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Barriers to Physical and Mental Health: Understanding the intersecting needs of Cambodian and Latino residents in urban communities

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Abstract

Background—A community needs assessment was conducted to explore barriers and facilitators to good physical and mental health among Cambodian and Latino residents in an urban community in Southern California.

Methods—Thirty-six Cambodians and 29 Latinos completed the interviewer-facilitated survey administered door-to-door, and another 20 Cambodian and 18 Latino residents participated in focus groups.

Results—Crime, limited knowledge of positive health behaviors, lack of access to affordable healthcare, and lack of access to safe spaces for recreational activities were identified as threats to good health. Participant recommendations to support health in the community included increasing police presence to improve safety and reduce violence, and increasing opportunities/locations for physical exercise.

Discussion—While differences between Cambodian and Latino residents exist, the identified threats and suggested improvements were primarily associated with environmental factors,

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COMPLIANCE WITH ETHICAL STANDARDS

Conflict of Interest: The authors declare that they have no conflict of interest.

Ethical Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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highlighting the need for systems level approaches that recognize the relationship between community context and health.

Keywords

refugees; immigrants; community health; mental health; needs assessment

INTRODUCTION

Studies documenting the minority health paradox indicate foreign-born persons have better health outcomes than their United States (U.S.)-born counterparts.[1, 2] However, for some ethnic subgroups, this protective factor diminishes with time lived in the U.S.[3] Moreover, foreign-born persons living in low socioeconomic status (SES) neighborhoods are disproportionately burdened by disease due to limited access to healthcare and those with access receive lower quality of care than their U.S.-born counterparts.[4] A community needs assessment (CNA) was conducted to understand how refugee and immigrant populations experience barriers to managing physical and mental health with a sample of Cambodian and Latino individuals living in an over-crowded, low SES urban community.

Background

Cambodian refugee history and their health—The Cambodian refugee population has endured more trauma than any other collective refugee group.[5] Between 1975 and 1979, one to three million Cambodians were executed or starved to death, during the Communist Khmer-Rouge dictatorship.[5] Survivors who fled the country experienced further victimization while traveling or at refugee camps, where a lack of adequate food, shelter, and sanitation resulted in sickness and death.[6] Cambodian refugees arriving in the U.S. in 1980, experienced high rates of psychiatric disorders as a result of their previous trauma, [6–8] and a large majority suffer from major depressive disorder and health co-morbidities that include cardiovascular disease and diabetes.[9, 10] Intergenerational post-traumatic stress disorder is also experienced by U.S.-born Cambodians whose parents fled the genocide,[11] which contributes to low academic achievement, formation of youth gangs, and the breakdown of family communication. These experiences lead Cambodians to report vastly poorer health when compared with other Asian-American subgroups and the general population.[12–14] Lack of access to mental health services and language constraints further contribute to health declines,[15, 16] making Cambodians a group with high service needs that are often unaddressed.[10]

Latinos and health—Latinos are the nation's largest ethnic minority group with a current population estimate of 54.0 million (17% of the total U.S.)[17] and a projected increase to 106 million by 2050 (86% growth).[2, 18, 19] Latino immigrants present with high rates of mental health disorders such as depression and anxiety [20, 21] in conjunction with chronic diseases that include cardiovascular disease, diabetes, and asthma.[21–23] Latinos also experience severe health disparities and co-morbidity rates, [19, 23] and encounter barriers to healthcare due to low insurance enrollment (33% non-insured versus 16% of the general population).[24, 25] Limited English proficiency among many Latino immigrants complicates [25, 26] the process of accessing services.

The Cambodian Family—In 2011, a CNA was conducted to identify mechanisms for improving the health and well-being of Cambodian and Latino residents who utilize services of a community non-profit (The Cambodian Family, TCF) serving the Minnie Street neighborhood of Santa Ana, California. Although Cambodians and Latinos are distinct in historical, cultural and migration related experiences, both reside in the community of focus for the study, and share similar socio-cultural challenges in accessing care, including stigma and uncertainty in using formal services, cultural misunderstandings in navigating systems of care, and educational and financial discrimination.[24, 27]

Minnie Street neighborhood—An estimated 1,583 Cambodians and 259,230 Latinos reside in Santa Ana, California.[28] Of these residents, 39.8% of Cambodians and 61.4% of Latinos have less than a high school education, 54.3% of Cambodians and 53% of Latinos are foreign-born, and 84.4% of Cambodians speak only Khmer at home while 93.1% of Latinos speak Spanish at home.[28] The Minnie Street neighborhood (MSN) is a primarily low-income community located approximately 30 miles south of Los Angeles and is home to nearly 12,000 individuals, the vast majority of whom are Cambodian refugees (3.5%) and Latino (95.1%, predominantly Mexican) immigrants.[29, 30]

The 1.25 square-mile neighborhood was comprised of graffiti-ridden, dilapidated apartment buildings managed by absentee landlords, which drew in crime, gangs, drugs, and prostitution, resulting in low resident safety.[31] Although a name change to “Cornerstone Village” and a major renovation of the landscape in the early 2000s promoted safety,[29, 31] rampant gang activity and violence kept crime rates high.[29] These community factors have significant public health implications, with research supporting positive relationships between neighborhood safety and physical and mental health.[29, 32, 33]

Nationally the number of densely populated urbanized areas with high segregation and disproportionate access to resources is rising.[17, 34] Investigation of the neighborhood dynamics within the MSN can provide insight on how to address the needs of low resourced diverse communities. Guided by the *Office of Minority Health Strategic Framework for Improving Racial/Ethnic Minority Health & Elimination Racial/Ethnic Health Disparities* (OMH Strategic Framework),[35] the study aimed to: (1) identify individual-, community-, and system-level factors that serve as barriers and facilitators to achieving good physical and mental health among Cambodians and Latinos concurrently residing in the MSN and surrounding areas, and (2) inform opportunities for cultural tailoring and programmatic enhancements that increase access and utilization of health and social services among these groups.

METHODS

The study used a mixed methods approach to examine barriers and facilitators that optimize physical and mental health among Cambodian and Latino residents in the MSN, allowing for a broad and in-depth investigation of these factors.[36, 37] Data collection involved: 1) surveys of community residents who never received services from TCF; 2) focus groups with TCF clients and non-client residents of the MSN and surrounding communities; and 3) qualitative in-depth interviews with community stakeholders.

