Southeast Asian
Children’s Health Research Project

An Initiative of First 5 LA’s Neighborhood Data Use Collaborative
The Southeast Asian Children’s Health Research Project (SEACHRP) was funded by First 5 LA’s Neighborhood Data Use Collaborative initiative to Special Service for Groups. The SEACHRP partnership is made up of Special Service for Groups (SSG), Cambodian Association of America (CAA), Families in Good Health (FIGH)/St. Mary Medical Center, Educated Men with Meaningful Messages (EM³)/St. Mary Medical Center, and Khmer Girls in Action (KGA).

The project’s purpose was to utilize community based participatory action research to determine the health, social, education, and economic issues faced by Cambodian and Laotian (Lao and Hmong) families living in Long Beach with children 0-5 years old.

The Southeast Asian Children’s Health Research Project would like to thank all of the community members, leaders, educators and providers who shared their lives in our focus groups and interviews. We also thank all those who participated in our community forums and provided their ideas and opinions on strategies to support Long Beach’s Southeast Asian community to create a healthy environment for all of our children. We would also like to give our sincere appreciation to First 5 LA for creating the Neighborhood Data Use Collaborative (NDUC) Research Partnership and to Armando Jimenez, Antoinette Andrews, Diep K. Tran, Eric Wat, Amanda Bueno, Maura Harrington, Juana Mora, and to all of the other NDUC grantees for their wonderful support and wisdom. We would like to especially thank the SEACHRP partners, Cambodian Association of America, Families in Good Health/St. Mary Medical Center, Educated Men with Meaningful Messages/St. Mary Medical Center, and Khmer Girls in Action for their dedication and support of the project. And finally, a special thank you to Tu-Uyen Nguyen, Ph.D. for her wonderful guidance, insight, research abilities, and unwavering support in the project.

For more information about the Southeast Asian Children’s Health Research Project, contact:

Mary Anne Foo, MPH
Executive Director
OCAPICA
12900 Garden Grove Blvd., Ste. 214A
Garden Grove, CA 92843
714-636-9095
mafoo@ocapica.org

or at
Special Service for Groups
605 W. Olympic Blvd., Ste. 600
Los Angeles, CA 90015

Funded by First 5 LA to Special Service for Groups under Research Partnership Agreement #05599
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Southeast Asian Children’s Health Research Partnership

Cambodian Association of America (CAA)
2390 Pacific Avenue
Long Beach, CA 90806
562-988-1863

The Cambodian Association of America is committed to improving the quality of life in our community by providing linguistically and culturally appropriate social, health and employment services to low-income children and families. CAA’s current programs include family literacy, mental health outreach and counseling, domestic violence outreach and counseling, computer education classes, and a family preservation network for Asian and Pacific Islander families. CAA has also conducted tobacco control education, community service employment, alcohol and drug abuse counseling, family strengthening, and Medi-Cal outreach.

Families in Good Health/St. Mary Medical Center
411 E. 10th Street, Suite 207
Long Beach, CA 90813
562-491-9100

Families in Good Health (FIGH) at St. Mary Medical Center, is a multilingual, multicultural health and social education program that strives to provide quality outreach and education services to the Southeast Asian, Latino, African-American, and other communities in Long Beach. It was established in 1987, as a joint venture between the St. Mary Medical Center and the United Cambodian Community, Inc. - creating a partnership between community and health care. FIGH's mission is to build capacity within the community to enable them to make informed choices and to access needed health and social resources. FIGH conducts numerous health and social education programs that focus upon health promotion and disease prevention. On-going need assessments, community involvement in program planning and evaluations ensure that needed and appropriate programs are developed by FIGH.

Educated Men with Meaningful Messages/St. Mary Medical Center
411 E. 10th Street, Suite 207
Long Beach, CA 90813
562-491-9100

Educated Men with Meaningful Messages (EM3) is a project of Families in Good Health/St. Mary Medical Center. It is a young male led program focused upon working with Southeast Asian boys in Long Beach on health and other issues facing young males.

Khmer Girls in Action (KGA)
1355 Redondo Avenue, Suite 9
Long Beach, CA 90804
(562) 986-9415

Khmer Girls in Action is a community based youth and adult led partnership committed to supporting Southeast Asian young women and girls in leading positive social change for their families and communities. KGA is dedicated to improving the overall health and well being of the Cambodians and all communities. We actively pursue this mission through leadership development, community organizing and cultural arts.

Special Service for Groups (SSG)
605 W. Olympic Blvd., Ste. 600
Los Angeles, CA 90015
213-553-1800

SSG is a non-profit organization dedicated to providing community-based solutions to the social and economic issues facing those in greatest need. SSG has evolved into a model organization which is designed to provide service to diverse groups with maximum efficiency and impact. This is achieved by developing and managing programs which serve our many communities by encouraging their involvement and self-sufficiency. SSG believes that the needs of groups and individuals cross traditional ethnic, racial, and other cultural boundaries. SSG serves as a bridge between people with common needs to identify ways to pool resources for the greatest good of all. SSG works with diverse underserved communities throughout Southern California. SSG's affiliate organization and partner, the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) helped to lead the SEACHRP implementation.
Executive Summary

Introduction

The Southeast Asian Children's Health Research Project was funded through First 5 LA's Neighborhood Data Use Collaborative initiative. The project's purpose was to utilize community-based participatory action research to determine the health, social, education, and economic issues faced by Cambodian and Laotian families living in Long Beach with children 0-5 years old.

Issues such as, mental health needs, economic and education barriers, transitioning off of welfare, having little access to living wage jobs with benefits, working in sewing or assembly factories, lack of inclusion in civic participation, policy, and decision making, health needs, and not having access to information about parenting, child care, safety, etc. is a common experience for refugees and immigrants. Documenting the lack of inclusion in influencing the health and well-being of the community's children helps take blame off of the culture and supports the examination of systemic barriers faced by all refugees and immigrants.

The process of our community participatory action research benefited the community because substantial and meaningful data was collected on the needs of Southeast Asian children ages 0-5. Little research exists nationally on the health and well-being of Southeast Asian children. Community organizations and leaders have anecdotal information but nothing documented. By participating in this project, the community was able to lead the process to determine the needs and community indicators of the health and well-being of their children. Community members are often left out of the process of research and many times are not even sure what happens to the results. Throughout the SEACHRP project, the community members led the process as well as, utilized the data for continued program planning, educated policymakers and health care providers about the needs of Southeast Asian children, and increased their involvement in having a voice about their community.
Research Aims

The aims of our research were the following:

- To find out from parents, grandparents, youth, health care providers, community leaders, educators, and others the health, social, economic and educational needs of Southeast Asian children ages 0-5.

- To find out from parents, grandparents, youth, health care providers, community leaders, educators, and others what strategies they believe will help families support their young children in Long Beach.

- To educate and advocate to policy makers, government officials, health care providers, educators, law enforcement and others about what they need to do to make Long Beach a better and more supportive place to live for Southeast Asian families with young children.

Community-Based Participatory Action Research

Our project utilized community-based participatory action research (PAR) because in the past, some traditional research has caused most families to not trust researchers and to feel experimented on. Some traditional research projects have also produced inaccurate data and analyses that caused problems for community organizations, especially when the community was not involved in the analyses. Utilizing PAR strategies ensured that the community was involved in all steps and led the research. The community partners were not just translators, but equal partners in leading, developing and implementing the research, tools, and analyses.

Having the community involved in all aspects of the research ensured data outcomes were analyzed in a more comprehensive and non-blaming approach where our project could share the communities' stories, needs and assets.

