

**Cambodian Access to Transportation: Impact on Senior Nutrition and Meal Service Programs**

Final Report

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## **Abstract**

The largest Cambodian population in the U.S. resides in Long Beach. Because of infrequent use of public transportation, Cambodian seniors do not fully access nutrition and other social services programs. Cambodian elders speak Khmer predominantly and maintain traditional values that have tended to isolate them from the larger community. Health and social service programs offered by community agencies are not being utilized fully due to perceived inaccessibility and unacceptability of transportation. Through collaborations among the Cambodian Association of America (CAA), California State University Long Beach (CSULB), and the Cambodian population, we identified public transportation-related barriers that limited access to nutrition and social services; recommendations to overcome these barriers were formulated. The researchers interviewed key informants and community members by using structured interviews, a focus group guide, and a closed-ended questionnaire. A total of 34 senior community participants (24 females, 9 males, and 1 missing) were interviewed (mean age = 60.9 years; range = 43 years to 86 years). About 75% of men and 50% of women had never traveled by public bus. Reasons for not taking public buses included concerns about personal safety and language barriers. Increased efforts should focus on acquainting Cambodian Americans regarding effective use of the public transport system as well as reducing personal safety concerns.

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## **Introduction**

This research by collaborators from California State University, Long Beach (CSULB) (academic partner) and the Cambodian Association of America (CAA) (community partner), addressed the need for mobility and transportation network improvements for the Cambodian population of Long Beach, a significant subgroup in this community. With respect to the Cambodian senior population, the goals of this project were to identify barriers to transportation for social services such as meal programs. The specific aims were to:

1. Identify how Cambodian traditional values impact access to transportation.
2. Define perceived transportation barriers to accessing care.
3. Identify the frequency of public transportation use among this population.
4. Strengthen the working relationship between the academic and community partners in order to implement culturally appropriate transportation services.

## **Hypotheses**

Due to the paucity of existing research information, this research gathered preliminary information on Cambodians' opinions regarding accessibility, acceptability, and availability of public transportation use. Such information will aid in formulating a more complete understanding of the attitudes of Cambodian American senior citizens toward use of public transportation services. These data can be then used to develop strategies to improve access to existing public transportation and to create culturally appropriate alternatives. Increased access to public transportation is likely to engender increased participation in services, e.g., senior meal programs and other social services.

The primary methods of data collection involved the use of focus group discussions and interviews with key informants. Focus group participants were members of the Cambodian community of Long Beach. Data collection explored several themes among the Cambodian senior citizen population:

1. The role of underutilization of public transportation in causing social isolation.
2. Level of awareness of and participation in activities and social services.
3. How cultural, demographic, and immigration-related factors influence utilization of senior meal programs.
4. The role of lack of transportation in limiting daily activities.
5. The effect of morbid and co-morbid conditions upon need and use of public and other forms of transportation.

## **Background and motivation**

The largest Cambodian population in the U.S. and outside of Cambodia resides in the city of Long Beach. Many Cambodian families are multi-generational and follow traditional practices found in their former hometowns. The result is that many Cambodian refugees, who were accustomed to walking, using bicycles, or animal-powered carts, do not feel comfortable in using public transportation found in Long Beach. Consequently, these individuals lack access to social and healthcare services in the geographically dispersed Southern California area. Many Cambodian immigrants who reside in Long Beach tend to be low-income, non-English fluent individuals who have multiple health issues. For the Cambodian senior population lack of transportation leads to loss of independence, social isolation, and inability to attend to their health care needs. By increasing the availability of transportation networks, planners could

increase the access of this population to social and health services. The purpose of the present research project was to examine among the elderly Cambodian population barriers that limit access to services such as the nutritional meal services and related social services.

