

3-17-2024

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Recommended Citation

Franck, K. L., Ward, J., Fuller, L., Delvo-Lopez, E., & Rose, C. (2024). Beyond Translation: Increasing Accessibility to Nutrition Education for Foreign-Born Latine Adults. *The Journal of Extension*, 61(3), Article 11. <https://doi.org/10.34068/joe.61.03.11>

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Beyond Translation: Increasing Accessibility to Nutrition Education for Foreign-Born Latine Adults

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Abstract. About 20% of the U.S. population identifies as Latine. To engage these audiences, many Extension nutrition education programs have translated curricula and other resources into Spanish. Culturally responsive programs need to move beyond translation and address critical issues and needs specific to Latine audiences. We conducted focus groups with 118 foreign-born Latine adults across one state. Participants were interested in nutrition education programs involving the entire family including children offered by bilingual educators. They also wanted programs that focused on healthy meals that included foods from their culture of origin with common US foods.

INTRODUCTION

Almost one-fifth (18.7%) of the U.S. population identifies as Latine (Jones et al., 2021). In efforts to engage Latine audiences in Extension nutrition education programs, many curricula and resources have been translated into Spanish, but cultural adaptation that goes beyond language translation is critical to recruit and engage diverse audiences (Allen et al., 2011; Tiret et al., 2018). To promote health equity, nutrition education programs need to address the issues that disproportionately affect Latine living in the United States, such as poverty, food insecurity, and obesity. For example, approximately 17.0% of those who identify as Latine in the United States are living in poverty, compared to 11.4% of those who identify only as White (Shrider et al., 2021). Similarly, 17.2% of Latine households are food-insecure, compared to 7.1% of White-only households (Coleman-Jensen et al., 2021). In addition, more than 42.0% of Latine adults are obese, and Hispanic youth have the highest rates of obesity among children, at 21.9% (Ogden et al., 2015). As well as addressing salient health issues, programs for Latine audiences need to incorporate motivators to encourage healthy behaviors and overcome barriers to participation. Furthermore, it is important to recognize the heterogeneity of Latine audiences that affects barriers and facilitators for nutrition education as well as health outcomes. For example, foreign-born Latine tend to have better health outcomes compared to Latine who were born in the United States (Vega et al., 2009). Therefore,

a critical starting point is to meaningfully engage and solicit feedback from specific Latine audiences to inform the development and implementation of culturally relevant curricula and resources.

The purpose of this study was to identify motivators, barriers, and facilitators related to healthy eating and participating in Extension nutrition education programs specifically tailored to foreign-born Latine adult audiences. This project was funded as part of the Supplemental Nutrition Assistance Program Education (SNAP-Ed)—a federally funded nutrition education source for low-income adult and youth audiences.

METHODS

In 2019, the University of Tennessee (UT) SNAP-Ed team contracted with a social marketing firm to conduct in-person focus groups with foreign-born adult Latine audiences. The SNAP-Ed team identified seven counties across Tennessee that were large metropolitan areas or were adjacent to large metropolitan areas. In the identified counties, the SNAP-Ed team worked with the county-based Extension Family and Consumer Sciences agent to identify community organizations that worked with Latine audiences. The SNAP-Ed team shared contact names and information about the organizations with the marketing firm, which contacted these organizations to help recruit foreign-born Latine adults. These community organizations included nonprofit groups that

provided services specifically for Latine adults and families as well as faith-based organizations and other groups that provided such services as English as a second language classes. These community organizations posted flyers and provided the marketing firm opportunities to do online presentations to recruit eligible participants. Participants eligible for inclusion met the following criteria: self-identified Hispanic/Latine born outside the United States, fluent in written and spoken Spanish, ages 25–50 years, primary grocery shopper and meal preparer for the household, and either receiving or eligible for SNAP benefits.

The UT SNAP-Ed team developed a semi-structured questionnaire to be used during the focus groups to elicit discussion about nutrition and nutrition education programs. Questions related to challenges for meal preparation, trusted educational resources, and information about nutrition education programs (see Table 1).

The focus groups’ responses were audio-recorded and transcribed in Spanish and then translated to English. The social marketing firm had an independent human subjects review and approval for this project, and the firm shared only de-identified data with the UT SNAP-Ed team for the analyses

described here. Members from the UT SNAP-Ed team analyzed the transcripts by using an open-coding approach. Two coders on the SNAP-Ed team identified primary codes independently, and then the research team worked together to thematize the primary codes to develop secondary codes. The research team worked together to aggregate the categories from each individual focus group across all focus groups to identify cross-cutting themes (Creswell, 1998).

RESULTS

Thirteen focus groups ($n = 118$) were conducted. Participants were primarily women, 30 years and older, born in Mexico, and living in the United States for more than 10 years (see Table 2).

NUTRITION AND MEAL PREPARATION

Two main themes were identified related to nutrition and meal preparation: (a) planning and preparing country-of-origin foods compared to American foods and (b) adopting and promoting healthy eating for family members.