Additional outcomes to our project for utilizing PAR strategies include the increase of capacity building of ourselves in community-based research, as well as an increase in understanding of human subjects and establishing an Institutional Review Board. We were also able to work on defining what “partnership” means to the community and set agreements and policies for the future on working with researchers. This helped to ensure the community didn’t feel used or experimented on, knew what was happening, and felt like they had a voice and control in what was going on.

Some challenges we faced utilizing PAR methodology included, difficulty in getting low-income parents involved in all aspects since they had to work all the time and only had a few hours for their families. If we had more time and funding, we could have established a health promoter model where we trained and paid these parents to lead more of the research aspects. Another challenge was that we raised expectations that our partnership will be addressing all the needs and issues that came up during the research. Some of the challenges will take years to overcome, thus, we could possibly lose trust in the community if we do not continue the project with an implementation phase.

Our PAR Methodology

Focus groups and interviews were held with approximately 140 parents, grandparents, caregivers, siblings, community and spiritual leaders, educators, and health care providers.
Interview tools were developed with community partners. Focus groups and interviews were conducted over a six-month time period. After all the focus groups and interviews were completed, the data was analyzed by the community partners and community forums were organized in each community to present the data. The Laotian Community Forum held by Families in Good Health/St. Mary Medical Center had more than 70 community members, leaders, educators, and health care providers attending. The Cambodian Community Forum held by Cambodian Association of America had more than 60 community members and leaders attend. The community forum held by Educated Men with Meaningful Messages/St. Mary Medical Center had more than 70 Southeast Asian youth and their parents, law enforcement, teachers, and community leaders participate. And the community forum held by Khmer Girls in Action had more than 120 Southeast Asian and other youth attending. The Laotian, Cambodian, and EM3’s community forums were held with bilingual translation.

Our partnership also assessed existing data sources including the 2000 U.S. Census data; California Department of Education data to determine the number of Southeast Asian educators; preschool and Headstart program data to determine utilization rates by Southeast Asian children; community input on the number of Southeast Asian health care providers; and community input to map accessible resources with bilingual Southeast Asian staff.

Our Research Questions

Our research questions focused on the following areas:

- Health of children and families
- Concerns that families have for their young children
- Nutrition and exercise
- Safety in the neighborhoods and in the home
- Dental health
- Education – preschool and kindergarten-readiness
- Child care
- Being able to spend time with children
- Services and programs needed for children and their families
Common Issues and Concerns for Parents

- Parents have to work long hours in low wage jobs and have to commute far to go to work. They are usually very tired when they get home.

- Although parents work long hours, they don't make enough money.

- Parents cannot afford childcare or preschool so mostly grandparents or other relatives have to take care of the young children while parents work.

- Parents may make a little bit too much to qualify for government assistance so families usually do not qualify for any financial help.

- If parents don't speak or understand English well, it's hard to find resources for their children.

- Although most parents liked Long Beach, they were all very worried about their children's safety and especially the gang violence. Many parents spoke of hearing gun shots all the time or hearing of teenagers who were killed.

- Parents are concerned over their children's social development such as good role models, social skills, and proper behavior.

- Parents worried that their children watched too much television, played computer games and didn't exercise enough. But it is hard to exercise or go to the park because sometimes it isn't safe.

- Parents worried about their children eating too much junk food and fast-food.

- Parents are worried that SEA children are going to lose their language and culture.

- “Good healthy food” is too expensive. Fruits and vegetables go bad and it is cheaper to buy canned foods.

- Many people felt it was hard to work so much and then not qualify for any government help. You get punished for working but you cannot afford childcare, food, educational resources for your children, etc.

- Parents are so tired when they get home; they only have a few hours to spend with their children.

- Parents really want to participate in their children's school activities but they have no time and feel bad about it. They also don't know how to navigate the school system.

- It is difficult for parents to take time off from work to take their children to the doctor, only to have to wait 1-4 hours to see the doctor for 15 minutes.

Common Issues for Grandparents and Caregivers

- They sometimes felt as the children got older, they didn’t listen to them anymore.

- It is sometimes difficult for them to always watch their grandchildren; they cannot go nor do anything without the children.

- They had no transportation.

- There are numerous language barriers.

- They speak to their grandchildren in SEA language and the children speak to them in English. Interesting communication strategies occurring between generations.
They worry about the safety for the children in the house – sometimes the children put things in their mouth or touch things they shouldn’t.

They worry about the safety of the children outside where there are gang members or drug dealers.

Too old to work or are retired and thus don’t have enough financial resources to feed their grandchildren.

They worry that their grandchildren will lose their language and culture.

It’s hard for them to help their grandchildren with their homework and reading. They wish there were tutoring programs.

They would like bilingual Southeast Asian teachers and resources.

**Common Issues for Youth**

- Many siblings are taking care of the children ages 0-5 because the parents are working all the time. So they eat top ramen or get fast-food because it’s easier.

- Worried about the safety of their brothers and sisters due to gang violence. No safe place to play.

- No one is doing anything about the Latino-Asian youth conflict in Long Beach.

- They feel like the navigators for their families and would like to see more bilingual assistance for their parents.

- They would like access to college so they can have careers, help their families out of poverty, and help the community to further build its capacity.

- The youth are faced with great stress and are constantly worried about their families.

- They recognize the need for neighborhood development. “There isn’t much healthy food places around here, we have a lot of liquor stores, most of the healthy food stores are in the white neighborhoods.”
Strategies to Help Overcome Challenges

A language accessible Southeast Asian community center with the following services:

- Childcare and a preschool for children with bilingual teachers
- Sports program
- Education on parenting, nutrition, and child safety
- Intergenerational programs for grandparents and their grandchildren
- Exercise and programs for the elderly and children
- Health services and clinic
- Bilingual workers to help families get resources
- SEA language and culture classes like art and dance
- Afterschool tutoring and library
- English language programs for adults and parents/grandparents so they can also learn what their children are learning in school

Other strategies:

- Better and safer public transportation
- Less waiting time at the doctor's offices
- More recruitment and support for Southeast Asian teachers in the schools
- Safer parks and places to exercise
- Free and low cost childcare
- Accessible preschools
- Better and more affordable housing
- Healthier foods
- Free or low cost educational resources for the kids, like books or games
- Financial planning for college
- Tutoring and afterschool programs
- More support for parents – better paying jobs with less hours so they can spend more time with their families, good affordable or free childcare, good and safe housing, more recreation programs for their families.
Long Beach, CA has the largest Cambodian population outside of Cambodia. Community estimates put the population and higher although the U.S. Census 2000 documents the population at almost 18,000.

### Population in Long Beach

*Dataset: Census 2000 Summary File 4 Sample Data*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>461,381</td>
</tr>
<tr>
<td>White alone</td>
<td>208,303</td>
</tr>
<tr>
<td>African American /Black</td>
<td>68,594</td>
</tr>
<tr>
<td>American Indian</td>
<td>2,250</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>55,040</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>5,073</td>
</tr>
<tr>
<td>Cambodian</td>
<td>17,711</td>
</tr>
<tr>
<td>Chinese</td>
<td>3,452</td>
</tr>
<tr>
<td>Filipino</td>
<td>17,962</td>
</tr>
<tr>
<td>Japanese</td>
<td>3,586</td>
</tr>
<tr>
<td>Korean</td>
<td>1,736</td>
</tr>
<tr>
<td>Laotian</td>
<td>742</td>
</tr>
<tr>
<td>Thai</td>
<td>604</td>
</tr>
<tr>
<td>Samoan</td>
<td>3,733</td>
</tr>
<tr>
<td>Latino/Hispanic of any race</td>
<td>164,927</td>
</tr>
</tbody>
</table>

Lack of access to resources due to language barriers is another issue of great concern for the Southeast Asian population in Long Beach, with a high percentage of community members living in linguistically isolated households.

