



Hispanic Advocacy and Community Empowerment through Research



LEARNING-BY-DOING

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About Hispanic Advocacy and Community Empowerment through Research (HACER):

HACER's mission is to provide the Minnesota Latino community the ability to create and control information about itself in order to affect critical institutional decision-making and public policy. General support for HACER has been provided by Minnesota-based philanthropic organizations and the Minnesota Council of Nonprofits.

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Abstract

Many Latinos, especially more recent immigrants, benefit from a healthier lifestyle in their country of origin. There they ate more natural, less processed foods and had more physical activity in their daily lives. However, as these immigrants adapt to the mainstream U.S. culture, they often adopt a less healthy diet and a more sedentary lifestyle. Additionally, the language barrier many Latinos face can limit their access to the healthcare system because they have a limited ability to communicate their needs clearly with their doctors and other healthcare providers. To address these challenges and improve the health of Latinos, Hispanic Advocacy and Community Empowerment through Research (HACER) developed a pilot research and outreach project with the Latino community of St. James, MN, called Learning by Doing. This project involved in-depth interviews with nine Latinos residents of St. James and then two interactive nutrition workshops conducted in Spanish. The project was highly successful, and the results have encouraged HACER to expand the program to other Latino communities.

Background

The evaluation of health among Latinos¹ in the U.S. yields conflicting statistical results. For example, Latinos in the U.S. have a higher life expectancy at birth than non-Latino whites. According to 2015 Census Bureau projections, Latinos had an average life expectancy of 81.9 years, with 84.1 years for women and 79.6 years for men. The average life expectancy for non-Latino whites was 79.8 years, with 82 years for women and 77.5 years for men (U.S. Department of Health and Human Services Office of Minority Health, 2019). In seven out of the ten leading causes of death in the U.S., Latinos also have lower mortality rates than non-Latino whites (Gonzalez de Gispert, 2015). However, Latinos have a higher obesity rate than non-Latino whites and are more likely to die from diabetes. Previous research has shown that recent Latino immigrants to the U.S. have better health than second, third, and subsequent generations of Latinos who were born and raised in the U.S. The health of recent immigrants also tends to decline the longer they are in the U.S. as they adopt a less healthy diet and a more sedentary lifestyle. This is partially due to the fact that Latinos are twice as likely to be living in poverty as non-Latino whites. Consequently, they are much more likely to be living in “food deserts” which are areas with minimal access to healthy food. Recent Latino immigrants are also more likely to have physically demanding jobs, but as they move to higher paying jobs, they often become less active. Health data for Latinos are also often skewed because many immigrants will return to their home countries if they become sick. If they then die in their home country, their death is recorded in that country and not in the U.S.

These trends in Hispanic and Latino health are the same in Minnesota as in the country as a whole. 66.6 percent of Hispanics and 63.5 percent of whites in Minnesota are obese or overweight. Hispanics are twice as likely as whites to have diabetes (Stratis Health, 2005). However, Hispanics also have a higher life expectancy than whites in Minnesota (County Health Ranking and Road Maps, 2019).

There have been several programs aimed at improving health among Latinos. For example, Centro Tyrone Guzman in Minneapolis offers a Family Nutrition Program that provides free, nutritious meals and culturally-specific education aimed at encouraging participants’ healthy eating habits. Their *Maternal Health* and *Nosotras Women’s* Program provides support in many areas of health including pre- and post-natal care, meditation, sexual health education, and domestic violence prevention. They also have “*Tomando Control de Su Salud*”, which helps people manage their chronic diseases, and “*Programa de Manejo Personal de la Diabetes*”, which helps people to manage their diabetes. These programs have seen success, with 100% of Maternal Health participants reducing their stress levels and 100% of children who received nutrition education showing increased knowledge of basic nutritional concepts (Centro Tayrone Guzman, 2018). The University of Minnesota Extension delivers SNAP-ED programs in English, Spanish, Somali, Hmong, and Oromo. This program gives low-income individuals and families information on healthy eating, becoming more physically active, and doing so with limited resources. SNAP-ED has been implemented in elementary schools, where researchers found that the program increased the students’ vegetable consumption on a short-term basis, and fruit consumption on a short- and long-term basis (University of Minnesota - Extension, 2013). A third program that has been used to improve Latino health is the Promotores program. In their model, Community Health Workers who speak both English and Spanish, and who are trusted members of the community, work with local schools, clinics, churches, and

¹ A person of Latin American origin or descent

other community organizations to provide free health education and information (Providence, 2018). This community-based approach has also seen success and is in many ways similar to the program that HACER has designed.

