BACKGROUND

Among U.S. refugees, approximately 7,000 Cambodian Americans reside in Orange County, one of the largest Asian community (The Cambodian Family Center Mental Health Report, 2019). These refugees have survived the Khmer Rouge genocide that killed one-third of Cambodian citizens through starvation or execution (Wagner, 2015). Cambodian Americans have a higher risk for developing chronic conditions compared to other Asian communities. The lack of appropriate health education and access to care remain barriers to this low income, limited English speaking population (Constante, 2020).

In an effort to improve health outcomes, The Cambodian Family Center (TCFC) in Orange County, CA implements the Healthy Changes Program (HCP) - funded by Hoag Foundation. This program incorporates health education including preventative health services and healthy lifestyles to increase knowledge of health status and access to healthcare services. Implementation of the HCP is through collaboration with the community health networks such as the CSUF, School of Nursing.

The purpose of this study is to describe the Healthy Changes Program on health knowledge and access to healthcare, emphasizing the collaborative efforts in the delivery of the educational and lifestyle interventions through culturally and linguistically appropriate communication.

METHODOLOGY

Descriptive Study
Pre-test/Post-test Study
- Recruited from convenience sample: TCFC Center from January 2019 to December 2019
- Low-education, limited English speaking adult Cambodians in Orange County, CA
- 93 participants
Self-report survey:
- Pre-testing before the HCP
- Post-testing after six months of the initial HCP

Participants’ Characteristics

<table>
<thead>
<tr>
<th>Table 1. Demographics</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>93 (100%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>71 (76.3%)</td>
</tr>
<tr>
<td>Male</td>
<td>22 (23.7%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>min</td>
<td>24</td>
</tr>
<tr>
<td>max</td>
<td>86</td>
</tr>
<tr>
<td>mean ± SD</td>
<td>58.6 ± 12.3</td>
</tr>
</tbody>
</table>

Chart 1

Chart 2. Health Conditions

Chart 3. Health Risk Factors

Chart 4. Pre & Post Percentage General Health Status

Chart 5. Access to Care- Health Insurance

Chart 6. Barriers to Healthcare Services

Table 2. Understanding Health Information

PRELIMINARY RESULTS

Table 1 and Chart 1-3 describe participants’ characteristics. Based on the limited available data on knowledge of health status i.e. dietary pattern, physical activity, and lifestyle are currently being collected. Hence, health knowledge in this study include reported general health status and understanding health information. Access to healthcare measured by health insurance and barriers to healthcare services (Table 3 and Chart 5 & 6).

CONCLUSIONS/IMPLICATIONS

This study shows that the HCP made a positive change in knowledge of health status and barriers to healthcare services decreased as evidenced by improved access and promotion of self-care increased. Health educators and/or nurses should integrate cultural awareness and incorporate collaborative strategies to tailor appropriate health information and education to this population.

REFERENCES


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California State University, Fullerton
School of Nursing