Paso a la Salud

Development of a culturally relevant intervention to improve obesity among underserved Hispanics in Detroit

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**Obesity among underserved Hispanics in Detroit**

Obesity among the Hispanic population continues to be a significant public health problem, obesity is considered an epidemic in the United States (US). The Centers for Disease Control and Preventions (CDC, 2015) documented “the prevalence of obesity was 36.5% among U.S adults during 2011-2014. The worldwide prevalence of obesity has more than doubled between 1980 and 2014 (Appendix A.) Current changes in lifestyle and nutritional intake regimens, in most homes and schools have contributed to the obesity epidemic. Obesity imposes significant health risks for cardiovascular disease, diabetes, musculoskeletal conditions and cancers. Evidence suggests that interventions customized to a cultural group are more effective for obesity management.

How is obesity determined? “Body mass index (BMI) is an inexpensive and easy-to-perform method for screening weight categories. BMI is categorized as; underweight, normal/healthy weight, overweight, and obesity.” While BMI can help identify an individual’s current weight status, it is a screening tool and not a diagnostic tool. Other factors must be considered to determine an individual’s health status such as; the individual’s diet, exercise regimen and lab values (hemoglobin A1C, lipid levels, etc.). Other factors that influence an individual’s overall health are the resources available within their community.

Obesity imposes significant health risks for cardiovascular disease, diabetes, musculoskeletal conditions and cancers. 1  The 2017 national report demonstrates that despite efforts to reduce obesity, these rates have risen from 35% of the population affected in 2010 to 40% in 20152  with women most affected.3 Hispanic adults have the highest obesity prevalence with 50.6% of women and 43.1% of men affected; 2  this pattern aligns with Michigan data. 4 Obesity Hispanic rate for 2020 was 44.8%.

Management of obesity is multi-factorial and requires strategies to address individuals, families and communities to integrate lifestyle changes that support health and well-being. 9-10 Reducing obesity rates require changes in recreational and healthcare contexts, food environments, cultural and individual preferences and the community contexts were persons live and work. While a plethora of interventions have demonstrated success in managing obesity, contemporary evidence suggests interventions that are tailored or customized to cultural norms and preferences of the population and the local community are more likely to be successful and sustainable. Best practices emphasize that the development of health interventions related to obesity for Hispanic ethnic groups, require identification and understanding of the culturally relevant factors that are likely to impact the intervention outcomes. 5-6, 9-10

Unjust distribution of health care and treatment regimens is a health disparity. What is a health disparity? Healthy People 2020 defined a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

A health disparity consists of more than one factor, which in turns affects more than one aspect of an individual’s health outcome. For the purpose of this paper, obesity in the 48209-zip code will be our focus. distributed. The care and resources available to an individual are based on where the individual lives. Where Unjust distribution of resources available within the community, clearly shows how the provision of health care is not equally someone lives can affect the health outcomes for that individual and their family.

**Problem**

The clinical issue for this project addressed options for managing obesity in the context of the CHASS health center that serves the Hispanic and African American population. Many programs aimed to decreased obesity are created from healthcare providers that address decreasing obesity is managed with better diet, exercise and awareness of improving the person’s health. Those programs are not always focused on goals the patient may want to focus on. Not meeting patient goals can create barriers for change as patients may lack the vision to see the value in the program. Hispanic adults have the highest obesity prevalence with 50.6% of women and 43.1% of men being affected; these rates are the highest in the State of Michigan with rates of 53.1%.

This project sought to invite patients to focus groups to ask the patients who receive care at CHASS medical center to identify options that the patients feel are important to help them manage their obesity and nutrition status to make key changes that promotes healthy lifestyle change within a community and within the CHASS center.

**Background and Significance**

Taking a closer look, Michigan has the 10th highest adult obesity rate in the nation while the Detroit area was at 30.8% in 2017, according to The State of Obesity: Better Policies for a Healthier America (2017).” The article identifies the existing coloration that exists between health status as it pertains to income, education and safety within a community that the individual lives in (Detroit Residents More Obese than the Average American, 2017). Multiple factors contribute to an individual’s overall health status such as access to stores that provide fresh fruits and vegetables, safe communities and income. Food choices that individuals make can be affected by the food they can afford to purchase.

Multiple factors in a community and an individual’s health, financial status, availability of safe neighborhoods, access to grocery stores and options for safe walking environments in their communities and the ability to use the walking track at CHASS, including the Zumba classes. There is inequity in the distribution of health care services and treatments can put an individual at a higher disproportion than others such as safe communities, with parks, grocery stores and transportation options. Not living in a safe community can decrease how physically active an individual or family is. Lack of physical education in the schools as well as not having access to parks or recreation centers can inhibit an individual from being active. According to City Data (2013) “Average Adjusted Gross Income (AGI) in 2015 for the 48209-zip code was $25,020.” Not having the adequate resources to buy or having to pay higher prices for fresh fruits and vegetables can deter an individual from purchasing such items.

Management of obesity is multi-factorial and requires strategies to address individuals, families and communities to integrate lifestyle changes that support health and well-being.9-10 Reducing obesity rates require changes in recreational and healthcare contexts, food environments, cultural and individual preferences and the community contexts were persons live and work. While a plethora of interventions have demonstrated success in managing obesity, contemporary evidence suggests interventions that are tailored or customized to cultural norms and preferences of the population and the local community are more likely to be successful and sustainable. Best practices emphasize that the development of health interventions related to obesity for Hispanic ethnic groups, require identification and understanding of the culturally relevant factors that are likely to impact the intervention outcomes.5-6,9-10

Educating patients on what is needed to make change is important. However, it is equally as important to provide the necessary means that individuals need to make the change. Not doing so is contraindicating what we are educating our patients on. To do so, social determinants of health need to be addressed for all communities. Doing so can help prevent and lower the number of individuals that become obese and therefore decrease the number of individuals affected by the adverse health outcomes associated with obesity. Identifying what patients feel is important and needed by them is crucial to make and sustain change.

In the United States according to the CDC (2016) “Non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%). Obesity is higher among middle age adults age 40-59 years (40.2%) and older adults age 60 and over (37.0%) than among younger adults age 20–39 (32.3%).” Hispanics hold the second largest number of obese individuals, in comparison to other ethnicities in the United States. This is of great concern because according to the United States Census Bureau (2015), “Hispanics constituted 17 percent of the nation’s total population as of July 1, 2014, making people of Hispanic origin the nation’s largest ethnic or racial minority. The projected Hispanic population in the United States by 2060 is projected to constitute 28.6 percent of the nation’s population by that date”. Reducing the obesity epidemic in the United States is of great significance and focusing on the largest population can significantly contribute to lowering overall numbers of overweight and obese individuals in the United States.

**Clinical Question**

What do Hispanic adults ages 19-64 years old feel they need as it pertains to health programs offered at CHASS medical center that would improve their health and reduce obesity?

**Literature Review**

Multiple studies have been done as it pertains to obesity, with each focusing on different aspects of the problem. Multiple solutions and/or connections as to how our nation can manage the problem have also been presented. Obesity is considered an epidemic in the United States, and it is one of the most important modifiable risk factors for prevention of chronic health illness. Recent data suggests that the risk of developing obesity significantly increases in Hispanic/Latino immigrants to the United States. Multiple factors contribute to an individual becoming obese. Some become obese as a result of a “predisposition to visceral adipose accumulation, yet the majority of individuals become obese due to their lifestyles, inadequate nutrition and lack of physical exercise” (Aguayo-Mazzucato et al., 2018).

