1-2020

Healthy eating & active living in childhood in Latinx households in Spartanburg, SC: a community-engaged qualitative research study on assets and challenges

Laura Barbas Rhoden

Healthy eating & active living in childhood in Latinx households in Spartanburg, SC: a community-engaged qualitative research study on assets and challenges

Laura Barbas Rhoden, Wofford College
January 2020

Introduction

Spartanburg County organizations have engaged in coalition-driven, data-informed work for over a decade related to healthy eating and active living in the community. Work has been exceptional with regard to data gathering, data sharing, and the piloting of evidence-based interventions. Quantitative data, such as BMI data gathered by the Department of Health and Environmental Control (DHEC) countywide through schools, as well as survey results from the Road to Better Health initiative, give some sense of community demographics and needs. However, this large-scale picture reveals little about experiences at the household level and is of limited use in determining ways to move forward for reducing disparities.

Latinx children have the highest rates of overweight/obesity among children in Spartanburg. Additionally, Latinx households have very limited representation in institutional settings (non-profits, educational administration, philanthropy, etc.) that might shape interventions in the next phases of work involving health eating and active living. Staff members in organizations involved in working for better outcomes in childhood health, particularly the Mary Black Foundation, PASOs Spartanburg, and their collaborators, therefore identified deepening understanding of assets and challenges in Latinx households as a priority area. The questions they would like to pursue are these: what do daily experiences look like, with regard to diet and routine, for Latinx households with children? What knowledge, desires, strengths, challenges, and opportunities do adults within Latinx households articulate as important for healthy eating and active living for children in their households? It is hoped that a better understanding of experiences and perceptions at the household level can inform the selection of interventions that will be effective in reducing disparities within a health equity framework.

Methods

Wofford College faculty research Dr. Laura Barbas Rhoden collaborated with Natalia Valenzuela Swanson (Director of Healthy Eating | Active Living, Mary Black Foundation) and Nora Curiel (Site Coordinator, PASOs Spartanburg) to gather data via two methods (1) a brief survey about habits and household routines, given to participants prior to participation in a focus group, and (2) two Spanish-language focus groups comprised of Latinx adults in households with children aged 0-17. Potential participants were informed verbally about the study and given a consent letter to read. No names were requested or recorded, and consent was noted on a spreadsheet beside a number assigned to each participant. Focus groups were held on Friday, January 24, 2020, and Friday, January 31, 2020, at Upstate Family Resource Center. Data from focus groups was recorded with standard pen and pencil methods by multiple note-takers and also audio-recorded.

Thirty completed surveys about healthy eating and active living were returned, and there were approximately 40 adult participants in the focus groups, some from the same household.

Participants had children with a range of ages from six (6) months to eighteen (18) years of age. Participants who gave their zip codes came from six (6) different zip codes as noted below.

29303	8
29301	5
29316	5
29323	3
29349	2
29334	1

In the course of the focus group discussion, participants referenced a number of different elementary schools, including schools in Spartanburg District 2 and Spartanburg District 6. Participants also referenced three countries of origin: Mexico, Guatemala, and Colombia. Participants were first-generation immigrants; their children were first or second-generation, depending upon household, and in some cases, the child in the household.

Discussion of Data from Surveys and Focus Groups

Data from both surveys and focus groups was aggregated and analyzed. See Appendix A for data derived from the survey; Appendix B, for aggregated focus group data by question. The most salient data is discussed below.

Many participating households had children of a range of ages. Slightly under half of respondents were from households comprised of adults, children ages 0-12, and adolescents aged 11-18 (n = 14), followed by households of adults and children 0-10 (n = 12), households with adults and adolescents only (n = 2), and households comprised of all age categories (children, adolescents, adults, and older adults) (n = 2). The data on household composition suggests that an integrative approach, in which children and adolescents are exposed to a common curriculum or set of programs in institutional environments across ages and grade levels, might be advisable so that multiple members of the household are exposed to consistent messaging. Given that participants articulated strong values around family, and that these values were both explicitly articulated in focus groups as well as reflected in reported actions such as eating dinner together, including parents as participants and/or informing them about programs and initiatives in institutional settings will also likely be important for better outcomes for children.

