

Obesity Prevention in the African-American & Latino Communities of California

*Ethnic Community
Meetings: Summary
of Findings*



California Department of Health Services
California Obesity Prevention Initiative



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Executive Summary

Obesity among African Americans and Latinos in California is pervasive and has far-reaching and potentially devastating implications for the health and wellness of these communities. In California, 64 percent of Latinos and 67 percent of African Americans are overweight or obese, as opposed to 32 percent of Asians and 54 percent of Caucasians (California Health Interview Survey, 2001). Many illnesses associated with morbidity and mortality in both of these communities (i.e., hypertension, diabetes, cardiovascular disease, etc.) can be directly linked to obesity.

In June 2001, the California Obesity Prevention Initiative (COPI) held a meeting with obesity experts throughout California to discuss issues of obesity and to brainstorm intervention strategies for a statewide obesity prevention plan. There was inadequate representation of the opinions of communities of color at the planning session, prompting COPI's decision to conduct meetings with African Americans and Latinos throughout the state. Ten community meetings were held in Sacramento, Oakland, Fresno, Los Angeles, Long Beach, and San Diego. This document summarizes the meeting findings, describes the underlying factors that contribute to obesity and being overweight among African Americans and Latinos, and examines the barriers to preventing obesity in these populations.

The findings from these meetings point to an ongoing need for culturally sensitive remedies for addressing obesity within communities of color. Issues of access, economics, deep-rooted cultural norms, mental health, social support, and the lack of culturally and linguistically sensitive medical resources continue to pose significant barriers for both the African-American and Latino communities.

Of particular concern for the Latino community is the lack of bicultural/bilingual medical, social service, and health education providers able to communicate obesity prevention information effectively.

Due to the different cultural backgrounds of the African-American and Latino communities, their perceptions of obesity need to be understood when developing programs. Mainstream definitions and images of what constitutes a “healthy” and attractive weight do not reflect what is felt in these communities. African Americans and Latinos tend to appreciate more curvaceous and “substantial” body types. Sensitivity is required in discussion of cultural perceptions versus medical definitions of body weight.

Briefly highlighted below are obesity prevention strategies suggested by meeting participants that they believe could be effectively implemented in their communities. In order to ensure successful outcomes within African-American and Latino communities, it is necessary to consider the specific issues and cultural norms identified by meeting participants when developing obesity prevention programs. Please note, that while we have chosen to highlight some of the important findings of the community meetings here, readers are strongly encouraged to read the full text to obtain an accurate portrait of the obesity issues faced by the African-American and Latino communities within California. The following information has been integrated into COPI programming and into its statewide obesity prevention plan.

AFRICAN-AMERICAN COMMUNITY MEETING FINDINGS

Contributing Factors

Meeting participants described many behavioral, cultural, environmental, and economic factors contributing to obesity in the African-American community. Participants spoke of the “sensitivity” many African Americans have around the whole discussion of weight and obesity. For many, that discussion represents just another painful, negative issue with which the community is faced. While the lack of physical activity and poor eating habits were identified as the most significant contributing factors, a multitude of other factors were cited as acting in concert with both of those issues. Some of these factors include:

- Overeating as a result of mental health issues (i.e., seeking relief or comfort from depression, stress, loneliness, low self-esteem, and racism).
- The inexpensive cost and accessibility of fast foods in urban neighborhoods.
- The lack of access to supermarkets in urban neighborhoods.
- The lack of safe locations to exercise.

Barriers to Obesity Prevention

Numerous barriers to obesity prevention were cited. The barriers were most often due to the lack of resources or to deficits in the environments where African Americans live. Some of the barriers cited include:

- Lack of culturally competent nutritional information specific to African Americans.
- Lack of access in inner city neighborhoods to supermarkets with healthy foods.
- Lack of safe places for children and families to exercise.
- Lack of child care.

- Deep-rooted cultural traditions.

Potential Interventions and Activities

The suggested interventions were classified in seven major categories: *Family Centered*, *Faith Based*, *Education and Awareness*, *Innovative Physical Activity*, *Food Purchasing and Preparation*, *Advocacy and Social Policy*, and *Social Support*. The following are just a few of the interventions and activities suggested by the meeting participants:

- Coordinate church sponsored farmers’ markets.
- Coordinate family walking clubs.
- Develop a comprehensive “media blitz” (i.e., newsprint, radio, television, etc.) promoting obesity prevention within the African-American community.
- Work with beauty salons to sponsor classes teaching young African-American women and girls how to care for and maintain hairstyles to accommodate a more physically active lifestyle.
- Develop resources on adapting “soul food” recipes to “healthy soul food” recipes.
- Advocate to build major grocery store chains in inner city neighborhoods.
- Develop parent-run babysitting cooperatives that would allow parents the opportunity to exercise regularly.

LATINO COMMUNITY MEETING FINDINGS

Contributing Factors

The most common factors contributing to obesity in the Latino community are:

- The pressure to assimilate (especially felt by kids) and do what other “American” kids are doing (eat processed foods and choose more sedentary activities).
- Social gatherings centered around food.
- Limited access to supermarkets with “healthy foods.”
- Schools with unhealthy food selections.

Barriers to Obesity Prevention

Many barriers to obesity prevention were discussed. Most of the barriers were related to the lack of affordable, accessible, and appropriate resources in the Latino communities. Some specific barriers included:

- Lack of transportation or convenient mass transit.
- Lack of bilingual, culturally sensitive staff/providers.
- Lack of bilingual, culturally sensitive nutritional information.
- Lack of affordable child care.
- Lack of affordable organized sports or exercise programs for children and families.
- Deep-rooted cultural traditions and attitudes (e.g., the feeling that they are “destined to be overweight”).