During the late 1970s and 1980s the Cambodian population began to expand in Long Beach. Approximately 150,000 Cambodian refugees fled persecution and torture in their homeland and settled in America to find a new life. As with any minority immigrant group, demographic and cultural factors--for example, age at immigration, level of education, and socioeconomic status-- has the potential to affect attitudes toward accessing social services and transportation within this population. In the early 1960s, the first generation of Cambodians came to the U.S. as exchange students, supported by the Kennedy administration. The American government hoped that some of these immigrants would become future Cambodian decision-makers who would be influenced by exposure to democracy. When this effort was eliminated in the mid-1960s due to a diplomatic conflict between the two countries, only a few of these exchange students remained in the U.S. By 1975, shortly before the Cambodian capital Phnom Penh fell to the Khmer Rouge, many Cambodians fled to the U.S. to avoid the war. These first generations of Cambodian immigrants were generally well educated and from middle class families.

Following the 1979 collapse of the Khmer Rouge, more than 250,000 Cambodians fled their homeland and 150,000 eventually resettled in the U.S. Of these refugees, more than 50,000 made Long Beach, California (with a total population of nearly 500,000) their new home; Cambodian Americans represent about 12% of the city's entire population. The estimates of the size of the Cambodian populations are from unpublished data collected by the Cambodian Association of America. According to the John S. and James L. Knight Foundation, the Cambodian population of Long Beach is densely concentrated within the zip code 90806. Currently most of this population resides between Pacific Coast Highway (PCH) and south of Spring Street. Many Cambodian owned businesses are located on Anaheim Street between Long Beach Boulevard and Obispo Avenue. This ten block stretch is surrounded by neighboring communities with high concentrations of Cambodian residents.

Although the 2000 Census data indicated there were more than 170,000 Cambodians living in the U.S. and of these, more than 70,000 were living in California, these figures are widely considered to represent an undercount of the actual population of immigrant and refugee groups (Pfeifer, 2001). The Cambodian immigrants' experiences in their homeland are an underlying reason for the lack of reporting family data to any authority figure, including census personnel.

Between 1979 and 1992, 152,000 Cambodians were accepted for resettlement in the U.S. (Banister, Johnson, 1993). Perhaps no refugee population has arrived in this country so traumatized by war. The reign of the Khmer Rouge and the Pol Pot era destroyed the urban landscape, transforming the country into a rural, agrarian society. The majority of professionals and the intellectual class were exterminated. Consequently, the Cambodian refugee population that settled in the U.S. tend to be severely disadvantaged by low economic and educational achievement. Of the three major Asian Pacific groups in Los Angeles County, Cambodians have the highest rate of poverty at 46% (LA County 15%), the highest unemployment rate at 14% (LA County 7%), the lowest percentage of college graduates at 5%, the lowest income rate per capita at \$4,639 (LA County \$16,149), and the lowest household income at \$17,343 (LA County

\$34,965) (United Way of Greater Los Angeles, 1996). An estimated 48% of Cambodians in LA County receive welfare.

The Cambodian population tends to be disadvantaged from the stand point of health. We found in previous focus group studies of Cambodian Americans that most respected physicians; however, the senior population tended to delay care. According to Rasbridge and Kemp (2001), four major reasons for delaying care or denying illness include acceptance of illness (fatalism); difficulty accessing care; difficulty traversing the healthcare system; and barriers due to language, culture, poverty, and the healthcare system itself. In addition, the principal investigators believe that lack of transportation access and unfamiliarity with the public transportation system further exacerbates delays in seeking medical care and social services. Funding from the METRANS programs enabled researchers to interview members of the senior Cambodian population regarding needs of transportation and barriers to use of public transportation. This information would lead to increased awareness of transportation services available to the Cambodian population.

Although Long Beach offers a variety of public transportation, individuals who have language barriers are likely to experience difficulty in selecting the appropriate bus route, determine if they have the proper currency, communicate their fears and concerns, and obtain guidance needed to access these services. Our data collection partner, the Cambodian Association of America in Long Beach, reported that many of the elders in the population feel isolated, intimidated, unfamiliar, and not able to access public transportation.

