

SABORES LATINOS: A NEEDS ASSESSMENT OF
FOOD PREFERENCES OF LATINO FOOD BANK CLIENTS

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By

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DEFINITIONS/TERMINOLOGY

Since self-identification of ethnicity is so varied and multifarious, there is no solitary term that is universally recognized by all persons of Latin American descent. According to the U.S. Census Bureau (2011), “Latino” refers to persons who trace their ancestry to Latin America, while “Hispanic” refers to those who come from Spanish-speaking countries. Because the individuals who were studied in this project are from Latin America, Latino seemed to be the most appropriate term. Moreover, although this report employs the term “Latino/a”, it is in no way deliberately reducing or discounting the complexity or multiplicity of ways individuals might identify themselves in different contexts.

ABSTRACT

The primary purpose of this ethnographic needs assessment was to gather information to aid the Community Food Bank of San Benito County (CFBSBC) in understanding the dietary needs of its Latino clients. The research included an anthropological mixed methods design in the form of quantitative and qualitative methods to: (1) gain knowledge of eating practices, (2) identify food preferences, (3) explore food preparation techniques and (4) determine which dietary services the Latino clients are most interested in receiving. Results from this study will be used to plan and implement a nutrition education program based on cooking and nutrition classes for its Latino clients as well as appropriate food inventory. The research data will also be utilized by the CFBSBC to obtain federal aid to implement the suggested services and programs.

TABLE OF CONTENTS

CHAPTER

| | |
|---|----|
| I. Introduction and Background | 1 |
| The Community Food Bank of San Benito County | 2 |
| Project Objective | 3 |
| Anthropological Perspective | 4 |
| II. Food Insecurity in the U.S | 5 |
| III. Health Disparities Among Latinos | 7 |
| Acculturation | 7 |
| Obesity | 8 |
| Diabetes | 9 |
| IV. Literature Review | 10 |
| Food and Nutrition Needs Assessments in the U.S | 10 |
| Acculturation | 12 |
| Nutrition Intervention Guided by Theory | 14 |
| The Network for a Healthy California | 14 |
| V. Conceptual Frameworks | 16 |
| Natural Helper Model | 16 |
| Social Cognitive Theory | 17 |
| VI. Methods | 20 |
| Project Instruments | 20 |
| Population Sample | 21 |
| Participant Recruitment | 21 |
| Strengths and Limitations | 23 |
| VII. Data Collection | 24 |
| Participant Observation | 24 |
| Surveys | 25 |
| Focus Groups | 27 |

| | |
|--|----|
| Interviews | 29 |
| VIII. Key Findings | 29 |
| Data Analysis | 31 |
| Results of Quantitative Analysis | 32 |
| Discussion | 35 |
| Focus Group and Interview Themes | 37 |
| Food Preferences and Resisting Acculturation | 39 |
| Under Enrollment | 39 |
| IX. Recommendations for the CFBSBC | 40 |
| Nutrition Counseling | 41 |
| Healthy Recipes | 42 |
| Cooking Classes | 43 |
| Customizing the Food Bank’s Inventory | 43 |
| Conducting Outreach to Increase Enrollment | 44 |
| X. Implications for Applied Anthropology | 45 |
| XI. Conclusions | 45 |
| XII. Works Cited | 47 |
| XIII. Appendices | 53 |
| A. Consent Forms | 53 |
| B. Survey Instruments | 55 |
| C. Focus Group Instruments | 57 |
| D. Interview Instruments | 59 |
| E. Survey Statistical Data Tables | 61 |
| F. Survey Statistical Data | 66 |

LIST OF FIGURES

| | Page |
|---|------|
| Figure 1. Map of San Benito County | 2 |
| Figure 2. Latino Food Bank Clients Picking up Food From a Mobile Distribution Area | 6 |
| Figure 3. Social Cognitive Theory Model | 18 |
| Figure 4. Food Bank Clients' Countries of Origin | 32 |
| Figure 5. Most Commonly Mentioned Food Staples | 33 |
| Figure 6. Vegetable Enchilada Recipe | 42 |

LIST OF TABLES

| | Page |
|---|------|
| Table 1. Customized Food Bank Inventory | 43 |

INTRODUCTION AND BACKGROUND

I grew up in the rural town of Hollister, CA, which has a prominent Latino population with a large percentage being migrant and agricultural laborers who mainly work in the fields and canneries. Since I myself come from a Latino family whose parents and grandparents did the same work, I know first-hand that laborers cannot afford most of the foods that they cultivate. For these reasons, I co-founded a not-for-profit grassroots organization in 2009, called Comstock Community Farm. With the help of community volunteers and support from the Community Food Bank of San Benito County (CFBSBC), we have been growing organic fruits and vegetables for low-income families and laborers at no cost, which is distributed via the CFBSBC.

When I began to contemplate potential research projects to fulfill my MA requirement, I wanted it to be a project that would assist low-income Latinos and the CFBSBC. After several meetings with the CFBSBC's director, it became clear that the Latino population in San Benito County is growing at a rapid rate and the food bank (as well as the county) is ill equipped to accommodate their diverse needs. She also candidly voiced her concerns about the health statistics of the Latino population and the enrollment rates of Latinos plateauing at the food bank. During the ideation phase for this project, I asked the food bank director what she hoped to accomplish for the upcoming year (2013). Her response was to understand the following things: (1) what foods the Latino clients would prefer to receive, (2) if they would be willing to participate in nutritional education programs and (3) why so many low-income Latino families in San Benito County are not enrolling in food bank services

The Community Food Bank of San Benito County

The CFBSBC is a non-profit organization located in the town of Hollister, CA and serves the entire county of San Benito. The CFBSBC plays an important role in offsetting hunger for food insecure individuals and families living in San Benito County. It receives food from state and federally funded food distribution programs, as well as food drives, private donations and grants that allow them to purchase specific foods in order to meet their clients' needs. The food bank distributes 1,750 bags of food weekly to over 5,000



residents residing in the towns of Hollister, Tres Pinos, Paicines, Panoche, San Juan Bautista and Aromas. To compensate for its location on the outskirts of town and the lack of accessibility for those without transportation, the food bank has several distribution

areas: they are situated in

apartment complexes and labor camps, and range from church parking lots to under bridges where the homeless population lives.

San Benito County's estimated population in 2012 was 56,072, with Latinos making up over half of the population (56.9%) (census.gov). The percentage of this population has continued to be virtually the same for the past three decades, which is not surprising since the county has a large agricultural industry (cosb.us). Children under the

age of 18 comprise 28.4% of Benito County's population and 11.4% of them live below the poverty level (census.gov). Based on a survey I conducted for the CFBSBC in 2012, 56% of the food bank's consumers identified themselves as Latino or Hispanic (Salinas, n.d.).

Projective Objective

My project objective was to conduct an anthropological needs assessment of Latino client's food preferences at the CFBSBC. A needs assessment is a methodical approach to studying the state of knowledge, abilities, interests, or attitudes of a defined audience or group involving a particular issue (Davidson, 2005). Thus, my first goal was to collect data to learn what Latino food bank clients already know and think so that I could determine what nutritional programs and services are needed. A second goal was to understand what the CFBSBC could do to make their educational programs more accessible, acceptable and useful.

In November 2012, I was commissioned by the CFBSBC to conduct a countywide survey, focus groups and interviews with its Latino clients. My goal was to understand their perspectives on issues such as obesity, diabetes, food preferences and accessibility and potential nutritional programs. By beginning with qualitative research, I was able to better understand the target population, which helped me decide what key variables and domains to investigate quantitatively. The data gained from this assessment can be utilized to customize the food bank's inventory, introduce educational programs and gain funding to support new services. The food bank director also plans on sharing the results of this research project with sister food banks in California.

Anthropological Perspective

The CFBSBC was interested in commissioning an anthropologist because of my potential to apprehend the different layers of the Latino clients' dietary practices and ability to investigate the acculturation and cultural factors that contribute to a lack of enrollment of Latinos at the food bank and their declining health statuses. Since food is inextricably related to culture, variables that influence culture will also affect food habits (Benavides-Vaello, 2005). In order for a nutrition education program to be culturally appropriate, it should include traditional consumption patterns and at the same time recognize newly attained food habits.

Anthropologists have always been interested in the study of human diets, especially (a) the environmental and market availabilities of foods; (b) the sociocultural classifications of foods (e.g. "edible" or inedible"), rankings of foods (e.g. "preferred" or "less preferred") and rules of distribution; and (c) the nutritional and medical effects of certain consumption patterns, such as patterns of food sharing (Mesner, 1984). While anthropologists tend to explain the folkloric factors that contribute to particular patterns of food acceptance, food preference, and dietary constructions, they are also interested in material factors that play a large part in the choices of foods (Pelto, 1981). This is referred to as nutritional anthropology, a subfield that covers a wide-ranging variety of theoretical perspectives while employing a wide range of research techniques.

Some investigators focus on the cultural context, seeking to understand the meaning of food in cultural and symbolic terms (Pelto, 1981). However, this research project is distinctive in that my emphasis is also on applied research, an investigation that

has been carried out for the purposes of general nutrition planning and specific program development for the CFBSBC.

FOOD INSECURITY IN THE U.S.

According to The United States Department of Agriculture (USDA), a household is food secure if all of its members have access to enough food at all times to live an active and healthy lifestyle (USDA.gov). Thus, a household that is food insecure is classified as such if at times its members are unsure of having, or incapable of acquiring enough food for all members due to insufficient funds or resources. Subcategories of food insecure households are identified as having either low food security or very low food security (Nord et al., 2008).

As of 2009, 14.6% of households in the U.S. were food insecure, which is the highest record since 1995 (Nord et al., 2009). Numerous factors may affect whether or not a household experiences food insecurity such as lower incomes, inability to find employment, lower education levels, a large number of household members, and living in a household headed by an African American, Latino or single mother (Mazur et. al, 2003).

It is estimated that more than 48.4 million Latinos reside in the U.S. (cdc.gov, 2009). Besides being the largest minority group in the country, it is also the fastest growing with a 3.3% increase between 2006 and 2007. Sixty-four percent of Latinos in the U.S. are of Mexican origin, trailed by Puerto-Rican and Cuban. By 2050, it is projected that the Latino population will increase to 30% of the U.S. population (census.gov, 2008). In comparison to any other reported racial or ethnic category, food insecurity is most prevalent in Latino households (USDA.gov). In 2010, approximately 13.3 million Latinos,

including 5.1 million children, lived in food-insecure households in the United States and the numbers have been rapidly increasing (USDA.gov).

More than one-quarter (27.9%) of all Latinos in the U.S. live with food insecurity, a rate similar to previous years and more than two times higher than the rate for non-Hispanic Whites (11.4%) (USDA.gov). These statistics mirror those in San Benito County since Latinos/Hispanics make up a majority of the food bank's clientele.



Figure 2: Latino food bank clients picking up food from a mobile distribution area. Courtesy of the CFBSBC.

What's even more alarming is that a limited amount of research has been done on food insecurity among this nonwhite population. This is of particular importance as this group, compared to non-Hispanic whites, is at the greatest risk for poverty, poor dietary intake and the development of diet-related chronic diseases, such as obesity (USDA.gov).

HEALTH DISPARITIES AMONG LATINOS

Although the U.S. population as a whole is experiencing high rates of diabetes, obesity and overweight, Latinos are even more susceptible to developing these and other nutrition-related conditions that are linked to low socioeconomic status (Roney, 2006, Ramirez et al., 2007). Legal issues such as immigration status prevent some individuals from qualifying for governmental food-assistance programs or Medicaid/Medi-Cal, leaving them food insecure and without health care. Limited English proficiency can also hinder Latinos from the ability to read food labels or understand nutrition and other health information printed on food products (Haldeman et al., 2000). What's more, there is little to no dietary educational materials available to nonwhite populations that specifically meet their needs (Parra-Medina et al., 2004). These issues also affect low-income Latino families in San Benito County and therefore became a major focus for my research, which I will discuss later.

Acculturation

Health disparities among Latino immigrants in the U.S. may be due in part to acculturation, which is defined as the process of adopting the cultural habits, traits, and ideals of another population through continued contact, while simultaneously losing previously held traits (Cruz et al. 2008, Torres 2009). Evidence shows that the health status of immigrants begins to deteriorate after a certain amount of time in the U.S., and many scholars have viewed acculturation as the primary reason for disparities (Antecol and Bedard 2006; Frisbie, Cho, and Hummer 2001; Singh and Siahpush 2002). In other words, assimilation into the “culture” of mainstream society negatively influences the health

status of immigrants. The CFBSBC has become aware of these issues and realizes that their food insecure clients are at risk of deteriorating health statuses, which has also been a driving motivation for this research.

Obesity

Thirty-eight percent of low-income California Latino adults are now overweight, and 31% of low-income California Latino adults are obese according to self-reported heights and weights (UCLA Center for Health Policy Research, 2007). Overweight is associated with an increased prevalence of cardiovascular disease, type 2 diabetes, hypertension, dyslipidemia, osteoarthritis, stroke and some cancers (Burton et al., 1985). Also of worry is the fact that more than 1 out of 3 (37%) Latino youths in California are overweight or at risk of being (California Department of Public Health, 2005).

It is concerning that San Benito County has a higher percentage of obese children than any other county in California (First5sanbenito.org). According to a study conducted by the California Center for Public Health Advocacy (CCPHA) and the UCLA Center for Health Policy Research (2011), 42.2% of school-aged children in San Benito County are obese. This statistic is not surprising to me since a majority of the children I observed who were accompanying their parents at the food bank warehouse and distribution areas were apparently overweight.

