

LAS CAMPEONAS DE SALUD: HEALTH ACCESS, SOCIAL NETWORKS,
AND GROUP SUSTAINABILITY:
AN ETHNOGRAPHIC EVALUATION

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by
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SUSTAINABILITY: AN ETHNOGRAPHIC EVALUATION

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ABSTRACT

Throughout the United States, many Latinas are met with inequalities in accessing various systems including health care and education. Las Campeonas de Salud de McKinley was a group of mothers who advocated for health and well-being at their children's elementary school. This group demonstrated the ability to break down barriers to these systems through group membership and broadened social networks. Six years after their inception, I conducted an ethnographic evaluation and recorded their history. This report also documents my research objectives for this evaluation, the methodology I employed, suggestions, and future possibilities for the group as well as other findings informed by interviews and surveys. I also discuss my experiences in working with Las Campeonas and how this project was informed by applied anthropology.

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I. INTRODUCTION AND PROJECT OBJECTIVES

I conducted an ethnographic evaluation of Las Campeonas de Salud, a group of about 30 women who gathered to discuss health issues at their children's elementary school during the months of May 2011 to April 2012. Their meetings created a space for health seminars, discussion of fundraising ideas, and events that helped promote health and well-being at the school. With the help and facilitation of health seminars presented by the Health Science Department at San José State University and the flexibility of the principal, the women hoped to empower themselves to have a strong presence at their children's school and the outer community. Because the group has existed for six years, its members agreed to tell the story of their involvement with Las Campeonas de Salud, and how it affected and changed their lives and that of their families.

Project Objectives

My project objective was to conduct an ethnographic evaluation of the members of Las Campeonas de Salud in order to determine group sustainability and measure access to social resources and broadened social networks. These women were asked if their participation in Las Campeonas allowed them to navigate complex health and educational systems. The project was done with a gendered-Latina emphasis, meaning that it was important to understand their experiences, stories, and lives as self-identified Latina or Hispanic women.

I utilized qualitative and quantitative data in my research and report, which offers Las Campeonas information they can use to market their program to other schools. Some group members communicated the desire to share their program benefits with parents of other schools; therefore, they can use information in this report. Through this combined methodology, the

group has information readily available to them through a collection of materials my teammates and I developed: life history transcripts, a video, and this evaluation.

Project Description

In April 2011, two anthropology students and I were approached by Dr. Chuck Darrah to do this project. Dr. Kathleen Roe, chair and professor of the Health Science Department at San José State University (SJSU), asked if he had students to conduct an evaluation of a group in San José called Las Campeonas de Salud at McKinley Elementary School. Since its inception in 2006, the group has developed both in size and purpose, and after consulting with some of its members, she decided the group's story should be recorded and the group evaluated.

Dr. Roe was interested in the anthropological approach because of its potential for capturing the different layers of the group and expressing this information in ways that were important for the women. She also wanted this knowledge and history presented in a culturally appropriate way, by accurately representing Las Campeonas and including their voices in our documentation. She allowed us to cultivate our projects in such a way that met these goals, yet also aligned with the desired products the group wanted. Therefore, Dr. Roe and Las Campeonas de Salud were considered our clients.

II. HISTORY OF LAS CAMPEONAS DE SALUD

Apart from being a professor, Dr. Roe is also the director of *Salud Familiar*, an umbrella program that includes several separate programs at McKinley Elementary School. Such programs include: Las Campeonas de Salud, *Las Flores de Salud*, and *Comida Casera*. Las Flores de Salud is a girl's health group modeled after Las Campeonas and Comida Casera is a nutrition and cooking program. In 2006, Dr. Roe wanted to make direct connections with her

SJSU classes and the communities surrounding the University. After receiving a grant from Kaiser Permanente's Thrive Foundation, she identified McKinley Elementary in Central San José as an appropriate site to do this work. Due to insufficient resources, a strong communication barrier existed between recently immigrated families and the elementary school. Dr. Roe stated in an interview that she saw Latina mothers waiting at the outskirts of their children's school as they dropped off their children. An invisible barrier separated these mothers from their children and their educational experiences. She remembered the rich interactions with her mother at her elementary school and did not find that communication here.

Dr. Roe aimed to implement a program that welcomed these mothers to the school and helped them break down invisible barriers dividing them from their children's institution. In the same way, McKinley principal, Aurora Garcia, also looked for a partnership with an organization that introduced educational programs toward bridging this gap. In an interview, Principal Garcia described initial engagement with parents as “[starting] on their part and my part by them wanting to know and me wanting for them to know, and to really be part of the educational system.”

An anthropological study was conducted by Dr. Darrah and his students in 2008 of this very neighborhood in order to understand parents' perceptions about their children's lives as it related to fostering a local culture of attending college. The findings expressed deep health disparities among immigrant families living there (Darrah & Noravian 2008: 3). Many of these families did not have access to adequate health care or fresh food, and language barriers made it difficult to obtain these things. For example, from the interviews in Dr. Darrah's study, parents stated that certain health conditions their children had were Asperger's Syndrome, Attention Deficit Disorder, eating disorders, and cleft palate. Due to these disparities and other inequalities,

Dr. Roe and Ms. Garcia thought this collaboration would work well for the benefit of the school, the parents, and the students.

With funding from The Kaiser Foundation, Dr. Roe originally wanted to start a Promotoras Program at McKinley. The Promotoras Program is a grassroots platform that employs Latinas to spread health information to their communities. However, the Community Benefit Manager for Kaiser stated that the organization would not fund such a program because Kaiser only wanted its employees and volunteers disseminating health information to the public, not trained Campeonas members. According to Dr. Roe, she was disappointed, yet decided to go through with the grant and named the group ‘Las Campeonas’ because “Kaiser [used] the term Health Champions for this program and that program, and [she] thought [they would] get the funding if [they] called it Las Campeonas.”

In order to develop the program further, Dr. Roe brought various speakers that provided health information to the parents of the school. She also built into the curriculum a volunteer requirement that offered SJSU Health Science students the opportunity to interact with this community. These students did the outreach for the program, and spoke with parents about their interests in health seminars that dealt with various topics such as diabetes, asthma, cancer, and dental hygiene. Because Latina mothers were usually the ones at the school, the student-volunteers mostly conversed with them. Dr. Roe described the beginning of this work in an interview:

Aurora Garcia was open to anything because the families needed everything and a big commitment wasn't going to be necessary, just any kind of enrichment. I [thought] ok, we could do that, so I built into my Master students' class what we called Family Health Nights. And we would come, put on a big dinner—free dinner, spaghetti, healthy spaghetti,

green salad, and fruit; we put on a big nice dinner for anybody who wanted to come. We would have little games in English and Spanish and we would do that, and that would be our ‘helicopter service’ where students can learn about the community while doing this event. But it would only be once a year, it would be an annual thing. So we did it the first time, 200 people came; no 350 came, so it was like a good thing.

The mothers attended the meetings and seminars hosted by Dr. Roe and SJSU Health Science students because they were held in the morning, when most of their husbands worked. At first, the group of women was called Las Campeonas by Dr. Roe and Ms. Garcia. Dr. Roe explained that “it took about two years of calling them the Campeonas before they claimed it. They were just *Cafecitos* [McKinley PTA style meetings] who would come to a Campeonas meeting. But last year [Dr. Roe] noticed a total change. They [were] the Campeonas. They owned it, they totally owned it, and that’s how [the group] got started.”

After the group’s inception, Las Campeonas de Salud expanded its purpose of providing health information to McKinley parents. Its members started coordinating their own events, raised funds, and provided feedback on health issues they deemed important to discuss. Also, they maintained transnational connections with a group of Eco Alebrije artisans from Arrazola, Oaxaca, Mexico. Transnationalism is defined as an interconnection by “intense social, economic, and even political ties which translate into the circulation of peoples, goods, ideas, and money” (Mendoza 2006: 539). Eco Alebrije artists from Arrazola carve and paint wooden figures that represent contemporary folk art. Las Campeonas raised money to help send an SJSU student to Arrazola as part of an exchange program. The artisans were delighted to hear this, so they crafted some pieces and sent them to Las Campeonas as a gift.

Six years later it appears as though the members of Las Campeonas de Salud are an established part of McKinley Elementary School. It also seems as though their networks expanded to include the school, members of the SJSU community, and health advocates. With so much growth and change, it was important to document and evaluate this group and understand the impact that it has had in the lives of these individuals.