One study done by Santos, R., Huerta, G., Karki, M., & Cantarero, A. (2017), was a study focused on making a connection between obesity and social determinants of health. In the article titled Social Determinants of Overweight and Obesity Rates by Elementary School in a Predominantly Hispanic School District, eighty-five elementary schools were surveyed. The dependent variables were BMI, as well as school district. The independent variables were rate of obesity, social determinants such as; race, ethnicity and socioeconomic status. The article identifies that forty six percent of Hispanic children are overweight or obese. The data was collected from an urban school district in the Southwest part of the country. Data was collected from 2010-2011, the school being surveyed had an enrollment of ninety thousand students. School nurses were collecting information such as weight and height for students enrolled in kindergarten through fifth grade. In this study, an overweight or obese student was defined as; a student with a BMI percentile above or equal to the eighty-fifth percentile. Students that did not meet the criteria were excluded from the study. A total of 20,188 students identified as being overweight or obese participated in the study. Variables included; academic performance, number of unexcused absences, number of public parks and fast food establishments in their immediate area. A Generalized Linear Model (GLM) was used to make an analysis of the data. The results from the Binomial-GLM indicated that location of school was irrelevant to the obesity trend. Furthermore, the number of fast food restaurants near the school had a bigger impact on overweight and obesity. The study concluded that social determinants play a bigger role in the number of Hispanic students that are considered overweight and obese in comparison to the location of the elementary school.

A good case study was presented showing the relationship of obesity and social determinant among two sisters within a community. The article Confronting the Social Determinants of Health — Obesity, Neglect, and Inequity, touches upon the responsibility that healthcare providers and community officials have in making sure that all individuals have access to adequate healthcare as well as resources. The article written by Cheng (2012) states; “Obesity stems from energy imbalance derived from a complex interplay of behavioral, genetic, environmental, and social factors.” The article focuses on two sisters who both have uncontrolled chronic illness that at first seem to be neglected by their mother. However, once further research is done it is discovered that the lack of resources and availability are the true culprit of their uncontrolled disease process. It is identified that both sisters live with their single mom in a “crowded, run-down tenement in a high-crime neighborhood; they would like to ride their bikes but are often afraid even to step outside.” The mom herself did not graduate high school and does not know how to cook. She was also never taught how to keep up with her finances. The mom herself was at a disadvantage and now her daughters are heading in the same direction.

The article clearly identifies how living and having access to different resources can influence an individual’s overall health. “The 20-year differential in life expectancy between the most and least advantaged people in the United States reflects vast social inequities and grossly different life experiences for the haves and the have-nots.” This fact alone is solid proof that having the adequate resources is as equally important as having access to healthcare. “Disproportionate burden of disease borne by socially disadvantaged groups, in striking conformity to a social gradient.” This case is a clear example as to how a cycle must be broken or future generations will continue to suffer.

The mom in this case lacked adequate resources to make a change; therefore, her daughters-at a young age- faced multiple disease processes as a result of living in the area they lived in. If as a society we don’t make changes, individuals who live in disadvantage neighborhoods will continue to see a never-ending cycle. Those that live in areas that have access to adequate resources will continue to see positive outcomes for new generations. The article makes a clear point and brings across a solid message, how important it is to have adequate healthcare and resources available to everyone.

Finding out what individuals need is of great importance to make change. Individuals trying to make change can help patients within a community by identifying from the individual what they need to make the change. No one can say best what they need to make change, then the individual making the change. This is even more important when dealing with individuals from various cultures that are trying to adapt to the society, they are now in. Acculturation takes time and one must consider a group’s cultural aspects. Therefore, programs created should first consider an individual’s cultural norms

**Purpose**

The purpose of this project is to seek input from the community of patients at CHASS medical center about health programs that they feel would benefit their health and wellbeing. Therefore, helping create and develop culturally relevant interventions to improve obesity among underserved Hispanic population.

**Conceptual Framework**

If the “Paso a Salud” program explores and seeks input on key characteristics for a culturally relevant intervention to address obesity, then Hispanic patients at CHASS medical center will be more likely to engage in the program, change their attitude and gain skills/knowledge to improve weight. If Hispanic patients at CHASS medical center become more involved in programs to improve their health, then their overall health will improve. If their overall health improves then the number of obese Hispanic patients at CHASS center will decline.

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| INPUTS | OUTPUTS  Activities Participation | OUTCOMES - IMPACT  Learning Action Impact |
| Staff: RN, MD, NP, SW  Hispanic Patients at CHASS medical center  Technology: computers, social media  Money: stipend for participants  Time: focus groups, meeting with stakeholders | Meetings on how to recruit and run focus groups  Media: create flyers to recruit patients  Phone calls: remind and encourage patient participation   * Physicians * Nurses * social workers * patients overweight, obese * Focus group participants will include Hispanic women and men ages 19-64 receiving care at the CHASS health center | Awareness of weight status  Knowledge of what is needed to make change  Positive attitude about programs and making change  Learn new skills to make positive changes and improve health  Hispanic patients at CHASS medical center will participate in health programs to improve weight.  Patients will improve weight and decrease number of chronic health illness associated with increased weight. |

Assumptions:

1. Culturally relevant programs will increase number of participants.
2. Seeking patient input on programs patients want offered will increase patient participation.
3. Increased patient participation will increase knowledge and improve overall weight.

**Methodology**

**Design**

Two focus groups with six persons each were planned, and we had 18 persons participate in the two groups. The sessions were held on Saturday mornings for approximately 1.5 to 2 hours. The purpose of the project was to ask the patients at the center to identify health programs that the patients feel are needed at CHASS medical center to help improve their health and reduce obesity. A needs assessment will be developed, and the results will be used to tailor new health programs at CHASS medical center.

**Subjects**

The target population includes Hispanic adults ages 19-64 years old who are current patients at CHASS medical center. Approval from the University of Detroit Mercy Institutional Review Board (IRB) will be obtained prior to any program activities. The two focus groups were offered at CHASS medical center on two separate occasions during October and November of 2019. Patients participate for two hours in each session and provided several relevant suggestions.

**Data Collection**

A needs assessment tool was developed to seek input from the community of patients at CHASS medical center about health programs they feel would benefit their health and reduce obesity. Flyers were created to promote the project and all patients ages 19-64 can participate. A series of questions will be created and asked during both focus groups. Responses will be audio recorded and transcribed. Patients will not be identified by name but rather by a number. Data forms will be completed and kept confidential at the beginning of the study.

Information obtained from the need’s assessment will be used to help guide the development of new health programs. The data obtained was disseminated provided to CHASS medical center and its executive leadership to also contribute to future research and improve the overall health and well-being of the community.

**Data Analysis**

Two focus groups were conducted at different times during the month of October and November. A series of questions will be asked during both groups. The focus groups will be audio recorded and data obtained were transcribed.

**Human subjects Ethical Processes**

Nineteen patients at CHASS medical center between the ages of 19-64 years participated in this study. Expected risks of the study are considered minimal. The discussion may raise feelings about issues related to health and research. The questions will not be personal. The participants might grow tired of or be made to feel uncomfortable answering certain questions. Patients will have the option to not answer a question if it makes them feel uncomfortable. Participants will benefit from providing information about the health care needs in their community. All participation is voluntary. No physical injury is expected as participants will be seated sharing information.

