

# 2013 Report on

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THE STATE OF

# CAMBODIA TOWN



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# INTRODUCTION

This report examines the current state of Cambodia Town in five key areas – demographic trends, socioeconomic characteristics, housing trends, health, and community concerns. Cambodia Town is located in the city of Long Beach in southern Los Angeles County (LA County). The neighborhood is home to a large immigrant community, and is the product of tumultuous events in the historical experience of its members. This examines the state of Cambodians today and takes a closer look at how this transplanted community has fared. It relies on secondary data available from US Census report and is supplemented by original survey data (see Appedix E, F).

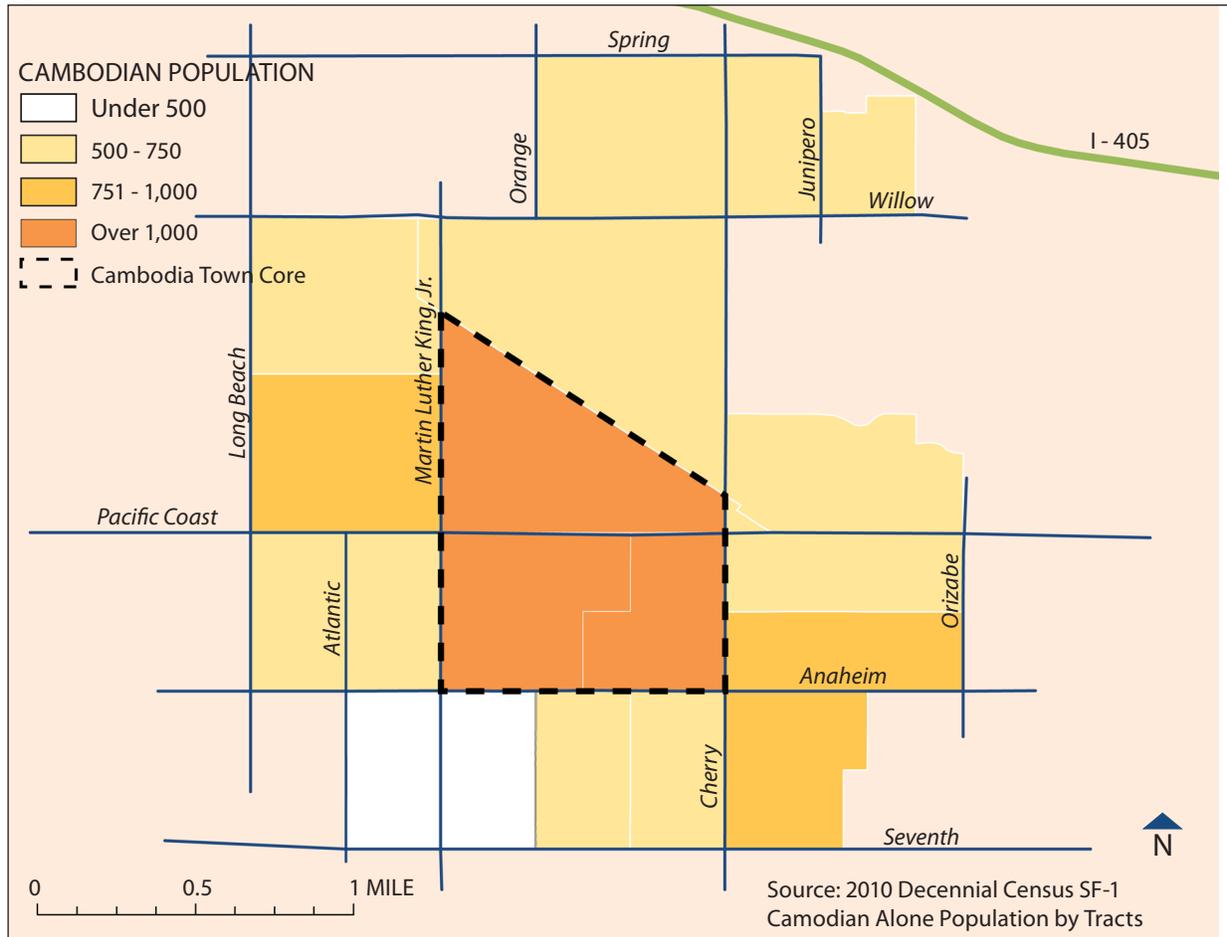
The history of Cambodians in Long Beach can be traced back to as early as the 1950s and 1960s when Cambodian students attended California State University, Long Beach as part of an exchange program. Many of these early arrivals were from affluent families, composed primarily of urban professionals, government officials, and diplomats (Needham & Quintiliani, 2007). Although they accounted for a small number of individuals, these first few planted the seeds for a Cambodian presence in Long Beach decades later.

Beginning in the mid-1970s, the Cambodian population in Long Beach began to grow at increasing rates, with arrivals coming in two waves. The first wave of arrivals was composed of those able to escape

Figure 1. Geographic Location of Cambodia Town in Long Beach



Figure 2. Cambodia Town Population by Census Tract, 2010



the early days of the Khmer Rouge takeover of Cambodia. The second and larger wave occurred in the 1980s; these arrivals were predominantly farmers from small villages and little formal education (Needham & Quintiliani, 2007).

Long Beach became a destination for its availability of cheap and affordable property which allowed many refugees to start their own businesses and establish the cultural institutions that exist today (Needham & Quintiliani, 2007). Now, Cambodian-owned restaurants, boutiques, and grocery stores line Anaheim Street – and make up the Cambodia Town business corridor.

Cambodia Town, the greatest concentration of Cambodians outside of Cambodia, is located in Long Beach, a city located along the southern part of the Los Angeles metropolitan area. The area officially designated as “Cambodia Town” is located on Anaheim Street, and bounded by Atlantic Avenue to the west and Junipero Avenue on the east (see Figure 2). The boundaries of this study area include this central commercial district, but also the surrounding areas composed of census tracts which report high numbers of Cambodian residents.

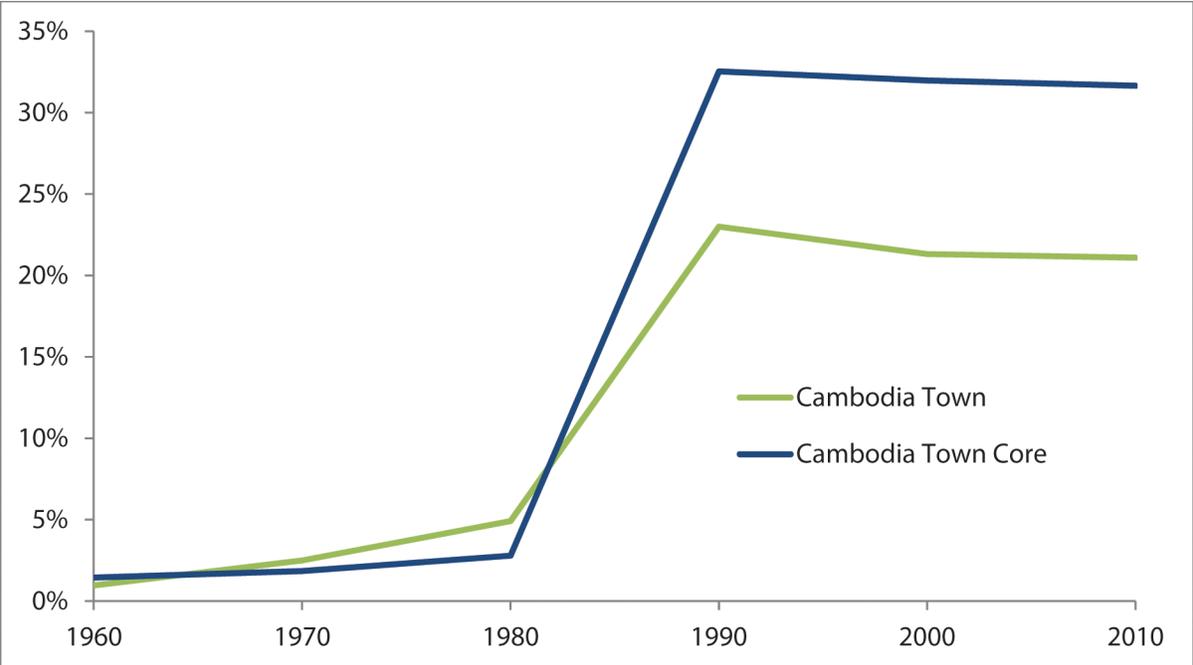
# DEMOGRAPHIC TRENDS

The population of Cambodia Town is a product of the history of Cambodians, and those historic events which led to an exodus out of Cambodia are clearly evident in the demographic trends of the neighborhood. Between 1960 and 1980, Asians accounted for less than 5% of the population in the area that would be Cambodia Town. With the arrival of displaced refugees, in subsequent decades, the Asian population grew to nearly a third of the total population in the Core and up to nearly a quarter of the population in the Cambodia Town neighborhood as a whole.

These events are reflected in the data which shows a sharp increase in the area’s Asian population in the decade between 1980 and 1990; growing by at least fifteen percentage points in the core and up to 25 percentage points overall, between 1980 and 1990 (Figure 3). By 1990, growth in among Asians in the neighborhood began to level off at just under 35% of the population and has remained relatively unchanged since. As of 2010, the population in Cambodia Town numbers at approximately 70,000 persons. Hispanics make up a majority of the population in the neighborhood, followed by Asians and African-Americans. Asians account for about 20% of this population, with Cambodians making up at least 70% of the Asian population.

The neighborhood is an immigrant neighborhood. Given its history, it is not surprising that over half of the Asian population is foreign born; of which over 60% have become naturalized citizens. The rate of citizenship is a critical indicator of potential political legitimacy and influence. It marks the beginning of social membership and are the first steps toward electoral participation and civic engagement (Ong et al., 1993). It allows for communities to express their needs in the political arena; however, this is dependent upon the degree to which the community is able to exercise those rights. Given, the traumatic history, it is a positive that a majority of the immigrants have become citizens, and promoting higher rate would enhance the community’s political influence in the future.

Figure 3. Asian Population Trends 1960-2010



Source: 1960 to 2010 Decennial Census

Figure 4. Nativity and Citizenship, 2007-2011

	ASIAN	TOTAL POPULATION
<b>CAMBODIA TOWN</b>		
<i>Native-born</i>	44%	62%
<i>Foreign-born</i>	56%	38%
<i>Naturalized</i>	62%	35%
<i>Not a citizen</i>	38%	65%
<b>CAMBODIA TOWN CORE</b>		
<i>Native-born</i>	45%	59%
<i>Foreign-born</i>	55%	41%
<i>Naturalized</i>	63%	43%
<i>Not a citizen</i>	37%	57%
<b>LA COUNTY</b>		
<i>Native-born</i>	32%	64%
<i>Foreign-born</i>	68%	36%
<i>Naturalized</i>	61%	46%
<i>Not a citizen</i>	39%	54%

Source: ACS 5-Year Estimates, 2007-2011

Another salient characteristic of this immigrant community is the existence of a bilingual barrier. Over half of the Cambodian population report that they speak English ‘less than very well’ or ‘not at all.’ An overwhelming majority of foreign-born Asians in Cambodia town (between 70% and 80%) report that their English language ability is ‘less than very well’ or ‘not at all.’ This lack of language ability was also evident in the survey conducted in Cambodia Town where 20% reported ‘below average’ proficiency, with many respondents preferring the Khmer version of the survey or declining to complete the questionnaire citing language and literacy difficulties. Given that language is often a minimum requirement for employment and given that this is a community where many members are in need of physical and mental health services this lack of English language ability has wide implications for individual opportunity and community health. ■

# SOCIOECONOMIC CHARACTERISTICS

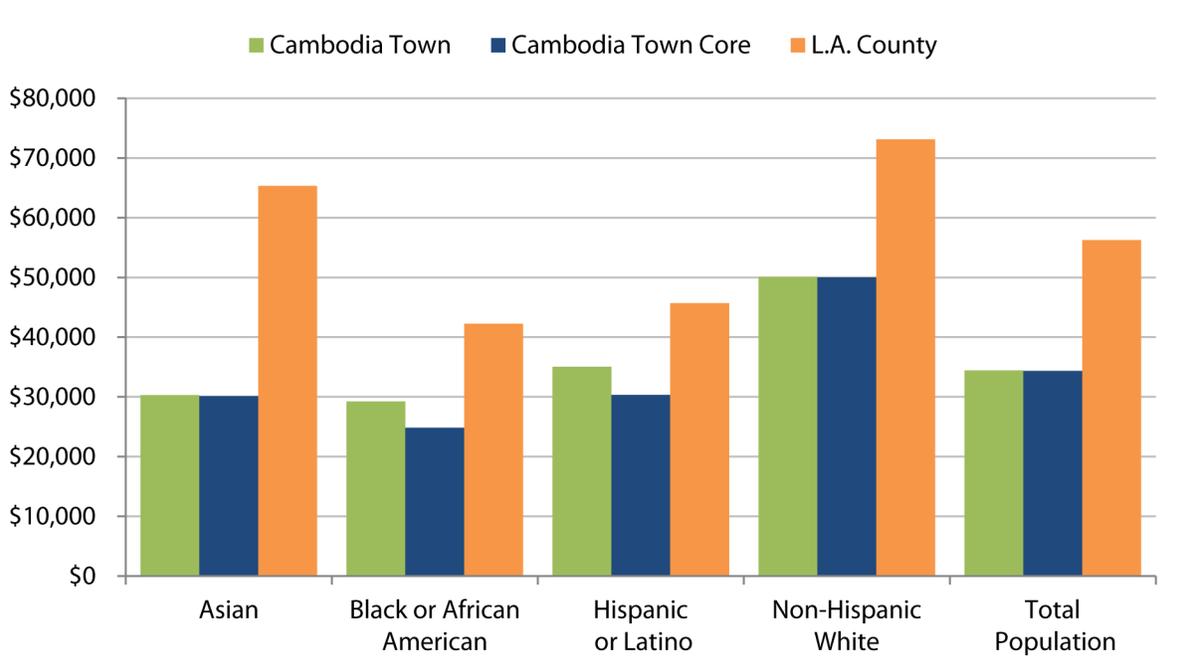
Cambodian Town is a low-income community. It has a substantially lower median household income in comparison to the LA County average; \$34,000 compared to \$56,000 for the County. When broken down by race categories, household income for each of the major racial categories is also lower than the corresponding figures for those groups at the County level (see Figure 5). The median income for Asians in Cambodia Town is less than half of that for Asians in LA County.