III. THEORETICAL STANDPOINT

While the theory of social capital is not the entire focus of this project, it is a theoretical standpoint that I take to help explain how Las Campeonas were able to gain knowledge and resources through broadened social networks.

Social capital is defined as the accumulation of real or potential resources that are linked to strong networks made up of relationships and other connections (Bourdieu 1986: 51-52). Pierre Bourdieu developed this idea and stated that people belonging to groups or other social networks build up resources through social relations and gain capital of both social and economic means. Sometimes people do this by joining neighborhood associations, organizations, clubs, and other groups that gather on a usual basis (Klesner 2003:30-35). Those who accumulate social networks and relationships feel more confidence and have greater access to needed resources.

Bourdieu's work was influenced by sociology and anthropology, which were synthesized into his theories (McGee and Warms 2012:489-492). He was interested in understanding and creating new frameworks that helped to explain social phenomena. Bourdieu understood that society operates through social relations and that everyone had the ability to create and nurture social networks. Some of the theories and frameworks he created are now common across the

social sciences. He believed that it took individual actors to make up the quality that is social capital, not just the quality of the whole of the group (Siisiäinen 2000).

Bourdieu explained that people form and keep relationships of various kinds because of their perceived benefits, such as an exchange in knowledge or emotional support, which can reaffirm the limits of group membership (Bourdieu 1986:51-52). Those who have social capital are constantly spending time and energy so as to keep these relations and networks alive. When people are well known, their sociability is highly productive and therefore, access in terms of social, economic, or even cultural capital is also increased (Bourdieu 1986:51-52). People's affiliation in various groups and the social relationships that arise from those memberships can be used in ways to improve the social capital of those individuals.

Robert Putnam, a political scientist, took a different stand on the theory of social capital. Putnam's *Bowling Alone* discussed the decline of American civic engagement and participation. He argued that this is a significantly negative aspect of people in U.S. society. Putnam believed that social capital is linked to civic engagement and the more people are involved in and participate in social groups, the more active they are as citizens (Putnam 2000:48-49). He argued that forms of social capital declined after 1960 because people did not partake in traditional forms of social networking such as political and social participation in groups and associations. (Putnam 2000:48-51).

Social capital has value for different groups based on how it is utilized. Participation and similar types of social relations benefit many communities. For example, urban anthropologist Carol Stack studied a group of African Americans as they used their social capital to make grassroots changes at a community day care center, despite difficult bureaucratic white authority (Stack 1997:192-195).

I took Putnam's stance that social capital can be used to create social networks that help Latinas, like Las Campeonas de Salud, empower themselves to break down barriers in the U.S. health care and educational systems. The ways in which they do this may not be how Putnam and Bourdieu defined it; nevertheless, they create alternate methods to achieve this using the available resources and networks they have.

Many Latinos accumulate social capital in various ways, and therefore, it should not be assumed that they will join clubs, organizations, or other types of societies in order to nurture their extended networks. Political scientist Joseph L. Klesner offered an explanation for the differences in participation for some Mexicans and Mexican Americans living in the U.S. In his study, he compared political participation and social capital in Mexico and the U.S. and argued that there were many reasons why some Mexicans and Mexican Americans were unable to participate in certain parts of U.S. society. In his study, a large number of Mexicans residing in the U.S. were undocumented and impoverished; therefore, they could not formally participate politically and were often very busy looking for jobs to sustain their families (Klesner 2003:35-46). Many U.S.-born Mexicans who did not participate politically were also consumed with providing a better life for themselves and their families (Klesner 2003:37-39). A great number of families have parents that work several jobs to give their children what they need. Some women in Las Campeonas de Salud might find themselves in such circumstances.

My fellow researchers and I learned during the course of our interviews that there were several members of Las Campeonas whose families were undocumented, and therefore could not participate politically in U.S. society. Because of this, members of Las Campeonas might have kept connections to their families in Mexico and other Latin American countries, but also made

new, informal connections with other Campeonas members that provided alternate forms of participation and extended networks in the community in which they lived.

There are many examples in which a number of Latinos create alternative forms of social capital in the U.S. that directly ties to their traditional roots. One must look no further than San José, California to understand this. Las Campeonas came with their families to San José like many Latinos before them. It is important to understand the historical context of Latinos that migrated to this city.

Historically, many Latino immigrants in Silicon Valley, and San José specifically, lived near or below the poverty line (Vélez-Ibáñez 1996:15-23). Since the 19th century, Mexicans in the U.S. lived in enclaves and barrios because of the racial tension with Anglos living in the same areas. Mexicans were seen only as a labor commodity dating back to the New Almadén Quicksilver Mines during the latter half of the 19th century. Mine workers were met with discrimination, low wages, and labor issues, which caused them to strike against the Quicksilver Company. This sparked early political movements in San José (Pitti 2003: 35-41; Regua and Villarreal 2009: 25-27).

During the time of the agricultural boom, San José was the hub for Mexicans and other Latino immigrants. They were utilized in the fields as farm laborers, picking fruits and vegetables and also as cannery workers. As more Mexican immigrants came to California, San José's Mexican community grew as well (Vélez-Ibáñez 1996: 85-93; Pitti 2003: 82-85). Once again, labor conditions and discrimination grew rampant for migrant workers. Work was seasonal and those that did not stay in the Valley were constantly migrating. Over time, there were more Mexican citizens living in the Santa Clara Valley and this changed the dynamics of politicization of this group (Pitti 2003: 79-90).

Countless Mexican women worked in the fields and canneries. They eventually transitioned into the electronics industry as assembly workers during the 1970s and 1980s (Regua and Villarreal 2009: 70-74). These women also played a major role in labor strikes and unions, yet traditional gender roles remained intact, and they were expected to play the role of the housewife as well (Vélez-Ibáñez 1996: 147-158). However, issues of racism, poverty, and inequality still plague these San José communities, which is why Latinos today use alternate resources and make other connections (Pitti 2003: 173-180).

Many of the *Campeonas* also developed and kept some of their connections in Mexico. Although this usually came by way of telephone calls to their parents and other family members, as mentioned before, they created new networks with artisans in Arrazola. In many ways, these women were well-connected in a non-traditional way.

IV. LITERATURE REVIEW

Access to Health Care

The U.S. health care system treats immigrant groups in various ways, depending on the reasons for their migration to the country. In a very interesting study, Sarah Horton discussed differences between Cuban refugees and Mexican immigrants and their use of the health care system. She explored how these groups, both considered Latino, were treated differently and how this affected their cultural “citizenship” in the United States. Horton stated that the federal government provides certain services to Cubans that are not provided to Mexicans such as job training, medical services, and English language classes. This creates different normative expectations and attitudes toward their participation and ability to create social networks that will help them effectively navigate systems in the U.S. Because of the access Cubans have as political refugees welcomed in the U.S., they are not considered a stress on the system. This

helps to reaffirm that institutions do not need to help certain immigrants, especially if they are considered a strain on resources and therefore, “undeserving citizens” (Horton 2004:475-480).

In Central San José, in some of the very neighborhoods where members of Las Campeonas lived with their families, residents did not have the same access as those living in other parts of the city (Zlolniski 2006:20-74). For example, the schools in this area lacked significant resources for children to excel; many streets did not have sidewalks, street lamps and crossing lights often did not work; and health clinics and grocery stores were hard to access because they were too far to reach by walking. In the larger context, the majority of the U.S. Latino immigrant population is not Cuban, but actually consists of a 60% Mexican origin population (Balcazar, et al 2009:1079). These immigrants and their families often have a relatively difficult time obtaining adequate health care or knowledge of navigating this system. For members of Las Campeonas who experienced similar patterns of migration, this may be a possibility as well. Oftentimes the health care system is inaccessible for immigrant women and their families due to barriers such as lack of documents, health insurance, and language (Horton 2004:475-482).

