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# Development of a Culturally Responsive Nutrition Promotion Course for Latinos

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The health of Hispanics is greatly influenced by level of education, socioeconomic status, and access to healthcare (United States Department of Health and Human Services [DHHS], 2011). Without a high school education, Hispanics are more likely to live below the poverty level, experience food insecurity 2.5 times the average rate, and are more likely to have no health insurance (Rios-Ellis, 2011). With lack of access to healthcare and low exposure to culturally and linguistically relevant health information compared to non-Hispanic White adults, Hispanics experience an increased morbidity/mortality from chronic diseases (DHHS, 2011). Compared to non-Hispanic Whites, Hispanics have higher prevalence rates for diabetes, 12% versus 10%, and undiagnosed diabetes, 4% versus 3%. Each of these conditions leads to higher rates of kidney disease, coronary heart disease, arteriosclerosis, and obesity (Narayan, Boyle, Thompson, Sorensen, & Williamson, 2003; Ogden, Carroll, Curtin, Lamb, & Flegal, 2010).

Childhood obesity is an epidemic in the U.S., leading to adverse physical, mental, and emotional

challenges (Levi, 2012). Prevalence of obesity among Hispanic boys 2-19 years of age is 40%, surpassing their African American (33%) and White (29.5%) counterparts (Ogden et al., 2010).

To address this issue and to reduce health disparities among all ethnic groups, community-based interventions with culturally appropriate and linguistically relevant education are recommended (DHHS, 2010; Rios-Ellis, 2011; Wallace, Fulwood, & Alvarado, 2008). In response, the National Council of La Raza (NCLR)/California State University Long Beach (CSULB) Center for Latino Community Health, Evaluation and Leadership Training (which will be referred to as the *Center*) convened concerned Health Science (HSC) and Family and Consumer Sciences (FCS) faculty and research staff at CSULB. The purpose was to apply for a "Transdisciplinary Graduate Education and Training" grant, 2011-2016, with an overall outcome of reduction and prevention of early childhood obesity in Latino families.

Hispanics represent 38% and 41% of the population in California and Long Beach, CA (population of 462,257), respectively (U.S. Census

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Bureau, 2006, 2010, 2011). Throughout this document, the terms *Hispanic* and *Latino* are used interchangeably to refer to persons of Cuban, Mexican, Puerto Rican, South or Central American descent, or of other Spanish origin or culture, regardless of race, as defined by the U.S. Census Bureau (U.S. Census Bureau, 2011).

In 2005, CSULB was designated as a Hispanic-serving institution by the U.S. Department of Education due to its student population exceeding the 25% minimum required, with no fewer than 50% living at or below 150% of the poverty level. CSULB, located in the most diverse U.S. city, has an undergraduate and graduate population with 38% and 29% Hispanic, respectively. Thirty-six percent of the students in the Master of Public Health program within Health Science are Latino, as are 14% of the students in the Master of Science program within Nutritional Science (CSULB, 2012).

The purpose of this article is to (a) inform and ignite FCS faculty and students to pursue collaborative, interdisciplinary research and university-based projects, including course development, so that curricula reflect both the multicultural nature of the U.S. and the current FCS Body of Knowledge themes; and (b) outline the development and approval of a new graduate course at CSULB within the FCS and HSC departments.

### Relevance of Grant to Family and Consumer Sciences

The Trans-Disciplinary grant not only models several of the themes in the FCS Body of Knowledge (BOK), but it also demonstrates “Responsibilities and Competencies for Health Education Specialists,” identified by the National Commission for Health Education Credentialing, Inc., which are assess individual and community needs for health education; plan health education strategies,



Graduate Research Fellows and Staff of the NCLR/CSULB Center for Latino Community Health, Education & Leadership Training meet with Kathleen Sebelius, the 21st U.S. Secretary of Health and Human Services, (center plaid jacket) at the 5th Annual National Conference on Health Disparities, Charleston, South Carolina, 2011.

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interventions, and programs; implement health education strategies, interventions, and programs; conduct evaluation and research related to health education; administer health education strategies, interventions, and programs; serve as a health education resource person; and communicate and advocate for health and health education (National Commission for Health Education, 2012).

