

from the community garden near the White Center Heights Park. The White Center Food Bank offers fresh produce as well as providing cooking classes to clients taught by a Public Health nutritionist in the Food Bank demonstration kitchen. The clients receive recipes and the ingredients to make healthy meals. The Food Bank offers special hours for senior clients and has paid local community members who speak Spanish, Vietnamese, and Arabic to assist the diverse groups of clients who rely on the food bank. The focus group participants received the healthy food gift cards that were developed by the White Center Food Bank and the White Center Community Development Association (CDA) with funding from the King County Food and Fitness Initiative.¹ These gift cards were purchased from the White Center Food Bank and were redeemable for fresh produce at two locally owned produce markets in White Center. The gift cards promote the local residents to access the produce markets when they wish to get their fresh fruit and vegetables so the residents are able to make their own decisions and food selections.

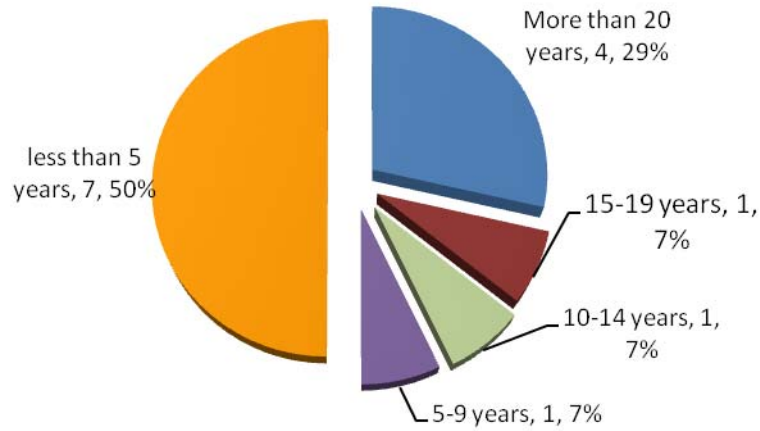
Notes about the group participants

Khmer residents in White Center enjoy visiting the Golden House Bakery & Deli as it is a local business and it is commonly referred to as the donut shop. The owner is Pharin Kong who is Khmer and is active in Cambodian Cultural Alliance of Washington. All of the focus group participants were familiar with this location and they were comfortable in coming together to talk. Participants were able to select their preferred food that was prepared by the shop owner and his wife. The participants are asked to provide their name and address when they signed in for the group. Nearly all participants did not read English and the form was not translated into Khmer so the group facilitator, interpreter, and two participants interacted with the rest of the participants to describe this as a sign in form and they helped record participants' names. Group participants were informally speaking with one another that helped make everyone at ease for the group discussion.

Fourteen Khmer attended the group. Most of them were mature adults among them were two older participants who were joined by their young adult grandson who also participated. Of the 14 participants in the group, seven or 50% had lived in the White Center neighborhood for less than five years. Of these seven participants, one had only lived in the area for one month, one lived here for 2-3 months, one lived in White Center for six months, one for almost two years, and three for 2-3 years. Among the four participants who had lived in White Center for more than 20 years was one resident who had come to the area 26 years ago.

¹ Public Health Seattle-King County and Washington State University King County Extension were the lead partners in the King County Food and Fitness Initiative that initially received funding from the W.K. Kellogg Foundation in 2007. The initiative focuses on plans to provide children, youth and families with greater access to affordable and healthy food as well as safe space for physical activity and support for sustainable agriculture.

Length of Khmer Focus Group participants residence in White Center



This introduction was shared with the group as part of the project overview:

The King County Children and Family Commission began work on the Irreducible Needs Project out of their concern about family well-being for all families in King County. They identified a common list of needs they believed are shared by all families. These are the needs they identified: a safe neighborhood, adequate nutritious food, affordable wellness care, livable wage, access to education and learning through life, affordable housing, stable and secure relationships, and a supportive resource network. The Children and Family Commission is sponsoring tonight’s group to hear your input on what you believe families need to thrive and have well-being.

