

Nutrition for the Underserved: The Implications

UNIVERSITY OF MINNESOTA

EXTENSION

Focus Group Results: Low-Income Latinos

Introduction

Although a vibrant Latino community has existed in Minnesota for close to 100 years, it wasn't until the 1990's that it became the fastest growing minority population in the state.¹ Jobs in Minnesota's expanding economy drew people from all over the Americas, with 71% identified as Mexican origin.

The Metro counties are home to two-thirds of the population; the highest proportions of Latinos in Greater Minnesota are located in central, south-west, and southeast Minnesota counties. Many are working in meat-packing, food processing and service industry jobs. The numbers of undocumented are estimated at anywhere between 18,000 and 48,000.

Only 60% of Latino adults over age 25 have completed high school. Of the 9.2% of the State that lives below the poverty level, 21% are Latino; 32.7% of single Latina mothers are in this group.

Latinos have high rates of uninsurance, and lack access to and knowledge of health conditions, prevention, nutrition, and available services. Chronic diseases such as diabetes, hypertension, obesity and HIV/AIDS are increasingly prevalent.²

Rationale

The University of Minnesota Extension Nutrition Education Program conducted focus groups with limited resource individuals throughout Minnesota to assess the quality and effectiveness of the Nutrition Education Programs. It was important to learn more about the target populations (i.e. the poor and their communities). The goal was to capture their personal experiences and views on nutrition; and to use those to evaluate current programming efforts.

Focus group questions were developed to explore the:

- Strengths and assets of the participants
- Barriers to participation
- Preferred methods of learning
- Improved methods for program design and delivery
- Alternative ways to encourage program participation

Methods

The populations specifically targeted for this study were low-income African American mothers, low-

income working Caucasians, low-income Latino and Somali families whose monthly income is below 150% of the federal poverty line.

In the fall of 2007, thirteen focus groups were conducted, of which 10 were with our targeted populations. The remaining three were with agencies from within and around the selected cities that directly provide services to our targeted population. Minnesota cities were pre-selected by the Health and Nutrition program staff. Focus groups were conducted in Minneapolis, St. Paul, Rochester (SE Minnesota), Hibbing (NE Minnesota), and Moorhead (NW Minnesota). A total of 80 people, including 16 males, participated in the 10 focus groups. Of the 21 service providers, 10 were from Moorhead, 6 from Hibbing, one from Rochester, and 4 from Minneapolis/St. Paul.

Results

This paper shares the results from the focus groups with low-income Latinos.

Three focus groups, two urban (Minneapolis) and one rural (Moorhead) were conducted with Latinos. Discussion took place in both English and Spanish, with the assistance of interpreters. Interviews were taped, and the transcript was translated for analysis.

Concept of nutrition/Attitudes towards food

Well-being: Nutrition was very much connected with their idea of health and well-being—*“to help ourselves live many, many years more, and live happily.”* It was associated with exercise, small portions, nourishment, (*“To not eat to be full, but to be nourished”*), and eating a healthy variety of foods.

Nostalgia for home: Nutrition was also very connected to what I am calling nostalgia – everything was better, more natural, the old people lived longer, the fruit was tastier. - *“Because we come apart from our families, ancestors, who gave us only natural foods, from the country, that which they harvested... That which went into a smoothie was natural fruits, natural atole and water, a lot of exercise, and vegetables and fruits.”*

Fresh “natural” foods are better: There was a strong bias for fresh foods versus canned or frozen, although there was an acknowledgement that the latter were often cheaper. Participants repeatedly expressed

a conviction that canned and packaged foods were not as nutritious. *“Everything seems strange because everything down there you only have to go to the tree, for example pear tree, apple, plum, you go grab one and eat it.”*

Barriers to good nutrition

Distrust of chemical pesticides, fertilizers and growth hormones in food: Both rural and urban Latinos repeatedly voiced their concern about the issue of chemicals on food and resulting health problems: *“If we eat fruits and vegetables like they say on TV, they come contaminated. Like they tell us also to eat meat, drink milk, eggs, everything’s contaminated.”*

“...the father who lived to 80, now doesn’t make it to 50 – and that’s how it is.”

Lack of time: Besides the presence of chemicals, participants expressed frustration with their inability to provide good nutrition to their children. Work takes the parents away from their duties to their children: *“...the modern life takes away our time....We leave them [the children] alone and a mountain of bags of chips, sodas and the children instead of eating what we left them to heat up, like other people they eat the potato chips, the fries and because of this our nutrition is so bad.”*

Lack of healthy options: Many of the migrant children had nowhere to go because the summer schools were not open to them. So, *“when the school was here, the school was very nutritious ...they would get breakfast...they would get lunch. They were out of the sun working with all the pesticide. Now these kids are out in the fields, and they eat whatever they want to eat....”*

Lack of money: The inability to afford healthy food is also a barrier – the perception that *“there are places that have cheaper things, and then sometimes you find worse food.”*

Preferences for Receiving Education

Desire for practical learning: For a population that has had little access to higher education, they demonstrated a real desire to learn in order to benefit their health and that of their children. They focused on the need for education to be real, to be fun, to use models and pictures and to teach them how to cook in a healthy way. *“But not written – live.”*

Concern for good health: They wanted nutrition education to address the very real health concerns facing their community – *“How to prevent obesity. Cholesterol. Diabetes. Hypertension.”* and they worried about how the obesity epidemic was affecting their

children. One rural Latino said that because almost half of the students are now obese, they should *“Teach children to eat from when they’re small... not when he now has bad habits...fries and coke, fries and coke.”*

Include the children: As a young, growing population, it seems quite appropriate that families and the care of young children would be high on the adults’ priority list. The parents are working hard, and are struggling to provide a good life for themselves and their children. *“The topic of nutrition is important. It’s very important because it’s why we work—to earn money and give good nutrition to our children.”*

Recommendations

- 1) Pilot classes on the weekends, perhaps in partnership with a religious institution or a community center.
- 2) Hold classes at different times, to accommodate work schedules.
- 3) Seek ways to provide childcare and transportation.
- 4) Hold classes in the community, close to home.
- 5) Make sure that the educators are trained in experiential learning and are bilingual in Spanish/English.
- 6) Classes should be oral, active, fun, with little reading or writing – classes are a social opportunity.
- 7) Educators should acknowledge participants’ health and budget concerns.
- 8) Provide classes for children, and involve the whole family.
- 9) Cooking should be included, particularly cooking Latino foods with fresh ingredients.
- 10) Focus on participants’ connection to culture, land, and whole foods.
- 11) Pilot social marketing messages via Spanish language TV and radio.

¹Unless otherwise noted, all demographic information is from the following brief: Chicano Latino Affairs Council. The Hispanic/Latino Population in Minnesota: Demographic Update 2007. www.clac.state.mn.us. Accessed 2/26/08.

²Improving Health Care Access for Minnesota’s Growing Latino Community. 2000. M.Davidoff, E.Ulrich, P.Carrizales, L.A. Blewett. http://www.extension.umn.edu/distribution/familydevelopment/components/7565_03.html Accessed 2/26/08.