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

S. Megan Berthold, PhD, LCSW\(^1\), Sengly Kong, PhD\(^2\), Theanvy Kuoch, MA, LPC\(^2\), Elizabeth A. Schilling, PhD\(^3\), Rasy An, MA\(^4\), Mary Blatz, MA\(^5\), Rorng Sorn, MS\(^6\), Sivheng Ung, BA\(^7\), Yorn Yan, MBA\(^8\), Mary Scully, APRN\(^2\), Seiya Fukuda, MSW, MA\(^9\), and Lorin Mordecai, MSW, LSW\(^1\)

(1) University of Connecticut School of Social Work; (2) Khmer Health Advocates; (3) Center for Public Health and Health Policy, InCHP, UConn Health; (4) Cambodian Mutual Assistance Association of Greater Lowell; (5) Mount Carmel Cambodian Center; (6) Cambodian Association of Greater Philadelphia; (7) Cambodian-American Community of Oregon; (8) United Cambodian Association of Minnesota; (9) Health Services Research Division, Bedford Veterans Affairs Medical Center

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 posttraumatic 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.