**Human Subject Consideration**

The IRB at the University of Detroit Mercy approved the application to support the study and consent from the executive leadership at CHASS was also included in the process. The focus group participants will include Hispanic women and men ages 19-64 receiving care at the CHASS health center. The community-based, not for profit health center organization seeks to provide comprehensive, accessible and affordable quality primary health care and support services to all residents of the community. Participants were recruited from the agency by personal invitation from providers and advertisements in the clinic.

Persons participating in this study may benefit by providing information about the types of programs that may improve their health such as healthy eating, getting active, stress reduction, and/or having individual or family classes that can be addressed through research. In addition, some people may find sharing their stories to be a valuable experience. We hope to use the information shared by participants to develop a culturally relevant intervention to improve personal and family health in their community.

There are no medications, chemical materials, appliances or devices which will be in contact with any of the volunteers. There are no invasive procedures that will be performed on any of the volunteers. No physical or medical tests which will be performed on the volunteers for the study. A demographic data sheet to collect data such as gender, age, ethnicity, relationship status (married, single, divorced, etc), family size, employment (full or part time, not working), and how many years have they been coming to CHASS for care. Participants will be informed of potential benefits and risks to the study in writing via the informed consent, which is attached. All participant questions regarding the consent and the project will be answered by the PIs with assistance from the Spanish speaking members of the research team.

Subjects were only identified as a member of a specific focus group 1 or 2. The participants and investigators will be in a private room and away from the clinic offices to maintain privacy. No individual names will be used in any of the recordings. The demographic data sheets and digital recordings will be stored in a locked cabinet inside the locked office of the primary investigator (Rouen). The digital recording will be used to transcribe word for word into a document of the proceedings. The document will also be translated for those who spoke in Spanish. The contracted transcriber will not have any information regarding the identity of the participants. To protect confidentiality, participant names will not be used in the written copy of the discussion. The focus group will be audiotapes and the cassettes will be safely stored in PI's office, along with all other documents related to the study. Once the study is completed, the audio tapes will be destroyed.

**Data Results**

Focus Group 1

October 19, 2019

Time: 09:30-10:45

Paso a la Salud (Step into Health)

Proctor 1: Thank you everyone for coming this morning. I want everyone to feel comfortable so that we can have an open discussion. We are doing a survey here at CHASS to see what programs we can offer our diabetic patients. For the most part, our clinic comes up with programs that we believe will help diabetic patients, but we would like to do this differently to see what programs patients believe will help them better their health. We have a couple of questions that we are going to ask you and everyone can answer based on how they feel. If you would like to suggest something that was not discussed within the questions, please feel free to bring it up.

Everything that is said here today is confidential and will not be discussed outside of this room, names will not be used, and everyone will be given a number which will help identify individuals for the purpose of the recording. Does anybody have any questions before we start?

Proctor 2: What kinds of physical activity do you do to stay healthy?

Participant 001: I do Zumba for an hour and a half from Tuesday through Friday, and I walk the other days…Saturday, Sunday and Monday.

Participant 005: I walk, but now that it will be cold well its harder.

Proctor 1: Has anybody used the walking track that we have here at the clinic?

Group: No.

Participant 008: We can use the walking track?

Proctor 1: Yes.

Participant 008: And we can use it at any hour?

Proctor 1: As long as the clinic is open, you can come and use it.

Participant 001: Do we have to let anyone know, we are using it?

Participant 008: I thought it was only for people who work here. Can we use it on Saturdays?

Proctor 1: Yes. As long as the clinic is open you can use it.

Participant 008: Do we need to get permission to use it?

Proctor 1: No. As long as the clinic is open, you are allowed to use it.

Participant 003: So it is not only for the staff?

Proctor 1: No, you can all use it. Do you think it would be a good idea for the clinic to announce that it (the walking track) is for use by the patients?

Group: Yes.

Proctor 1: In terms of exercise, what activities appeal to you or give you pleasure? For example, in the past we have offered Zumba on Tuesday evenings and yoga.

Participant 003: If they could offer the programs at a different hour that would be good so that more of us could come.

Participant 003: Maybe in the morning is better when kids are at school.

Proctor 1: Ok.

Participant 002: Is there a gym here?

Proctor 005: No, there is no gym here.

Participant 001: Have they offered yoga here?

Proctor 1: They have offered it here, usually on Tuesday evenings, but I recall only seeing it one time.

Participant 008: Was Zumba every day?

Proctor 1: No, it is usually on Tuesday evenings.

Participant 008: Tuesday evenings around what time?

Proctor 1: It is usually around 6:00 Are there any other exercises or suggestions?

Participant 003: For me, because if one doesn’t hurt, the other one does…yoga would be a better option, but if it could be offered in the morning…and then offered more days, even if they charged for it. If one joint doesn’t hurt, the other one does. We need something to keep us moving.

Proctor 1: Ok.

Proctor 2: Does anyone else want to share something?

(pause, followed by silence)

Proctor 2: What prevents you from being active or maintaining activity?

Participant 003: The complications associated with this illness.

Participant 008: With this sickness, being lazy and not wanting to get up.

Participant 009: Like, being lazy.

Group: (laughter)

Proctor 1: What can we do to help you with that?

Participant 009: Nothing, that is up to us.

Proctor 1: Would group exercises work? For example, some gyms offer walking groups, exercise groups or bike groups. Would you guys like that to be offered here? Have you seen that they have started to put bikes around the community? Would you like them to put a bike stop here?

Participant 004: A bike stand?

Proctor: Yeah, like the ones that they put by E & L (a supermarket) where you can rent the bike.

Participant003: No, I wouldn’t use it.

Proctor: Ok.

Participant 004: Yes.

Participant 009: Yes, that would be nice, I used to ride a bike when I was younger, but I don’t know if I could now that I am older.

Participant 009: I don’t know how to ride a bike.

Participant 004: Daycare.

Proctor 1: You would day care to be offered while you exercise and that would help you?

Participant 004: Yes, because these kids that I have here today, I watch every day from 7:00 until 8:30

Proctor 1: Question 5) What kinds of foods do you eat to stay healthy?

Participant 003: I eat a little bit of everything

Participant 008: I eat a little bit of everything

Participant 004: I eat a little bit of everything

Participant 007: I eat a little bit of everything, but the key is to eat in smaller portions. It helps your organism digest food better. It helps break down fat easier.

Proctor 1: Ok.

Participant 007: …and it makes your stomach work less. And all of that is good to keep yourself healthy.

Proctor 1: Ok. Anybody else?

Participant 008: With diet but it is hard, because whatever I eat, he has to eat.

Participant 004: I can’t do a diet because I feel like I’m going to pass out, so I just eat a little bit of everything.

Proctor 1: Do you guys come and participate in the Mercado that we have on Thursdays? Do you guys like it? And do you guys think that we should offer it on more days?

Multiple participants: Yes.

Participant 005: Are they still having it (Thursday Mercado)?

Proctor 2: It was held on Thursday, but it is done for the year.

Participant 003: Yes, I come all of the time and I was telling the lady sitting next to me that they offer a lot of information on how to cook vegetables in different ways, they offer these little recipe cards and they are very helpful. I haven’t followed it 100% However, it has helped me a lot because they give you a lot of information, so having it other days would be helpful. I have made changes, but as we all know, diabetes is something that happens over time.

Proctor 1: Ok

Participant 003: I mean, classes really help. It helps boost your emotions…because you talk to other people. All classes help and it helps if you come at least once a week.

Proctor 1: Ok. Has anyone else participated in the cooking classes offered?

Participants 008: No.

Participants 001: No.

Participants 004: No.