Potential Interventions and Activities

The suggested interventions were classified into five major categories: *Education and Awareness, Physical Activity, Food Purchasing and Preparation, Social Support, and School Based*. Following are a few of the interventions and activities suggested:

- Conduct a long-term, ongoing media campaign, supported by state and local governments, providing various, but consistent, obesity prevention messages with a toll-free telephone number and using Latino and Latina role models.
- Provide affordable parent/child sports, recreational activities (i.e., basketball, dance, yoga, etc.) or fitness programs in the early evening or during weekends.
- Conduct bilingual nutrition education programs that provide shopping tours, cooking demonstrations, and alternative/modified recipes to maintain traditional entrees.
- Develop *promotora* (community peers trained on specific topics) weight management programs.
- Coordinate a school advocacy committee through the Parent Teacher Association (PTA) to increase physical activity, provide nutrition education, eliminate vending machines and fast foods on campuses, and encourage healthy foods being served in the cafeteria.

One interesting point to mention about the participants is how they identified themselves ethnically. Participants were given a choice of checking Latino, Hispanic, or other. Most of the participants who identified themselves as Hispanic were over age 35 and those who identified themselves as Latino were under 32 years of age.

Recommendations

RECOMMENDATIONS TO COPI FOR FUTURE ACTIVITIES IN THE AFRICAN-AMERICAN AND LATINO COMMUNITIES

The following recommendations to COPI were generated by the meeting facilitators after a thorough review and analysis of the needs and issues identified by participants in the statewide community meetings. These recommendations suggest actions that COPI might consider in the areas of educational interventions, resource development, research, collaborations, and funding prioritization and allocation. COPI is in a unique position to assist in the development and promotion of obesity prevention infrastructures and practices that comprehensively and effectively address the needs of California's communities of color. COPI is urged to aggressively respond to and incorporate the meeting findings when creating and implementing statewide prevention activities targeting African-American and Latino communities.

The recommendations below have been categorized utilizing the *Spectrum of Prevention* model; a multifaceted, comprehensive approach to disease prevention that is currently being utilized by COPI to develop their statewide obesity prevention plan. This model shifts attention from individually focused health education to a systems approach by encouraging the linkage and coordination of multiple, simultaneously occurring prevention efforts. Recommendations are as follows:

Strengthening Individual Knowledge and Skills

- Develop educational materials that address the different subsets of the African-American community (i.e., women, parents, teens, men, and providers) to increase awareness regarding nutrition and physical activity, and ways to address/prevent obesity.
- Develop a statewide media campaign promoting proper nutrition and physical activity specifically targeting African Americans and Latinos.
- Develop bilingual educational materials that address the different subsets of the Latino community (i.e., women, parents, teens, men, and providers).

Promoting Community Education

- Host local discussion groups/public forums in African-American and Latino communities to further dialogue about the impact of the obesity epidemic within these communities.
- Develop a clearinghouse of resources and information regarding nutrition and physical activity that can be easily accessed by African-American and Latino communities.

Educating Providers

- Identify, disseminate, and encourage the replication of existing local and national obesity prevention interventions that have been shown to be successful with African-American and Latino communities.
- Develop a cultural competency protocol for medical providers to assist them in talking with their African-American and Latino patients about obesity, nutrition, and physical activity.
- Develop or identify paradigms for working with nontraditional African-American family structures (i.e., grandparents, single parents, extended family, etc.) and disseminate this information to obesity prevention providers working with the African-American community.

Fostering Coalitions and Networks

- Collaborate with other CDHS programs that are addressing other health-related diseases impacting African Americans and Latinos (i.e., prostate and breast cancer, cardiovascular disease, diabetes, tobacco use, etc.) to develop a comprehensive health campaign.
- Create and maintain two ongoing advisory bodies, comprised respectively of African-American and Latino providers, educators, community leaders, and community members to advise COPI on future activities.

Changing Organizational Practices

- Allocate substantial, long-term program funds for direct funding of African-American and Latino community-based organizations and nonprofit organizations to conduct obesity prevention activities.
- Work with statewide urban planning agencies and law enforcement agencies to create and promote “violence-free” family physical activity zones in parks and neighborhoods.

Influencing Policy and Legislation

- Develop a faith-based initiative that directly funds African-American faith communities to conduct obesity prevention activities.
- Fund research and pilot projects that seek to create truly effective and innovative obesity prevention interventions for African Americans and Latinos.
- Identify and fund mental health research that examines the relationship of the mental health needs of African Americans and Latinos with their obesity prevention needs.
- Develop an advocacy guide to disseminate to community agencies and parent advocacy groups that will assist them in working with schools to develop healthy policies regarding nutrition and physical activity.

Background

In June 2001, COPI held meetings with providers throughout California to discuss the issues of obesity and to brainstorm intervention strategies for the development of a state-wide prevention plan. During the process, it was recognized that there was inadequate representation of the opinions of communities of color at the sessions. Recognizing this fact prompted COPI to hold ten community meetings with representatives from these populations throughout the state, to obtain their opinions about the most important contributing factors and barriers to the prevention of obesity in the African-American and Latino communities. Additionally, the meetings provided an opportunity to solicit ideas for specific obesity prevention strategies that could be effectively implemented in these communities.

Two meeting facilitators, one African American and one Latina, with experience facilitating strategic planning meetings, were identified and hired to plan and implement these meetings. The Latina facilitator was bilingual and was able to hold meetings in both English and Spanish. Both have a Masters in Public Health and extensive experience conducting community level activities.