Latinas rely upon and help each other cope with the health disparities that result. They have *pláticas* (talks) with their family members, especially their *mamas* (mothers) and *abuelitas* (grandmothers) because these family networks can help them deal with these issues (Chabram-Dernersesian and De La Torre 2008:163-189). Women who have deep conversations with one another sometimes achieve healing through their interaction. According to Campeonas member Yasmine, many women who took part in Las Campeonas de Salud also participated in *Grupo Apoyo*, a support group at McKinley sponsored by Latinos Contra Cancer. At these support group meetings, they discussed deep issues that not only dealt with health, but also included

family issues, especially as they related to their children. Las Campeonas de Salud seminars also provided ways of coping with health disparities, because they were not formal modes of obtaining health knowledge. Although Putnam and Bourdieu might have argued otherwise, Latinos create their social networks in different ways especially if they do not understand the expected norms of using U.S.-based social networks.

Distrust of the health care system has huge implications for many Latinas and their families, especially when trying to access health care. There are countless examples of mistreatment of Latinas and their illnesses. For instance, an *abuelita* who suffered from breast cancer felt contempt for the doctors who took her left breast and left her skin charred and scarred after surgery (Chabram-Dernersesian and De La Torre 2008:173-176). Women who do not trust a system will not use it.

Some medical doctors do not understand cultural differences which make it difficult to treat some Latina patients. For example, in many Latin American countries, *curanderas*—healers are considered to have indigenous healing knowledge, and therefore, seeing a medical doctor might not be a cultural norm, although this is quickly changing (Wheelean 1988: 54-68). Traditional gender roles also contribute to the discomfort of examinations for many Latinas, especially if the doctor is male. Medical conditions or changing stages in the body, such as menopause, are viewed differently, especially in Peru. The cultural norm there is that when women reach the age of menopause, they embrace it, because they are taken care of by their children (Wheelean 1988: 54). Since this is not the cultural norm in the U.S., some doctors might not understand it, and approach these Latinas differently. Those doctors may only care to treat the illness and may not actively talk with or listen to their patients to find out the cause of

the illness. This in turn makes them seem very dismissive (Chabram-Dernersesian and De La Torre 2008:173-176).

During a Campeonas meeting, one of the members complained of a breast pain that caused her to visit the doctor three times. The doctor's secretary stated that she was too young for a mammogram and the doctor discounted breast cancer as cause for the pain. A senior Campeona stated that she needed to force the issue and get a mammogram because she did not trust everything doctors told her. Another Campeona agreed that the young mother should force the issue because she knew her body best. Therefore, members of the group also gave assertive advice to each other.

A holistic healing approach can be much more fruitful toward changing the U.S. healthcare system to meet the needs of its patients. Because of high stress, work, gender role shifts, and other factors, many Latinas suffer disproportionately from diseases such as hypertension, hypotension, stress, and diabetes. Combining traditional, indigenous, and Western medicine can offer a better quality of life. This is another example of how Latinas can utilize their capital in order to obtain resources to help treat their illnesses.

Las Campeonas discussed alternative treatments for some of their children's ailments. A student-volunteer from the SJSU Health Science Department gave a seminar on incense and fruit sprays that have vapors to subdue asthma and allergies. Many of the women already used these products and confirmed that they worked. The presenter held a therapeutic meditation session for the women at the end of the session. These holistic methods of treatment offer alternatives that many of these women are able to use.

Some of the ways in which Latinas address their lack of healthcare access while also extending their social networks is by participating in the Promotoras Program. This is a vital

program that was first implemented along the U.S.-Mexico border region, but is now used in other areas of the U.S. as a way to retrieve knowledge of basic health care (Contreras 2005:3-6). Promotoras are employed by various health organizations to do health related outreach and provide education to community members in *colonias* or neighborhoods along the U.S.-Mexico border. They are typically women because it is easier to talk to other Latinas about health issues. Also, Latinas discussing female health topics to male health educators may be considered culturally inappropriate. Therefore, promotoras act as cultural brokers between community members and health organizations.

Counties along the U.S.-Mexico border are among the poorest in the nation with environmental effects and poverty that contribute to health problems. Combined with the shortage of health care professionals and hospitals, as well as language and cultural barriers, promotoras are crucial in translating this information from health care providers to the community. Promotoras affect communities in different ways: through education, capacity building, providing information, and advocacy (Contreras 2005:78-103, Ramos, Green, and Shulman 2009:30-33). They have a sense of responsibility beyond that of their position. They act as a link between a local system and a national system (Contreras 2005:78-103). The role of the promotora is a gendered-female one and by working as promotoras, women often feel more confidence and autonomy (Contreras 2005:121-135). For promotoras, life experiences provide the keys to understanding their reasons for doing this job.

These women also gain a sense of empowerment by working in the *colonias* (Contreras 2005:53-58). They are innovative in their ability to find formal and informal solutions to everyday problems in the *colonias*, which asserts their agency. For example, they solve problems by making decisions such as using someone else's social security number to fill out a medical

form for a member of the colonia. Women find support among friends, as well as build self-confidence (Contreras 2005:53-58).

Women are also builders of social networks (Contreras 2005:106-119, Ramos, Green, and Shulman 2009:30). They build capacity by mobilizing their colonias towards community improvement. Some of the ways they do this are through the connection of community residents to health organizations, building leadership, recognizing and developing their strengths, and promoting the local and Mexican culture. Promotoras link systems that aid communities and define themselves, rather than let others define them.

In the same way, Las Campeonas obtained their information through a similar system since they had interaction with promoters and health advocates. Since the Health Science Department brought these promoters from different organizations and institutions, Las Campeonas were constantly surrounded by people who had strong health networks. They had opportunities to share some of those contacts and relationships that helped extend their own personal networks. Some of the senior members showed interest in becoming a promotora as well, possibly through San José based programs at the American Heart Association, Latinos Contra Cancer, Somos Mayfair, and other community organizations. If they reach this goal, it could signify that through participation in the group, these women obtain enough social capital to connect them to these programs and lead them to a new occupation and opportunity for empowerment.

Access to Children's Education

Many Latina mothers deal with barriers in their children's educational systems, as was the case for several McKinley Elementary parents. Numerous Latino families have cultural values, language, and customs they want to sustain while their children get a U.S.-based

education (Olmedo 2003:478-481). To enter this system, some Latinas choose to participate in ways that are accommodating. Once they integrate in their children's schools, they begin to make demands for changes they want implemented, such as reducing stringent bureaucratic rules to allow Latino parents to be more involved (Olmedo 2003:376-382). There are numerous Latina mothers who believe in the importance of formal education for the upward socioeconomic mobility of their children, while still continuing to teach their traditional and cultural (Darrah and Noravian 2008:3; Olmedo 2003:380-388). Several Latina mothers deal with problems experienced by their children in U.S. schools such as identity, language, as well as their own cultural values and how they fit in these structures.

In similar ways, Las Campeonas de Salud proved to be an integrated part of McKinley Elementary. Their activities, meetings, and events were on the school website calendar and they had a designated classroom for their seminars and activities. They created a network of mothers and gained the attention of the faculty and principal. Olmedo's study, which took place in Chicago, described that those Latina mothers felt it was important to volunteer and make their presence known in their children's classrooms. Las Campeonas also expressed great interest in what happened at McKinley because they cared about the level of education their children received. They understood the value of their presence for their children, since that very presence sparked the formation of the girl's group—Las Flores de Salud. These girls wanted to be like their mothers, and follow in their footsteps as advocates for health.

V. METHODS

Research Site

McKinley Elementary School is a part of the Franklin-McKinley School District and a part of San José's District 3. The school serves mostly children of Latino immigrant families, especially of Mexican descent. According to U.S. and the city's census information, in District 3, 51.6% of the people living in Central San José are Hispanic, and 32% of those households have children younger than 18. Many of these families are undocumented and have lower incomes due to limited job access, English language skills, and other resources (Zlolinski 2006: 2-20).

Participant Observation

Methods for this project were ethnographic in nature. My team members and I conducted participant observation by attending weekly *Campeonas* meetings for eight months. I created rapport with the members through my participation in their seminars. For example, a typical Thursday *Campeonas* meeting in Room M-8 or in the cafeteria started out with about ten members filtering in after dropping off their older children to their classes. Many came in with strollers and younger children, dressed in pajamas, in their arms. When they walked in, they began to chat with other *Campeonas* until Maria, the coordinator, started the meeting.