### Language Barriers 2000 Census

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Speak API 5-17 years</th>
<th>Not sp Eng well 5-17 years</th>
<th>No Eng at all 5-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodian</td>
<td>89%</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>18-64 years</td>
<td>94%</td>
<td>36%</td>
<td>11%</td>
</tr>
<tr>
<td>65 years and over</td>
<td>90%</td>
<td>32%</td>
<td>55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Speak API 5-17 years</th>
<th>Not sp Eng well 5-17 years</th>
<th>No Eng at all 5-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laotian</td>
<td>86%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>18-64 years</td>
<td>88%</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>65 years and over</td>
<td>100%</td>
<td>47%</td>
<td>23%</td>
</tr>
</tbody>
</table>
The Southeast Asian community in Long Beach has some of the highest rates of poverty in the nation. It is very difficult for many of the parents to provide for their families, even with many of them working more than one job or working long hours in garment and manufacturing jobs with little to no benefits.

**At or below poverty in 1999 Long Beach**  
(Dataset: Census 2000 Summary File 4 Sample Data)

<table>
<thead>
<tr>
<th>General Population</th>
<th>23%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>15%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>30%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>47%</td>
</tr>
<tr>
<td>Filipino</td>
<td>8%</td>
</tr>
<tr>
<td>Laotian</td>
<td>21%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>25%</td>
</tr>
<tr>
<td>Native HI and PI</td>
<td>34%</td>
</tr>
<tr>
<td>Latino/Hispanic of any race</td>
<td>31%</td>
</tr>
</tbody>
</table>

**Per capita income in 1999 dollars in Long Beach**  
(Dataset: Census 2000 Summary File 4 Sample Data)

<table>
<thead>
<tr>
<th>General Long Beach Population</th>
<th>$19,040</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>$27,171</td>
</tr>
<tr>
<td>African American/Black alone</td>
<td>$14,792</td>
</tr>
<tr>
<td>Cambodian alone</td>
<td>$6,670</td>
</tr>
<tr>
<td>Filipino alone</td>
<td>$17,628</td>
</tr>
<tr>
<td>Laotian alone</td>
<td>$6,921</td>
</tr>
<tr>
<td>Vietnamese alone</td>
<td>$12,961</td>
</tr>
<tr>
<td>NHPI alone or in combination</td>
<td>$9,174</td>
</tr>
<tr>
<td>Latino/Hispanic of any race</td>
<td>$10,243</td>
</tr>
</tbody>
</table>

**Households on Public Assistance**  
(Dataset: Census 2000 Summary File 4 Sample Data)

<table>
<thead>
<tr>
<th>General Long Beach Population</th>
<th>9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>4%</td>
</tr>
<tr>
<td>African American/Black alone</td>
<td>17%</td>
</tr>
<tr>
<td>Cambodian alone</td>
<td>46%</td>
</tr>
<tr>
<td>Filipino alone</td>
<td>4%</td>
</tr>
<tr>
<td>Laotian alone</td>
<td>35%</td>
</tr>
<tr>
<td>Vietnamese alone</td>
<td>24%</td>
</tr>
<tr>
<td>NHPI alone or in combination</td>
<td>17%</td>
</tr>
</tbody>
</table>

**Supplemental Security Income in 1999 for Households**  
(Dataset: Census 2000 Summary File 4 Sample Data)

<table>
<thead>
<tr>
<th>General Long Beach Population</th>
<th>6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>4%</td>
</tr>
<tr>
<td>African American/Black alone</td>
<td>10%</td>
</tr>
<tr>
<td>Cambodian alone</td>
<td>29%</td>
</tr>
<tr>
<td>Filipino alone</td>
<td>12%</td>
</tr>
<tr>
<td>Laotian alone</td>
<td>28%</td>
</tr>
<tr>
<td>Vietnamese alone</td>
<td>21%</td>
</tr>
<tr>
<td>Native Hawaiian/PI</td>
<td>15%</td>
</tr>
</tbody>
</table>
Southeast Asians in Long Beach have also had limited access to higher education opportunities, especially among women. Approximately 45% of the Cambodian women 25 years and over in Long Beach have had no formal education.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% BA or Higher</th>
<th>No schooling</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Male 25%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Female 23%</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>Male 34%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Female 28%</td>
<td>2%</td>
</tr>
<tr>
<td>African Am</td>
<td>Male 14%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Female 14%</td>
<td>1%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>Male 11%</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>Female 4%</td>
<td>45%</td>
</tr>
<tr>
<td>Filipino</td>
<td>Male 33%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Female 42%</td>
<td>2%</td>
</tr>
<tr>
<td>Laotian</td>
<td>Male 5%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>Female 6%</td>
<td>32%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Male 15%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Female 14%</td>
<td>16%</td>
</tr>
<tr>
<td>NHPI</td>
<td>Male 11%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Female 6%</td>
<td>4%</td>
</tr>
<tr>
<td>Latino</td>
<td>Male 8%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Female 8%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Summary of Cambodian Findings

Participants

From November through December, 2004, staff from the Cambodian Association of America (CAA) conducted four focus groups with a total of 39 people from the Cambodian community in Long Beach, CA. One focus group included 11 women, one included 10 women and 1 man, one included 3 women and 1 man, and another included 9 women and 4 men. Staff from CAA also conducted face-to-face standardized interviews with five community leaders knowledgeable about early childhood development issues affecting Cambodian children ages 0-5 and their families.

The ages of the focus group participants ranged from 21 to 59, with the majority being in their 30s (18 people) or 40s (11 people). All the participants had children or grandchildren who were teenagers or younger.

General Health Concerns for Children 0-5

“Health means to do regular exercise and have enough food to eat at home and provide sufficient amount of time with the children and enough hours of sleep.”

Most focus group participants and key informants mentioned that being healthy meant getting regular exercise (at least 2-3 times a week), enough sleep, proper nutrition (home cooked meals rather than fast food, 3 meals a day, with lots of vegetables and little red meat), and being clean and sanitary (keeping a clean house and giving regular showers to the children). Most participants considered their children generally healthy because they were rarely ill. The parents and grandparents all mentioned that they try to feed their children and grandchildren healthy foods (a balance of vegetables, meat, and rice) and remember to take them to the doctor for regular check-ups. Many agreed that a sign of a healthy child is one who enjoys playing and being physically active.

“My major concern is the health of my children because I want them to eat regularly because it is important for development of motor skills. Also, as a parent, you should read to your children so they can build up their knowledge and know how to read and write. I believe children learn and grasp whatever their parents taught them. Children have a good memory and are quick learners if they see an adult doing something.”

The participants shared the following concerns for their children: dental health, proper nutrition, getting regular check-ups, growth development and motor skills, getting enough sleep, proper dosages for medication, proper breastfeeding guidelines, completing immunizations, asthma, and what to do when
their children are sick. As caretakers, all of the parents and grandparents wanted to improve their English so that they could read to their children and help them with their homework/schoolwork. They were also concerned about being good role models and teaching their children good discipline and how to respect others.