In general, Cambodia Town is a neighborhood characterized by high levels of poverty. Over a third of all individuals living in Cambodia Town are in poverty; a proportion two times higher than that of LA County, with a poverty rate of 16% (Figure 6). The poverty rate among Asians in Cambodia Town is also about 33%. This is especially high in comparison to the LA County figure for Asians at 12% in poverty.

These disparities continue into figures for per capita income. Per capita income measures the average income for individuals and this may be more useful than household measures which may not take into account varying household size. Overall, Cambodia Town has substantially lower per capita income compared to the County. The average in Cambodia Town was roughly \$19,000. In LA County, the average was over 45% higher at \$28,000. Asians in Cambodia Town on average also earn roughly \$14,600 less than Asians in LA County.

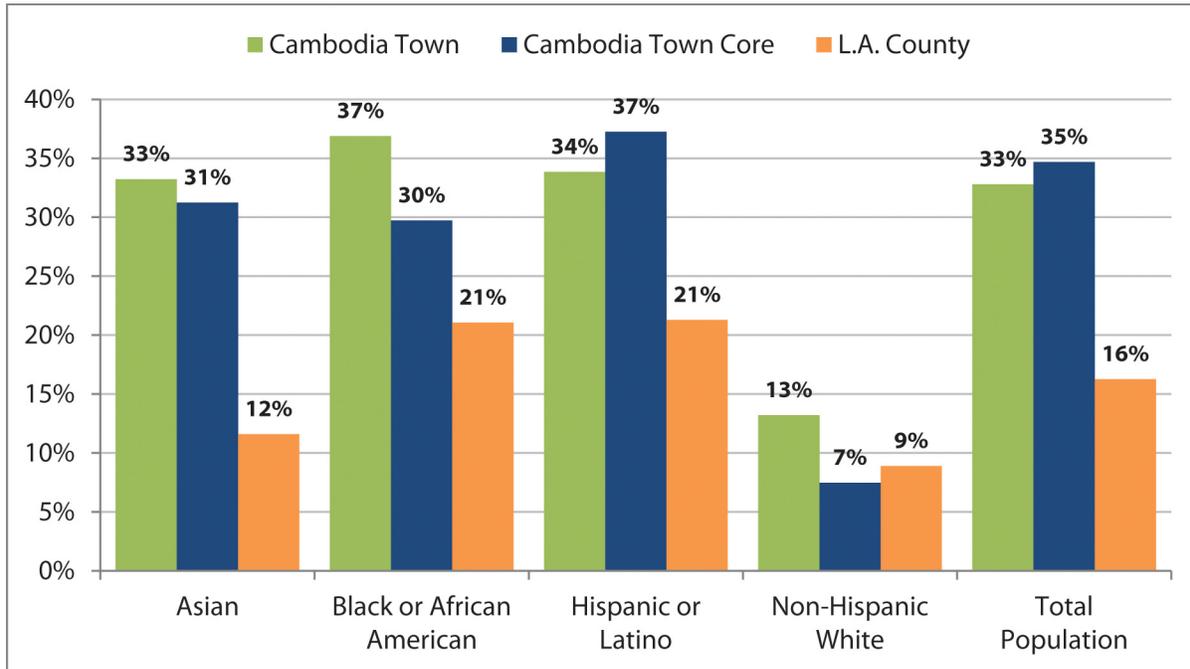
Measures of income and poverty are linked with poor employment outcomes. The labor force participation rate for LA County is 63%; in Cambodia Town, the labor force participation rate is just around half (see Figure 7). Cambodia Town has an unemployment rate of 15%, compared to 10% for the County. In Cambodia town, just less than half of the Asian population is in the labor force which is significantly less than the percentage for all other major race categories in Cambodia Town and LA County (Figure

Figure 5. Estimated Median Household Income by Race & Ethnicity, 2007-2011



Source: ACS 5-Year Estimates, 2007-2011 (in 2011 dollars)

Figure 6. Individual Poverty Rates by Race & Ethnicity, 2007-2011



Source: ACS 5-Year Estimates, 2007-2011

7). The five percentage point difference between Cambodia and the County, and the gaps between racial and ethnic groups may point to the low economic activity in Cambodia Town and to other difficulties to finding work. This reality may be linked to language barrier issues previously mentioned, or to low educational attainment. Further, owing to their primarily agricultural background, many of this community had few marketable skills upon their arrival in Long Beach. It may be that these initial challenges continue to reveal themselves in the socioeconomic characteristics of the community today.

Low human capital partly accounts for less favorable employment outcomes. In Cambodia Town, educational attainment is low compared to County figures. Over 40% of Asians in Cambodia Town have less than a high school education and only about 10% possess a bachelor's degree or higher; these figures are reversed among Asians in LA County, nearly half of whom have a bachelor's degree or higher and with only about 13% having less than a high school education (Figure 8). Many refugees in the second and largest wave of arrivals were agriculturalists from limited educational backgrounds (Needham & Quintiliani, 2007); these statistics seem to be another indication of how the effects of history persist. ■

Figure 7. Labor Force Participation Rate by Race & Ethnicity, 2007-2011

	ASIAN	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO	NON-HISPANIC WHITE	TOTAL POPULATION
<b>CAMBODIA TOWN</b>					
<i>Labor Force</i>	48%	64%	69%	63%	62%
<i>Unemployed</i>	12%	23%	14%	2%	15%
<b>CAMBODIA TOWN CORE</b>					
<i>Labor Force</i>	52%	51%	72%	44%	63%
<i>Unemployed</i>	7%	21%	135	0%	14%
<b>LA COUNTY</b>					
<i>Labor Force</i>	63%	61%	67%	65%	65%
<i>Unemployed</i>	8%	15%	11%	8%	10%

Source: ACS 5-Year Estimates, 2007-2011

Figure 8. Educational Attainment by Race & Ethnicity, 2007-2011

	ASIAN	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO	NON-HISPANIC WHITE	TOTAL POPULATION
<b>CAMBODIA TOWN</b>					
<i>Less than High School</i>	44%	17%	52%	13%	41%
<i>High School Diploma</i>	22%	27%	26%	18%	24%
<i>Some College</i>	23%	45%	17%	37%	25%
<i>Bachelor's Degree or Higher</i>	11%	11%	5%	33%	10%
<b>CAMBODIA TOWN CORE</b>					
<i>Less than High School</i>	7%	17%	51%	24%	45%
<i>High School Diploma</i>	22%	21%	32%	27%	27%
<i>Some College</i>	1%	56%	14%	31%	21%
<i>Bachelor's Degree or Higher</i>	10%	5%	2%	17%	6%
<b>LA COUNTY</b>					
<i>Less than High School</i>	3%	13%	45%	7%	24%
<i>High School Diploma</i>	15%	25%	24%	18%	21%
<i>Some College</i>	23%	40%	21%	30%	26%
<i>Bachelor's Degree or Higher</i>	9%	23%	10%	45%	29%

Source: ACS 5-Year Estimates, 2007-2011

## HOUSING TRENDS

Cambodia Town is composed primarily of family households, with up to 80% of households classified as ‘family households’ as opposed to LA County composed of 67% family households. Among Asian households in Cambodia Town family households continued to make up the majority; in fact, the proportion of family households in all other race categories, with the exception of Hispanic households, is higher than the proportion among each respective population at the County level (Figure 9).

According to the 2010 Census the average household size for Asians was 3.8, which is higher than the LA County average of 2.9 (Figure 10). An average household size larger than the county average, together with a lower median income and higher rates of poverty may be indicators of overcrowding in many of these Asian households.

In the survey conducted, reported household size ranged from one to as high as ten people in one household. A majority reported living with their immediate family members; conventionally, this would refer to a household of parents and their children. However, it is not clear whether respondents also included sons and daughters across generations in their definition – as in, parents who house both their children and their parents. The possibility of overcrowding seems to be confirmed to some extent in the responses of those who reported experiencing high levels of stress due to overcrowding in their homes (32% of respondents).

Given the low income of residents, relatively few households own their home; instead, Cambodia Town is overwhelmingly renter-occupied. A majority of the households (61%) is composed renters; this is significantly higher than the County which is just over half renter-occupied. In the Core tracts of Cambodia Town nearly 80% are renters.

Residents not only are low income; they also devote a greater share of their limited financial resources to rent payments. Individuals with a high rent burden are described as any renters who dedicate more than 30% of their income to paying rent. In LA County, just over 55% of renters can be considered to be under such rent burden. In Cambodia Town, a clear majority (62%) of renters have a high rent burden.

Among those surveyed over a third (34%) expressed a need for more information to be available in Khmer, particularly on issues of housing and finance (see Appendix F, Question 6). Together, these data seem to indicate a high level of need in the community, in terms of affordable housing and other related resources. ■

Figure 9. Household Type by Race & Ethnicity, 2007-2011

	ASIAN	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO	NON-HISPANIC WHITE	TOTAL POPULATION
<b>CAMBODIA TOWN</b>					
<i>Family</i>	60%	64%	40%	86%	75%
<i>Non-family</i>	40%	21%	60%	14%	25%
<b>CAMBODIA TOWN CORE</b>					
<i>Family</i>	58%	72%	55%	82%	67%
<i>Non-family</i>	42%	28%	45%	18%	33%
<b>LA COUNTY</b>					
<i>Family</i>	63%	61%	67%	65%	65%
<i>Non-family</i>	8%	15%	11%	8%	10%

Source: ACS 5-Year Estimates, 2007-2011

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Figure 10. Average Household Size by Race & Ethnicity, 2007-2011

	CAMBODIA TOWN	CAMBODIA TOWN CORE	LA COUNTY
ASIAN	3.8	4.0	2.9
BLACK or AFRICAN AMERICAN	2.8	2.9	2.5
HISPANIC or LATINO	4.3	4.3	3.9
NON-HISPANIC WHITE	2.2	2.3	2.2
TOTAL POPULATION	3.6	3.7	3.0

Source: ACS 5-Year Estimates, 2007-2011

# HEALTH

Individuals living in areas with high levels of poverty and low socioeconomic characteristics are often more likely to experience negative health outcomes (Aber et al., 1997). This fact is especially consequential in a community that must face the physical and mental health effects of traumatic personal histories. Among those Cambodians surveyed, over a quarter rated their own well-being as being ‘below average’ or ‘extremely poor’ (see Appendix F, Question 11) and most listed some form of ailment or health issue as a primary concern affecting their family (see Appendix F, Question 1).

## HEALTH INSURANCE COVERAGE

The US Census broadly classifies those with health insurance coverage as all those individuals who receive public health insurance or some form of private coverage. Public health insurance includes federal programs such as Medicare (for the elderly and disabled), Medicaid (for low-income families), and Veteran Affairs Health Care members. Private coverage generally takes the form of employer-provided or privately purchased plans. The two categories, public and private, are not mutually exclusive so individuals may be covered by more than one type of health insurance.

As noted, health insurance is particularly important for Cambodians; not only have Cambodians been shown to have higher rates of diabetes, stroke, and liver disease (APIAHF, 2006), but many are victims of and witnesses to the genocidal violence of Khmer Rouge rule in Cambodia and continue to bear the physical and mental health consequences of that experience. A study conducted by the Research and Development Corporation (RAND) in 2005 showed that nearly two-thirds (67%) of Cambodian refugees in Long Beach suffered from post-traumatic stress disorder (PTSD). Another 51% suffer from severe depression (Marshall et al., 2005). A RAND study (Wong et al., 2006) also found that Cambodians have poorer overall health than the general population and among Asian immigrant groups with similar demographic characteristics.

Cambodians are less likely to be insured than non-Hispanic Whites, and are also less likely than the general population to have health coverage; this is true in both Cambodia Town and in LA County. However, more than half of the Cambodian population in Cambodia Town receives public-only health insurance – a greater proportion than among non-Hispanic Whites and the total population. Among Cambodians, those in Cambodia Town were more like to be covered by public-only insurance than Cambodians in the whole of LA County (Figure 11). However, although public health care extends coverage to those who may not otherwise have it, in practice physicians generally prefer private plans. This is reflected in the slight decrease in the proportion of US physicians who accept Medicaid patients, and it is largely the result of lower reimbursements rates for Medicaid patients, as compared to those rates paid by private plans (Cunningham & May, 2006).