They were given updates on future meetings, events, and other news. As Maria talked to the group, some of the *Campeonas* leaders passed around coffee and sweet bread as the women listened. The presenter was then given the floor to begin the health seminar. At that point, about 30 *Campeonas* were present and listened attentively to the talk. They also shared personal stories and experiences related to the topic. A specific example of a *Campeonas* meeting that had such a format was during the "Cooking Series" classes. The presenter was a SJSU Public Health graduate student and also worked for Women, Infants, and Children (WIC). The topic of the day

was “Fruits and Vegetables” and she discussed what vegetables had certain vitamins and what color fruits were good for hair, skin, blood, and heart. Several group members actively shared their knowledge of how they incorporated these foods in their everyday cooking. The class was more of a dialogue between the Las Campeonas and the presenter.

Toward the end of the discussion, Maria, along with the other Campeonas leaders announced the winners of the raffle, which usually consisted of kitchen accessories, toys for their children, or holiday décor. The raffles were always fun because sometimes members of my team won, and Las Campeonas applauded and encouraged us to claim our prize. Lastly, the meetings closed with a reminder of the next class meeting and any other last-minute updates.

My participation expanded in other ways during my field research. I brought healthy snacks to potlucks called *Convivios*, usually to celebrate a holiday or completion of a class series. I also made holiday crafts with the Campeonas. This allowed the chance to talk with them outside of the normal “seminar” routine. They chatted with one another, joked, laughed, and discussed their personal lives. I found it interesting because at times they would say something “inappropriate” (at least they thought so) such as their intimate moments with their husbands, and they realized we were in the room. They identified us as part of the University or *parte de la Universidad* and therefore, much younger than they were. I found this amusing considering many of them were close to my age.

Yasmine organized a Christmas gift drive called the Family Giving Tree with McKinley Elementary. She needed help on two days: the first, to sort gifts, wrap them, package them for each family, and arrange them. The next day was the big event of gift distribution, food, raffles, music, and singing. She approached my teammates and me to volunteer because she did not want

the mothers to do so. Therefore, she used her networks to get as many student-volunteers as she could.

When I arrived that Sunday, the McKinley cafeteria was crowded with families; air filled with music and sweet smells of food. I spent two hours distributing gift bags to about 30 families. Yasmine and Sandra's leadership skills stood out that day as I saw them directing the volunteers and working hard themselves. They were responsible for coordinating the whole event at McKinley, and thanks to their help, many needy families received Christmas gifts for their children that year.

A special bond grew between Sandra and I since the interview sessions and our work at the Family Giving Tree event. After chatting with her following a Campeonas meeting, she asked if I could make a flyer for her housekeeping services. I was excited because I read so much about this kind of exchange in various ethnographies. I was happy to help Sandra, even if I lacked skills in making flyers. At the following Campeonas meeting, I showed her the flyer and her expression was priceless. She looked surprised at how the flyer looked and said it was very beautiful. The opportunity to help her was great, especially since she would benefit by finding work. Participation with the Campeonas involved various activities that allowed me to form meaningful relationships with these women.

Sampling

Sampling for this group proved to be both a challenge and quite easy to work with because the population consisted of about 30 members. In terms of choosing participants to interview, we divided the members into three categories: veterans, newcomers, and those in-between. We chose two members from each category to interview. We also interviewed the

principal and did preliminary interviews with Dr. Roe and two project coordinators from Salud Familiar, the umbrella project Las Campeonas de Salud is under.

Interviews

Throughout the project, there was a combination of observations and semi-structured interviews. Conversations and observations were recorded in our field notes during Las Campeonas meetings. My teammates and I also conducted eight semi-structured interviews (see appendix for interview instrument). With the consent of the participants, we conducted these interviews in Spanish and digitally recorded. This allowed for the participants and me to hold conversations without writing frivolously. Although, I took detailed notes of key words, phrases, and details.

The interview instrument had 30 questions separated into sections. These sections were as follows:

- Demographics
- Participation in Las Campeonas
- Questions about the Organization
- Health Education
- The Presence of the SJSU Health Science Department
- The McKinley Community in General
- Miscellaneous Questions

All the interviews were translated and transcribed simultaneously. The interviews helped me get an idea of the reasons people joined and stayed with Las Campeonas and how they perceived the group.

Interview Coding Process

The coding process was time-consuming yet helped me gather and make sense of the data I had, while also developing relevant themes. I created most of the codes but also utilized OCM codes for age, gender, and location (Bernard 2011: 432-433). I read over all the interviews and, combined with my previous research, developed codes that helped address my research objectives. There were three main categories for my codes: demography and geography, personal life, and Las Campeonas. I did not utilize coding analysis software, so instead I color coded each interview transcription for these categories. (For a complete codes index, please see appendix).

Surveys

For this evaluation, I also constructed a culturally appropriate survey that was administered to 28 out of 30 members of the group. The survey was made to complement the interviews. I constructed the survey through an analysis of semi-structured interviews with members of Las Campeonas. To create this survey, I utilized the coding system I developed from the interview. Through the coding process, I found themes, trends, and other information that framed the survey to get more information from the group, such as a wider range of demographics, participation in Las Campeonas, and the extent of social relationships these women had. I administered this survey during their usual Thursday morning meeting.

Table 1 outlines the quantitative method used: a survey, the unit of analysis: the individual women who filled out the survey, as well as the variables I utilized. The table also represents the values for each variable, for example, the variable ‘gender’ had two values: male or female. This is outlined to express what values I chose for my variables, a process that was directly affected by the coded interviews.

VI. FINDINGS

1. *Identity—what it means to be a Campeona*: As stated in the beginning of the report, Las Campeonas de Salud was not a self-named group. However, through time its members took ownership of the name and gave it new meaning. In the interviews, some Campeonas said that what it took to be a Campeona was much more than attending events and meetings. While this was important to keep the group engaged and growing, many of them stated that a Campeona was a fighter for health, for the betterment of their families and themselves. Several members made the connection between a Campeona and a woman who was fully committed to

Table 1. Variables and Values for Las Campeonas Survey

Quantitative Methods	Unit of Analysis	Variables	Values
Surveys	Individual	Age	Numerical/Open Ended
		Gender	Categorical: Male, female
		Ethnicity/Origin	Categorical: (Latino: Mexican, Guatemalan, Nicaraguan, Salvadorean, Other)
		Household	Categorical: (single family, multi-family)
		Status of Occupation	Categorical: (Working, not working, volunteering)
		Participation in Campeonas	Scale: 1-5 (1=low/5=high)
		Attendance in Campeonas	Scale: 1-5 (1=low/5=high)
		Leadership	Agreement Scale: Strongly disagree, disagree, not sure, agree, strongly agree
		Access to resources	Scale (1=low/5=high)
		Social Capital/Networks	Agreement Scale: Strongly disagree, disagree, not sure, agree, strongly agree
		Sustainability	Suggestions-Open ended (Questions 11-15)

obtaining what she wanted in life; one who succeeded through hardship and struggle. Yasmine explained that “when you come here [to the U.S.], you are closed in. And by being a part of Las Campeonas, you have a chance to open up more. And it makes it easier to speak, for me it makes it easier to speak. *He desarrollado un poco más y más siendo parte de este grupo* (I’ve developed more and more being a part of this group).”

2. *Social Networks and Relationships*: Members of Las Campeonas expressed that the relationships they formed were a valuable part of their involvement with the group. Many Campeonas already had friendships with other parents from the school, but they had strong ties to other Campeonas as well. Several members commented in interviews that there existed confidence, communication, and trust within the group, and characterized themselves as “*paisanas de México*—women from Mexico.” One Campeona described this relationship in the following excerpt:

For a group to function, you need trust, confidence, and communication. While there are those things, we will be a group. This group is like a couple. I tell my husband, if there is no communication, there is no trust. When I go out in the street, I don’t ask my husband, I tell him, because I am not doing anything wrong. And that is where communication and trust comes in. And that is how this group is.

Two Campeonas felt the relationship between them was like a “*hermandad*—sisterhood.” Others commented that they knew they could count on each other emotionally and economically. By forming friendships, the members felt they got out of their normalized routine of being alone at home. A Campeona shared a heartfelt story in an interview:

If I knew all these people that I know now, if I knew them back then when my sister's incident (death) happened, I would have been different. I didn't have anyone; I wanted to be left alone. But now things are a lot different, now I'm among a lot of people. I'm going to events and getting invited places. Things are a lot different. When *Campeonas* started at the school I thought, God sends us here (to the *Campeonas* community) and wants us to continue living. I am calmer now. My sister is in my heart and I will never forget her. And by going more to the *Campeonas* meetings, I feel better.