Diabetes

Overweight and obesity is prevalent in San Benito County and are major risk factors for diabetes. According to the Latino Coalition for a Healthy California (LCHC), the statuses of health among Latino immigrants are a “paradox” (LCHC, 2005). Latino

immigrants have a tendency to be “younger and healthier;” however, economic and social factors result in worsening health conditions (LCHC, 2005). Eleven percent of adult Latinos in California have been diagnosed with diabetes. Approximately one in five Latinos over the age of 50 (19.7%) have diabetes, which is double the rate for non-Latinos (10.1%), and have the highest rates in comparison to all racial and ethnic groups (LCHC, 2005). Of those with diabetes, sixty-seven percent have type 2 diabetes. Moreover, in California, diabetes accounts for 5.6 percent of all deaths among Latinos.

During my fieldwork and interactions with Latino food bank clients at least twenty (mainly those over the age of 50) had diabetes or are at risk of developing diabetes. For instance, when I assisted with distributing food, numerous clients did not accept the pastries because they either had pre diabetes or were diabetic. Also, question number seven on the survey asked: *Are you able to use all of the food you receive from this food bank?* Almost sixteen percent of clients responded that they could not; however they did not mention why. My conversations with them during interviews suggest that it is due to having diabetes and or other dietary restrictions. Question number ten on the survey also addressed diabetes and asked: *Do you know that diabetes is common among Latinos/Hispanics?* Nearly 20% did not respond to the question or did not know it was prevalent among their Latino counterparts and 67.3% responded that they were interested in receiving nutritional counseling. Since the food bank routinely distributes sweets donated from Starbucks and bakery items from local grocery stores, the food items diabetic clients managing their disease can actually consume is limited; this needs to be addressed and remedied.

LITERATURE REVIEW

Although there is a high prevalence of food insecurity among the Latino population in the U.S., the only existing research that describes the effects of food insecurity among them and how to improve their food behaviors and practices is being carried out by nutritional anthropologists. I will review the literature that is available and highlight discoveries and contributions that previous studies have been able to make in the form of food and nutrition assessments, generational studies on acculturation, and a current program that is aimed towards assisting Latino low-income families in improving their health statuses.

Food and Nutrition Needs Assessments in the U.S.

From late 2002 to 2003, three researchers conducted a study in Pennsylvania to explore factors of health and well being such as food choices, nutrition, food sufficiency practices and nutrition education needs of Latino migrant workers. Focus group interviews among Latinos in 5 different counties found issues that affect their food choices, which included flavor, habit, tradition, and pleasure (Cason, Nieto-Montenegro and Chavez-Martinez, 2006). This study found that acculturation led to dramatic changes in the participants' eating habits since their arrival in the U.S., such as not consuming as many fresh fruits and vegetables because they consider them to be of poor quality and high price.

Palmeri et al. conducted a needs assessment of the dietary needs of low-income Latina mothers in Denver, Colorado in order to provide nutrition education to them (Palmeri et al., 1998). This research aimed to assess nutrition education necessities and preferences, and to evaluate the Latina group's obstacles and motivators to varying their

dietary behaviors. Four bilingual, bicultural researchers conducted interviews and asked open-ended questions concerning nutrition education needs of the Latina group with results indicating that they were interested in information regarding childhood nutrition, lessons on preparing healthy meals and assistance with how to avert the unhealthy impacts of acculturation. The most prominent barriers to change among the Latinas included a shortage of money and time, food preferences, familial customs and differing nutritional messages they received. In summary, the Latina group preferred interactive hands-on learning methods to textual information since they were not fluent in English (Palmeri et al., 1998).

In contrast, Hartman et al. (1994) conducted a two-phase study to develop culturally appropriate nutrition education materials targeting low-income minorities. Five focus-group discussions were led with participants including 39 female and 2 male clients of the Expanded Food and Nutrition Education Program (EFNEP). The focus groups included 23 African Americans, 9 Whites, 4 Southeast Asians, 1 American Indian, 2 Hispanic Americans, and 2 Middle Eastern EFNEP participants (Hartman et al., 1994). Their main objective was to acquire information to design and develop a nutrition intervention program targeted at a low-literacy audience. Their findings indicated that the most requested means of receiving nutrition information involved printed materials participants could keep, specifically healthy recipes and brochures.

Palmeri's (1998) and Hartman et al.'s (1994) findings address the importance of using multiple tools to disseminate information. Based on these two studies, and my own

research findings, it would be fruitful for the CFBSBC to utilize printed materials as well as hands-on educational experiences, which I will discuss later in the report.

Acculturation

In a generational study of Latinos and their dietary behaviors, researchers found that first generation Latinos consumed higher amounts of fruits and vegetables in their countries of origin and lower soda consumption than whites. Post migration, fruit and vegetable consumption declined and the consumption of soda increased significantly among later generations. By the third generation, the nutrition of adolescents was poorer than Whites (Allen et al., 2007). This study illustrated the Latino paradox—poor Latino immigrants have better health than Whites when they first arrive in the U.S. despite poverty and poor access to health care. The longer they are in the U.S. their health deteriorates.

Similar to the previous study, Romero-Gwynn and Gwynn (1997) studied the traditional and contemporary foods consumed by Latinos and provide examples of rapid dietary adaptation, which is a commonly researched topic in nutritional anthropology. Overall, there are healthy and less healthy trends in the modifications occurring in the core diets of Mexican immigrants and first-generation Mexican Americans (Romero-Gwynn and Gwynn, 1997). They mention healthy changes such as a moderate increase in the consumption of vegetables and fruits, and a large decrease in the consumption of lard. Nonetheless, they argue that this should not be interpreted as a decrease in fat in the diet. Several non-traditional sources of fat have been integrated into the diets of many Latino immigrants and Mexican Americans.

Although there has been a slight increase in the consumption of vegetables (13%), the way in which vegetables are used are less healthy. What is resulting is lower consumption of nutrient-dense vegetables in favor of less nutritious ones (Romero-Gwynn and Gwynn, 1997). Other less healthy trends are increasing and impacting consumers' health. For instance, although two fat-rich items have decreased in diets (lard and cream), they have been replaced with fat-rich foods such as butters, oils, mayonnaise, salad dressing, sour cream, ice cream, cookies and flour tortillas (Romero-Gwynn and Gwynn, 1997) Some of the other less healthy changes the authors discovered were the large increase in sources of sugars (high-sugar drinks, cookies and perhaps breakfast cereals). There has also been a major decline in the consumption of traditional, beverages such as aguas frescas, atole, horchata, and teas and have been replaced by Kool Aid®, Tang® and soft drinks (Romero-Gwynn and Gwynn, 1997).

The authors conclude that understanding the past and present dietary patterns of Latinos can directly benefit this growing population in two distinct ways: “(1) use of certain traditional foods can help maintain self-esteem and group solidarity while decreasing cost-of-living expenses for Latino families, and (2) nutrition-related health conditions associated both with less healthy food practices and with low-income status can be decreased through appropriate intervention,” just as the CFBSBC will attempt to do in the near future (Romero-Gwynn and Gwynn, 1997).

Nutrition Intervention Guided by Theory

Literature shows that food banks can play an important role in offering food and nutrition education to low-income families. Community food banks that do provide recipes

and cooking demonstrations that are low-cost, simple and nutritious claim that their clients heavily rely on such services. However, it is crucial that nutrition interventions that are geared towards food bank clients consider the specific needs and barriers of its minority populations. A “natural helper model,” a theory that has helped explain how an individual who is trustworthy and knowledgeable about cooking and is culturally sensitive to the needs of the population can be effective example for others to observe and develop new behaviors (Auld and Fulton, 1995). Along with natural helpers, the “social cognitive theory” (SCT) can help support interactive learning approaches by illustrating how participants can expand their understanding and abilities by observing and modeling behaviors (Glanz et al., 2002).

The Network for a Healthy California

The Network for a Healthy California—Latino Campaign, also referred to, as the *Network* is a public health campaign, created in 1997. Its objective has been to “empower low-income Latino adults and their families to consume the recommended amount of fruits and vegetables and enjoy physical activity every day” (cdph.ca.gov, Latino Campaign). Since the USDA funds the *Network* campaign, it has established guidelines requiring that *Network* programs be targeted only to Supplemental Nutrition Assistance Program (SNAP) or food stamp recipients and households whose incomes are at or below 185% of the Federal Poverty Level (cdph.ca.gov, About Us).

In addition to encouraging low-income Latinos to eat the suggested amounts of fruits and vegetables and to engage in physical activity daily, the *Network* also strives to work with Latino communities throughout California to “create environments where these

behaviors are socially supported and accessible” (cdph.ca.gov, Latino Campaign). Thus, the Latino campaign employs a combination of “culturally and linguistically suitable media” and community-based methods to aid in its objectives. The media comprises of a “Toolbox Kit” including lessons with supporting handouts, evaluation tools, a poster, music CD, two educational videos (English and Spanish), five decks of fruit, vegetable and physical activity playing cards and a produce guide (cdph.ca.gov, Network Toolbox). The toolbox kit also has a companion Web site to further aid the user(s) in learning about how to consume more fruits and vegetables and participate in physical activities.

The *Network* Latino campaign has been in place for over fifteen years; however, heart disease, cancer, stroke and diabetes still account for 60% of *all* deaths among California Latinos and the numbers are rising (cdph.ca.gov, Death Records). I would consider this campaign not as effective as it has the potential to be since the statistics are not reflecting any improvements in health disparities among Latinos. This may be due in part to the manner in which the notion of risk is being addressed. Moreover, although some food education programs and campaigns like the *Network* exist, they can be improved by being integrated into an overall food access plan. Coordinated communication and collaborative educational goals among farmer’s markets, government programs, school curriculums and food banks may leverage resources and offer a stronger impact on healthy lifestyles.

This is a daunting task; however, it is possible. What would be beneficial is to place less emphasis on race and ethnicity as dominant elements of culture. It would be fruitful for programs and campaigns to take into account the barriers to “healthy

behaviors” diverse populations face based on elements such as age, gender, geographic location, socioeconomic status and cultural beliefs.

CONCEPTUAL FRAMEWORKS

The aforementioned literature review reveals that some studies have failed to link development projects to a behavioral theory, which may aid in connecting positive behavior changes to desirable health outcomes. This project utilized the social cognitive theory (SCT) and natural helper model as conceptual frameworks since the latter has aided me in strategizing the development of effective nutrition education programs at the CFBSBC and the latter may help with the execution of my recommendations.

Natural Helper Model

An emerging theory known as the “natural helper model” is being employed by researchers to organize focus groups and pre-testing of educational nutrition materials (Eng & Parker, 2002). The term “natural helper” refers to a person who others rely on for guidance and support with different situations (Eng & Parker, 2002). Natural helpers can offer spontaneous and informal guidance or support to others in their community. Public health agencies like the Centers for Disease Control are familiar with the considerable influence social networks have on an individual’s health and fruitful interventions involving nonprofessional health mentors.

In my research, identifying and recruiting natural helpers already proved to be instrumental. One way this needs assessment relied on the natural helper model was by recruiting the help of a bilingual community organizer, Dolores, to help organize the focus group sessions. Dolores has a wide-ranging social network of low-income Latina women

and children and is often turned to for advice and referrals due to her ability to speak English and her connections and familiarity with agencies and resources in San Benito County.

Natural helpers may also be utilized to disseminate the information provided by the CFBSBC after the development of the educational programs and distribution of materials. What will hopefully occur is what is metaphorically referred to as a domino or mechanical effect where a chain reaction occurs and a small change causes a similar change nearby, which then causes another similar change in a linear sequence (Lorenz, 1963). In regards to nutritional education, someone who attends the nutritional and cooking classes and learns alternative recipes to common Latino meals will then teach friends, family and neighbors what they have learned. This interactive learning approach illustrates a facet of the social cognitive theory where participants increase their knowledge and skills by observing and modeling behaviors (Glanz, Rimer, and Lewis, 2002).

Social Cognitive Theory

“Social cognitive theory” (SCT) is a multidimensional causal theory in which self-efficacy beliefs function along with goals, outcome expectations, and perceived obstacles, including social and environmental barriers to behaviors, motivations and well being (Bandura, 2004). An individual’s thoughts and behaviors are constantly shifting since they are affected by their surroundings; thus, SCT helps to explain the complex connections between the causes of obesity and the personal, behavioral, and environmental influences that affect eating behaviors (Baranowski et al., 2003). SCT incorporates the individual, his

or her environment, behaviors, and explains how a change in one of these dimensions causes a change in the others (Baranowski et al., 1997).