### Evolution of the Family and Consumer Sciences Body of Knowledge

In 1993, AAFCS leaders met in Scottsdale, AZ to consider the position of the profession in the 21<sup>st</sup> century. The discipline was described as one that teaches the integration of all elements in the lives and environments of individuals, families, and communities. After a review of foundation principles and relevant issues that comprise the unique FCS college curriculum, the FCS Body of Knowledge (BOK) document emerged (Nickols et al., 2009). In essence, the BOK describes the tenets that create the FCS curriculum and college degree; it is the intellectual foundation for the FCS discipline.

The evolving 2003 document identified three categories of over-riding concepts, which are core, integrative, and cross-cutting. The four core concepts, basic human needs, individual well-being, family strengths, and community vitality, theoretically overlap integrative elements, reflecting the life course development from infancy to gerontology and the ecosystems in which we live. To ensure fluidity, cross-cutting societal themes were specified. These included capacity-building, global interdependence, wellness, appropriate use of technology, and sustainability (Nickols et al., 2009).

The Trans-Disciplinary grant embodies all four of the FCS core concepts while addressing individuals in their daily living environments from childhood to adulthood. Furthermore, it fosters capacity-building and wellness—of the Hispanic population specifically—and incorporates technology not only when teaching its toolkit in the community but also within courses and professional presentations given by graduate research fellows. The grant recognizes global interdependence because many of the Latinos in Long Beach, CA are recent immigrants from Mexico and other countries within Latin America and the

Caribbean. Professional presentations about the grant are attended by audiences from other countries and grant publications are read outside the U.S. Communications and achievements regarding grant activities bridge several professional disciplines including FCS, HSC, social work, health-care management, nursing, and kinesiology.

### Long-Term Goals of the Grant

Three long-term goals of the grant are:

**Goal #1: Provide graduate fellowships to expand knowledge, build capacity, and develop Community Based Participatory Research (CBPR) skills to improve health and nutrition among Latino children and families.** The fellowships include full tuition for one year, a stipend to cover a 20-hour per week graduate appointment; enrollment in the Culturally Responsive course; and travel to one national meeting for seven Latino Graduate Research Fellows (GRFs) annually. The long-term goal is that graduate students will enter careers with CBPR skills for reducing obesity in the U.S. Latino population.

**Goal #2: Develop a culturally and linguistically relevant *Sanos y Fuertes (Healthy and Strong)* toolkit for administration to 350 Latino families by GRFs who are involved in all aspects with the project team in toolkit development/implementation, including formative data collection and CBPR techniques.**

Parents of children ages 2-8 years, who were recruited by *promotores* (community health workers), are to attend educational sessions at contracted community facilities. The long-term goal is to improve the nutrition and health of Latino families to reduce obesity.

**Goal #3: Develop and institutionalize curriculum at the graduate level focusing on Latino health and nutrition to increase CBPR capacity of enrolled students.** The long-term goal is to establish a certificate within CSULB as a model for other U.S. universities.

### A Single Course Development

The “Culturally Responsive Nutrition Promotion for Latinos” course increases the capacity of students to function effectively in diverse U.S. communities. A specific aim is to increase students’

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understanding of and ability to address nutrition and health needs of Latino families with culturally relevant approaches. Students will be able to promote healthy living among Latinos.

The intent of the course is to teach students how to acknowledge and integrate Latino cultural assets into the development of culturally responsive nutrition education. A central theme discussed throughout the course is the importance of health equity (DHHS, 2010). In recognizing their cultural capital and how cultural assets can be woven into CBPR approaches, students develop pride and a unique capacity and effectiveness in preparation for employment in the diverse FCS and health and human services environment.

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A core working group of Center staff reviewed and adopted a framework to guide course development. Five steps were followed: gathering data from input factors, drawing implications, planning, implementing the plan, and assessing and integrating feedback (Chamberlain & Cummings, 2002).

A Gantt chart projected a 5-month process with sequential objectives and weekly activities including biweekly discussions, continuous research review, writing, and editing of materials. Faculty provided the framework, oversight, and direction. Graduate research assistants reviewed the literature and created documents until the final curriculum met the original content objectives.

