

Cambodian CHRNA

(Community Health Resources and Needs Assessment)

Between 2013 and 2015, the Center for the Study of Asian American Health (CSAAH) and Mekong NYC collected 100 surveys in the Cambodian community in NYC. The NYC Cambodian community is focused in the Bronx (46%), with smaller populations in Brooklyn (29%) and Queens (12%)¹. The 2010 Census counted 3,488 Cambodians in the New York Metro Area and the population has grown 13% from 2000 to 2010. CHRNA survey findings indicate that the majority (71%) of Cambodian respondents were foreign-born, 88% of whom were born in Cambodia. The average number of years lived in the U.S was 28 years.

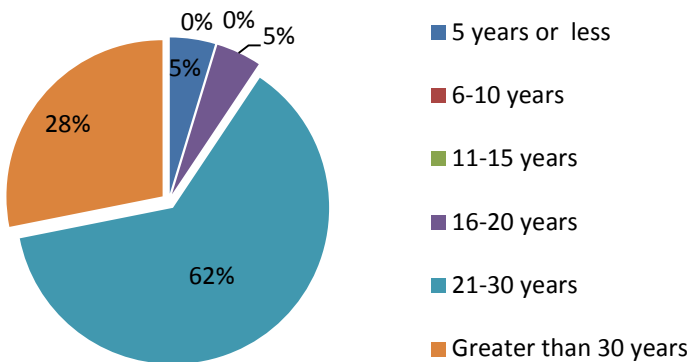
DEMOGRAPHIC INFORMATION

A majority of foreign-born Cambodian CHRNA respondents have lived in U.S. for more than two decades. Conflict or persecution in Cambodia was the top reason for coming to the U.S.

LOW ENGLISH LANGUAGE PROFICIENCY

- 40% speak English “not well” or “not at all”
- 96% of CHRNA respondents also speak Khmer at home

Years Living in the U.S.

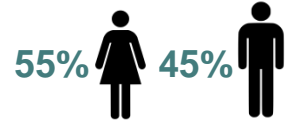


EDUCATION

- 44% have less than a high school education
- 13% are college graduates or higher

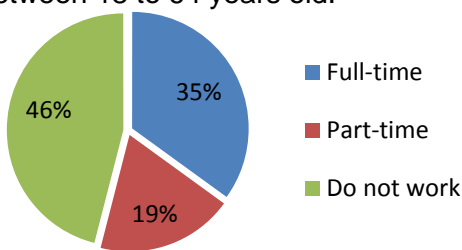


CAMBODIAN CHRNA RESPONDENTS were...



EMPLOYMENT

55% of respondents were working-age adults between 18 to 64 years old.



Of the respondents who do not work, 52% reported they are unable to work

LOW INCOME

- 30% of Cambodian CHRNA respondents reported less than \$25,000 in annual household income
- There is, on average, 3 adults living in the typical household

LONG WORKING HOURS

Among Cambodian CHRNA respondents who work:

- 20% work < 34 hours per week
- 37% work 35-40 hours per week
- 44% work ≥ 40 hours per week

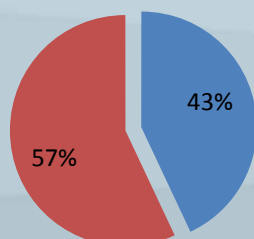
GENERAL HEALTH

PERCEIVED HEALTH STATUS

Cambodian CHRNA respondents were asked to rate their health status:

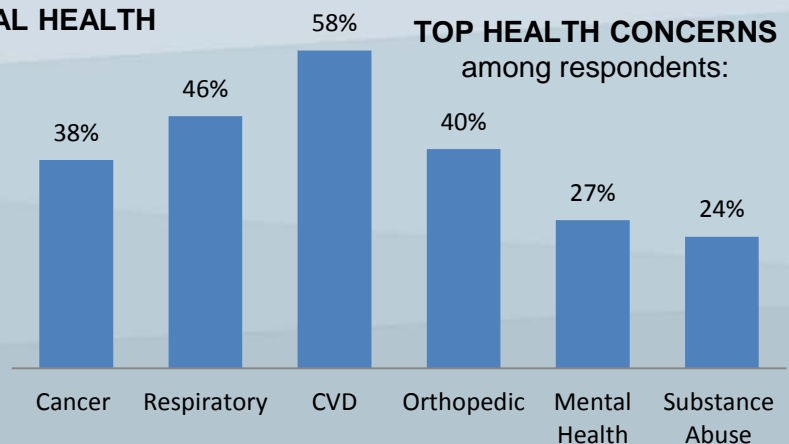
57% describe their health status as **GOOD, VERY GOOD, or EXCELLENT**

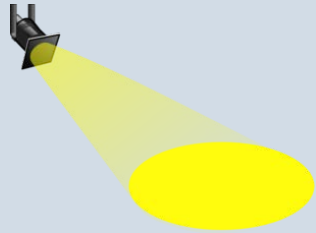
43% rated their health as **FAIR or POOR**



TOP HEALTH CONCERNS

among respondents:





SPOTLIGHT ON MENTAL HEALTH: UNMET NEED

DID YOU KNOW?

27% of respondents selected **Mental Health** as the top health concern for them and their family

Mental health risk was determined using the PHQ-2 (Patient Health Questionnaire) scale and anxiety risk was determined using the GAD-2 (General Anxiety Disorder) scale; a score of ≥ 3 is considered at-risk for depression or anxiety.

- **36%** of Cambodian CHRNA respondents were considered **at risk for depression**
 - 8% did not answer the question
- **12%** of Cambodian CHRNA respondents were considered **at risk for anxiety**
 - 20% did not answer the question

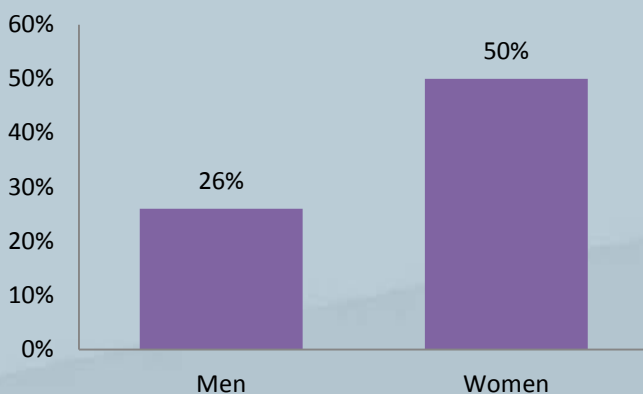
Those with a PHQ-2 score ≥ 3 (at risk for depression) were asked an additional set of questions comprising the PHQ-9 to determine further depression risk:

- **41%** of the at-risk group reported **moderate depression risk**, **6%** reported **moderately severe risk**, and **13%** reported **severe risk** (see table below)

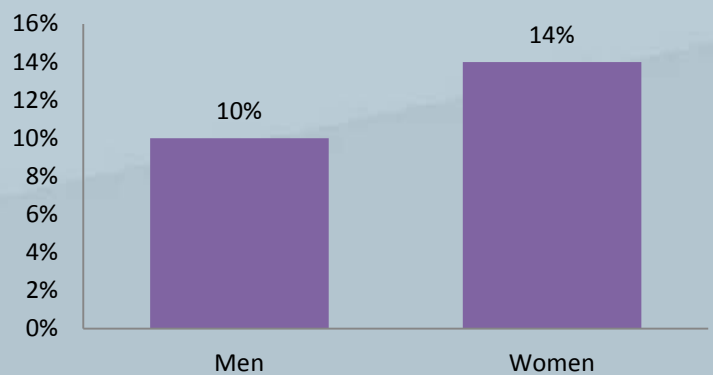
Depression Risk from PHQ-9, n (%)						
	0-4 (Minimal)	5-9 (Mild)	10-14 (Moderate)	15-19 (Moderately severe)	20-27 (Severe)	Missing score
Cambodian	0 (0.0)	13 (40.6)	13 (40.6)	2 (6.3)	4 (12.5)	2