Proctor 1: and the reason you haven’t come is because you didn’t know about it or because of the time that it was offered?

Participant 009: Time

Participant 004: Because of the time it was offered.

Participant 008: What time is it offered?

Proctor 1: It is usually offered during the evening hours; would it be better if it was offered during the day?

Participant 009: They’re offered in the evening? I thought they were offered during the day.

Proctor 1: No, it is usually offered during the evenings.

Participant 009: Oh, in the evenings is fine. I will tell you guys one thing, my husband had his sugar really high, and provider Camargo was seeing him, and in making changes, he started drinking green juices, eating his oatmeal, but not with milk and using cinnamon instead of sugar and right away his blood pressure improved and his blood sugar improved.

Participant 003: And that’s why it’s good to come to the groups because you learn new things and a lot of it is useful, I mean you may not put everything into practice…

Participant 009: and the juice is really good.

Participant 005: See, groups help because you can learn things that you can try, things that you can put into practice, we learn a lot, we learn from their experiences or from the person giving the class. They give you options to try that week, so for me, it is good to have the groups.

Participant 008: When is it?

Proctor 1: It is usually on Tuesday evenings. We would like to know if it would be better to have in the morning, maybe when the kids are in school, and what type of options would you guys prefer? Some groups actually take you shopping to pick out your food so that you can learn how to pick out your fruits and vegetables, and then there is another that teaches you how to cook vegetables in different types of ways.

Participant 002: It would be good to learn about everything because sometimes we cook the same thing over and over.

Participant 009: Because we don’t know. Like you say, tomorrow I’m going to make soup and the next day I’m going to make ground beef with potatoes and the next day chicken…and the next day you would start all over again and make the same things.

Participant 004: Yeah, because you are used to what you make.

Participant 009: …and then you can learn to make new foods. Like meat, you can probably make it different ways, you just don’t know how to add to it or how to prep it.

Participant 003: Yeah, you learn a lot.

Participant 009: Like steamed chicken and then you add steamed veggies and it turns out really good. You can add a little bit of salt, or garlic with salt or onion with salt.

Proctor 1: Ok.

Proctor 2: Ok, now that we are talking about food, 7) tell us about the types of food that you eat.

Participant 003: Like food from the country that you are from?

Proctor 2: The food…

Participant 002: Food from a different culture? Because I only eat Mexican food.

Proctor 2: Do you cook a lot of chicken? Do you cook a lot of beef? Do you cook a lot of pork? Do you cook rice? Your chicken, do you boil it? Do you fry it? Do you bake it?

Participant 002: I cook it in all types.

Participant 003: It’s not how you cook it but how much you eat of it.

Proctor 2: Does anybody else have anything to share?

Participant 001: Well now that I’ve been coming to the fruit market on Thursdays, they would give you little recipe cards on how to cook the vegetables and I started eating more vegetables.

Proctor 1: What are the things that prevent you from eating healthy? Maybe not having access to fresh fruits and vegetables near your home?

Participant 003: Something that prevents us from eating healthy?

Participant 003: It’s just because we’re lazy

Participant 009: It’s because of a lack of knowledge.

Participant 003: It just takes a lot of time

Participant 009: Yeah, it takes a lot of time to wash your vegetables.

Participant 003: You always want to eat what is the fastest (option).

Participant 009: I told my husband, I’m tired of washing vegetables. I’ve been doing this juice for you for over a month and a half, if you want this, you have to put some effort into it. Because I come home from work and I have to wash everything to make that juice and I am tired. Take care of yourself.

Group: (laughter)

Participant 008: Are frozen vegetables the same as regular vegetables?

Participant 008: Are they better than canned?

Proctor 1: Frozen vegetables are better than canned vegetables because they have less salt.

Participant 008: So, the canned ones (vegetables) have more salt?

Proctor 1: Yes, so it is better to have frozen vegetables if you don’t have fresh.

Participant 008: So, you can just add frozen (vegetables) to your meat?

Participant 008: Because then you have to cook them separate, and there are already some frozen vegetables that all come together so it is easier.

Participant 003: See, classes help. They are offering a class on Fridays, I’m not coming now, but in a previous class they even showed us how to freeze our own vegetables and I still have some of the ones that I froze in my freezer. I have bags of corn, carrots, potatoes and they tell us how to do it so that it doesn’t lose anything. They teach you how to freeze them and then you put them in your pan, and you have fresh vegetables.

Participant 005: Oh really? That sounds really cool.

Participant 003: And they just started some classes and I think that you can still register. Fridays at 9:00

Participant 009: Really? Where?

Participant 003: Here.

Participant 009: At 9:00 in the morning?

Participant 003: Yes. Fridays from 9:00 until 12:00

Proctor 1: Everyone had mentioned the lack of will power…if we were to offer alternatives online, for instance on Facebook, would that be beneficial for everyone?

Participant005: It would be beneficial because we are always on Facebook

Participant 003: Yeah, that would work.

Participant 004: Yeah, because it would also help us because we could share home remedies or things that we have tried to lower our sugar because with our busy lives, kids, it is hard to commit to go to something all of the time.

Participant 003: Like, if they could do something, like the Mexican supermarket that is online that everybody has access to, maybe this one could be about health tips, recipes, things that you can do to stay healthy, daily posts…it would help everyone.

Participant 009: Yeah, it would be helpful to have recipes.

Participant 009: It would be helpful because even if you were at work, you could log on to see what was posted for the day and you can learn new things.

Participant 003: Yeah, because we all have time to get onto Facebook.

Participant 005: Because we all make time for it.

Proctor 2: Any suggestions? Daily recipes? Or the recipe of the week?

Participant 003: Yeah, the recipe of the week would be good.

Proctor 2: Do you think that this could also be a good way to communicate what activities are happening?

Group: Yes.

Participant 003: That would be really good.

Proctor 2: Because sometimes we have the pamphlets in the front desk, but then you come to your appointment and you may not get one or not see one because you are moving really quickly to get to your appointment…

Participant 002: Yeah, and then you don’t see them.

Participant 003: And sometimes we don’t take the time to read what’s there.

Participant 003: Half the time we are on our phones or staring at the wall.

Proctor 2: Ok. How do you think your diet is related to your health? Do they go hand-in-hand?

Participant 003: One hundred percent, everything has to do with that.

Participant 008: The diet has to do with that.

Participant 002: It’s hard, you forget.

Participant 008: And then you come see your doctor and you get the test results, and then you tell yourself that you need to make a change…but it’s hard.

Participant 005: Yes, it’s hard.

Participant 003: I just saw a tv commercial the other day about a new medication to help control your A1C, but I never understood the difference between (diabetes) types one and two. And I didn’t understand the commercial, it said that with type two you still have control. And I didn’t understand that because I always assumed that with type two, you are worse…but the commercial indicated that if you have type two you still have control.

Proctor 1: Yes, there is a difference between type one and two, type two is acquired over time from overeating or your body producing less insulin over time. Type one is usually seen more in children because they are born with it and their bodies don’t produce insulin at all, so it is more common in children. Type one you are usually on a treatment regimen for the rest of your life. With type two, if you lower your A1C with diet and exercise, then you can get off of medication and no longer have it.

Participant 003: I didn’t know that, I just learned that yesterday from a commercial. You have to inject yourself and I had never thought about the A1C, I didn’t think about type one, I had only thought about type two. You are older, you are sicker and there it says that you can control it, that you can get rid of it.

Participant 004: So, if you use insulin, you can get rid of type two?