The groups were categorized as either “community” or “professional” meetings. Community group meetings were defined as meetings primarily comprised of participants who were recipients of community-based services or who had no professional association with programs promoting nutrition, physical activity, or obesity prevention. Professional group meetings were defined as meetings primarily comprised of participants who either work in health care or who work in programs that conduct nutrition, physical activity, or obesity prevention activities with communities of color. Additionally, “professional” meeting participants also included those who worked in early child development or child health programs.

Meeting participants were recruited from a variety of locations with the assistance of COPI State Planning Group’s contacts. In order to ensure participation, incentives were utilized to recruit participants of the community group meetings. The meetings were held in San Diego, Los Angeles, Long Beach, Fresno, Sacramento, and Oakland between July and September 2002.

Meeting Process Overview

Each meeting was approximately two hours in length. The meeting began with introductions and an icebreaker activity. The purpose of the icebreaker was to give the facilitators a visual framework of how the meeting participants described and perceived certain body types. Participants were shown pictures and were asked to describe the people appearing in the pictures with whatever adjectives came to mind. After completing this activity, the groups were then guided through a series of discussion questions regarding the contributing factors, cultural determinants, and barriers to preventing obesity in their communities. The participants were also asked to establish criteria by which to prioritize interventions and then suggest interventions that they felt would be effective in reaching their respective ethnic communities. Upon completing the discussion segment of the meeting, participants were then given a questionnaire to obtain demographic information. These questionnaires were to determine the participants’ personal assessment of their own needs regarding obesity and physical fitness. The meeting concluded with participant incentives in the form of a \$25 gift certificate to each community participant.



African-American Community Meetings

Meeting Participant Characteristics

A total of five meetings were held with the African-American community and involved a total of 71 participants. These participants included 23 men and 48 women. The average age of the participants was 47, with a range of 12–78 years old. The participant questionnaires indicated that among the meeting participants, 5 (7 percent) completed 12 years of school or less, 9 (13 percent) completed community college, 24 (35 percent) had college degrees, 21 (30 percent) had graduate degrees, and 10 (14 percent) had professional degrees. Regarding the marital status of participants, 30 (42 percent) were married, 27 (38 percent) were single, 12 (17 percent) were divorced, and 2 (3 percent) were widowed. The average number of children reported by parenting participants was approximately three.

When asked about their personal assessment of their own weight and their challenges in maintaining a healthy weight and physical activity, the most often cited responses were as follows:

QUESTION #1

Do you consider yourself to be overweight?

- 31 (46 percent) indicated yes
- 33 (48 percent) indicated no
- (6 percent) indicated somewhat/slightly

QUESTION #2

What are your main challenges/barriers to maintaining a healthy weight and regular exercise?

- No time
- Bad eating habits
- No physical activity
- Inconsistency
- No support system/network
- Stress

QUESTION #3

What would you need to help you maintain a healthy weight?

- Increased exercise
- A support system/network
- More commitment
- To eat better
- More time
- Information on nutrition

QUESTION #4

What steps could you take personally to maintain a healthy weight?

- Eat healthier foods (i.e., fruits and vegetables)
- Increase physical activity
- More consistency
- Cut down on fattening foods and sweets

Summary of Findings

The following is a comprehensive summary of the information garnered at the five meetings held with African Americans. Due to a tremendous amount of similarity and consistency in opinions and ideas presented, regardless of meeting location or category (i.e., community vs. professional meeting), the summary of findings is a compilation of all of the group discussions.

Perceptions of Obesity

Many participants felt that there was very little or no consensus in the African-American community regarding the definition of obesity. However, they agreed that neither traditional medical definitions nor standard BMI charts were appropriate when describing overweight African Americans. The participants felt that those criteria did not accurately nor fairly describe their weight and that the definitions would be best described in terms of one's health status. For example, they felt that if someone was considered heavier than they should be, but was healthy and physically active, they should not be considered obese or overweight. Some people described being obese/overweight as being when one felt uncomfortable (e.g., sore knees, backaches, shortness of breath, etc.) or exhibited other physical problems due to being overweight (e.g., diabetes, hypertension, etc.). Additionally, several meeting participants spoke of the "sensitivity" many African Americans have around the whole discussion of weight and obesity. For many, that discussion represents just another painful, negative issue with which the community is faced.

"I'm not sure that the African-American community can define being obese. I'm not sure that the community has a handle on it..."

SACRAMENTO PARTICIPANT

Terminology Describing Obesity or Being Overweight

Participants shared many colorful terms and expressions used by African Americans to describe being obese or overweight. They stated that the word obese is very rarely used when describing body type. As one participant noted, the words used to describe overweight African Americans very rarely carry negative connotations and in the case of the word "healthy" can even be an oxymoron. This phenomenon was generally associated with the fact that African Americans do not necessarily find someone with a little extra weight as unattractive. One participant noted, "African-American men like a woman with a little meat on her bones."

Examples of the terms used include:

- Big-boned
- Thick
- Built
- Heavy-set
- Healthy
- Pleasingly plump
- Solid
- Full-figured
- Chunky
- Stocky
- Sturdy
- Stacked
- Bootylicious
- "She's got meat on her bones"
- "She's got junk in her truck"

“It’s cheaper on Tuesdays to buy 39 cent hamburgers at McDonald’s than to fix a salad.”

ANONYMOUS

Contributing Factors to Obesity and Being Overweight

Meeting participants described many behavioral, cultural, environmental, and economic factors contributing to obesity in the African-American community. While the lack of physical activity and poor eating habits were identified as the most significant contributing factors, a multitude of other factors were cited as acting in concert with both of these issues. Inexpensive and accessible fast food, the lack of access to supermarkets in urban neighborhoods or to supermarkets carrying quality fruits and vegetables, and the lack of safe locations to exercise were also often cited as contributing to overweight.