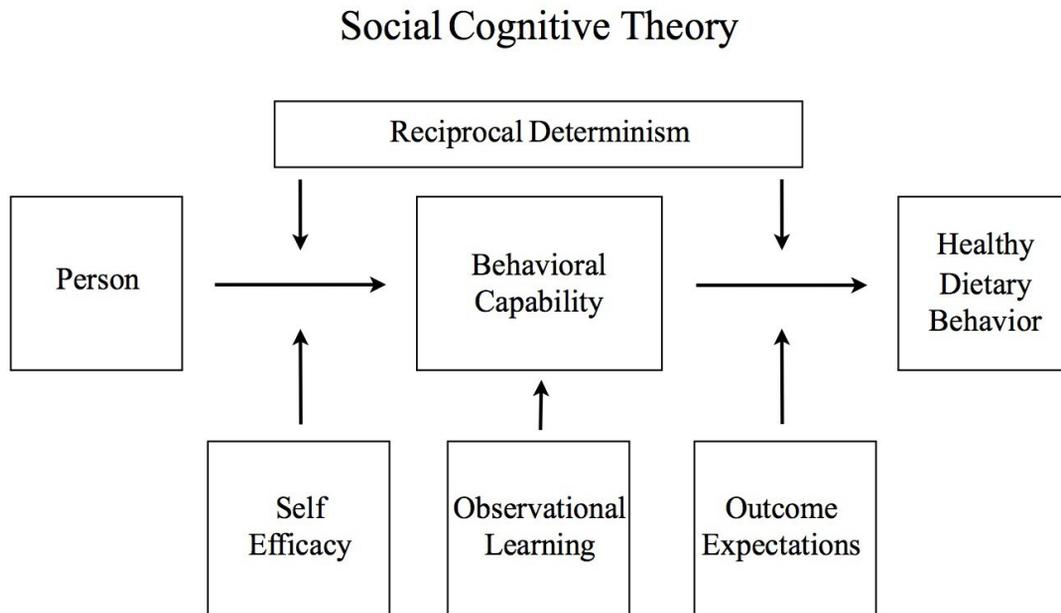


Figure 3: Social Cognitive Theory Model.

The concept of *reciprocal determinism* (central to SCT) explains how the person, behavior and environment continuously influence one another. SCT encompasses other concepts such as *situation*, *behavioral capability*, *expectations*, *expectancies*, *self-control*, *reinforcements* and *emotional coping responses* (Baranowski et al., 1997). However, I will be focusing on the following concepts since each have unique implications for guiding health interventions and will help enhance the design of the proposed nutritional programs for the CFBSBC. They include *self-efficacy*, *behavioral capability*, *observational learning*, *outcome expectations*, and *reciprocal determinism*.

According to SCT, *self-efficacy* describes an individual's level of confidence in performing a behavior—an example relevant to this project is cooking healthy low fat foods. Studies have shown that dietary interventions and educational materials aid individuals in realizing their goals (Haldeman et al., 2000, Parra-Medina et al., 2004). *Behavioral capability and observational learning* denotes observing and developing the knowledge and skills to perform a new behavior. Guiding individuals with new skills through watching and repetition gives one more confidence and the ability to foster a sense of achievement. *Outcome expectations* are the preemptive costs or returns that result from performing a certain behavior. For example, choosing to consume more fruits and vegetables versus high-caloric snacks could lead to weight loss. Moreover, if Latinos acquire the skills to prepare healthy versions of traditional meals, they will be motivated to make positive dietary behavior changes. Change is less of a threat to their culture; it offers the opportunity of cultural continuity, which is very important to individuals with such a strong cultural identity (an identity which is under assault). As a result, their family members will also start to model healthier eating habits. Familial exposure to healthier eating habits facilitates their acceptance and emulation. Thus, instructing people on how to design their own “action plan” for dietary changes may be an effective and empowering way for them to create goals and adhere to them (Seligman et al., 2007).

METHODS

I am a bicultural and bilingual community member of San Benito County who designed the research materials and conducted all of the data collection starting in November 2012 through February 2013. I spent approximately 45 hours in the field and

recruited approximately 115 participants for the data collection. This needs assessment was designed as a qualitative research study of the food preferences, experiences and needs of current CFBSBC Latino clients. Methods for data collection consisted of interviews, focus groups and surveys. A reason for these multiple methods was to compensate for bias that could be introduced by low numbers of participants. According to Yancey et al., (2006) there are barriers to recruitment in research on minority populations since there are perceptions of mistrust of scientific investigators, of government, and of academic institutions.

Project Instruments

The research methods for this assessment were drawn from the approaches described by H. Russell Bernard in his book, *Research Methods in Anthropology: Qualitative and Quantitative Approaches* (2011). I utilized the text as a guide to design questions for the survey, interviews and focus group queries. The interview questions were more specific while the focus group questions were broader. For the latter, I created a series of strategic questions beginning with general ones followed by those that are most descriptive. The strategy behind this was to get participants to open and up and feel more comfortable to share personal information as the questions progressed. Other anthropological methods, such as recruitment, participant observation, and research design came from LeCompte and Schensul's *Designing and Conducting Ethnographic Research* (2010).

Population Sample

This study drew its sample of male and female Latino food bank clients who are over the age of eighteen and reside in San Benito County. I personally handed out surveys to every Latino client if they identified themselves as “Latino” or “Hispanic.” The sample included individuals who trace ancestry to Mexico, Central, and South America and one person from Portugal who identified herself as Latina/Hispanic. Four interviews and three focus groups were conducted with three specific populations: (1) Latino adults under the age of 55, (2) Latino parents of elementary age children and (3) Latino seniors over the age of 55. The countywide survey was completed first and took place the first three weeks of December. Data I received from the surveys helped to direct the interviews and focus groups, which were conducted in the months of January and February 2013.

Participant Recruitment

Although the original objective for this needs assessment was to conduct three to four focus groups (n=3-4 participants each), recruitment challenges led to interviewing smaller groups of participants at a time (n=2 participants per focus group, n=4 individual interviews). In contrast to the focus groups and interviews which collected data in group settings and via dialogue with the researcher respectively, surveys were a more feasible way of collecting information since participants had fewer reservations about sharing personal information being that it was more anonymous. Although a randomized selection would have been optimal, most of the Latino food bank clients were standoffish and unwilling to be interviewed. However, the apprehension to give out personal information to “officials” is to be expected when approaching a low-income population, especially if they are undocumented.

For the reasons mentioned, I found it necessary to utilize my personal connections and “natural helpers” within the community to recruit participants, and for those people to tell their friends and neighbors about the study (snowball technique). It was proven that this method worked since many food bank clients knew who I was before I could even ask them to participate in the survey and even mentioned details such as knowing that the surveys were printed on green paper.

Since women within the Latino population are typically the caretakers of the family and responsible for purchasing and preparing the foods consumed in the household, I focused my efforts on recruiting more women than men for the interviews (Macario et al., 1998). As mentioned earlier, I utilized a contact I have with a community organizer from the Hollister Youth Alliance who is regarded as highly trusted by a large group of Latino women in Hollister called *Las Comadres* (The Co-mothers). Through her, I was able to recruit women to conduct the focus groups.

Las Comadres meetings are held twice a month in the Rancho Apartment’s community center where most of its residents are of Latino descent. These meetings offer women the opportunity to build community and social networks and enable them to get out of their apartments, congregate and discuss everything from what is going on in their lives to sharing recipes. When I attended the meetings, and conducted the focus groups, I provided pan dulce (Mexican sweet bread) and cookies. These meetings enabled me to build rapport and relationships with the *comadres*. To establish my position, I explained that I was not affiliated with the food bank and was conducting the research for a college requirement. I also shared my Latino background with them and my ambitions to support

and represent our “raza” (race) by growing produce at my community farm that Latinos use frequently to prepare traditional meals and the importance of this research project. My transparency proved to be effective since they agreed to participate in my study (with an exception of one person) and shared fruitful information that I could provide to the CFBSBC to better serve its Latino clients.

Strengths and Limitations

Limitations to this study include small sample size, no randomization in recruiting participants, and limited generalizability. Despite the small number of participants (n=8) involved in the focus groups and interviews, they are representative of the Latino community in San Benito County and as such, the data collected reflects the needs and preferences of the target population.

A noteworthy strength of this needs assessment was recruiting community members to act as “natural helpers” in this project (Eng & Parker, 2002). Natural helpers were an important part of spreading the word about the intended research and will be instrumental in disseminating the nutritional information provided in the printed materials and hands-on educational programs the CFBSBC plans on providing. For example, a Latina who receives the nutrition education materials and/or attends the various nutritional education classes may share tips on healthy alternatives to traditional meals and portion control the next time she is visiting a friend or family member.

DATA COLLECTION

Participant Observation

The methods I utilized in my research were ethnographic in nature. I conducted participant observation by volunteering at the food bank for the month of December. Since the food bank is closed on Sundays and Mondays, a typical week for me started on Tuesday when I would go to the agency store in San Juan Bautista from 9am to 2pm. Wednesday was spent distributing food at the Prospect and Villa apartment complexes from 12:30pm to 1:30pm followed by a distribution at the senior citizen community center. On Thursday I rode along with a delivery person for the home distributions from 12:30pm to 3:30pm, and then distributed food at Dunne Park and near a bridge to a homeless encampment. On Friday I helped distribute food at the food bank warehouse from 9am to 3pm and every other Friday I left the warehouse so I could help distribute food at Sunnyslope Christian Church at 11am. I distributed food from the food bank's warehouse on Saturday from 9am to 12pm and also made deliveries to the Southside labor camp every other week at 8am followed by a distribution at the Rancho apartments.

My participation in the distributions proved to be invaluable since it allowed me to note the types of foods the CFBSBC dispenses, listen to clients' candid remarks regarding the foods they receive and observe strategies they employ to get "the good food." For instance, although the food bank warehouse opens at 9am on Friday and Saturday mornings for distributions, clients would begin to line up at the metal garage/type door as early as 7:30 am. I realized this the first time I went to the food bank extra early to make copies of the surveys and to set up a table where I would lay out several clipboards and pens. When I asked an elderly gentleman who was at the front of the line why he was there so early and standing in the cold, he responded, "The good food goes first." Since the

warehouse is now set up where clients can pick and choose which foods they would like to take home (versus the pre-built bags that go out for distributions), the more desirable and popular foods are selected first. Besides observing what occurs during distributions, I was able to create a rapport and form relationships with not only the food bank clients but also the employees and volunteers, which enabled me to gain their trust and gather supplementary data for the surveys, interviews and focus groups.

Surveys

Based on the ideation phase of this research project and information the CFBSBC could utilize for applying for grants and implementing customized inventories and educational programs, I drafted a survey in English and Spanish (see appendix B). Some participants agreed to fill out the survey on location (approximately 80%) and others (approximately 20%) preferred to take it home and return it at a later date. Those who took the surveys home explained that they either did not have time to fill it out, did not have their reading glasses with them, had an appointment to get to, or needed a friend/family member to fill it out because they were illiterate. Approximately 30 clients took the surveys home and roughly 24 of them were returned. Of the 101 surveys that were filled out, 44 were not filled out completely. The questions that were left unanswered were mainly concerning the number of children and adults living in the home, country of origin and if they knew the causes of obesity. The 24 surveys that were answered incorrectly were regarding food preferences where many made check marks under the food staple categories versus naming four foods under each category.

During my survey distributions, I learned a lot about Latino food bank clients in San Benito County since many saw me as a potential source of answers and/or someone with whom to share their concerns and to complain about the quality of the food. A conversation that left an impression on me was with a homeless Latino man who I will refer to as Mario, who lives under one of the bridges in Hollister. During a warehouse distribution, I saw Mario waiting in line with other food bank clients. I recognized him from a story that the food bank receptionist told me a week prior. She is fairly new to the organization and explained that when she first met Mario, he walked into the office to provide some needed information the CFBSBC had requested of him. She said that he was very tall, hairy, with weathered skin and was wearing clothing all made of leather. She was so afraid and intimidated by his appearance that she sprung out of her seat and ran to the accountant's office. The accountant explained to her that he was harmless and not to worry so the receptionist agreed to attend to him.

Mario stood out from the rest waiting in the warehouse distribution line. He was a muscular man in his 40s and wearing a leather outfit. When I approached him and gave him my speech about the survey and the benefits his feedback could bring to him and other Latino clients, he happily gave up his place in line and took the time to fill it out. After he completed the survey he suggested that the food bank provide more canned foods with flip tops. When I asked why, he explained that the Hollister Police Department keeps a very close eye on the homeless population that lives under the bridges and monitors them frequently. They are not allowed to brandish any types of knives, not even butter knives, which is why he stated that they would appreciate cans that are easy to open with their

bare hands. When I asked if there was anything else he would like me to report to the food bank director, he cupped his mouth with his gloved hand and whispered to me that the homeless women do not have access to sanitary products and would appreciate if the food bank could periodically provide them. Immediately following our conversation, I went to the director's office and explained this population's needs, which she took note of. Mario was instrumental in drawing attention to the needs of the homeless population and the forms of state surveillance (in the form of monitoring by the police) they routinely deal with and how this impacts even their ability to nourish themselves.

Focus Groups

Two focus groups were conducted in the community center at the Rancho Apartments in Hollister (see Appendix C), which lasted an average of an hour each. There were no other adults present except for the participant's children or grandchildren. The first focus group consisted of two women, born in Mexico who are mothers and wives. Margarita was 34 with two young children and has lived in the U.S. for 13 years. Ruby was 67 with an adult daughter and has lived in the U.S. for 23 years. The second focus group also consisted of two women who are wives and mothers. Lupe was 52 with three children in their teens and has lived in the U.S. for 9 years and Maria was 26 years old with a young daughter and has lived here since she was 20 years of age.

Focus group 2 was originally supposed to comprise of three women; however, one decided to leave at the last minute claiming she had to suddenly care for her grandchildren. When she initially walked into the community center, she was smiling and greeted the other *Comadres* warmly. Once I was introduced to her and I explained the survey and

focus group questions, she became very quiet and serious and said and at this point stated she had other commitments. Her reaction led me to believe that she felt uneasy about the situation and perhaps did not feel comfortable sharing personal information with me, a stranger.