Proctor 1: Type two we use the A1C to determine the treatment regimen. As it improves, we modify your treatment regimen. If you reach the normal range, some people come off of the medication and are simply diet controlled.

Participant 002: I didn’t know that.

Proctor 1: Yeah, there are patients that have made changes to their diet and added an exercise regimen, and their A1C has improved. I’ve had patients whose A1C was above 12 and then they make changes and they drop their A1C below 6 and then they don’t need the medication. So it’s doable.

Participant 007: What has the biggest impact? What makes your sugar go up? Your diet?

Proctor 1: Yes, your diet.

Participant 007: the more you eat of something, the higher your sugar is, like the more pop you drink?

Proctor 1: Yes, pop is a big contributor, but carbs…in the Hispanic diet we eat a lot of rice, tortillas, and all of that is processed by your body and it is turned into sugar. There are different cooking classes that are offered, so like that breads that we offered to you today were made in a way to where there won’t be a spike in your sugar, it will be released slowly in your body. It won’t increase your sugar in comparison to if we had brought sweet bread (pan dulce). So, it goes to teach us that if we cook things a little differently, we can still enjoy things…they just have to be cooked differently. So, we are going around the table and if everyone wants to give me a suggestion that was not discussed, whether it be cooking classes or groups about diabetes, give me one (suggestion) per person.

Participant 009: Well, I would like the program about food to know what we should be eating and if they could upload it to Facebook, that way we could look at it when we can.

Proctor 1: Ok.

Participant 007: Foods to lower sugar? Well what else can be done?

Proctor 1: yes

Participant 007: More information on how to prevent high glucose. Maybe discuss the foods that we can eat more of without making your glucose go high.

Proctor 1: Ok.

Participant 008: A cooking recipe so that we can prepare it at home. Give us cooking suggestions, like we had already discussed, so that we can make them at home.

Proctor 1: Ok.

Participant 008: …because the meat, the rice, the flour…everything seems to turn into sugar.

Proctor 1: Ok. It turns into sugar. (seeking clarification)

Participant 008: Yes, it turns into sugar.

Participant 002: You post on Facebook all of the programs that are available to exercise. I would like for them to be posted so that I know what exercises are offered and at what time.

Participant 008: Do you have the page here?

Participant 002: No

Participant 008: They do post all of the events that they are having here…the walk they did last year, so they do put everything that is happening.

Participant 009: You know, they could also upload the Zumba (videos) like other people do.

Proctor 008: So that you can watch it at home?

Participant 004: Yeah, so that way if I don’t have time, I can do it at home.

Proctor 1: Ok.

Participant 002: I would want more programs to learn how to cook, so that you can learn how to cook, not diet things, but things geared more towards diabetic patients. Because they do teach you how to cook here, but it’s the same thing. To learn how to cook

Participant 008: To learn how to cook other things that we like…

Participant 002: Like pastries that we enjoy…and are still good for us.

Participant 001: I would like a program like yoga or Zumba, but on more days. Because at home we don’t work out…you don’t work out when you’re alone, you work out when you are with a group of people, so to come here is a better option.

Proctor 1: Would it be better in the morning or in the afternoon?

Participant 001: For me it would be better in the afternoon, after you’ve picked up your kids from school, fed them, then leave them at home and come here.

Proctor 1: Ok.

Participant 004: For me, it would be the cooking classes so that I can learn how to cook my vegetables because I feel like I am always steaming them…I’m getting tired of it.

Group: (laughter) Participant:

Proctor 1: Ok

Participant 003: For me, when didn’t talk about it, but it would be something for stress, because it is very important and sometimes it has a bigger impact than the food.

Participant 005: Yeah, that happens to me.

Participant 003: Something to help you relax.

Participant 005: Yeah, something to help you relax.

Participant 003: Yoga helps, but yoga helps your body. But we need something to help us mentally deal with stress or cope with anxiety. At least maybe putting something up four times a week.

Proctor 1: Ok.

Participant 004: Can I say something?

Proctor 1: Yes.

Participant 004: My daughter attends Harms and a doctor or psychologist would go there to the school to help all individuals like me that are stressed, and so we held groups and we talked about how we could cope with stress.

Proctor 1: Ok

Participant 004: Another suggestion would be to create a women’s group so that we could come to discuss things that affect us.

Participant 008: and a men’s group so that they can talk to our husbands about it too.

Proctor 1: Are you guys just talking about cooking meals at home because right now a big trend is meal prepping. Is that something that you guys are talking about or are you just talking about daily meal cooking?

Participant 002: That’s a good idea.

Participant 002: Is that like freezing meals? You are making meals and freezing them?

Proctor 1: Well, there are different options. Some teach you how to make meals to freeze, and some teach you how to make meals for the days to come, but they are healthy options that you can quickly warm up and eat instead of eating out or eating chips because you are really hungry.

Participant 009: So, you can make them the day before and that way if you are hungry you can just heat them up.

Participant 001: So, you make your meals for a whole day in advance.

Proctor 1: Ok. Does anyone else have any other comments that they’d like to share before we finish up?

Participant 008: Does yoga help for your diabetes?

Proctor 1: It helps because it helps you deal with stress and it helps keep you active. There is one that is more like an exercise, so it does help.

Participant 008: Because we go to La Sed on Vernor and we do three days of exercise, but it is in a chair. On Thursdays they do yoga, but I feel like it is more stretching exercises and I couldn’t get it done…and on Fridays that have Zumba.

Proctor 1: There are different kinds so we would have to see which one we can offer here.

Participant 007: I spend most of my time walking.

Participant 008: Yeah, he walks all of the time, he walks everywhere.

Participant 007: Yeah, I almost run, and then I try to do some crunches for my abs.

Group: (laughter)

Participant 007: But it has helped me being there doing exercises.

Proctor 1: Ok

Participant 008: I skip yoga, I feel that it is too painful.

Participant 008: I think it’s just the movements, she is not used to them.

Participant 008: We are sitting in a chair and we are trying to stretch.

Participant 009: You are just not used to it.

Proctor 1: Continue to work at it, the more you do it the easier it will get. Does anybody have any other comments?

Participant 004: No, but it is all geared around the food.

Participant 008: Yeah, that is what we’ve mainly talked about, it’s all about the food.

Proctor 1: Thank you for your time, we will use the information collected to help determine what programs can be created to better your health. We will take the information provided and discuss it with Dr. Valbuena. Does anyone else have any comments or suggestions? No? Well thank you again for your time.

Focus Group 2

November 2, 2019

Time: 09:30-10:45

Paso a la Salud (Step into Health)

Proctor1: Thank you for coming. This is a study that we would like to do at the clinic to see what programs we can put in place to help patients with diabetes or overall patients that would like to better their health. Usually the clinic will put programs in place, announce them and let you know what they are however now we would like to hear from you. We would like to know what programs you think the clinic should put in place. Everything that is said in this room stays in this room as you saw your names; the forms that you signed have a number. The recordings that I am doing will only have a number I will not put your names.

Proctor 2: What kinds of physical activity do you do to stay healthy?

Participant 015: I walk at the park.

Proctor 2: Do you use the walking track?

Participant 015: No, I go to Clark Park, I do two laps every day.

Participant 014: I walk every day for thirty minutes and I go to the senior center to do physical activities.

Participant 010: I have been going to Henry Ford. I was given this opportunity to go to their facility and I go three times a week…Mondays, Wednesdays and Fridays. I do exercise for 30-35 minutes per session mostly on my legs; I was given this opportunity due to my cancer so that I do not develop a blood clot in my legs.

