they are going to admit her to emergency room.” Three hours later, her mother past away without knowing what was going on. From there, she was scared to see a doctor. Because she does not have the ability to speak English enough to communicate with doctor.
- To avoid seeing a doctor, they try to take control, using their own traditional techniques by using coining in case of a stroke, chest paint, hard to breathe, and Kyol Kor (Khmer for “heart stopped working” - heart attack). Unless they know a medical translator whom they can trust to conduct any medical translation.

Summary by Sovann Kheam:

The purpose of the discussion and meeting was to investigate the problem of cardiovascular disease, diabetes and access to care in the targeted population, which is the Cambodian community who settles in the Greater Lowell.

Furthermore, it was to obtain additional information and further assistance they may need from us, the Lowell Community Health Center, and to see what we can do to further assist them so that this problem at hand is best addressed and delivered. The Community conversation would hope to provide better information and access to care for this community.

Following the conversation, the following comments and feedback were collected:

Clients informed me that when they experienced the attack of high blood pressure; they would attempt to inflict themselves, with the intention to reduce the pain, by poking a sharp needle into their forehead and then squeezing the blood from their forehead. By applying this technique; they feel better and if even leads them to believe that the pain would go away or at least they would feel better.

They need to have a Cambodian community worker help them become aware of the problem at hand because they cannot understand English.

Conversation #9

Location:	Lowell High School (Adult Education)
Date:	March 13 th , 2000
Time:	6:30pm – 8:00pm
Topic:	Diabetes and Access to Care
Number of Participants:	31
Presenters:	Rithyvuth Sap and Chanda Soth

Summary by Chanda Soth:

Many participants were aware of diabetes. At least four participants were diabetic. Some of them said that their uncle, brother, relatives, or friends are diabetic. Herb is not successful all the time; only makes it feel a little better. They said that they could tell whether a person is diabetic or not by observing the urine that are surrounded by ants. It seemed like though these participants are familiar with diabetes since they cure diabetic. They were so excited in giving us the answers. Also it seemed like though they could not wait for their turn to talk. When they first walked into the room they did not seem interested, but once we got to ask questions their attitudes changed.

There were four important issues according to the participants:

- Duration of time waiting for the doctor's appointment
- Transportation
- Translation
- No insurance

They said they are having a hard time in booking up the appointment. They felt that only in an emergency they could visit the doctor right away. Once they've gotten their appointment they also have to wait long for their turn. This causes them laziness and neglect with their health.

Some of them complained about transportation. They said they want to go check up, but have no ride.

Many have problems with translation. They can understand some English, but not the medical terminology. This scared them. Five percent of the participants do not have insurance. Some of them did not mention this while we were tape-recording. They talked to us at the end of the discussion group.

Summary by Rithyvuth Sap:

I learned about a variety of herbal medicines in the treatment of Diabetes. Understand the ancient culture in the belief of the spiritual blessing, which is a way of traditional medicine by Kru Khmer (Khmer for “traditional healer”).

Here is some feedback:

- People who live in the remote areas believe in Kru Khmer and herbal medicines prescribed by him.
- Some experienced herbal medicine from a friend who knows the medicine and had experience with it in the past.
- Some female participants had asked Chanda Soth to take them to see doctor because of their doctors were of the opposite sex and also they cannot speak English.

They would like to see outreach staff help them arrange a translator to set up an appointment. Some participants tried to call for urgent appointments but unfortunately the clinic staff told them to come the next week. A week later their sickness disappeared and they had no interest in seeing a doctor.

They would like to see our workshop so they could learn more about diseases and how to prevent getting diseases. They appreciated us providing them with education.



When people do not feel happy or do not feel well because of stress or having some problems they go to see monk(s) for a holy water blessing to take away their bad luck or the stress. They said they feel much better after the holy water touch them.