The few individuals who have access to private transportation experience problems with traffic congestion, financial barriers to commuting, and resistance from family members who fear loss to work time when they are called upon to transport seniors. For cultural reasons, it is embarrassing and demeaning for an elderly person to ask a younger person to assist in their transportation to obtain medical care, translate personal information to a doctor, and be present during a medical visit.

According to Long Beach Transit, there are approximately eight bus routes within walking distance to assist Cambodian community members in reaching medical facilities. Because many destinations are far away from a bus stop, passengers may be required to walk a significant distance after utilizing public buses. In addition, obstacles ensue in determining the optimal route, transfer points, appropriate currency denominations, and how to obtain a bus pass.

## **Methodology**

Data were collected in three phases: (1) qualitative interviews of focus group members; (2) quantitative interviews of the same focus group members; and (3) key informant interviews. Originally, the investigators proposed that the focus groups be segregated according to on age, gender, and language preferences. However, in practice it was not feasible to select focus groups based on these criteria. Focus group participants were identified with the assistance of the Cambodian Association of America (CAA). All of the focus group participants attended senior nutrition programs offered by the CAA.

## **Key results**

### **Questionnaire and focus group guide**

A closed-ended questionnaire was administered to all participants selected for the research project. These participants were the same individuals who comprised the focus groups. The questionnaire was administered before the focus groups began their discussions. The questionnaire assessed a range of topics, including demographic characteristics, health related-items, and specific opinions regarding access to transportation. This questionnaire is shown in Appendix A.

A focus group guide (shown in Appendix B) provided standardized items for the focus group sessions, which lasted approximately two hours. Interviewers consisted of students and faculty members from CSULB and language experts from the CAA. Khmer-speaking translators provided back-translation, if necessary, to assist with the administration of all questionnaires.

### **Quantitative results:**

#### **Demographic characteristics of sample**

Demographic characteristics of respondents are presented in Table 1. As noted, respondents were Cambodian American adults who participated in the senior meals program. There were 24 females and 9 males. Respondents were between 43 years and 86 years of age. The primary language of all respondents was Khmer with 11 (32.0%) speaking English as a second language. About 55% of respondents had immigrated into the United States between 1970 and 1984. Most adults were unemployed (97.0%) and reported making an annual income of \$9,309 or less. Respondents either lived in an apartment or private home. Most of the respondents (75.2%) stated that the number of people in their household was 3 or more (range = 1 to 7 persons).

**Table 1: Demographic characteristics of Cambodian American adults (n = 34)**

|                               | Count | %     |
|-------------------------------|-------|-------|
| Age                           |       |       |
| 54 Years and below            | 9     | 26.5  |
| 55 - 64 Years                 | 15    | 44.1  |
| 65 Years and over             | 10    | 29.4  |
| Gender                        |       |       |
| Males                         | 9     | 27.3  |
| Females                       | 24    | 72.7  |
| missing                       | 1     | 0     |
| Primary Language              |       |       |
| Khmer                         | 33    | 97.1  |
| Secondary Language            |       |       |
| English                       | 11    | 32.4  |
| Year moved into United States |       |       |
| 1970 - 1984                   | 16    | 55.2  |
| 1985 - 1994                   | 5     | 17.2  |
| 1995 - 2004                   | 8     | 27.6  |
| missing                       | 5     | 0     |
| Employment                    |       |       |
| Yes                           | 1     | 3.0   |
| No                            | 32    | 97.0  |
| missing                       | 1     | 0     |
| Annual Income                 |       |       |
| \$9,309 or less               | 29    | 100.0 |
| missing                       | 5     | 0     |
| Type of Home                  |       |       |
| Apartment                     | 14    | 50.0  |
| Private Home                  | 14    | 50.0  |
| missing                       | 6     | 0     |
| Number of people in Household |       |       |
| 1                             | 5     | 15.6  |
| 2                             | 3     | 9.4   |
| 3                             | 6     | 18.8  |
| 4                             | 6     | 18.8  |
| 5                             | 7     | 21.9  |
| 6                             | 3     | 9.4   |
| 7                             | 2     | 6.3   |
| missing                       | 2     | 0     |