Many *Campeonas* spent time with each other outside of meetings and group activities. They invited each other to birthday parties and other celebrations which led to forming stronger ties with one another. As a *Campeona* stated "*Es algo como un cariño, un respeto que si...ahora si que es un lema Mexicano que dice 'que nos podemos hacer pedazos, pero nunca nos haremos daño'*"—It is caring and respect, it is like a Mexican saying that goes 'we can tear each other to pieces, but we will never hurt each other'."

3. *Confianza*: An important cultural system within many U.S.-Mexican households is *confianza* which literally translates to trust. It is described as a system of confidence that many Mexicans have within their networks. Even though this custom has origins in Mexico, people bring it with them when they migrate to the U.S. They know they can stay at families' or friends' houses if they need to because they help each other in times of need. They are also able to borrow money in cases of emergency. This creates strong ties and closeness within many Mexican families that make them comfortable in asking for help (Vélez-Ibáñez 1996:201-203).

Las Campeonas had confianza with each other. During their health seminars, they were encouraged to ask and answer questions. In doing so, some women were quick to share their health-related stories, such as breast exam visits, issues with their partners, or problems related to their children. These women expressed confidence in talking to each other about health related topics, even if they seemed private.

Las Campeonas also formed close bonds with the Health Science students, especially the project coordinators of Salud Familiar. They shared lots of communication and confianza with these students and recognized them as friends and family. They saw them at every event and the students welcomed their help with warm smiles. Some of the Campeonas felt that their leadership skills and knowledge expanded by working with the SJSU students. When one of the Campeonas got recognition for her leadership, she stated that the coordinators called her their colleague. She was very proud but did not consider herself their colleague because she felt she still had much to learn.

Many of the Campeonas felt supported by McKinley Elementary for giving them the space to congregate. Some of its members helped with other programs such as Catholic Charities of Santa Clara County's Community Organizing Resources to Advance Learning (CORAL) after-school program. In the larger community, Las Campeonas made connections with other organizations and were known for their work. When Yasmine had to pick a name to register for the Family Giving Tree, the organization recognized "Campeonas de McKinley", so she registered as that name. She was involved in various organizations such as the McKinley Community Center and San José's Strong Neighborhoods Initiative (SNI). She was the mediator, transferring information from McKinley Cafecitos to CommUniverCity, a partnership between SJSU, the city of San José, and the Five Wounds/Brookwood Terrace (FWBT) Neighborhood.

She also worked with Catholic Charities for a program called Community Health Partnership and trained with Latinos Against Cancer. Therefore, within the group, many of its members formed different types of social relationships with various entities, and while they saw the benefit of all these relationships, they also valued, in a very personal way, the close bonds they had with each other and the college students.

4. *The different levels of leadership and participation:* For most Campeonas members, group participation started when they attended their first meeting or event. They came because they had previously attended the Cafecitos meetings, received a flyer in their children's homework packet, or were recruited by other mothers. They identified rising levels of leadership by taking initiative in the group.

I found that there were three levels of participation in the group. The first involved primarily attending the meetings and events. At these happenings, members listened to seminars and shared information. Some of them felt that was as far as their participation went. However, they also brought food to potlucks because sharing food at events was part of the Campeonas' culture. The second level was reached when some Campeonas took initiative to do extra things for the group, such as pass out coffee and sweet bread during the meetings, take notes, host ice breakers and raffles, and assist in the preparation of events and meetings. These Campeonas were considered the leaders for that school year. Transitioning from the first level to the second level was a big step because it meant taking on new forms of leadership. Some women had a keen sense of when their time to be a leader would come. For others, it happened by chance, but they were nonetheless happy with their new roles. The third level of Las Campeonas included the original founders, the women who helped start the group, and about a handful of Campeonas that had been there for more than two years. These Campeonas were leaders in their time, before they

passed the torch to the newer ones. Therefore, as the members' leadership skills strengthened, so did their levels of participation.

The original leaders stepped back to let the new leaders develop their leadership abilities. However, they assisted in helping them make connections, answering questions, and helping them in any way they could. The following excerpt from one of the original leaders explains how she viewed her position within Las Campeonas:

My position is more...well, I was one of the founders. But right now my leadership has now passed to give the opportunity to the other women so that they can blossom as I did. I give thanks to those that followed me, that listened to me and trusted me...and sometimes, for some reason, if I couldn't make it, they helped me, supported me, and I thank them because *si ellas no hubieran venido, este grupo no hubiera salido adelante*—if they hadn't come, this group would not have kept going. So you can call me a leader, officially and everything, but without their help, we wouldn't be anywhere.

5. *Health Access and Changed Behaviors*: The women of this group also stated they were knowledgeable about their access to health care as a result of their participation in Las Campeonas. They learned about low-income clinics and where they could obtain low-cost or free services, such as mammograms or breast exams. They felt this helped a lot of members because some clinics were expensive and they could not afford it. In an interview, Yasmine stated that:

Every year [Las Campeonas] evolved and it also [impacted] the community because many of the mothers [talked] about their lives,

their testimonies, and it [helped] because besides being in your house not even doing chores but watching a program that doesn't develop you, you can say that at the minimum (at the very least) you [saw] the benefits, it [was] a lot. [Las Campeonas was] something impacting in the life of each person. Well for us it [was] a privilege to have that group in the school because not all schools have that luck to have them in their schools and it is very beautiful to go out and talk about Campeonas.

Many women also experienced changed behaviors as a result of their membership in the group. For example, some Campeonas commented in their interviews and at meetings that they got information on how to care for their family, especially their children. They said they ate nutritiously, consumed less sugars, fewer fatty foods, and more fruits and vegetables. They felt this gave them more energy to go about their busy schedules. What these women also found important about cooking healthy was that the recipes were simple and mirrored various traditional Mexican dishes. They learned about better ingredients to utilize in their cooking as well.

Members of Las Campeonas also found information on dental hygiene and self-breast examinations useful in their daily lives as well as information on allergies, diabetes, and certain cancers. They knew of myths about health and they were taught to think about the information they received. For example, during a seminar about types of sugars, many of the women already knew a great deal about artificial sweeteners and which ones were better or worse than others. The presenter shared information from studies he knew of, especially as they related to sweeteners and animal testing. He asked Campeonas members to think beyond what they were

first told about these products and obtain more information before coming to their own conclusions.

As part of the Salud Familiar program, Zumba classes were given twice a week. Some Campeonas attended because they connected a healthy lifestyle with exercise. In the same way, many of the women appreciated the presentations and saw them as very important. The following is an excerpt from an interview with a Campeona:

[Las Campeonas] helps unite more people that go to those programs. It gets out to people, especially that don't have access. And it helps unite more people and gives more information, which is very important. And here, if we don't have information, well then we don't know some things about life, because it is just how you work and eat, and so [we] need a lot of knowledge to better our lives.

Sandra, another Campeona shared her experience about her access to health information:

Well look, [my participation in Campeonas] has affected me in a positive way. Because when I came [to the U.S.], I knew how to cook, I knew how to do things but I never knew what was healthy. And now, I can make changes, trying to incorporate those with my family because it is a little bit difficult, my kids are trying with me but there are times when my husband is a little bit difficult. But yes, it has helped me a lot, I've lost weight. My kids, I notice are growing healthy, very big and tall, they aren't overweight.

6. *Access to Education-College going Culture*: The presence of the University students had an effect on the children at McKinley since some of the Campeonas' children participated in Las Flores de Salud. A Campeona stated that her "daughters [talked] about when they [would] go to the university. They [were] already thinking of their own futures and in their minds they [had] good thoughts about going to the university and [how it has] a lot of benefits." Many of the women communicated to their children the importance of college and their futures, and with the presence of the SJSU students at the school, they pointed them out as examples. In the same way, their children saw them as role models and wanted to reach the same level of education as the college students. Some of the women also thought it was important for the college students to interact with the children and learn from each other. Las Campeonas themselves visited the SJSU campus for presentations, events, and conferences. They realized how close in proximity the campus was to them, which made it easier to imagine sending their children there.