It was also difficult to get a participant named “Maria” to engage at the beginning of the focus group. She had issues with giving her real name and even asked if the audio recording would be played on the radio. I explained several times that her identity would remain anonymous and read the entire consent form to her aloud. Yet, when I began the focus group she kept asking if she had to give her real name. Two participants from the previous focus group were also present for the first part of this focus group; however, Maria still felt uneasy at the beginning about sharing personal information. However, as the interview went on, she loosened up a little and as the questions continued, she was eager to share information, especially in regards to her opinions of fast foods and the lack of freshness of foods here in comparison to those in Mexico.

I wondered what motivated these women to participate given that they had their reservations. Although they did not state it outright, I assume that not all of them were documented immigrants. I would attribute them agreeing to participate in my study based on the fact that I established from the outset that the CFBSBC is not a government agency and does not require that clients have legal immigration statuses to receive services.

Interviews

I conducted four semi-structured conversation style interviews with four food bank clients (see appendix D). Due to recruitment issues, I walked up to random food bank clients who were picking up their food at the CFBSBC warehouse and was able to recruit three females and one male to participate; all four were born in Mexico. The focus group and interview instruments were very similar and yielded similar information. However, the focus groups proved to be more effective since they built on the dynamic of a conversation and participants were willing to share more and discussed things others present brought up. In contrast, those who were interviewed gave short answers and although I utilized the technique of probing, I was still not able to obtain the quantity of information I did with the focus groups. These interviews were done in open public areas but far enough to where others in the warehouse could not hear.

KEY FINDINGS

Clients commented about the foods that were being distributed on different days as well as their concerns and opinions. Some clients complained about the quality of food and the frequency of receiving certain produce like the lettuce. As one Latina client stated to me, “Why do they give us so much lettuce? We’re not rabbits.” Some clients who were concerned about their health care benefits being negatively affected if they received food from the food bank. An elderly food bank client who was picking up food at the Ranch apartment complex asked the delivery person in Spanish, “Will getting this food affect my Medicare benefits?” He and I immediately responded that the CFBSBC was not linked to any federal health programs and receiving food would in no way affect her healthcare benefits. Instances like this reaffirmed the existence of misconceptions about the food

bank, which may also hinder eligible low-income families from enrolling in food bank services. Moreover, they also suggest that there are many other misconceptions that may be affecting this population.

Although I do not qualify to receive food bank services, I was still able to act as a client and acquire a bag of food. I requested an “emergency bag,” which community members can receive as long as they provide a driver’s license. As it was explained to me, anyone can receive two emergency bags in a one-year span without having to provide proof of income, a social security number or any other documents.

As mentioned earlier, unlike the pre-built bags sent out on deliveries, the food bank warehouse now allows its clients to choose which foods they would like to take home. I chose canned foods such as tuna, salmon and chicken broth, bags of spinach and salad mix, several bags of frozen sausage patties, a French bread and a cake. A day or two after I received my food I began to understand what the food bank clients were asserting. For example, the only produce provided were different varieties of lettuce and salad mixes, which were either wilted and/or had already expired, the canned foods did not have flip tops and were consumed in one day, and the large birthday cake was hardly eaten because of its size and the high sugar content. The experience of receiving a bag of food and attempting to prepare meals with it helped me to better understand the CFBSBC’s clients’ comments that the variety of foods available are limited, there were many items my family does not usually consume and most of the produce was either expired or went bad after two days.

Data Analysis

The interviews and focus groups were recorded using an audio recorder and were initially transcribed verbatim in their respective languages (e.g. English or Spanish) with those that were conducted in Spanish interpreted into English. Since I am bilingual and worked as a professional translator in a hospital for years, I did most of the translating myself. However, I identified unfamiliar words and concepts, which required me to utilize a secondary female translator who was born in Mexico, more knowledgeable with food and cooking terminology and was able to review and edit the initial translation.

An independent translation group of two women of Mexican descent also reviewed draft translations to ensure that the words and idioms selected were translated correctly and to confirm that vocabulary and phrasing choices were consistently applied throughout the data. The translation problems and issues that did arise were resolved through discussion and compromise. For instance, I found that Spanish words for some food items differed in different regions of Mexico (i.e., beans, breads, cheese, chicken skin, popcorn, edible roots, cooking pots/pans and the term chopped).

In order to protect the participants' confidentiality, their names and any identifying information were deleted from the transcripts. Once edited, I analyzed the data to identify recurring themes and to determine thematic categories. The completed surveys (n=101, see appendix E) were numbered, coded and analyzed using the Statistical Package for the Social Sciences (SPSS).

Results of Quantitative Analysis

Most of the surveys were completed at the food bank warehouse (53.5%) followed by distribution sites (41.5%) and *Las Comadres* gatherings (5%). Sixty four percent of the surveys were completed in Spanish and 36% were in English with a majority of participants being female (74.3%). Sixty one percent of the Latino clients claimed their country of origin is Mexico and more than half of the participants are married (51.5%).

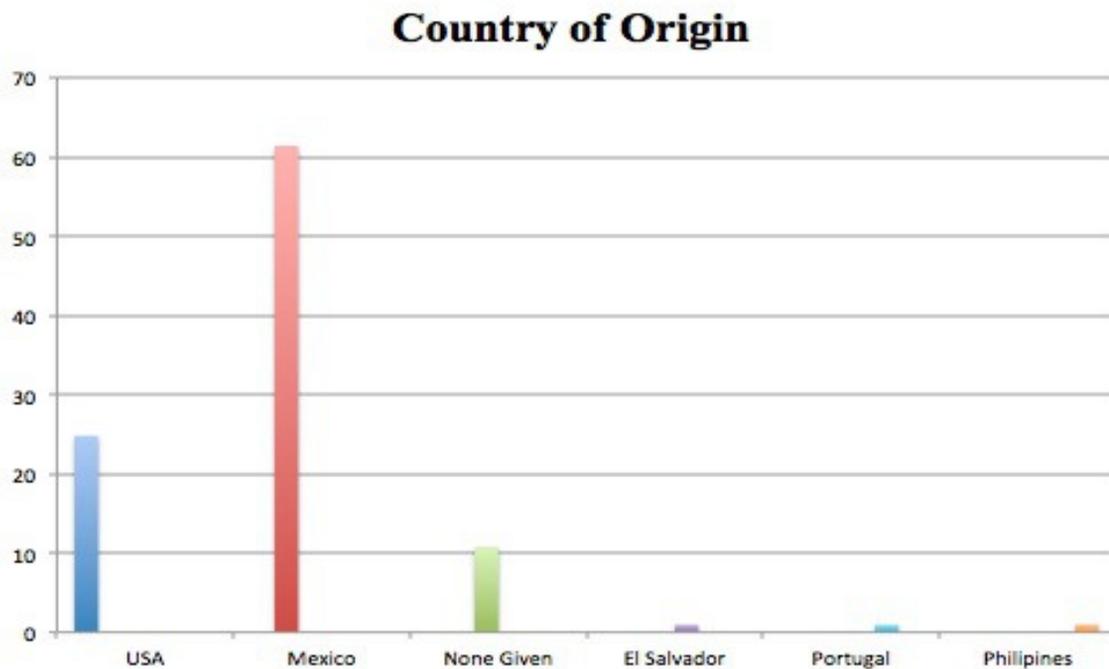


Figure 4: Food Bank Clients' Countries of Origin.

Similar to findings from a study by Gans et al, in 1999, some of the most frequently mentioned dietary staples were chicken (41.6%), beans (54.5%) and rice (20.8%). Other commonly mentioned staples are listed in Figure 5.

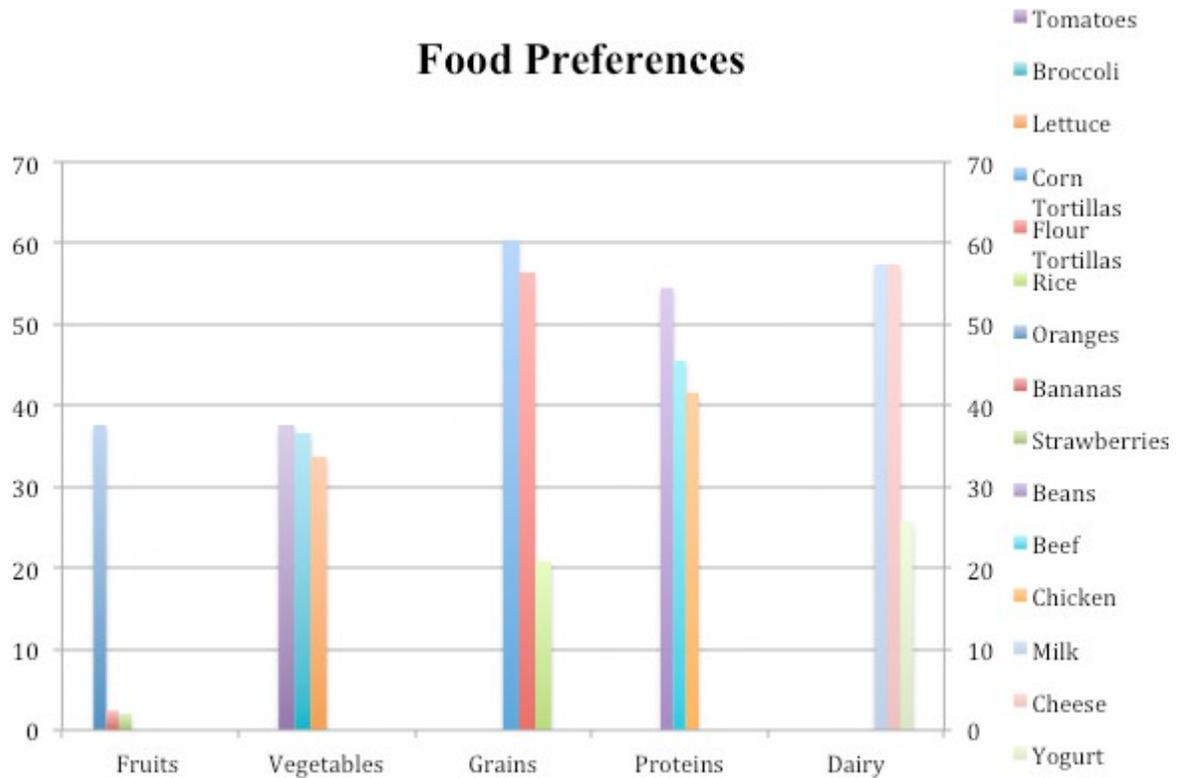


Figure 5: Most Commonly Mentioned Food Staples.

Eighty five percent of food bank clients claimed that they are aware that diabetes is prevalent among Latinos and 80% stated they know the causes of obesity. However, when asked if they could give two examples of obesity prevention, 27% could not list examples. Those who did answer mentioned eating healthy (36.6%) while 28% stated that both exercise and eating healthy prevent obesity. Thus, there was a discrepancy among 13% of survey respondents who claimed that they know how to prevent obesity but could not explain how to prevent it.

The majority of Latino food bank clients showed an interest in services (Chi-square = 52.762, P = 0.001). Sixty seven percent stated that they are interested in nutrition

counseling, 58.4% are interested in attending cooking classes and 62.4% would like to receive healthy recipes. Survey participants were also able to indicate multiple service preferences.

In regards to the number of meals the Latino clients prepare at home on an average day, 82% responded that they fix two to three meals and a similar percentage (80.2%) are able to use all the foods they receive from the CFBSBC. The latter statistic is surprisingly high since seven out eight interviewees and numerous clients I spoke to during distributions stated that they and others they know are not able to use a lot of the food and give it away to neighbors, friends and family. Thus, what I observed is different than what I originally expected: a majority of food bank clients do consume all the foods that are distributed to them (Chi-square = 452.762, P = 0.001).

For the survey question I included to better understand the under enrollment of Latino clients, a majority (62.4%) stated that they know that immigration does not affect eligibility to receive food bank services. However, while I was helping with distributions, twenty-four clients stated that they or others they know do not understand that immigration status does not affect their ability to enroll at the food bank. While conducting focus groups and interviews, eight out of eight participants mentioned that they know people who do not enroll due to paranoia and fears of giving personal information about their families (i.e. immigration status, social security numbers and getting paid “under the table”). And once again, what I observed was different from what I expected: I expected clients to state that they did not know that immigration status does not affect eligibility at the food bank but they actually do know (Chi-square = 4093.783, P = 0.001).

The preceding results were not able to support my hypotheses that low-income Latino families with children are not enrolling in services, that clients do not consume all the foods provided by the CFBSBC and that clients are not aware that immigration status does not affect their ability to receive food bank services. Nonetheless, I will include suggestions for the CFBSBC in this report that will aid them in providing foods that Latino clients will be sure to consume, recommendations on how to conduct outreach to increase the enrollment among families with children and those who are undocumented immigrants.

Discussion

One of my original hypotheses was that there is an under enrollment of low-income Latino families with children at the food bank. Although 60% of clients who filled out the survey claimed to have children, during the ideation phase of my project, the director of the CFBSBC stated that the numbers of this population are much higher in San Benito County. However, she was unable to locate or provide a statistic. I contacted the directors of the Health and Human Services Department and the Women, Infants and Children office (WIC) in San Benito County, all of which stated that they do not have such a statistic. Therefore, I was not able to prove that low-income Latino families with young children are not utilizing food bank services. This lack of data is also alarming since the population cannot be assisted if there has been no previous research done on it.