Conversation #10

Location:	Cambodian Mutual Assistance Association
Date:	March 23 rd , 2000
Time:	10:30am - 12:00pm
Topic:	CVD and Access to Care
Number of Participants:	17
Presenters:	Sovann Kheam and Rithyvuth Sap

Summary by Rithyvuth Sap and Sovann Kheam:

Many participants were not responding to the questions. Several participants gave the facilitators some information, but they were the same participants.

These participants were in a rush to go home. It seemed like they were reluctantly there. I was not satisfied with the information at all. I realized that we lack a lot of them. Participants were sharing a lot of airtime (side conversations).

The only problem they came up with was the duration of time waiting for the doctor. We did not have much time to talk about the availability of services at all because two men from other programs seemed to rush us so much.

Common Themes

Throughout the course of these rich conversations, there were several common threads emerged that unified the points made by participants. Many participants had heard of heart disease. They often had some knowledge of risk factors that contribute to the development of heart disease, for example, many talked about symptoms associated with heart attacks. It was, however, is difficult to gage whether or not they were aware of the difference, or the scope of problems that fall under the category of heart disease (e.g. angina). On the other hand, those who suffered from hypertension knew what it was and what the symptoms were. It is unclear whether others understood the disease and its symptoms.

Of great importance, the suggested treatments for heart disease, heart attack, and hypertension often reflected a deep commitment to maintaining traditional Cambodian remedies, sometimes in combination with Western medicine.

With regard to diabetes, while most of participants had heard of the disease, only those who had directly experienced it named specific symptoms. Many seemed to understand that its onset had some relationship to glucose levels as well as to lifestyle choices.

Cultural differences emerge in the treatment of diabetes. While many see diet and exercise as a critical part of treatment, the use of traditional herbs and fruits was also considered important. Some respondents believed that these traditional treatment methods could cure the disease.

Western or modern medicine was thought to focus on the administration of pills or medicine as the primary mode of treatment.

Finally, with respect to accessing medical care, many difficulties were described. These ranged from arranging a visit, accessing transportation, communicating one's needs, to not having access to a doctor of the preferred gender. The difficulties described may intersect to increase the likelihood that some Cambodians will lack adequate access to appropriate medical attention. A lack of familiarity with the use of 911 may also put some Cambodians at serious risk.

Below we describe in detail the responses that were made by participants in the focus groups. This information is organized topically. We begin with knowledge of symptoms, first of heart disease, and then of diabetes. We then describe treatment expectations, beliefs, and preferences for heart disease and then for diabetes. Following these summaries we describe barriers to accessing care. Finally, we conclude with focus group recommendations and the

community action plan. In each of the areas, we have included (on the right) inset boxes that include verbatim some of the responses of participants that are summarized in the conclusion on the left.

Knowledge and Awareness of Cardiovascular Disease and Diabetes

Heart Disease

Awareness of Heart Disease

Most of the respondents reported having heard of heart disease, although many did not hear of heart disease until coming to the United States. The fact that people reported not having heard of heart disease may be partly explained by language differences. In Cambodia heart disease is sometimes referred to as “chest trembling” or Kyol-go. Some may have heard only of related problems/conditions or outward manifestations of heart disease, such as heart palpitations, heart attack, or hypertension.

“Most never heard of it until they came to the U.S.”
“We have heard of it but do not know the cause.”
“I myself suffered that.”
“[It] occurred among women [in the refugee camps], rarely on men, some men have a heart problem, too.”

Awareness of Risk Factors

When asked what causes heart disease people made various responses often related to lifestyle. One person mentioned an unhealthy lifestyle choice (too much fat). Other causes mentioned were “too much bad air in the body” and not eating enough to stimulate the immune system.

“If you eat foods that contain lots of fats then you will be unhealthy, the fat would surround your heart.”
“... too much bad air in the body.”
“Yes, smoking can affect your breathing. If you are old it would be worse when the smoke surrounds your lung and body’s organs.”

In addition, when asked a specific question about whether or not lifestyle choices such as cigarette smoking or drinking cause heart disease, many said yes, such choices could cause heart disease. Many also agreed that stress or depression could cause heart disease.