### **Access to and utilization of public transportation services (Refer to Table 2)**

Many of the respondents indicated that they faced transportation-related challenges. Most respondents 84.4% (males = 6; females = 20) did not own a car; these individuals either had to depend on a relative who owns a car or use public transportation. A total of 70.8% of females and 44.4% of males did not have a driver's license. Almost 60% of respondents (males = 5; females = 8) reported that they had used public transportation. Among male and female respondents, respectively, 28.6% and 47.4% traveled often by bus; about 80% and 56% never used a bus schedule; 77.8% and 65.2% found it difficult to use bus schedules. Most females (91.7%) and males (77.8%) did not know how to call a taxi. Only one respondent (female) reported using a taxi. Among male respondents, 66.7% reported they did not know how to make a phone call to catch a vanpool. Among female respondents, none of them knew how to get vanpool services. Most respondents had never used the train or metro.

**Table 2: Access to and utilization of public transportation services**

|   | Males |       | Females |       |
|---|-------|-------|---------|-------|
|   | Count | %     | Count   | %     |
| Do you have telephone numbers of local transportation services posted in your home? |       |       |         |       |
| Yes   | 3     | 33.3  | 12      | 50.0  |
| No  | 6     | 66.7  | 12      | 50.0  |
| missing   | 0     |       | 1       |       |
| Have you ever used a bus schedule?  |       |       |         |       |
| Yes   | 1     | 20.0  | 7       | 43.8  |
| No  | 4     | 80.0  | 9       | 56.3  |
| missing   | 4     |       | 9       |       |
| Do you find it difficult to use the bus schedule?                                   |       |       |         |       |
| Yes   | 7     | 77.8  | 15      | 65.2  |
| No  | 2     | 22.2  | 8       | 34.8  |
| missing   | 0     |       | 2       |       |
| Do you know how to make bus connections?  |       |       |         |       |
| Yes   | 3     | 33.3  | 8       | 33.3  |
| No  | 6     | 66.7  | 16      | 66.7  |
| missing   | 0     |       | 1       |       |
| Do you know how to catch a taxi?  |       |       |         |       |
| Yes   | 2     | 22.2  | 2       | 8.3   |
| No  | 7     | 77.8  | 22      | 91.7  |
| missing   | 0     |       | 1       |       |
| Do you know how to make a phone call to get a vanpool?                              |       |       |         |       |
| Yes   | 3     | 33.3  | 0       | 0.0   |
| No  | 6     | 66.7  | 24      | 100.0 |
| missing   | 0     |       | 1       |       |
| Do you have a driver's license?   |       |       |         |       |
| Yes   | 5     | 55.6  | 7       | 29.2  |
| No  | 4     | 44.4  | 17      | 70.8  |
| missing   | 0     |       | 1       |       |
| If no, does a family or friend have a driver's license?                             |       |       |         |       |
| Yes   | 6     | 100.0 | 13      | 65.0  |
| No  | 0     | 0.0   | 7       | 35.0  |
| missing   | 0     |       | 8       |       |

