To overcome the serious barriers to nutrition education resulting in the Twin Cities metro counties, which also has the largest number of low-income and SNAP recipients, a focus on reaching these groups with a culturally appropriate nutrition message is warranted. Adaptations to the California EFNEP curriculum Building Healthy Families, written for the Hmong community, were made initially in order to use it with SNAP-Ed audiences as well as EFNEP.

Partner agencies began requesting the curriculum for use with SE Asian audiences that were not Hmong, because of similarities in diet and approach; some groups were mixed ethnicities, rather than monolingual Hmong speakers. Additionally, younger Hmong audiences were more comfortable in English than Hmong, although they still prepared and served many traditional Hmong foods. Focus groups were held with agency personnel from key SE Asian communities in order to guide the revision process and incorporate the views of each group.

Description: A literature review and focus groups were conducted with Lao, Vietnamese Cambodian and Karen representatives in the Twin Cities in order to understand the unique cultural beliefs to be incorporated into the curriculum. Parenting styles, generational differences and health concepts were explored. The resulting work is a collaborative between the Health and Nutrition program and the Southeast Asian metro communities.

Focus group participants voiced cultural practices important to know when implementing a nutrition program: i.e. their preference to buy fresh foods from local/ethnic stores rather than large grocery stores; and lack of customary usage of store coupons.

Participants shared their interest in topics such as menu planning, physical activity, the benefits of low sodium, calcium and reduced sugar.

The University team is incorporating these learnings by adapting the current curriculum and developing training materials for educators who work with similar audiences. We also plan to improve evaluation strategies.

Disparities in Southeast Asian health statistics are often masked by inability to disaggregate various ethnic groups within the larger category of “Asian.” Although Minnesota ranks high among states for the health and education of its people, some of the largest disparities in the nation exist here. Minority communities show disproportionately greater rates of obesity, heart disease, cancer, diabetes, high blood pressure and other nutritionally related diseases.