**Nutrition and Physical Activity**

“*My children love to eat junk food such as chip and drink soda. They do not like to eat Cambodian food, only American food (hamburger). I worried about their health as they grow up being an adult, then they will have major complications to their health. I explained to them to eat more vegetables and drink a lot of water, but they just don’t want to.*”

“As a parent, I want to provide as much nutrition as I can so my children can grow up being healthy without worries about their health later in life. I want to teach them a proper lifestyle and maintain it as you get older.”

“You have to have money to buy American food for your children and it cost a lot of money too. I rather eat at home to save money. Money is only problem that I have for my children. It is hard to find money. I don’t work so I have to budget my money.”

Most of the participants mentioned that they tried to give their children mostly water, milk and juice to drink, because they know that soda has a lot of sugar and is bad for the children. Many of the participants started giving their children solid foods between 4-6 months of age. The most common food was porridge with meat (pork or chicken) and vegetables. Some expressed that their children could not eat “American baby food” packaged in jars (because they would vomit or did not like the taste). However, as their children are getting older, the parents and grandparents are worried that they are eating less healthy because they eat more American junk foods, drink more sodas, eat more candies, and eat less Cambodian foods. Some participants expressed concerns that their children may become overweight or obese if they do not eat properly. They want their children to eat more fresh fruits and vegetables because of the vitamins, and different varieties of foods (such as seafood), but these foods often cost more money and many of the caretakers cannot afford to buy healthier foods. Some parents mentioned that they try to use coupons to save money and get discounts on certain food items. Most participants would like to have workshops or conferences that teach parents proper nutrition and providing different kinds of healthy foods for their children.

“I explained to my children that it is important to do exercise so you can have regular heart beat and normal blood flow.”

In terms of physical activity, all focus group participants agreed that their children like to play outside – at the park, playgrounds, beach, libraries, theaters, and backyards. The majority of parents usually try to take their children to these outdoor locations, like parks and beaches, at least once a week – usually on the weekends. The children like to play ball, ride their bikes and scooters, skate, and play on the swings and slides. Parents noticed that boys tend to play more rough sports and games involving action figures/robots whereas the girls like to play Barbie, draw, put on make-up, and/or talk on the phone. Some parents mentioned their...
children have asthma and so this was a barrier to physical activity. Others mentioned that they worried about their children’s safety when they played outside, especially if the parents weren’t watching or paying attention to their children. Many parents worried that their children may be spending too much time on the computer or watching television every day. The parents tried to limit these activities to 1-2 hours a day and encouraged their children to focus on their homework. Most parents expressed interest in having after-school tutoring and exercise programs, as well as exercise programs on TV and video that they could do with their children.

**Oral/Dental Health**

Most focus group participants said that they usually take their children to a dentist that can speak Khmer or who have staff that can speak Khmer. Most people use Medi-Cal for their children’s dental care. A few of the participants have private insurance. Most parents take their children to the dentist at least once or twice a year for a check-up. Others mentioned that they only take their children to the dentist when they have toothaches or cavities. Parents said that their children did not like going to the dentist.

**Summary of Cambodian Findings**

**Education**

“Childcare is expensive and parents do not have a lot of money to spend on one child.”

“Childcare that have staff who speak Cambodian is expensive too. I don’t use this service because I can’t afford to pay the childcare. Most parents do not work and they would rather spend time with their children and take them to school instead of putting them into childcare.”

All the participants agreed that in the Cambodian community, home childcare is popular because outside childcare is too expensive, and they would rather take care of their children themselves. One parent expressed, “I don’t need childcare and I would rather take care of my children myself because I trust myself more than anyone else.” Parents also mentioned language and transportation barriers for accessing outside childcare because most childcare facilities do not have staff who speak Khmer, and parents often do not have transportation or time to drive their children to the childcare centers.

For those parents with children in school, most said that they try to participate in school activities like the PTA, Open House, Back to School Night, parent conferences, and volunteering for school activities and on field trips, because they “want to know how my children are doing in school” and “because I need to show my children that I care for them and love them.” All the parents agreed they would like classes that teach them English so they can better communicate with their children and help them with their homework. Many of the participants mentioned they were participants in the Cambodian Family Literacy Program, which is a program initiated by the Cambodian Association of American about five years ago to teach Cambodian parents English and teach their children Khmer and the Cambodian culture. All the participants in this Cambodian Family Literacy Program felt that their children were well-prepared
for kindergarten because the program staff taught them the basic skills for preschool and prepared them to enter kindergarten.

**Environmental and Social Supports**

“My relatives support us about learning traditions and religions and also learning new rules and new laws.”

“I feel I don’t spend enough time with my children because I had to work long hours and low paying jobs.”

“I think I don’t spend enough time with my children because my wife and I are both working for more than 8 hours a day.”

“As a parent I feel like I didn’t have enough time with my children due to the fact that I am working and have to cook. Work and then cook for my family. I am tired and didn’t have time to spend with my children. I work long hours and by the time I got home I am already tired.”

All the parents said they greatly appreciated the help and support from other family members (husbands, children, parents, relatives, etc.) and friends in taking care of their children. Some also felt being involved in church was helpful in having a community to raise their children. Only a couple of participants hired a nanny or babysitter. While most parents mentioned that they try to spend at least 1 to 2 hours every day playing with their children and helping them with their homework, most felt that they did not have enough time to spend with their children because of long work hours at low-paying jobs. Oftentimes, the parents who work come home feeling very tired and the women have to prepare dinner for their families, causing them to feel they do not have much time to spend with their children. Those who were not working or only working part-time felt they spent enough time with their children. Parents also said that they speak mostly Khmer at home with their children, although some make the effort to speak both Khmer and English. A couple of the parents spoke Chinese to their children. Most parents expressed that they would like to have both English and Cambodian books so they can read to their children and help them to retain the Cambodian culture and language. They all would like to have more translated materials so they can learn how to better raise their children.
Community Needs and Resources and Strategies for Health Promotion

“Long Beach is a good place to raise my children but it depends on which area you live. Some areas are bad to raise your children, especially when the place is a ghetto and gangs are involved.”

“Long Beach is not a good place to raise my children because most of the teachers do not get involved with my children just because they are Asian. Some of the teachers are prejudiced to my children and favor their American children. I feel bad for my children when they told me about their teachers.”

“My neighborhood and my community are very safe because there are many Cambodians living there and I feel like being in my own country.”

“Long Beach is a safe place to raise your children and there are many Cambodian stores and I feel more comfortable with my community.”

When asked if they felt Long Beach is a good place to raise their children, the parents and grandparents had many different opinions. While most liked Long Beach and felt that it was a good place to raise a family, many mentioned that certain areas, like the ghettos or gang areas were unsafe for their children. All parents agreed that “it depends on location and neighborhood.”

Summary of Cambodian Findings

Most of the focus group participants mentioned that they go to the Cambodian Association of America (CAA) for information on health care and social services. Other sources of information are the Cambodian newspapers and Cambodian TV, hospitals and clinics, family doctors, friends, community leaders, and other community based organizations.