Multiple input factors were incorporated over time, selected, organized, and discussed in a repetitive manner until the content formed a critical mass reflecting the original course intent. During data collection, readily available nutrition education materials for Latinos were assessed. Online resources from non-government agencies such as

the NCLR and the Kaiser Family Foundation as well as nonprofit professional health organizations, including the American Heart Association, the Academy of Nutrition and Dietetics, and the American Public Health Association, were reviewed. A literature search of relevant peer-reviewed journals provided evidence-based research.

Review articles on health behavior theories, recent community-based intervention programs, and publications with strong evaluation sections were abstracted. Trends and novel observations or interventions in Latino communities were critiqued; cultural descriptions and effective teaching strategies in college textbooks contributed to the course content (see Figure 1). The data were placed into a logical teaching format and specific learning objectives were identified.

Eight action steps were delineated: define and characterize potential concepts; determine and convert specific concepts into competencies students would acquire upon course completion; integrate data on relevant topics linked to the concepts; review local and state mandates and competencies required for any of the graduate majors; incorporate national health or program standards or directives; develop a final outline for the entire course; create block plans for each class with student skill-building activities and assignments; and, overlap weekly classes with an evaluation plan.

Three overriding concepts were chosen as essential for the uniqueness of the course: Latino cultural history and values, basic nutrition education principles, and appropriate approaches for health education in a Latino community with various literacy and language levels. Input factors considered when choosing the concepts included those deemed essential to the needs, interests, goals, and competencies of students across disciplines. Key facts led to subtopics for each concept.

Most of the input was information on the demographics, health, economics, and cultural values of the Latino population. The dramatic population growth without documented increases in access to quality and culturally and linguistically appropriate healthcare may have had a negative impact on long-term health outcomes for Latinos in the U.S. For example, some data

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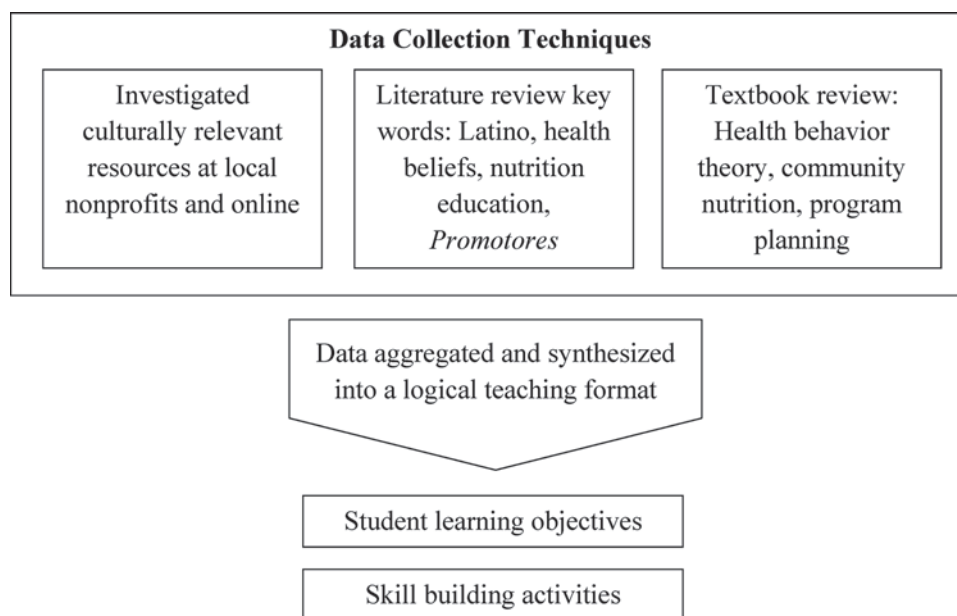


Figure 1. Specific Data Collection Technique and Flow for “Culturally Responsive Nutrition Promotion for Latinos” course.

indicate Latinos have higher rates of obesity and overweight compared to other groups. Across all age groups, Latino children are consistently more overweight than other children, with Hispanic boys averaging 10% greater prevalence than White and African American boys (Levi, 2012; Ogden et al., 2010).