Deep-rooted cultural traditions, such as cooking and eating “soul food” at family and social gatherings, play a tremendous role in causing unhealthy weight among African Americans. In African-American social traditions, showing “hospitality” to one another was often done through the sharing of food. As pointed out by one participant when speaking of this tradition, “If we had nothing else, we had food.” Additionally, growing up with parents or grandparents saying things such as, “Eat everything on your plate because there are children starving in Africa,” also resonated with many participants.

There was much discussion about the fact that these traditional eating patterns were established long ago, when African-Americans had little choice about what kinds of foods they could eat. Slavery and segregation dictated that African Americans had to learn to make do with, as one participant described as “throw away or scrap” foods.

African Americans learned to make those foods taste good by adding significant amounts of fat, sodium, and sugar. But participants importantly noted that these ancestral eating habits are no longer accompanied by the strenuous manual labor associated with previous generations.

“We don’t have time. We have so many other stressors that sore ankles or pants being too tight is the least of what we have to deal with.”

OAKLAND PARTICIPANT

The threads of the multitude of psychosocial issues faced by African Americans were woven throughout meeting discussions. Participants felt that mental health issues are too often overlooked and that they must be addressed in programs hoping to prevent obesity.

Those seeking relief or comfort from depression, stress, loneliness, low-self esteem, and racism often find it in food. The term “soul food” perfectly illustrates the psychological and emotional role food and eating often play in the lives of African Americans. As one participant stated, “Culturally, food is a reward. It feeds our sorrow and it feeds our joy.”

Additionally, the predominance of single mother households in the African-American community and the enormous role these mothers must play as primary caretakers gives them little time to focus on their own health and wellness. Some of them alleviate or soothe the emotional stress of raising children, not having mates, and managing other critical life challenges through overeating.

“The kids I taught last year in South Central, they live in apartments and their parents are scared for them to go out and play; they have to stay in confined areas.”

LOS ANGELES PARTICIPANT

Barriers to Obesity Prevention

Numerous barriers to obesity prevention were cited. Most of the barriers were related to the lack of resources or to deficits in the environments where African Americans live. One participant shared that when her church did a neighborhood needs assessment for a nutrition grant they were writing, they found that there was one supermarket compared to 17 fast food restaurants within a two-mile radius of the church. Additionally, the lack of safe and affordable places to exercise was also consistently identified as a barrier. Other barriers include:

- Lack of culturally competent nutritional information specific to African Americans.
- Lack of access in inner city neighborhoods to supermarkets with healthy foods.
- Healthy foods are more expensive than junk food.
- Excessive portion sizes served by restaurants.
- Lack of safe places for children and families to exercise.
- Lack of child care.
- Lack of self-recognition of being obese.
- High cost of organized sports for children.
- Lack of self-esteem.
- Deep-rooted cultural traditions.
- Self-denial of the impact of obesity on one’s own life.
- Too many responsibilities and not enough time.

Suggested Interventions and Activities

Meeting participants were asked to brainstorm lists of potential interventions that they felt would be successful in the African-American community. The meeting facilitator designated the categories, in which the following interventions are grouped, after completing the meetings and noting consistent themes of interventions suggested at each meeting.

“We have moved from the family value of sitting down and eating together. We need to take the time to sit at the table and graciously eat a meal rather than eat on the run.”

LOS ANGELES PARTICIPANT

Family Centered

There were several suggestions for family-centered interventions. Participants often cited the lack of child care and lack of time as barriers to participating in certain activities. Participants felt that they may be able to be more successful and consistent if activities facilitated involvement of the whole family. This type of intervention would be particularly meaningful for single parent homes. Activities suggested include:

- Mother/daughter walking and dance groups.
- Family fitness and health clinics on Saturdays.
- Father/son sports activities.
- Family walking clubs.
- Encourage eating as families at mealtime.

Faith-Based

Meeting participants discussed the historical significance of churches and faith communities in the lives of African Americans. In times past, not only were they places for worship, but they were also places from which people sought information and services. Due to the trust they hold with African Americans and the availability of consistent audiences, faith communities would be uniquely poised to conduct innovative obesity prevention activities with the community. Some of the suggested activities are as follows:

- Develop church-sponsored support groups for overweight teens.
- Conduct church-sponsored farmers' markets.
- Encourage churches to purchase and operate neighborhood grocery stores that provide healthy food choices.
- Conduct church-sponsored exercise and nutrition programs.
- Work with neighborhood gyms to donate exercise time to church members.

“For me, one of the major issues is that many of us don’t have access to the educational information that we need in order to set those kinds of things right.”

FRESNO PARTICIPANT

Education and Awareness

While participants felt that African Americans had a fair amount of access to nutritional and physical activity information, they felt that there were still many gaps and needs in the areas of education and awareness. They all felt that comprehensive media campaigns could play an important role in getting the

word out to the African-American community. Participants wanted to see both local and national African-American media utilized to tackle the issues. Additionally, they felt that there was a lot of dialogue around obesity prevention that could happen at both the individual and community levels. Suggestions were as follows:

- Host facilitated African-American conversation groups/forums to discuss issues of obesity.
- Conduct a comprehensive “media blitz” (i.e., newsprint, radio, television, etc.) promoting obesity prevention within the African-American community.
- Educate African-American gatekeepers (i.e., ministers, community leaders, social clubs, etc.) about the issue of obesity.
- Conduct comprehensive research focused on creating effective interventions, not just identifying the problems.
- Identify programs that are already working and systematically disseminate information regarding those programs to other communities.
- Have a well-known African-American celebrity promote a fitness campaign.
- Encourage African-American newspapers, radio stations, and television to address obesity and physical activity through media advocacy.
- Teach medical providers how to have a dialogue with patients that helps them capitalize on opportunities for behavioral intervention in different areas of their daily lives.