Knowledge of Symptoms

When asked about the symptoms of heart disease, many participants mentioned symptoms that resemble those experienced during a heart attack. For example, many talked about a feeling of congestion in the chest, difficulty breathing or a feeling that the airway was blocked, and a pounding heart. Some were familiar with these symptoms through direct experience.

“I’ve only heard people say they have chest congestion, hard to breathe- blocked airway.”
“... when you don’t feel good it’s [the heart] pounding...”
“Bruises, bumps, and infection in some parts of the body.”
“It makes my hands shake and I feel dizzy.”

Awareness of Hypertension

Of all the participants, only three people responded when asked if they had ever heard of hypertension. All three said they had hypertension themselves.

Comments seemed to reflect knowledge of some of the symptoms (e.g. blurred vision, dizziness).

Diabetes

Awareness of Diabetes

Most of the responses to questions about awareness of diabetes indicated that focus group members had heard of diabetes either in the United States or Cambodia. Two comments suggested that in Cambodia diabetes is often thought of as a disease specific to those who live a life of luxury (which may to some extent indicate knowledge of the connection between diet, exercise and diabetes).

“Diabetic people are most likely city people or who have had an easy life; this group has diabetes in Cambodia”

Understanding of risk factors

Comments made throughout the conversations indicated some understanding of the correlation between diabetes and diet and exercise. In addition many also seemed to know that age is a risk factor.

It is unclear whether or not participants understand that there are two types of diabetes. Type I (insulin dependent diabetes) usually occurs in children when the pancreas cannot make enough insulin. Medical professionals are still unsure of ways to prevent the onset of this form of diabetes. However, Type II, or non-insulin dependent diabetes, which occurs when cells become insulin-resistant, can often be prevented through healthy diet and regular exercise (Kaiser Permanente’s Healthwise Handbook, 1995). Most of the questions and responses appear to be addressing Type II diabetes.

*“No exercise.”
“... if you don’t change your diet, you have it.”
“When we get old the body is weak. When we eat dessert, we have energy because of nutrition and sugar. Once we finish one plate, we want another. This habit prolongs for a period o time and can become diabetes.”*

Only one comment indicated knowledge of hereditary risk. Others comments indicated uncertainty about whether hereditary risk figures in likelihood of becoming diabetic.

“One person feel that she does not get diabetes from her family members because only her brother has it and other family members do not”

Awareness of Symptoms

Some people identified particular symptoms. For example, participants described sweating, hunger or exhaustion.

“It seems like you’re acting. All of a sudden I start sweating and my hands and feet are very exhausted. They felt cold but sweating.”
“Blurry eyes, hands and arms exhausted, very hungry like I have never eaten before.”
“Shortness of breath.”

Traditional and Western Treatments of Cardiovascular Disease and Diabetes

Treatment of Cardiovascular Disease

Treatment of Heart Disease

Focus group participants mentioned both traditional Cambodian treatments and Western treatments as possible treatments for heart disease. Cambodian treatments included the use of traditional medicine and herbs (e.g. Yakamchay), coining, heat (steaming mixed with bamboo leaves, sleeping over the fire etc.) and physical interventions, such as biting the ankle, pounding the vein, or pulling the nose. Massaging or 'rubbing' the sore area was also suggested.

Most comments reflected a belief in the effectiveness of Cambodian remedies. Many, particularly elder women, described that the Cambodian treatments as more effective than Western treatments.

“Some of them were shaking and medicine would not help but when they are done coining as a substitute for medicine, it got better.”
“Cambodian remedy is more effective, it’s faster. After coining then bring them to the hospital.”
“Cambodian herbs are more effective than American. They can cure, unlike American medicine. They only cure for a short period of time.”
“Coining lasts a bit longer.”

Among Western methods described were “going to the doctor or hospital, taking aspirin or pills, and diet and exercise.”