The most common practice is for households to shop together for groceries or for women to do the grocery shopping. Sixteen (16) respondents indicated their household shops together (adults and children); sixteen (16) indicated the mother did the shopping; one (1), the father; and one (1), daughters. Interventions that empower children and women to access, choose, and take pride in healthy products, especially those that are culturally important in national or regional cuisines in Latin America, may have a role in reinforcing habits or lessons fostered in institutional settings like schools.

The data indicates that there is <u>not</u> a knowledge gap among respondents about the importance of healthy eating and active living or about the basics of healthy eating. The data does indicate that some parents have a gap in knowledge with regard to their children's options for meals eaten at

school. Slightly more than half (n = 16) of respondents indicated they did not know what food options their children have at school. Empowering parents with information about school menus, and providing those parents with limited English proficiency assistance in identifying the healthiest options (with which they may be culturally unfamiliar) will help close this knowledge gap and allow them to take an active role in encouraging their children to select healthy options.

Focus group participants named a variety of fruit-derived drinks that are common in their countries of origin, and stated different times in the day when these are consumed. These beverages include those that are fruit-flavored and sugar-sweetened (Jumex), fruit-derived and sometimes sugar-sweetened (*batidos,* or smoothies with milk; *licuados*, smoothies without milk; and most *aguas frescas*, which refer to fruit or floral infused beverages and which are typically sweetened with sugar), and fruit-infused beverages (*aguas frescas* prepared without the addition of sugar). Though questions did not probe for participants' knowledge of the relative nutritional value of these items, the frequency of mention of the beverages suggests that information about the relative nutritional value of certain fruit-derived beverages and about recommended portion sizes for those that are the healthiest options, such as *licuados*, may be an area for education.

Focus group participants noted that their children encountered certain unhealthy foods, some for the first time, in institutional settings: organized recreational sports in community settings, in which parents bring snacks; class parties at school, in which teachers provide a list for class contributions; and day care. Participants named items like cupcakes, gold fish, gummies, chips, and colas as items their children encountered in those settings. This data suggests a role for people in diverse organizational contexts with which children and families have contact to take action for collective impact related to healthy eating.

With regard to physical activity, almost all respondents (n = 29) indicated that there is space near their residence for children to play outside. However, slightly more than half of respondents (n = 16) indicated their children play actively 0-3 times per week; 7 indicated 4-5 times per week; 7 indicated 6-7 times per week. In focus groups, participants noted that physical leisure activity is both important for health and is also pleasurable, especially if it also allows for time spent together as a family. Low or no cost programming or outreach about opportunities that allow parents to spend leisure time with their children in active ways, even when outdoor conditions are not optimal (hot, cold, or dark, all of which were conditions specifically mentioned by focus group participants as non-optimal), likely also have a role in improving outcomes.

By way of more general conclusions, the data points to at least three specific areas where action might be taken: (1) increasing vegetable consumption by children, a desire for which there is strong parental support, (2) education of parents and children about the sugar content of yogurts and fruit-derived drinks, for the purposes of decreasing consumption of sugar-sweetened beverages and foods, and (3) increasing physical activity, including empowering parents with knowledge of activity they can encourage indoors or near their homes when outdoor conditions are not optimal; addressing the availability of physical activity in institutional settings, like schools and after-school programs; increasing access to, or knowledge about, affordable or no cost physical leisure activities that family members can do together.