Services that all participants mentioned that they would like to see improved for their community included:

- More Cambodian childcare staff and health care professionals who can speak Khmer.
- Programs to keep kids out of gangs and prevent substance abuse.
- Programs to teach children about the Cambodian culture and language and discipline and respect for others, especially their parents and elders.
- Programs for parents to learn English.
- Programs teaching the Cambodian community about ways to improve and maintain their family’s health.
- Programs that provide transportation to clinics, childcare centers, social service agencies, etc.
- Transportation for their children to and from school.
- Organized community activities that promote the Cambodian culture.
- A recreational center for the Cambodian community.
- Workshops and conferences to promote discussions between parents and their children (especially teenagers).
- After school programs and workshops for both parents and children to improve school tutoring and physical activity.
- More dental care and child care facilities with Cambodian staff.
From November 2004 through February 2005, staff from St. Mary’s Medical Center/Families in Good Health (FIGH) conducted four focus groups with a total of 41 people from the Laotian community in Long Beach, CA. The first focus group included 6 women, the second included 5 women and 3 men, the third included 7 women and 3 men, and the fourth included 9 women and 3 men. Staff from FIGH also conducted face-to-face interviews with five Long Beach community members and leaders facing early childhood developmental issues while raising children ages 0-5.

The ages of the focus group participants ranged from 24 to 74, with the majority being in theirs 40s (16 people) or 30s (10 people). All the participants had children or grandchildren who were teenagers or younger.

**General Health Concerns for Children 0-5**

“Families should have good communication, social skills and family values. These are important as healthy family and healthy lifestyle.”

“Parents have to watch kids ages 0-5 play in the clean environment in order to have kids stay healthy.”

“Kids should eat clean food, stayed with the right healthy food and have good hygiene, have lots of rest and be careful with the good kids should eat the food that has less cholesterol, eat balanced food and stay away from fatty food.”

Many of the focus group participants and key informants viewed being healthy as a form of mental, physical, and environmental health. Physical health required proper nutrition (3 meals a day, following the food guide pyramid, home cooked meals rather than fast foods, vegetables, fruits, rice, dairy, less sugar and fatty goods), exercise (3 to 4 times a week, walking, running), sleeping well, regular doctor visits, and good hygiene. Some participants felt their children were healthy because they were rarely ill and seldom needed to see a doctor. Other participants said being healthy was having regular doctor’s visits for immunizations or check-up exams. As for mental health, most participants mentioned that social skills for the children, early childhood education, communication skills amongst the family and good family values were important. A few participants mentioned that living in a sanitary and safe environment were also significant factors in environmental health.

“I think the children 0-5, at these ages most of them are not yet in school and they stay home. They need a good caretaker in terms of feeding, their health care and education. Many young parents let their older parents take care of those little kids and don’t prepare them for school.”

Other concerns that participants had for their children were not having health care coverage, growth development, lack of transportation to the doctor’s office, completing immunizations shots, and what to do when their children got sick.
The caretakers, parents and grandparents, wanted to improve their English so they could read to their children and help them complete their homework. They also wanted the children to learn Lao/Hmong and English so they could maintain both languages at home and school. The caretakers were also concerned about being good role models, teaching their children good behavior, and proper social development.

Nutrition and Physical Activity

“I think things that could help change are the knowledge and the money because the right nutrition and the good food cost more than the unhealthy food...”

“I think the challenge is that we as parents want to give kids eat health foods like oranges or apples but kids don’t want to eat. Kids want to eat something sweet like cake, candies, and other sweet food. It’s very challenge and very frustrated.”

“I have experiences where I first gave children milk, juice and water, then I gave them vegetable starting when the child was 4 months old ...and also I gave good quality drinks to my children, not those cheap drinks and no junk foods that will make children get sick. I am very concerned about my children’s health.”

Parents and grandparents knew what healthy foods were (water, milk, juices, vegetables, and fruits) but found it difficult to feed their children when they only want sweets and soda. Most participants started giving their children solid foods between 4-6 months. Rice, meat, vegetables, and juices were some of the common foods caregivers fed their children. Some participants also mentioned that providing healthy foods was a challenge because it was expensive and not convenient for low-income families. Most healthy foods spoiled easily and low-income families would rather spend money on cheap and sugary food products that lasted longer. Some grandparents also had financial difficulties feeding their grandchildren because they had no income or the parents did not earn enough money to give to the grandparents. Changing the child’s diet to eating healthier was very difficult for the grandparents because they felt the parents had more say in the children’s nutrition than they did. Some participants followed food guidelines according to WIC or through nutrition classes that were provided in the community. Caregivers suggested offering nutrition classes, especially to teach younger parents proper nutrition and hints on how to buy cheap and healthy foods.

“My children in school Monday to Friday and they have enough physical activities but on the weekend they can only play inside the house. And it is because there is no park close by our house and is not safe for them outside the house because there is no room for them to play- we live in an apartment.”

“If there is a community center that can provides children with the physical activities that would very helpful. Or if there is a gym for children with low cost or no cost that would even be better.”

For physical health, most caregivers felt their children received enough exercise through school or by playing at home. Caregivers believed the children’s playing was the children’s exercise because it consisted of running, jumping, walking, bicycle riding, and playing ball. All participants agreed that their children like playing outside at the park, playgrounds, backyards, and inside the home. Most caregivers said their children were safer playing inside the home because of the gang.
violence outside, and so they rarely took them to parks where gang related violence occurs. Watching too much television, playing video games and no safe place to play are some of the barriers caregivers saw in their children's lack of physical activity. A few parents viewed watching television as good exercise for young children, especially when certain television youth programs involved physical activity. The participants would like to see more afterschool programs with physical activity such as dance and sports. Parents wanted to be more involved and be good role models because children will be more physically active if the parents are as well.

Oral/Dental Health

“We don’t have any Laotian speaking dentist in Long Beach area and none in the Los Angeles County or Orange County - also there aren’t any dental resources available.”

Most focus group participants said they usually take their children to a dentist at least once or twice a year for a check-up. Others revealed they only take their children to see the dentist when they have a toothache or have cavities. Many caregivers believed younger children did not need to see a dentist because they were too small and only had baby teeth. Most people use Medi-Cal or Healthy Families to pay for their children’s dental care, while a few participants had private insurance. Many caregivers said there aren’t enough dentists in the community that work with young children. Although most caregivers have their own dentists, they would like to see a Laotian dentist in the community.

Education

“I just have my parents and my sibling take care of my children. I don’t know of any of the child care center that is low cost or reduce cost available to help low income families or our community.”

“I want to put my children in a child care program, then they said we make a lots of money, but we don’t even make enough for us to pay for child care.”

All of the community leaders said the children they see were not well-prepared for school when beginning kindergarten. They see many parents not accessing or unable to access preschool as a means to better prepare young children. However, many parents & grandparents mentioned their children were prepared for kindergarten because they spoke some English, knew their alphabets, counting, and had some social skills with other children. Older siblings were also helping parents teach the younger siblings about what to expect in kindergarten; although parents without older children had a more difficult time navigating the school system due to language barriers and lack of information. Parents often times have the grandparents’ watch the children while they worked or one parent decides to stay home and raise the children. Most parents and grandparents’ were unaware of educational programs and services for their children. Others knew of the services but could not utilize them due to income guidelines and so felt discouraged to seek further help.

“Yes it is very important to know how well your child is doing at school or home. So that you can have more knowledge about your children so you can help better and also encourage your child to be involved.”

Most parents and grandparents agreed that it was important to be involved in their children’s education. Parents have tried to participate in school activities such as the Parent Teacher Association (PTA), Open House, parent-
teacher conferences, and volunteering for school activities or field trips. They would like to attend more events to support their children but are unable to because of work and time constraints. Some caregivers also feel discouraged to attend their children's school activities because of language barriers and illiteracy. Caregivers thus have shown interest in classes where they can learn English to help their children with their homework and to further participate in their child's education. Many of the participants would also like classes to teach children Laotian culture while parents learn English.

Environmental and Social Supports

“If we as grandparents are not available then my older son or daughter help us take care of the little grand kids because the parents of the grandkids are working.”

