

## Title

Student, major; Mentor, department

### Research Statement

The proposed research project will identify cultural and linguistic reasons that some first-generation<sup>1</sup> and second-generation Cambodian (or Khmer) Americans in three urban cities in the United States (Atlanta, GA, Long Beach, CA, and Lowell, MA) choose to maintain traditional Khmer medical practices as opposed to adopting mainstream U.S. practices.

### Project Goals

The goal of this multi-sited project is to collect and analyze data in order to understand Cambodian American motivations and rationales for their medical choices. The objectives in order to achieve this goal are as follows: 1) to collect and study qualitative data from 12 Cambodian Americans through interviews and 2) to collect and study quantitative data from 150 Cambodian Americans through surveys.

### Project Significance

Cambodian Americans face significant challenges in adapting to life in the United States; they “[may] not be adapting as rapidly nor as ‘successfully’ as other Asians” (Hopkins 1996) and may lack access to mainstream medicine and knowledge (Taylor et al. 2000, 2002; Do et al. 2009). This project investigates the cultural and linguistic challenges that Cambodian Americans face that may prevent mainstream healthcare as an option. Specifically, findings from this study may invite mainstream health practitioners to become aware of nonmainstream cultural beliefs and practices that prevent some Cambodian Americans from accepting mainstream medical advice. Practitioners can draw on the findings to communicate more effectively with patients, to give patients comfort and respect when providing medical advice, and to improve health conditions and awareness within the Cambodian American community as well as other immigrant communities.

### Background: Previous Research

Asian Americans are often represented in popular culture as “model minorities” (Osajima 1998) who have attained economic and educational ‘success’ in mainstream U.S. society because of their ‘proclivity’ to work hard. Yet as scholars have argued, this image is problematic, because it not only misleadingly attributes success largely to ‘good cultural values’ rather than structural privilege (Osajima 1998) but also inaccurately paints a homogenous image of Asian Americans. In particular, Cambodian Americans hardly fit this image of the model minority; they often attain far lower levels of educational and economic success than their East and South Asian American counterparts (Reyes 2005). The challenges they have faced largely stem from the conditions under which they arrived in the United States; most were refugees escaping a violent political regime known as Khmer Rouge, under which nearly 2 million Cambodians were killed (Hopkins 1996).

Previous studies have shown that few Cambodian Americans have knowledge of cervical cancer (Taylor et al. 2000), Hepatitis B (Taylor et al. 2002), and HPV vaccinations (Do et al. 2009). These studies have resulted in important intervention programs, but they have been limited geographically, small in scale, or focused on specific medical conditions. My project will be broader in scope: it will provide a portrait of Cambodian Americans in three geographically distinct U.S. cities and explore how Cambodian Americans’ cultural beliefs about medicine may enhance and inhibit healthy medical practices in general.

Methods of ethnographic analysis will help me gain access to “emic,” or local, categories and meanings, and methods of discourse analysis (Bucholtz & Hall 2005, Johnstone 2008) will illuminate how participants understand medical categories in terms of cultural oppositions (e.g., ‘traditional/nontraditional’, ‘Cambodian/American’), how they attach value (‘good/bad’, ‘healthy/unhealthy’, ‘caring/not-caring’) to these categories, and how they locate selves and others in relation to these categories and values (Bucholtz & Hall 2004), for example, as ‘traditional/non-traditional Cambodians’ or ‘caring/uncaring American doctors’.

<sup>1</sup> “First-generation” is defined as those who have immigrated to the United States; “second-generation” refers to the first-generation’s children.

## **Project Design**

Interview and survey data will be collected in three urban Cambodian American communities in Lowell, MA, Atlanta, GA, and Long Beach, CA. First, analysis of the interview data, which will be based on a small set of participants (n=12), will allow me to provide a detailed portrait of the complex ways in which participants link medical experiences and practices with social categories, values, and identities, in order to ultimately describe local understandings of medicine. Semi-structured one-hour interviews with 12 participants (4 from each site) will be conducted, recorded, and transcribed by me (an oral Khmer-English bilingual), guided by questions about their view of Khmer and mainstream U.S. medicine and their reasons for rejecting or adopting specific medical practices. [Mentors] will help me develop questions and will provide interview training, in order to elicit naturalistic and relevant data. My father, a Khmer native speaker, will also provide tips for culturally appropriate Khmer phrasings and help translate documents into Khmer. The interviews will be conducted either face-to-face or with video-calling software such as Skype, and potential participants will be identified using a snowball sampling method. The recordings will be transcribed and identities will be kept anonymous by using pseudonyms. Second, analysis of the survey data, which will be based on a large set of participants (n=150), will allow me to draw generalizations about Cambodian Americans across my three sites, by examining correlations between attitudinal variables (ratings of Khmer and American medical experiences), linguistic and cultural characteristics (language proficiency, ethnic and national orientations), and demographic factors (gender, age, location, year of immigration). I will distribute 600 surveys (aiming for 25% participation) through the Cambodian American Associations in each city both electronically (SurveyMonkey) and by postal mail. I have already confirmed some interviews and surveys: 3 first-generation participants from Atlanta and 4 from Lowell have agreed to be interviewed, and I have initiated contact with all three Cambodian American Associations. A proposal is being sent to the USC Institutional Review Board to assure that I properly adhere to the safety, confidentiality, and ethics issues concerning human subjects.