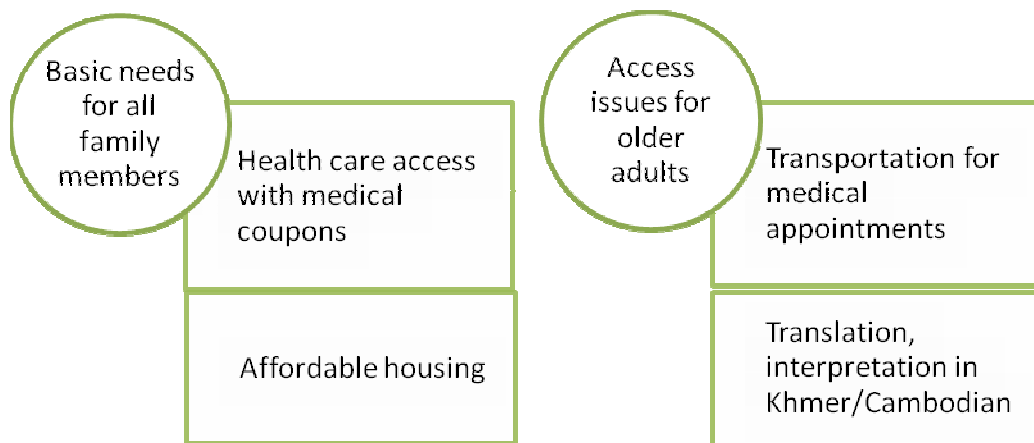
Key points that emerged from the group:

- The mature adults who participated in the focus group were most concerned about obtaining health care coverage and they repeatedly referred to wanting to obtain medical coupons. Those participants who had come to the United States years ago may have had medical coupons initially upon their arrival but they indicated they were not currently receiving health care assistance. Several participants had incurred out of pocket expenses in paying for office based health care, prescriptions, or hospital care. They did not indicate that they were working or that they received any employee paid benefits. In responding to questions they indicated that they were on limited welfare incomes.

1. For the families that you know, what is one thing that families need?

The focus group participants readily listed a number of needs that are common among Khmer families. The participants most often stated a need for access to affordable health care that reiterates one of the irreducible needs that had been identified. The other need

areas that drew some reaction and general agreement from the participants were for affordable housing and accessible transportation. Another need was to develop more resources for the translation of public documents, forms, applications into Khmer.



The following list conveys that individuals in the focus group identified different areas for what they believed to be what Khmer families need:

- Access to wellness care through medical coupons that cover care from health care providers, hospital care, and prescriptions
- Affordable housing
- Improve available and accessible sources of transportation for older residents to use for appointments
- Clean living environment

When the participants referred to affordable housing, this generally means that housing costs are approximately 30% of the household's income. In White Center, 45% of renters and 26% of owners spend more than 30% of their income for rent or mortgage.²

- 31% of rental housing in White Center is subsidized--
- 22% in rental housing
- 9% housing vouchers

Several statements referred to support for families and also suggests that participants were concerned for the younger generation:

- Improve communication between parents and children so that parents know what their children are doing and are engaged to support their children.
- Help for the younger generation so there is no addiction to drugs and to help them from joining gangs
- Help for young children to be good and to academically engaged

² Data on housing is from the White Center Community Development Association. Accessed online at <http://www.wccda.org/content/about/WC-history.php>

One of the participants referred to the importance of parents and children communicating effectively. This has many implications for mature parents communicating with their adult children as well as parents who are engaged in raising their young school aged children. The comment suggests that there have been and continue to be differences among some younger Khmer who are more acculturated to the host society than the older Khmer who retain more traditional values. The focus group participant did not offer examples of effective or not effective communication between the generations. But there have been separate efforts conducted at different times and sites in White Center that were to help inform Khmer parents and parents from other ethnic communities to prepare for and understand the education of their children in our school system. In a recently published study, Cambodian parents identified these beliefs to be most important to them in raising their children “ To obey, to work hard, to help others, to be well liked and to think for self.”³ In this research study that was conducted in the Seattle area the Cambodian parents placed independence last and that could potentially conflict with children acquiring a Western value of independent thinking. The participants’ comments and the results from a local study affirm that younger and older generations are acculturating differently that creates the need for thoughtful and deliberate communication to ensure understanding.

2. What are other needs that families have?

Unmet basic needs While most of the participants felt that the needs of Khmer families had been identified several participants felt that the community needs more resources “for everything” as they lack adequate income, housing, and food. Two participants seemed to concur that more resources are needed and that translation into Khmer has to occur so that they would learn about any available resources. If there was Khmer media this could disseminate information to the community.

3. What would you most like to have for your family?

Access to health care The participants indicated that what their own families would most need is access to health care through having medical coupons. Only three of the 14 participants had medical coupons while the others indicated that they had no health care coverage or health insurance. Some of the participants also agreed that they need access to dental care that is either covered through their coupons or is affordable. Several group participants also mentioned they have incurred out-of-pocket expenses for health, dental and hospital expenses.