“From early morning to 7 or 8:00 p.m. we watch grand kid’s safety, play with them, take them to walk to market and watch TV.”

“I would love to spend my quality time with the children but as soon as get home I have little time to give them a hug and then do the cooking and cleaning, feeding the children, and put them in bed.”

Grandparents, relatives, neighbors, friends, spouses, etc. provided support in helping to raise the participants' children. Most parents looked to grandparents to help raise their children and were very grateful for it. Children spent the majority of time with their grandparents, while parents were only able to spend 2-3 hours every day with them because of work. Parents would read with their children, ask about their day, and help with their homework if they got the chance. Most parents would come home from work feeling very tired, while the women prepared dinner, and thus not have enough time to spend with their children. A few mothers stayed home to watch the children while the father worked, but the fathers felt they hardly had time to spend with their children as well. Parents and grandparents also said they speak mostly Lao or Hmong at home with their children, while some children would respond back to their parents in English. A few parents spoke other languages to their children such as Cambodian and Thai.

Community Needs and Resources and Strategies for Health Promotion

“I like Long Beach as well as diversities in Long Beach and the atmosphere these are major positive things and other negative thing is the environment was bad but it could be better in the future.”

“I think that we need a safer place to help raise children because some of the areas or neighborhoods are not safe for young children, there are gang violence, gang shootings, fighting, and stealing other people's property, and also robbing too.”

“Yes, if there is a doctor who can speak my language and also female doctor then we want to change because it would be easier for my wife to take my children for their health care.”

Parents, grandparents, and community leaders had various opinions about whether or not they liked Long Beach. Most participants liked Long Beach because of the weather, easy access to services, closeness to the ocean, diversity, and because it is a good place to raise a family. Most participants also discussed gang violence and other unsafe areas in Long Beach that made it a bad location to raise children.

Most of the focus group participants said they go to Families in Good Health or other services within St. Mary Medical Center for information on health care and social services. A few participants also said their private physicians, health fairs, friends, and word-of-mouth were their sources of information.
Services that all participants mentioned they would like to see improved for their community included:

- More Laotian childcare staff and health care professionals who can speak Lao/Hmong
- Programs to keep kids out of gangs and substance abuse
- Programs to teach children about the Lao/Hmong cultures and languages as well as good behavior towards elders
- Programs for parents to learn English
- Programs teaching the community parenting skills, nutrition, and other ways to improve and maintain their family’s health
- Community center with free or low-cost childcare, health services, physical activities, and other educational classes
- Programs that provide transportation to childcare centers, doctor’s office, social service agencies, and school
- Recreational center where young children and parents can exercise
- Afterschool programs for parents, grandparents, and children to get tutoring
- More dental care services for younger children
Participants
In January, 2005, staff from Educated Men with Meaningful Messages (EM3) conducted two focus groups (one with 10 participants and another with 11 participants) with a total of 21 male youth from the Southeast Asian community in Long Beach, CA. The ages of the focus group participants ranged from 15 to 19 years. All the participants had siblings or relatives (nieces, nephews, cousins) ranging in age from 9 months to 13 years.

General Health Concerns for Children 0-5

“An important part of being healthy is to get at least 8 hours of sleep a night.”

“Being healthy is not just eating, you have to be healthy mentally too.”

“Being healthy is being active, exercising properly, like running, doing push-ups, sit-ups and jogging or even a walk around the block or so.”

“I mean my brother and sister are healthy and not healthy at the same time because my sister, she watch out for what she eat and she could maintain her body and stuff. My brother, he don’t really care cause he just like a lot of junk food...he just into all the sugar stuff and so I don’t think that they’re healthy and it depends on the person basically of how they eat, so everybody is different.”

“Well, I think my little brother, he’s unhealthy because my mom she always buy snacks and she always give it to him and he’s always hungry even at night. That’s why he’s like overweight and stuff.”

Most focus group participants and key informants mentioned that being healthy meant eating healthy (e.g. fruits and vegetables, rice, foods that give you energy, and low amounts of fat and sugar), drinking lots of water, getting regular exercise, and getting enough sleep (at least 8 hours). Some participants felt that their younger siblings and relatives are generally healthy because they eat healthy and are physically active (“we go exercise every week at the beach,” “I think they are cause me and my little brother we always ride bikes around and stuff like that”). Other youth, however, expressed that they don’t think their siblings are healthy because “they always eat junk food such as candies and fast food restaurants.” Many worried their younger siblings were fat or becoming overweight because they ate too much junk food and drank too much soda.
Other concerns the male youth had regarding their younger siblings and relatives included being good role models and babysitters by showing their siblings how to eat healthy, knowing when to feed them, changing diapers, giving them baths and showers, and preventing health hazards around the house (e.g. not giving their siblings unhealthy, high fat and high sugar foods and having a safe place for them to play where they won’t fall or trip over things). Some youth also worried about their siblings’ health problems (e.g. asthma).

**Nutrition and Physical Activity**

“Yes, I just want to say that at home you eat anytime you want and everything is basically like with rice or something, but at school there’s a certain time you eat like at 12:40 or something, but at home you just eat anytime when you’re hungry and anything that’s there like pickles, eggs, or something you just eat with rice, that’s it.”

“I wouldn’t want to change the way my siblings eat because we always have like vegetables or something in our food like with rice and chicken there will be like cucumber or something, cause my grandma always want me to eat healthy and she makes like black soup for us too...she makes us drink it because it’s good for our body with a little something healthy.”

Most of the male youth participants discussed eating whenever and whatever they wanted at home (e.g. cup o’ noodles) and there is no set schedule or types of foods for breakfast, lunch, or dinner like at school. While some felt this lack of structure was unhealthy, most agreed that they tend to eat healthier at home (e.g. rice and chicken) than at school because their schools serve junk food like pizza, burgers, bags of chips, and sodas. Asked if they would like to change anything about how they and/or their siblings eat, most participants expressed they wouldn’t change much because they generally eat healthy. However, a few mentioned they would like their families to eat less fried foods, drink less soda, eat more fruits and vegetables, drink more milk, and have a more “balanced” diet overall. Many of the youth mentioned they wished their families had more money and time to go buy and/or prepare healthier meals at home; however, because they are often busy with school and their parents are busy with work, there is less time and resources to plan and prepare for healthier eating habits. Instead, many of the youth will go to McDonald’s or other fast-food restaurants and order their greasy foods. Many expressed that they wish these fast-food restaurants would offer healthier food choices. Other suggestions to improve their nutrition would be to have the parents or mothers prepare and cook more vegetables and healthy foods at home (e.g. mixing vegetables with meat or fish in a stir-fry dish).

“Gangs like they be at parks and stuff so we can’t go play at the parks cause they might cause trouble and stuff.”

“My siblings spend about like 4 hours a day on games and I don’t think they should stop because sometimes it helps with educational purposes.”

“My family spends most of the day watching TV and on the computer and I think they should stop because it’s not healthy.”

Some of the activities the youth mentioned they do by themselves and/or with their
siblings for physical activity included playing ball (basketball, football, etc.), skateboarding, going to the beach, playing hide and seek around the house and in the backyard, playing on swings, and weight training. Most youth do these activities at least 3 times a week, with many doing them every day.

