Historical Background on SEA Health Disparities

Challenges to healthy living experienced by many SEA people and communities can be magnified by poverty and barriers to health care. For example, some SEA communities (i.e., Hmong and Khmer) have a greater number of members living in poverty (33% and 19% respectively), compared to the ten percent U.S. poverty rate, and family income across all SEA groups is lower than the national average of $55,832. High rates of poverty increase challenges to maintaining a healthy lifestyle (being smoke free, maintaining healthy eating, active living and access to health care).

Lao, Cambodian, Vietnamese, and Hmong peoples have a long history of tobacco use incorporated into many daily rituals and healing practices, including giving tobacco as gifts and viewing tobacco use as a part of the initiation into adulthood by males in these cultures. Significantly more Asian males than Asian females smoke and rates of smoking among SEA communities in Minnesota have been noted to range from 34% to 70%. However, while smoking was once considered an integral aspect of social life in one’s country of origin, ranging from medicinal use to that of a status symbol, messages in the U.S. confirmed that tobacco use was dangerous to one’s health and changes experienced during the transition to Western society challenged deeply-held cultural norms. Furthermore, the use of alcohol and tobacco has been tied to self-medication for depression and anxiety as a way to cope in the transition to the U.S. and newer immigrants with higher status and education may be more likely to smoke compared to the typical American, who smokes less with higher rates of education. This tendency toward high rates of tobacco use by new immigrants may be related to earlier traumas experienced by refugees and the transition to Western society.

High rates of cancer among SEA women is a concern, in particular, Hmong Americans have the highest rate of death from cancer among all Asian Americans; e.g., stomach cancer is 3.5 times higher than Asian Americans overall and 8.9 times higher than their White counterparts. Cervical cancer rates for Hmong women are 2.8 times higher than for all Asian American women and 4.2 times higher than their White women counterparts. These startling statistics are believed to be primarily due to barriers in accessing healthcare for Asian Americans in Western society. Some barriers result from cultural beliefs that illness originates from spirits. With regard to Asian women and medical exams, Hmong women are expected to be modest, making physical exams taboo. These are just two factors that may inhibit access to preventative screening and increasing health care for SEA women. Recommendations for removing barriers and increasing access to preventative care for Hmong women involves working with husbands and local leaders to increase medical knowledge thereby preventing cancer by increasing health screening visits. Good health for all SEA people can be accomplished by coordinated and collaborative efforts of SEA communities working together to promote healthy lifestyles for everyone. The STEEP project is an example of what SEA communities can accomplish by working together – but there is still more to do!
Engagement as Building Relationships in SEA Communities

The central theme of engagement in the SEA community is the building of relationships. The coordinator of this program empowered four educators in the STEEP program, representing Cambodian, Hmong, Loa, and Vietnamese cultures, to go into their communities to bring about change. They were selected from their communities and worked within their communities over the last five years to bring about systems change. They labored tirelessly to improve the lives of their community members by working with and empowering leaders in their communities to adopt policies that brought about behavior change leading to healthy living and beginning to close the health disparity gap in SEA communities in Minnesota.

The building of relationships in SEA communities is a part of the fabric of life and embedded in the practices of everyday living: at the market, temple, schools, churches, local businesses. It is understood, if not directly spoken, that for any change to occur in the community because an educator (or anyone else for that matter) wants it to – it will require engagement – the kind of engagement that is seen in the commitment of time and money, of eating and drinking, of buying and selling, of talking and listening – together and over time. The educators of this program spent hours that will never be countable in their communities, thousands of conversations in unexpected places: shopping for their own food, worshiping in their own temples, walking in their own neighborhoods. As they lived and breathed the mission they had to empower their communities. As they were out in their communities they would feel a tap on the shoulder and a voice that said “I saw you on the TV – you must know what I should do to pass a policy – who should I see?” Or another time the statement was made to an educator when she least expected it “I know your voice – I heard you on the radio talking about healthy living…what can I do – will you show me?”

Other times the drive to bring about change in their communities meant scheduling meetings in those agencies or with key people they knew could make the difference – if only they could talk with them. They went to events in all of their communities - in the first year they went to 65 public events sharing the message of reducing tobacco use. In the ensuing years they began to work with interested and committed entities to help them understand how developing and implementing policies would bring about behavior change in their communities – to date, they have helped to bring about the implementation of more than 150 policies. These educators have worked in and with their communities to bring about these remarkable changes and more, they have empowered hundreds of volunteers in their communities – volunteers, they say that they could not have done it without – volunteers that they have educated and empowered to carry on the mission, to continue the work to bring about healthy lifestyles for all people in SEA communities in Minnesota.

The work that was begun as just a seed, an idea, a passion – was watered by their commitment and their actions in their communities – and like the river will continue to flow and nourish the communities they have worked so hard to provide with tools. You too, as you continue to read this handbook, will be given tools – you will be provided a step by step process to guide you in your own commitment to the development of policies in your communities that will bring about behavior change leading to healthier people and healthier communities. While
the handbook is provided in a step by step format, we realize that nothing in life that is meaningful is actually linear in its fruition. With that said, we invite you to use what helps you and in what ways that are meaningful to you – this is just a guide – what you do in your community will be unique to you and your community members.

Impact of STEEP Project in SEA Communities

In the first years of the STEEP project, the focus was on engaging and educating community members – particularly those who faced significant risks of tobacco use-related health conditions due to the high rates of tobacco use prevalence. As we witnessed our communities engaging in active changes to ways of thinking about tobacco use and health-related problems associated with tobacco, we wanted to expand these healthy choices to include healthy eating and active living.