Finally, among the most interesting data are statements that communicate an awareness on the part of the participants that the way time and space is organized in the United States represents a significant change for families, and that the adults in these families perceive the difference to have negative repercussions for their health. These comments were recurrent, made by a number of different individuals, and occurred even though they were not prompted by any particular focus group question. Among the comments that indicated this awareness were the following:

- "you don't exercise here, you don't walk" [*no haces ejercicio aquí, no caminas*]
- "in Mexico, they [the individual's children] walk more, they eat because they're hungry, here you just eat" [*en México, caminan más, comen por hambre [en referencia a los niños*, *aquí se come por comer*]
- "here we gain weight like we earn money" [*aquí ganamos peso como ganamos dinero*]. This statement was followed by laughter and a repartee, in which at least one person said one gained more weight than money in the United States.
- "the kids lose weight when they go to Mexico" [*los niños bajan de peso cuando van a México*]
- "we can't get used to the schedule [for mealtimes] here" [*no nos acostumbramos a los horarios aquí*]
- "there is not a lot of variety of fruit", "fruit here isn't flavorful," "fruit [in the U.S.] is not fresh, in [large city in Colombia], my extended family that lived in the country would send us fresh fruit every week" [*no hay mucha variedad [en las frutas], la fruta aquí no es sabrosa, la fruta no está fresca, en [ciudad grande en Colombia] mi familia en el campo nos mandaba cada semana fruta fresca*]
- "here people waste so much food" [following a comment about food being thrown away by children in school cafeterias [*"se desperdicia mucho aquí"*].

The Social-Ecological Model and Cultural Considerations

If one approaches health from a social-ecological model, it is important to note in doing so that Mexican and Central American immigrants who have immigrated to the United States as adults have come from policy settings in which, historically, there has been greater reliance upon family networks, rather than institutions (public services, including non-educational functions of schools), and which have shaped built environments in which walking, in combination with mass transit in urban areas, is a primary means of mobility. Community norms in Mexican, Central American, and other Latin American countries emphasize relationships; sharing (time, resources), especially among those of the same identity group (family, religious organization); and the avoidance of excess and of waste.

When immigrants arrive in the United States, they bring knowledge and skills developed in other contexts, and experience at least some degree of disruption in social networks and organizational environments, as well as daily life. Their health has been shaped positively elsewhere in ways that they become aware of, to a greater or lesser extent depending upon the individual, when they relocate to the United States. The observations the participants in the focus groups made, particularly about the way context shapes health and what they value from other contexts, indicate that immigrants like those who participated in this study bring assets for shaping change for a healthier future in receiving communities like Spartanburg, South Carolina if their knowledge and voices can be heard and engaged in civic life.

Data from Surveys

Total surveys completed = 30
Timeframe: 15-21 January 2020

The people who live in my home are (indicate all that apply)

- Adults
- Adults over 55 years
- Young people 11-18 years old
- Children 0-10 years

Adults + adolescents (Group A)	Adults + children (Group B)	All categories (Group C)	Adults, adolescents, children (Group D)
2	12	2	14

Just under half of respondents were from households comprised of adults, children ages 0-12, and adolescents aged 11-18 (n = 14), followed by households of adults and children 0-10 (n =12).

Usually, in my family, we eat breakfast together.

- 0 times a week
- 1-3 times a week
- 4-5 times a week
- 6-7 times a week

	Group A	Group B (1 blank)	Group C	Group D
0				1
1-3	2	10	2	13
4-5				
6-7		1		

Across all households, most families reported they eat breakfast together between 1-3 times per week (n = 27).

Usually, in my family, we eat lunch together.

- 0 times a week
- 1-3 times a week
- 4-5 times a week
- 6-7 times a week

	Group A	Group B	Group C	Group D
0		1		2
1-3	1	8	2	11
4-5		1		1
6-7	1	2		

Across all households, most families reported they eat lunch together between 1-3 times per week (n = 22).

Usually, in my family, we eat dinner together.