“How do you undo something that’s been ingrained in you ever since you can remember? That’s probably the biggest challenge facing the whole project.”

LOS ANGELES PARTICIPANT

“If I’ve just got my hair done, I’m not going to sweat my hair back.”

SACRAMENTO PARTICIPANT

Physical Activity

Participants were very aware of the need for the community to increase its level of physical activity but noted many factors that stand in the way of that being done. There is a definite need to develop approaches to exercise that are more appealing and enjoyable to African Americans. One of the most poignant issues discussed at each of the meetings was that of African-American women not wanting to get their hair wet, from water or sweat, when exercising. African-American women expend a lot of resources, both time and money, getting their hair done. They are very hesitant to waste those resources by messing up their hair exercising. They do not want to sweat and have their hair return to its “natural” state. Activities suggested were as follows:

- Work with beauty salons to sponsor classes teaching young African-American women and girls how to maintain their hair for exercising.
- Encourage African-American women’s magazines (e.g., Essence) to feature articles about how to style and maintain hair for exercise.
- Provide African, Salsa, and Brazilian dance classes at community centers.
- Provide Hip-Hop aerobic classes.
- Train more African Americans on how to teach exercise activities.
- Sponsor community and worksite walking clubs/groups.
- Produce Afro-centric exercise tapes or DVDs.

“We tend to eat for taste, not for health.”

OAKLAND PARTICIPANT

Food Purchasing and Preparation

There was much discussion about the fact that many African Americans eat out often instead of cooking. Participants spoke of the days of when young people would sit in their mothers’ kitchens to watch them and learn how to cook. Today that rarely happens, and many young people do not know how to cook. This has resulted in there being a number of young parents who feed themselves and their children fast foods and/or microwave meals. Moreover, when African Americans do cook they are often still utilizing ingredients that are unhealthy and fattening. There were several innovative suggestions for interventions that could assist with the purchasing and preparation of healthy food:

- Integrate food preparation and nutrition classes into Welfare to Work programs.
- Provide healthy cooking classes to young mothers.
- Advocate for a return of home economic classes in schools.
- Station health educators/nutritionists in neighborhood grocery stores to educate on healthy food choices.
- Develop resources or classes on adapting “soul food” recipes to “healthy soul food” recipes.
- Develop classes that teach people how to read and understand food labels.
- Conduct a mentor program where people shop and cook healthy foods together.

Advocacy and Social Policy

The meeting participants were acutely aware that there are many things that could be done at the policy level to complement and enhance community and individual level interventions. Many of the following suggestions address the environmental and societal issues impacting communities:

- Litigate the fast food industry
- Lobby the fast food industry to show people doing physical activities in commercials
- Require warning labels for fast food and junk food
- Sponsor “No Fast Food” months
- Lobby for fewer liquor stores in poor neighborhoods
- Advocate for less fast food restaurants in inner city neighborhoods
- Advocate for major grocery store chains to build in inner city neighborhoods
- Build capacity of neighborhoods including churches, community-based organizations, and other community venues to address obesity through coalition building and resource development
- Advocate for schools to develop healthy policies regarding nutrition and physical activity

Social Support

One of the most consistently identified needs of the community was that of social support. Many people cited the need for networking and the sharing of resources to help them begin and maintain healthy behaviors. Additional social support needs identified include:

- Develop buddy programs or exercise support groups.
- Host summer empowerment camps for overweight teens.
- Conduct workshops that encourage self-empowerment and goal setting.

- Provide affordable or no cost child care as part of physical activity interventions.
- Develop parent-run babysitting cooperatives that would allow parents the opportunity to exercise regularly.

Criteria for Selecting Interventions

The groups were asked to determine a set of criteria for selecting/determining interventions that would be most effective at reaching the African-American community. Overwhelmingly, the participants stressed that it is critical for the target audience to be involved at the onset and in each stage of the development and implementation of interventions. The following criteria for selecting interventions were often cited by meeting participants:

- Should always involve input from target audience in the prioritization and creation of the interventions
- Should be culturally appropriate
- Should have a holistic approach and have multiple benefits to the audience
- Should give participants a sense of empowerment
- Should be easy/doable/attainable/realistic
- Should be sustainable, long-term efforts
- Should be inexpensive/affordable
- Should have the “buy in” of the community and community leaders
- Should be integrated/combined with addressing other health issues
- Should be conducted in locations/ environments where the audience feels comfortable (i.e., their churches, social clubs, neighborhoods, etc.)
- Should reduce the barriers encountered by the audience

Other suggested criteria included:

- Should have the necessary financial and human resources needed to ensure success
- Should have language and tone that is nonjudgmental of the audience (African Americans do not need to feel that they are failures or wrong for not being fit)
- Should be conducted with “captive” or already existing groups
- Should be skills based (hands on) and involve goal setting
- Should combine nutrition education with physical fitness
- Should have realistic timelines to achieve changes (audience should not be pushed just to meet provider timelines)
- Should reach large numbers of African Americans
- Should be tailored to individuals
- Should increase psychosocial support

Potential Partnerships/Collaborations/Spokespersons

Meeting participants were asked which partners should be included to ensure successful interventions. They were also asked who they felt African Americans trust in their communities. Responses included the following:

- Ministers and churches
- T.D. Jakes (a well known and respected African-American minister who has recently lost a lot of weight and changed his nutritional habits)
- Black Women’s Health Project
- Community-based and nonprofit organizations
- Senior citizens groups
- African-American celebrities
- African-American celebrity athletes (Serena and Venus Williams, Shaquille O’Neal, etc.)