HACER saw the previously described health “paradox” occurring in the Latino community around us and wanted to take action to improve the health of Latinos and Hispanics. We know that many Latinos do not have the appropriate knowledge about nutrition and leading a healthy lifestyle. Other Latinos, especially recent immigrants, know how to eat healthy but don’t know how to do so here in the U.S. They had a healthy diet in their country of origin but have now adapted to U.S. culture and feel that they can’t afford to eat healthy here. For this reason, HACER developed a pilot research and outreach project aimed to gather nutritional information from Latinos in St. James and showing them how they could eat healthy at a low cost. We decided to focus this pilot project in St. James, MN, where the Latino population makes up 38.4% of the total population. We called the project Learning by Doing to emphasize the interactive nature of the program. The goal was to have the participants fully involved in the workshops and to ultimately make significant changes in their lives based on what they learned.

Methodology

For the development of this pilot research study, HACER utilized a semi-structured in-depth interview technique. This qualitative research method employs a blend of closed- and open-ended questions, often accompanied by follow-up why or how questions. The dialogue can digress from the topics on the agenda—rather than strictly adhering to verbatim questions as in a standardized survey—and may follow a natural trajectory toward unforeseen issues. About one hour is considered a reasonable maximum length for semi-structured Interviews in order to minimize fatigue for both interviewer and respondent (Newcomer, Hatry, & Wholey, 2015). The decision to employ this method in our focus groups was based on *Successful Techniques to Recruit Hispanic and Latino Research Participants* research, where it states that, “*Latinos appeared to simply wish to remain anonymous and not bring attention to themselves*” (Sha, McAvinchey, Quiroz, & Moncada, 2017). In-depth interview is a better method to utilize with participants who do not want to participate in public reunions.

This methodology helped HACER explore each participant’s first-hand experiences, customs and challenges on their day to day eating habits. Each interview consisted of twelve questions divided into grocery shopping budgeting, cooking and recipes, and challenges to eating healthy. Because most of the participants had Limited English Proficiency (LEP), and we wanted to create a familiar environment, the interview was conducted in Spanish. The interviews were conducted at each participant’s home for their convenience and comfort. As such, we found that they responded openly to the questions for an average of 48 minutes. Participants were selected, by HACER, along with Convivencia Hispana, the Latino Community Organization of St. James, with random sampling.

In-depth Interviews - Findings

The population sample represented three Latin countries: Mexico, Guatemala and Honduras. All of them central American countries with similar eating habits. All interviewees stated that they never read food labels when grocery shopping nor do they budget before going to the supermarket. One interviewed stated, *“When I go to do groceries (Walmart), I see white people reading food label, while you see Latinos getting the cheapest product in the shelve”*. Latinos from St. James usually drive ~45 minutes to Mankato to grocery shop at Walmart or Aldi. *“A typical Saturday in this town is to drive to Mankato to do groceries and go to the Riverhills mall. We spend the whole day there”*, an interviewee added. This mileage distance between St. James and Mankato, makes some Latinos shop locally at Super Fair or *La Mexicana Store*, which are *“way too expensive, but more Mexicans than Walmart or Aldi”* an interviewee stated. Not all interviewees agreed with the statement that local products were more Mexican, *“This is inaccurate because you now find the same brands in Walmart than in La Mexican Store, but some people in St. James are unaware of that”* the interviewee added, *“another reason why Latino community members do not drive to Mankato to do groceries is the driver license problem”*. According to interviewees, a total weekly average grocery shop in Mankato was around \$150 for a family of three people (not taking into consideration gas or other non-food related expenses occurred in Mankato).