Notable outcomes of the STEEP project are that tobacco-free policies have been adopted by all collaborative members, many SEA agencies adopted policies to not accept money from tobacco companies, St. Paul & Minneapolis Parks adopted a policies of no-smoking in the parks, playgrounds and areas of swimming if children under 18 are present. The Vietnamese summer picnic board, the planning committee of World Refuge Day, the Dragon Festival committee, and SEA soccer tournament planning committees all agreed to smoke-free events. These and other community events that have gone smoke-free reduce the harmful effects of second-hand smoke and model healthy living for community members.8

In the last 2-3 years, our work has built upon this foundation to develop and expand a network of aware, supportive community members and leaders in the SEA community. Today SEA business owners, leaders of organizations, community event planners, and other community leaders, develop and implement policies (or ‘guidelines’, ‘ground rules’, etc.) for being tobacco-free, increasing healthy eating, and active living throughout our communities; wherever we gather together – temple, local markets, work, or at our homes.

Expansion of STEEP project: Healthy Eating & Active Living

Through our work in the SEA community in the Twin Cities over the last five years, we’ve witnessed notable outcomes resulting from an integrated, collaborative community effort. Formal and informal leaders worked together, with our four educators in the Cambodian, Lao, Hmong, and Vietnamese communities, to bring about changes in attitudes, thoughts, and behaviors related to tobacco use. Now, we are expanding our efforts to include healthy eating and active living for all SEA people and their communities.

Healthy eating. Obesity has become a concern, not only in the United States but globally as well. Many diseases are preventable and healthy eating combined with active living has been shown to promote health and prevent disease. In an effort to address the issue of obesity, the United Nations recently set a goal to “reduce the probability of premature mortality from these diseases by 25% by the year 2025.9 Of grave concern is the fact that one-third of all U.S. adults are obese, as are about 17% of children 2 years of age and older and associated medical costs to the nation are approximately $147 billion.10
Addressing the problem has to move beyond individual efforts to community-wide efforts if there is to be noticeable change in health outcomes for our citizens. One innovative community-wide effort targeted 642 local grocery stores in a unique urban experiment: determining if “bringing healthy affordable food to corner stores...could change eating habits among the city’s economically disadvantaged residents.”11 Store owners were provided with a refrigerator to display yogurt, precut watermelon, carrots, apples, and other fruits and vegetables, along with green bins for produce such as onions and plantains. The results from this and other efforts like this have shown a moderate effect, however one of the project managers stated the following, “We weren’t expecting a big impact from improving availability, we just wanted to see whether there was any impact,” and called the results “heartening.”12

**Active living.** A review of the literature on community-based interventions to bring about healthier life-styles for citizens by increasing physical activity revealed a number of promising practices. At the heart of community change is the notion of multipronged approaches that involve the distribution of information and increasing access to physical activity to bring about the desired change.13 Local schools, Departments of Parks and Recreation,14 among other community agencies and organizations, have been cited for effective collaboration in implementing interventions for increased physical activity. Health care interventions focused at high-risk populations and life-style interventions at the community level were found to be effective in confronting the impact of type-2 diabetes in research conducted in the Netherlands.15 According to the authors, “risk factors for developing type 2 diabetes include a high body weight, physical inactivity, and smoking...”16 In this study, both community interventions and individual-level interventions were determined to reduce body-fat, the number one risk factor for diabetes. Furthermore, “physical activity had the largest impact on diabetes incidence, and ...that even small shifts of the entire population toward more healthy behavior (through population-level interventions) would reduce diabetes incidence.”17 A cost-benefit analysis indicated community-wide interventions helped to reduce medical costs due to citizens living healthier and more active lifestyles.

**STEEP Project Influences Policy Implementation in SEA Communities**

To bring about the changes we are committed to seeing in our SEA communities, STEEP educators, agency, and community leaders worked to educate decision makers to implement policies and other collaborative practices. The following are a few notable accomplishments:

- ✓ 46 "Health Promotion" policies have been passed. This strategy is intended to 'get in the door' and introduce the idea of how a policy can work. Participation in this Campaign is indicated by adopting the Health Promotion policy and posting an API "Health Promotion" policy with bamboo as the background.
- ✓ 106 comprehensive policies passed: Healthy Eating, Active Living, and Tobacco comprehensive policies in Asian communities
- ✓ Invited Membership:
  - Advisory Group on Hennepin County and Minnesota State grant processes
    - Tobacco-free campus advisory committee, St. Cloud State University
    - Metro Alliance Stability organization serving the metro area
Leadership Advocacy to Advance Minnesotan Priority Population (LLMPP III) - Two volunteers are Fellows and two staff serve on the advisory team

These and other on-going efforts are a major indicator of the success of the community-based approach STEEP employs to empower local SEA communities in their efforts to promote healthy lifestyles for all people.

As a result of our work, we have seen our communities change their organizational and cultural norms and social practices around tobacco use and healthy living practices. And the results we have seen in organizations, businesses, and groups have been very positive. For example, temples are attracting more worshippers because they see the grounds are cleaner; people know to not throw their cigarette butts on the ground and the air is not smoky because people are not using tobacco around the temples. More organizations have welcoming, litter-free entrances and lower insurance payments due to less risk of fire because there is no smoking on temple grounds. Bolts of fabric are given at weddings instead of the traditional boxes of cigarettes in an effort to promote gift-giving that honors the marriage but does not promote tobacco use, which is bad for one’s health. Refreshments served at meetings are fresh fruits and cheese sticks, promoting healthy eating instead of boxes of donuts. These are just a few of the actions taken by our citizens and organizational leaders to bring about healthy lifestyles for everyone.

Please visit our website http://z.umn.edu/steep for more information and resources.
NOTES


5Ibid


7Ibid


11Ash et al. 1473.

12Couzin-Frankel 1474.


16Ibid

17Ibid
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