Figure 11. Type of Health Coverage, 2008-2011

	CAMBODIA TOWN			LA COUNTY		
	CAMBODIAN	NON-HISPANIC WHITE	TOTAL POPULATION	CAMBODIAN	NON-HISPANIC WHITE	TOTAL POPULATION
<i>Private &amp; Public</i>	1%	10%	4%	3%	11%	6%
<i>Private Only</i>	23%	54%	34%	37%	63%	49%
<i>Public Only</i>	51%	21%	36%	36%	14%	23%
<i>Uninsured</i>	25%	16%	25%	25%	11%	23%

Source: 2008, 2009, 2010, 2011 ACS PUMS

Figure 12. Percent Uninsured by Age, 2008-2011

	CAMBODIA TOWN			LA COUNTY		
	CAMBODIAN	NON-HISPANIC WHITE	TOTAL POPULATION	CAMBODIAN	NON-HISPANIC WHITE	TOTAL POPULATION
<i>0 to 17 years</i>	5%	6%	8%	11%	5%	11%
<i>18 to 64 years</i>	36%	20%	35%	32%	16%	31%
<i>65 years and older</i>	3%	4%	4%	5%	3%	3%

Source: 2008, 2009, 2010, 2011 ACS PUMS

and older) and children (persons under the age of 18) have the highest rates of coverage since both groups may be covered under state health care programs (e.g. Medicare, Medicaid, or State Children’s Health Insurance Programs). The lowest rates of insured are among adults between 18 and 64; Cambodians in this age group particularly have lower rates of coverage than the same age group for non-Hispanic Whites and the total population. Typically, this age group is covered by plans provided through their employer or by plans they purchase privately. Among Cambodians, the previously described challenges in regards to employment (a lack of required skills and low language proficiency particularly) may result not only in a barrier to finding a job, but also difficulties for finding a job that offers any form of health benefits.

High rates of uninsured also appeared among survey participants where over half indicated that they did not receive Medicaid, MediCal, or any other form of insurance. Only a little over a third reported that they did have some type of coverage.

#### DISABILITY

Not only do Cambodians have poor access to health care because of limited insurance coverage; they also have greater health needs. Disability among children or adults can profoundly affect a family’s socioeconomic status through the challenges it can present. Table 11 below reports disability rates by age categories. The disability rate varied significantly with age, with the rate increasing in each age bracket, in part because the likelihood of having a disability increases as one ages.

Nearly one in six Cambodians in Cambodia Town has a disability, compared to one in nine for the total population. Within the area, non-Hispanic Whites have a higher disability rate; however, this is largely due to the fact that a greater share of the non-Hispanic White population in Cambodia Town are older, in contrast to Cambodian population which has a higher proportion of younger individuals. Despite this, across age groups Cambodians experience significantly higher rates of disability than the Non-Hispanic White population and the total population. The bulk of the Cambodian labor force population (adults aged 18-64 years) were more likely to be disabled than their cohorts in the population as a whole (Figure 13).

The high need of Cambodians for medical care is further complicated by the language barriers previously discussed. A majority of survey respondents (nearly 60%) expressed that they were particularly interested or in need of translation in primary care services.

Figure 13. Percent with Disability by Age, 2008-2011

	CAMBODIA TOWN			LA COUNTY		
	CAMBODIAN	NON-HISPANIC WHITE	TOTAL POPULATION	CAMBODIAN	NON-HISPANIC WHITE	TOTAL POPULATION
<i>TOTAL</i>	16%	19%	11%	12%	13%	10%
<i>0 to 17 years</i>	5%	2%	3%	4%	2%	3%
<i>18 to 64 years</i>	32%	26%	23%	10%	8%	7%
<i>65 years and older</i>	55%	50%	51%	49%	41%	41%

Source: 2008, 2009, 2010, 2011 ACS PUMS

### IMPLICATIONS OF THE AFFORDABLE CARE ACT

Cambodians have greater healthcare needs but are less able to access care due to lower rates of insurance coverage. Cambodians in both Cambodia Town and in LA County are doing worse off than non-Hispanic Whites and the total population with respect to health coverage. Health coverage among Cambodians will likely change dramatically within the upcoming year as provisions of the Affordable Care Act being to take effect.

The major provision of the new health care act is the individual mandate, which requires that all individuals obtain health insurance or face a tax penalty if they do not comply. As previously noted, over a third of Cambodians between the ages of 18 and 64 are uninsured. By law, these individuals will have to find health insurance. Cambodians have a lower rate of insurance and so having a mandate raises the question of how Cambodians will be able to comply and whether they can do so affordably. The Affordable Care Act (2010) includes provisions for tax credits, “in the case of the applicable taxpayer” against the cost burden associated with paying for a health plan (Patient Protection and Affordable Care Act, 2010: Section 1401). The applicable taxpayer is described as:

“A taxpayer whose income for the taxable year exceeds 100 percent but does not exceed 400 percent of an amount equal to the poverty line for a family of the size involved.” (Patient Protection and Affordable Care Act, 2010: Section 1401).

For the single taxpayer, those making less than \$45,960 in a year would qualify for the premium assistance credit. For a family of four, those households making less than \$94,900 would be eligible for aid. Given that the median household income in Cambodia Town falls well below this number and given the fact that so many are uninsured, under the Affordable Care Act many may find themselves with insurance coverage for the first time.

The new health care act may also provide a number of other opportunities and potential benefits for Cambodians. For example, beginning in 2014, insurance companies will no longer be able to charge high premiums or deny coverage to those with pre-existing conditions, including those that relate to cancer, diabetes, asthma, and heart disease (Healthcare.gov, accessed February, 27, 2012). This may prove particularly beneficial for Cambodians, a group with higher instances of diabetes than the general population.

The expansion of Medicaid under the Affordable Care Act may also prove advantageous to Cambodians who rely on Medicaid for their health needs. Cambodians are more likely to be covered by Medicaid

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compared to non-Hispanic Whites and the total population. The Affordable Care Act will expand Medicaid coverage to families with incomes at or below 133% of the federal poverty level (\$14,484 for an individual and \$29,726 for a family of four in 2011) (Healthcare.gov, accessed February, 27, 2012). Cambodians already receiving Medicaid will continue to be covered; however, this expansion of Medicaid means that many Cambodians will have an opportunity for coverage that they did not have before. Given that the Affordable Care Act does not take full effect until 2014, it is still too early to say how many and in what way Cambodians will be affected by its provisions. Consequently, further study and more detailed research will be needed to measure the true impacts of “Obamacare,” on Cambodian Americans in Long Beach. ■

# COMMUNITY CONCERNS

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The survey conducted included an open-ended response section which asked participants to list their three primary concerns for the neighborhood and their three primary concerns for their family.

## TOP CONCERNS FOR FAMILY

The subject of finances was highly reported (30%) by participants in the survey as one of their major areas of family concerns. Thirty-one percent of participants indicated finance, such as “money” and “financial burden,” as the most pressing problems facing them and their families.

The findings corresponded with data gathered from the American Community Survey (ACS). Cambodia Town had a substantially lower average per capita income during the 2007 to 2011 period. The average per capita income was roughly \$19,000 and \$28,000 for LA County in comparison to other groups who boasted of much higher. Furthermore, the results of the American community survey reported that residents in Cambodia Town earned significantly less than overall Asians in the county. With an estimated difference of \$14,600 and an unemployment rate that is higher than the county (15% of those in the labor force), these findings point to relatively low economic activity. Some respondents specifically mentioned the type of financial burdens they are having: paying rent and general bills, and being on welfare.

The low economic activity among residents might be due to language barrier challenges. Some of the residents reported that, “I don’t speak English” and “translator” as pressing problems they encountered daily. The inability to speak and comprehend English in conjunction with low education attainment among Cambodia Town residents might be one of the reasons why financial problems have continued to be among the top three pressing concerns facing members of the community. The ACS data report that one in three persons in Cambodia Town live in poverty.

The second most pressing concern identified by respondents was health (~14%). In addition, not having the financial means indicates the lack of insurance coverage among residents. The majority indicated health issues but it was vague. Some respondents, however, specifically identified the type of health concerns they had: stomach and knee pain, and eye and hearing problems. Thirty-six percent of respondents did not have health insurance coverage. The challenge of health insurance coverage and understanding how to navigate the system may be due to the language barrier as well.

It is important to understand that many of these needs are interconnected. Without a certain type of resource, primary needs cannot be fulfilled. A senior was filling out his survey, he mentioned how transportation and going to the doctor’s office was an issue due to his low English proficiency. It was difficult for him to wait on his children to transport him places because they could not afford to take time off work to do so. If they did, they would be trading off income for the family. Even though transportation was mentioned less in comparison to health, it is just as important for some residents who were more concerned in addressing their health needs.

Thirdly, the topics of neighborhood and public safety were among the three most pressing problems. Roughly ten percent of participants reported neighborhood as one of the top three problems facing their families and another ten percent indicated public safety. Several dimensions related to the neighborhood, such as “no parking space,” and “no green space,” were mentioned. Many of the living quarters in Cambodia town were adjacent to businesses; hence space was scarce. Neighborhood cleanup was a sub-theme of housing. Since many Cambodians arrived and settled in the projects, the area of residence have not

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improved drastically. The environmental conditions and pollution provoked health issues. Participants indicated they had “difficulty breathing,” from smoke inhalation as a result of nearby traffic, and the close proximity between busy streets and residential space.

Under the umbrella of public safety , many of the respondents cited violence, gang activity, and substance abuse as major issues that they and their families continued to encounter. With the high percentage of the middle aged to older populations having PTSD or depression, Cambodian youth resorted to a different kind of family--gangs. Evident in existing literature, along with the growth of the Cambodian community in Long Beach, the neighborhood witnessed a rise in the rate of violence, crimes, and gang activity. Gangs began to form as individuals were increasingly “confronted by the ethnic racial hierarchy” that arises in “poor neighborhoods with scarce resources” (Woo, 2012).

This revelation was interesting because when participants answered the multiple-choice question related to safety in their neighborhood, more than half indicated feeling secure (57%). Of that, the elderly were not as concerned about safety as the age groups of 18-64 years old; about 41% of that age group felt safe. Yet, in the open-ended question, an overwhelming amount of respondents indicated that neighborhood and public safety continued to be a major concern for individuals and the community. However, new data actually showed that crime and violence have decreased in the community since the peak of the 1980s and 1990s. According to an article recently published in the Los Angeles Times Police Chief James McDonnell reported that citywide violent crimes decreased by 5.3% in 2012 to the lowest level since 1972.

A conversation with a community member indicated the topics of neighborhood and public safety might not just be issues that older residents are concerned about. He informed us about the constant tensions that exist between the youth of Cambodia Town and law enforcement officials. It is on-going concern even though the formal crime data indicates otherwise.

### TOP CONCERNS FOR NEIGHBORHOOD

Similarly, there is some nuance between the participants’ answers for family and neighborhood concerns. Respondents have blurred lines and overlapping concerns in both categories. It may indicate the how community concerns are considered a family’s concern or vice versa because there is no distinction between the two. However, it may also indicate that participants did not see the distinction between the two questions—hence, language barrier.

To exemplify, respondents indicated three pressing issues affecting their neighborhood the most, and the theme of public safety was the most dominant. Nearly 50% of participants reported public safety as a top three issue. Under the umbrella of public safety, many of the respondents cited gang activity, theft, violence, and substance abuse (drugs and alcohol) as major issues that they and their families continued to encounter.

Long Beach was plagued by violence and crime throughout the 1980s, along with the growth of the Cambodian community. The neighborhood witnessed a rise in the rate of violence, crimes, and gang activity. Gangs formed along ethnic racial lines with conflicts erupting in schools and on the streets between Cambodian, Mexican, and Central American gangs (Woo, 2012).

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Interestingly, part of the work that UCC, our community partner, has been doing in youth outreach involves keeping young people off the streets, out of gangs, and focused on school. In attempting to reconcile this contradiction it may be that despite evidence that violence and crime rates are at historic lows, concerns for safety may continue to persist because gang affiliations have continued to persist; and may do so without the associated violence and crime.

The second greatest concern of the stakeholders was the neighborhood environment, which includes a variety of factors contributing to the overall community atmosphere such as dirty streets, noise, cleanliness, and graffiti . Nearly 30% of participants stated that the neighborhood environment was one of the primary issues. The greatest of these problems influencing participants to view their neighborhood environment negatively was a lack of neighborhood cleanup; many participants answered with phrases such as “dirty streets” and “litter.” The second greatest problem of the neighborhood was graffiti or “tagging,” perhaps indicating signs of the youth participating in gang activity. The following problems were noise pollution and a lack of sufficient parking space. In addition, “mean or unfriendly” neighbors and a lack of community communication were also problems of the neighborhood environment designated by participants.