Table 1. Primary Focus Group Discussion Questions

Topic	Questions
Meal planning and preparation	Something you all have in common is that you are all responsible for the grocery shopping and the meal preparation for your household. What comes to your mind when you think about that role?
	What aspects of that role do you enjoy the most?
	What aspects of that role do you enjoy the least?
	What are the biggest challenges when it comes to meal planning and preparation? What do you do to overcome these challenges?
Sources of information about healthy eating and meal planning	What are the biggest rewards?
	When you plan and prepare meals for your family, what is important to you? What is your main goal?
	Is there anything you wish you could do differently?
	Do you ever look for help or information related to meal planning, grocery shopping, meal preparation, nutrition, etc.?
Class participation	What type of information do you look for?
	What are the main sources of information that you look for?
	Which sources of information do you trust most?
	Have you ever attended educational classes offered by local organizations?
	If yes, tell me about what motivated you to attend.
	How was your experience? What did you like and dislike?
	What, if anything, motivated you to attend future classes?
How appealing are these types of classes to you? What is appealing, and what is not appealing?	
What keeps you from attending educational classes?	
What, if anything, would motivate you to attend a class?	
What locations make it more likely for you to attend?	
What is the best way to let you know about these classes?	

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Table 2. Self-Identified Demographic Descriptions of Focus Group Participants

Demographics	Number of respondents	%
<i>Sex</i>		
Women	107	90.7%
Men	11	9.3%
<i>Age</i>		
25–29 years	16	13.6%
30–39 years	50	42.4%
40–50 years	50	42.4%
Missing	2	1.7%
<i>Place of origin</i>		
Mexico	80	67.8%
Central America	18	15.3%
South America	14	11.9%
Caribbean	6	5.1%
<i>Years in the United States</i>		
Less than 5 years	22	18.6%
5–9 years	10	8.5%
10–14 years	22	18.6%
15–19 years	36	30.5%
30 years or more	28	23.7%

PLANNING AND PREPARING COUNTRY-OF-ORIGIN FOODS COMPARED TO AMERICAN FOODS

Participants talked about the joys and challenges of preparing family meals. Finding time to plan, shopping, and preparing a variety of meals while staying within a budget were major stressors. Some participants voiced the added pressure of having to prepare separate meals for different family members. Sometimes different meals were needed because certain family members had dietary restrictions due to diabetes or other health conditions. However, most participants indicated that they prepared separate meals to meet the food preferences of all family members.

Several participants explained that they cooked traditional foods from their countries of origin, but their children often preferred American foods. One participant stated, “In my personal situation, I have my fish broth, and my son’s eating a hamburger, and the other one’s eating a pizza, and I can’t force them to eat what I eat.” Another participant stated, “Sometimes, you cook, and the children don’t eat what you prepared. . . . They want American food.” Many participants stated that they were not confident about preparing the foods that their children wanted to eat.

Another challenge was preparing similar meals in the United States as they had prepared in their country of origin. Participants discussed the difficulty of finding familiar and

culturally normative ingredients and having limited selections of Hispanic foods, even in Hispanic grocery stores. One participant stated, “We go to the store, and we’re looking for the Hispanic section, the Hispanic aisle, but it’s this tiny little shelf in the market. And I’m trying to cook the way I used to cook in my country of origin.” Another confirmed this statement by saying, “If I want to cook a certain dish from Mexico, it’s difficult to make that dish here in the U.S. because I can’t find the ingredients I need, even in the Mexican store.”

ADOPTING AND PROMOTING HEALTHY EATING FOR FAMILY MEMBERS

For many Latine participants, their children were the primary motivators to adopt healthier habits for the family, but their path to adopting these habits had challenges. Participants discussed the struggle of finding a way to prepare healthy and balanced meals that included foods their children wanted to eat. Some participants commented that their children’s tastes had changed over time, so that older children often preferred unhealthier food options, such as processed foods high in added sugars and fats. For example, one participant said:

When my kids were little, they would eat everything. But as they grow, I don’t know if it’s because they go to school and their friends are eating different things, then they don’t like what they used to like. They are little and like chicken soup and vegetables and fruit. Now, they want pizza and hamburgers and all that. It’s difficult to give them a balanced diet. I want them to eat, but at the same time, I want to make sure they eat something healthy. It’s difficult.

Several participants mentioned unhealthy options offered by schools. Parents and caregivers believed that the food provided to their children went against the healthy practices that they tried to teach and encourage at home. Participants expressed frustration about the lack of control over what their children consumed at school.

Another challenge to preparing healthy meals was the language barrier that made it difficult for some participants to understand lists of ingredients and food labels. One participant stated, “I’m happy when I see a product that’s in Spanish and English, and I can identify more with the product . . . because sometimes I don’t understand all the ingredients [in English].”

NUTRITION EDUCATION PROGRAMS

Two main themes were identified related to the logistics of attending and participating in nutrition education programs: (a) awareness of programming and (b) the motivations to participate.

AWARENESS OF PROGRAMS

Participants across the state reported that they were aware that community organizations offered health and nutrition education programs. However, few participants reported attending these classes. Barriers to attendance included a lack of time, the need for childcare, and classes being held at inconvenient times and locations.