Based on my time speaking to people in the field and conversations with interviewees, they were more likely to speak candidly in person about the quality of foods the food bank provides, the food options available to them, and admitted that they do not consume everything given to them. Most stated that they either give the food to friends,

family or neighbors. Since the feedback I received face-to-face differed significantly from what was written on the surveys, my assumptions are that they might have had reservations being honest on a formal document like a survey. Moreover, in answering that they were not able to use all the food, they might have been fearful that such a comment might threaten their access to services.

My final hypothesis was that most food bank clients do not know that immigration status does not affect one's ability to receive food bank services; however, a majority of people who completed the survey (n=63) stated that they did know that immigration status does not affect one's ability to receive these services. This data revealed a disconnect between those who filled out the surveys and participated in the interviews from non-clients they have spoken to about it. It may be that those who went to the food bank and filled out the surveys did have information about immigration status and its affect on receiving assistance. Those who fear deportation were unlikely to be present at the food bank and, therefore, would not have completed a survey. The more personal interviews, on the other hand, provided people an opportunity to discuss this dilemma with a sympathetic listener and they told stories of others they knew who might have been frightened to use food bank services due to their illegal immigration statuses. This solidifies my reasoning for suggesting that the CFBSBC perform outreach to the community to dispel the myths that immigration status affects food bank eligibility.

The preceding quantitative results were not able to support my hypotheses that low-income Latino families with children are not enrolling in services, that clients do not consume all the foods provided by the CFBSBC and that clients are not aware that

immigration status does not affect their ability to receive food bank services. Nonetheless, I have included suggestions for the CFBSBC in this report that will aid them in providing foods that Latino clients will be sure to consume recommendations on how to conduct outreach to increase the enrollment among families with children and those who are undocumented immigrants.

Focus Group and Interview Themes

The first and most common theme among Latino food bank clients was employing economic strategies in order to have sufficient funds to purchase food. This includes closely monitoring food prices and sales, and traveling to multiple locations for the best deals. For instance, one respondent stated, “Safeway yes, we go there sometimes. Right now the chicken is 29 cents [per pound].” Another food bank client asserted, “A can of tuna is like \$2, but in Salinas I get those cans for less than a dollar. Everything is cheaper. Sometimes here [Hollister], a pound of tomatoes is \$1.19 and over there [Salinas], sometimes it’s up to 3 pounds for \$1.” The city of Salinas is approximately 27 miles from Hollister; however, *Comadres* from focus group 1 discussed splitting the cost of gas to travel to Salinas the next time they need to purchase groceries.

The second theme that was prominent among interviewees was that of traditional foods and nostalgia. When we discussed eating routines here versus in their country of origin (Mexico), the participants’ faces lit up and there was a lot of laughter. Reminiscing about their lives in Mexico made them pep up physically and verbally. During the focus groups, participants were very happy, laughing, speaking more and talking over each other. They recalled how fresh the food was and some stated that their diets have changed to

accommodate their children's requests and because of the high prices of certain food staples. This theme reflected dietary acculturation and the topic of American fast foods and the amount of oil and fats they contain came up frequently. There were a lot of criticisms about the meat that is sold in stores and restaurants in the U.S. and the interviewees wondered about the origins of food and how long meat proteins have been refrigerated or frozen. They boasted about the ability to purchase fresh meat from markets in Mexico and that the animal was either slaughtered that morning or the day prior. They also mentioned that their children enjoy eating pizza and hamburgers with french fries and would prefer such food and snacks like potato chips and Goldfish crackers over traditional home cooked Latino dishes. The *Comadres* did not seem too concerned with their children's food preferences and laughed it off with the attitude that "kids will be kids."

Lastly, the theme of "living by the clock" surfaced from interviews and focus groups. Participants discussed how structured their daily schedules are in the U.S. in comparison to Mexico. As one woman stated, "Here you have a routine and by nine you're asleep." Most stated that they used to eat three times a day, but in the U.S. "the hours are different" and they eat only twice a day. Another woman mentioned, "Here you live by a clock." These metaphors reminded me of American notions of time such as "time is money," or "working 9 to 5." It also helped me realize how difficult it must be for these immigrants to adjust to American times and the labor market when they are coming from a place where people live in subsistence economies and have a different relationship to nature.

Food Preferences and Resisting Acculturation

It is critical to recognize that immigrants from other countries have differing beliefs and positions regarding their health and dietary practices. When these individuals or families migrate to the U.S., fear of losing their cultural traditions and values may impact their willingness to acculturate. Some immigrant families resist acculturation in an effort to preserve their traditional ways of life as much as possible, which includes rejecting American approaches to healthy eating. As one CBFSBC client stated:

“Well thank God, we’ve been able to eat well and accustomed to eating food with fats, meats, and that’s what we’re accustomed to and it’s difficult to change what we eat. Our grandparents, parents—we come from generations that eat like that... Yes, I understand the difference between eating healthy and not, but we don’t do it.”

Other participants mentioned this belief as well and viewed eating proteins with high fat contents as a luxury and symbol of their family’s wealth and prosperity.

Under Enrollment

A misconception exists among the immigrant community in San Benito County that food banks are affiliated with the government. This has become a major barrier for undocumented Latino immigrants in accessing emergency food from the CFBSBC. Latino immigrants are confusing the services that the food banks provides with state or federal programs such as Supplemental Nutrition Assistance Program (SNAP) Women, Infants and Children (WIC) and the Medicare/Medi-cal program, which needs to be addressed through outreach.

RECOMMENDATIONS FOR THE CFBSBC

Utilizing the results from this needs assessment will aid the CFBSBC in increasing the number of Latino clients it serves, customizing its inventory to better serve its Latino clients and developing strategies to increase the knowledge, self-efficacy and family support for efforts such as cooking and nutrition classes and educating them on how to modify traditional recipes to make them more healthy. However, any nutrition interventions and dietary programs the food bank decides to provide should also include culturally appropriate approaches.

The Latino population encompasses numerous subgroups whose eating patterns vary considerably, such as those from Mexico, Puerto Rico and Caribbean, South and Central America. However, since a majority of Latinos living in San Benito County were born in Mexico (61.4%) or are of Mexican descent, the suggested educational programs and materials will focus primarily on Mexican Americans.

The research conducted in this project reveals that the Latino food bank clients are interested in educational tools that could aid them in improving the quality of their health and family's diets. Input from members of the target population can help inform decisions for program implementations and feedback can also guide revisions of the final products to ensure cultural-acceptability and appeal. Furthermore, it is crucial to involve the Latino food bank clients in every step of the program and material development process in the form of pilot tests.

Nutrition Counseling

It would be advisable for the CFBSBC to hire a bilingual nutrition specialist to aid in developing and guiding the nutritional counseling program. The program should include nutrition education, balanced meal plans and exercise plans for body weight control. There should also be a focus on the importance of family meals and eating as a unit. According to Weinstein (2005), when families share a meal together, family bonds become stronger, family members eat more nutritional meals and they are less likely to be overweight.

For the purposes of individualized nutrition counseling, it would be preferable to determine specific information regarding consumption practices at the individual level rather than assuming that the commonalities discussed in this report apply to all Latino food bank clients. Additionally, the counselor (who must also be bilingual) should engage clients in an interactive conversation to encourage them to specify examples of how to apply the educational information to their own distinct likings and cultural practices. This type of collaboration will not only empower the food bank clients but also educate the counselor about the Latino culture.

Because many Latino food bank clients claim to be diabetic, nutrition counseling targeted towards them should also be implemented. Several stated that they *think* they know which foods are appropriate to consume; however, as a food bank client stated, “I get a lot of sugar when I eat chile relleno because—I think because of the cheese—the oil, is what I think.” She is not certain as to what foods breakdown into sugar; therefore, it is crucial that food bank clients with dietary restrictions be educated and assisted.

Healthy Recipes

In order for Latino clients to learn healthy alternatives to traditional meals, the food bank should provide recipes that reformulate traditional dishes and introduce low fat cooking methods such as grilling, stewing, roasting and baking. As the example shows in figure 6, recipe cards could be created with color photos of the finished dishes accompanying them.

Vegetable Chicken Enchiladas

Full of fresh vegetables and loaded with flavor.

Makes 4 servings. 2 enchiladas per serving.
Prep time: 10 minutes **Cook time:** 40 minutes

.....

Ingredients

- nonstick cooking spray
- 1 large onion, peeled and chopped
- 1 green bell pepper, seeded and chopped
- 1 large zucchini, chopped
- 1 cup cooked, chopped chicken breast
- $\frac{3}{4}$ cup red enchilada sauce
- 2 (8-ounce) cans no salt added tomato sauce
- 8 (6-inch) corn tortillas
- $\frac{3}{4}$ cup shredded reduced fat Monterey Jack cheese

Preparation

1. Preheat oven to 375°F.
2. Spray large skillet with nonstick cooking spray. Sauté onion for 5 minutes, stirring occasionally. Add bell pepper and zucchini; cook for 5 minutes more. Stir in chicken; set aside.
3. Meanwhile, combine enchilada sauce and tomato sauce in a small bowl; add $\frac{1}{2}$ cup to vegetable and chicken mixture.
4. Soften tortillas on the stovetop or in the microwave. Dip each tortilla in sauce and place equal amounts of vegetable and chicken mixture on one side. Roll up and place in a 13x9-inch baking pan. Pour remaining sauce over the top.
5. Cover loosely with foil and bake for 20 to 25 minutes. Remove cover and sprinkle cheese over top; bake for 5 minutes more. Serve while hot.

Figure 6: Vegetable Enchilada Recipe. Courtesy of cdph.ca.gov.

Ideally, the cards would be two-sided with an English version on one side and Spanish on the other. The California Department of Public Health launched a public health campaign called “Champions for Change,” which provides numerous healthy Latino recipes that the CFBSBC could utilize for inspiration (cdph.ca.gov).

Cooking Classes

Since the CFBSBC is constructing a new building in the near future and would like to include cooking facilities, cooking classes should be provided in order for food bank clients to learn how to prepare healthy meals and to improve their cooking skills. They would also be a good supplement to the healthy recipes the food bank will be distributing. Based on feedback from the Latino clients, evening classes would be ideal since most work and have other obligations during the day. If daycare were provided there could be an even bigger turnout since a majority of the Latino food bank clients are women and have the sole responsibility of caring for their children. An alternative would be to make cooking classes safe for kids, since some cook their own dinners when their parents are working. The possibility of partnering with groups such as the *Comadres* (natural models) may perhaps provide an opportunity to teach other low-income Latinos in the community about cooking healthy.

Customizing the Food Bank's Inventory

Based on the food preferences the Latino food clients mentioned, the CFBSBC should attempt to provide the following staple foods (in order by popularity) in addition to what is already being distributed.

| Vegetables | Fruits | Proteins | Grain Products | Dairy Products |
|---------------------|--------------|---------------|-----------------|------------------|
| Tomatoes/tomatillos | Oranges | Beans/Lentils | Corn tortillas | Milk |
| Broccoli | Bananas | Beef | Flour tortillas | Cheese |
| Carrots | Strawberries | Chicken | Bread | Yogurt |
| Potatoes | Grapes | Fish | Rice | Sour Cream/Crema |
| Squash | Pears | Eggs | Cereal | Butter |
| Spinach | Mangos | Pork/Ham | Oatmeal | Cottage Cheese |
| Onions | Apples | Canned Tuna | Pasta/Fidello | Cream Cheese |

Table 1: Customized Food Bank Inventory for the CFBSBC.

Conducting Outreach to Increase Enrollment

To address the issue of under enrollment of low-income Latino families, it would be beneficial for the CFBSBC to perform outreach in the form of flyers in English and Spanish. Since all interviewees expressed that word of mouth is the best way to disseminate information in the Latino community, a flyer and “natural helpers” will be the best way to circulate information and get people talking about enrollment at the CFBSBC. Distributions can be made in low-income housing neighborhoods and apartment complexes, posted at local stores, community bulletin boards, medical clinics, churches and the health and human services department. A simple “Did you Know?” flyer with a list of facts that could dispel myths that are circulating in the community and encourage families to enroll would be advisable.

Other suggestions gathered from the focus groups and interviews for a flyer are:

- Providing a 1-800 bilingual help line.
- Including an Internet address for a bilingual online directory.
- Stressing that receiving emergency food is confidential and *not* affiliated with the government.

IMPLICATIONS FOR APPLIED ANTHROPOLOGY

The theoretically based steps and methods mentioned for the development and execution of appropriate food provisions and nutritional education can be applied to other projects aimed at developing and implementing appropriate educational materials and

programs for minority groups. This study also reveals that qualitative research can reveal underlying themes and cultural intricacies that collecting quantitative data alone may not expose. Nonetheless, both forms of anthropological research are valuable and essential in describing and aiding a culturally diverse population.

Before beginning a project such as this needs assessment, researchers must become familiar with the target population's nutrition and health knowledge, beliefs and values. Cultural competency will prepare the researchers for constructive personal interactions with participants and increase the probability of developing educational materials and programs that are relevant to the intended audience. A mixed methods approach would also yield more information since such populations may be unwilling to divulge personal information to "outsiders." Thus, adequate length of fieldwork is incredibly important to build rapport and trust with potential participants. Given the warranted suspicions among the population under study, this project would have benefitted from more fieldwork as it most likely would have resulted in greater participation.

CONCLUSIONS

- The social cognitive theory and natural helper model were effective conceptual frameworks from which to strategize how to develop and implement effective nutrition education programs for the CFBSBC.
- There is a deficit of knowledge of low-income Latinos in San Benito County; therefore, social service organizations like the Health and Human Services Department and Women Infants and Children (WIC) can utilize the data from this study to better understand the nutritional needs of this population.