Many of the youth mentioned that they and their siblings spend a lot of time (3-4 hours a day) watching TV and playing games on the computers. Some felt this was unhealthy because it makes less time for exercise and physical activity. However, many youth also revealed they do not like to play outside with their siblings at parks or in their neighborhoods because they were concerned about the gangs and problems with safety. The youth suggested having more after-school programs (e.g., basketball or sports tournaments) located at the schools so they and their siblings have a safe place to play and exercise. They also asked for more transportation services that would be able to take them to safe parks and recreational areas where they can play without having to worry about gangs.

**Oral/Dental Health**

“We hate it cause we don’t like the way how they check up on your teeth and how they drill it and it hurts and sometimes only your parents would set up the schedule or sometimes you don’t have time to go.”

“We usually don’t have transportation because like everybody’s always busy like either at work or they’re too tired to go. That’s why we never go usually.”

Most of the youth said they and their siblings go to a dentist at least once a year, with some going 2-3 times a year and others going only when they have a toothache or problem. Almost everyone agreed that they don’t like going to the dentist because it usually hurts and there are long wait times at the office.

Most of the youth said that they and their families use Medi-Cal to pay for their dental care. Another major barrier to going to the dentist was lack of transportation. Most of the youth suggested that providing transportation would help them and their families go to the dentist more regularly.

**Education**

Most of the youth felt that their younger siblings were well-prepared for pre-school and they felt that programs like “hooked on phonics” and “leapfrog” were helpful in teaching their siblings. Regarding parental support, most of the youth mentioned that while their parents didn’t have time to show up for all the after-school activities, they did make an effort to attend Open House and parent conferences at school.

**Environmental and Social Supports**

“For me to my mom I usually speak Cambodian but when she get me mad I speak English so she won’t understand what I’m saying (audience laughs). Sometime I do that, but mostly to my siblings, I just mostly talk like, in between, like both English and Cambodian at the same time.”

“I don’t think I spend enough time with my siblings because I have a lot of responsibilities such as doing homework, going out and find a job, chores, and all them other things.”

Most of the youth said their moms, grandmoms, or sisters are usually the primary caretakers of their younger siblings or relatives. However, all agreed that taking care of their family is a family affair and everyone helps out when they...
can. And while some youth wanted to spend more time with their siblings and relatives, others felt that they did not have the time to do so. Most of the youth also expressed that they spoke a combination of English and Cambodian or Khmer at home, though they tend to speak more Cambodian with their parents and grandparents and more English with their siblings.

**Community Needs and Resources and Strategies for Health Promotion**

“As for me it’s in between you know cause what I like about Long Beach is the places that we go, like the mall and stuff - it’s fun. But when it comes to the homes like in the Eastside or whatever it’s too ghetto and it’s too much violence.”

“Well to me if you go out with your family, Long Beach is a good place to live cause it’s a city life and there’s lots of places to go. But the part that I hate about Long Beach is the neighborhoods cause it’s ghetto, like gangbangers and potheads.”

“One thing I’ll change is the doctor because I want a doctor that knows how to speak my language so it’s easier for my mom to explain to them about how I feel, so they’ll know what to do.”

“I would like to see caregivers speak the same language as my parents so then they could explain what the needs are for my parents.”

“I would like to see someone from the activities who speak the same language as my parents, speak to my parents so they could understand what I’m doing after school.”

When asked if Long Beach is a good place for them and their siblings to live, the youth generally felt that Long Beach is not safe because of the gangs and crime in their neighborhoods. Some of the youth mentioned they were afraid to walk or play outside with their siblings because they worried about being attacked by gangs.

Most of the youth mentioned that they appreciated having an organization like Educated Men with Meaningful Messages (EM3) where they can go to learn about important things like sexual and reproductive health as well as other health issues.

Services that all the youth participants mentioned that they would like to see improved for their community included:

- More Cambodian childcare staff, school personnel, and health care professionals who can speak Khmer so that they can communicate with their parents and inform them about what is going on.
- Programs to keep kids out of gangs and alcohol and substance abuse.
- Classes on how to deal with peer pressure.
- Programs for parents to learn English.
- Programs and conferences teaching the Cambodian community about ways to improve and maintain their family’s health, such as nutrition and physical activity classes.
- Programs that provide transportation for clinics, childcare centers, social service agencies, etc.
- Transportation for them and their siblings to and from school.
- After school programs and workshops for both parents and children to improve school tutoring and physical activity.
- More dental care and child care facilities with Cambodian staff.
- More clinics and pharmacies that give out free information and services for the Cambodian community.
Summary of Southeast Asian Girls Findings

Participants

In December, 2004, staff from Khmer Girls in Action (KGA) conducted two focus groups (both with 9 participants each) with a total of 18 female youth from the Southeast Asian community in Long Beach, CA. The ages of the focus group participants ranged from 14 to 19. All the participants had siblings or relatives (nieces, nephews, cousins) ranging in age from birth on up.

General Health Concerns for Children 0-5

“I’m worried about my nephew, he’s surrounded by gang members (brothers). I’m afraid he might follow in my brothers foot steps or that he might smoke. I worry that he doesn’t know his mom cuz she’s not around."

“I worry about my neighbor’s kids. She was pregnant at 17 years and has 2 kids. The mom neglects her and the kids are watched by grandma. Uncle is a gang member and curses. Dad is in jail. They are young with no one to look up to.”

“My sister she smokes and drinks and does ecstasy. I care about her. I learned about the drug in class and I want to tell her but I’m afraid. She has a 6-month old baby.”

“I’m worried about my sister, she’s close to my older sister who used to have a drinking and running away past. I’m afraid my little sister will follow older sister’s foot steps, she had a baby when she was 16.”

The girls felt their families in the Southeast Asian community faced great stress. They also worried about the children and the influences around them.

Nutrition and Physical Activity

“My parents are always at work, my older brother is at work. My parents buy us microwave food and instant noodles.”

“We kids eat noodles (top ramen), fast food, or vending machine food at school. No one has time to cook.”

“There isn’t much healthy food places around here, we have a lot of liquor stores, most of the healthy food stores are in the white neighborhoods.”

“Sometimes I go a day without food, cuz we don’t have enough and I want my siblings to have it first.”

“My sister eats unhealthy but it’s not her fault because our family can’t afford to give her the good food like 100% juice.”

“At school we don’t really have a choice of eating healthy, we get our junk food from the snack machines, they are trying to get rid of the soda machine. At home we have to cook our own food.”

“I eat junk food cuz its easier to get and it’s cheaper.”

“Having the McDonald’s and Burger King’s on every block and advertisements entice us to those places.”
“We need more money and have better access to healthier foods.”

“At home, my sister and I battle each other in hip hop dancing. I also like break dancing.”

“I take care of my nieces and nephews so that’s my exercise.”

“We haven’t worked out since we don’t have P.E. Our workout is working and walking to the car.”

The girls felt it was difficult to have good nutrition and physical activity living in their environments. Many discussed the amount of junk food that youth eat on the school sites from vending machines or walking home. And most felt they lived in very unsafe neighborhoods so that young children could not play outside to exercise. Another factor is that parents are always working to be able to support the family so many of the girls and older siblings must help to raise and feed the younger children. It is much easier and cheaper to buy fast food since there are so many establishments in the neighborhoods; the girls thus perceive that they do not have access to healthy foods.

**Oral/Dental Health**

“We go to the dentist about once a year.”

“We go to the Asian dentist with the Khmer translator. I go once a month because I have braces.”

“I don’t have insurance so we haven’t been to the dentist for a year.”

“I’ve had a toothache but I just suffered through it for 3 weeks.”

“We avoid the dentist until something major happens.”

Summary of Southeast Asian Girls Findings

“My niece has rotten teeth, chipped, cuz she drinks milk at night. I used to have braces.”