- 0 times a week
- 1-3 times a week
- 4-5 times a week
- 6-7 times a week

	Group A	Group B 1 blank	Group C	Group D
0				
1-3	1	1	1	3
4-5	1	1		3
6-7		10	1	8

Though the responses to this question varied more, the majority of respondents reported they eat dinner together 6-7 times per week (n = 19).

Usually, where do adults in your family typically eat?

All groups (all household compositions)

	Home	Car	Work	Another place
Breakfast	26		7	
Lunch	17	1	19	1
Snacks	18		11	1
Dinner	28		3	

Home is the place where respondents indicate adults in their household eat more meals, followed by work. Only 1 respondent indicated eating in the car, and few respondents selected "another place.

Usually, where do children in your family typically eat?

All groups (all household compositions)

	Home	Car	School	Another place
Breakfast	10		22	
Lunch	6		26	
Snacks	21		12	
Dinner	30			

Home is the place where respondents indicate the children in their family typically eat dinner and snacks; school is the place where respondents indicate that children eat breakfast and lunch.

I know what food options my children have at school.

All groups (all household compositions)

- Yes - 14
- No – 16

Slightly more than half (n = 16) of respondents indicated they did <u>not</u> know what food options their children have at school.

There is space near my house for my children to play outside.

- Yes - 29
- No – 1

Almost all respondents (n = 29) indicated that there is space near their residence for children to play outside.

My children play actively ...

- 0 times a week - 3
- 1-3 times a week - 13
- 4-5 times a week - 7
- 6-7 times a week – 7

Slightly more than half of respondents (n = 16) indicated their children play actively 0-3 times per week; 7 indicated 4-5 times per week; 7 indicated 6-7 times per week.

If previous answer is > 0) Where do your children typically play?

- At school - 20
  - In the yard of the house - 21
  - In the neighborhood - 1
  - In a nearby park - 7
  - We have to drive to another site - 2

The majority of respondents indicated children play at school (n = 20) and/or in their yards (n =21). Seven indicated they play at a nearby park. Only 2 indicated they needed to drive to another site.

Who typically makes purchases in the family?
- We shop with family, adults and children. - 16
- The mother - 16
- The father - 1
- Other family member (e.g., grandmother, older sister)
- Daughters – 1

Sixteen (16) respondents indicated their household shops together (adults and children); sixteen (16) indicated the mother did the shopping; 1, the father; and 1, daughters.

Do they have or participate in ...?
- WIC - 16
- EBT - 4
- FoodShare
- Other program: _____

Slightly more than half of respondents (n = 16) indicated they receive WIC benefits.

If you do not participate in a program, for what reason is that? **For those that responded answers were either (1) do not qualify, or (2) have never applied.**

Appendix B
Aggregate Data from Focus Groups

Could you describe a typical breakfast for a work or school day?

There were a variety of answers: cereal with milk; eggs; yogurt; smoothie [*batido*, which means fruit with milk rather than water, which is *licuado*]; eggs with ham; yogurt; oatmeal; pizza; arepas; turkey sandwich; apple sauce; almonds. Some participants indicated that their children check the school menu and eat at school on the days that they liked the food. Among the food options on the school menu that the parents indicated their children like were waffles, muffins, pancakes, and biscuits. They mentioned their children "modified" options from the school breakfast, for example, they don't like the way the sausage in the sausage biscuit tastes, so they take it out and eat the biscuit. Some parents noted that breakfast foods were not in good condition (spoiled milk, food that was still frozen or raw).

Breakfast beverages mentioned included smoothie (*batido*); hot chocolate; chocolate milk; juice; and milk.

Could you describe a typical lunch for a work or school day?

Participants named typical lunches for their places of origin: soup, beans, rice, with meat, fish, or chicken; salad, soup or stew, a main dish. Among the specific lunch dishes consumed at home were beans and rice; meat (roasted or cooked in a sauce); potatoes; soup; stew; tortillas. Participants from Colombia and Mexico mentioned their lunches "always have meat [*carne*]"; participants from Guatemala indicated they did not eat much meat. Participants noted that when they made homemade tortillas, everyone eats a lot of them.