**Table 2: Access to and utilization of public transportation services (Continue)**

|   | Males |       | Females |      |
|---|-------|-------|---------|------|
|   | Count | %     | Count   | %    |
| Do you own a car?                         |       |       |         |      |
| Yes                                       | 2     | 25.0  | 3       | 13.0 |
| No  | 6     | 75.0  | 20      | 87.0 |
| missing                                   | 1     |       | 3       |      |
| Have you ever used public transportation? |       |       |         |      |
| Yes                                       | 5     | 100.0 | 8       | 47.1 |
| No  | 0     | 0.0   | 9       | 52.9 |
| missing                                   | 4     |       | 8       |      |
| How often do you travel by private car?   |       |       |         |      |
| 0 times                                   | 2     | 33.3  | 3       | 18.8 |
| 1 - 3 times                               | 2     | 33.3  | 4       | 25.0 |
| 4 - 7 times                               | 1     | 16.7  | 6       | 37.5 |
| 8 or more times                           | 1     | 16.7  | 3       | 18.8 |
| missing                                   | 3     |       | 9       |      |
| How often do you travel by bus?           |       |       |         |      |
| 0 times                                   | 5     | 71.4  | 10      | 52.6 |
| 1 - 3 times                               | 1     | 14.3  | 2       | 10.5 |
| 4 - 7 times                               | 1     | 14.3  | 3       | 15.8 |
| 8 or more times                           | 0     | 0.0   | 4       | 21.1 |
| missing                                   | 2     |       | 6       |      |
| How often do you travel by vanpool?       |       |       |         |      |
| 0 times                                   | 5     | 83.3  | 14      | 87.5 |
| 1 - 3 times                               | 0     | 0.0   | 2       | 12.5 |
| 4 - 7 times                               | 1     | 16.7  | 0       | 0.0  |
| missing                                   | 3     |       | 9       |      |
| How often do you travel by taxi?          |       |       |         |      |
| 0 times                                   | 5     | 100.0 | 15      | 93.8 |
| 1 - 3 times                               | 0     | 0.0   | 1       | 6.3  |
| missing                                   | 4     |       | 9       |      |
| How often do you travel by train/ metro?  |       |       |         |      |
| 0 times                                   | 5     | 83.3  | 12      | 75.0 |
| 1 - 3 times                               | 0     | 0.0   | 3       | 18.8 |
| 4 - 7 times                               | 1     | 16.7  | 1       | 6.3  |
| missing                                   | 3     |       | 9       |      |



### Neighborhood safety (Refer to Table 3)

Most respondents (84.4%) found their neighborhood to be safe. Among respondents, 85.7% of males and 83.3% of females reported that their neighborhood was safe. Safe conditions are conducive to respondents leaving home and participating in the senior meals program. It is likely these senior citizens feel safe because they live among people of the same ethnicity and are not discriminated against in their neighborhood. This finding contradicted the focus group responses, which indicated concerns about personal safety when waiting for a bus.

**Table 3: Neighborhood safety**

|  | Males |      | Females |      |
|--|-------|------|---------|------|
|  | Count | %    | Count   | %    |
| How safe would you say your neighborhood is? |       |      |         |      |
| Very Safe                                    | 1     | 14.3 | 0       | 0.0  |
| Safe   | 6     | 85.7 | 20      | 83.3 |
| Not Very Safe                                | 0     | 0.0  | 4       | 16.7 |
| missing                                      | 2     |      | 1       |      |

### Self-reported health status and limitations in mobility (Refer to Table 4)

Most female (95.7%) and male (62.5%) participants reported that their health status was fair or poor. The percentages of male and female respondents who reported limitations in ability to walk were 55.6% and 38.1%, respectively. Of those who had walking limitations, 75.0% of males used a wheel chair, 50.0% of females walked by themselves but with some assistance, and 50.0% of females needed a cane to walk.

**Table 4: Self-reported health status and limitations in mobility**

|  | Males |      | Females |      |
|--|-------|------|---------|------|
|  | Count | %    | Count   | %    |
| How do you rate your overall health status?          |       |      |         |      |
| Excellent  | 1     | 12.5 | 0       | 0.0  |
| Very Good  | 2     | 25.0 | 0       | 0.0  |
| Good   | 0     | 0.0  | 1       | 4.3  |
| Fair   | 3     | 37.5 | 14      | 60.9 |
| Poor   | 2     | 25.0 | 8       | 34.8 |
| missing  | 1     |      | 2       |      |
| Do you have any limitations in your ability to walk? |       |      |         |      |
| Yes  | 5     | 55.6 | 8       | 38.1 |
| No   | 4     | 44.4 | 13      | 61.9 |
| missing  |       |      | 4       |      |
| Type of help needed for walking                      |       |      |         |      |
| Walk by myself with assistance                       | 0     | 0.0  | 3       | 50.0 |
| Need a cane  | 1     | 25.0 | 3       | 50.0 |
| Need a wheelchair                                    | 3     | 75.0 | 0       | 0.0  |
| missing  | 5     |      | 19      |      |