“Cambodian herb is okay for a crisis, but the doctor is more accurate.”
“I don’t trust Cambodian herb. I believe in the doctor’s prescription. Cambodian herb sometimes works and sometimes doesn’t.”

A few felt that Western treatments were more effective than traditional Cambodian approaches.

When asked what they would do if they knew someone was having a heart attack, again participants described the importance of traditional treatments arose. A large majority of comments pointed to traditional remedies as at least part of the suggested intervention.

“They need to pound or rub the chest before they bring he or she to the hospital. After he or she feels better then they bring to the hospital.”
“We should press the palm where the heartbeat is until she or he is conscious then we can take the patient to see the doctor afterwards.”

Although calling 911 or bringing someone to the emergency room usually takes precedence over other treatment steps in Western culture, no one in

the focus groups suggested calling 911 or going to the emergency room as a first step.

Treatment of Hypertension

Once more, the importance of Cambodian remedies in the treatment of ailments emerged in the comments of the participant.

Although two of the comments indicated a preference for seeing a doctor, many more suggested the use of

*“Lemon, vegetable,
anything sour.”*

various foods, herbs and other “ancient medicine” as a way to treat hypertension. One person suggested a combination of modern and herb medicine.

Treatment of Diabetes

Many people mentioned lifestyle changes such as diet and exercise as a way to treat diabetes. These suggested lifestyle changes are consistent with Western beliefs about controlling diabetes. However, even more comments reflected knowledge of and belief in traditional Cambodian treatments.

“Diet and exercise.”

“In Cambodia we told everyone the way ancient herb medicine is used to treat diabetes is boiling Plies Katourt, eating a lot of sour fruits can reduce the blood sugar.”

“One person has tried so hard to get some help, but the medicine cannot cure.”

“Some of them use Pring seeds and some kinds of cabbage roots and roots of Kdath and so on. They dry the cabbage roots, roast the Pring seeds, and smash them and put in boiling water...”

“My mother-in-law in Cambodia is treated with Pring seeds. It does not work.... She is still not well. Sometimes she does not feel good.”

While Western medicine suggests that diabetes can be controlled not cured, some of the participants indicated by their comments that diabetes could be cured, particularly through traditional methods of treatment.

When participants were asked how modern doctors treat diabetes, only three people responded. All three felt that the primary Western method was to administer medicine or pills.

“ In Cambodia many people cure diabetes by Khmer herbal medicine. There is only Khmer herbal medicine that can cure illness. However, people believe that the Western medicines, for example, American and French medicines will not cure the illness. If they cure, it’s only temporary”

“I know a story, I’m not sure it is a real story. When I lived in Cambodia, there was a man who had diabetes. His hometown is Posath. They have many Pnov fruits; his parents brought the Pnov fruits for him. He was a student, lived in the temple. When he ate the fruit, ate for not a short period, it was about a year. He boiled it. It was about one year. When he went to see the doctor, the doctor said ‘you don’t have diabetes...’”

Access to Care

Barriers to Accessing a Doctor

Many steps need to be followed of one is going to be able to access care. One of the first steps in accessing medical care is to call a doctor's office, explain why you are calling and schedule an appointment. While such steps may appear to be an easy task, for those who have never had experienced in calling and setting up appointments and have never had anyone show them how to take these steps, accessing care may pose a challenge. For focus group participants, barriers to accessing medical care did indeed began with setting up the appointment. Some people in the groups indicated knowing how to call to arrange a doctor's appointment but others said that they must rely on their children to schedule the appointment.

The next step to acquiring medical care is getting to the appointment. Again, this is no simple task for those without access to a vehicle or an understanding of the bus service available through Lowell Regional transit Authority. Comments indicated that transportation barriers are likely preventing some Cambodian people from being able to get to and from appropriate medical care. From their comments, it is clear that transportation is of particular concern to elders.

*"All the elder women do not have transportation"
"Yes, we need translation and transportation to get to the hospital..."*

Furthermore, the unpredictable wait may make the use of public transportation difficult.

