

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 within the Hispanic 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, poor physical health and less access to medical services. This community's population is primarily Hispanic, first-generation immigrants, who are low-income and uninsurable. 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 consisted of 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 also 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= 82			
Age	19- 61 years	Mean = 33.01	Standard Dev = 7.49
Ethnicity	100% Latinas	0 other	
Gender	96% female	0 males	
Language	100% Spanish speaking		



Methods

A pre-test/post-test methodology was used to evaluate the changes in body composition, behavior and knowledge regarding nutrition and physical activity. The convenience sample was 82 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 was analyzed using paired t-tests.

Nutrition

Knowledge	Pre (SD)	Post (SD)	t	df	Significance
Composite	4.43 (1.16)	4.88 (0.96)	-2.58	59	.01
Behavior	Pre mean (SD)	Post mean (SD)	t	df	Significance
Composite	17.74 (3.13)	19.84 (3.23)	-5.33	71	<.01

Physical Activity

Knowledge	Pre (SD)	Post (SD)	t	df	Significance
Composite	1.99 (0.85)	1.93 (0.83)	-0.490	59	.626
Behavior	Pre mean (SD)	Post mean (SD)	t	df	Significance
Composite	5.88 (2.70)	7.57 (2.58)	-6.35	71	<.01

Anthropometric Measures

Question	Pre mean (std dev)	Post mean (std dev)	t	df	Significance
Waist Circumference	37.73 (5.55)	36.16 (5.16)	5.66	73	<.01
Body fat	34.71 (6.36)	34.21 (6.35)	2.50	71	.02
BMI Paired Sample T-test (n=81)					
	Mean (std dev)		t	df	Significance
BMI Pre	29.33 (5.84)		3.31	75	<.01
BMI Post	29.11 (5.93)				

Results/Discussion

The results suggest that the *Salud con Sabor Latino* curriculum has potential as an effective intervention on behavior and knowledge regarding nutrition and physical activity within this Latino population. Anthropometric measures including body mass index, body fat, and waist circumference also significantly decreased. This pretest/posttest evaluation indicated significant improvement on all measures except for physical activity knowledge. In addition, feedback from participants was very positive. There was also a high retention of participants (80%).

Participants reported positive changes as a result of their participation in the curriculum such as switching from whole milk to skim or 1%, purchasing healthier food items such as olive oil, whole grain breads, and less red meats, and joining aerobics classes or walking around their neighborhood. Participants reported that they were looking at food labels before purchasing and more aware of their portions when they eat.

Research has been mixed on positive results of similar interventions. The curriculum's success may be attributed to several factors. Classes were held at times that were convenient for the target population. Child care was provided for those who had small children. All information and activities were taught by bilingual and bicultural facilitators, all of whom were raised in a Latin American country. Facilitators and participants were able to connect around how food, social dynamics, body image and health are perceived in the Hispanic culture. Participants had the chance to win raffle items during the series. Raffle items related to curriculum content such as measuring cups, hand weights, olive oil, or baskets with food from the week's menu. Finally, the small-group dynamic seemed to increase the accountability for those who attended. It appears that the small-group dynamics also allowed for trust and relationship-building between participants and facilitators. This was not formally tested and would need to be researched in future studies.

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. Future research should look into capturing more qualitative information that is not currently captured in the evaluation tools. Finally, this intervention should be implemented and evaluated in other communities beyond the neighborhoods surrounding GGCC to determine its effectiveness in other populations.