- Results from this needs assessment will be utilized by the CFBSBC to design and apply a dietary education program based on cooking and nutrition classes for its Latino food bank clients.
- Based on my research, the director of the CFBSBC can justify obtaining funds to finance cooking facilities that will be incorporated in the new food bank building, which is to be constructed in the next two years.
- The director of the CFBSBC has made it clear that there is funding available to implement the suggested services and will be utilizing the data from this needs assessment to apply for a Community Development Block Grant (CDBG) as well as funding from the Packard Foundation and the Hewlett Foundation.
- The director of the CFBSBC would like to use this study to educate the board of directors and city council members of San Benito County about the amount of poverty and health disparities that exist among Latinos in the county. On a broader scale, the director would like to inform and educate financial donors and legislatures in the hopes of affecting policy change.

WORKS CITED

Allen, M.L., Elliott, M.N., Morales, L.S., Diamant, A.L., Hambarsoomian, K., and M.A Schuster 2007 “Adolescent Participation in Preventive Health Behaviors, Physical

Activity, and Nutrition: Differences Across Immigrant Generations for Asians and Latinos Compared with Whites.” *American Journal of Public Health*, 97(2), 337-343.

Antecol, H. and K. Bedard

2006 “Unhealthy Assimilation: Why Do Immigrants Converge to American Health Status Levels?” *Demography* 43:337-360.

Auld, Garry W. and C.D Fulton

1995 “Value of Theoretically Based Cooking Classes for Increasing use of Commodity Foods.” *Journal of the American Dietetic Association*. 95(1):85-7.

Bandura, A.

2004 “Health Promotion by Social Cognitive Means.” *Health Education & Behavior*. 31(2), 143-164.

Baranowski T., Perry C.L. and G.S. Parcel

1997 *How Individuals, Environments, and Health Behaviors Interact*. CA: Jossey-Blass.

Baranowski T., Cullen K.W., Nicklas T., Thompson D. and J. Baranowski.

2003 “Are Current Health Behavior Change Models Helpful in Guiding Prevention of Weight Gain Efforts?” Children's Nutrition Research Center, Department of Pediatrics, Baylor College of Medicine. Web, accessed December 19, 2012. <<http://www.ncbi.nlm.nih.gov/pubmed/14569036>>

Benavides-Vaello, S.

2005 Cultural Influences on the Dietary Practices of Mexican Americans: A Review of the Literature. *Hispanic Health Care International* 3(1):27-35. [diet; acculturation; North America; Mexican Americans]

Bernard, H. Russell

2011 *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. New York: Altamira Press.

Burton B., Foster W., Hirsch J., and T. Vanltallie

1985 “Health Implications of Obesity: NIH Consensus Development Conference.” *International Journal of Obesity Related Metabolic Disorders*. 9:155-169.

The California Center for Public Health Advocacy (CCPHA) and the UCLA Center for 2011 Health Policy Research. “A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010.” Web,

accessed March 14, 2013. <http://www.publichealthadvocacy.org/research_patchworkprogress.html>

California Department of Public Health

2005 “Death Records.” Table 5-8, Thirteen Leading Causes of Death by Race/Ethnic Group and Sex, California. Centers for Disease Control and Prevention (2011). “Health, United States, 2011.” Web, accessed October 11, 2012. <http://www.cdc.gov/nchs/data/hus11.pdf#001>.

Cason K. L., Nieto-Montenegro, S. and A. Chavez-Martinez

2006 “Food Choices, Food Sufficiency Practices and Nutrition Education Needs of Hispanic Migrant Workers in Pennsylvania.” *Top Clin Nutr.* 2006; 21(2): 145-158.

Centers for Disease Control and Prevention

2009 “Health of Hispanic or Latino Population.” Web, accessed June 8, 2012. <http://www.cdc.gov/nchs/fastats/hispanic_health.htm>

Champions for Change: Network for a Healthy California

2007 “Healthy Latino Recipes Made with Love.” Web, accessed January 13, 2013. <<http://www.cachampionsforchange.cdph.ca.gov/en/docs/Healthy-Latino-Recipes.pdf>>

Cruz, Theresa H., Stephen W. Marshall, J. Michael Bowling, and Andres Villaveces

2008 “The Validity of a Proxy Acculturation Scale among U.S. Hispanics.” *Hispanic Journal of Behavioral Sciences* 30(4):425–446.

Davidson, E. Jane

2005 *Evaluation Methodology: The Nuts and Bolts of Sound Evaluation*. Thousand Oaks: Sage.

Eng, E. and E. Parker

2002 “Natural Helper Models to Enhance a Community’s Health and Competence.” In: R.J. DiClemente, R.A. Crosby, M.C. Kegler (Eds.), *Emerging Theories in Health Promotion Practice and Research: Strategies for Improving Public Health*. San Francisco: Jossey-Bass; 2002:127-156.

Farmer, Paul

1993 *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press.

First 5 San Benito

2012 Children and Families Commission. “Strategic Plan 2012-2014” Web, accessed Dec. 3, 2012. <http://www.first5sanbenito.org/F5SB_Strategic>

Plan.pdf>

- Frisbie, Parker W., Youngtae Cho, and Robert A. Hummer
2001 "Immigration and the Health of Asian and Pacific Islander Adults in the United States." *American Journal of Epidemiology* 153:372-380.
- Gans K.M., Lovell H.J., Fortunet R., McMahon C., Carton-Lopez S. and T.M. Lasater
1999 "Implications of Qualitative Research for Nutrition Education Geared to Selected Hispanic Audiences." *Journal of Nutrition Education*. 31: 331-8.
- Glanz, K., Rimer, B.K. and F.M. Lewis
2002. "Health, Behavior and Health Education". *Theory, Research and Practice*. San Fransisco: Wiley & Sons.
- Haldeman L.A., Perez-Escamilla R. and A.M Ferris
2000 "Development of a Color-coded Bilingual Food Label for Low-literacy Latino Caretakers. *Journal of Nutrition Education*. 2000;32:152-60.
- Hartman, T.J, McCarthy P.R., Park RJ, Schuster, E. and L.H. Kushi
1994 "Focus Group Responses of Potential Participants in a Nutrition Education Program for Individuals with Limited Literacy Skills." *Journal of the American Dietetic Association*. 1994;94: 744-8.
- Horton, Sarah and Judith C. Barker
2009 "'Stains' on their Self-Discipline: Public Health, Hygiene, and the Disciplining of Undocumented Immigrant Parents in the Nation's Internal Borderlands." *American Ethnologist*, Vol. 36, No. 4, pp. 784-798, ISSN 0094-0496.
- Latino Coalition for a Healthy California (LCHC)
2005 "Latino Health in California." Web, accessed December 10, 2012.
<<http://www.lchc.org/documents/LatinoHealthinCA.pdf>>
- LeCompte, Margaret D. and Jean J. Schensul
2010 *Designing and Conducting Ethnographic Research: An Introduction*. AltaMira Publishing.
- Lorenz, Edward N.
1963 "Deterministic Nonperiodic Flow." *Journal of the Atmospheric Sciences* 20 (2): 130-141.
- Macario E., Emmons K.M., Sorenson G, Hunt M.K. and R.E. Rudd
1998 "Factors Influencing Nutrition Education for Patients with Low Literacy Skills." *Journal of the American Dietetic Association*. 1998; 98: 559-64.

- Mazur, R., Marquis, G. and H.H. Jensen
 2003 "Diet and Food Insufficiency Among Hispanic Youths: Acculturation and Socioeconomic factors in the Third National Health and Nutrition Examination Survey." *American Journal of Clinical Nutrition*, 78, 1120-1127.
- Messner, Ellen
 1984 "Anthropological Perspectives on Diet." *Annual Reviews Anthropology* 13:205-49. Web, accessed May 11, 2013. <<http://www.jstor.org.libaccess.sjlibrary.org/stable/2155668>>
- The National Latino Research Center
 2011 "Reducing Hunger and Food Insecurity in California's Rural and Farmworker Communities." The National Latino Research Center. Web, accessed December 22, 2012. <<http://www.csusm.edu/nlrc/events.html>>
- Nord, M., Andrews, M., and S. Carlson
 2008 "Household Food Security in the United States, 2007. (Economic Research Report No. 66). Washington, DC: U.S. Department of Agriculture.
- Nord, M., and A. Coleman-Jensen
 2009 Food Security in the United States, 2009. Web, accessed Oct. 11, 2012 from U.S. Census Bureau <<http://www.ers.usda.gov/Briefing/FoodSecurity/>>
- Palmeri D., Auld G.W., Taylor T., Kendall P. and J. Anderson
 1998 "Multiple Perspectives on Nutrition Education Needs of Low-income Hispanics." *Journal of Community Health*. 23:301- 17.
- Parra-Medina D., Wilcox S., Thompson-Robinson M., Sargent R. and J.C. Will
 2004 "A replicable Process for Redesigning Ethnically Eelevant Educational Materials." *Journal of Women's Health*.13: 579-88.
- Pelto, G. H.
 1981. "Methodological Issues in Nutritional Anthropology: Report of a Workshop." *Food and Nutrition Bulletin*, 3(4): 21-28.
- Ramirez A.G, Chalela P., Gallion K. and L.F. Velez
 2007 "Energy Balance Feasibility Study for Latinas in Texas: A Qualitative Assessment." *Prev Chronic Dis*. 2007:4(4). Web, accessed Nov. 3, 2012. <http://www.cdc.gov/ped/issues/2007/oct/07_0052.htm>
- Romero-Gwynn, Eunice and Douglas Gwynn
 1997 "Food and Dietary Adaptation among Hispanics in the United States" *Handbook of Hispanic Cultures in the United States: Anthropology*. Web,

accessed May 10, 2013. <<http://www.latinoteca.com/latcontent/repository/free-content/Anthropology/Food%20and%20Dietary%20Adaptation>>

Roney, S.B

2006 "Psychological Correlates of Low-income Hispanic/Latino Immigrant Caregivers." Greensboro, NC: The University of North Carolina at Greensboro.

Salinas, Sara Mia

N.d. "Understanding Food Insecurity Among Food Bank Consumers In San Benito County." Unpublished, Department of Anthropology, San José State University.

San Benito County Official County Government Website

2011 "San Benito County Housing." Web, accessed October 10, 2012. <http://cosb.us/wp-content/uploads/SanBenitoCountyHousingElementDraft_2010-03Ch2.Pdf>

Seligman H.K., Wallace A.S. and D.A. DeWalt

2007 "Facilitating Behavior Change With Low-literacy Patient Education Materials." *American Journal of Health Behavior*. 31: pp. 61-78.

Singh, Gopal K. and Mohammad Siahpush

2002 "Ethnic-Immigrant Differentials in Health Behaviors, Morbidity, and Cause-Specific Mortality in the United States: An Analysis of Two National Data Bases." *Human Biology* 74:83-109.

Torres, Lucas

2009 "Latino Definitions of Success: A Cultural Model of Intercultural Competence." *Hispanic Journal of Behavioral Sciences*. 31(4): 576-593.

The United States Census Bureau

2008 "National Population Projections: Summary Tables." Web, accessed November 25, 2012. <<http://www.census.gov/population/projections/data/national/2008/summarytables.html>>

The United States Census Bureau

2010 "Income, Poverty and Health Insurance in the United States: 2010." Web, accessed November 26, 2012. <<http://www.census.gov/prod/2011pubs/p60-239.pdf>>

The United States Census Bureau

2011 "Hispanic Origin Main." Web, Accessed November 11, 2013. <<http://www.census.gov/population/hispanic/>>

- The United States Department of Agriculture
2012 “Definitions of Food Insecurity.” Web, accessed June 8, 2012. < <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UYiOFKUmxdg>>
- University of California Los Angeles Center for Health Policy Research
2007 “California Health Interview Survey Adult Ask CHIS Internet Data System, Health Status by Race.” Web, Accessed November 11, 2012. <<http://www.lchc.org/research/documents/Network-FV-LC-LatinoHealthStatistics2009.pdf>>
- Weinstein, Miriam
2005 *The Surprising Power of Family Meals*. Hanover, NH: Steerforth Press.
- Williams. G., Popay J. and P. Bissell
1995 “Public Health Risks in the Material World; In Gabe. J (1995) *Medicine, Health and Risk*. London. Blackwell
- Yancey, Antronette K., Ortega, Alexander N. and Shiriki K. Kumanyika
2006 “Effective Recruitment and Retention of Minority Research Participants.” *Annual Review Public Health* 27:1-28.

Appendix A: Consent Forms

Consent Form (for Adult Participants)

Agreement to Participate in Research

Responsible Investigator: Sara Salinas-Welch, Primary Investigator, San Jose State University

Title of Study: Sabores Latinos: A Needs Assessment of Food Preferences of Latino Food Bank Clients

1. You have been asked to participate in a research study investigating the food preferences and cooking practices of Latino clients who currently utilize the Community Food Bank of San Benito County's services.
2. You will be asked to complete a written survey and allow audiotaping of your interview, which will be done individually or as part of a group for up to 2 hours.
3. The only foreseeable risk is that an individual may feel some psychological discomfort in sharing his/her food preferences and experiences during audiotaping. Please be assured that you are under no obligation to participate in this study.
4. Direct benefits to you include the ability of anonymously voicing your dietary experiences, needs and concerns to the Community Food Bank of San Benito County.
5. Although the results of this study may be published, no information that could identify you will be included.
6. There is no compensation for participating in this study.
7. Questions about this research may be addressed to Sara Salinas-Welch, at (831) 673-0012, saramwelch@yahoo.com. Complaints about the research may be presented to Mary Anne Hughes, Executive Director at the Community Food Bank of San Benito County, at 831-637-0340. Questions about a research subjects' rights, or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2427.
8. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose not to participate in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You have the right to not answer questions you do not wish to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with the Community Food Bank of San Benito County.
10. At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

Ⓢ **The signature of a subject on this document indicates agreement to participate in the study.**

Ⓢ **The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject has been fully informed of his or her rights.**

Participant's Signature

Date

Investigator's Signature

Date

**Forma de Consentimiento (para los Participantes Adultos)
Acuerdo para Participar en la Investigación**

Investigador Responsable: Sara Salinas-Welch, Investigador Principal, Universidad Estatal de San José
Título de Estudio: Sabor Latino: Un Evaluación de las Necesidades de preferencias alimenticias y prácticas de cocina de los clientes Latinos del banco de alimentos.