Language was the third common problem reported amongst the participants. However, compared to the previous two issues, only 4% of participants reported language as one of the top three neighborhood problems. As indicated by UCC, the language barrier has been a great impediment for stakeholders to attain services and participate in daily life. Generational gaps, recent immigration status, and cultural barriers may be possible explanations for the language barrier faced by the Cambodian community. However, as a neighborhood concern, language seems to be a relatively minor issue. ■

## RECOMMENDATIONS

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The ongoing need for language assistance in the Cambodian community is dire and requires action. For seniors language assistance should be an especially high priority. Language acquisition is critical in determining the extent of access – to jobs, to medical and other support services, to better housing, and to greater opportunities in general. The objective should be to provide better access to these services and opportunities; we encourage community-based organizations and policy-makers to be cognizant of the challenges that accompany the lack of English proficiency, and to work in addressing it as a root cause to other issues.

In addition, we recommend community organizations and policy-makers also focus on educational support. There is a need for education in various topics, language only being one of them. The community has expressed a particular need for help in navigating the housing system and all its accompanying paperwork. Programs might take the form of small workshops. Given that housing is so important and given the demonstrated need for assistance, programs that can provide such aid have the potential of making a significant difference for the community.

In regards to concerns over public safety, this is an area that might benefit from further research and greater collaboration between the community, its organizations, and law enforcement. Collaboration can help community organizations and neighborhood stakeholders to bridge the gap between perceived problems and actual needs. ■

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# APPENDICES

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## APPENDIX A

### Data Source & Limitations

This report draws from several data sources. Data on population counts comes from the Summary Tape Files (STF) for the 1960, 1970, 1980 and 1990 Decennial Censuses, and Summary Files (SF) for the 2000 and 2010 Decennial Censuses. In addition, this report also utilizes the 2007-2011 American Community Survey (ACS) 5-Year Estimate. The ACS replaced the long-form in the decennial census that was used to collect detailed demographic and socio-economic characteristics of the population. Unlike the long-form decennial census, which surveyed the population every ten years, the ACS conducts a series of monthly surveys, which are then compiled on an annual basis. It includes questions about demographic, social, housing and economic characteristics.

The ACS surveys about 2.5% of the population annually or 12.5% over 5 years. The 5-Year survey was chosen for this report because it provides the largest sample size and thus makes it most reliable of the ACS estimates. Even so, a sample size of 12.5% for 5 years is small and therefore is still subject to sampling error. Nonetheless, the 5-year data set is unique in that it includes data for small level of geography (census tracts, block groups, etc.) and thus allows us to perform neighborhood level analysis of Cambodia Town.

In addition to the 2007-2011 5-Year ACS estimates, this report also includes data from the 2008, 2009, 2010, and 2011 single year ACS Public Use Microdata Sample (PUMS). A PUMS data set contains micro-level observations of persons and households, and its main advantage is the ability it provides analysts to customize tabulations for statistics not published by the U.S. Bureau of the Census. Thus, one of the advantages of the ACS PUMS is that it allowed us to tabulate data for strictly Cambodians.

For this report, the ACS PUMS was used to collect health care coverage and disability data on Cambodians in Cambodia Town. Unlike the ACS sample, which represents 2.5% of the population, the PUMS data represents only 1% of the total population. Thus, one its limitation is it has a smaller sample size. Therefore, all four year ACS PUMS (2008, 2009, 2010, and 2011) were compiled into one dataset to create a larger sample size. Further, unlike the tabulated ACS data, the smallest level of geography available for ACS PUMS is Public Use Microdata Areas (PUMAS).

### Geography

Census tracts make up the base units of analysis in this study. For the purpose of this report, a neighborhood is defined as a census tract, which is defined as a geographic area determined by the Bureau of Census (BOC) that consists of about 4,000 persons on average. However, census tracts boundaries can change every ten years when the decennial census is conducted. Census tracts can either split due to population growth or they can be combined as a result of substantial population decline. The table below provides a list of all census tracts in Cambodia Town from 1960 to 2010. For the 2007-2011 ACS data, 2010 census tract boundaries were used.

For the ACS PUMS, data on healthcare coverage and disability were extracted by Public Use Microdata Areas. PUMAs are geographically larger than census tracts and consist of 100,000 or more people. Since PUMAs are larger than tracts, the PUMA selected for this analysis consist of areas outside of the

LIST OF CAMBODIA TOWN CENSUS TRACTS, 1960-2010

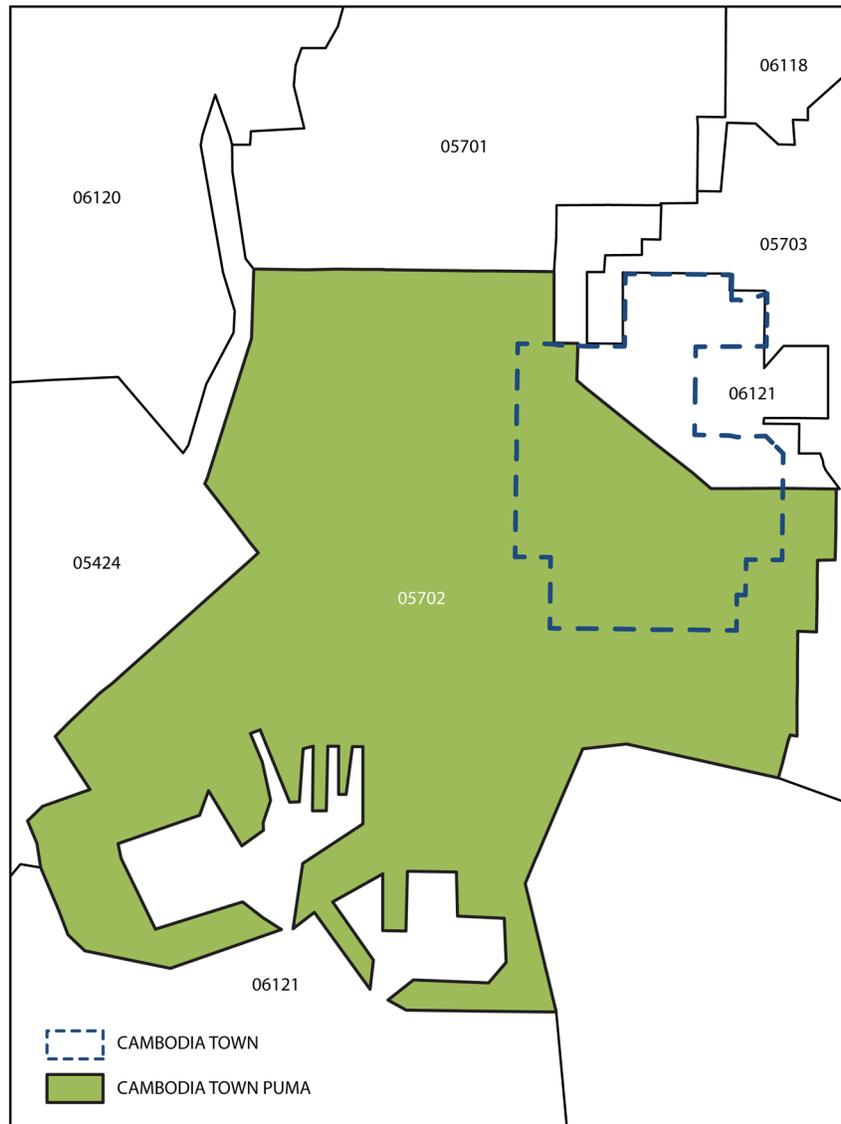
1960	1970	1980	1990	2000	2010
5732	5733	5733	5733	5733	5733
5733	5734	5734	5734	5734	5734
5734	5751	5751	5751	5763	5732.01
5751	5752	5752	5752	5732.01	5732.02
5752	5753	5753	5753	5732.02	5734.02
5753	5763	5763	5763	5734.02	5751.01
5763	5764	5764	5764	5751.01	5751.02
5764	5769	5769	5769	5751.02	5752.01
5769	5732.01	5732.01	5732.01	5752.01	5752.02
	5732.02	5732.02	5732.02	5752.02	5763.02
				5764.01	5764.01
				5764.02	5764.02
				5764.03	5764.03
				5769.01	5769.01

defined boundaries of Cambodia Town (as defined by census tracts). For this report, data was extracted for PUMA # 05702 (see Map 1). PUMA # 06121 was excluded from the analysis largely because this PUMA is comprised of other areas outside of Cambodia Town.

Neighborhood Selection

The Cambodia Town neighborhood highlighted in this report was chosen partly based on suggestions from our community partners and partly based on our analysis using maps created through Geographic Information System (GIS) software. The area officially designated as “Cambodia Town” is located on a one-mile long business corridor along Anaheim Street between Atlantic and Junipero Avenue. However, given that the area is comprised of mainly Cambodian businesses, we thought it would be more fitting to look at where Cambodians residents are concentrated than where Cambodian businesses are located. Thus, the second step involved in the selection process was to identify areas with a high concentration of Cambodians. This was done by mapping out the number of Cambodians by census tracts using a GIS software. The map showed that not only is there a high concentration of Cambodians along the politically defined “Cambodia Town”, but there is also a high concentration of Cambodians in the adjacent areas. Thus, the study area, which we referred to in this report as “Cambodia Town,” includes 14 contiguous census tracts and includes all the census tracts that lie within the political definition of Cambodia Town. In addition to the overall Cambodia Town study area, we also identify census with the most Cambodians, which we referred to the “Cambodia Town Core”. The core study area is comprised of three census tracts and lies within our defined Cambodia Town study area.

MAP 1. CAMBODIA TOWN PUBLIC USE MICRODATA AREA



## Demographics

### *Race and Ethnicity*

In this report, race reported represent people who only identified as a single race alone, not in combination with any other race. For years 1960 and 1970, the Census only reports race information for three major race categories: “White”, “Negro” (Black) and “Other Race”. Among persons of other races are American Indians, Japanese, Chinese, Filipinos, Koreans, Asian Indians, and Malaysians. Thus, the “other race” category was used when reporting Asian population counts for Cambodia Town in both 1960 and 1970. For 1980, this report utilizes the Asian Pacific Islander (API) category to provide counts on the Asian population. The API race category is comprised of the following Asian and Pacific Islander sub-groups: Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Hawaiian, Samoan, and Other Asian and Pacific Islander (e.g. Cambodian, Hmong, Laotian, Polynesian etc.).

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Unlike the 1980 Census, the 1990 Census separates the Pacific Islander (PI) group into its own race category. Thus, the Asian race category for 1990 includes the same Asian subgroups as in the 1980 Census but excludes PI subgroups. Further, the 1990 Census was the first to count Cambodians in the United State. In earlier decennial Censuses, Cambodians were categorized into either the “Other Race” category or the “Other Asian” category. For both the 2000 and 2010 decennial censuses, “Asian Alone” corresponds to the respondents who reported exactly one Asian group and no other Asian group or race category. The population counts for Cambodians in the 1990, 2000, and 2010 are also for “Cambodians Alone”. The PUMS datasets for 2008, 2009, 2010, and 2011 also utilizes the “Cambodian Alone” category. In Census tabulations for the 2010 Census and the 5-year ACS tables, Hispanic is listed as an ethnicity that is not mutually exclusive of any race. Therefore, Hispanics in these tables are any person who identified as Hispanics of any race, and includes members of other races reported that reported being Hispanic as well as that race. Non-Hispanic Whites is the exception, and consist of people who only identified as both White alone and not in combination with any other race, and not Hispanic.

The percent for each race/ethnic group was calculated by summing the total population for the particular race/ethnic group in the area and dividing that from the sum of the total population for the area. This process was repeated for both the Cambodia Town and Cambodia Town Core study areas. See example below.

$$\begin{aligned} & \% \text{ Asian in Cambodia Town} = \\ & \frac{\textit{Total Asian in Cambodia Town}}{\textit{Total Population in Cambodia Town}} \end{aligned}$$

#### *Age*

In this report, age is broken down into three categories: children (ages 0-17), adults (ages 18-64), and elderly (ages 65 and over).

#### *Native-Born*

Includes people born in the United States, Puerto Rico, or the U.S. Island Areas (such as Guam). People who were born in a foreign country but have at least one American (U.S. citizen) parent also are included in this category. The native population includes anyone who was a U.S. citizen at birth” (American FactFinder Census Data Information). The percentage of native-born is obtained by dividing the count of native-born persons by the total population:

$$\begin{aligned} & \% \text{ Native-Born} = \\ & \frac{\textit{Total Native-born Population in Cambodia Town}}{\textit{Total Population}} \end{aligned}$$

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*Foreign-Born*

“The foreign-born population includes all people who were not U.S. citizens at birth. Foreign-born people are those who indicated they were either a U.S. citizen by naturalization or they were not a citizen of the United States” (American FactFinder Census Data Information). The percentage of foreign-born is obtained by dividing the count of foreign-born persons by the total population:

$$\% \text{ Foreign-born} = \frac{\text{Total Foreign-born Population in Cambodia Town}}{\text{Total Population}}$$

*Naturalized Citizen*

Foreign-born persons who had completed the naturalization process at the time of the ACS and upon whom the rights of citizenship had been conferred. The percentage of naturalized citizen is obtained by dividing the count of naturalized persons by the total foreign-born population:

$$\% \text{ Naturalized Citizen} = \frac{\text{Total Naturalized Citizens in Cambodia Town}}{\text{Total Foreign-born Population}}$$

**Socioeconomic Status**

*Median Household Income*

A measurement of income for the entire household comprised of one or more individuals that report income. The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. Estimated median household income figures for Cambodia Town were calculated using linear interpolation. The following formula was used to calculate the interpolated median:

$$\frac{([U+(W*(0.5-LCF))]}{[(LCF)/(UCF)]}$$

*U = upper limit of the interval containing the median*

*W = width of the interval containing the median*

*LCF = cumulative frequency corresponding to the lower limit of the interval that contains the median*

*UCF = cumulative frequency corresponding to the upper limit of the interval that contains the median*

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*Per Capita Income*

The mean income computed for every man, woman, and child in a particular group. It is derived by dividing the total income of all people 15 years and over by the total population 15 years and over:

Per Capita Income =

$$\frac{\text{Aggregated Income for All People 15 Years and Over in Cambodia Town}}{\text{Total Population 15 years and Over in Cambodia Town}}$$

*Poverty*

The U.S. Bureau of Census (BOC) considers an individual poor if the individual or the individual's family income falls below the federal poverty level. In 2011, the average FPL threshold was set at \$11,484 for an individual and \$23,021 for a family of four. The federal poverty thresholds definition excludes institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. Although annually adjusted for inflation, the FPL does not account for geographic differences in the cost of living and therefore, in a relatively expensive area such as Los Angeles, the FPL most likely underestimates the problem posed by poverty. However, many federal, state and local agencies continue to rely on the FPL as the driving mechanism behind the allocation of its programs.