- School teachers
- Child care providers
- African-American sororities and fraternities
- African-American organizations (i.e., National Association for the Advancement of Colored People, Urban League, 100 Black Men, Council of Negro Women, etc.)
- Service agencies (WIC, food banks/closets, general assistance agencies, etc.)
- Parks and recreation programs
- Local and national African-American media outlets

Potential Barriers Providers May Encounter

When asked about potential barriers or concerns agencies providing services might encounter when implementing interventions with the African-American community, participants emphasized the importance of agencies having an understanding of the economic, cultural, and psychosocial backdrop of the communities they are attempting to serve. Trying to undo highly ingrained cultural traditions and behaviors in certain communities can be a daunting task and must be approached with sensitivity and cultural compassion. Additionally, there is a high potential for distrust of the new projects if the people implementing the projects are not African American or not culturally sensitive and aware. The community will not embrace the projects and providers if they do not trust them.

Finally, the lack of resources in some communities could present particularly significant barriers. One meeting participant recounted her experience of trying to develop an “Aqua Boogey” water aerobics class for African-American women. She had the format for the class and willing and enthusiastic participants, but was unable to find and secure a pool in the neighborhood at which to hold the class. Projects must have the necessary resources in place or identified if they hope to be successful.

Latino Community Meetings

Meeting Participant Characteristics

A total of five meetings were held with the Latino community and involved a total of 59 participants. These participants included eight men and 51 women. The average age of the participants was 39, with a range of 18–74 years old. The survey indicated that among the meeting participants 16 (27 percent) completed 12 years of school or less, 28 (47 percent) had college degrees or received technical training certificates, and 15 (26 percent) had graduate degrees. Regarding the marital status of participants, 19 (32 percent) were single, 34 (58 percent) were married, 5 (8 percent) were divorced and 1 (2 percent) was widowed. The average number of children reported by parenting participants was three.

One interesting point to mention about the participants is how they ethnically identified themselves. Participants were given a choice of checking Latino, Hispanic, or other. Of the 59 participants, 14 (24 percent) identified themselves as other (White or Mexican). Of the remaining participants, almost equal amounts identified themselves as Latino 23 (39 percent) or Hispanic 22 (37 percent). Most of the participants who identified themselves as Hispanic were over age 35, and those who identified themselves as Latino were under 32 years of age. Some participants were very defensive about identifying their ethnicity. It would be important for any agency to clarify from the community they will serve what ethnic identification is acceptable and preferred.

When asked about their personal assessment of their own weight and their challenges in maintaining a healthy weight and physical activity, the most often cited responses were as follows:

QUESTION #1

Do you consider yourself to be overweight?

- 36 (61 percent) indicated yes
- 16 (27 percent) indicated no
- 7 (17 percent) indicated somewhat/slightly

QUESTION #2

What are your main challenges/barriers to maintaining a healthy weight and regular exercise?

- No time
- No motivation
- No exercise
- No child care
- No transportation
- Lack of knowledge

QUESTION #3

What would you need to help you maintain a healthy weight?

- Motivation
- More time
- Increased physical activity
- A support system
- Worksite exercise programs
- Access to low cost gyms
- Exercise programs for whole family
- Eat healthy foods
- Diet class/counseling/plan

QUESTION #4

What steps could you take personally to maintain a healthy weight?

- Eat healthy foods (e.g., fruits and vegetables)
- Increase physical activity
- Manage/prioritize time to exercise
- Attend health classes/counseling

Summary of Findings

The following is a comprehensive summary of the information compiled at the five meetings held with Latinos. There were many similarities and consistency in opinions and ideas presented, regardless of meeting location or representation of the group (i.e., community vs. professional meeting).

Perceptions of Obesity

According to some participants, the Latino community thinks being overweight is acceptable. This is particularly true for Latinas, especially if grandma (*abuelita*), mother, and aunt (*tía*) are overweight. Therefore, Latinas are not supported when trying to stay healthy because they have been cursed with the “fat genes.” In other words, for some Latinas it is their destiny to be overweight; thus, there is nothing they can or should do to prevent it. It was noted that some Latinos think that a thin Latina would have more problems getting pregnant; therefore, a Latina who is “*poquita gorda*—a little fat” is preferable. It was also stated that, “Not only is a chunky child (*gordito*) acceptable, but is cuter.”

“*Un niño gordito es más saludable que un niño delgado que siempre es enfermo.*” (“A chubby child is healthier than a thin child who is always sick.”)

SACRAMENTO PARTICIPANT

Terminology Describing Obesity or Being Overweight

Overall, the meeting participants were consistent in identifying terms used to describe someone who is overweight. Some of these terms include:

- *Gorda* (Fat)
- *Gordito/a* (Can be used as a term of endearment “little fat one” or used to describe overweight children)
- *Hermosa* (Can be used as a term of endearment similar to “Big and Beautiful”)
- *Sobrepeso* (Overweight)
- *Pasado de peso* (Overweight)
- Chunky
- Chubby
- Husky (Often used more to describe men and children)
- Stocky
- Solid
- Heavy
- Heavy set
- Big-boned
- Plump
- Full figured
- Large

Contributing Factors to Obesity and Being Overweight

One of the most common cultural factors contributing to obesity in the Latino community is the many social gatherings centered around the consumption of food. As one participant commented, “Large Latino families mean more parties.” Another participant stated that, “We were taught to never show up to a party empty handed. You must bring enough food to feed everyone or else!” The majority of the participants agreed that portion sizes are much larger than what should be eaten. And many of these foods are high in fat and calories. It was felt that Latinos are not aware of healthy cooking alternatives. Food is a comfort item and as one participant stated, “We show our affection by providing food and to reject it is not only disrespectful, but you’re denying the affection.”