Sufficient income The participants also wanted to have sufficient income through having a secure job. If adult family members have a job then the family will probably be able to obtain affordable housing.

³ Tajima, E. & Harachi, T. (2010) Parenting Beliefs and Physical Discipline Practices among Southeast Asian Immigrants: Parenting in the Context of Cultural Adaptation to the United States. *Journal of Cross-cultural Psychology* 41(2) :212-235.

Healthy and nutritious food that is affordable The need for having healthy and nutritious food was not immediately mentioned but when the topic was raised, approximately half of the participants indicated that they could use more income than they could better afford fresh foods that are costly. The participants conveyed that each month they face decisions about paying for rent and other necessary expenses such as health care or prescriptions then they run short of the amount they need for food. If alternately they put their available income into buying adequate food then they would not have adequate income to pay their other bills. In other words, each month participants faced decisions whether to pay rent, pay for health care, pay for necessary transportation, or buy food.

Safe neighborhoods A small number of participants agreed that they want to be sure they live in safe neighborhoods. There was wider agreement that residents have typically felt safe during the day walking in White Center. However, they are observing a growing number of transients sleeping in doorways or in public spaces and this makes them feel unsafe in their neighborhood. They prefer not to be out in the evening because they perceive that as risking their personal safety. One resident complained that a block of Occidental Avenue South was not safe due to fights that occurred.

4. What resource or support would help the families to get what they need?

Access to health care The focus group participants reiterated that they would like to have access to health care by having medical coupons. They anticipated using medical coupons for their prescriptions so they would reduce any out of pocket expenses.

Translation/ interpretation In addition to this tangible resource the participants would like to be able to more readily understand what resources or services were available. They request that any announcements of health, legal or education services or programs as well as applications or other documents from schools or hospitals to be translated to Khmer. When the discussion was held participants did not refer to any resources for learning English.

5. What are the barriers or reasons that families do not get the support or help they need?

Language differences hinder Khmer clients' understanding Several of the participants also indicated that they may not understand the process to seek resources or services or to access these services or to learn if they are eligible. One reason that these Khmer families were not able to access services or to know if any resources were available is that 13 of the 14 focus group participants spoke Khmer as their primary language. The young adult participant was the only focus group participant who readily understood English and responded in English. The participants would like to see more translation of documents into Khmer. These focus group participants would also prefer to seek a service if a provider was available who could speak Khmer.

6. What could be done so resources or sources of support are culturally responsive?

Translate documents The participants have identified that translation of documents along with the provision of interpreters in public settings, agencies, hospitals, and libraries would improve their access to any resources or services for which they are eligible. A related suggestion was to have Khmer/English dictionaries available in libraries as well as to have Khmer speaking workers in locations such as hospitals, schools, and libraries so that Khmer families may have their needs understood.

Recognize communication occurs through language and cultural networks The majority of the focus group participants agreed that much communication occurs verbally among members of the community. The Khmer share information among themselves. The White Center Community Development Association is well regarded as an agency that helps in transmitting information on resources and services, convening groups as needed, and assisting local residents in accessing appropriate resources.

Recognize that individuals have acculturated differently The focus group participants have retained their native language while they appeared to be acclimating to other aspects of local culture such as in their dress and in using transportation. Acculturation takes place along two dimensions typically, one is ethnic retention and the second is accommodation to the host society. The majority of the participants prefer to shop at the smaller ethnic businesses in White Center. However, some of the participants were inquiring about receiving medical coupons for coverage of hospital care which implies they perceive some use of the biomedical system for some acute conditions even if they prefer more traditional care for lingering conditions.

Be aware of culturally influenced patterns of response The experience of the Khmer people during years of war and ensuing genocide prompted some to adapt and practice obedience out of fear of punishment. This tendency to be obedient and not risk offending anyone who is perceived to be in control should be considered in offering and providing services to Khmer people. Older Khmer people might hesitate to ask questions and might appear to agree so as to not offend a service provider. As indicated by the participants in the focus group, most members of the local Khmer population would be more inclined to access and to use services when they trust the providers who are offering the services because the providers speak Khmer.

Respect applicants and provide language assistance The focus group participants had mixed reactions to their experiences in seeking services or communicating with public agency staff members including DSHS Khmer interpreters. Some group participants found the communication to be challenging but several others felt the exchanges were satisfactory. They felt they were respected in their interactions overall but would appreciate more help to understand and complete applications when trying to access services.