*Poverty Rate*

The total number of people living below the poverty level divided by the total population for whom poverty status is determined.

% Living in Poverty in Cambodia Town =

$$\frac{\text{Total Population in Cambodia Town Living Below Poverty Level}}{\text{Total Population for Whom Poverty Status is Determined in Cambodia Town}}$$

*Educational Attainment*

**No High School Diploma:** Includes individuals 25 years and older with no schooling and those with an educational attainment of 12th grade or less.

**High School Graduate:** Includes individuals 25 years and older who received a high school diploma or the equivalent (General Educational Development (G.E.D))

**Some College or Associate's Degree:** Includes individuals 25 years and older who received "some college credit, but less than 1 year of college credit" or "1 or more years of college credit, no degree." The category "Associate's degree" included people whose highest degree is an associate's degree, which generally requires 2 years of college level work.

**Bachelor's Degree or Higher:** Includes all person age 25 years and older who have received a bachelor's degree from a college or university or a master's, professional, or doctorate degree.

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The percentages for each educational attainment level were obtained by dividing the total population in each category (both male and female) by the total number of persons 25 years old and over. See example below:

% Without High School Diploma =

$$\frac{\text{(Males without High School Diploma + Females without High School Diploma in Cambodia Town)}}{\text{Population 25 years and over in Cambodia Town}}$$

*Employment Status*

**Employed:** Includes all civilians 16 years and over who either (1) were “at work,” that is, those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were “with a job but not at work,” that is, those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons.

**Unemployed:** Individuals civilians 16 years and older are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks (of when the ACS survey was taken), and are currently available for work.

% Unemployed =

$$\frac{\text{Unemployed Civilian persons 16 years and older in Cambodia Town}}{\text{Total population 16 years and over in Cambodia Town}}$$

*Labor Force*

Includes all civilians 16 years and over who are employed (i.e., working or “with a job but not at work”) and unemployed (i.e., looking for work or on temporary layoff), plus members of the U.S. Armed Forces on active duty.

**Labor Force Participation Rate:** The percentage of the working-age population (16 and over) reporting themselves as either working or actively looking for work.

% in Labor Force =

$$\frac{\text{(Males in Labor Force + Females in Labor Force in Cambodia Town)}}{\text{Population 16 years and over in Cambodia Town}}$$

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## Housing

### *Owner-Occupied*

“A housing unit is owner-occupied if the owner or co-owner lives in the unit even if it is mortgaged or not fully paid for” (American FactFinder Census Data Information). Percent owner-occupied is computed by dividing the total number of owner-occupied housing units by the total number of occupied housing units or households:

% Owner-Occupied =

$$\frac{\text{Total \# of Owner-occupied Housing Units in Cambodia Town}}{\text{Total \# of Occupied Housing Units}}$$

### *Renter-Occupied*

“All occupied housing units which are not owner occupied, whether they are rented for cash rent or occupied without payment of cash rent, are classified as renter occupied” (American FactFinder Census Data Information). Percent renter-occupied is computed by dividing the total number of renter-occupied housing units by the total number of occupied housing units or households:

% Renter-Occupied =

$$\frac{\text{Total \# of Renter-occupied Housing Units in Cambodia Town}}{\text{Total \# of Occupied Housing Units in Cambodia Town}}$$

### *Average Household Size*

Includes all persons who occupy a housing unit as their usual place of residence. Average household size is obtained by dividing the number of persons in households by the number of households.

Average Household Size=

$$\frac{\text{Total \#of Persons in Households in Cambodia Town}}{\text{Total \# of Households in Cambodia Town}}$$

### *Rent Burden*

Households spending more than 30 percent of their income on housing costs are generally considered cost-burdened households. This report focuses only on renter households since an overwhelming majority of Asians in Cambodia Town are renters.

% Rent-Burdened Renters=

$$\frac{\text{Renter Households Paying More Than 30\% of Their Income on Housing in Cambodia Town}}{\text{Total Renter Households in Cambodia Town}}$$

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## Health

### *Public Health Coverage*

Includes Medicare, Medicaid or another governmental medical assistance program, and Veterans Administration health care.

### *Private Health Coverage*

Includes employer or union-provided insurance, insurance purchased directly, and TRICARE or other military health care.

### *Disability*

Respondents who report that they suffer from any one of the following six disability types are considered to have a disability:

Hearing: Deaf or having serious difficulty hearing (DEAR).

Vision: Blind or having serious difficulty seeing, even when wearing glasses (DEYE).

Cognitive: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM).

Ambulatory: Having serious difficulty walking or climbing stairs (DPHY).

Self-care: Having difficulty bathing or dressing (DDRS).

Independent Living: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).

Source: U.S. Bureau of the Census, 2010 American Community Survey (ACS) Subject Definitions

APPENDIX B

Demographics

CAMBODIA TOWN POPULATION COUNT BY RACE & ETHNICITY, 1960-2010

1960 CENSUS	TOTAL	WHITE	NEGRO (BLACK)	OTHER RACE
<i>Cambodia Town</i>	47,471	39,856 (84%)	7,159 (15%)	456 (1%)
<i>Cambodia Town Core</i>	9,679	5,345 (55%)	4,195 (43%)	139 (1%)

Source: 1960 Decennial Census

1970 CENSUS	TOTAL	WHITE	NEGRO (BLACK)	OTHER RACE
<i>Cambodia Town</i>	51,117	36,999 (72%)	12,843 (25%)	1,275 (2%)
<i>Cambodia Town Core</i>	8,913	3,076 (35%)	5,673 (64%)	164 (2%)

Source: 1970 Decennial Census

1980 CENSUS	TOTAL	WHITE	BLACK	ASIAN/PACIFIC ISLANDER (API)	OTHER RACE
<i>Cambodia Town</i>	56,344	27,981 (50%)	16,387 (29%)	3,248 (6%)	8,181 (15%)
<i>Cambodia Town Core</i>	9,911	2,723 (27%)	5,213 (53%)	418 (4%)	1,479 (15%)

Source: 1980 Decennial Census

1990 CENSUS	TOTAL	ASIAN	CAMBODIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE
<i>Cambodia Town</i>	86,059	19,787 (23%)	13,829 (16%)	17,497 (20%)	31,123 (36%)	17,470 (20%)
<i>Cambodia Town Core</i>	14,732	4,791 (33%)	3,747 (25%)	3,343 (23%)	5,797 (39%)	750 (5%)

Source: 1990 Decennial Census

2000 CENSUS	TOTAL	ASIAN	CAMBODIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE
<i>Cambodia Town</i>	78,657	16,759 (21%)	11,641 (15%)	12,618 (16%)	40,306 (51%)	6,257 (8%)
<i>Cambodia Town Core</i>	14,687	4,694 (32%)	3,533 (24%)	2,374 (16%)	6,546 (45%)	432 (3%)

Source: 2000 Decennial Census

2010 CENSUS	TOTAL	ASIAN	CAMBODIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE
<i>Cambodia Town</i>	70,893	14,949 (21%)	10,410 (15%)	10,339 (15%)	38,971 (55%)	5,290 (7%)
<i>Cambodia Town Core</i>	13,906	4,400 (32%)	3,446 (25%)	1,905 (14%)	6,881 (49%)	437 (3%)

Source: 2010 Decennial Census

AGE DISTRIBUTION BY RACE & ETHNICITY, 2007-2011

Cambodia Town					
	ASIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE	TOTAL
TOTAL	14,568	7,569	39,919	4,473	69,191
<i>Under 17</i>	3,590 (25%)	1,959 (26%)	16,028 (40%)	487 (11%)	23,267 (34%)
<i>18 to 64</i>	9,374 (64%)	5,120 (68%)	22,571 (57%)	3,400 (76%)	41,799 (60%)
<i>65+</i>	1,604 (11%)	490 (6%)	472 (6%)	63 (15%)	1,066 (8%)

Cambodia Town Core					
	ASIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE	TOTAL
TOTAL	3,995	1,049	7,553	416	13,642
<i>Under 17</i>	1,049 (26%)	360 (34%)	2,821 (37%)	50 (12%)	4,562 (33%)
<i>18 to 64</i>	2,534 (63%)	570 (54%)	4,260 (56%)	303 (73%)	8,014 (59%)
<i>65+</i>	412 (10%)	119 (11%)	472(6%)	63 (15%)	1,066 (8%)

Source: ACS 5-Year Estimates, 2007-2011

Figure 4. Nativity and Citizenship, 2007-2011

	ASIAN POPULATION		TOTAL POPULATION	
<b>CAMBODIA TOWN</b>	<b>1,347,782</b>		<b>9,787,747</b>	
<i>Native-born</i>	6,429	44%	42,865	62%
<i>Foreign-born</i>	8,139	56%	26,326	38%
<i>Naturalized</i>	5,059	62%	9,102	35%
<i>Not a citizen</i>	3,080	38%	17,224	65%
<b>CAMBODIA TOWN CORE</b>	<b>3,995</b>		<b>13,642</b>	
<i>Native-born</i>	1,814	45%	8,090	59%
<i>Foreign-born</i>	2,181	55%	5,552	41%
<i>Naturalized</i>	1,378	63%	2,373	43%
<i>Not a citizen</i>	803	37%	3,179	57%
<b>LA COUNTY</b>	<b>1,347,782</b>		<b>9,787,747</b>	
<i>Native-born</i>	428,244	32%	6,306,016	64%
<i>Foreign-born</i>	919,538	68%	4,481,731	36%
<i>Naturalized</i>	562,463	61%	1,585,612	46%
<i>Not a citizen</i>	357,075	39%	1,896,119	54%

Source: ACS 5-Year Estimates, 2007-2011

APPENDIX C

Socioeconomic Indicators

Estimated Median Household Income

CAMBODIA TOWN	TOTAL POPULATION		BLACK or AFRICAN AMERICAN		ASIAN		NON-HISPANIC WHITE		HISPANIC or LATINO	
	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %
	17,476		2,971		3,985		2,217		9,255	
Less than \$10,000	1,767	10%	528	18%	503	13%	118	5%	654	18%
\$10,000 to \$14,999	1,851	21%	367	30%	461	24%	123	11%	782	30%
\$15,000 to \$19,999	1,513	29%	219	37%	389	34%	93	15%	798	37%
\$20,000 to \$24,999	1,671	39%	213	45%	343	43%	216	25%	1,055	45%
\$25,000 to \$29,999	1,306	46%	237	53%	303	50%	149	32%	582	53%
\$30,000 to \$34,999	1,048	52%	111	56%	242	56%	96	36%	635	56%
\$35,000 to \$39,999	928	58%	61	58%	228	62%	73	39%	618	58%
\$40,000 to \$44,999	730	62%	120	62%	111	65%	93	43%	430	62%
\$45,000 to \$49,999	775	66%	115	66%	86	67%	102	48%	494	66%
\$50,000 to \$59,999	1,699	76%	303	77%	314	75%	160	55%	976	77%
\$60,000 to \$74,999	1,466	84%	254	85%	268	82%	208	65%	804	85%
\$75,000 to \$99,999	1,386	92%	252	94%	342	90%	329	79%	805	94%
\$100,000 to \$124,999	764	97%	32	95%	187	95%	217	89%	364	95%
\$125,000 to \$149,999	250	98%	47	96%	79	97%	117	94%	143	96%
\$150,000 to \$199,999	189	99%	68	99%	91	99%	30	96%	55	99%
\$200,000 or more	133	100%	44	100%	38	100%	93	100%	60	100%
<b>MEDIAN HH INCOME</b>	<b>\$34,427</b>		<b>\$29,241</b>		<b>\$30,315</b>		<b>\$50,088</b>		<b>\$35,057</b>	