Due in part to the aforementioned challenges, the Latino population in Minnesota has the third highest rate of youth obesity among ethnicities (15.7%) (Minnesota Department of Health Center for Public Health Practice, 2017). During this pilot research study, HACER identified a common opinion among interviewees: one of the main reason youth Latinos suffer from high level of obesity is because of the large portions’ Latinos are accustomed to serving. One interviewee added to this, *“We Latinos serve a lot of food, this is something we inherit from our family”*. According to the interviewees, serving big portions is a way Latinos (specially women) express their love for their husband, children and/or grandchildren. Only three interviewees mentioned receiving instruction on this topic (serving sizes) in a Spanish food class—provided by University of Minnesota, Extension Services in St. James.

Another interesting topic brought up by most interviewees was the lack of structured recipes among Latinos to prepare food. Interviewees identified three places where they get new recipes: YouTube, their mother and coworkers. However, besides YouTube, the other two recipes resources do not provide an exact quantity of ingredients necessary for the cooking i.e. grams, spoons or ounces. Because of this, an interviewee mentioned, *“When I ask my mom to give me her recipe for the beans, she just says just put a bunch of the following ingredients”*. *“This non-guidance makes Latinos in St. James to include more grease in their diet because we do not have any guidelines to follow – Latinos love grease food.”* an interviewee added. To interviews, this lack of learning new exact recipes is a challenge to eat healthy. According to some of them, their mothers and coworkers do not prepare healthy recipes, so the capacity to find new healthy exact recipes relies only in YouTube, which many of them do not have time to visit.

Many participants also reported that they perceived the food in the U.S. to be more processed that that of their country of origin. Most of them lived in rural towns back in their countries of origin where the food they ate was grown and harvested directly by them. This likely meant access to fresh food that could be

used to add nutritional value to meals. According to some interviews, participants felt that having gone from natural food to processed food could have made them gain weight much faster than other ethnicities who were born eating processed food. The transition aside, it is reasonable to assume that this sort of farm to table diet was a healthier option than eating primarily processed foods.

Interactive Workshops – Findings

HACER designed Learning-by-Doing as a pilot research study that utilized in-depth interviews as the inputs to design, organize and facilitate the two interactive workshops executed in St. James – Human Services. To maximize these interactive workshops, HACER relied on the *Ten Simple Rules for Running Interactive Workshops* by Katrina Pavelin, Sangya Pundir, Jennifer A. Cham (Pavelin, Pundir, & Cham, 2014). Workshops were facilitated by a licensed family physician who has extensive experience as a community health educator with minority communities. Both workshops were 100% in Spanish. Interactive workshops



Second Workshop – Healthy Food Preparation

were open to the public of St. James, which means that not only in-depth interviewees could participate, but also other Latino community members of St. James. 16 people attended the first workshop (six had participated in the in-depth interviews) and 14 attended the second (four had participated in the in-depth interviews). To recruit participants, HACER relied on Convivencia Hispana, the largest Latino community organization in St. James. This organization has six years of experience working with the community and it is a very respectful and beloved community by the Latino community of Watonwan county.

In June 2011, MyPlate replaces MyPyramid as United States Department of Agriculture (USDA) healthy eating communications initiative. Like its predecessors, the Food Guide Pyramid and MyPyramid, MyPlate illustrates the food groups and is supported by communication tools and materials that underlie the Dietary Guidelines for Americans (DGA). The MyPlate initiative has been designed for maximum visibility. Like the USDA efforts that preceded it, MyPlate has been incorporated into health curriculum resources created for nutrition education purposes for children and adults, translated into several languages, and promoted by nutrition communicators, educators, and the food industry (Levine, Mobley, & Abbatangelo, 2012). Therefore, both workshops used MyPlate tool and its components as guide. The first workshop focused on fruits and vegetables while the second focused on grains, protein, and dairy. Each workshop began with a more traditional MyPlate lesson and ended with the group cooking and eating a healthy meal together. At the end of the first workshop, participants prepared: tuna/veggie tortillas. This recipe has the following ingredients:

Food Ingredients
Tuna
Tomato
Onion
Celery
Bell Pepper
Tortilla
Black Pepper
Cucumber
Yogurt

Beverage Ingredients
Oranges
Raspberries
Water
Blueberries

Workshop 1 Ingredient

This workshop wanted to show Latino participants that it is possible to create healthy recipes with Latino ingredients. The major substitutions this recipe had was the addition of Greek Yogurt instead of Mayonnaise, and the use of tortillas instead of tostadas. For the beverage, the workshop had a mix of fruits with water to encourage participants to quit drinking sodas with meals.

