

Salud con Sabor Latino: A Culturally Sensitive Obesity Prevention Curriculum in an Underserved Latino Community

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Purpose

To determine if the *Salud con Sabor Latino* intervention led to increased knowledge and positive behavior changes regarding nutrition and physical activity for program participants.

Background

The Hispanic population in the U.S. has increased significantly, and is now the largest ethnic/racial minority group. Hispanics are considerably more obese/overweight than non-Hispanic whites. The rates of obesity and lifestyle-related diseases such as diabetes continue to increase in the population. Prevalence rates for diabetes within Hispanics are between 16-26%, up to 2.5 times higher than non-Hispanic Whites. Some research indicates an association between high poverty rates and high obesity rates. Risk factors for obesity include: socioeconomic status, poor nutritional intake, reduced physical activity, and a sedentary lifestyle.

Golden Gate Community Center (GGCC) is located in west central Phoenix, a high health risk community. In the neighborhoods served by the Center, there is over-representation of diabetes and obesity, limited or no health insurance, and limited access to health resources. There are no low-cost medical providers within a reasonable distance surrounding the community, and transportation is an issue for many families. GGCC is also located in both a federally designated medically underserved area (MUA) and a state-designated Health Professional Shortage Area (HPSA), which has been associated with populations having worse general health status and poor physical health, and less access to medical services. This community's population is primarily Hispanic, first-generation immigrants, who are low-income and uninsured. Most families are not aware of low-cost health services, and have limited access to health education and recreational resources that could improve their quality of health and prevent illness.

GGCC implements preventive health screenings and education programs to increase access to health services and education. The *Salud con Sabor Latino* curriculum was developed to address the high rates of obesity and lifestyle-related diseases within this community. The series was held over 4-weeks and met two times a week for 2 hours each session. Each week had an education and cooking component. Classes were taught in Spanish by a bi-cultural *Promotora*/Community Health Worker. The curriculum focused on portion size, reading food labels, taking small steps to change, eating traditional healthy foods, and the importance of physical activity. A physical activity component was integrated into class time. The curriculum included a tour of the local supermarket and a celebration potluck at the end. Graduates of the course were encouraged to take a leadership role in future courses by teaching modules and cooking classes with their peers.

Demographics

N= 27			
Age	23- 61 years	Mean = 32.37	Standard Dev = 7.1
Ethnicity	100% Latinas	0 other	
Gender	100% female	0 males	
Language	100% Spanish speaking		



Methods

A pre-test/ post- test methodology was used to evaluate the changes in behavior and knowledge regarding nutrition and physical activity. The convenience sample was twenty-seven Hispanic females participating in one 4-week series of *Salud con Sabor Latino*. Anthropometric measurements were also taken measuring participants' height, weight, BMI, and waist circumference. A version of the School Physical Activity and Nutrition (SPAN) Program questionnaire was reviewed for cultural sensitivity and literacy levels and adapted for the evaluation. Data were analyzed using paired t-tests and Chi Square depending upon the level of the data.

Nutrition

Knowledge	Pre (SD)	Post (SD)	t	df	Significance
Low fat	3.04 (1.07)	3.12 (.993)	-.386	25	.703
Fruits & Vegetables	2.07 (1.05)	2.14 (1.15)	-.359	27	.722
Diet ↓ health risks	1.15 (.534)	1.07 (.385)	.570	26	.574
Behavior	Pre mean (SD)	Post mean (SD)	t	df	Significance
High fat meats	.61 (.737)	.32 (.548)	1.769	27	.088
White bread	.93 (.616)	1.04 (.706)	-.769	26	.449
Whole wheat bread	.39 (.567)	.54 (.693)	-.849	27	.404
Vegetables	.86 (.756)	1.18 (.670)	-2.077	27	.047*
Fruit	1.11 (.832)	1.14 (.756)	-.225	27	.823
Soft drinks	.71 (.659)	.46 (.576)	1.888	27	.070
Dessert	.68 (.863)	.50 (.509)	1.095	27	.283
Breakfast	1.46 (.508)	1.50 (.577)	-.328	27	.745
Regular meals	2.39 (.685)	2.54 (.576)	-1.162	27	.255

Physical Activity

Knowledge	Pre mean (SD)	Post mean (SD)	t	df	Significance
PA ↓ health risks	1.12 (.431)	1.19 (.567)	-1.000	25	.327
People get enough PA	2.00 (.555)	1.93 (.781)	.493	26	.626
Only overwt people need PA	2.04 (.437)	1.89 (.320)	1.280	26	.212
Question	Pre mean (SD)	Post mean (SD)	t	df	Significance
Days exercised	1.18 (1.81)	2.29 (1.68)	-5.026	27	.000
TV hours	2.25 (1.38)	2.04 (1.20)	.923	27	.364

Knowledge & BMI

Question	Pre mean (std dev)	Post mean (std dev)	t	df	Significance
Overwt ↑ health risks	1.18 (.548)	1.14 (.448)	.372	27	.713
Lose wt w/ diet & PA	1.30 (.724)	1.00 (0)	2.12	26	.043*
Lose wt w/ skip meals	2.0 (.272)	1.96 (.189)	.570	27	.573
BMI Paired Sample T-test					
	Mean (std dev)	t	df	Significance	
BMI Pre	27.63 (4.06)	1.99	26	.057	
BMI Post	27.26 (4.12)				

Results/Discussion

Results demonstrate that the *Salud con Sabor Latino* curriculum can be effective in knowledge and behavior change regarding nutrition and physical activity within this Latino population. Although the sample size was small (n=27), the results were promising with participants reporting an increase in physical activity, vegetable intake and decreased milk fat consumption. Many participants expressed that they "just didn't know" and were now purchasing 1% or 2% milk instead of whole milk and whole wheat bread instead of white. Several participants also increased physical activity by joining the aerobic classes held at the Center, playing with their children, or walking around their neighborhood.

Conclusion

A randomized controlled trial is needed to determine the true efficacy of *Salud con Sabor Latino*. A longitudinal study is also needed to determine sustainability of the positive changes in participants.

Components of the curriculum that were found to be effective were the smaller, more intimate group settings. This seemed to encourage trust within participants and led to community networking and increased social support systems. Incentives were important for continued attendance and participation. Items such as exercise equipment, cooking supplies, and food baskets with traditional foods were given out to participants throughout the series. Finally, cultural appropriateness of the educational material was key to the curriculum's success. Each series was taught by a *Promotora* or a previous graduate of the course.