“We live to eat, not eat to live!”

LOS ANGELES PARTICIPANT

Many participants felt that the pressure to assimilate, especially for kids, is another significant factor contributing to obesity. It was noted that first and second generation kids are eating and doing what other “American” kids are doing. Since many Latino parents want their kids to “fit in,” they buy fast food, processed foods (e.g., Twinkies, Lunchables, etc.), and video games. Also, there are more latch-key kids and since some communities are not safe, parents are forced to give into modern technology. This means kids must stay indoors watching TV or playing video games. Thus, Latino kids are eating unhealthy foods and not getting enough physical activity. There was a general consensus that many healthy lifestyles are lost or given up when families move from Mexico to the United States. “For example, in Mexico, many families walk everywhere, eat fresh fruit and vegetables everywhere, and eat meat

“I’d rather get six hours of sleep than lose an hour by exercising.”

SAN DIEGO PARTICIPANT

on special occasions. Overweight children are rarely seen in Mexico.”

The majority of the participants agreed that there is just not enough time in a day. With the need for both parents to work, there is no time to shop for food, cook, and clean up. It is easier to buy and make processed foods or eat out. Even stay at home moms reported not having time. They are too busy cleaning house, running errands, taxiing kids around, or helping with homework. “Women sacrifice themselves for their family.” This means women have less time for themselves, thus, no time to exercise. With limited time, daily activities have to be prioritized and exercise is often not a priority. Furthermore, as one participant stated, “Latinos are not used to structured, planned physical activity.” She went on to explain that a lot of jobs that Latinos are doing require manual labor and many feel that there is no need to do more exercise, especially after a long day at work.

“I cannot afford to put all four of my kids in sports, nor do I feel safe leaving two at one park to be with the other two at another park.”

SACRAMENTO PARTICIPANT

Many participants felt it was difficult to start and maintain an exercise/diet program due to the lack of motivation. One reason is the lack of support. A support system, whether another individual or group, is important to encourage a healthy lifestyle, acknowledge progress, and offer advice. “It is difficult to find someone who has a similar schedule and

willing to exercise with me,” stated one participant. Many meeting participants reported not knowing how to start a support group or look for one. There are too many temptations and not enough will power, especially for mothers. It is tempting to eat kids’ leftover food or other unhealthy food around the house. “It is easier to gain weight than to lose it. It takes too long to lose weight and see a difference,” stated one participant.

There are also limited products and services available to help maintain a healthy weight. Several participants pointed out that there are a lot of “mom and pop” stores in Latino communities and these small stores do not carry fresh, healthy, affordable foods. In addition, there are few affordable, accessible, and safe gyms/community centers that kids and adults can utilize. Furthermore, there are even fewer programs that offer activities where parents and children can participate together.

“Since most kids eat the majority of their meals at school (breakfast, lunch, and snacks), schools need to set an example and provide healthier options.”

SAN DIEGO PARTICIPANT

Another contributing factor to obesity is the fast food industry. As one participant stated, “The increased access to fast foods, enticing commercials, and competitive daily specials is difficult for any busy, tired mom with cranky, hungry kids to resist.” Many participants felt that the media (e.g., TV, radio, billboards, magazines, etc.), especially Spanish media, has a strong influence on eating unhealthy foods. Several messages include bigger is better (“Biggy,” “King Size,” “Mighty Meals,” etc.) and processed foods are “cool” and more convenient; however, these are often high in fat and sugar.

Participants also expressed a concern and disappointment in the school system, which appears to give a low priority on healthy eating. School lunches are high in fat and sugar and offer/provide few fruits and vegetables. Many schools support candy and soda vending machines and fast food restaurants on campus. Also, many nutrition education and home economics classes have been cut. Thus, those parents who are trying to keep their children healthy are not supported.

Another factor is the lack of trust. A number of agencies (i.e., clinics, hospitals, community based organizations, etc.) require a lot of personal information before rendering services. Many Latinos do not understand why personal information is needed and are not used to giving it out. Many fear being reported or discriminated against. This is especially true for agencies that do not have bilingual and culturally sensitive staff. As one participant stated, “*Me siento más comfortable si me hablan en español para ayudarme*—I would feel more comfortable if the person who was helping me speaks Spanish.”

Finally, many participants questioned whether obesity in the Latino community is associated with mental health issues. There are few mental health resources and participants are not confident that those few are capable of understanding or providing services for the Latino community. “Many Latinos have a lot of life stressors and do not know how to handle them. It is not acceptable to be diagnosed with a mental health problem or receive treatment.” Some Latinos deal with these life stressors by overeating.

Barriers to Obesity Prevention

Many barriers to obesity prevention were discussed. Most of the barriers were related to the lack of affordable, accessible, and appropriate resources in the Latino communities. Specific barriers included:

- Lack of transportation or convenient mass transit
- Lack of bilingual, culturally sensitive staff/providers
- Lack of bilingual, culturally sensitive nutritional information
- Lack of access to supermarkets with “healthy foods”
- Lack of safe places for children and families to exercise
- Lack of affordable child care
- Lack of affordable, organized sports and/or exercise programs for children and families
- Lack of self-esteem
- Deep-rooted cultural traditions and attitudes (the belief that they are “destined to be overweight”)

Suggested Interventions and Activities

Meeting participants were asked to brainstorm lists of potential interventions that they felt would be successful in the Latino community. The meeting facilitator designated the categories, in which the following interventions are grouped, after completing the meetings and noting consistent themes of interventions suggested at each meeting. The intervention activities are described below.

“My mother thinks that vitamins are taken out of low fat milk.”