Participants for each data collection approach were recruited to represent independent and mutually exclusive groups from different facets of the community. This paper includes the results of the resident surveys and findings from the focus group discussions only. To maintain the focus of the study aims, findings from the in-depth stakeholder interviews are excluded from this paper but can be found in the CNA Report submitted to the OMH on December 2013. Datasets generated are not publicly available due to constraints by funder. Approval from the California State University, Long Beach Institutional Review Board was obtained for the study.

Study recruitment, measures, and procedures

Survey—Study participants were recruited from the MSN (80%) and surrounding communities (20%; based on Santa Ana Building Healthy Community defined precincts) using multistage randomized sampling methods. Cluster sampling was conducted using city maps and Census data to randomly select MSN streets with a high concentration of Cambodian and Latino residents. Next, systematic random sampling was performed, where every fourth housing unit was selected to complete a survey. If the selected housing unit was ineligible, the next immediate housing unit was selected and then every fourth unit from that point forward.

Eligibility criteria included individuals who self-identified as Cambodian or Latino; were 18+ years old; spoke either English, Khmer, or Spanish; and self-reported as residents of the MSN and surrounding areas for at least one year. Temporary residents (e.g., visiting friends or family) were ineligible. In compensation for their time, respondents received a \$20 gift card.

Trained bilingual (English and either Khmer or Spanish) interviewers conducted recruitment, screened for eligibility criteria, reviewed and obtained consent, and administered the survey to eligible residents. Interviewers worked in pairs over a 2-month period to administer the survey in the respondent's preferred language.

A 36-item CNA survey, consisting of seven demographic and twenty-nine physical/mental health items, was developed in partnership with TCF and adapted from the 2011–2012 Adult California Health Interview Survey.[38] The draft survey was translated into Spanish and back-translated. The survey was not translated into Khmer. However, trained bilingual interviewers, with extensive history working with Cambodians, administered the surveys, performed on-sight translations, and provided additional explanations when warranted. Reliability or validity of survey items were not assessed due to limited funding and staff capacity. Pilot testing of the survey questions established integrity of the survey through resident feedback, with suggested edits incorporated in the final version. The survey was piloted with 5 Cambodian and 5 Latino study participants, each received a \$20 gift card for their time.

Focus groups—Participants were recruited through TCF's client base, word-of-mouth, flyers, and community outreach activities by TCF health navigators. Eligibility criteria included individuals who were 18+ years old and lived near the MSN area for at least one year. Residents were excluded if they completed the survey. Participants received a \$25 gift

card for their time. Study investigators conducted focus groups with Latino participants, and they trained TCF staff on how to complete study consent procedures and conduct focus groups with Cambodian participants. Focus groups were audio recorded with the respondents' consent and note takers recorded non-verbal and process elements of the interviews.

A semi-structured focus group guide was used to assess the following areas: 1) perceived cultural, social, and environmental determinants of physical and mental health, 2) community assets, challenges, threats, and opportunities to being healthy, and 3) gaps in existing health and social services for community members to manage their health. The guide was translated into Spanish and Khmer, and then back-translated. Focus group participants also completed a general demographic questionnaire.

Data analysis

Survey data were analyzed using SPSS Version 17. Univariate descriptive analysis was conducted on all survey data. Focus group discussions were transcribed into Khmer or Spanish, then translated into English by TCF and study staff. Guided by the OMH Strategic Framework and the study aims, a systematic, iterative approach was applied, where a team of three research staff independently analyzed the transcripts to identify and code initial themes. The team discussed general themes, defined potential sub-themes, and consensus was established through a comparison of independent findings. There was agreement that saturation was reached when no new themes were uncovered in the analysis.[36, 37, 39] Participant quotes were extracted and triangulated with the quantitative data to provide a more in-depth understanding of the experiences and needs of the community residents (Tables 5 and 6). Triangulation enabled study staff to assess data validity and level of variance through complementary quantitative and qualitative methods, thereby increasing the effectiveness of the research.

RESULTS

A total of 36 Cambodians and 29 Latinos completed the survey. Four 90-minute focus groups were conducted, two per ethnic group (one with TCF clients and one with non-clients), with a total of 20 Cambodian and 18 Latino residents. Selected demographic characteristics for survey and focus group participants are presented in Tables 1 and 2, respectively.

Sample Characteristics

Health status—Survey data revealed a greater percentage of Cambodians (69.4%) than Latinos (58.6%) rated their general state of health as poor and fair (Table 3). A higher percentage of Latino participants were diagnosed with cancer (10.7% vs. 0%) and kidney disease (13.8% vs. 5.7%) compared with Cambodian participants (Table 3).

Mental Health—A higher percentage of Cambodians were diagnosed with a depressive disorder (22.2%), reported feeling stress/worry much of the time (60%), and experienced trouble sleeping (44.4%) compared with Latinos (13.8%, 27.6%, and 37.9%, respectively -

Table 3). Despite high rates of mental health disorders and multiple health issues associated with their history of suffering, Cambodian respondents indicated that few services were available, particularly services in Khmer (Table 6–1.5 and 1.17).

Health insurance and healthcare access—Cambodians were more likely to have health insurance (86.1%) when compared with Latinos (72.4% - Table 4). However, 61.9% of Latinos had private coverage, while 83.8% of Cambodians had public health insurance through MediCal, Medicare, or the Medical Services Initiative (a locally funded County healthcare program). More Cambodians reported receiving care from a private physician (86.1%), while Latinos reported receiving care in a hospital emergency room (52.2%) or a community health center (50%) (Table 4). Although both groups have access to some form of healthcare, Cambodians stated that decision about care was associated with level of perceived need (experienced pain) whereas Latinos expressed cost of care as a primary deciding factor (Table 6–1.1 and 1.10).

Barriers & Facilitators to Good Physical and Mental Health

Community and System Factors: Threats to physical and mental health—Cambodian respondents identified crime/gang-related activities (47.2%) and lack of access to healthy, affordable food (33.3%) as the top two serious threats to physical and mental health (Table 5). One respondent reported avoiding engaging in physical activity in the MSN altogether and preferred to travel to other communities perceived as safer and cleaner (Table 6–1.12). Among Latino respondents, lack of access to affordable healthcare (37.9%) and crime/gang-related activities (69.0%) were discussed as the most serious threats to physical and mental health (Table 5 and Table 6–1.18). One participant discussed fearing for her and her family's safety, rarely allowing her children to play outside (Table 6–1.16).