**Level of interest in disease prevention (Refer to Table 5)**

Most respondents reported to be interested in screening for high blood pressure as well as blood cholesterol. Among male respondents, 23.5% had an interest in high blood pressure screening and 11.8% were interested in blood cholesterol and diabetes screening. Among females, 32.4% and 41.2% were interested in high blood pressure and blood cholesterol screening respectively. The percentages of respondents who were interested in other forms of disease prevention services were low.

**Table 5: Levels of interest in disease prevention services**

|  | Males |      | Females |      |
|--|-------|------|---------|------|
|  | Count | %    | Count   | %    |
| Would you be interested in any of the following disease prevention services? |       |      |         |      |
| General Health Screening   | 2     | 5.9  | 4       | 11.8 |
| High Blood Pressure Screening  | 8     | 23.5 | 11      | 32.4 |
| Blood Cholesterol  | 4     | 11.8 | 14      | 41.2 |
| Diabetes   | 4     | 11.8 | 4       | 11.8 |
| Colorectal Cancer Screening  | 0     | 0.0  | 1       | 2.9  |
| Cervical Cancer Screening  | 0     | 0.0  | 1       | 2.9  |
| Breast Cancer Screening  | 0     | 0.0  | 4       | 11.8 |
| Prostate Cancer Screening  | 1     | 2.9  | 0       | 0.0  |
| Smoking Cessation  | 0     | 0.0  | 0       | 0.0  |
| Alcohol Prevention   | 0     | 0.0  | 0       | 0.0  |
| Mental Health  | 0     | 0.0  | 1       | 2.9  |
| Not Interested   | 1     | 2.9  | 1       | 2.9  |

**Participation in senior and congregate meals programs** (Refer to Table 6)

All respondents were participants in the senior meals program offered by CAA. Among males and females, 87.5% and 66.7%, respectively, had attended the nutrition service program three or more times. All respondents had participated in the nutrition program for six months or more. Most male respondents 77.8% had participated in the senior nutrition program for more than one year. In contrast, most females had participated in the program for less than one year.

**Table 6: Participation in senior and congregate meals programs**

|   | Males |      | Females |      |
|---|-------|------|---------|------|
|   | Count | %    | Count   | %    |
| Do you presently participate in the senior meals program partly sponsored by the CAA? |       |      |         |      |
| Yes   | 9     | 26.5 | 23      | 67.6 |
| missing   | 0     |      | 2       |      |
| How many times do you attend the senior nutrition service program?                    |       |      |         |      |
| 1 - 2 times   | 1     | 12.5 | 8       | 33.3 |
| 3 - 4 times   | 3     | 37.5 | 10      | 41.7 |
| 5 or more times   | 4     | 50.0 | 6       | 25.0 |
| missing   | 1     |      | 1       |      |
| For how long have you been attending the senior nutrition service program?            |       |      |         |      |
| 6 months or less  | 1     | 11.1 | 12      | 50.0 |
| 7 months to 1 year  | 1     | 11.1 | 3       | 37.5 |
| more than 1 year  | 7     | 77.8 | 9       | 12.5 |
| missing   | 0     |      | 1       |      |

## Qualitative results:

### Interview with key informant

Him Chhim, the former director of the Cambodian Association of America, was interviewed as the key informant regarding utilization of public transportation among Cambodians. He indicated that Cambodians do not use public transportation due to demographic and social limitations. (Refer to Table 7.)