SAN DIEGO PARTICIPANT

Education and Awareness

Participants felt that obesity education and awareness interventions are most needed to bring obesity prevention to the forefront. These interventions could also help dispel a lot of misconceptions that many Latinos have about low fat and “light” products. It was stressed that intervention messages must be culturally and linguistically appropriate and realistic to be successful. Some suggested education and awareness interventions included:

- Conduct a long-term media campaign, supported by state and local governments, providing various but consistent obesity prevention messages with a toll-free telephone number and using Latino and Latina role models.
- Conduct a long-term media campaign developed by teens, supported by state and local governments, providing various but consistent obesity prevention messages with a toll-free telephone number and using Latino and Latina teen role models.
- Provide low cost weight management programs for adults and children with access to bilingual resources (i.e., nutrition counselor and education material).
- Enhance the Expanded Food Nutrition Program (EFNP).
- Provide obesity prevention and sensitivity training to health professionals (e.g., doctors, nurses, counselors, etc.).
- Provide self-esteem and empowerment workshops for adults and children.

Physical Activity

Participants often identified the need for activities that involve the whole family. Not only should these activities be appropriate for all ages, but they should also be affordable and convenient as well. Additionally, because many parents work, there was a strong suggestion for employers to support and implement exercise programs in the workplace. Many felt that in the long run not only would the employee benefit, but the employer as well, by having healthy more productive staff. Some ideas for physical activity programs included:

- Coordinate walking groups around parks, schools, and malls in the early morning or late evenings and accommodate children.
- Provide parent and child sports or recreational activities (e.g., basketball, dance, yoga, etc.) or fitness programs in the early evening or weekends.
- Develop worksite physical activity programs.

Food Purchasing and Preparation

Participants felt that many Latino men and teens do not know how to cook. Therefore, cooking and nutrition programs that could reach these groups before they become parents could help the Latina mothers later from feeling overwhelmed. Many participants also felt that many Latinos are not aware of how to prevent obesity. “Thus, many Latinos are not aware of long-term consequences. Many think high-fat foods are more nutritious.” Some food purchasing and preparation suggestions included the following:

- Conduct bilingual nutrition education programs that provide shopping tours and cooking demonstrations to learn how to modify recipes to maintain traditional entrees.
- Provide cooking, shopping, parenting, and housecleaning classes specifically for men.

- Develop an “*Abuelita’s cocina*” (Grandma’s kitchen) where the elderly men and women are taught to modify traditional recipes and share with young parents.

Social Support

Many Latinos do not know who to ask for assistance to help them with weight management. Many Latinos are also trying diet and exercise programs that are “quick fixes,” but give them no support for long-term maintenance. Psychosocial services have to be available and sensitive to the weight management goals of the individual. Some ideas for social support were:

- Develop promotora (community peers trained on specific topics) weight management programs.
- Develop screening programs for mental health and offer appropriate training and referrals.

School-Based

Participants felt that at one point schools were on the right track by offering home economic classes and more time for physical activity at recess and during physical education classes, but the priorities seemed to have changed. “Schools have to get back to basics and support healthy children.” Strong advocates are needed to mobilize schools for some basic and innovative programs such as the following:

- Coordinate a school advocacy committee through the PTA to increase physical activity, provide nutrition education, replace “junk foods” in the vending machines with healthy snack foods, eliminate fast foods on campuses, and encourage healthy foods being served in the cafeteria.
- Develop Latina teen weight management programs and encourage other Latina teens to mentor support groups.

Criteria for Selecting Interventions

The groups were asked to determine a set of criteria for selecting interventions that would be most effective at reaching the Latino community. The criteria for selecting interventions are as follows:

- Should be affordable
- Should provide bilingual staff and resources
- Should be accessible (i.e., convenient location, various and extended hours of operation, etc.)
- Should respect Latinos and promote a safe and trusting environment
- Should be culturally appropriate and realistic
- Should offer consistent services and promote consistent messages
- Should be dedicated to sustaining successful interventions within the community

Potential Partnerships/Collaborations/Spokespersons

Meeting participants were asked which partners should be included to ensure successful interventions. They were also asked who they felt Latinos trust in their communities. Responses included the following:

- Schools and school districts
- Local coalitions
- Latino 5 A Day Program
- Local Proposition 10 Commission
- Faith community
- Resource centers
- City and county parks and recreation departments
- Media, such as TV/radio
- Programs that serve parents with young children (i.e., WIC, foster care, children's protection services, child care providers, etc.)

- Politicians
- Business owners
- Clinics/hospitals
- Physical therapy offices
- Agencies that provide services to migrant farm workers

“Programs must be AAA (Affordable, Accessible, and Appropriate).”

FRESNO PARTICIPANT

Potential Barriers Providers May Encounter

The most common concerns the participants had for any agency conducting obesity prevention activities are that programs need to be affordable and accessible. This means the ability for a family (of at least four) to participate in activities on a regular basis. It also means these programs would be in convenient locations, possibly even within walking distance from home, and offer various and extended hours of operation. Since transportation is an issue, agencies need to arrange for safe pick up and drop off, especially for kids, the elderly, and families in rural communities. A number of meeting participants agreed that programs that lack bilingual/bicultural resources could be a significant barrier. Agencies must involve the community for ideas and hire them to work in these programs. One participant stated, “It is vital to hire staff who are bilingual and culturally sensitive.” This would assist the agency in planning and implementing a realistic program. “Programs would be more successful in promoting and modifying traditional foods rather than foods Latinos are unfamiliar with or resistant to try.” Participants felt the support from the community is crucial in making programs work. Finally, agencies with a history of short-term projects or not planning ahead could be met with a lot of resistance and distrust. “With any program, agencies need to determine and plan strategies to sustain activities.”





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