Data Source: ACS 5-Year Estimates, 2007-2011

Estimated Median Household Income

CAMBODIA TOWN CORE	TOTAL POPULATION		BLACK or AFRICAN AMERICAN		ASIAN		NON-HISPANIC WHITE		HISPANIC or LATINO	
	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %	TOTAL HH	CUMULATIVE %
	3,481		390		1,157		180		1,652	
Less than \$10,000	294	8%	74	19%	115	10%	23	13%	82	5%
\$10,000 to \$14,999	326	18%	76	38%	125	21%	0	13%	125	13%
\$15,000 to \$19,999	419	30%	43	49%	153	34%	0	13%	208	25%
\$20,000 to \$24,999	293	38%	7	51%	65	40%	20	24%	147	34%
\$25,000 to \$29,999	268	46%	33	60%	81	47%	17	33%	137	42%
\$30,000 to \$34,999	241	53%	6	61%	79	53%	15	42%	141	51%
\$35,000 to \$39,999	126	57%	18	66%	57	58%	14	49%	37	53%
\$40,000 to \$44,999	216	63%	11	69%	72	65%	0	49%	115	60%
\$45,000 to \$49,999	104	66%	8	71%	27	67%	0	49%	69	64%
\$50,000 to \$59,999	338	75%	34	79%	107	76%	9	54%	188	76%
\$60,000 to \$74,999	419	87%	25	86%	149	89%	32	72%	213	88%
\$75,000 to \$99,999	132	91%	39	96%	29	92%	21	84%	28	90%
\$100,000 to \$124,999	187	97%	6	97%	59	97%	29	100%	93	96%
\$125,000 to \$149,999	34	98%	0	97%	18	98%	0	100%	16	97%
\$150,000 to \$199,999	39	99%	10	100%	0	98%	0	100%	29	99%
\$200,000 or more	45	100%	0	100%	21	100%	0	100%	24	100%
<b>MEDIAN HH INCOME</b>		<b>\$34,344</b>		<b>\$24,824</b>		<b>\$30,148</b>		<b>\$30,319</b>		<b>\$50,024</b>

Data Source: ACS 5-Year Estimates, 2007-2011

PER CAPITA INCOME, 2007-2011

	ASIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE	TOTAL POPULATION
AGGREGATED INCOME					
<i>Cambodia Town</i>	\$183,410,400	\$140,331,300	\$439,781,600	\$150,754,600	\$959,426,500
<i>Cambodia Town Core</i>	\$51,306,500	\$16,698,600	\$84,818,900	\$10,148,700	\$169,105,600
POPULATION OVER 15 YEARS OLD					
<i>Cambodia Town</i>	11,602	6,292	26,506	4,066	50,626
<i>Cambodia Town Core</i>	3,360	717	5,233	295	10,115
PER CAPITA INCOME					
<i>Cambodia Town</i>	\$15,809	\$22,303	\$16,592	\$37,077	\$18,951
<i>Cambodia Town Core</i>	\$15,270	\$23,290	\$16,208	\$34,402	\$16,718

Data Source: ACS 5-Year Estimates, 2007-2011

INDIVIDUAL POVERTY, 2007-2011

	TOTAL	LIVING BELOW POVERTY LEVEL	% LIVING BELOW POVERTY LEVEL
<b>CAMBODIA TOWN</b>			
<i>Asian</i>	14,529	4,828	33%
<i>Black or African American</i>	7,934	2,927	37%
<i>Hispanic or Latino</i>	39,641	13,415	34%
<i>Non-Hispanic White</i>	4,376	578	13%
<i>Total Population</i>	68,709	22,531	33%
<b>CAMBODIA TOWN CORE</b>			
<i>Asian</i>	4,348	1,358	31%
<i>Black or African American</i>	952	283	30%
<i>Hispanic or Latino</i>	7,748	2,886	37%
<i>Non-Hispanic White</i>	375	28	7%
<i>Total Population</i>	13,947	4,837	35%
<b>LA COUNTY</b>			
<i>Asian</i>	1,327,199	153,825	12%
<i>Black or African American</i>	819,952	172,621	21%
<i>Hispanic or Latino</i>	4,594,001	977,686	21%
<i>Non-Hispanic White</i>	2,695,527	239,619	9%
<i>Total Population</i>	9,633,080	1,566,066	16%

Data Source: ACS 5-Year Estimates, 2007-2011

EMPLOYMENT AND LABOR FORCE PARTICIPATION, 2007-2011

	ASIAN	BLACK or AFRICAN AMERICAN	HISPANIC or LATINO	NON-HISPANIC WHITE	TOTAL POPULATION
CAMBODIA TOWN					
Total	11,828	5,988	25,600	4,040	48,990
Labor Force	5,657 48%	3,833 64%	17,555 69%	2,531 63%	30,592 62%
<i>Employed</i>	4,962 88%	2,960 77%	15,134 86%	2,205 87%	26,060 85%
<i>Unemployed</i>	695 12%	873 23%	2,411 14%	326 13%	4,522 15%
CAMBODIA TOWN CORE					
Total	3,411	671	5,012	295	9,689
Labor Force	1,772 52%	339 51%	3,632 72%	131 44%	6,091 63%
<i>Employed</i>	1,543 87%	269 79%	3,142 87%	131 100%	5,229 86%
<i>Unemployed</i>	229 7%	70 21%	490 13%	0 0%	862 14%
LA COUNTY					
Total	1,145,838	669,382	3,327,687	2,383,569	7,663,484
Labor Force	721,726 63%	407,017 61%	2,238,389 67%	1,539,272 65%	4,996,242 65%
<i>Employed</i>	666,956 92%	346,947 85%	1,999,218 89%	1,409,666 92%	4,501,382 90%
<i>Unemployed</i>	54,195 8%	59,163 15%	237,672 11%	127,734 8%	489,810 10%

Data Source: ACS 5-Year Estimates, 2007-2011

EDUCATIONAL ATTAINMENT BY RACE & ETHNICITY, 2007-2011

	ASIAN		BLACK or AFRICAN AMERICAN		HISPANIC or LATINO		NON-HISPANIC WHITE		TOTAL POPULATION	
CAMBODIA TOWN										
Total	8,663		4,521		19,090		3,767		37,375	
<i>Less than High School</i>	3,792	44%	766	17%	10,019	52%	472	13%	15,294	41%
<i>High School Graduate</i>	1,884	22%	1,222	27%	4,948	26%	682	18%	9,057	24%
<i>Some College</i>	2,002	23%	2,037	45%	3,196	17%	1,385	37%	9,202	25%
<i>Bachelor's Degree or Higher</i>	985	11%	496	11%	927	5%	1,228	33%	3,822	10%
CAMBODIA TOWN CORE										
Total	2,611		614		3,680		287		7,452	
<i>Less than High School</i>	1,219	47%	107	17%	1,881	51%	70	24%	3,389	45%
<i>High School Graduate</i>	575	22%	132	21%	1,192	32%	77	27%	2,010	27%
<i>Some College</i>	557	21%	345	56%	516	14%	90	31%	1,583	21%
<i>Bachelor's Degree or Higher</i>	260	10%	30	5%	91	2%	50	17%	470	6%
LA COUNTY										
Total	981,454		549,733		2,582,764		2,097,809		6,318,305	
<i>Less than High School</i>	128,561	13%	69,491	13%	1,163,072	45%	140,694	7%	1,511,673	24%
<i>High School Graduate</i>	147,967	15%	135,342	25%	630,058	24%	381,447	18%	1,316,441	21%
<i>Some College</i>	221,828	23%	219,517	40%	532,428	21%	632,248	30%	1,643,599	26%
<i>Bachelor's Degree of Higher</i>	483,098	49%	123,383	23%	257,206	10%	943,420	45%	1,846,592	29%

Data Source: ACS 5-Year Estimates, 2007-2011

APPENDIX D

Housing

TENURE BY RACE & ETHNICITY, 2007-2011

	TOTAL HOUSEHOLDS	OWNER-OCCUPIED	RENTER-OCCUPIED
<b>CAMBODIA TOWN</b>			
<i>Asian</i>	9,806	3,362 34%	6,444 66%
<i>Black or African American</i>	10,265	2,164 21%	8,101 79%
<i>Hispanic or Latino</i>	24,395	5,795 24%	18,600 76%
<i>Non-Hispanic White</i>	36,223	20,807 57%	15,416 43%
<i>Total Population</i>	83,209	32,659 39%	50,550 61%
<b>CAMBODIA TOWN CORE</b>			
<i>Asian</i>	633	138 22%	495 78%
<i>Black or African American</i>	390	111 28%	279 72%
<i>Hispanic or Latino</i>	1,652	430 26%	1,222 74%
<i>Non-Hispanic White</i>	180	67 37%	113 63%
<i>Total Population</i>	3,481	754 22%	2,727 78%
<b>LA COUNTY</b>			
<i>Asian</i>	446,002	229,362 51%	216,640 49%
<i>Black or African American</i>	328,695	118,760 36%	209,935 64%
<i>Hispanic or Latino</i>	1,154,612	460,203 40%	694,409 60%
<i>Non-Hispanic White</i>	1,231,327	706,289 57%	525,038 43%
<i>Total Population</i>	3,218,518	1,539,554 48%	1,678,964 52%

Data Source: ACS 5-Year Estimates, 2007-2011

RENT-BURDENED HOUSEHOLDS, 2007-2011

	RENTER-OCCUPIED HOUSING UNITS	PAYING 30% OR MORE OF INCOME ON RENT	% PAYING 30% OR MORE OF INCOME TO RENT
<i>Cambodia Town</i>	14,718	9,075	62%
<i>Cambodia Town Core</i>	2,727	1,761	65%

Data Source: ACS 5-Year Estimates, 2007-2011

AVERAGE HOUSEHOLD SIZE, 2010

	TOTAL POPULATION IN OCCUPIED HOUSING UNITS	TOTAL OCCUPIED HOUSING UNITS	AVERAGE HOUSEHOLD SIZE
<b>CAMBODIA TOWN</b>			
<i>Asian</i>	14,954	3,971	3.8
<i>Black or African American</i>	10,232	3,706	2.8
<i>Hispanic or Latino</i>	38,316	8,948	4.3
<i>Non-Hispanic White</i>	5,676	2,551	2.2
<i>Total Population</i>	70,239	19,539	3.6
<b>CAMBODIA TOWN CORE</b>			
<i>Asian</i>	3,816	960	4.0
<i>Black or African American</i>	1,867	642	2.9
<i>Hispanic or Latino</i>	6,546	1,532	4.3
<i>Non-Hispanic White</i>	944	403	2.3
<i>Total Population</i>	13,468	3,633	3.7
<b>LA COUNTY</b>			
<i>Asian</i>	1,312,173	450,325	2.9
<i>Black or African American</i>	824,222	330,737	2.5
<i>Hispanic or Latino</i>	4,557,849	1,154,632	3.9
<i>Non-Hispanic White</i>	2,794,248	1,242,991	2.2
<i>Total Population</i>	9,646,924	3,241,204	3.0

Data Source: 2010 Decennial Census

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## APPENDIX E

### Survey

#### *Scoping*

This survey gave UCC additional information of different areas of concern from community stakeholders. Although UCC has provided programs based on priority issues identified in community forums, the survey provided an in-depth analysis of three most pressing concerns in the community: health, housing, and language barrier. This survey seeks to address some of these designated needs with more scrutiny by distributing surveys throughout the community.

During the field trip, two research members stressed how language barriers have prevented many residents from accessing available resources such as health and housing. UCC wanted the survey to address the senior population, since this age group was more prone to facing language barriers. Thus, the survey attempts to reveal the resource-barricading issues that seniors encountered. Conversely, the younger groups often stated that they did not face a language problem. There are two versions of the survey--one in English and another in Khmer--to maximize information gathering.

In addition to the three constructs, UCC expressed insecurities on the reliability of the Census data. UCC believed the Census undercounted the actual Cambodian population; inaccurate answers may be present due to fear and suspicion of government misuse of personal information – instead of addressing the concerns of the population, the government may use their information to undermine them (i.e. discriminate, stereotype, deport, etc.). Such fears may have originated from the life conditions under the Khmer Rouge Regime and Cambodian government. Immigration status and deportation might also be other explanations. Hence, the survey also includes the crucial questions – similar to ones by the Census – to supplement the secondary data. In addition, the survey will revolve around the top three issues that UCC has identified as the primary issues: health, housing, and language barrier.

#### *Survey Instrument – i.e. questionnaire*

**Constructs:** The survey comprises of three main constructs: health, housing, and language. Since these issues are interconnected, language was incorporated into some of the questions on health and housing (as seen in questions 6 and 15). Other questions in the survey ask for general background information and housing conditions to supplement the Census data.

**Sections:** The survey was separated into four sections. The first section asks for background information. This section consists of three questions requesting demographic information, such as age and gender; these questions helped identify the percentage of the senior population. The last question in the first section asks for the respondents' level of English proficiency; this question is similar to language proficiency questions on the Census. As the last question, it also functions as transition to the next section, health; this section consists of questions aimed at understanding how language barriers affect those receiving healthcare. Following the health section is the housing section, which touches on issues such as safety, language services for housing, and living conditions.

**Measures:** There were different scales used in the survey. While using a consistent scale would be ideal, not all questions would be answered satisfactorily if the Likert scale were the only measure used. There were qualitative answer options such as fill-in-the blanks and multiple-choice as well.

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**Wording:** The wording of the questions was simplified and written in a professional style as much as possible. As the survey was translated into Khmer, the questions were designed to have translatable words. Questions seven through nine were the best examples of how the survey included simple questions with simple answers. Other questions and their answer options were more difficult to translate; however, the community comprehended words such as Medical or Medicaid. If the question was not easily understood in English, then it was rephrased for better comprehension.