**The dramatic population growth without documented increases in access to quality and culturally and linguistically appropriate healthcare may have had a negative impact on long-term health outcomes for Latinos in the U.S.**

According to the literature, with higher rates of overweight among Hispanic children, primary prevention with lifestyle and nutrition is the preferred approach to slowing the increasing rates of obesity and chronic diseases among Hispanics. Nutrition education is considered more effective when tailored to its target group. Culture refers to more than just race and ethnicity; it includes, but is not limited to, geographic location of birth and

residence, religion, age and life stage, and education (Frank, 2008).

Importantly, the course would increase the cultural competence of enrolled students. It may teach students how to provide nutrition promotion to Latinos on a community level by teaching them first to consider the cultural characteristics of the community they are serving. The course would ensure student awareness of his or her own culture, facilitate an openness to diverse cultural perspectives, and foster awareness of subgroup cultural differences across the diasporas (e.g., Mexican vs. Puerto Rican vs. Colombian).

It was important to present the idea that even though individuals belong to a particular culture, belonging does not automatically qualify individuals as “culturally competent” when working with a community of their culture. Cultural competence is more than knowing cultural customs and practices; it is a way of thinking and communicating (Epstein, 2001; National Association of Social Workers, 2001). Culturally competent students need a basic understanding of cultural values and communication etiquette within the cultural group. They should be able to recognize, explain, and overcome cultural differences and avoid personal bias in thought and approach. To create culturally relevant nutrition education and promotion,

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the course should present existing cultural assets within communities, recognizing that many cultural beliefs could be tapped to promote positive behavior, thus becoming an asset and not a deficit. Focusing on cultural assets can facilitate both the student's and ultimately the client's empowerment, thus strengthening both groups.

The course teaches graduate students to evaluate how the Latino culture relates to health behavior, how food and health are viewed, and how behavior and learning, via cultural foods, holidays, and celebrations, communication factors, social values, and cultural values, are embraced. Language proficiency, acculturation, and how well individuals reflect the American culture versus their native culture all have an impact on food choice and are included in the course.

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To understand the link between culture and behavior, Latino values are incorporated to demonstrate either a positive or a negative health effect. For Latinos, cultural values stem from a belief in family and that family economy is best if a strong spiritual and caring perspective to daily life of all members is maintained (Elder, Ayala, Parra & Talavera, 2009; Rios-Ellis, 2006).

The final 12 student learning objectives (SLO) were stated in behavioral terms and sequenced for a logical presentation flow. They are as follows:

1. Analyze Latino community characteristics.
2. Describe culturally responsive nutrition education.
3. Assess Latino food culture.
4. Identify nutritional concerns among Latinos.
5. Identify socioeconomic and environmental barriers relative to Latino health and nutrition.
6. Discuss the impact of acculturation on health and nutrition.

7. Define cultural competence and linguistic relevance.
8. Describe Latino cultural values.
9. Identify components of Community Based Participatory Research.
10. Develop a culturally-responsive nutrition intervention program and materials.
11. Describe benefits of community collaboration and coalitions.
12. Perform/implement a culturally and linguistically relevant nutrition education session.

A pre-established level of performance was matched to the grading system (e.g., understanding, describing, integrating, and performing) to create a competency base. Various learning activities, readings, and assignments would enable learners to meet the established competencies. Student performance became the evidence used to evaluate level of competency. Assignments mirrored content. Evaluation criteria were based on the assignment. For example, a group nutrition project addressing SLOs #8-10 is 20% of total grade and requires written and oral presentation.

### Grades

Grades are based on the traditional scale of 90-100% = A: highest level performance with sustained excellence; 80-89% = B: high level showing consistent, effective achievement; 70-79% = C: adequate level, meeting basic requirements, 60-69% = D: less than adequate, meeting minimum course requirements, and < 60% = F: minimal course requirements not met.

### Methods of Presentation and Texts

Interactive lectures, sometimes with guest practitioners, were the primary forum used to present basic information and invite discussion. Discussions would encourage dialogue and probing of questions and answers between educator and students to enable critical thinking relative to cognitive, affective, and psychomotor domains.