Community Factors: Support Network and Community Connections as Facilitators—Both participant groups reported a strong support network, consisting of family and friends who promote health (Table 3). Cambodians (77.8%) and Latinos (66.5%) reported their cultures as health supporting and community relationships providing opportunities for good health (58.3% Cambodians and 44.8% Latinos); including social networks facilitating health information and motivation to stay healthy (Table 3 and Table 6–2.5, 2.7 and 2.10).

Recommendations for cultural and programmatic adaptations

Suggestions for services and general enhancements to improve the health of residents in the MSN were provided (Tables 5 and 6). At the system-level, Cambodians and Latinos suggested increasing police presence to reduce violence in their communities (41.7% and 20.7%, respectively). Additionally, Cambodian respondents suggested increasing the availability of affordable, healthy food (27.8%), while Latino respondents suggested increasing access to affordable, community-based healthcare (27.6%) and opportunities and locations for exercise and recreation (27.6%). At the individual- and system-levels, focus group respondents expressed concern for the inaccessibility and cost of healthier and organic food options, indicating a need for culturally-tailored nutrition education classes to teach them how to prepare healthier traditional meals (Table 6–2.14 and 3.1).

Culturally, Cambodians identified communication barriers with service staff as a healthcare challenge (Table 4). Barriers included limited English fluency (48.1%), lack of language concordant providers (28.6%), and the medical staff's inability to answer questions (33.3%). One focus group participant shared frustrations with the lack of Khmer-speaking providers and medical interpreters to address the language needs of Cambodian patients, while another expressed the inability to explain the cultural relevance of coining marks and other traditional practices for self-care (Table 6–3.6). Among Latinos in the sample, 13.8% indicated health and wellness education was a mechanism for improving health (Table 5). The Latino cultural value of *familismo*, a concept presented as being family-centered, was discussed as a point of leverage and entry to promote nutrition and English classes to support healthy behavior for the family as a whole (Table 6–2.3).

The barriers listed above were reported as posing significant delays in healthcare utilization, as 61.3% of Cambodians and 40% of Latinos reported waiting until they were sick or in pain before seeking care (Table 3). Cambodian focus group participants also attributed delays in care to instrumental barriers that included transportation, noting reliance on family members or TCF transportation services to access healthcare facilities. Similarly, Latino respondents indicated long waits for and extended travel time on buses as barriers to accessing care. A need for more efficient transportation options was expressed (Table 6–3.15).

DISCUSSION

The MSN can be viewed as a microcosm of health-related challenges faced by Cambodians refugees and Latino immigrants residing in low-income, urban communities across the nation. The study results corroborate a small body of literature illuminating poor self-reported health and barriers to physical and mental health services among these communities.[1, 3, 4, 13, 37, 40–42] The findings on stress and worry corroborates the widespread cultural experience of trauma and its ongoing effects on self-perceived health among immigrant populations, which are likely exacerbated by the effects of living in a lower SES neighborhood with high crime.[6–10, 43–48] Additionally, these findings support previous studies highlighting the importance of context (e.g., neighborhood safety and access to resources) and its influence on health behavior.[40, 41] The largest overarching commonality between the study groups was the identification of structural and systems-related inadequacies as barriers to good health, such as the limited ability to obtain linguistically congruent care, lack of community-based care options, open spaces to engage in physical activity, and transportation to access care.

Poor self-reported physical and mental health symptoms persisted despite health insurance coverage, suggesting that access to health care is multidimensional and requires a more holistic definition when working with disadvantaged communities. Systems solutions should include broad representation from multiple community sectors that support a patient-centered integrated model of care that goes beyond the traditional medical model. For Cambodians, a multi-sectorial healthcare approach should include community-based mental health services tailored to the cultural trauma they endured.[49] This can exponentially improve perceived health status and chronic health-related conditions and symptoms. Similarly among Latinos, cultural and linguistic tailoring of services to address concerns

around stigma and barriers to care can increase retention and adherence rates to support improved physical and mental health outcomes.[48]

This study is not without limitations. Study participants were older and more likely to reflect the experiences and sentiments of refugees and immigrants to the U.S. than of U.S.-born individuals. The majority, if not all, of older Cambodians are survivors of the Khmer Rouge and are living with the physical and mental health consequences of that trauma. Lack of a Khmer translated survey may have extended administration time and produced less consistent responses due to variability in how bilingual interviewers translated questions or explained concepts. The cross-sectional CNA survey reflected views at one distinct point in time and without longitudinal data to assess health behavior, survey responses cannot provide definitive information about the cause-and-effect relationship between healthcare access and health status. The four focus groups were limited to one group of clients and one group of non-clients per ethnic group, and the views presented may not be reflective of all Cambodians and Latinos in the MSN.

The strengths of the CNA is represented by its in-depth and community-informed approach to capture distinct subpopulation data about communities often overlooked in population-based research. This CNA enabled underserved and disadvantaged residents to speak about their lived experiences and offer insight into their vision of a strengthened community. Finally, the CNA provided an opportunity for relationship-building between TCF staff and community residents, which is crucial in community-based participatory research activities [50, 51] and necessary to establish a foundation for future collaborations.

NEW CONTRIBUTION TO THE LITERATURE

The CNA generated results that can serve as a model framework for advocacy and in planning discussions among community leaders locally and nationally. Ideally, discussions should be centered on tangible opportunities for future programming, including environment and neighborhood-level changes, community collaborations, and broader health systems enhancements that may be taken to improve outcomes for similar urbanized and disadvantaged neighborhoods. Elucidating barriers to physical and mental health within the MSN serves as a case study of one disadvantaged neighborhood that provides relevant insights into the health of low-income refugee and immigrant communities across the United States.