1. Se le ha pedido a los clientes Latinos que actualmente reciben servicios del Banco de Alimentos del Condado de San Benito participar en un estudio sobre sus preferencias de alimentos y prácticas de cocina
2. Se les pedirá su permiso para completar una encuesta escrito y grabar esta entrevista, que se hará individualmente o como parte de un grupo y que tardara aproximadamente 2 horas.
3. Existe el riesgo de que durante la grabación alguna persona sienta cierto malestar emocional o psicológico al momento de compartir sus experiencias y preferencias de comidas. Tenga la seguridad de que usted no tiene ninguna obligación de participar en este estudio.
4. Beneficios directos incluyen la oportunidad de expresar anónimamente sus experiencias alimenticias, necesidades y preocupaciones al Banco de Alimentos del Condado de San Benito.
5. Aunque los resultados de este estudio podrán ser publicados, no se incluirá ninguna información que pudiera identificarle.
6. No hay compensación por su participación.
7. Preguntas sobre este estudio pueden ser dirigidas a Sara Salinas-Welch. Ella puede ser contactada al (831) 673-0012 ó saramwelch@yahoo.com. Quejas sobre el estudio pueden ser presentadas a Mary Anne Hughes Directora Ejecutiva de el Banco de Alimentos del Condado de San Benito al 831-637-0340. Preguntas acerca de los derechos del participante, o lesión relacionada con esta investigación se pueden presentar a Pamela Stacks, Ph.D., Vice Presidenta Asociada, Estudios de Posgrado e Investigación, al (408) 924-2427.
8. Ningún tipo de servicio, al que actualmente tiene derecho de recibir en el Banco de Alimentos del Condado de San Benito se perderá o pondrá en riesgo si decide “no participar” en el estudio.
9. Su consentimiento a sido dado voluntariamente. Usted puede negarse a participar en el estudio en su totalidad, o en cualquier parte de este. Usted tiene el derecho de no responder preguntas que no quiera contestar. Si decide participar en el estudio, tiene la libertad de terminar su participación en cualquier momento que lo decida sin que su relación con el Banco de Alimentos del Condado de San Benito se dañe.
10. En el momento que usted firme esta forma de consentimiento, recibirá una copia firmada con fecha por parte del investigador para sus archivos personales.

- Ⓢ **La firma del participante en este documento indica que él o ella dio su consentimiento para participar en el estudio.**
- Ⓢ **La firma del investigador en este documento indica el acuerdo de incluir al participante en el estudio y certifica que los participantes han sido informada sobre todos sus derechos.**

Firma del Participante

Fecha

Firma del Investigador

Fecha

Appendix B: Survey Instruments

Latino/Hispanic Food Preferences Survey

*This survey is to help the food bank better serve you. Thank you for a few minutes of your time to answer questions about your food preferences and cooking routines. This survey is **anonymous**-- please answer openly and honestly. Thank you for your input, your answers are very important to us!*

1. You are Male Female 2. Country of Origin _____
3. Marital Status Single Married Divorced Domestic Partner Widowed
4. Total # of children (under 18) living in the home _____
5. Total # of adults living in the home (INCLUDE YOURSELF) _____
6. How many meals are prepared at home on an average day? 1 or less 2-3 4+
7. Are you able to use all of the food you receive from this food bank? Yes No
If no, why? _____
8. Thinking about all the food consumed in your household, which 4 are most commonly eaten?
- Vegetables (1)_____ (2)_____ (3)_____ (4)_____
- Fruits (1)_____ (2)_____ (3)_____ (4)_____
- Proteins (meat, beans, etc.) (1)_____ (2)_____ (3)_____ (4)_____
- Dairy (milk, cheese, etc.) (1)_____ (2)_____ (3)_____ (4)_____
- Grains (bread, tortillas, etc.) (1)_____ (2)_____ (3)_____ (4)_____
9. Do you know what the causes of obesity are? Yes No
If yes, can you give two examples of prevention? (1)_____ (2)_____
10. Do you know that diabetes is common among Latinos/Hispanics? Yes No
11. Do you know that immigration status does NOT affect one's ability to receive food bank services? Yes No
12. If the food bank were to provide the following services, which would you be interested in receiving? (Please check all that apply)
- Nutrition Counseling (nutrition education, balanced meal plans, exercise plans, etc.)
 - Cooking Lessons (learn how to prepare healthy meals, improve cooking skills, etc.)
 - Healthy Recipes (learn healthy alternatives to traditional recipes)
 - Food Stamp Outreach (help with filling out application forms)
 - I am not Interested in these services

Thank you for completing our survey!

**Should you have any questions, please call the
Community Food Bank of SBC at
(831) 637-0340**

Encuesta de Preferencias de Comida Latina/Hispana

Esta encuesta es para ayudar al banco de comida en atenderle mejor. Gracias por darnos unos minutos de su tiempo para responder preguntas sobre su preferencias de alimentos y rutinas de cocción. Esta encuesta es **anónima**--responda abierta y honestamente. Sus respuestas son muy importantes para nosotros y NO afectará su elegibilidad para recibir servicios del banco de comida.

1. Eres un Hombre Mujer
2. País de Origen _____
3. Estado Civil Soltero/a Casado/a Divorciado/a Pareja Domestica Viudo/a
4. Número total de niños (menores de 18 años) que viven en su casa _____
5. ¿Incluyéndolo a usted, cuántos adultos viven en su casa? _____
6. ¿Cuántas comidas preparan en casa en un día promedio? 1 or menos 2-3 4+
7. ¿Eres capaz de utilizar toda la comida que recibe de este banco de alimentos?
 Sí No Si no, ¿por qué? _____
8. Lista comidas más comúnmente consumidos en su hogar.
Verduras (1)_____ (2)_____ (3)_____ (4)_____
Frutas (1)_____ (2)_____ (3)_____ (4)_____
Proteínas(carne, frijoles, etc.) (1)_____ (2)_____ (3)_____ (4)_____
Productos lácteos(leche, queso, etc.) (1)_____ (2)_____ (3)_____ (4)_____
Productos de grano(pan, tortillas, etc.) (1)_____ (2)_____ (3)_____ (4)_____
9. ¿Sabes cuáles son las causas de la obesidad? Sí No
Si sí, ¿puede dar dos ejemplos de cómo prevenirla? (1)_____ (2)_____
10. ¿Sabe usted que la diabetes es común entre los latinos/hispanos? Sí No
11. ¿Sabes que estatus migratorios NO se afecta para calificar servicios del banco de comida?
 Sí No
12. ¿Si el banco de alimentos pudiera ofrecer los siguientes servicios, que le interesaría recibir?
(Marque todos los que apliquen)
 Consejos de Nutrición (educación de nutrición, planes de comida balanceada, planes de ejercicio)
 Clases de Cocina (aprender a preparar comidas saludables, mejorar habilidades de cocción, etc.)
 Recetas Saludables (aprender alternativas saludables a las recetas tradicionales)
 Ayuda con Estampillas de Alimento (ayuda para llenar aplicaciones)
 No estoy interesado en estos servicios

¡Gracias por completar nuestra encuesta!

Si tiene preguntas,
por favor llame al Banco de Comida al
(831) 637-0340

Appendix C: Focus Group Instruments

Focus Group Questions for Food Bank Clients

1. Please introduce yourselves. Give your name, age, country of birth, years in the United States, marital status, and number of children you have.
2. Who in your family is in charge of meal planning, grocery shopping, preparing meals, etc.?
3. What are some of the most common dishes prepared in your home?
4. Do you have a pattern/routine for eating? *Probe for set meal times such as breakfast, lunch, and dinner.* Or do you practice more random eating?
5. Why do you eat what you eat? *Probe to find out if they consider it healthy, someone cooks it for them, it's available locally or they simply like it.*
6. What types of snacks do you buy?
7. Are you health conscious? Which food habits do you consider healthy or unhealthy?
8. Do you ever eat out? If yes, where do you go? How often do you eat out?
9. What types of nutritional information would be most helpful to you?

The following two questions are for people not born in the U.S.

10. What foods do you eat in this country that you did not eat in your country of origin? Do you eat these foods often?
11. To what extent have your native food habits been retained or “lost?” Are your native foods available to you here? If yes, where do you get them and are they expensive/inexpensive?

Conclusion

12. Does anyone have other responses or comments about the information discussed today?
13. Is there anything you would like to add to this discussion that has not already been mentioned?

Preguntas Grupo de Enfoque para los Clientes del Banco de Alimentos

1. Por favor preséntese al grupo. De su nombre, edad, país donde nació, tiempo que lleva viviendo en los Estados Unidos, su estado civil y número de niños que tiene.
2. ¿Quién en su familia está a cargo de la comida, planificación, compras, preparación, etc.?
3. ¿Cuáles son algunos de los platillos más comunes en su hogar?
4. ¿Tiene una rutina para comer o come a distintos horarios cada día? *Sonda para tiempos de menú como desayuno, almuerzo y cena.*
5. ¿Por qué come lo que come? *Sonda para averiguar si ellos se consideran saludable, alguien cocina para ellos, se encuentran disponibles localmente o simplemente les gusta.*
6. ¿Qué tipos de bocadillos compra?
7. ¿Entiende lo que significa tener buena salud? ¿Cuales hábitos alimenticios considera sanos o insalubres?
8. ¿Suele comer afuera de casa? ¿Si responde sí, a donde va a comer? ¿Con qué frecuencia come fuera de casa?
9. ¿Qué tipo de información nutricional sería útil para usted?

Las dos preguntas siguientes son para personas que no nacieron en los Estados Unidos

10. ¿Cuáles alimentos come en este país que no acostumbraba comer en su país de origen? ¿Que tan a menudo come estos alimentos?
11. ¿Que tanto ha cambiado o mantenido su forma de comer desde que llego a Estados Unidos? ¿Encuentra con facilidad los alimentos que acostumbraba a comer ? Si responde que si, ¿En dónde los consigue, son caros o baratos?

Conclusión

12. ¿Alguien tiene otras respuestas o comentarios sobre lo que hablamos hoy?
13. ¿Hay algo que les gustaría añadir a esta platica que no se ha dicho ya?

Appendix D: Interview Instruments

Interview Questions for Food Bank Clients

1. What is your age, country of birth and how many years have you lived in the United States?
2. What is your marital status and how many children do you have?
3. Who is the primary cook in your household?
4. Where do you buy your food?
5. How many meals are prepared in your home on an average day?
6. Can you describe some of the average meals that are prepared for breakfast, lunch and dinner?
7. What types of foods do you look forward to receiving from the food bank?
8. Are there types of foods that you do not use from the food bank? Why?
9. What food or non-food items would you like to receive from the food bank that you do not receive now?
10. Do you know what the causes of obesity are? (If yes, ask if they know how to prevent it)
11. Do you know that diabetes is common among Latinos/Hispanics?
12. If the food bank were to provide nutrition counseling, cooking classes, and healthy recipes, would you be willing to participate? (What days of the week? Hours? What sorts of recipes?)
13. Is there anything you would like to add to this interview that I did not ask or mention?

That concludes this interview. Thank you for your time.

Preguntas para la Entrevista con los Clientes del Banco de Alimentos

1. ¿Cuántos años tiene? ¿En que país nació? ¿Cuánto tiempo lleva viviendo en los Estados Unidos?
2. ¿Cuál es su estado civil y cuántos hijos/as tiene?
3. ¿Quién es el encargado/a de cocinar en su hogar?
4. ¿Donde compra su comida?
5. ¿Aproximadamente, cuántas comidas se preparan al día en su casa ?
6. ¿Puede describir algunas de las comidas que prepara para el desayuno, el almuerzo y la cena?
7. ¿Qué tipos de alimentos espera recibir en el banco de alimentos?
8. ¿Recibe alimentos en el banco de alimentos que no usa? ¿Por qué?
9. ¿Que alimentos o artículos no comestibles le gustaría recibir en el banco de alimentos que ahora recibe?
10. ¿Sabes cuáles son las causas de la obesidad? (Si sí, ¿Puede dar dos ejemplos de cómo prevenirla?)
11. ¿Sabe usted que la diabetes es común entre los latinos/hispanos?
12. ¿Si el banco de alimentos pudiera ofrecer consejos de nutrición, clases de cocina y recetas saludables, estaría interesado en recibirlos? (¿Qué días de la semana prefiere? ¿ Qué Horas? ¿Qué tipos de recetas)?
13. ¿Hay algo que le gustaría incluir a esta entrevista que no pedí o he mencionado?

Esto concluye esta entrevista. Gracias por su tiempo.