Proctor 1: Is there an activity or exercise that you guys like to do?

Participant 015: What I like to do when I can’t walk outside is dance.

Proctor 1: Zumba?

Participant 015: No, I just turn the music on and dance at home.

Participant 017: I like to exercise but I like to dance a lot.

Proctor 1: has anybody came to the Zumba that we offer here on Tuesdays?

Participant 015: I did not know you had it.

Participant 012: I have been.

Proctor 1: Did you like it? Did you not like it? What about the hours?

Participant 012: It’s good.

Participant 012: It’s good, it is in the afternoon when you are less busy.

Proctor 2: What prevents you guys from being active?

Participant 010: Time.

Participant 013: Time.

Participant 018: Time and a closer location for us to be in.

Participant 010: Because they tell you to go to the park. It is hard here because sometimes it is too cold, sometimes it is too hot, it just doesn’t work out.

Participant 015: Places like the gym are too expensive.

Participant 010: If they were to build a gym.

Proctor 1: A gym or group exercise classes?

Participant 015: Group classes.

Participant 017: A gym with workout equipment like a treadmill for the wintertime.

Participant 013: I like to go walking, but I am scared. I don’t like to go walking by myself with the dogs that are loose. If someone goes with me it is better. I don’t like to walk on the track indoors because it makes me dizzy…because it is too small.

Proctor 1: The classes that you want offered…do you want Zumba or yoga? And would you want it to be co-ed or separated…women from men?

Participant 019: Separated so that we can be comfortable.

Participant 018: Yeah, because the guys aren’t even working out, they are just looking.

Participant 010: I don’t agree. Mixed would be good because for me it would not be an impairment, my husband is always with me.

Participant 019: Well some of us would feel uncomfortable around guys.

Participant 017: I think that there is a new center opening up that is called Kennedy that will offer work-out classes and work-out equipment for $5.00 but free if you are over (the age of) 55. It is not that far either, a lot of places are a lot further.

Participant 015: There is another place that charges $10.00 but I do not recall the address.

Proctor 1: How do you think doing a physical activity affects your overall health?

Participant 016: Depends on how physically active it is.

Proctor 1: so you think that staying physically active is important for you?

Participant 018: Yes. Very important.

Participant 015: Physical activity is important. For me, when I stop walking, my joints start to hurt when I try to resume i.e. walk two days and that after that is seems to be easier.

Participant 014: I was doing Zumba no matter what the weather was, but then I hurt my knee and stopped going two years ago because I just couldn’t do it with my knee pain.

Proctor 1: So, offering low impact physical activity for people that have joint pain?

Participant 018: Yes. Low impact activity.

Participant 016: While I was going to Zumba it really helped. It kept my blood sugar and cholesterol under control. Then I stopped going and my cholesterol and blood sugar both went up, so it definitely made a difference. Thankfully now, my sugar is under control.

Participant 013: Not sure if it matters, but what about the people who have heart problems? It might be beneficial to have a nurse there who can take their blood pressures and that might make people feel safer doing physical activity.

Participant 017: In my case I can’t do Zumba because sometimes my blood pressure goes up, sometimes it goes down. For right now it has been low so if I do aerobics or dance, I can do it, but not for a long time.

Participant 011: Well if you go to the gym, the machines have to tell you what your heart rate is.

Participant 016: Yeah, they tell you what your heart rate is.

Proctor 1: So, you would take a break just based off of that?

Participant 015: The treadmills are pretty cool. Yeah, they are pretty cool because they tell you your heart rate. But I lost the key so now I can’t turn it on anymore.

Participant 018: You can find it on Amazon…look for the specific brand.

Proctor 2: What do you do maintain yourself healthy?

Participant 015: I eat veggies, I eat chicken soup, I eat a little bit of everything. A sandwich, an egg…a little bit of everything.

Proctor 2: how do you prepare your veggies?

Participant 015: Sometimes I make a salad, or the veggies I make with chicken soup or fish. I make different kinds of veggies and I eat them for a couple of days, I do not eat rice. But then I put a little bit of rice in my soup…mostly veggies, but I eat a little bit of everything.

Participant 016: Me too, I eat a little bit of everything, but I try to eat before 7:00.

Participant 015: I eat whole wheat tortillas. I eat one, but then I feel guilty like I shouldn’t have even eaten one.

Participant 010: I eat less than everybody at home and I am the heaviest and the one that gains the most weight.

Participant 016: Well maybe you need to eat more.

Participant 010: I don’t know (laughter).

Participant 011: There are days where I only eat one meal.

Participant 016: Well maybe that’s the problem, you are slowing down your metabolism.

Participant 015: Your metabolism is slow; you need to eat a little bit more to stimulate it. I eat more than her and I am lighter than her.

Participant 011: I’m heavy, but I’m heavy because I don’t know what to eat.

Proctor 1: Have you participated in the cooking classes offered here?

Participant 015: Yes. They came, somebody said that it is really good.

Proctor 2: Have you been able to incorporate those recipes into your everyday meals?

Participant 015: Yes. They gave me my little book with recipes. But just for me because the kids don’t like what I eat, they say, “you’re going to make that again? You’re going to make that again?”.

Proctor 1: If you could change something about the class, what would it be?

Participant 010: The hours

Participant 013: The days that it is offered.

Participant 010: During the day

Participant 013: Well, everything is during the day.

Participant 016: It would be better if they mixed it up. Maybe they could do one Tuesday in the morning and then the next Tuesday in the evening.

Proctor 2: What is the role that your diet plays in maintaining your health?

Proctor 1: How do you think the food affects your overall health?

Proctor 1: So, who here thinks that what they are eating affects their (blood) sugar levels and their cholesterol levels?

Participant 011: Yeah, I look at something and say I’m going to eat this and my sugar gets high. Like bananas…I eat it and I get leg cramps.

Participant 016: You should eat them in the morning, then your sugar won’t get high and you won’t get leg cramps.

Participant 016: Eat tomatoes; they help so that you don’t get cramps. Anything that has potassium.

Participant 018: Drink V8

Proctor 1: would you guys like classes that will give you alternatives to the foods that you are eating so that you can still enjoy some of the things that you are eating?

Participant 016: It would be nice to have a class that goes over portions, or counting carbs, or when buying foods knowing what is healthy so that we can make decisions about the foods that we are buying.

Participant 016: Well the problem is that we want to eat healthy, but sometimes it is cheaper to eat un-healthy. Like if you want to buy salmon or veggies…they are expensive. It would be nice to have a class that teaches you how to make use of the groceries that you are already buying. Like your chicken…making it different ways, using different seasonings or less fat, ways to use the foods that we already buy.

Participant 015: In the cooking class they taught us how to use canned vegetables by sautéing them, but then you hear that canned vegetables aren’t good for you, that the fresh vegetables are better for you. It just makes it harder. So sometimes I use the ones that I have frozen, but then I think that regardless of what I do my sugars are always high.

Participant 016: everything is harmful

Participant 015: I try to buy frozen and cook a variety of things, but I feel no matter what I do my sugar is always high.

Participant 016: it’s also our mood.

Participant 014: That is true it is the stress.

Participant 015: Yeah, stress can affect it. I try to eat healthy and then I come to my appointment and my sugar is high. And then I talk to behavior health and they tell me that I can eat lettuce all day, but unless I control my stress, my sugars are not going to be under control.

Proctor 1: Do you guys want one-on-one therapy, because we already offer that. Or would you prefer group therapy?