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Table 1

Demographic Characteristics of Survey Sample

Cambodian (n=36)							Latino (n=29)			Total (n=65)		
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%
Gender												
Male	13	36.1	9	31.0	22	33.8						
Female	23	63.9	20	69.0	43	66.2						
Language												
Spanish	-	-	24	82.8	24	36.9						
Khmer	30	83.3	-	-	30	46.2						
English	6	16.7	5	17.2	11	16.9						
Age												
Range	19 – 91		19 – 71		19–91							
Mean	53		45		50							
Number of people living in household												
Range	1 – 12		1 – 14		1–14							
Mean	5		6		6							
1–4 People	16	44.4	9	31.0	25	38.5						
5–7 People	13	36.1	13	44.8	26	40.0						
8–14 People	7	19.4	7	24.1	14	21.5						
Households with >4 people	20	55.6	20	69.0	40	61.5						
People <18 yrs old												
Range	0 – 5		0 – 6		0–6							
Mean	1		2		1							
0 people	17	47.2	5	18.5	22	34.9						
1–2 people	13	36.1	10	37.0	23	36.5						

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Characteristic	Cambodian (n=36)		Latino (n=29)		Total (n=65)	
	N	%	N	%	N	%
3–6 people	6	16.7	12	44.2	18	28.6
Income Sources *						
Employed	7	19.5	15	51.7	22	33.8
Unemployed	11	30.5	13	44.8	24	36.9
Public benefits	17	47.2	3	10.3	20	30.1
Other	5	13.9	3	10.3	8	12.3

* Respondents were allowed to select more than one response. „Other” was an option for unnamed sources of income that did not include employment or public benefits. Public benefits include SSI, TANF, CalWORKS and welfare.

Table 2

Demographic Characteristics of Focus Group Sample

Characteristic	Cambodian (n=20)				Latino (n=18)				Total (n=38)			
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Gender</i>												
Male	5	25.0	0	0.0	5	13.2						
Female	15	75.0	18	100.0	33	86.8						
<i>Age</i>												
Range	31–76				20–67				20–76			
Mean	56				42				50			
20–39	2	10.0	7	38.9	9	23.7						
40–59	9	45.0	10	55.6	19	50.0						
60–79	9	45.0	1	5.6	10	26.3						
<i>Number of Children*</i>												
Range	0–5				0–6				0–6			
Mean	1				2				1			
1–2 Children	8	50.0	4	22.2	12	35.3						
3–4 Children	4	25.0	12	66.7	16	47.1						
5–8 Children	4	25.0	2	11.1	6	17.6						
<i>Language Spoken at Home</i>												
Khmer	20	100.0	-	-	20	47.4						
Spanish	-	-	18	100.0	18	52.6						
<i>Education Level</i>												
None	5	25.0	2	11.1	7	18.4						
Less than high school	7	35.0	8	44.4	15	39.5						
High school graduate	0	0.0	5	27.8	5	13.2						

Characteristic	Cambodian (n=20)		Latino (n=18)		Total (n=38)	
	N	%	N	%	N	%
Some college	6	30.0	1	5.6	7	18.4
College graduate	2	10.0	1	5.6	3	7.9
Technical school	0	0.0	1	5.6	1	2.6
<i>Marital Status</i>						
Single	2	10.0	4	22.2	6	15.8
Married/Living with Partner	11	55.0	13	72.2	24	63.2
Divorced/Separated	4	20.0	4	5.6	5	13.2
Widowed	3	15.0	0	0.0	3	7.9

* Missing=4, Cambodian

Table 3**Health Status and Behaviors**

	Cambodian (n=36)		Latino (n=29)		Total (n=65)	
	N	%	N	%	N	%
<i>Health Rating</i>						
Excellent/Very good	2	5.6	4	13.8	6	9.2
Good	9	25.0	8	27.6	17	26.2
Fair/Poor	25	69.4	17	58.6	42	64.6
<i>Reported Health Conditions*</i>						
Arthritis/gout/lupus/fibromyalgia	25	71.4	6	20.7	31	48.4
Asthma	3	8.3	2	7.1	5	7.8
Cancer	0	0.0	3	10.7	3	4.7
COPD	1	2.8	1	3.4	2	3.1
Coronary heart disease	4	11.1	2	6.9	6	9.2
Depressive disorder	8	22.2	4	13.8	12	18.5
Diabetes	6	16.7	7	24.1	13	20.0
Emphysema or chronic bronchitis	9	25.0	0	0.0	9	13.8
Heart attack	0	0.0	2	6.9	2	3.1
High cholesterol	13	37.1	9	32.1	22	34.9
High blood pressure	12	33.3	9	31.0	21	32.2
Kidney disease	2	5.7	4	13.8	6	9.4
Stroke	3	8.6	1	3.4	4	6.3
Vision impairment	22	61.1	9	33.3	31	49.2
<i>Smoked at Least 100 Cigarettes in Lifetime</i>						
Yes	10	27.8	3	10.3	13	20.0
Yes-Female	3	30.0	1	33.3	4	30.8
Yes-Male	7	70.0	2	66.7	9	69.2
No	26	72.2	26	89.7	52	80.0

	Cambodian (n=36)		Latino (n=29)		Total (n=65)	
	N	%	N	%	N	%
No-Female	20	76.9	19	73.1	39	75.0
No-Male	6	23.1	7	26.9	13	25.0
<i>Support Network</i>						
Family helps	30	83.3	23	79.3	53	81.5
Friends encourage	28	77.8	21	75.0	49	76.6
Culture supports	28	77.8	19	65.5	47	72.3
Community provides	21	58.3	13	44.8	34	52.3
<i>Participated in Physical Activities Past Month</i>						
Yes	31	88.6	25	86.2	56	87.5
No	4	11.4	4	13.8	8	12.5
<i>Need health care when...</i>						
Receive routine physical exam	10	32.3	10	40.0	20	35.7
Sick or in pain	19	61.3	10	40.0	29	51.8
Uncomfortable or have symptoms	2	6.5	5	20.0	7	12.5
<i>Mental Health Symptoms**</i>	<i>[Means]</i>	<i>N</i>	<i>%</i>	<i>[Means]</i>	<i>N</i>	<i>%</i>
Difficulty sleeping	[2.92]	16	44.4	[2.41]	8	27.6
Headaches	[3.14]	19	54.3	[2.38]	7	24.1
Stress/worry	[3.26]	21	60.0	[2.86]	11	37.9
Worry may have depression	[2.71]	13	37.1	[2.86]	13	44.8

* Respondents were allowed to report more than one health condition.