Analysis of depression and anxiety risk by gender revealed that **female Cambodian CHRNA** respondents are **at greater risk for both depression and anxiety** (see figures below)

Depression Risk (PHQ-2 ≥ 3) by gender

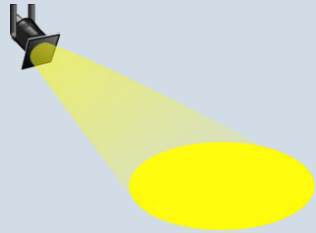


Anxiety Risk (GAD ≥ 3) by gender



SCREENING

- **32%** of Cambodian CHRNA respondents have **never been screened** for depression
- 26% have been screened for depression 3 or more years ago
- 24% said they did not know if they have ever been screened for depression
- **8%** of Cambodian CHRNA respondents have been **diagnosed with depression** by a health care provider



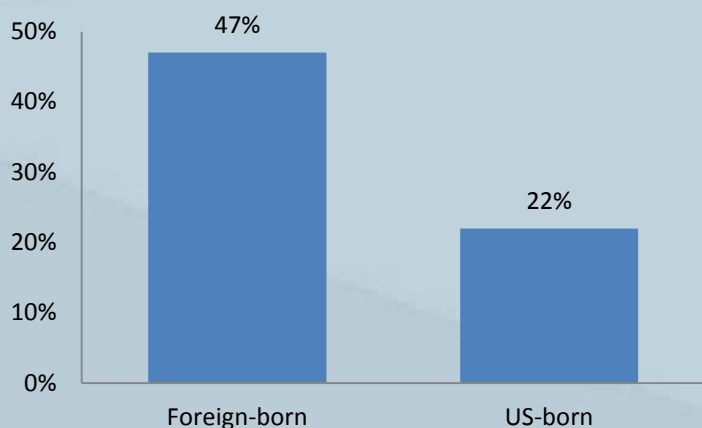
SPOTLIGHT ON MENTAL HEALTH: UNMET NEED

DID YOU KNOW?

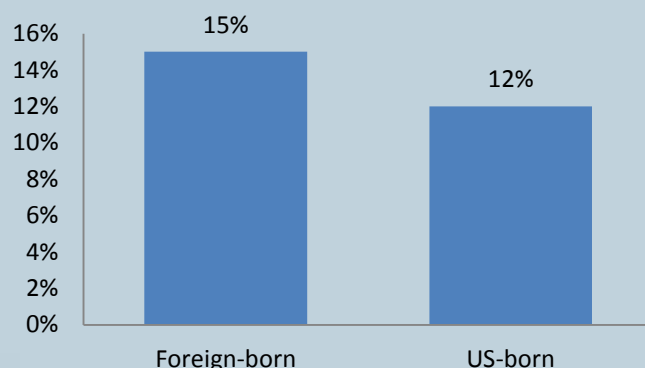
64% of Cambodian CHRNA respondents reported **taking sleeping pills, other drugs, or alcohol to help them sleep**

Analysis of depression and anxiety risk by place of birth revealed that **foreign –born Cambodian CHRNA respondents are at greater risk for depression**. Foreign-born and US-born Cambodian CHRNA respondents were at similar risk for anxiety (see figures below)