The second workshop showed Latinos how to cook a healthy option for their heavy meals: Lunch and Dinner. For these meals, chicken and beef are the most common ingredients according to in-depth interviewees. This workshop showed participants how to create recipes with healthier proteins and grains: quinoa and turkey. Similar to the first workshop, this one incentivizes participant to drink water as the meals' beverage. The recipe utilized the following ingredients:

Workshop 2 Ingredient

Beverage Ingredients
Oranges
Raspberries
Water
Blueberries

Food Ingredients
Quinoa
Green Pepper
Red Pepper
Yellow Paper
Tomatoes Shredded
Cheese
Mint
Avocado
Tabasco Salsa
Turkey

At the end of the second workshop, we asked each participant to complete a short survey about their experience with the workshops: why they came, what they learned, and what they liked and didn't like about their experience. Some demographics about the workshops are:

30 total participants who attended to the Learning-by-Doing Workshops.

93.3% participants who were originally from Mexico. The rest were from El Salvador.

44.1 the average age of participants.

95% percentage of female participants.

Do you consider yourself a healthy eater?

Most participants responded that they don't consider themselves healthy eaters; only one participant said that she considers herself a generally healthy eater.

Conclusions

HACER only conducted interviews with a small sample of Latinas and Latinos in St. James, so it is difficult to draw definitive conclusions about the eating habits of Latinos based on this. This pilot research study was meant to be a preliminary project that would inform the design of the workshops. However, we did see some important trends among the interview responses we collected. We saw evidence of the “Latino health paradox” that was discussed earlier. Many interviewees spoke about the unhealthy eating habits of Latinos, but others emphasized that they ate healthier in their country of origin and that the food from their country is less processed. We also saw evidence of a “food desert” in St. James from many interviewees’ sharing that they travel 40 minutes away to go grocery shopping.

This program was similar to the Promotores program in that it used a bilingual, community-based approach focused specifically on Latinos. We believe that this was a very effective approach because it allowed participants to feel comfortable during the workshops, since they knew and trusted HACER. Also, the workshops were conducted in the native language of the majority of the participants, which allowed them to best understand the information and ask any questions that they needed to. This level of trust and comfort is very important, as minorities are less likely to trust medical and public health institutions and Latinos are more likely to report poor communication with their health care provider (League of United Latin American Citizens, 2016).

HACER was very happy to see the success of this pilot project and believes that expanding this program and bringing it to other areas of Minnesota would be highly beneficial. Our vision is to increase the number of workshops in the series in order to be able to give more comprehensive nutritional information, and to replicate this program in several different cities, both urban and rural, in Minnesota.

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Appendix

Learning by Doing: In-depth Interview Questions

1. Describe your lifestyle.
2. Tell me what a trip to the grocery store is like for you.
 - Frequency
3. What do you enjoy and not enjoy about buying groceries? Why?
4. Describe the whole grocery shopping process from when you leave home until you come back.
 - When do you leave home?
 - Who goes?
 - How many stores do you visit?
 - How long do you stay in each store?
 - Exact process in each store
 - What do you purchase in each store?
 - Do you know what products to buy depending on the season?
5. How and who is involved in the food budget allocation?
6. What do you know about reading food labels?
7. Describe the cooking process in your home.
 - Who is involved?
 - How long does it take for you to cook?
 - How do you decide what to cook?
 - What type of food do you cook?
8. How and where do you get the recipes?
9. Describe a typical breakfast, lunch and dinner in your house.
 - What time
 - Who eats?
 - How long
 - Does anyone have seconds?
10. How do you decide to eat out in a restaurant?
 - What restaurant do you attend?
 - Who goes?
 - How much is an average bill?
11. Explain which are the greatest barriers you face to being healthy (food)?
12. What would you like the Learning by Doing workshop to focus on?

Interactive Workshop Sessions Promotional Flyer

LEARNING BY DOING

PRIMER WORKSHOP	SEGUNDO WORKSHOP
Frutas y Vegetales	Proteina, Granos y Lacteos
10.22.2019	10.29.2019

SIN COSTO, ABIERTO AL PÚBLICO

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