Cooperative learning groups would demand critical thinking and analysis, synthesis, or evaluation of facts, situations, or cases. Class activities would encourage problem-solving about Latino nutrition, chronic disease, and disparity challenges.

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Multimedia presentations, web-based materials, and videos were incorporated.

Three texts were selected for the course (see Additional Resources at the end of this article).

### Course Approval

The final course outline met both departmental and college requirements including: general information (faculty contact info, office hours, classroom number, time), catalog description (40-word summary of course), SLOs, required text (books), course modality (traditional, online, combo), topics to be covered (course outline), methods of presentation (lecture, discussions), methods of evaluation (breakdown of percentage of grade, assignments), mandatory assignments (description), required statements (disability, cheating, campus behavior policy, use of technology), and references (CSULB, 2011).

In spring 2012, the course was reviewed and approved in two academic departments, FCS and HSC, and then in the College of Health and Human Services. At a time of budget restrictions in California, approval of a new curriculum was a rare achievement.

### Insight Gained from the Process

A broad net was cast during data collection, opening the discussion to new concepts and topics, but the overall goals of the course were retained. After the initial course was defined, data were organized and key points and themes were identified and converted into SLOs. SLOs highlighted areas in which the students were expected to be knowledgeable and have an entry-level competency upon completion of the course. This provides a basis for student evaluation.

Assignments reflected SLOs. A few examples are developing a focus group guide, conducting a mini-focus group and evaluating results, using focus group results to develop a poster presentation, or creating a culturally responsive nutrition education fact sheet.

Culturally relevant course offerings have benefits on many levels (U.S. Department of Education, 2011), for example, personal development for faculty, student learning and knowledge, increased minority student enrollment, and course diversity;

in addition, the improved health in the community may inspire others to do the same.

Implementation of the Trans-Disciplinary grant required collaboration between FCS and HSC faculty similar to the important collaboration of FCS teachers and Cooperative Extension faculty needed for program success (Bartley, Rahman, Cummings, & O'Brien, 2011). A cooperative working arrangement was necessary not only during the grant application process, but also during the development and approval of the course.

Department requirements for course content in both FCS and HSC were balanced, in part, because of the willingness of faculty to accept and then interpret/integrate the basic needs of both disciplines into the course. The guiding principle was to achieve a common goal and that became the barometer for decision making.

### Implications

We, as a nation, and FCS, as a discipline, must be proactive to reduce health disparities and to prepare our students to be leaders in the U.S. and abroad. FCS, defined by the Body of Knowledge, transcends all ages of individuals, all ethnicities, and all factors in the living and working environments. Making this FCS foundation visible to other disciplines and research groups who also are striving to reduce health disparities with culturally relevant education and programs is essential. This is especially true when healthcare costs are out of control and major chronic diseases (e.g., obesity, diabetes, hypertension, heart disease, and cancer) continue with high prevalence/incidence rates and increased mortality.

Merging the economics of the home and living environment with the public health challenges is a formidable but important task because each present overlapping issues and strategies. FCS faculty and students are leaders in moving this agenda forward with concrete curricula such as the "Culturally Responsive Nutrition Promotion for Latinos" course being implemented at CSULB.

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## Additional Resources

### Texts used in the “Culturally Responsive Nutrition Promotion for Latinos” course.

#### To present the basics of nutrition education:

Contento, I. R. (2011). *Nutrition education: Linking research, theory, and practice*. Sudbury, MA: Jones & Bartlett Publishers.

#### To present a broader understanding of cultural competence, community nutrition, nutrition practices in the U.S., and chronic disease description and prevalence among the Latino population:

Frank, G. C. (2008). *Community nutrition: Applying epidemiology to contemporary practice (2nd ed.)*. Sudbury, MA: Jones & Bartlett Publishers.

#### To address one of the major debilitating diagnoses for the Latino population:

Kaufman, F. R. (2005). *Diabetes: The obesity-diabetes epidemic that threatens America—and what we must do to stop it*. New York, NY: Bantam.

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