## **Project Timeline**

- **November:** Create survey; distribute consent forms; confirm participation.
- **December:** Distribute surveys; continue to confirm interview participation.
- **January:** Analyze surveys.
- **February-March:** Conduct and transcribe interviews.
- **April:** Analyze interview data; present project at Discover USC.
- **May-July:** Write up findings.

## **Anticipated Results/Final Products and Dissemination**

My impressionistic observations based on my experiences suggest that Cambodian Americans may resist forms of mainstream U.S. medical treatment for a range of reasons, including economic, linguistic, social, and cultural issues. I hypothesize that participants will identify the cultural dimension, such as the desire to maintain 'tradition', as the primary source of resisting mainstream practices. I also hypothesize that the first-generation will largely be resistant to mainstream medicine and that the second-generation will maintain some but not all beliefs that the first-generation holds.

In addition to being presented at USC's Discover USC, the results of my research will be submitted for publication in academic journals (with assistance from my mentors), presented at conferences that address ethnomedical interests, such as the Women's Health Conference at USC, and made available to the USC pre-medical community through the Office of Pre-Professional Advising.

## **Personal Statement**

I am a second-generation Cambodian American student majoring in biology on the pre-medical track and working towards becoming a physician. Growing up believing in the merits of U.S. mainstream medicine, I have often wondered why my older family members are uncomfortable with U.S. practices. For example, my grand-aunt, who was a firm believer in traditional medicine, rarely went to the local hospital despite her high blood pressure. Two years ago, when she suffered a traumatic hemorrhage that rendered her incapable of using her left limbs, I wondered whether she may have easily avoided this outcome had she been monitored regularly, and I was curious about the role of cultural beliefs in her medical choices. Before continuing on my path to medical school, I am deeply inspired to combine my interest in medicine and culture in a research project that I hope will provide greater clarity to how health practitioners address ethnomedical issues in immigrant communities.

## References

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## Magellan Scholar BUDGET FORM

Student's Name:

**Double-click on table to enter data**

<b>Taking classes</b>	80	10	\$800.00
<b>Not taking classes</b>	120	10	\$1,200.00
<b>Fringe: Student salary * student fringe rate<sup>1</sup></b>			
<b>Taking classes</b>	\$800.00	0.45%	\$3.60
<b>Not taking classes</b>	\$1,200.00	8.35%	\$100.20
<b>Materials/Supplies</b>	Enter sub-total from below:		\$943.41
<b>Travel</b>	Enter sub-total from below:		
<b>TOTAL:</b>			<b>\$3,047.21</b>
<b>Amount requested for MGS award:</b>			<b>\$3,000.00</b>

### Budget Justification

**Student Salary:** Indicate estimated number of student work hours per week during academic year and summer and hourly rate. I will work 8 hours/week during the Spring semester, for a total of 12 weeks.

During the Summer semester after my May graduation, I will work 10 hours per week.

**Materials/Supplies:** Indicate items, quantity, and estimated price

Item	Quantity	Cost	Justification
Dropbox Pro subscription (100 GB)	8 months @ \$9.99/month	\$79.92	Storage space needed for sharing data with mentor
Gold membership to SurveyMonkey	4 months @ \$25.00/month	\$100.00	For survey data collection
HP All-In-One Printing Paper (500 sheets)	5 reams @ \$7.54/ream	\$37.70	For paper surveys and consent forms
Office Impressions Kraft Clasp Envelopes 6"x9" (Box of 100)	4 boxes @ \$11.00/box	\$44.00	For mailed surveys and consent forms
Canon BJC 3000 Printer-Ink	3 cartridge sets @ \$55.93 /cartridge set (black and color)	\$167.79	For paper surveys and consent forms
Stamps	600 stamps @ \$0.44/stamp	\$264.00	For mailed surveys and consent forms
Compensation for participants in surveys and interviews	10 gift cards @ \$25.00/gift card from Target/Koh's	\$250.00	Entry into random gift card drawing will serve as compensation for participants
<b>SUPPLIES TOTAL</b>		<b>\$943.41</b>	

\*\*Any overage of costs will be taken care of by student's personal finances.

**Travel:** Indicate location, purpose of travel, estimate itemized costs (transportation, lodging, registration, etc).