VII. CAMPEONAS' SUGGESTIONS AND FUTURE POSSIBILITIES

Members of Las Campeonas had various suggestions for group sustainability. In interview and survey responses, members suggested many ways to make the group stronger.

1. *Diversity of Topics for Las Campeonas*: While the topics that were already presented were viewed as extremely helpful, some were repeated every year. In a way, this was good for new members who come and do not yet know the information known by the veteran Campeonas. However, to keep the group growing, one of the main suggestions made by the women was to recommend a diversity of topics for future generations of Campeonas. Many of the women identified the connection between more topics and more people. For example, one of the Campeonas noticed that during the menopause seminar, the room was full of attentive women.

New topics gave motivation for new members to get involved in the group. As Sandra stated in an interview:

I think that bringing new health topics is what is needed. I think that bringing things that people don't know about, will make more of them come. But if you have repeated topics, people won't want to come anymore, even though they are important topics, but they are already educated on those topics, so they will say, no why should I come to this again, I already came three times. When there are new topics that are different, they are more motivated and there have been a lot of talks about nutrition, diabetes, high blood pressure, cholesterol and that doesn't motivate them.

Also, ideas arose about bringing topics that were not necessarily related to health but still of potential interest to the group. Grupo Apoyo was one of such interest to many of the members and for parents at the school. According to Yasmine, about 30 women attended those meetings. These topics were not health-related, but they dealt with family issues such as bullying, gang impaction, and immigration status which were of interest to McKinley parents. Recently, Las Campeonas also had a "Rights Series" where they learned about different forms of power and authority. In these seminars, the group members learned that they had a lot of power both as women and as community residents. The point of the series was to provide ways Las Campeonas could empower themselves to keep advocating for a safe and healthy environment for their families. The group was very attentive and interacted during the seminar. Therefore, expanding the range of topics for Las Campeonas de Salud was identified by its members as a way for the group to be sustainable.

2. *More resources:* Apart from expanding the range of topics, members of Las Campeonas also felt that accessing more resources and expanding networks was a way to increase the growing rate of the group. For example, a Campeona suggested using the internet to find health information and continue partnerships with SJSU and other groups. Another suggested going out and finding information, like making connections with a dentist or a dental assistant to give classes about dental care. Bringing different sources of information and taking ownership of doing so can help keep the group growing with engaged membership. One of the veteran Campeonas expressed a dream she wished the group could reach:

No se, tener una clínica móvil por aquí, ojalá eso se pudiera traer—I don't know, maybe have a mobile clinic around here, I hope that could be brought here. There are a lot of people in this community who don't have insurance, that don't know where to go, that if they go apply somewhere, that some, not all places, are asking for immigration status. To my knowledge, I don't know if they are penalize due to status or anything like that, but people are embarrassed, or scared, and maybe don't want to get help they need. I know of a school, that is on First Street, that has a clinic, Washington School, and there, they have a clinic, it looks like the school clinic or part of the community center, I am not sure, but there they have a clinic, and only retired doctors see you and you go with a monetary donation and you can obtain care, or medicines if they have it. And if you need analyses, or x-rays, they give you referrals, even at low costs, or for free. And yes, they are old doctors, but they are really sweet. I had to bring

someone there once, and I liked the care and attention they received. And my hope is to one day have one here.

Therefore, many *Campeonas* identified resources at different scales that they wanted to see implemented in the group. This signified that they cared about the future of the group and had actively thought about ways to improve it.

3. *Outreach and recruitment*: Membership is important to keep *Las Campeonas* functioning. The women understood this component and many of them pointed out that recruitment and outreach were crucial in keeping the group together. They mentioned that passing out flyers and making announcements at the school was one possible way of doing this. Also, an effective method of outreach was to invite their friends and other parents they knew to come to the meetings. Talking to different people about the program and the benefits was viewed as necessary.

VIII. SURVEY RESULTS

It was important to include the results of the surveys that were administered to members of *Las Campeonas* because this quantitative measure complements quite well the rich qualitative data my teammates and I gathered. For example, survey results expressed that 75% of members participated in the group because they wanted to receive health information. Therefore, 25% of its members did not necessarily join for that reason. In the surveys, they stated that they either participated to form social relationships with the other members or to relax with the group of women. In fact, 61% of the members who filled out the survey participated to receive health information, form relationships, *and* relax with others.

While this may be surprising, when looking at the interview passages earlier in this report, it is clear that many of the women gained much more than health information as a result of their attendance and participation in this group. Simple frequency tests also showed that 84.7% of the survey takers responded that they felt they were either involved or very involved in the group and that 92.3% felt that as a result of their participation, gained more access to health information and resources. These simple tests are effective in quantifying how members have been affected by the presence of the group in their lives.

Even more interesting were the statistical test results I obtained and how many correlations were found between numerous variables. A Spearman's rho Correlation Coefficient test was conducted to measure the relationships of various variables: access to health, participation in Campeonas meetings, attendance at meetings, positive change in lives as a result of being a member of Las Campeonas, and broadened social networks. There was a significant correlation between participation in Las Campeonas and their access to health information, $r_s = .471$, $N = 25$, $p < 0.05$, and between attendance in Las Campeonas and their access to health, $r_s = .563$, $N = 26$, $p < 0.01$. Therefore, as the level of attendance and participation increased, so did their ability to receive more health information and get health resources.

There was also a positive and significant correlation between attendance in Las Campeonas and its members' ability to broaden their social networks, $r_s = .445$, $N = 28$, $p < 0.05$, as there was between broadened social networks and the positive changes Las Campeonas made in the lives of its members, $r_s = .689$, $N = 28$, $p < 0.01$. This meant that there was a high possibility that the more members attended meetings and events, the greater their networks and social relationships. Also, what was striking was that members who had greater social networks felt that their lives were positively affected by Las Campeonas de Salud. This was also

confirmed in interview passages with members who were happy they were a part of the group because of the life-long friendships they made.

Lastly, the same test was conducted to measure the relationship of leadership growth and positive life changes. According to the test, increased leadership skills are best explained by positive life changes for Campeonas members, and the relationship is positive and significant, $r_s = .029$, $N = 28$, $p < 0.05$. In other words, as members of Las Campeonas attained higher levels of leadership within the group, it was highly likely that they felt their lives were positively affected by their membership in the group. The table below outlines these significant correlations.

**Non-Parametric Correlations for
Las Campeonas Survey**

Correlation Between	N	r_s	p
Participation in Campeonas and access to health	25	0.471	<0.05
Attendance in Campeonas and access to health	26	0.563	<0.01
Broadening social relationships and positive life changes	28	0.689	<0.01
Attendance in Campeonas and broadened social relationships	28	0.445	<0.05
Growing leadership skills and positive life changes	28	0.029	<0.05

In discussing results of the survey administered to Las Campeonas, it is clear that there were many correlations between members' participation and perceived benefits or takeaways as a result. I am not stating that their membership *caused* these perceived changes, only that they are all strongly and positively correlated. The frequency tests also provide quick glimpses of percentages for different variables and I saw trends that also appeared in the raw qualitative data. For the scope of this project, these results and statistical analyses are essential in not only informing the plethora of qualitative information I have, but also to visually express these trends

and correlations through the use of graphs and charts, especially if Las Campeonas would like to market their group to other schools.

IX. SELF REFLECTION

I was overjoyed when I was approached to do an ethnographic evaluation on Las Campeonas because I achieved my goal of working directly with the Latina community. I was in the process of extending a project I worked on at Stanford Medical Center, which was a great project in itself. However, I wanted one that was more community based and geared toward Latina women. I have and will always be interested in Latinas' experiences in the U.S., and doing an evaluation on Las Campeonas gave me the ability to work closely with a group of fantastic women.

What I Learned

In the year that I worked with Las Campeonas de Salud, Dr. Roe, students from the Health Science Department, and my teammates, I learned many valuable and invaluable lessons that I will take with me as I embark on my career.

Las Campeonas was a group of women that really amazed me. Attendance was high throughout all the Thursday morning classes that were offered. Although there were many reasons for attending, the women expressed the importance of the group in their lives. I saw it in their attentive faces as they listened to the information presented to them. I heard it when they shared personal experiences and cried with one another. They brought me to tears when one Campeona apologized to another for an incident that happened long ago. When they laughed, cracked jokes, and told stories, I felt more at ease in their presence and realized that in addition to receiving health information, they were benefitting from and enjoying each other's company.