**Table 7: Reasons why Cambodians do not use public transportation**

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- Socio-Environment: perception that the neighborhood is unsafe
  - Health impairments
  - Fear of driving
  - Unaccustomed to use public transportation (never tried, never thought of it)
  - Language gap: they cannot understand the bus routes; instruction written in English/Spanish
  - Illiteracy
  - Poverty
- 

**Focus group results** (Refer to Appendices D through G for raw transcripts recorded by student focus group interviewers.)

### Barriers to transportation

Several well-known factors contribute to poor health status: limited financial circumstances, unavailability and accessibility of public transportation services, and fear of burdening friends and relatives who own cars. The focus groups tended to support the notion that these factors were operative. Data collected from the focus group suggested that Cambodian seniors experience numerous barriers to transportation. Participants indicated that transportation is an important factor in having access to medical care, groceries, shopping, school, and leisure activities. Few participants reported owning a private car or having a reliable source of transportation. (For example, in focus group number four, only one person reported owning his or her own car.) Furthermore, when asked how often public transportation was used, participants indicated that they rarely or never used the bus or train as a form of transportation. One person said they walked where they needed to go. Participants tended not to use public transportation due to health-related barriers, safety concerns, or sociocultural barriers. (Refer to Table 8.) These findings tended to support the results obtained from the quantitative questionnaires (with one exception of safety concerns).

**Table 8: Barriers to transportation**

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|                 |   |
|-----------------|---|
| Health-related  | <ul style="list-style-type: none"><li>• Arthritis</li><li>• Inability to walk</li><li>• Hard of hearing</li><li>• Vision impairment</li><li>• Forgetful</li></ul>               |
| Sociocultural   | <ul style="list-style-type: none"><li>• Poor English</li><li>• Can't rely on friends or family</li></ul>  |
| Safety Concerns | <ul style="list-style-type: none"><li>• Not familiar with area</li><li>• Afraid of missing the bus</li><li>• Afraid of bad people/gangsters</li><li>• Fear of falling</li></ul> |

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## Transportation use

Information was collected in regard to the means and modes of transportation. Focus group participants were unanimous in agreeing that it is very important for them to have access to public transportation. All respondents expressed desire to be self-reliant. One reason for needing public transportation is that some families do not have access to any form of private transportation. Some respondents indicated that they prefer to travel in small groups in vans that can hold up to ten people.

Respondents were queried about how travel plans were made: whether someone helped them to make travel plans and whether public transportation was used. Qualitative data suggested that family members made travel plans for participants most frequently; friends were the second most frequently indicated by the group. One focus group (N=17) reported that family members provide transportation to doctor's appointments, while others relied on friends (7 of 17 and 4 of 17, respectively). The same group (6 of 17) indicated that doctors' appointments were missed in the past month due to lack of transportation. Furthermore, 12 of 17 participants missed a doctor's appointment within the past 12 months due to lack of transportation. Responses were similar in other focus groups.

In addition, respondents stated that due to personal limitations, some form of public transportation would facilitate independence in getting around freely and in seeking needed services. Respondents' most common concern was inability to speak English and hence inability to communicate and negotiate comfortably with those in their environment. They felt very uncomfortable speaking with the bus drivers and transportation authorities. Their inability to speak English and communicate their needs caused them to be anxious, distrustful, fearful, and to become easily confused. Additionally, they expressed fear about the vastness of our cities. Most of the elderly who reside in the U.S. came from small rural communities and therefore are afraid of getting lost in large urban environments. Not being able to communicate has psychological consequences that spill over into their service utilization rate. The language barriers, along with unfamiliarity with their community, and the fear of getting lost were compounding factors that deterred them from using public transportation.

## **Perceived impact of improved access to transportation**

Respondents were posed with the question of what would happen if they had unlimited transportation. In general, responses indicated improved quality of life. Answers included “very happy,” “thankful,” “less stressed,” “could explore more,” “could go to the temple more,” and “could go to the beach.”