Participant 016: It would be good to have a group to share recipes with, talk about our stress and share ways to deal with our stress.

Participant 014: Like the painting classes that were recently offered. It was really helpful, it helped relieve stress just to sit there and paint.

Participant 015: Yeah, just to get your mind off of things.

Participant 016: Yeah, when I had depression I started knitting. It helped me since I got depressed because I had to take medication to help control my sugars. Like I would eat a bean and my sugar was in the 300’s but it was more of a mental thing. The support groups they have do help.

Participant 019: Yeah, support groups for people who have chronic illnesses.

Participant 015: Yeah, support groups would help to talk about what we have going on.

Proctor 1: In group or individually?

Participant 019: It doesn’t matter as long as they have support groups.

Participant 017: Yeah, as long as they are offered.

Participant 015: Yeah, because stress is bad. I ended up in the hospital the other day…everything hurt. They told me that it was all related to stress.

Participant 016: Classes where they teach you how to do things with your hands.

Participant 017: Well, I have everything but the time to come.

Participant: Yep, that’s the problem. Nobody has time.

Participant 015: Well you could do it after school when you are done doing what you are supposed to be doing.

Proctor 1: In our last group they talked about doing it on Facebook. Either doing it live, posting a recipe every week or information that you guys can use. Or put tapes on how to relieve stress, that way everybody can access it when they have time at home.

Participant: That would be good, especially with the weather. If we can’t come, then we can just look at it on face book.

Participant 010: Yeah, I mean everybody is always on their phones.

Participant 015: Yeah, you can use it as an excuse to say that you are in a meeting.

Participant 017: It would be good because you could do it on your own time. If you can’t do it then and there, you can always come back to it later.

Proctor 1: What kind of videos would you like? What kind of videos would you suggest?

Participant 017: Painting, one of yoga, exercises, classes to dance.

Participant 015: Yeah, but I like to go outside because I like to be free.

Participant 016: Like the classes we suggested on how to supplement food.

Participant 017: A class for exercises that are low-impact so that people who can’t do high-impact can still do it.

Proctor 1: Examples of the foods at home…do you back it, fry it, steam it? Can everybody just share a little bit of what you make at home?

Participant 017: I like salads. Yeah, I like salads. I do salads with grilled chicken, cranberries…things that I can eat.

Participant 018: I like mushrooms, so I sometimes substitute red meat with mushrooms. I don’t like to eat a lot of food with fat. Mostly for my kids. Broccoli, cauliflower, tomatoes, onions…I try to eat things that I know will not make my sugar go high.

Participant 015: I need my salads with spinach, onion, hot peppers, I put a little bit of everything. When there is nothing more, I eat my salad with egg, steamed veggies, I mix it up with raw vegetables, cooked vegetables, blueberries…I put a little bit of everything. You can add chicken for protein. I eat spaghetti with some chicken and mix some vegetables in there…a little bit of everything. And there are times when my kids complain that there are too many veggies, so you make what they want, and you eat a little bit of that. And then my son makes fun of me because he says, “it’s not like you eat anything…it’s all just veggies”, and then I realized that it is just my stress.

Participant 010: I’m not going to lie; in my house they don’t like salads. It’s strange when they eat a salad. They said, when you put it on pozole. When I make pork meat, I add veggies. Like yesterday I made pork with zucchini and corn…and for my husband and I that is great, but my kids won’t eat it. They went out and got themselves a hamburger.

Participant 011: Yes, she makes soup and they don’t eat it, but they’ll make themselves some Ramen.

Participant 016: That’s me too, my kids are the same way. They don’t eat rice or beans, I’m tired of making the same things…it’s not like anybody eats them. I tried to hide the veggies, I blend them, I try to cook them differently, but they find them. We try to eat healthy; we don’t eat a lot of red meat, we eat more chicken and fish. We eat everything, we eat pozole, we just try to eat smaller portions.

Participant 019: I eat everything. I like to cook. I like to cook traditional meals. Pazole, menudo…everything. Veggies…I don’t use a lot of oil; I use the oil that the fat releases from the meat.

Participant 010: I don’t use sugar in my house, I don’t use sugar or salt. I was actually never taught how to cook with those two things.

Participant 019: yeah, I used to restrict myself but then my doctor told me not to be so restrictive…that my body needs a little bit of everything. You need sugar, you need salt…but then I got used to it and then my husband complained that I didn’t use them, but then everybody got used to me not using them.

Participant 016: We need to learn how to use alternative things.

Proctor 1: Someone asked me about the bread today, why we are giving out bread and I said that the bread that is given out today was made differently. It doesn’t have sugar; it has coconut and other things that don’t spike your sugar as high as other sugary breads. But if you try them, you likely won’t taste a difference. It tastes different, but it still tastes good and it doesn’t have the same effects on your body as sweet bread does. Would you like information on how to substitute foods?

Participant 019: Yes

Participant 018: Yeah, because sometimes it’s not how much you eat but what you eat.

Participant 019: And also learning how to eat at your scheduled times because you can starve yourself and then when you get a chance to eat you overeat…so learning how to have more discipline.

Participant 018: Yeah, you eat really late and then you go to bed.

Participant 011: Yeah but it is hard. I like to eat early but if nobody is there it is hard, and I don’t like to eat by myself.

Participant 019: Well then turn the t.v. on.

Participant 018: That’s the problem, you see something good to eat on t.v. and then you think, I want to eat something yummy too.

Participant 016: Watching t.v. makes you hungrier. Even if you are full, you want to eat.

Participant 015: The other day the kids wanted to eat, I asked them, what do you want to eat? I told them that I was going to give them beans, they asked could I at least Sautee them? So, I made it, I made their beans, I made some veggies, I made some sauce…they ate it, so I said good, I’m going to make some more. One of them is a picky eater, the other one eats everything. He says, “why don’t you make us pazole?” I said, because I want you to take care of yourself. He said, “eating it every now and then won’t hurt”. When my daughter-in-law invites me over, I’m not going to not eat what she prepares. Everything has to be in portion control. Then I hang out with the girls and they want tacos, and I say why don’t I make you guys some seafood? So then I go with them and I eat a taco and a tostado…that’s my food and I’m ok.

Participant 019: I wish I could eat like you.

Proctor 1: Smaller portions?

Participant 011: But it is hard! Have you seen some of those portions that they give you? If I don’t die from diabetes I’m going to die from starvation.

Participant 019: That’s true, it’s because we are accustomed to eating differently.

Proctor 1: So, do you eat three meals a day or four?

Participant 011: Sometimes I eat four meals.

Proctor 1: they say that you are supposed to eat your three meals a day with snacks in between so that you can have smaller portions.

Participant 010: He does, he eats his three meals and in between he eats snacks.

Participant 015: Some of us participate in the food program and there we learn to eat smaller portions and a variety of foods.

Participant 017: Learning what each thing has, I’ve been on dialysis for sixteen years. When I go to dialysis the nutritionist will ask me, “what did you eat?” because one of my levels will be off. She’ll tell me that I shouldn’t eat that, and I will tell her that I ate it because I was craving it. My potassium is always high and this time it was normal, and I said really? Because I had eaten something that I wasn’t supposed to and I thought that I just didn’t understand her because I didn’t speak English…why is my potassium normal? Are these someone else’s results? And she said no, these are yours. But now she told me that my cholesterol is high…but I don’t eat anything that can raise my cholesterol. I don’t understand.