Depression Risk (PHQ-2 \geq 3) by immigrant status

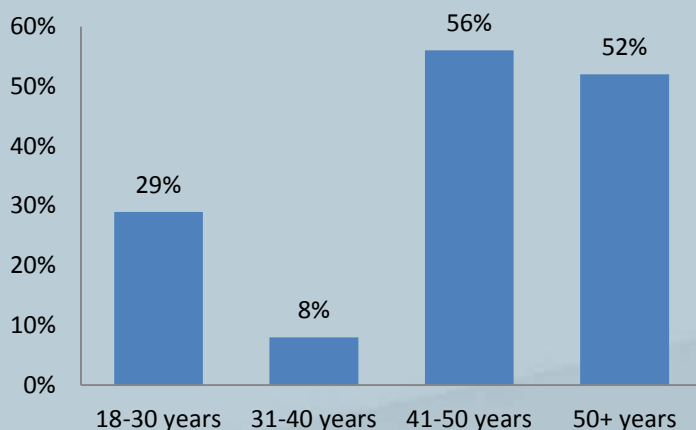


Anxiety Risk (GAD \geq 3) by immigrant status

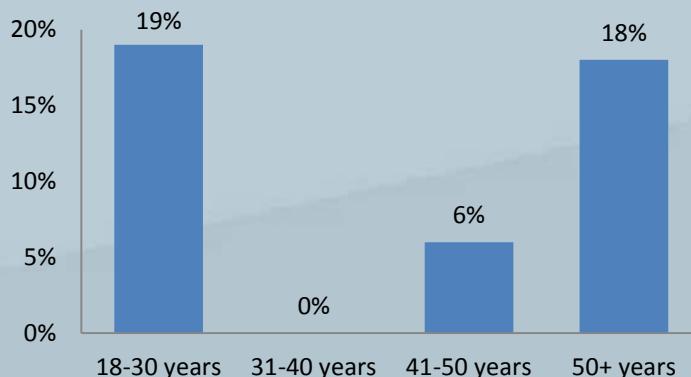


Analysis of depression and anxiety risk by age revealed that **Cambodian CHRNA respondents over the age of 45 are at greater risk for depression**. Cambodian CHRNA respondents between the ages of 18-30 and over 50 years of age had similar risk for anxiety (see below)

Depression Risk (PHQ-2 \geq 3) by age



Anxiety Risk (GAD \geq 3) by age

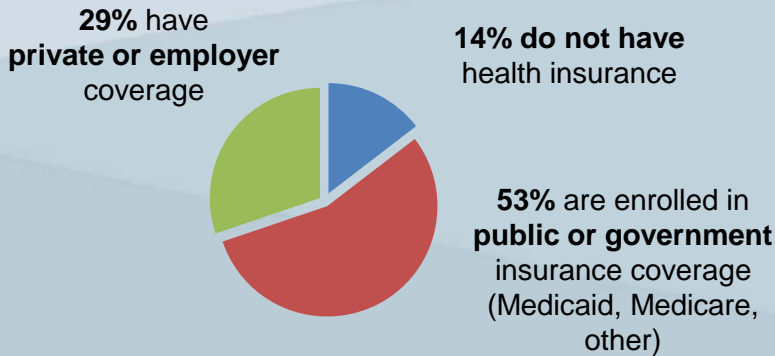


CONCLUSION:

CHRNA findings underscore the need for better linkages to mental health-related resources concerning mental health, including screening and treatment of depression in the NYC Cambodian community, with a particular focus on women, individuals over 45, and individuals born outside the U.S. Linguistically- and culturally-relevant screening tools and treatment options are needed to appropriately address this issue in the Cambodian community.

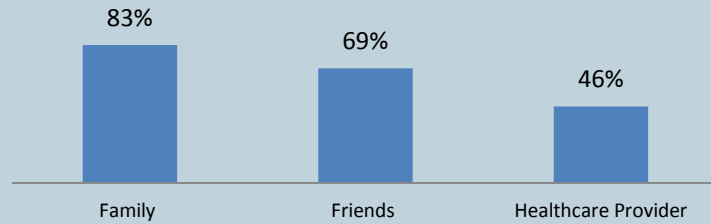
HEALTH CARE ACCESS

HEALTH INSURANCE COVERAGE



HEALTH INFORMATION

The Cambodian CHRNA respondents get their health information and hear about services primarily from:



HEALTH CARE PROVIDERS

- 1 out of 5 do not have a regular health care provider
- Among those with a regular provider:
 - 17% to some extent feel that **their doctor looks down on them** and the way they live their life
 - 73% **did not understand everything their doctor discussed** with them during their last visit



ROUTINE CHECKUPS

- 69% saw a health care provider for a **routine physical checkup in the past year**, which is below 88% of New Yorkers overall²

When Cambodian CHRNA respondents **feel sick or become injured**:

- 37% visit a **community health center or public clinic**
- 22% take medicine without medical consultation
- 21% go to a hospital emergency room
- 10% see a private doctor or healthcare provider
- 3% do nothing

BARRIERS TO HEALTH CARE

DID YOU KNOW?

35% of Cambodian CHRNA respondents reported **difficulty obtaining necessary medical care, tests, or treatments in the last year**. Reasons given were because of **cost** (53%), **problems with insurance** (44%), or **problems getting to the doctor's office** (27%).

OVERWEIGHT/OBESITY

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. According to standard BMI measurements, about 34% of Cambodian CHRNA respondents are overweight, with 18% registering as obese. In comparison, 33% of New Yorkers are overweight and 23% are obese.²

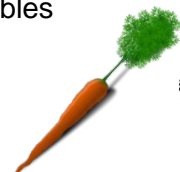
When using Asian BMI standards, the proportions of overweight and obese Cambodian CHRNA respondents shift to 44% and 29%, respectively.

HEALTH PROFILE



ACCESS TO HEALTHY FOOD

- About 13% of Cambodian CHRNA respondents reported "always" or "usually" **worrying about having enough money to buy nutritious meals**
- 44% reported that their homes are a 10-minute-walk or more away from a place to buy fresh fruits and vegetables



PHYSICAL ACTIVITY

Sedentary lifestyle is related to many chronic diseases such as obesity, diabetes, heart diseases, and depression.

- 20% of Cambodian CHRNA respondents **DO NOT** engage in **any** weekly physical activity, compared to 26% of New Yorkers overall²
- About 61% engage in **sufficient weekly physical activity**, compared to 67% of New Yorkers.² Sufficient physical activity means spending >150 minutes per week engaging in moderate physical activity, > 75 minutes a week engaging in vigorous physical activity, or a combination of both



ORAL HEALTH

- Over half (59%) of Cambodian CHRNA respondents rate their oral health as “POOR” or “FAIR”
- Only 11% have received an oral/dental health check-up in the past year

OSTEOPOROSIS

Two risk factors that increase risk of osteoporosis in later life are:

1. Being of Asian descent
2. Being female



Early screenings and intervention help to prevent negative health outcomes such as arthritis and joint injuries.

- 87% of female Cambodian CHRNA respondents 65+ years **have received a checkup or screening for bone mineral density** in the past 3 years

RISK FOR CARDIOVASCULAR DISEASES

High cholesterol levels and high blood pressure are risk factors of cardiovascular diseases (CVD), which can lead to heart disease and stroke.



58% of respondents said CVD is a **major concern** for themselves or for their families