Appendix E: Survey Statistical Data Tables

| Survey Location | % |
|------------------------------|----------|
| Food Bank Warehouse | 53.5% |
| Mobile Distribution | 38.5% |
| Las Comadres Meetings | 5.0% |
| Homeless/Under Bridges | 3.0% |
| Survey Language | % |
| English | 35.6% |
| Spanish | 64.4% |
| Marital Status | % |
| Single | 16.8% |
| Married | 51.5% |
| Divorced | 13.9% |
| Domestic Partner | 8.9% |
| Widowed | 6.9% |
| No Response | 2.0% |
| # of Children in Home | % |
| No Children | 40.6% |
| 1 Child | 16.8% |
| 2 Children | 13.9% |
| 3 Children | 11.9% |
| 4 Children | 14.9% |
| 5 Children | 1.0% |
| 6 Children | 1.0% |

| Gender | % |
|----------------------------|----------|
| Male | 24.7% |
| Female | 74.3% |
| No Response | 1.0% |
| Country of Origin | % |
| U.S.A | 24.8% |
| Mexico | 61.4% |
| El Salvador | 1.0% |
| Portugal | 1.0% |
| Nicaragua | 1.0% |
| No Response | 10.8% |
| # of Adults in Home | % |
| No Response | 2.0% |
| 1 Adult | 15.8% |
| 2 Adults | 42.6% |
| 3 Adults | 16.8% |
| 4 Adults | 9.9% |
| 5 Adults | 8.9% |
| 6 Adults | 3.0% |
| 7 Adults | 1.0% |

| Vegetables | % |
|---------------------|----------|
| “Vegetables” | 46.5% |
| Tomatoes/Tomatillos | 37.6% |
| Broccoli | 36.6% |
| Lettuce | 33.7% |
| Carrots | 32.7% |
| Potatoes | 21.8% |
| Squash | 19.8% |
| Spinach | 12.9% |
| Onions | 11.9% |
| Corn | 10.9% |
| Cauliflower | 7.9% |
| Celery | 6.9% |
| Chiles | 5.9% |
| Green Beans | 5.9% |
| Peas | 5.0% |
| Lemons | 4.0% |
| Cucumbers | 3.0% |
| Bell Peppers | 3.0% |
| Cabbage | 3.0% |
| Avocados | 3.0% |
| Garlic | 2.0% |
| Jicama | 2.0% |
| Yuca | 1.0% |

| Fruits | % |
|----------------|----------|
| Oranges | 49.5% |
| Bananas | 41.6% |
| Strawberries | 18.8% |
| “Fruits” | 15.8% |
| Grapes | 14.9% |
| Pears | 14.9% |
| Mangos | 9.9% |
| Apples | 8.9% |
| Melons | 8.9% |
| Watermelon | 8.9% |
| Peaches | 6.9% |
| Pineapple | 4.0% |
| Kiwi | 3.0% |
| Raspberries | 2.0% |
| Papaya | 2.0% |
| Nectarines | 2.0% |
| Blueberries | 1.0% |
| Apricots | 1.0% |
| Fruit Cocktail | 1.0% |

| Proteins | % |
|-----------------|----------|
| “Beans” | 54.5% |
| Beef | 45.5% |
| Chicken | 41.6% |
| Fish | 19.8% |
| Eggs | 17.8% |
| Lentils | 16.8% |
| Pork/Ham | 11.9% |
| Garbanzo Beans | 5.0% |
| Pinto Beans | 5.0% |
| Tuna | 4.0% |
| Tofu | 3.0% |
| Black Beans | 2.0% |
| Peanut Butter | 2.0% |
| Turkey | 2.0% |
| Lima Beans | 1.0% |

| Grains | % |
|--------------------------|----------|
| Corn Tortillas | 60.4% |
| Flour Tortillas | 56.4% |
| “Bread” | 41.6% |
| Rice | 20.8% |
| Wheat Bread | 20.8% |
| Cereal | 7.9% |
| Oatmeal | 5.9% |
| Pasta | 5.0% |
| Wheat Tortillas | 3.0% |
| Torta/Bolillo/ Telera | 3.0% |
| White Bread | 3.0% |
| Pan Dulce/ Cookies | 3.0% |
| Fajita Bread | 1.0% |
| Flat Bread | 1.0% |
| Sourdough Bread | 1.0% |

| Dairy Products | % |
|------------------------------------|----------|
| Milk | 57.4% |
| “Cheese” | 57.4% |
| Yogurt | 25.7% |
| Sour Cream/ Crema | 11.9% |
| Butter | 6.9% |
| Cottage Cheese | 4.0% |
| Cream Cheese | 2.0% |
| Lactose-free Milk | 1.0% |
| Mayonnaise | 1.0% |
| Pudding | 1.0% |
| # of Meals Prepared per Day | % |
| No Response | 2.0% |
| 0-1 Meals | 5.9% |
| 2-3 Meals | 82.2% |
| 4+ Meals | 9.9% |

| Able to use all Foods Received | % |
|--|----------|
| No Response | 4.0% |
| Yes | 80.2% |
| No | 15.8% |
| Reasons Unable to use all Foods | % |
| No Response/ Able to Use | 86.1% |
| Food Expired/ Spoiled | 9.9% |
| Food Expired/ Too many Sweets | 1.0% |
| Do not eat Canned Food | 2.0% |
| Allergies to Certain Foods | 1.0% |

| Knowledge of Causes of Obesity | % |
|--|----------|
| No Response | 8.9% |
| Yes | 80.2% |
| No | 10.9% |
| Examples of Obesity Prevention | % |
| No Response | 29.7% |
| Exercise | 2.0% |
| Eating Healthy | 36.6% |
| Exercise & Eating Healthy | 27.7% |
| Eating Less/Low Fat Diet | 4.0% |
| Knowledge of Diabetes Prevalent Among Latinos | % |
| No Response | 5.0% |
| Yes | 85.1% |
| No | 9.9% |
| Knowledge that Immigration Status does Not Affect Eligibility | % |
| No Response | 5.9% |
| Yes | 62.4% |
| No | 31.7% |

| Interested in Nutrition Counseling | % |
|---|--------------|
| Yes | 67.3% |
| No | 32.7% |
| Interested in Cooking Classes | % |
| Yes | 58.4% |
| No | 41.6% |
| Interested in Healthy Recipes | % |
| Yes | 62.4% |
| No | 37.6% |
| Interested in Food Stamp Outreach | % |
| Yes | 38.6% |
| No | 61.4% |
| Not Interested in Any Services | 13.9% |

Appendix F: Survey Statistical Data

Total Number of Surveys: 101

Survey Location

Food Bank Warehouse: 54/ 53.5%
Mobile Distribution: 39/ 38.6%
Homeless: 3/ 3.0%
Las Comadres/Rancho Apartments: 5/ 5.0%

Language of Survey

English: 36/ 35.6%
Spanish: 65/ 64.4%

Gender

Male: 25/ 24.8%
Female: 75/ 74.3%
No Response: 1/ 1.0%

Country of Origin

USA: 25/ 24.8%
Mexico: 62/ 61.4%
El Salvador: 1/ 1.0%
Portugal: 1/ 1.0%
Philippines: 1/1.0%
Nicaragua: 1/1.0%
No Response Given: 10/ 9.9%

Marital Status

Single: 17/ 16.8%
Married: 52/ 51.5%
Divorced: 14/13.9%
Domestic Partner: 9/ 8.9%
Widowed: 7/ 6.9%
No Response Given: 2/ 2.0%

Number of Children in the Home

No Children: 41/ 40.6%

1 Child: 17/ 16.8%
2 Children: 14/ 13.9%
3 Children: 12/ 11.9%
4 Children: 15/ 14.9%
5 Children: 1/ 1.0%
6 Children: 1/ 1.0%

Adults Living in the Home

No Response Given: 2/ 2.0%
1 Adult: 16/ 15.8%
2 Adults: 43/ 42.6%
3 Adults: 17/ 16.8%
4 Adults: 10/ 9.9%
5 Adults: 9/ 8.9%
6 Adults: 3/ 3.0%
7 Adults: 1/ 1.0%

Number of Meals Prepared on an Average Day

No Response Given: 2/ 2.0%
0-1 Meal: 6/ 5.9%
2-3 Meals: 83/ 82.2%
4+ Meals: 10/ 9.9%

Able to use All Foods Received

No Response Given: 4/ 4.0%
Yes: 81/ 80.2%
No: 16/ 15.8%

Reasons Unable to use All Foods

No Response Given/Able to Use Food: 87/ 86.1%
Food is Expired/Spoiled: 10/ 9.9%
Food is Expired & Too Many Sweets: 1/ 1.0%
Do not Eat Canned Foods: 2/ 2.0%
Allergies to Certain Foods: 1/ 1.0%

Knowledge of Causes of Obesity

No Response Given: 9/ 8.9%
Yes: 81/ 80.2%

No: 11/ 10.9%

Examples of Obesity Prevention

No Response Given: 30/ 29.7%

Exercise: 2/ 2.0%

Eating Healthy: 37/ 36.6%

Exercise & Eating Healthy: 28/ 27.7%

Eating Less/Low Fat Diet: 4/ 4.0%

Knowledge of Diabetes Prevalent Among Latinos

No Response Given: 5/ 5.0%

Yes: 86/ 85.1%

No: 10/ 9.9%

Knowledge that Immigration Status Does NOT Affect Eligibility

No Response Given: 6/ 5.9%

Yes: 63/ 62.4%

No: 32/ 31.7%

Interested in Receiving Nutrition Counseling

Yes: 68/ 67.3%

No: 33/ 32.7%

Interested in Cooking Classes

Yes: 59/ 58.4%

No: 42/ 41.6%

Interested in Receiving Healthy Recipes

Yes: 63/ 62.4%

No: 38/ 37.6%

Interested in Receiving Help with Food Stamp Applications

Yes: 39/ 38.6%

No: 62/ 61.4%

Not Interested in Any Services

14/ 13.9%

Vegetables

Tomatoes/Tomatillos: 38/ 37.6%
Onions: 12/ 11.9%
Squash: 20/ 19.8%
Lettuce: 34/ 33.7%
Carrots: 33/ 32.7%
Yuca: 1/ 1.0%
Spinach: 13/ 12.9%
Broccoli: 37/ 36.6%
Celery: 7/ 6.9%
Cucumbers: 3/ 3.0%
Lemons: 4/ 4.0%
Potatoes: 22/ 21.8%
Bok Choy: 1/ 1.0%
Asparagus: 1/ 1.0%
Chayote: 1/ 1.0%
Garlic: 2/ 2.0%
Bell Peppers: 3/ 3.0%
Corn: 11/ 10.9%
Peas: 5/ 5.0%
Chiles: 6/ 5.9%
Cabbage: 3/ 3.0%
Cauliflower: 8/ 7.9%
Avocados: 3/ 3.0%
Cactus: 1/ 1.0%
Jicama: 2/ 2.0%
Green Beans: 6/ 5.9%
Vegetables (No Names Given): 47/ 46.5%

Fruits

Bananas: 42/ 41.6%
Grapes: 15/ 14.9%
Blueberries: 1/ 1.0%
Strawberries: 19/ 18.8%
Nectarines: 2/ 2.0%
Apples: 9/ 8.9%
Oranges: 50/ 49.5%
Apricots: 1/ 1.0%

Peaches: 7/ 6.9%
Papaya: 2/ 2.0%
Pears: 15/ 14.9%
Melons (Cantaloupe/Honey Dew): 9/ 8.9%
Pineapple: 4/ 4.0%
Watermelon: 9/ 8.9%
Mangos: 10/ 9.9%
Kiwi: 3/ 3.0%
Fruit Cocktail: 1/ 1.0%
Raspberries: 2/ 2.0%
Fruits (No Names Given): 16/ 15.8%

Proteins

Turkey: 2/ 2.0%
Chicken: 42/ 41.6%
Pork/Ham: 12/ 11.9%
Beef: 46/ 45.5%
Tuna: 4/ 4.0%
Tofu: 3/ 3.0%
Fish: 20/ 19.8%
Pinto Beans: 5/ 5.0%
Lima Beans: 1/ 1.0%
Garbanzo Beans: 5/ 5.0%
Black Beans: 2/ 2.0%
Lentils: 17/ 16.8%
Peanut Butter: 2/ 2.0%
Beans: 55/ 54.5%
Eggs: 18/ 17.8%

Dairy Products

Milk: 58/ 57.4%
Lactose-free Milk: 1/ 1.0%
Sour Cream/"Crema": 12/ 11.9%
Cream Cheese: 2/ 2.0%
Cottage Cheese: 4/ 4.0%
Cheese: 58/ 57.4%
Butter: 7/ 6.9%
Mayonnaise: 1/ 1.0%
Pudding: 1/ 1.0%
Yogurt: 26/ 25.7%

Grains

Wheat Bread: 21/ 20.8%
White Bread: 3/ 3.0%
Sourdough Bread: 1/ 1.0%
Bread: 42/ 41.6%
Corn Tortillas: 61/ 60.4%
Flour Tortillas: 57/ 56.4%
Wheat Tortillas: 3/ 3.0%
Torta/ *Bolillo/ Telera*: 3/ 3.0%
Pasta: 5/ 5.0%
Cereal: 8/ 7.9%
Oatmeal: 6/ 5.9%
Flat Bread: 1/ 1.0%
Pan Dulce/ Cookies: 3/ 3.0%
Fajita Bread: 1/ 1.0%
Rice: 21/ 20.8%