*"The waiting time is too long. Sometimes they have to call their children to pick them up due to the waiting"
"... sometimes it takes 3 hours."
"... and the duration of time waiting for the doctor."*

The next step is the actual visit. Some female participants indicated that they strongly preferred that their doctor to be a woman. If female physicians are not available, care may be less likely to accessed. Once one arrives at the doctor's office the patient usually checks in at the desk, fills out any paperwork, and meets with the doctor to discuss the problem and have it checked. The doctor may also perform certain procedures and ask for the patient's feedback (e.g. "How does it feel when I press here?"). All of these steps can be a very difficult task when one does not speak the same language as the doctor and other medical staff. Participants commented on the lack of a translator and how difficult the absence of translation made communication

"...if we have sore eyes and they ask, 'Are you okay?' then we say, 'Okay,' in misunderstanding then we could go blind "

during doctors' visits. Participants were concerned that the absence of translation services might be leading to serious mistakes.

Calling 911 or Using the Telephone

Some focus group participants indicated that they knew how to call 911 whereas others did not know how to use 911 or did not want to use this service.

"Yes, I have used 911 and they came to help."

"We don't know how, please show us."

"If we just think of the ambulance, someone might die immediately."

"When they want to use the telephone, they would get other people to dial the number for them because they do not know how to read the numbers."

"Afraid of the language problem."

Community Action Plan

Recommendations from Cambodian residents, Cambodian leaders, healthcare providers, and CCH coalition members were incorporated into a broad Community Action Plan that includes capacity building and targeted action that will lead to community and system change, widespread risk/protective behavior change and health disparity reduction.

Community Action Plan

Phase II of CCH 2010 will focus on the following four main objectives:

Community Sector: *Health Care Delivery Systems*

Objective I: To increase access to health care delivery system for Cambodians with CVD

Objective II: To increase awareness among health care providers about Cambodian health care beliefs, practices, and needs relating to CVD and access to care

Community Sector: *Cambodian Community*

Objective IIIa: To increase knowledge of CVD issues and increase involvement in active participants in decision making related to case management

Objective IIIb: To decrease risk factors and behaviors and enhance protective factors associated with CVD

Community Sector: *Health Care Delivery System*

Objective IV: To increase capacity of public health researchers to conduct community based research in the Cambodian community in order to increase data available regarding CVD

Appendix:
Community Conversation Question Guide

Focus Group: Community People

1. **General Intro:** Begin with general introduction (explain goals of focus group, procedures that will be followed and how the information will be used)
2. **Transition into questions [this paragraph will sound redundant in written form, but less so when said orally]** If everyone in the community is to receive good health care, we need to understand how to do a better job in meeting these needs. We need to know what people in the Cambodian community currently do and don't understand about several important diseases. We are hoping that you can help us learn about what the community currently knows and does not know about diabetes and heart disease. One of the most important things that you can help us learn is that people don't yet know certain terms or about certain health conditions. Please don't hesitate to let us know what people don't know. We learn the most by knowing where we need to start.

Questions

We would like to begin by asking a few questions about diabetes. Then we would like to ask similar sorts of questions about heart disease. After we ask the questions about heart disease we hope to have your help in answering some general questions about what Cambodians find difficult and easy in getting health care in Lowell. Again, we want to thank you for your help and your willingness to assist us in learning.

Diabetes

1. Have you ever heard the term "diabetes"? Were you familiar with diabetes in Cambodia?
2. Could you tell us a bit about what you have heard about what "diabetes" is?
3. Could you tell us a bit about what you have heard about the signs and symptoms of diabetes?
4. Have you ever heard of a person having problems with their feet or their eyes because of diabetes? Could you tell us a little about what you might have heard?
5. Could you tell us a bit about what you might have heard people in the Cambodian community saying about who gets diabetes?
6. Are some people more likely to get diabetes than others (probe risk: age, family, behavior, diet, etc)?