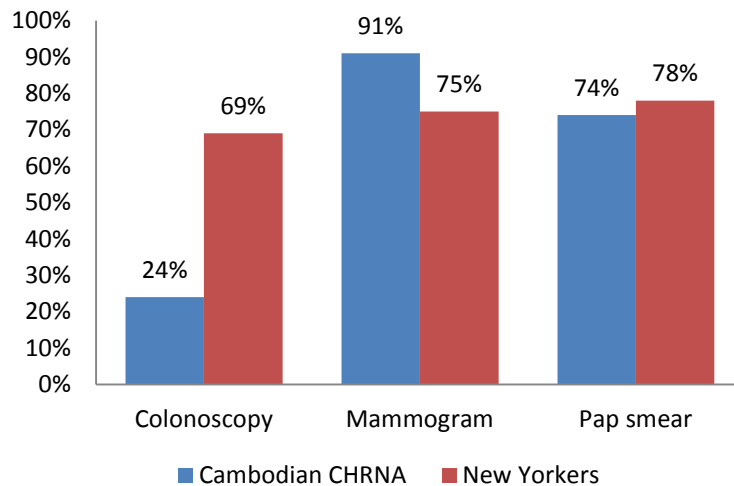
- **36%** of Cambodian CHRNA respondents received a checkup or screening for **cholesterol**, in the last year
- **29%** were told they have high cholesterol. Similarly, 30% of New Yorkers were told the same thing by their physicians²
 - 53% of respondents with high cholesterol are currently taking medications for high cholesterol
- **38%** of Cambodian CHRNA respondents received a checkup or screening for **blood pressure** in the last year
- **35%** were told they have high blood pressure, while 29% of New Yorkers were told the same thing by their physicians²
 - 71% of respondents with high blood pressure are currently taking medications for high blood pressure

INCREASED RISK OF DIABETES

Frequent blood sugar level screenings are important to preventing and controlling diabetes

- Only **38%** have previously received a check-up or screening for **blood glucose** in the past year
- About **10%** were told by a health care provider that they have **diabetes**, similar to the 11% of New Yorkers told the same thing²
- About 83% of respondents with diabetes are currently taking medications prescribed by a health care provider

COMPARISON OF CANCER SCREENING RATES



- Only **24%** of Cambodian CHRNA respondents 50+ years old have received a **colonoscopy**, while **69%** of New Yorkers 50+ years old received a colonoscopy in the past 10 years⁶
- Approximately **94%** of female Cambodian CHRNA respondents 21+ years have had a **clinical breast exam**
- **91%** of female respondents 40+ years have had a **mammogram** in the past 2 years, as compared to **75%** of New York women⁶
- **74%** of female Cambodian CHRNA respondents have had a **pap smear** in the past 3 years, as compared to **78%** of New York women⁵

100% of the male Cambodian CHRNA respondents **50+ years** have received a **prostate exam** in their lifetime.

SMOKING



- **28% of Cambodian CHRNA respondents are current smokers**, compared to 16% of New Yorkers²
- 46% of men are current smokers; which is more than the 20% of current male smokers in New York²
- 14% of the women surveyed are current smokers; in comparison, 13% of New York women are current smokers²

ALCOHOL

- 59% of all Cambodian CHRNA respondents are **current drinkers**
- About **24%** of current drinkers have consumed 5 or more drinks at least once in the past 30 days, which is considered **binge drinking**. In comparison, 18% of New Yorkers have had 5 or more drinks at least once in the past 30 days²
- **45% of male** CHRNA respondents reported **binge drinking** in the past 30 days. 6% of women reported the same thing
- **24%** of Cambodian CHRNA respondents selected **substance abuse** as their top health concern for them and their family

HEPATITIS B

Asian Americans are at higher risk for Hepatitis B, but many who are infected do not know it.³

- **82%** of CHRNA Cambodian respondents have previously been screened for hepatitis B
- About 3% of all respondents have been diagnosed with hepatitis B

NEIGHBORHOOD



- **47%** of Cambodian CHNRA respondents believe people in their neighborhood **are trustful**
- **71%** believe people in their neighborhood **get along well together**
- **47%** believe their neighbors **look out for each other**
- **42%** believe that their neighbors **would offer assistance in the event of an emergency**
- **49%** have been verbally or physically abused, or have had property damaged specifically because of race or ethnicity

SOCIAL ENVIRONMENT

SEASONAL FLU VACCINE

- About **46%** of Cambodian CHRNA respondents received the flu vaccine in the past year, which is lower than the **56%** of all New Yorkers²