I developed stronger relationships with some of the Campeonas during the winter months. It was most likely due to more interaction because of the many events that occurred during that time. The Family Giving Tree was a fun event that I worked closely with Yasmine and Sandra. I participated in other Family Giving Tree events in the past, and the level of organization required is very high. Yasmine organized everything and through my participation, I saw how seasoned Yasmine was at coordination and leadership, and I admired her for it. At the end of the successful event, it was hugs and kisses for everyone involved.

Winter was also a heavy interviewing period which allowed me to get closer to the women I interviewed. Their stories were miraculous. Some of them told me about abusive relationships they had in Mexico, and why they migrated to the U.S. as a result. They shared their feelings as women who live in male-dominant households yet managed to continue volunteering and attending Campeonas events and meetings. My participants expressed deep gratitude to Dr. Roe and her students for their work at McKinley, and often attributed the success of the program and the change in school environment to them. Even though these were interviews, I felt they were more like conversations, which made me appreciate them more.

The moment I felt I really made a connection was when I had a long discussion with Sandra. She was one of the original leaders of Las Campeonas, and had previous experience working with other organizations. She confided in me about her negative experiences with another community group I was involved with as well. We had a mutual agreement to not speak of the details of this conversation to others. Sandra and I shared our thoughts about community work and what it meant to us. I told her my views of this type of work, finding great satisfaction and happiness doing it. She said she was happy to have us there and that the work I was doing with Las Campeonas was good. I felt she trusted me with her experiences as well.

I never asked Sandra what she felt about that conversation, however, things did change between us. She always greeted me with a big hug and smile, and I knew we had a special bond. Although she was often busy doing other tasks, I looked forward to seeing her at meetings when possible. For me, this experience was extraordinary and I understood what it meant to gain a participant's trust as an anthropologist.

Group work was an experience that came with benefits as well as disadvantages. We had to keep in constant contact with each other to fill out the IRB application, discuss interview transcriptions, and go over next steps. During the summer, my teammates and I continued to conduct interviews, developed a plan of action, and followed through with it. I believe this work left me with valuable experience of what it is like to work as a team, keep a clear line of communication, and finish a product for a client, just like I will do in my future career.

Another valuable lesson learned was to always take notes while conducting voice-recorded interviews. I remember sitting in my ANTH 149 Qualitative Research Methods class with Dr. Darrah as he talked about recorded interviews. He advised us to always take notes, even if the interviews were digitally recorded. He told a story about how he worked all day studying workers, and conducted a great interview that was voice-recorded. While he sat at home ready to transcribe it, he realized the voice recorder never turned on and therefore, the interview was not recorded. Unfortunately, he lost precious data that was difficult to replicate.

This story was engrained in my mind, and when I conducted my interviews, I took handwritten notes even if I used a voice recorder. The first interview I did was full of rich information and was one of the best interviews of the whole project. I was still learning how to use my recorder and was in the process of recording another interview. In one split second, I pressed the delete button, not realizing what I did. That evening, I planned to transcribe both interviews. The

one I did earlier that day was recorded but I realized I deleted my first interview! I was in shock that I had made this mistake, even though Dr. Darrah explained this was common.

Luckily, I always take hand-written notes during these interviews, but I realized there was a ton of rich data that I never recovered. My informant was able to do another interview about a month later, however it was not the same as that first interview. Even though I have a lot of great experiences doing this project, this is a lesson I will always remember.

X. ANTHROPOLOGY AND LAS CAMPEONAS

The evaluation I conducted on Las Campeonas de Salud was anthropological at every step. My teammates and I made sure to implement tools and skills we learned in the Applied Anthropology program to this project.

1. *Interviews*: In order to do an ethnographic evaluation, understanding the clients and their needs was necessary. Semi-structured interviews with both Dr. Roe and several Campeonas helped my teammates and I determine what direction was appropriate for this project. These interviews gave me lots of data to work with in terms of constructing my survey and identifying important findings for the group. If I had not utilized interviews as part of my methodology, I would not have the rich data that helped inform various parts of my research.

Coding interview data is something I learned in the program and used at my internship at Stanford. I utilized coding software for that project, but for Las Campeonas, I developed my own codes and did it manually. Although this took a great deal of time and effort, a great portion of my findings, suggestions, and future possibilities came from this process. It helped me review my data several times, learning something new every time. Coding is definitely a skill that I can add to my toolkit and apply it in a work setting.

2. *Culturally Constructed Survey*: Before entering this program, I never knew what went into developing and administering surveys, and how surveys can tell different stories of the groups they are administered to. At my place of employment, we developed surveys based on objectives *we* wanted met, not thinking about how our participants would comprehend or react to the questions asked of them.

Through discussions and lectures in the program, I learned how to develop a culturally constructed survey, and Las Campeonas was the first “real world” experience I had doing this. Using my coded interviews, I found appropriate ways of asking my participants questions that they understood and also helped me get needed information.

An example that surprised me, and made me happy I constructed the survey the way I did was when I asked a question about marital status and offered possible answers such as: married, divorced, separated, single, and other. Someone asked me why I bothered to put “other” because there could be no more possible forms of relationships. However, after interviewing several members of Las Campeonas, I understood that many of its members identified their relationships differently. The survey reflected that, and about five selected “other” as their answer, while explaining how they viewed their relationships or lack thereof. I realized that construction of surveys based on the group being studied can yield more information. It is important to communicate clearly to those participants in order to obtain the best quality information.

3. *Participant Observation and Rapport Building*: We spent almost a year going to Campeonas meetings and events, interacting with the women, Ms. Garcia, Dr. Roe, and her Health Science students. This set the stage not only to understand the dynamics of how the group functioned, but also what the women were like and how to find ways to communicate with them. Through these methods, we also understood the relationships Las Campeonas not only had with

each other, but also with stakeholders outside of Las Campeonas, including McKinley staff and faculty, and SJSU professors and students.

By attending and participating at events, I formed close relationships with some of the Campeonas, which allowed us to speak more openly about the group and eventually helped in my evaluation of it. I also saw the different levels of participation and leadership expressed by the women, which also helped inform the evaluation. Therefore, utilizing these anthropological methods helped my team and I uncover the layers of this group and find ways to document their story.

4. *Ethics*: If I have learned nothing else in anthropology, I definitely take with me the importance of ethics. Ethics is vital, especially in an applied setting for two reasons. First is the amount of valuable and sensitive information I can obtain and second, the reality that for anthropologists, ethics does not hold the same weight as ethics in other professions do, like medical practitioners. In doing this project, I had access to a lot of private and controversial information. Because I wanted to uphold to the standards of anthropological ethics, I chose to keep this information private and use pseudonyms for my participants even though at times I felt their work merited recognition in my report.

5. *Ethnographic Evaluation-Through their eyes*: This evaluation was informed largely by Las Campeonas de Salud. Through their knowledge, suggestions for the group's future largely came from them. It also demonstrates how much members think about group sustainability. This is crucial because I consider this project very participatory and I hope that they feel their voice will be heard when I present the findings to them. In applied settings, doing this type of evaluation more often can make the process more impactful for all stakeholders involved.

XI. CONCLUSION

In summary, this project addressed many important issues and findings that pertain to Latinas' navigation of health and educational systems through the voices of Las Campeonas de Salud. The ethnographic evaluation went beyond addressing my research questions. Through their broadened social networks, these Latinas were exposed to more health information while also actively participating at their children's school. Members of the group also identified ways their group can remain sustainable, and offered important suggestions that will not only keep them engaged in the future, but also augment the group's size, achieving more success in its endeavors.

Las Campeonas also wanted to market this group to other schools. I believe this would be a great grassroots model that would not only expand their leadership skills, but also help spread health information to other schools that lack these resources. I also hope that one day they reach their dreams and establish a mobile clinic at McKinley Elementary.

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Appendix A: Las Campeonas Interview Instrument

I. Demographic Questions

1. What is your name?
2. What is your age?
3. What is your ethnicity?
 - a. Where are you from?
4. Are you currently working?
 - a. Full/Part time?
 - b. What is your employment?
5. Do you have any children?
 - a. Do they go to McKinley Elementary School?
 - i. What is their grade and age?
 - c. Do you have other children that do not attend here?
 - i. What grade and age?
6. Who lives in your household?
7. How long have you been in the McKinley community?
8. Where else have you lived?
 - a. How long did you live there?
9. Do you have family in San Jose?
 - a. How are they related to you?
 - b. How is your relationship to them?
 - c. How long have they lived in San Jose?