Some participants mentioned lunch options at their children's schools: pizza and a salad; Asian options; smoothies. A participant noted children's preference for American food (hamburgers and French fries). One participant mentioned packing a lunch (sandwich and sides) each day, and if the child liked what was on the menu, they ate the school lunch and brought the packed lunch home.

Some participants talked of having joined their children for lunch at school with a range of opinions: "the green beans tasted horrible"; "the broccoli was yellow like it was too far gone"; "it was not like that at [child's school in D6]; I thought the quality was good." Some also noted that "here [as compared to in their country of origin] there is so much waste, they have to take items even if they are not going to eat them" and "the kids get scolded if they try to share their food [so it does not go to waste]."

Addition information shared here included the following: "even though we eat the same things here as we did in [countries of origin], we gain weight," and reasons cited by participants included that the food here has many hormones and chemicals, people walk less here, and people have the habit here of eating even when they're not hungry. Some participants mentioned with regard to lunch and dinner foods that they would mix vegetables into dishes like soups and stews so that children would eat them without noticing they were there.

Could you describe a typical dinner for a work or school day?

Here some respondents listed items similar to those given for lunch; however, many responded that dinner was bread, coffee and cookies, or coffee and a sandwich. One person noted "we're not used to the rhythms here" [*no nos acostumbramos a los horarios aquí*]. *Explanatory note*: In many Latin American countries, lunch is the heaviest meal of the day, consists of more than one course (soup, main dish, coffee and fruit), and is often eaten at home anytime between noon-3 pm, depending on the country. In many agricultural regions, an adult will eat early (around daybreak), work for several hours in the fields (with perhaps a late morning snack), and continue to work until early to mid afternoon, when they return home to eat a heavy meal.

What do you usually eat as a snack or snack in your home?

Fruit, bread with milk, bread with coffee, Takis, sweets, cookies, "here we eat potato chips," popcorn.

Here, in the second focus group, an extensive conversation ensued among participants about differences in routines in daily life in the US and their countries of origin, for example, "in my country, if my kid wants a treat [*golosina*], we walk to buy one treat at the nearby store. But here, everything is so far away, so when I'm at the store, I buy a whole bag of treats and bring them home." Multiple participants noted this meant not only more treats, but also less physical activity in going to get them. Another person noted that when they send their children to Mexico to visit family, they are outside all the time ["siempre están en la calle jugando"] but that does not happen here. Participants mentioned specifically that when it's hot, it's really hot, and when it's cold, it's really cold; in the winters, it gets dark at 5:30.

In general, what do adults drink at home and in what quantities?

The answers here included the following: water, smoothie [*batido*], herbal tea, beer, soft drinks, lemonade, sweet tea, juices, beer, tequila. Most who responded indicated they do not have more than one serving at a time of sweetened beverages they indicated.

In general, what do children drink at home and in what quantities?

The answers here included the following: water, sodas (mentioned less frequently and noted as an item for which they control consumption), juice, *aguas frescas*, milk. One participant said that when stores have specials and give you a soft drink for free, she stores it and only serves it when they have guests.

If there are times or occasions when you tend to eat unhealthy foods, such as sweets, when do you eat these unhealthy foods?

Participants noted that parties were places where unhealthy foods were consumed, as well as when watching a movie. They noted that adolescents in particular consumed unhealthy foods at parties. Participants also pointed to the exposure of young children to junk food [*comida*

chatarra] when they play club sports; one parent said she planned to bring fruit when it was her turn, but the other parents all brought chips and sweets, and she did not want to be an outlier. Other parents pointed to day care and to school as places where their children were exposed to items parents did not buy; these items included goldfish crackers, cupcakes, Coca Cola.