COMPLEMENTARY AND ALTERNATIVE MEDICINE

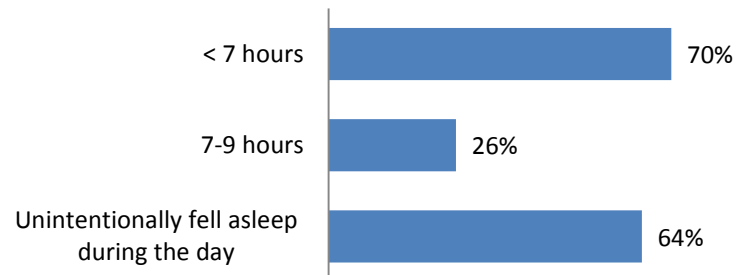
Cambodian CHRNA respondents reported using various types of complementary and alternative medicine (CAMs) to maintain health or treat a health condition

- 68% have used herbal medicine
- 22% have gone to a traditional healer
- 50% have used home remedies
- 71% have used other CAMs such as coining, cupping, yoga, and prayer

NOT MEETING SLEEP RECOMMENDATIONS

Sleep supports healthy brain function to ensure good mental and physical health. A lack of adequate sleep can impact how well a person thinks, works, learns, or gets along with others.⁴ **Only 26%** of Cambodian CHRNA respondents reported getting the recommended number of hours of sleep.

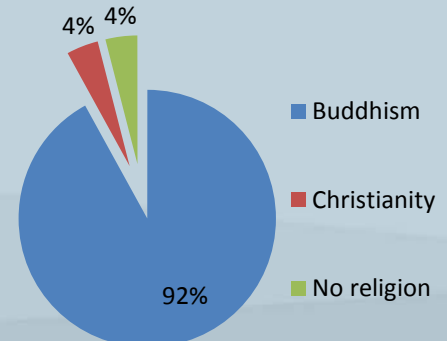
- 7-9 hours is the **recommended** amount for healthy adults



- **64%** reported taking sleeping pills, other drugs, or alcohol to help them sleep

RELIGIOSITY

- Among religious Cambodian CHRNA respondents, about 10% go to their house of worship at least once a week
- **41%** pray at least once a day



CONCLUSION

The Cambodian CHRNA results are aligned with the public health literature which indicates that significant health disparities exist in Asian American subgroups. CHRNA respondents reported high rates of smoking and alcohol use compared to New Yorkers in general. The findings also suggest high rates of depression and a need for better resources concerning mental health, including screening and treatment of depression. In addition, only about a quarter of respondents reporting getting enough sleep, and almost two-thirds reported taking sleeping pills, other drugs, or alcohol to help them sleep.

Health Promotion

Developing community-based health promotion and preventive healthcare in partnerships with Cambodian-serving community-based organizations is essential to improving the health and well-being of the Cambodian community.

Citations:

1. Asian American Federation, "Asian Americans in NYC, April 2013
2. New York City comparison data derived from the New York City Department of Health and Mental Hygiene's EpiQuery: NYC Interactive Health, 2013 NYC Community Health Survey data at <http://on.nyc.gov/1Cf1RA>.
3. Center for Disease Control and Prevention. "Asian Americans and Hepatitis B" CDC Features. <http://www.cdc.gov/features/aapihepatitisb/>
4. National Institute of Health. "Why Is Sleep Important?" NHLBI, NIH. <http://1.usa.gov/1zdBlfa>.
- 5 New York City comparison data derived from New York City Department of Health and Mental Hygiene's EpiQuery: NYC Interactive Health, 2010 Survey Trends data at <http://on.nyc.gov/1AnvDsL>
6. New York City comparison data derived from New York City Department of Health and Mental Hygiene's EpiQuery: NYC Interactive Health, 2012 Survey Trends data at <http://on.nyc.gov/1AnvDsL>

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Mekong aims to improve the quality of life of the Southeast Asian community by achieving equity through community organizing and healing, promoting arts, culture, and language, and creating a safety net by improving access to essential social services.



The mission of the NYU Center for the Study of Asian American Health (CSAAH) is to identify health priorities and reduce health disparities in the Asian American community through research, training and partnership.

For more information about this project, please contact:

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