**Ordering:** The survey was structured to have the easiest and simplest questions in the beginning and each question into the appropriate category. Easier questions in this survey were defined as questions with multiple-choice and “Yes” or “No” answers, so that the respondents could simply circle their answers. However, since questions with multiple-choice options of “a-e” would take a little longer for a respondent to answer, these questions were placed in the middle of the survey (questions 11 – 17). The fill-in-the-blank questions were also placed towards the beginning of the survey. Since answer choices were not provided in the constructs, respondents were able to voice their opinions to what is most needed in their community.

Since the housing section comprised of questions that required more thought, it was placed after the health section. Housing questions such as 17, 19, and 20 were personal, so they were placed last in the section. In addition, the more important or essential questions that the researchers wanted answered were in the beginning and middle of the survey. In order to avoid desultory answers, the researchers decided to place these questions in the front. The more personal and sensitive questions such as 17 and 19 complemented the Census data. Finally, to prevent respondents from not answering at all, the most sensitive questions were left at the end of the survey while the easier, multiple choice questions were placed in the beginning of the survey.

**Spacing:** The survey written in English could have been shortened to two pages if a smaller font and less spacing were used. However, such formatting would result in a messy, crowded appearance that may have overwhelmed respondents and prevented them from answering adequately. Therefore, the Khmer survey remained with the cleaner, albeit longer form. The survey format in Khmer aimed to address the problem produced by an older population. Given that older individuals preferred the Khmer survey and that they were more prone to poor eyesight, the survey font was enlarged to prevent missing or inaccurate responses due to vision problems.

### *Sampling*

Cambodia Town refers to the one-mile corridor along Anaheim Street between Atlantic and Junipero avenues in the eastside of Long Beach, California. The survey team surveyed people within the area that the secondary team designated as the core. The survey team distributed the surveys based on the block area outlined by the secondary team. As a group, the survey team performed convenient sampling within the boundary the secondary team identified. For convenient sampling, the team attended one of Cambodia Town’s community forums at a UCC event to target the attendees. The forum was held in the evening, which was convenient since this was when many attendees were off from work. The team predicted biased responses, since responses came from active community members. Those who attended the forum were anticipated to be residents involved with UCC, so the survey responses might be skewed to issues that were perhaps preferable to the community partner and not representative of the whole community. Thus, random sampling would be beneficial to test which issues and services the community placed em-

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phasis on.

In terms of random sampling, the survey team planned to visit neighboring homes and ask the residents to fill out the survey. However, the team ultimately went to Buddhist temples, grocery stores, markets, and etc. The team expected to obtain about 50 to 100 responses and actually collected 83 responses. In terms of numbers, the team sampled roughly the same number of people that filled out surveys at the community forum. For instance, if 50 people fill out surveys at the community forum, researchers tried to survey roughly 50 people from the Cambodia Town community. The purpose of this method was to avoid any biases and make sure that the responses are not skewed in favor of those attending the forum and those not present at the forum. Surveying was done throughout the week and on weekends. Although, a random sample was most desirable, the community forum was an opportunity to get a number of surveys completed. The convenient sample helped establish a starting point as to what the community desires to see in their living parameters.

## Implementation Plan

Before distributing the survey to residents in Cambodia Town, the survey was tested beforehand. Testing the survey can be done by having close networks, such as friends, roommates, family members and others take the survey and ask for their feedback afterwards. Doing a random sample for the survey test allowed the survey team to know if it is representative of the population as a whole. By having acquaintances take the survey beforehand, the feedback allowed the researchers to know which questions worked and isolate questions that were sensitive or too personal to ask. The feedback also allowed them to understand how to approach asking questions that might be in any way offensive. After making appropriate changes based on the feedback from the test survey, the newly drafted survey was distributed out to the Cambodian residents living in the community.

The existing language barrier between the elders and the youth has been causing the older generation to not get access to vital resources, such as affordable housing and low cost health insurance. The main focus was to use the survey as a supplemental resource that would hopefully assist the researchers in finding a solution to this problem. The researchers hope to distribute the survey in order to pinpoint the main issues affecting this community and addressing them.

While sampling every resident in Cambodia Town would provide the most accurate response as to what is most needed in the community, the allotted time frame the research team was working with would prevented the team from doing so. Random sampling was not only more beneficial, but also useful. While direct, face-to-face sampling can be done, random digit dialing can also be performed. This type of sampling allows the researchers to dial the numbers of residents in the designated area and getting their responses via phone. Doing this survey via phone is useful because a machine dials random phone numbers that correspond within the community.

The researchers hope to distribute the surveys a few weeks from now. As mentioned in the previous section, the team plans on distributing the survey on weekday afternoons, since most people will be out from work, and on weekend mornings. Since the team members will be distributing the survey in pairs, costs directed towards survey distribution will not be needed. Although a direct solution may not result from the survey, it could be used as a resource by UCC to plan for grants in the future that can go to-

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wards the community.

## Language Translation

After meeting with officials from UCC, the survey team had a better understanding of what themes to explore. In addition, meeting with the community partner also helped the researchers narrow their target population for the survey. Since the survey team and UCC decided to focus on the subjects of language barrier and housing, they determined that the target population would consist of older adults.

Survey team members had families and friends take an English version of the final survey. On average, it took 7-10 minutes for respondents to complete the survey.

The team decided to have a translated version of the survey since many of the individuals in the target population were not fluent English speakers. The team sought to translate the content of the survey through the following means: contacting the University of California Los Angeles Dashew Center because they work with international communities on campus and utilizing the assistance of parents of group members who are native speakers. The survey team also thought of using the University of California Los Angeles language department. Although these resources seemed relevant, the team decided to seek help from our community partner. There were specific deadlines to adhere to and the community partner was willing to work with the team within that short timeframe. The survey was translated by researchers' family members just in time for the community forum, which enabled the team to distribute the survey at the event.

The researchers had assistance from a team member's mother. In addition, the team was fortunate enough to receive assistance from a translator who had previous experience in translating surveys over the years. After a few edits, the surveyors distributed it to 8 people at the temple in San Diego. Most of these individuals were elderly ladies who do not speak English at all. They were able to read and understand the survey. The only problem was the font size; it was too small for them. As a result, the font was adjusted accordingly. At the end of the survey, a "thank you" message was added to acknowledge their time and effort in filling out the survey.

## Field Work

In terms of timing, surveys were distributed throughout the mornings to mid-day on the weekends and evenings on the weekdays when people were home from work. It should be noted that surveyors always worked in pairs in order to be cautious and to put safety first. Surveys were distributed during weeks 6 and 7, at least twice each week. Both the secondary and survey teams carpooled to Cambodia Town, using group members' cars so that money was not directed towards transportation. The teams targeted neighborhoods, grocery stores, and the Buddhist Temple to cover different parts of Cambodia Town. These different locations were visited at least two times throughout school weeks 6 and 7.

### *Group 1: Community Meeting hosted by UCC*

UCC held a community forum during January 30, 2013 with approximately 35 attendees. By this time, the surveys were not translated into Khmer; however, we moved forward in distributing the surveys anyway. Because most attendees were middle-aged adults to seniors with low English proficiency, many found the survey to be difficult and time-consuming. Volunteers at the event assisted them in filling out

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the survey, but it appeared to be challenging. Many of the respondents were still working on the survey during the meeting and due to time constraints, our team had to head back to UCLA. The survey team requested UCC to collect the surveys and have them ready to pick up the following week. The team collected the surveys the following week from UCC and acquired 40 responses. The sample was mixed with a couple of other classes that UCC offered to the community.

### *Group 2: Cambodia Town Group Surveying in Long Beach*

The entire group went to Cambodia Town on Saturday 16th, 2013 to distribute surveys to local community residents. The Cambodia Town group divided into the survey group and secondary group to distribute surveys in two different locations. The survey group went to the local markets and the secondary team focused their efforts at the local temple. The survey group went to the market and also delved into a local strip of small business shops located along the Anaheim corridor. Considering its busy location, the group expected a good amount of survey turnouts. Eventually, the market team further separated into groups - some group members surveyed residents shopping at a Cambodian market, while some surveyed people at a local strip of businesses near the market.

Because it was an early Saturday morning, many businesses were still closed. Many people were patiently waiting outside of the travel agency, nail salon, restaurant, pharmacy, and the health clinic for doors to open. The members approached these community residents to distribute the survey. While some were open to taking the survey, others were hesitant and claimed to not understand what the surveyors were saying. When approaching these individuals, the surveyors then asked if they had a few minutes to spare or if they spoke either Khmer or English to encourage residents to take the survey.

When community residents were asked whether they had time, most of them said no or claimed to be busy. Others were asked whether they spoke either English or Khmer; some responded, while others claimed to not understand what was being asked. Furthermore, when a brief explanation was given to residents, many refused to take the survey due to their lack of association with the neighborhood or Long Beach. It was noted that many were more likely to take the survey when they were not preoccupied many residents who were patiently waiting at the health clinic participated in the survey. As a result, the greatest survey turnouts were from the nail shop, pharmacy, and the health clinic as opposed to shoe and clothing stores, fast food restaurants, and the tax filing office.

Another challenge in distributing the survey was conveying the “legitimacy” of the research. Many residents would walk or even run away when they saw a member of the survey group approach them with surveys and pens or pencils. As explained earlier, it is plausible that due to the Cambodian community distrust of government officials, members of the community were hesitant to partake in the process. Additionally, there was a definite language barrier present. None of the students that were distributing the surveys around the shopping centers spoke Khmer, so it was very difficult to explain the research study and the purpose of the survey. Most individuals who were surveyed were reluctant to write their opinions they were more open to picking answers that have already been provided.

Similar to the survey team, researchers who sampled the temple had several challenges. First, without the assistance of United Cambodian Community, simply naming the organization did not provide much ease in getting permission to conduct the survey. The organization’s publicity provided minimal help in conducting the survey. Identifying the appropriate person to contact at the temple also proved difficult

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as we were redirected multiple times to different individuals. Hesitation not only arose due to fear of not knowing who the surveyors were, but language barrier also became an issue. Although two members of the group present to speak Khmer with the adults, the level of fluency became a little problematic. The team was able to get the message through and received some help with what was desired. Unfortunately, they did not make an announcement before the service began. Rather, one of the volunteers walked to different groups gathered in different areas and asked them to fill out the surveys.

While the survey had enlarged fonts for seniors to read, it was not sufficient for some of the seniors to fill out the survey individually. We had to assist some seniors in physically filling out the answers by having another individual read the questions aloud in Khmer to them. However, some middle-aged men were able to fill out the survey on their own. Some respondents spent about 25 minutes to fill out the survey. In comparison, respondents who took the English version took about 10 minutes.

The rate of respondents was extremely low. The team members also discovered that they had a gathering for a deceased individual after the service. Our timing was not convenient for many attendees. In addition, many of attendees thought the surveyors were government agents. Unfortunately, the data will be skewed because almost all respondents were men. Only two or three respondents were female. Women were busy preparing food before the service began and as a result, it was inconvenient for them to do the surveys. Some respondents did not reside in Long Beach, so they did not fill the survey. The team realized in hindsight that the temple was located outside of Cambodia Town, but were told that it is the largest one in Long Beach, so many of the attendees commute to that location.

After gathering and analyzing data for both groups, separately, there were no significant differences. As a result, surveys from both groups were combined and analyzed as one.

## Recommendations

It is recommended that the surveys be shorter in length and more concise. Careful consideration should also be placed on the wording of the survey and the manner by which they are organized. It is advised that the survey team find alternative resources to get surveys translated if need be. While convenient sampling has been used for the purpose of this report, future teams should aim for random sampling because it allows for better analysis of the community. Appearance matters so it is advised that students that partake in distributing the surveys agree on an attire particularly one that indicates affiliation with an association or school. Implementing some sort of reward system might aid in getting more individuals to participate in the survey. Calling an outreach site beforehand in case there may be specific types of services or events. Visiting the site prior to the survey distribution will also be useful because the team is better prepared to handle any possible sidetrack. If possible, bring a more fluent person to conduct the survey. Seek the assistance of student groups familiar with the community who could provide valuable guidance. It is important to stay within the vicinity of the geographic area of study, in order to be more confident in the findings of the result.

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## APPENDIX F

### Survey, as it appeared, in English

Thank you for taking this survey. We hope your answers will help United Cambodian Community identify what specific areas of health and housing the community wants or needs most. Please answer as best you can.

Note : In bold, are the corresponding survey responses and results from the survey. There were 83 participants who completed the survey. The following reported results are valid percentages.

1. Can you tell me what are the three most pressing problems facing you and your family? Below are the top 3 most pressing problems from the stakeholders.

1. **Finance (money, welfare, bills, poverty, rent, medical bills)**
2. **Health (stress, hearing, eye, old, knees, stomach)**
3. **Public Safety (gangs, theft, violence, substance abuse, crime, safety)**

2. Can you tell me what you think are the three most pressing problems facing your neighborhood?

1. **Public Safety (gangs, theft, violence, substance abuse, crime, safety)**
2. **Neighborhood (parking, dirty..., clean, litter, pollution, graffiti, noise, homeless)**
3. **Language (Khmer)**

### Background

3. What is your gender? (Circle one)

**Male (44) Female (37)**

4. What is your age? \_\_\_\_\_

Age Distribution of Survey Responses

0-17	<b>6.4%</b>
18-64	<b>79.5%</b>
65-83	<b>14.1%</b>

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5. How well do you speak English?