Complete the sentence - "with regard to what my children eat and drink, I struggle with them most with regard to …"

Among the answers to this question were the following: quantities of sodas, juices, chips (several respondents, including a couple who noted that though the controlled portions, their children would sneak to eat more, "*cuando me descuido* …"); vegetables (several respondents); meat and chicken. Others noted that there is a difference in flavors of fruit, eggs, meat, and chicken between the U.S. and their countries of origin, and some items members of their household consume abroad, they will not consume here.

Complete the sentence - "with regard to what my children's daily routine, I struggle with them most with regard to … "

The answers here included the following: bed time, waking, and consistency with regard to each; getting unglued [*despegarse*] from tablets, phones, and screens to go outside to play; exercise; cleaning the house.

What is the biggest obstacle you face in your family with respect to diet?

The answers here included a mention of fried foods, Mexican dishes that lack vegetables, portion sizes and quantity consumed (including mothers insisting one eat bigger portions). There was also extensive discussion about how price, availability of traditional healthy items, and convenience intersect to shape participants' choices of less healthy options. One person stated that here in the U.S., "*no hay de nuestra cultura*" (there's not stuff from our culture) and that "*los nopales son más caras que la carne*" (nopales are more expensive than meat), to which several people responded that avocados are also very expensive. Another noted that you see a Subway and know you can get a cheap sandwich there right away, or you can go home and prepare fresh food that will take time to make.

For you personally or in your family, what do you most enjoy about healthy eating?

The answers here included the following: to be healthy; you feel better; you avoid diseases; you feel more beautiful and healthy even if you don't lose weight.

What is the biggest obstacle you face in your family with respect to physical activity?

The answers here included the following with regard to themselves: laziness; lack of motivation; getting stuck in a sedentary routine; having to exercise alone; the weather ("when it's like this [cold, with precipitation], I just want to be inside having bread and coffee"); the cost; and one comment that "I don't like zumba because they don't dance with the rhythm [*no van con el ritmo*]."

The answers here included the following with regard to children: the cost (both of participating in organized sports and accessing active spaces like Big Air with multiple children for whom entry must be paid); that children are "immobile and bored" [*inmóviles y aburridos*] in school; that there is not enough time for sports in school [in comparison to their countries of origin]; there are not enough spots in PE classes at school and/or only the most athletic children get them; children do not have enough recess time to be physically active; there is not time to take children to the park after school or work, especially when it gets dark early in winter.

For you personally or in your family, what do you most enjoy about physical activity?

The answers here included the following: that you feel calmer [*más tranquila*]; you sleep better; you're more active throughout the day; having discipline; playing basketball; riding bikes; we spent time together as a family; seeing the children want to play with their father; and "we don't create zombies with technology [in reference to their children]."

What do you have a lot of pride in or in what do you find a lot of happiness in your family? (with respect to habits, customs, or values)

The answers here included the following: our roots / heritage; we're in another country and we have the privilege and responsibility to choose what is best about each; our values and humility [*humildad*, which has rich connotations in Spanish of being anchored in values, especially of honesty and hard work, often associated with persistence and resilience in situations of difficulty]; "my children," including that "in difficult situations, I explain to them what's going on and they understand and give me a hug;" "seeing that our children have not distanced themselves from the values we have taught them."

Only if there is time: Have you been told about diet, nutrition, physical activity or being overweight in a visit to a doctor or a medical consultation? If yes, what information were you given?

In each focus group, a couple of respondents said that a physician had talked to them about weight, including at least two who referenced an overweight child. Some mentioned having a medical professional note that their child was below height for their age, and at least one participant mentioned trying to help her child grow taller by giving them nutritional drinks, which she said had the effect of making the child gain weight but not grow taller. At least two had been referred to a nutritionist regarding a child's weight and referenced advice they had found helpful. Others mentioned specific diseases in their family (diabetes, high cholesterol) and said physicians had talked to them about the diseases and their prevention.