

Overview

The Southeast Asian Coalition of Central Massachusetts, Inc. (SEAC) was founded in 1999 and established as a non-profit agency in 2001 to address the lack of culturally and linguistically appropriate support services for Southeast Asian Immigrants in Central Massachusetts, which includes Laotians, Cambodians, and Vietnamese. SEAC's mission is to assist Southeast Asians in Central Massachusetts successfully integrate into mainstream society while maintaining their unique cultural identity.

Mission

“Providing assistance in the area of educational and job training, economic, as well as emotional, social and cultural support to enable Southeast Asians to successfully mainstream into American society; linking the Southeast Asians and the American community. Supporting the Cultural heritage of the different Southeast Asian cultures represented in the Greater Worcester community.” – SEAC website

Constituency



- Youth and adults (13-65+)
- African American
- Latino
- Asian (Southeast Asian)
- LGBTQ
- Homeless
- Immigrant
- Undocumented
- Formerly incarcerated
- Low-income

Local Conditions & Critical Issues Impacting 0-5 Childhood Health in Worcester, MA

Access to Resources

“One of the top issues with our youth and our family is access to healthcare (Medicaid/Medicare) or access to food stamps. I also think that language is a really big part of [accessing healthcare]. It takes a lot to find an interpreter that speaks the languages of the people in our program.” – Monica Bourommavong, Youth Organizer

Poor Food Environment—In 2012, 12% of the Worcester County population received food assistance from the Worcester County Food Bank and food pantries.¹

Low-Income & Working Poor—15% percent of children under the age of 18 in the county live in poverty.²

Safety—In a 2015 report, only 39% of Worcester participants reported that their communities are safe.³

“A lot of the parents and families worry about their [children’s] safety regarding the police and other authorities of the community.”

Language Barriers—Close to half (44%) of students in Worcester Public Schools did not speak English as a first language.³

“For students that are in English as a Second Language (ESL), the resources are not good enough to keep them engaged in school.”

Key Indicators of Childhood Health in Worcester, MA



49% of students’ grades 6-8 and 43% of students’ grades 9-12 in MA reported being physically active for 60 minutes, 5+days per week.⁵

35%

of high school students in MA reported eating breakfast daily.⁵



In 2014, 17% of 2-4 year old WIC participants were obese. Combined overweight/obesity rate among 10-17 year old children living is 27%.⁴



On average, 24% of students’ grades 9-12 in MA reported feeling sad or hopeless for 2+ weeks.⁵

Current Wellness & Safety Efforts

Incorporate Mental & Emotional Health into Youth Programming

“[It has] become really apparent that we need to work on mental and emotional health [with our youth]. Self-care is something that we are beginning to work on.”

Community Safety Campaigns—organizing work and Know Your Rights around policing (e.g., youth run-ins with police officers in schools) and immigration (e.g., immigration raids).

Nail Salon Safety—health and safety training programs for salon workers.

SEAC’s Accomplishments in Wellness & Safety

- **Charlotte Uprising**—SEAC is part of a coalition of community members, local and state organizers committed to ensuring the safety of their communities, and advocating for police accountability, transparency and social and economic equity.

“Young people of color are being criminalized by the police. Some of our youth in their middle school days were harassed by police for just skipping school.”

- **Greensboro Campaign**—Organized a campaign around police accountability and transparency after Chieu Di Thi Vo, a 47-year-old Vietnamese woman, was murdered by Greensboro police.

“The Greensboro campaign brought a lot of attention to policing of mentally ill individuals and how that can be improved. Also bringing about police accountability and getting footage of those incidents released is really successful for us and really makes a big difference because it’s making things more transparent and making the police more accountable for their actions, it’s making it safer for our youth and people in our community.”



Community Defined “Best Practices” to Improve Childhood Health

1. **Multi-Racial Coalition Building**
2. **Youth Leadership Development**

“[A best practice is] building leadership in the youth through some of our programs like the young activists interns. We have some youth interns that we work with on a weekly basis [to build] up their skill set and their knowledge and understanding of social issues...and encouraging them to step up and speak up in their community.”

Allies/Partnerships Working on Children’s Health

- Latin American Coalition – Charlotte, NC_ <http://www.latinamericancoalition.org/>
- ourBRIDGE – Charlotte, NC_ <https://www.joinourbridge.org/>



Website: <http://www.seacma.org/>

Address: 484 Main St, Suite 400, Worcester, MA 01608

Telephone: 508-791-4373

Facebook: <https://www.facebook.com/SEACMA/>

Instagram: [@seacyoutheffect](https://www.instagram.com/seacyoutheffect/)



1. Hunger in Worcester County (2012). Worcester County Food Bank. Retrieved from <https://foodbank.org/learn-more/hunger-in-worcester-county/>
2. Children in poverty (2015). County HealthRankings. Retrieved from <http://www.countyhealthrankings.org/app/massachusetts/2017/measure/factors/24/map>
3. Greater Worcester community health assessment 2015 CHA(2015). Central MA Regional Public Health Alliance. Retrieved from https://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/UMass_Memorial_CBI_Measures-CHAFINAL.pdf
4. The state of obesity in Massachusetts: Childhood overweight and obesity new data (2016). The State of Obesity. Retrieved from <https://stateofobesity.org/states/ma/>
5. Health and risk behaviors of Massachusetts youth (2015). Massachusetts.gov: Health and Human Services. Retrieved from <http://www.mass.gov/eohhs/docs/dph/behavioral-risk/youth-health-risk-report-2015.pdf>