II. Participation of Las Campeonas

10. How did you hear about Las Campeonas?
 - a. Who told you?
 - b. How did they tell you?
 - c. Where were you?
 - d. What did they tell you it was?
11. Can you give us a timeline of your participation in the project from the beginning until now?
 - a. Why were you interested in the program?
 - b. When did you start? Was it a meeting, an event? Did you go alone; did you bring your kids or family? Did you see other people you already knew?
 - c. Who did you talk to? What did you enjoy or dislike?
 - d. What made you begin to identify yourself as a Campeona?
12. How often do you attend Las Campeonas?
 - a. Did you have any breaks or leave during the program?
 - b. Where there any reasons for you not coming?
13. What do you like about Las Campeonas?
14. In what ways, do you participate in the meetings? What about the events?
 - a. How do you help?
 - b. When did you decide to help?
 - c. In an average week how much time do you spend participating?
15. What is your role in Campeonas?

- a. How has it changed over time?
 - b. Are you taking on any leadership roles in Campeonas?
 - c. Has your participation in Las Campeonas made you feel more empowered to take on other roles and responsibilities at McKinley Elementary that would not have happened before?
16. Have you yourself invited or promoted Campeonas to others?
- a. Who did you tell?
 - b. How did you convince them to attend?
 - c. Did you convince them with the same information you were given when you first heard about it?
17. How has Las Campeonas affected your life?
- a. What about your family and friends?
 - b. Has it changed your relationships? How?
 - c. How do you balance all aspects of your life?
18. How have you benefited from Campeonas?
- a. Body, mind, or emotional improvements?
 - b. Social, economical, or political improvements?
 - c. As a Latina coming to live in the U.S.?
 - d. Can you give me an example in your life when you **applied** what you learned and realized these benefits?
19. How would you describe your relationship with other members?
- a. Do you spend time with members outside of Campeonas?
20. What is the most memorable moment in Las Campeonas to you?
- a. Who was there?
 - b. Why was this experience valuable to you?
21. What does “Campeona” mean to you?
- a. Do you identify yourself as a Campeona?
 - b. Is there another name or word you could use to describe the group?
22. In your opinion what types of women fit a kind of profile, background, characteristic that is a Campeona?
23. What are your plans after your children are no longer at this school? Would you continue to be a Campeona?
- b. Are there mothers who do this that you’ve seen?
24. What in your opinion is a reason for why women do not continuously participate in Campeonas?
- a. What would be a good solution for retaining them?

III. Organization

25. Do you know the history of Las Campeonas?
- a. How did it begin? Were you part of this first group?
26. What are ways that Las Campeonas can improve?
27. Where do you see the program five years from now?
28. What are your suggestions for the future?
- a. If you could change things from the program what would they be?
 - b. Do you think you could lead this work as a leader of the group? Why, how?

c. Do you think your husband would join a group for men? What conditions would help?

IV. Health Education

29. How have you benefited from the health education aspect of Campeonas?
- Has Campeonas given you more awareness for health issues? Do you implement what you learn at Campeonas in your daily life? What aspects do you implement?
 - Do you think it will help you access health care more effectively or not?
 - What are the health topics most important to you? Why?
 - What are the events that are most important to you? Why?
 - Do you believe you can talk about your personal health issues at Campeonas?

V. SJSU Health Science Department

30. What is it like to work with the Health Science Department? Are there challenges?
31. What is your opinion on the universities cooperatively working alongside the McKinley community?
- What are the responsibilities of the university to your local community?
 - Have you benefited from being affiliated with SJSU? Why?
 - Are they community members too? How are they community members or aren't?
32. What do you think it would be like without the cooperative of SJSU? What would it take to keep Campeonas functioning?

VI. McKinley Community

33. How does Campeonas tie into the McKinley School?
33. In your opinion, how do people perceive Campeonas?
- Members?
 - McKinley Parents or community members?
34. What have been your experiences with other organizations in the past?
35. Are there other organizations that you participate in now?
- How would you describe your involvement there?
 - How long have you been a part of them?

VII. Other

36. What do you think of the project we are doing?
37. What would you like to see in this project?

Appendix B:

Las Campeonas Survey

1. What is your age? _____
2. If you identify as Latina/Hispanic, please choose how you identify yourself:
 Mexican Guatemalan Nicaraguan Salvadorean Other:_____
3. Are you currently: Single Married Divorced Separated Other
4. Are you currently working? Yes No
5. Why are you interested in Las Campeonas de Salud? (Choose all that apply)
 Health Information Form Relationships To Relax Other (Please Specify)_____

Please check the box that applies	5. Very involved	4. Somewhat involved	3. Not sure	2. Not very involved	1. Not at all involved
6. How would you rate your participation in Las Campeonas?					
	5. Very high	4. High	3. Every once in a while	2. Low	1. Very low
7. How would you rate your attendance at Las Campeonas events?					
8. How would you rate your access of health information as a result of your participation in Las Campeonas?					
	5. Strongly agree	4. Agree	3. Undecided	2. Disagree	1. Strongly disagree
9. Do you agree with the following statement: My leadership skills have grown because of my participation in Las Campeonas.					
10. Do you agree with the following statement: My participation in Las Campeonas has broadened my social relationships.					
11. Do you agree with the following statement: My participation in Las Campeonas has changed my life in a positive way.					

12. What would you like to see differently in the group?

13. What kinds of health topics would you like to see in the future?

1. Demography and Geography

- 1.1: Age
- 1.2: Gender
- 1.3: Location
- 1.4: Migration

2. Personal Life

- 2.1: Household make-up
- 2.2: Working status
 - 2.2.1: Campeona
 - 2.2.2: Husband
- 2.3: Children in school
- 2.4: Extended Family
- 2.5: Gender roles in the household

3. Las Campeonas

- 3.1: Naming/Self Identity
- 3.2: Participation
- 3.3: Leadership
- 3.4: Social Networks
 - With other Campeonas
 - With University students/coordinators
 - Other Organizations
 - McKinley School
 - McKinley Community
- 3.5: Access: Health
 - 3.6.1 Changes in Behavior (applied)
 -
- 3.6: Access: Education
 - 3.7.1 Changes in behavior
 - 3.7.2: College going culture
 - 3.7.3:
- 3.7: Campeonas Suggestions
- 3.8: Campeonas Sustainability

Appendix D: Codes Descriptions

<p>Demography and Geography</p>	<p>Sub codes for this section were age, gender, location, and migration. While the group make-up of Las Campeonas is women, I wanted to capture this by coding for it because it is an important component for the project and the group. I tracked the age range of the women who attend the meetings and identify as members of the group. Location and migration are also important components of the demographic information I looked for. Location meant where the participant was located, and where people she had connections with were located, either locally or otherwise. Migration meant from where and when the participants migrated.</p>
<p>Personal Life</p>	<p>Personal Life included sub codes that had information about the household make-up of the participants such as a single family unit, roommates, extended family, etc. There was also a code for past or current working status of the participant and other adults in the household to possibly explain participation rates for Campeonas. I also coded for the number of children and their ages, especially the ones that attended McKinley Elementary School. I included a code for information on the extended kin of the participant to understand it had a strong presence in the lives of the Campeonas. Finally, I coded for gender roles in the household, in order to understand what kinds of roles the participants held at home that could potentially resonate to their participation in Las Campeonas.</p>
<p>Las Campeonas</p>	<p>This category housed the bulk of information pertaining to this project. I coded for self-identity, to understand if Las Campeonas identified themselves as “Campeonas.” I also coded for levels and types of participation and leadership the participants expressed in their interviews. Social Networks was a code that had sub-codes such as networking and forming relationships with other Campeonas, University students, volunteers, program coordinators, other community organizations, and McKinley Elementary School. Access to health resources also included a sub-code of changes in behavior as a result of more access to this type of information. Access to education included sub-codes such as changes in behavior and college going culture. Finally, the last two codes in this category are suggestions from participants for the program and sustainability of the program.</p>