7. Could you tell us a bit about what you might have heard people in the Cambodian community saying about how people know when they might have diabetes?
8. Have you ever known anyone who is Cambodian who has diabetes? Could you tell us a little about their experience (probes: symptoms, health care sought, response of family)?
9. Could you tell us a little about what kinds of things seem to make diabetes better or worse?
10. Could you tell us a bit about what you have heard people in the Cambodian community saying about how to treat diabetes? What should people do if they have diabetes?
11. When people have diabetes, who might they seek out for treatment (probes?) Do people involve their families in helping them find treatment?
12. What treatment do you think will help a person with diabetes? How do Khru Khmer help someone with diabetes? How do doctors help?
13. Are there things a person with diabetes can do on their own to help control the diabetes (probes: trying to get exercise and diet)?
14. If people wanted to learn more about diabetes, who might they go to so that they could learn more? Would everyone be likely to go to the same kind of person or can you think of some differences among Cambodians of different ages or educational levels in who they might approach?
15. If we wanted to be able to talk with people effectively about diabetes, are there certain Khmer terms we should use for diabetes? Are there certain examples we should use or be sure NOT to use?
16. Health care people sometimes talk about risk factors for certain diseases (such as diabetes). Are listings of risk factors useful to the Cambodian community? Do people generally understand what this means?
17. Sometimes we can learn a lot from experiences people had before they came to the United States. Have you heard of people having diabetes in Cambodia or in the refugee camps? Can you tell us a little about the disease in Cambodia (what people thought caused it, who had it, how it was treated)?
18. We have one last question about diabetes. Some of the symptoms of diabetes are ... (explain symptoms). If you or someone you know had these symptoms, what would you suggest that they do?

Heart Disease

1. Have you ever heard of heart disease? Cardiovascular disease? Hypertension? Heart attack? Stroke?
2. [Describe symptoms and give Khmer name: Have you ever heard of these problems?]
3. Could you tell us a bit about what you have heard about what heart disease is? Cardiovascular disease? Hypertension? Heart attack? Stroke?
4. Could you tell us a bit about what you have heard about the signs and symptoms of heart disease? Cardiovascular disease? Hypertension? Heart attack? Stroke?
5. Could you tell us a bit about what you might have heard people in the Cambodian community saying about who gets heart disease? Cardiovascular disease? Hypertension? Heart attack? Stroke?
6. Could you tell us a bit about what members of the Cambodian community might know about the link between smoking and heart disease? Stress and heart disease?
7. Could you tell us a bit about what you have heard about high blood pressure?
8. Could you tell us a little about what kinds of things seem to make heart disease better or worse?
9. Are there some people who are more likely to get diabetes (probe risk: age, family, behavior, etc)?
10. Have you ever known anyone who is Cambodian who has heart disease? Could you tell us a little about their experience (probes: symptoms, health care sought, responses of family)?
11. Could you tell us a bit about what you might have heard people in the Cambodian community saying about how people know when they might have heart disease?
12. Could you tell us a bit about what you have heard people in the Cambodian community saying about how to treat heart disease?

Have you heard of people taking aspirin for their heart or circulatory system problems?

Do you know anyone who has taken medicine for high blood pressure? Did they find that it helped? Did they need to keep taking it even after the blood pressure was lower?

13. What treatment do you think will help a person with heart disease? Hypertension? Stroke? Heart attack? How do Khru Khmer help someone with heart disease, etc? How do doctors help?
14. When people have heart disease, who might they seek out for treatment (probes?)? Do people involve their families in helping them find treatment?
15. Are there things a person with hypertension, heart, or circulatory system problems can do on their own to help control the heart disease (probes: trying to get exercise, stop smoking, dieting)?
16. If people wanted to learn more about heart disease, who might they go to so that they could learn more? Would everyone be likely to go to the same kind of person or can you think of some differences across people in who they might approach?
17. If we wanted to be able to talk with people effectively about heart disease, are there certain Khmer terms we should use? Are there certain examples we should or should NOT use?
18. Health care people sometimes talk about risk factors for certain disease (such as heart disease). Are listings of risk factors useful to the Cambodian community? Do people generally understand what this means?
19. Sometimes we learn a lot from experiences people have before they came to the United States. Have you heard of people having heart disease in Cambodia or in the refugee camps? Can you tell us a little about the disease in Cambodia (what people thought caused it, who had it, how it was treated)?
20. Some of the symptoms of heart disease are ... (explain symptoms). If you or someone you know had these symptoms, what would you suggest that they do?
21. Do you know how to call 911 in case of an emergency? Do you think most other Cambodians do?