** Questions regarding symptoms of poor mental health were answered using an ordinal scale where 1=strongly agree, 2=agree, 3=neutral/not sure, 4=agree, 5=strongly agree. Means are reported in the table.

Table 4

Health Care Access Related Characteristics

Characteristic	Cambodian (n=36)				Latino (n=29)				Total (n=65)			
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Have Health Insurance</i>												
Yes	31	86.1	21	72.4	52	80.0						
No	5	13.9	8	27.6	13	20.0						
<i>Type of Health Insurance</i>												
MediCal/CalOptima	17	54.8	5	23.8	22	42.3						
Medicare	8	25.8	1	4.8	9	17.3						
MSI ♦	1	3.2	0	0.0	1	1.9						
Private	8	25.8	13	61.9	21	40.4						
<i>Family Members have Health Insurance</i>												
Yes	31	86.1	21	72.4	52	80.0						
No	5	13.9	8	27.6	13	20.0						
<i>Family-Type of Health Insurance</i>												
Healthy Families	0	0.0	5	21.7	5	9.3						
MediCal/CalOptima	17	54.8	9	39.1	46	48.1						
Medicare	7	22.6	1	4.3	8	14.8						
MSI ♦	1	3.2	1	4.3	2	3.7						
Private	13	41.9	7	30.4	30	37.0						
<i>Primary Care Provider</i>												
Yes	33	94.3	18	64.3	51	81.0						
No	2	5.7	10	35.7	12	19.0						
<i>Last Routine Check-up</i>												

Characteristic	Cambodian (n=36)				Latino (n=29)				Total (n=65)			
	N	%	N	%	N	%	N	%	N	%	N	%
Within last year	30	83.3	25	86.2	55	84.6						
Within last 2 years	5	13.9	1	3.4	6	9.2						
Greater than 2 years	1	2.8	2	6.9	3	4.6						
Never	0	0	1	3.4	1	1.5						
<i>Health Care Setting*</i>												
Community health center	6	16.7	12	50.0	18	30.0						
Home remedies	26	72.2	11	47.8	37	62.7						
Pharmacy in Cambodia/Mexico	2	5.6	3	13.0	5	8.5						
Private doctor in U.S.	31	86.1	12	48.0	43	70.5						
Private doctor in Cambodia/Mexico	2	5.6	2	8.7	4	6.8						
Traditional healer	9	25.0	2	8.7	11	18.6						
U.S. hospital/E.R.	17	47.2	12	52.2	29	49.2						
<i>Obtaining Health Care</i>												
Very difficult/Difficult	4	11.1	7	24.1	11	16.9						
Neutral/Not sure	5	13.9	7	24.1	12	18.5						
Very easy/Easy	27	75.0	15	51.7	42	64.6						
<i>Health Care Challenges*</i>												
Afraid of cost	8	22.9	15	53.6	23	36.5						
Beliefs/practices won't be understood	6	16.7	6	22.2	12	19.0						
Cannot take time from work	1	2.8	9	33.3	10	15.9						
Do not have transportation	9	25.7	13	48.1	22	35.5						
Don't know where to go	6	17.1	5	17.9	11	17.5						
Don't have insurance	3	8.6	10	37.0	16	21.0						
Do not speak English	13	48.1	16	44.4	29	46.0						
No native language speaking doctor	10	28.6	7	25.6	17	27.4						
Medical staff can't answer questions	12	33.3	5	18.5	17	27.0						

<u>Characteristic</u>	Cambodian (n=36)		Latino (n=29)		Total (n=65)	
	N	%	N	%	N	%
Wait for appointment too long	10	27.8	10	37.0	20	31.7
Wait in office too long	9	25.0	11	40.7	20	31.7

* Respondents were allowed to select more than one response.

◆ Medical Services Initiative (MSI) = Program that provides medical care for low-income Orange County, CA residents, ages 21 through 64 years.

Table 5

Survey Questions on Community Health

<i>WHAT DO YOU THINK ARE THE TOP (3) MOST SERIOUS THREATS TO GOOD HEALTH AND WELL-BEING IN YOUR COMMUNITY?</i>									
BARRIERS	Factor	Cambodian (n=36)		Latino (n=29)		Total (n=65)		N	%
		N	%	N	%	N	%		
Limited knowledge of good health behaviors	Individual	9	25.0	4	13.8	13	20.0		
Lack of access to affordable health care	Individual	9	25.0	11	37.9	20	30.8		
Lack of access to well-paying employment	Community	8	22.2	7	24.1	15	23.1		
Lack of access to healthy, affordable food	Community	12	33.3	5	17.2	17	26.2		
Lack of safe spaces in which to live, play and exercise	Systems	9	25.0	7	24.1	16	24.6		
Crime/gang-related activities	Systems	17	47.2	20	69.0	37	56.9		
<i>WHAT DO YOU THINK ARE SOME THINGS THAT WOULD IMPROVE HEALTH WITHIN YOUR COMMUNITY?*</i>									
FACILITATORS	Factor	Cambodian (n=36)		Latino (n=29)		Total (n=65)		N	%
		N	%	N	%	N	%		
Additional health & wellness education	Individual	8	22.2	4	13.8	12	18.5		
Increase availability of affordable healthy food	Community	10	27.8	6	20.7	16	24.6		
Access to affordable/community-based care	Community	7	19.4	8	27.6	15	23.1		
Increase police presence, safety/violence reduction	Systems	15	41.7	6	20.7	21	32.3		
Increase opportunities/location for physical exercise	Systems	4	11.1	8	27.6	12	18.5		

* Respondents were allowed to select more than one response.