“I need my wisdom teeth taken out, I have 2 cavities. If the pain bothers me then I will go to the dentist if it doesn’t bother me then I don’t do anything.”

“We need braces but we cannot afford it.”

Most of the girls say their families are on Medi-Cal and if not, then they are uninsured. If they are on Medi-Cal their families have better access to oral/dental health and go regularly to the dentist. If they are uninsured then they are not able to go to the dentist unless necessary. Many of the girls stated that their family would not go to a dentist unless someone is in pain.

**Education**

“I go to the PTA meetings for my niece.”

“My parents don’t speak English so it’s hard for them to understand what the teachers are saying. Also, they don’t have time.”

“We weren’t very prepared so we had to work twice as hard.”

“My cousin will be ready, she knows her numbers and her alphabets.”

Most of the youth felt that their younger siblings
or nieces and nephews were not well-prepared for kindergarten. They felt there weren’t very many accessible educational sources for them besides television programs like Barney or Sesame Street. Some do have younger siblings or nieces and nephews going to Head Start or another type of preschool, but this was rare. They wished there were more resources like Leap Frog games or other educational toys made available for children.

Parent involvement in the education system was also difficult for many. Most stated that the parents don’t understand how to navigate the school system, feel they can’t participate because they don’t speak English well, or the older siblings attend the PTA or parent-teacher meetings to represent the family.

Environmental and Social Supports

“We play in front of our apartment, but there was a robbery so we can’t play downstairs anymore. There’s no place to hang out.”

“There are parks but not close to my home. I live in the poor area, we can’t go outside cuz there is shooting around, it’s very dangerous.”

“My brother just hangs out in the neighborhood cuz we live in Signal Hill. He goes to the library. The police is right by there. He goes out everyday. I hang out at UCC or the mall.”

Since so many families live in dangerous areas, the youth are stuck inside the house all day and watch a great deal of television or play computer games.

“My brother’s online non-stop, we watch tv to fall asleep, and on the weekend I spend the whole day watching TV.”

“My little sister is on the computer non-stop playing games. She would wake up at 5:30 AM just to play games.”

Summary of Southeast Asian Girls Findings

“My niece watches TV all day outside of school, the Disney channel.”

“We don’t have cable and internet anymore. We started to dance. But before we had cable and internet, we were on it 24 hours. TV and internet became a part of our lives. I used the TV to help me go to sleep.”

“I have cable and the internet. If we are not watching tv then we are online. I can’t live without cable and the internet. It’s a bad habit. Sometimes I don’t do homework.”

“I watch cable TV, it’s my life.”

Many of the girls have to take care of their siblings while their parents work. If not the girls, then the grandparents or mothers who are at home serve as their caregivers.

“We girls have to all take care of our siblings.”

“My mom used to take care of us until she had to find a job, so we had to take care of ourselves after my parents found jobs.”

“We can’t afford or trust people from the outside to help us.”

“We didn’t get any support to help us in raising the younger kids.”

“We need other people to help us, especially around cleaning, food and childcare.”

“More education on how to help us take better care of the baby.”

Almost all the girls felt they lived in unsafe dangerous areas. It was difficult to take their younger siblings to play and exercise anywhere due to the crime. Since their parents are always working and are afraid for their safety, many must stay inside their home.

Language is another important issue because many parents or older adults do not speak
English well. The youth sometimes are losing their ability to speak Khmer so they speak to their parents and grandparents in English or some Khmer. However, there is strong interest in passing down the Khmer language to the younger children from the older siblings.

Community Needs and Resources and Strategies for Health Promotion

“No, not a good area, we have violence, gangs, don’t know what will happen when you step outside.”

“Gang violence, hate crimes, people drink and do drugs cuz they are not happy.”

“My neighborhood is safe for myself cuz I can protect myself, but my little sister is not safe – sexual harassment, gun violence.”

“Tensions between Khmer and Mexicans – gang members.”

“My neighborhood is safe, we have neighborhood watch and police patrolling.”

The girls had many ideas about what they would like to see in their community for young children 0-5 years.

“Swimming lessons and tutoring programs.”

“Fun tutoring programs and exposing them to different types of activities out there, learning about space, etc.”

When asked if they felt Long Beach was a good place to raise young children many felt there were really nice places in Long Beach but also very unsafe areas. They felt they mostly lived in the unsafe areas. Many mentioned the tension between the Latinos and Khmer in the neighborhoods.

Summary of Southeast Asian Girls Findings

“Daycare centers that are more affordable. More afterschool programs. Girl scouts and Boy Scouts.”

“We need more parenting classes and support groups. Child care subsidies.”

“More information on available services.”

“Health insurance so my mom can go to the doctor.”

“Safer and better neighborhoods. I have a friend where I got to visit all the time; they live in a nice neighborhood where I can ride my bike around. But even if I have a bike at home, I wouldn’t use it because it’s not safe.”

“Free activities or places to go. We mostly live in apartments so no room.”

“I want cleaner beaches and no needles in the sand.”

“Parents don’t like us to go outside, they should let us leave the house.”

“More self control, discipline, having safer parks, I don’t feel safe due to racism targeted for being Khmer.”

“Community groups to do gang prevention and support. A social space for young people to hang out with each other.”

“More affordable housing, teachers who care, violence prevention, less police brutality.”

“We need to address poverty. We get charged so much taxes yet we’re poor.”
Recommendations and Long Term Strategies for the Community to Work on with Long Beach

Need to get Southeast Asians involved in policymaking, voting, and participation in leadership and advisory boards, commissions, etc.

Increase citizenship and voter registration in the community.

Need for Southeast Asians to be involved in the planning commission or participating in planning commission and City Parks and Recreation meetings and gatherings to determine parks, services, buildings, conditional use permits, etc.

Increase support for Southeast Asians to attend college and have access to financial aid and scholarships, as well as tutoring, mentoring, and SAT preparation.

Need to increase recruitment of Southeast Asians into education, health, law enforcement, government, social services, mental health, urban planning, and public policy careers.

Need to increase recruitment of Southeast Asians into early childhood education.

Need to make early childhood education programs more accessible to Southeast Asians through community-wide education, hiring of bilingual staff, and implementing universal preschool.

Need bilingual information regarding education, health, social service, and economic resources in various forms including written, audio, visual, and through ethnic media.

Need for community navigators to help families’ navigate education, health, social services, and other resources and systems of care.

Need long term viable employment opportunities with adequate pay, health and retirement benefits that are local or within a shorter driving distance.

Need afterschool programs that are safe and accessible with language and cultural programs both in English and Southeast Asian languages.

Leadership development programs for community members.

Accessible quality bilingual childcare programs that are beyond regular business hours.

Viable transportation options for parents and their children.

Support to navigate school system and be able to participate during after work hours and weekends in parent-teacher conferences and PTA meetings.

Financial literacy training.

Access to affordable, low cost, and free health services that do not have long waiting periods to get appointments or to see the health care provider.

Free early childhood education resources such as books and child development games.
We sincerely thank all of the Southeast Asian parents, youth, grandparents, community leaders, educators, and health care providers who helped us with our research project!

Maichew Chao
Cindy Choi
Sophya Chum
Dara Din
Mary Anne Foo
Michele Gutierrez
Sovanna Has
Jenny Heng
Young Joo
Cevadne Lee
Susan Lee
Binh Ly
Nathalie Lor
Melody Moua
Saphay Nan
Chork Nim
Tu-Uyen Nguyen
Mimi Sisawang