

# Combating Health Disparities in Cambodian American Communities: A CBPR Approach to Building Community Capacity

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#### COMMUNITY POLICY BRIEF

## What Is the Purpose of this Study?

- This study engaged Cambodian-led nonprofit organizations in six regions of the United States in a community–university partnership that used a community-based participatory research (CBPR) approach to:
  - 1. further develop the Cambodian American community's capacity to design and conduct health research meaningful to their community via a CBPR approach;
  - 2. train and deploy bilingual community health workers to gather health-related data from their communities using mobile technology; and
  - 3. measure the feasibility and effectiveness of our efforts.

## What Is the Problem?

- Cambodians who came to the United States as refugees have experienced high rates of trauma during the Khmer Rouge genocide and in refugee camps on the Thai–Cambodian border.
- Those Cambodians who were adolescents in the United States have faced significant community violence and racial discrimination, and these experiences are associated with posttraumatic stress disorder and depression.
- Cambodian Americans have higher rates of persistent health and mental health problems compared to the general U.S.
  population; are more likely to experience posttraumatic stress disorders, major depressive disorder, and co-occurring post-traumatic stress disorder and depression; and are also at greater risk for hypertension, diabetes, and cardiovascular disease.
- Limited systematic study of community health and a relatively modest community capacity for collecting data contribute to these disparities.

## What Are the Findings?

- Community health workers, leaders, and community members reported largely positive experiences with the iPads and spoken Khmer format of the community health survey, despite inconsistent Internet connectivity.
- The institutional capacity of Cambodian American community-based organizations to collect health-related data in their own communities was strengthened.
- Our efforts proved to be both feasible and effective.



### Who Should Care Most?

- Community-based organizations providing services to Cambodian communities or other vulnerable populations.
- Cambodian community members living in the United States as well as other trauma survivors or refugees.
- Health and mental health service providers.
- Researchers studying the feasibility of using mobile technology in CBPR health studies.

#### Recommendations for Action

- CBPR approaches that use technology should continue to be used to research health disparities in Cambodian American and other communities.
- Community engagement in this research is essential.
- Trained and experienced community health workers and community leaders are an asset to their communities and uniquely placed to protect the rights and well-being of their community members.