TABLE 6

Summary of Focus Group Themes, Findings and Participant Quotes

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
INDIVIDUAL LEVEL		<i>General Findings:</i>	<ul style="list-style-type: none"> • <i>Most prevalent health concerns: diabetes, obesity, cancer</i> • <i>Parents lack time to spend with their children due to work and their poor communication within families, which leads kids to look for acceptance in the wrong places (gangs, drugs, etc.)</i>
Cambodian	1.1 Access to health care	<ul style="list-style-type: none"> • Language barriers • Transportation 	<ul style="list-style-type: none"> • "I want to have medical clinics that are close to where I live so that it is easy for me to access my health care services as well as for the health navigators to help me with transportation and translation for my medical appointments. It is difficult for me to communicate with my doctor and have him understand my health concerns without help from the health navigators." • <i>"Cambodians have a high tolerance of pain. That is why when we are sick, we rather wait it out. And when we go to the doctor's, they will just send us home...not realizing that we should tell them we are in pain even if it is just a little."</i>
	1.2 Disconnection from younger generation		<ul style="list-style-type: none"> • "My children do not listen to my advice as their parent, but they seem to listen more to their friends and become acquainted with their peers easily. I am left alone. The current generation's understanding about family is quite different from when I was young." • "When my children translate, they don't speak very much Khmer. I don't understand the way they speak Khmer. They do not speak Khmer the same way I do and I do not understand English entirely well so it is difficult."
	1.3 Alcohol and tobacco use		<ul style="list-style-type: none"> • "I have noticed that some people nowadays die faster than expected and start to develop many diseases at a younger age. I think this may be caused by a large consumption of alcoholic drinks and smoking. In my community there are a lot of places that sell those unhealthy products and tobacco."
	1.4 Poor nutrition & food practices	<ul style="list-style-type: none"> • Lack of knowledge of healthy diet • Lack of access to healthy foods 	<ul style="list-style-type: none"> • "Older adults do not have good health due to their poor knowledge of healthy diet. They do not know how to cook healthy foods and have no access to healthy groceries at the stores." • "Most of our older adults do not know how to find and read the expiration date and think that it is okay to eat one or two months after expiration, but actually it is not good for our health at all."

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
Latino	1.5 Physical & Mental health issues	<ul style="list-style-type: none"> Depression related to Khmer Rouge Chronic illnesses 	<ul style="list-style-type: none"> <i>"A lot of Cambodians suffer from mental health and PTSD and there aren't any services offered in the Khmer language to help us overcome our mental health issues and PTSD."</i> "We have experienced multiple health issues due to our long history of suffering. However, young people in this country do not get sick often or have multiple health issues like us older adults aged 50 and more."
	1.6 Chronic illness		<ul style="list-style-type: none"> "...I have a friend who suffer from diabetes and do not go to the doctor because they can't afford it. They do not have their medicines because they are expensive."
	1.7 Lack of exercise		<ul style="list-style-type: none"> "...the problems for adults is that they are usually tired and exercise or walk very little. That will affect their health but because they do nothing, from that we get high cholesterol or diabetes, circulation problems and all that."
	1.8 Alcohol and drug use		<ul style="list-style-type: none"> "I personally do not agree with the legalization of marijuana and the fact that many of the clinics that sell this drug are nearby schools. This affects not only small children but also teenagers who start believing that smoking marijuana is the same as just smoking a cigarette." "Sometimes the children go and become aware of things like drugs and alcohol. There are not many things that keep their minds active."
	1.9 Poor nutrition		<ul style="list-style-type: none"> "We [Latinos] also add too much oil and chili in our foods and that is not healthy." "...in Mexico food is organic and here in the States there are lots of additives in the food."
	1.10 Lack of health insurance		<ul style="list-style-type: none"> "It is harder for an adult to be approved for a health care program." <i>"Many people do not have health insurance and it's very difficult to find a clinic with easy payments. If you are sick but it's nothing that we think is serious, we ignore it because we don't want to spend that money. But then the problem grows and it becomes serious and then it's too late".</i>
COMMUNITY LEVEL		General Findings:	<ul style="list-style-type: none"> <i>Fear of security and safety due to gangs & drugs</i> <i>For Latinos, many favored foods are high in fat, but are part of the culture and are very tasty</i>

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
Cambodian	1.11 Safety/Gang activity		<ul style="list-style-type: none"> “There are a lot of teenagers who engaged in gang activities. They usually gather and deliberately cause a lot of trouble during night time. They drink and make noise at night, especially at the South Minnie and Bishop areas [sections of the Minnie Street neighborhood] where there are a lot of gangs.” “Children join gangs because they feel alone. They become ‘friends’ with people who are a bad influence. Gang members become our children’s ‘friends’ or ‘family’ because their own family does not have time for them or are too tired to pay attention to their child.”
	1.12 Air pollution & particulates		<ul style="list-style-type: none"> <i>“I often bring my family members including my grandchildren to walk at the park in Irvine [a higher income area] and get fresh air because I feel there is no air pollution like here [Santa Ana].”</i>
	1.13 Lack of recreational areas/parks		<ul style="list-style-type: none"> “I live in an apartment close to a freeway and there are no exercise facilities, so I have to walk elsewhere, but where I walk there are many loose particles that fall from the sky. These particles can make me itchy and irritated. Also, the sidewalk is too narrow.” “There are not many parks and big trees for us. There is a lot of pollution in the city. That’s why people are not healthy.”
Latino	1.14 Lack of parental involvement in children’s education		<ul style="list-style-type: none"> “We have no time to play with them. When you get home from work, you start working on dinner and you have limited time and no one pays attention to the children.” “I believe that parents should be more involved in the education of their children. Schools should help us get educated and that way we can better help our kids at home.” “Many parents did not go to school any further than elementary school, so they do not know any better and that is why they do not care too much about their children missing school.”
	1.15 Lack of information		<ul style="list-style-type: none"> “More information [is needed]... Well, I think it would help to be knowledgeable and be informed. Like what to eat and about physical activity.” “Well, there are also times that there are programs to provide information [on health] and when someone says, “Oh no, I have too much to do” and we don’t stay. And then they remove those programs, because there are not enough