## **Health concerns**

Several health concerns exacerbate the low use of public transportation among the Cambodian American elderly. Health issues play a great role; these include fear of falling, not trusting their memories, and having mobility problem due to arthritis. Difficulty seeing the signs and hearing impairment were other factors that added to their anxiety and fear of using public transportation.

Many elderly respondents lived alone. Some missed their doctors’ appointments because of lack of transportation. Having access to reliable public transportation could positively affect the seniors’ mental and psychological status. They reported that getting around comfortably could eliminate social isolation and loneliness and reduce depression. Most of the Cambodian elderly who get together in the CAA-sponsored meals center share many emotional experiences. Most had lost some or all of their family members in the war; they take comfort in peers who have had similar experiences. Attending the meal program is not only about eating, but about connecting with others, gaining social capital, and eliminating social isolation and loneliness.

## **Senior meal program**

Participants were queried on the senior meal program provided by the Cambodian Association of America (CAA). Respondents indicated that this service not only provided nutritious food, but also opportunities to practice their English, socialize, and exercise as well as offering a chance to get involved in the community. One respondent indicated that they “enjoy[ed] the field trips to see the congresswoman, city council, aquarium, and museum.” In addition, participation encourages seniors to meet people from different ethnic backgrounds and promotes cultural competency. Respondents indicated that participation within the senior Cambodian community is low due to lack of access to transportation. In fact, many specified that without having transportation that the CAA provides on a two-day a week basis for the senior meals program, they would not have an opportunity to participate in any social activity. When asked how the program offered by the CAA could be improved, most respondents said that providing increased transportation capacity and more frequent trips would be beneficial. These changes would help them and other Cambodian seniors gain access to this valuable service.

## **Conclusion and Recommendations**

Impaired skills in communicating with non-Cambodians, limited understanding of the media, and lack of ability to read or write in English are some of the difficulties that senior Cambodian Americans face in accessing public transportation. Even though they live in areas with high concentrations of Cambodian Americans, respondents faced challenges associated with language barriers. Family members and friends who speak English must accompany many of the respondents to appointments.

Several of the interviewees did not drive because they did not have a driver's license or own a car. Consequently, respondents indicated that they must depend on public transportation or a relative or friend who has a car. Although seniors might prefer the bus as a mode of transportation, they found it difficult to use the bus schedule and make connections. Some of the respondents were limited in their ability to walk. One of the respondents felt that some bus passengers do not like to be delayed by stops for the disabled.

Most respondents reported their health status to be below average; many suffered from high blood pressure and heart conditions. This meant that they needed to visit their doctors regularly. Limitations in transportation availability obligated respondents to depend on a relative or friend who owned a car. Because of the fear of being a burden on others, many seniors perceived themselves as destined to being homebound.

As noted previously, Long Beach is home to about 50,000 Cambodian Americans, many of whom speak Khmer as their primary language. Communication barriers such as perceived unavailability or unawareness of printed guides in Khmer are barriers to utilization of public transportation services. Future studies might examine interventions that include educational programs for increasing the access of senior Cambodian Americans to public transportation. Other research might address the stressors that senior Cambodian Americans face as a result of language barriers, restriction of mobility, financial dependence, financial uncertainty, and crowded living conditions. The meals program offered by the Cambodian Association of American is coupled with transportation to the program site. This program is extremely valuable in reducing the isolation of Cambodian American seniors.



## **Implementation**

We would encourage the use of these results to increase access of Cambodian Americans to public transportation including the public bus system in Long Beach, CA. The Cambodian Association of American could be helpful resource is disseminating information about public transportation to the community.

**Appendices**—all are included in the attached PDF file.

Appendix A: Cambodian/METRANS Questionnaire

Appendix B: Focus Group Guide for Participants

Appendix C: Transcript of interviews with key informants

Appendix D: Transcript of Focus Group Interview No. 1

Appendix E: Transcript of Focus Group Interview No. 2

Appendix F: Transcript of Focus Group Interview No. 3

Appendix G: Transcript of Focus Group Interview No. 4

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