Access to Health Care

Now we hope that you will help us to learn more about the kinds of problems that Cambodians in Lowell sometimes experience in trying to get health care.

1. What are some of the reasons why someone might seek health care?
2. What are some of the reasons why someone might NOT seek health care?
3. Can you tell us a story or give us an example of a good experience people had in getting health care? What made it good?

4. Can you tell us a story or give us an example of a bad experience people had in trying to get health care? What made it bad?
5. Have you or someone you know ever had to miss a health care appointment? Could you tell us a little bit about why?
6. Have you or someone you know had difficulties in seeking care? Can you tell us a bit about the kinds of difficulties you have experienced?
7. If you or someone you know is not feeling well, what do you do?
8. If you need health care, do you feel you can get it? If yes, how, and if no, why not?
9. Do you think health care is available to everyone (probes)?
10. What kinds of services do you think Khmer adults and elders need to improve their health that they don't already have?
11. What kinds of programs or services would you like to see developed?
12. What kind of health information would you or your friends want to hear more about?

We would like to list various problems and have you tell us (by raising your hand) if this has been a problem for you or people that you know:

1. Knowing where to go for care.
2. Language problems, couldn't communicate with the health care staff.
3. No money to pay for care or no health insurance to pay for care.
4. Feeling afraid of the doctors or the medical procedures that might be involved with medical visits.
5. Being embarrassed by the medical procedures that might be involved with the medical visits.
6. Not having transportation to get to care
7. Not having anyone available to help get to medical appointments or medical care.
8. Heard that the wait was too long at the clinic or medical facility.
9. Didn't think that there was the need to go to the clinic or medical facility.
10. Didn't find that the doctor really helped the problem.

11. Didn't receive clear answers to questions.

12. Didn't receive any medicine

Focus Group: Health Care Providers

Introduction and explanation of purpose, goals of group, how information will be used

Patients Seen

1. Approximately how many patients do you see in a year?
2. About what percent of those patients are Cambodian?
3. Of your Cambodian patients, about how many/ what percent have diabetes? Have CVD? Hypertension? Stroke? Heart problems?
4. Do you accept Medicaid? NHP?

Cambodian Risk Factors

5. What are the primary risk factors you see among Cambodians for diabetes?
6. What are the primary risk factors you see among Cambodian for CVD?
7. Do Cambodians in general make the connection between the risk factors and having the disease or in making the disease worse?

General Impressions of Cambodian Knowledge about Diabetes and CVC

8. What do you think most Cambodians know about Diabetes? CVC?
9. Do Cambodians understand the need for blood tests? Foot examinations? Eye exams?
10. Are Cambodian aware of the importance of dietary changes? Exercise? Medication for hypertension and cholesterol? Regular use of aspirin for MI or stroke? Stopping smoking?

Difficulties Experienced in Treating Cambodians with Diabetes and CFC/Differences in Treatment Compared to American-born Patients

11. Compared to other patients, what types of things make treating Cambodians more difficult? How successfully in general do Cambodians adhere to treatment regimes? (Meds, exercise, diet, smoking cessation)
12. What hinders their adherence to the recommended regimes?
13. What types of Cambodian traditional treatment have you seen individuals use in treating diabetes? Hypertension? Stroke? Heart attack?

Strengths of Cambodians in Regard to Dealing with Health Problems

14. What positives have you identified in providing care to Cambodians?