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
			people who will listen and they get removed for lack of attendance."
	1.16 Lack of security/safety		<ul style="list-style-type: none"> "You feel scared to go out and you fear that they [gang members] will assault you. You also fear letting the kids go out because gang members may confuse your kid with one of a rival gang."
SYSTEM LEVEL		<i>General Findings:</i>	<ul style="list-style-type: none"> Poor economy makes finding good jobs and affordable health care very difficult
Cambodian	1.17 Lack of culturally & linguistically appropriate services		<ul style="list-style-type: none"> "The biggest barrier for Cambodians is not having Cambodian workers provide services to those who are sick. For one, there is no service provided by Cambodians and they do not reach out to us. We want to find someone to translate for our needs, but there is no one."
Latino	1.18 Lack of community clinics		<ul style="list-style-type: none"> "The clinic situation does affect all of us. There are not many in the community and then we do not know where to go...It affects us because we do not know where to have our children get their shots or checkups or other stuff. We are affected by the lack of medical clinics"
Question #2: What are the things that <u>make it easier to be healthy</u> ?			
Group	Themes	Sub-Themes	Quotes
INDIVIDUAL LEVEL		<i>General Findings:</i>	<ul style="list-style-type: none"> Lack of employment and sufficient income leads to stress and depression Families do not spend enough time exercising and have poor eating habits
Cambodian	2.1 General healthy living practices		<ul style="list-style-type: none"> "Our Khmer traditional saying goes, 'Nothing is better than having peace of mind and if you have it, you will be very happy. When you are happy, you will have good health.' Therefore, we should not get angry too much, but we should practice meditation, which is one of our traditional and culturally appropriate techniques to give us peace of mind and to make us healthy."
	2.2 Access to interpreters		<ul style="list-style-type: none"> "But when you ask for Khmer-speaking doctors they'll say, 'That's a special request.' But there is no special request for emergencies, so if you are sick, there is no predicting that."
Latino	2.3 Familismo [Family concept in the Latino culture]		<ul style="list-style-type: none"> "I come from a family that suffers from diabetes and this family concept [familismo] has made me more alert in regard to what I eat because I know there are many diabetics in my family."

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
			<i>It has also helped me to research a bit more about what diabetes is."</i>
	2.4 Religion	<ul style="list-style-type: none"> Fasting Values 	<ul style="list-style-type: none"> "Well, people eat only vegetables when they are fasting. In my case, you can fast whenever you want. It is just a matter of the parents getting involved and trying, that the kids do not eat any meat or oils for a number of days." "Being together as a family. Seeing mom and dad happy. Having a family with good values. It helps them and encourages them."
COMMUNITY LEVEL		<i>General Findings:</i>	<ul style="list-style-type: none"> <i>Extreme pressures on teens—pregnancy, bullying, lack of family involvement/support, demands at school</i>
Cambodian	2.5 Social support, cultural traditions and interactions		<ul style="list-style-type: none"> <i>"When we are sick or upset, I see in our community how we all tend to come together and bond. That bonding makes that other people feel so much better. If you are alone, you can grow upset or depressed and you will end up committing suicide."</i>
	2.6 Access to recreational areas		<ul style="list-style-type: none"> "It is just the association that can help us. The association can take us. Before coming here, I did not know that the association could take us to exercise centers."
	2.7 Stress reduction practices		<ul style="list-style-type: none"> "It's those social gatherings [going to temple] that take the stress off of us and helps us improve our health." <i>"...socialization with my neighbors makes me feel so happy and healthy. Also, a family gathering is key to making me healthier because I will not feel bored and stressed at home."</i>
	2.8 Access to healthy foods		<ul style="list-style-type: none"> "...it is important to buy from the Farmers' Market. I do believe it is a healthier option and a safer one. I am only disappointed that we are not aware of these markets or that they do not come to us."
Latino	2.9 Monitoring family's health		<ul style="list-style-type: none"> "...at home we sometimes feed them well, but when they get to the schools, they feed them fast food; for example, pizza or a burger. The kids eat at school mostly... Sometimes my kids don't want to eat when they get home because they say that they have already eaten at school." "I think there are many hereditary diseases that affect families. This is why it is so important to have a good family support system. For example, if the mom or the dad is overweight and the doctor has put him/her into a diet, the rest of the family should show support

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
			by eating all the same food as that person and helping with words of comfort and reassurance. It is always better if all the members of the family integrates and help in the problem."
	2.10 Physical activity done as a group	<ul style="list-style-type: none"> • Zumba class • Exercise with family 	<ul style="list-style-type: none"> • "...going to exercise with your family is not something one does...right now, the big thing is to Zumba, but if you're taking a Zumba class you have to pay...If we could do it by ourselves at home or here with our friends, but sometimes you just are not as motivated when you are by yourself. It's laziness but if we have a friend we are more motivated to exercise." • "Information is better grasped and distributed in group classes."
	2.11 Community health events/fairs		<ul style="list-style-type: none"> • "Like when they have health fairs and there is a physical checkup and a cholesterol test."
SYSTEM LEVEL		General Findings:	<ul style="list-style-type: none"> • <i>Focusing on the provision of mental health and social services may go a long way to improve resident's perceived health status and other important health-related outcomes</i>
Cambodian	2.12 Family health education		<ul style="list-style-type: none"> • "TCF, together with its partners, brought health screenings and provided translation of the testing results on the site, as well as organize a healthy cooking class to teach us about how to cook and eat healthy. We have learned a lot from the programs and we would like to see it happen more often.
	2.13 Health services and programs targeted to Cambodians	<ul style="list-style-type: none"> • Community Center for Cambodians 	<ul style="list-style-type: none"> • "Such community health programs [referring to TCF] have improved our access to health care services by providing transportation, language translation, improving our communication with doctors and helping us understand the health care system in our community.." • "Without TCF's assistance, we would have a lot of difficulties in accessing health care and in understanding paperwork and other medical forms that we need to fill out."
Latino	2.14 Educational opportunities	<ul style="list-style-type: none"> • Nutrition class • English class 	<ul style="list-style-type: none"> • - "I think that having nutrition classes is very important because many times you want to feed healthy food to your children and they do not want to eat vegetables. And we do not know how to prepare them so they taste better." • "When you look for work, you usually need to know how to write and read. I, unfortunately, did not have that opportunity, so I've gone through a lot because of it."