Participants preferred learning about the availability of educational classes and nutrition information through social media and community organizations. Most participants indicated that they learned about events through social media, especially Facebook and Instagram. In addition, participants identified schools and churches or faith-based organizations as trusted sources of information about educational programs.

MOTIVATIONS TO PARTICIPATE

Participants reported several motivations for attending educational events, including the desire to improve their cooking and eating practices, to enhance their ability to provide nutritious meals for themselves and their families, and to learn about American foods. They emphasized the importance of providing classes and events that involved everyone in the family; as one participant described, “The entire family could go. That motivates you because you want to spend time with your family.” Examples included having classes on the weekends when children were not in school and providing separate activities for children and adults. One participant stated, “Children should be included in the event. They could have some fun while you are getting this information because sometimes, if it’s just for you, who’s going to babysit the kids? So, we can’t go places where we can’t take our children.”

Participants talked about the importance of advertising classes as social events rather than focusing on education to encourage people to attend. One participant described how to market programs: “They have to invite us in a way that it’s going to sound like it’s going to be fun: ‘Come and invite your friends. And you’re going to have a very pleasant afternoon spending time with people. And you’re going to learn how to eat well, eat healthy.’”

Participants were interested in attending classes at locations that they described as being community centers, including schools, libraries, and faith-based organizations. They also mentioned other convenient locations for events and activities, such as flea markets and public parks—places they would go with their families on the weekends.

Participants were interested in free interactive classes with opportunities to cook and sample new recipes. In addition, participants preferred classes taught in Spanish with Spanish-language materials that featured simple, practical tips and techniques for cooking for the whole family. One participant stated, “If we’re concentrating on Hispanic recipes, I would like someone who spoke Spanish because I had

an American who was telling me about recipes and healthy eating, but I couldn’t understand what she was saying. So, if they’re concentrating on Hispanics, it should be 100% Hispanic, taught by Hispanics.”

DISCUSSION

When it comes to adapting nutrition education programs to meet the needs of foreign-born Latine audiences, these findings reinforce the importance of cultural adaptations that go beyond translating materials. Focus group participants referred to culture and the importance of preparing familiar foods in the context of immigration to the United States. Although they discussed challenges, participants also stated that they often could find stores that catered to their preferences. This comment indicates resiliency when it comes to adapting to a new food environment as well as opportunities for programs that cater to participant preferences and values. For instance, many participants continued to cook traditional meals but were not confident about preparing new foods and dishes that their children would want to eat. Caregivers indicated that their children wanted food that they were exposed to at school that was more culturally normative in the United States. Nutrition education could focus on how to prepare healthy, child-friendly recipes that would meet the taste preferences of children and adults.

Participants expressed that they understood the basic components of a healthy diet, such as the need to include a variety of fruits and vegetables, but other areas of the dietary guidelines for Americans were less well known; this topic could offer other educational opportunities. Educators could provide tips on nutrition keywords in English and Spanish that participants could look for in ingredient lists and on food labels. Nutrition educators need to find ways to incorporate traditional foods into recipes and facilitate discussions to help participants understand the health benefits of these foods as well as healthier substitutions and cooking techniques, if needed. In addition, educators need to seek opportunities to engage foreign-born Latine audiences through family-friendly events located at community sites, such as flea markets, Hispanic grocery stores, and faith-based organizations.

Further adaptations could center the entire family in programs’ content and implementation. As in many cultures, foreign-born Latine participants in this study discussed the significant cultural value of food and family. There was a consensus among focus group participants about the sense of pride in providing homemade dishes and bringing their families together to share meals. Participants offered suggestions to create family-centered programs where children and adults could participate in activities offered at convenient times for everyone to attend, such as on the weekends.

CONCLUSIONS

For Extension to continue to remain relevant, it is vital that programming be inclusive and meet the needs of diverse audiences. Doing so includes engaging relevant audiences from the beginning of curricula and resource development through needs assessment and input on content. For example, focus groups with different audiences can provide input on barriers and facilitators for attending Extension programs, such as outlined in this study. These groups can also provide feedback on material development to ensure that messaging is engaging and relevant.

These findings also indicate the continued need to hire Latine nutrition educators when possible or to hire nutrition educators who are able to engage and teach Latine audiences in Spanish. One successful model employed by the Expanded Food and Nutrition Education Program is to hire paraprofessionals from the community to teach nutrition education (Baker et al., 2022). Here, that would mean hiring and training foreign-born Latine adults to teach programs to their peers.

Educators also need ongoing training to support the integration of nutrition education with the unique needs of diverse audiences. Training needs include exploring the nutritional content of different foods and identifying healthy ways to prepare those foods as well as how to recruit and engage diverse audiences and how to develop and maintain relationships with community partners and organizations. Training could include sharing the results of studies like these and others to prepare educators to teach in culturally responsive ways that prioritize the stated needs of the community. All of these efforts can help Extension continue to expand services and education to improve health outcomes for diverse communities.

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