- |    |                   |       |
|----|-------------------|-------|
| a. | Not at all        | 6%    |
| b. | Very Poor         | 14.5% |
| c. | Poor              | 14.5% |
| d. | Not Well nor poor | 15.7% |
| e. | Well              | 22.9% |
| f. | Very Well         | 25.3% |
| g. | Missing           | 1.2%  |

### Health

6. Of the following, which do you find the most important to have more information made available in Khmer? (Circle one)

- |    |                    |       |
|----|--------------------|-------|
| a. | Primary Care       | 58.4% |
| b. | Dental             | 16.9% |
| c. | Optometry          | 2.6%  |
| d. | Hearing            | 2.6%  |
| e. | All of the above   | 2.6%  |
| f. | Two of the above   | 9.1%  |
| g. | Three of the above | 2.6%  |
| h. | Four of the above  | 5.2%  |

7. Do you have a hard time talking with your doctor due to language barrier? (Circle one)

Yes (39.7%) No (53.9%) I do not have a doctor (6.4%)

8. Did you know you may request a translator when you go see a doctor? (Circle one)

Yes (58.7%) No (41.3%)

9. Did you know there are free health clinics you can go to? (Circle one)

Yes (59.3%) No (40.7%)

If yes, would you go to one?

Yes (72.4%) No (10.3%) Maybe (12.1%) Missing (5.2%)

10. Do you have medicaid or medical? (Circle one)

Yes (51.3%) No (48.7%)

If no, do you have medical insurance? (Circle one)

Yes (36.2%) No (55.3%) N/A (8.5%)

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11. How would you rate your overall well-being?

- a. Extremely Poor 7.3%
- b. Below Average 19.5%
- c. Average 54.9%
- d. Above Average 14.6%
- e. Excellent 3.7%

Housing

12. Do you feel safe in your neighborhood? (Circle one)

- Yes (41.8%) No (56.9%) Yes & No (1.3%)

13. How often do you go outside of your neighborhood?

- a. Never 5.1%
- b. Rarely 14.1%
- c. Sometimes 39.7%
- d. Often 25.6%
- e. Very Often 15.4%

14. If given the opportunity, would you ever relocate outside of Long Beach?

- a. Yes 37.3%
- b. No 37.3%
- c. Maybe 22.7%
- d. I don't know 2.7%

15. What information about housing do you need help with in Khmer? (You may circle more than one)

- a. Available rental properties 20.0%
- b. Rental application process 12.3%
- c. Utility bills (water, electric, gas) 13.8%
- d. Financing options (loan, mortgage) 15.4%
- e. All of the above 21.5%
- f. Other: \_\_\_\_\_ 17.0%

16. What would you like the most advice with in Khmer? (Circle one)

- a. Housing Counseling (basic rules and information) 18.8%
- b. Financial Coaching 28.1%
- c. Credit Counseling 10.9%
- d. Helpful Resources 35.9%
- e. Other: \_\_\_\_\_ 6.3%

- 
17. In your household, who do you live with? (You may circle more than one)
- |    |  |              |
|----|--|--------------|
| a. | Immediate family (mom, dad, siblings)              | <b>68.9%</b> |
| b. | Extended family (grandparent, cousin, uncle, aunt) | <b>8.1%</b>  |
| c. | Friend(s)  | <b>8.1%</b>  |
| d. | Roommate(s)  | <b>2.7%</b>  |
| e. | Friend & Roommate                                  | <b>1.4%</b>  |
| f. | None of the above                                  | <b>10.8%</b> |

18. Have you experienced high levels of stress due to overcrowding in your home? (Circle one)
- Yes (**31.9%**)                      No (**68.1%**)

19. In your household, how many people live with you? \_\_\_\_\_person(s)
- |    |       |              |
|----|-------|--------------|
| a. | None  | <b>1.5%</b>  |
| b. | One   | <b>6%</b>    |
| c. | Two   | <b>11.9%</b> |
| d. | Three | <b>14.9%</b> |
| e. | Four  | <b>19.4%</b> |
| f. | Five  | <b>17.9%</b> |
| g. | Six   | <b>13.4%</b> |
| h. | Seven | <b>7.5%</b>  |
| i. | Eight | <b>3%</b>    |
| j. | Nine  | <b>3%</b>    |
| k. | Ten   | <b>1.5%</b>  |

- How many children live with you in the household? \_\_\_\_\_
- |       |              |
|-------|--------------|
| None  | <b>23.7%</b> |
| One   | <b>22.0%</b> |
| Two   | <b>22.0%</b> |
| Three | <b>18.6%</b> |
| Four  | <b>10.2%</b> |
| Five  | <b>3.4%</b>  |

20. What is your monthly rent?
- |    |                 |              |
|----|-----------------|--------------|
| a. | Less than \$299 | <b>10%</b>   |
| b. | \$300 - \$699   | <b>20%</b>   |
| c. | \$700 - \$1099  | <b>27.1%</b> |
| d. | \$1100 - \$1399 | <b>30%</b>   |
| e. | \$1400 or more  | <b>12.9%</b> |

21. Do you receive any government assistance to help pay for housing? (Circle one)
- Yes (**20.3%**)                      No (**79.7%**)

APPENDIX F

Survey, as it appeared, in Khmer

សូម អរគុណ ចំពោះការជួយផ្តល់នូវ មតិ យោបល់ របស់ លោក លោកស្រី ឬ ម្ចាស់ ថា ចម្លើយរបស់ អ្នក និងអាចជួយ សហគមន៍ខ្មែរ (United Cambodian Community) បាន ស្តីពីការងារ , សុខភាព, និងសេចក្តីត្រូវ ការនៅក្នុង សហគមន៍របស់ខ្មែរ ។

សូមមេត្តាឆ្លើយនូវអ្វី ដែល អ្នកអាចឆ្លើយទៅបានយ៉ាងល្អជាទីបំផុត ។

១ - តើ អ្នក អាច ប្រាប់ ខ្ញុំ នូវបញ្ហាដែល អ្នក និង គ្រួសាររបស់អ្នក ត្រូវប្រឈមមុខយ៉ាងខ្លាំង បីយ៉ាង ?

១ -

២ -

៣ -

២ - តើអ្នកអាចប្រាប់ខ្ញុំ អំពី ការយល់ឃើញរបស់អ្នក ចំពោះបញ្ហាដែលខ្លាំងបីយ៉ាងចំពោះមុខ នៅក្នុង សង្គមអ្នកជិតខាងរបស់អ្នក

១ -

២ -

៣ -

៣ - ប្រែ វគ្គ (Background)

៣ - ៣១ ( គូសរង្វង់ ជួយ )

បុរស ស្ត្រី

៤ - តើអ្នកមានអាយុប៉ុន្មាន ? \_\_\_\_\_

៥ - ភាសាអ្វីឯងគឺសរសេរអ្នកយ៉ាងណាដែរ ? (គូសរង្វង់មួយ)

- a. តិចជាទីបំផុត
- b. បន្តិច បន្តួច
- c. ធម្មតាៗ
- d. ល្អ
- e. ល្អណាស់
- f. មិនអាចនិយាយបាន

សុខភាព (Health)

៦ - នៅក្នុងបញ្ហាសុខភាព តើបញ្ហាមួយណាដែលសំខាន់ជាងគេ ដែលអ្នកចង់បានព័ត៌មានជាភាសាខ្មែរ, (គូសរង្វង់មួយ)

- a. គ្រូពេទ្យប្រចាំខ្លួន (ជម្ងឺទូទៅ)
- b. ពេទ្យធ្មេញ
- c. ចក្ខុវិទ្យា (ពេទ្យភ្នែក)
- d. សាក្សីវិញ្ញាណ (ត្រចៀក)
- e. ដទៃទៀត: \_\_\_\_\_

៧ - តើអ្នកមានការលំបាកក្នុងការទាក់ទងជាមួយគ្រូពេទ្យដែរឬទេ? ពីព្រោះបញ្ហាភាសា?  
(គូសរង្វង់មួយ)

មាន      មិនមាន      ខ្លះៗ មាន      គ្រូពេទ្យប្រចាំខ្លួន

៨ - តើអ្នកដឹងឬទេ ? ថាអ្នកអាចសុំឱ្យមានអ្នកបកប្រែបាន ពេលដែលអ្នកត្រូវការជួបជាមួយគ្រូពេទ្យ (គូសរ រង្វង់មួយ)

ដឹង មិនដឹង

៩ - តើអ្នកដឹងឬទេ ? ថាមានមន្ទីរព្យាបាលដោយមិនបាច់បង់លុយ (គូសរ រង្វង់មួយ)

ដឹង មិនដឹង

ដឹង , តើអ្នកគួរទៅ ឬ មិន គួរ ទៅ?

ទៅ មិន ទៅ ប្រហែល

១០ - តើអ្នកមាន Medicaid ឬ Medical ទេ ? (គូសរ រង្វង់មួយ)

មាន មិនមាន

បើមិនមាន តើអ្នកមាន ការធានារ៉ាប់រងខាងសុខភាពឬទេ? (insurance)

(គូសរ រង្វង់មួយ)

មាន មិនមាន

១១ - សុខមាលភាព, សុវត្ថិភាព, តើអ្នកឱ្យកំរិតប៉ុន្មាន ដែរ ? (គូសររង្វង់មួយ)

- a. មានកំរិត ទាបបំផុត
- b. នៅក្រោមកំរិតធម្មតា
- c. នៅក្នុងកំរិត ធម្មតា
- d. ខ្ពស់ជាងកំរិតធម្មតា
- e. នៅក្នុងកំរិត ខ្ពស់បំផុត (ប្រសើរណាស់)



១៦ - តើពាក្យណែនាំអ្វី ដែលអ្នកត្រូវការខ្លាំងជាងគេជាភាសាខ្មែរ?

- a. ការឱ្យយោបល់អំពីទីលំនៅ
- b. អ្នកដឹកនាំបង្ហាញអំពីបញ្ហាលុយកាក់
- c. អ្នកបង្ហាញ, អ្នកប្រាប់អំពីកិត្តិយស (ក្រេឌីតខោនស៊ីង)
- d. ជំនួយ ធនធាន (ជំនួយផ្សេងៗដែលគេអាចជួយបាន)
- e. ដទៃទៀត \_\_\_\_\_

១៧ - នៅក្នុងផ្ទះរបស់អ្នក តើអ្នករស់នៅជាមួយអ្នកណា? (អ្នកអាចគូសរង្វង់ច្រើនជាងមួយ)

- a. អ្នកជាសាច់ឈាម, ប្តី, ប្រពន្ធ, កូន ជាដើម
- b. អ្នកជាជីដូន, ជីតា, មីង, មា, ដីដូនមួយ ជាដើម
- c. មិត្តភក្តិ
- d. អ្នកដទៃមកជួលបន្ទប់នៅ
- e. មិនមែនទាំងអស់នៅលើនេះ

១៨ - តើអ្នកធ្លាប់មានការតប់ប្រមល់ធុញទ្រាន់ក្នុងការរស់ជាមួយមនុស្សប្រពៃ តែនៅក្នុងផ្ទះ  
ឬទេ? (គូសរង្វង់មួយ)

មាន មិនមាន

១៩ - តើមានមនុស្សប៉ុន្មាននាក់ដែលរស់នៅក្នុងផ្ទះរបស់អ្នក?

\_\_\_\_\_ នាក់

មានក្មេងប៉ុន្មាននាក់នៅក្នុងផ្ទះ? \_\_\_\_\_

២០ - តើ ឆ្នាំ ឬ ឆ្នាំ ផ្ទះមួយខែប៉ុន្មាន?

- a. តិចជាង \$299 (២៩៩ ដុល្លារ)
- b. \$300 - \$699 (រវាង ៣០០ ដុល្លារទៅ ៦៩៩ ដុល្លារ)
- c. \$700 - \$1,099 (រវាង ៧០០ ដុល្លារទៅ ១០៩៩ ដុល្លារ)
- d. \$1,100 - \$1,399 (រវាង ១១០០ ដុល្លារទៅ ១៣៩៩ ដុល្លារ)
- e. \$1,400 or more (ឬច្រើនជាង ១៤០០ ដុល្លារ)

២១ - តើអ្នកបានទទួល ជំនួយ ពីរដ្ឋក្នុង ការបង់ថ្លៃផ្ទះ ឬទេ (ផ្ទះរដ្ឋ) (គូសរង្វង់មួយ)

បាន ឬ បាន

សូមថ្លែងអំណរគុណដ៏ជ្រាលជ្រៅក្រៃលែង ដែលបានចំណាយពេលវេលាដ៏មានតម្លៃដើម្បី  
ជួយផ្តល់ចម្លើយនិងយោបល់ដល់ការស្រាវជ្រាវរបស់យើង ក្នុង ការស្វែងរក ដំណោះស្រាយ  
បំពេញសេចក្តីត្រូវការផ្ទះដល់សហគមន៍ ខ្មែរយើង ក្នុង ក្រុង ឡង ប៊ិច នេះ ។