Question #1: What are the <u>biggest threats to your health</u> and your community's well-being?			
Group	Themes	Sub-Themes	Quotes
Question #3: What is <u>needed to promote health and equity</u> (fairness) in your community?			
Group	Themes	Sub-Themes	Quotes
INDIVIDUAL LEVEL		<i>General Findings:</i>	<ul style="list-style-type: none"> <i>Many fast food places but few grocery stores with quality foods</i> <i>Lack of knowledge and resources about how to eat healthy and places to exercise</i>
Cambodian	3.1 Access to healthy foods		<ul style="list-style-type: none"> <i>"If they had fresh produce delivered straight from Fresno [agriculture area in California] we would buy it. Or if there was a van selling fresh produce, we would buy it too. We would not have to drive all the way to the grocery store to get it."</i>
Latino	3.2 Increased awareness of and access to organic foods		<ul style="list-style-type: none"> <i>"We, as Latinos, believe that eating healthy foods is more expensive. Eating organic food is more expensive. I think that we should educate ourselves that buying healthy food can be cheap if only we know where to buy it at. It is all about education."</i>
	3.3 Family violence prevention		<ul style="list-style-type: none"> <i>"Many teen girls are getting aggressive with their moms and some even hit them. I think that the lack of communication between parents and children is a threat to the family."</i> <i>"I would like these classes to cover the topic of immigration because many women do not complain about domestic violence because they think that if they call the police they would get deported to Mexico by themselves, having to leave their children behind."</i>
COMMUNITY LEVEL		<i>General Findings:</i>	<ul style="list-style-type: none"> <i>There are not enough affordable, convenient and relevant health education classes for parents</i>
Cambodian	3.4 Increased resident capacity for advocacy and change		<ul style="list-style-type: none"> <i>"It is my belief that health equity can only be achieved by a strong collaboration between the government and the community based agencies."</i> <i>"Health education needs to be conducted within the community setting. Also, when developing new programs and services, the county's health department and the city need to look at specific needs of each minority group. We would like to be included in the process by inviting us to different meetings or community forums. Also, provide us with the interpreters to understand the issues discussed at each event. I want to see more community inputs in the government funded programs."</i>
	3.5 Enhanced safety/security		<ul style="list-style-type: none"> <i>"...the police need to patrol around our community more often. The city can improve the sanitation and provide a</i>

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			clean environment. There needs to be more maintenance in our community."
	3.6 Improved health care programs and services		<ul style="list-style-type: none"> "<i>They should not examine us and see the coining marks and assume that those are self-inflicted wounds. They see the coin marks and they scold us for it. They don't understand the reason behind it and we can't explain it to them either.</i>" "...I also believe that there should be programs that teach culturally relevant topics of the Cambodian community for current doctors to understand."
Latino	3.7 Community health education	<ul style="list-style-type: none"> Health/English classes Distribution of print material 	<ul style="list-style-type: none"> "Sometimes, when I have side effects, I don't know how to explain to my doctors. It is very important for the doctors to provide more attention to our symptoms...I asked my children to help me communicate with my doctors, but it didn't help because they don't know how to translate for me." "I would say the educator idea is really good and providing classes in our neighborhoods so the transportation does not become an obstacle to not attending these classes."
	3.8 More church outreach and programs		<ul style="list-style-type: none"> "Many times I hear that the church have adolescent groups and they give them classes. I have seen that whenever parents enroll their kids with the church the children are less aggressive and more obedient."
	3.9 Youth programs	<ul style="list-style-type: none"> Youth development Support groups Sex education 	<ul style="list-style-type: none"> "We have seen that there are many times teenagers decide to end their lives instead of looking for help whenever they are in trouble or feel depressed." "...it would be good to have support groups for adolescents where they could share their questions and concerns. Especially about the changes they are experiencing in their bodies. They provide sex education classes at schools but they need to share their thoughts with friends and other adolescents who are going through the same process."
SYSTEM LEVEL		General Findings:	<ul style="list-style-type: none"> <i>Lack of safe, healthy places for families to exercise and play</i> <i>Clinics are inaccessible (either too expensive or too far away)</i>
Cambodian	3.10 Increased community and government collaboration		<ul style="list-style-type: none"> "I want to see the city's health officials bring more services directly to the community, as our seniors are not able to mobilize." "I would like to see the county or the city bring more health programs and direct health care services that are culturally and linguistically appropriate"

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			closer to each specific minority community based on their real needs through a partnership with the community agency that serves those populations."
	3.11 Safe and accessible family recreation areas and activities		<ul style="list-style-type: none"> "I want to help advocate for more green spaces in our community by building more recreation parks for people, especially for older adults to exercise, relax and enjoy fresh air. Moreover, I want to have more recreation places for our minority community...where they can gather and socialize to talk about their health and health-related topics and to relieve their stress."
	3.12 Improved neighborhood maintenance and sanitation		<ul style="list-style-type: none"> "The city can improve the sanitation and provide a clean environment. There needs to be more maintenance in our community. It is the little things too. The public grass should be cut and trash pick-up should be done regularly. They need to pick up after dogs too since some owners don't do it and it's I or others who step in it. We have complained to the association before but that did not help. "If we noticed that there are barriers affecting our health, we need to tell the association or the city so that they can fix this problem. We cannot hide the problem. If there is a problem, we need to say something and I know Cambodians tend to be afraid of saying anything. We have to 'report' to the higher individuals. If not, our health will be affected and we will bear the damages."
	3.13 Employment programs for Cambodians		<ul style="list-style-type: none"> "...I have felt they have held back from hiring someone that is not the same ethnicity that they are. If there was some hiring agency that networked with the association to provide employment opportunities for Cambodians that would be helpful. But unfortunately there are no hiring agencies here."
Latino	3.14 More recreation areas		<ul style="list-style-type: none"> "Where we live there are no recreational areas where children can play. That affects children because they feel the pressure to do things they should not do because they do not have an area where they can play sports. They are in the pre-adolescent age. There are areas for children age 5 but nothing for a boy who is 10 or 12."
	3.15 Transportation services		<ul style="list-style-type: none"> <i>"It would be great if it was the way it is in Mexico with Peceros (small buses) which are much faster and you don't have to wait as much as you do for the bigger bus that takes much longer. It would come every 15 minutes so the wait would be shorter."</i>

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			<ul style="list-style-type: none"> "I had an emergency a year ago and it was a serious emergency. They didn't call 911 and since I don't drive I had to ask someone to drive me to the nearest hospital."
	3.16 Affordable and accessible health services		<ul style="list-style-type: none"> "I think that children and teenagers have more access to health care than adults do. However, parents usually do not have health care, so whenever they have a health problem they do not go to the doctor because it is too expensive and their illness usually ends up getting worse." "...to have more physical checkups near churches or schools. If they can't offer free services at least make it affordable if we're uninsured."
	3.17 Enhanced safety/security		<ul style="list-style-type: none"> "...many times you see young people at the streets engaging in fights and they make families feel afraid for their own safety. I would like to see more police officers in the streets in the community so there would be more respect among the populations." Have more police, more surveillance. If the police had a bigger presence, there would be no vandalism or gangs."