Participant 010: Everything is bad for you now. Sometimes they say that certain veggies are bad for you. You want to drink a smoothie, but then they tell you that it is bad for you, that your sugar is going to go high.

Participant 017: Yes, and you don’t even know what to eat any more.

Proctor 1: What do you think prevents you from eating healthy?

Participant 015: The people in the house, because everybody wants to eat something different…and they don’t even help you!

Participant 018: And then they want something, and then you want what you made for them…and then you’re tired, so you end up eating what you made for them.

Participant 019 : I work at a restaurant, so you are around food all day, so it makes you hungry, and then you are eating a little bit of food all day…but I am moving around all day, so that helps. If not, I would be a lot heavier. And you pack your lunch, but then everybody wants some of your lunch and then you have to share your lunch, then your lunch is gone but you are still hungry so you have to eat the food that is there.

Participant 018: Well then take something that they don’t like.

Participant 019: That’s the problem…they eat everything. Because they are tired of eating the same food all of the time, so now when my sister makes food, I take it to them and say, “here, eat it”.

Participant 017: I think the most influential thing is that we don’t know what to buy…we don’t know what to buy to eat good.

Participant 019: Yeah, I went grocery shopping and I bought a little bit of everything but I didn’t know how to cook it so it went bad. I will never do it again.

Participant 018: Yeah, I spent $30.00 but she spent $100.00 and I told her it was a lot.

Participant 019: Yeah, and everything went bad.

Participant 015: Well that’s what you learn at the classes, they teach you how to make everything. If you have a chicken, they teach you how to cut it up and then save some of it to use another day. How to marinate it, how to make it with veggies…how to prepare it different ways. You can use every part of the chicken because you shred it and use some of it in a salad. And the broth, you can save it and use it with your veggies…do different things with it.

Proctor 1: Does anybody come to the Mercado on Thursdays?

Participant 015: Yeah, I come.

Participant 018: But it is too expensive in comparison to other places.

Proctor 1: The food sold here?

Participant 018: I’ll be honest with you, I used to come here to buy groceries, but I only did it because I was getting a gift card for participating in a program…and all they bring are peppers.

Participant 015: Yeah, but it’s organic.

Participant 018: Well, my husband helps my neighbor make a garden and that’s organic too. They grow everything…tomatoes, zucchini….

Participant 014: Yeah, I have my own stuff growing, it helps a lot. Right now, I’m trying to grow peanuts. I’m not sure if it’s going to work with this cold weather, but I hope it does.

Participant 018: It helps, it saves money because you can grow your own veggies and it’s organic.

Participant 014: Yeah, a lot of the foods today have chemicals. I don’t have to buy anything because I grow tomatoes.

Participant 019: Well that must be nice because I can’t grow anything where I live.

Participant: I can’t grow anything because I was told that my soil is not good.

Participant 018: Having your own garden is good because you can make yourself breakfast in the morning…say zucchini with egg.

Participant 015: The veggies taste different too.

Proctor 1: So, if you could classify your diet as to how it is affecting your overall health, how would you classify it?

Participant 019: We could improve it.

Participant 018: We could improve it

Participant 015: We could improve it

Participant 010: Well, I used to work in a food factory and a lot of the labels were put verbatim so learning how to read the labels might not be the solution because the label might not be correct. Even some of the meat that would go bad…all they would do is remove the label and put a new one on. But, if you go to a fresh meat market, they cut the meat in front of you. Other places, the meat comes frozen.

Participant 019: Buying more organic food, or food that is grown without hormones.

Participant 015: Following a diet similar to the Middle Eastern diet, it seems they eat healthier.

Participant 011: Buying meat from places where it’s killed in front of you is better. It’s fresher.

Participant 019: Do they sell that around here

Participant 010: Yeah, in the Arabic community they have many shops, they eat healthier so it’s better

Participant 019: I can’t go to those places; it makes me sick

Participant 017: Even if I buy it from there, my family won’t eat it. I had to throw it away

Participant 019: It’s hard when your family is picky about their food.

Proctor 1: We are going to go around and please give a suggestion about a program you would like to see created or done here at the clinic.

Participant 019: I would like an exercise program, low impact exercises.

Participant 018: Cooking class, to learn more about healthy eating

Participant 010: Exercise, I don’t want to learn more about cooking.

Participant 011: Exercise focused on circulation.

Proctor 1: What times? During the day or evening? Or are you talking about weekends?

Participant 013: More during the evening, as in the evening the majority of the times your only option is the gym.

Participant 018: More during the day, for those of us that work nights.

Participant 015: More classes on learning to do exercises, which helps more than one person at a time.

Participant 014: Exercises and painting classes.

Participant 016: Exercises

Participant 017: Exercises things you can do without a gym.

Proctor 1: Thank you, for all your suggestions. We will take everything into account and try to create new programs that can help each and every one of you.

Participant 011: Could we have water exercises, or exercises with other patients in the same age group.

Participant 013: Same age groups would help, as it can be more focused on the age and everyone will be able to keep up.

Participant 019: Having activities to get out of the house helps, if you have work out equipment at home people never use it.

Participant 010: Yeah, we had two treadmills at the house. We used them to hang clothes; no one used them to work out.

Participant 013: I accompany my mom to her workout, and they have assigned times. That helps, I feel everyone feels more comfortable. Having everyone mixed may affect how people respond. Maybe the younger person will work out more and make the other person self-esteem get low since they cannot keep up.

Participant 019: Water exercises would be nice, something different

Participant 010: Then everyone is always tired we need more energy

Proctor 1: Thank you to everyone for coming

Multiple factors and ideas have been presented and similar requests have been identified from both focus groups. Patients identified a lack of knowledge as it pertains to being aware of resources available at the center. For example, many identified that they did not know the walking track was open for everyone in the community to use. One solution presented was to advertise on social media or have a sign at the entrance indicating the track was open for all to use.

Other participants identified lack of time or inability to come in early to the center as the reasons for not being able to participate in physical activities or the sessions provided.

Patients suggested that Facebook live be used or that sessions be recorded, so that patients could perform such activities on their own time, in the comfort of their homes. Others expressed concerns about the lack of knowledge regarding how to properly cook healthy meals for their families. Many suggested doing weekly blogs, recipes online or teaching sessions that would allow them to learn how to make new, healthy meals with step-by-step instructions.

A request was made regarding meal preparations that would allow some of the cultural dishes to be incorporated or changed so that they would be a healthier version, but still culturally acceptable.

Other similar requests pertained to creating different support groups that patients could participate in online or in person aimed at addressing the different struggles that most patients face. For example, a women’s group, cooking group, depression group, etc. Each group would help provide teaching materials as well as allow patients to discuss and potentially create a support group with one another.

It was identified and concluded from the study that all patients are open to change yet need some help in doing so. Many expressed the lack of time due to work, family and personal care time. Others identified having online resources as a benefit to fit their busy lives and helping them to understand and create ways to change.

The next steps would be to incorporate the request made by the patients. Continue monthly patient education videos. Recording simple YOGA videos on stretching and deep breathing techniques to perform at home. Create educational flyers and teaching aids patients can use to help them learn about healthy eating. Help continue to create safe environments for individuals to work out. Incorporate cultural norms to help patients make change.

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**Appendix A**

A close up of a map

Description automatically generated

**Appendix B**

|  |  |  |  |
| --- | --- | --- | --- |
| Paso a la Salud (Step into Health) | | | |
| ID Number | Age | Sex | Ethnicity |
| 001 | 45 | Female-Misses | Hispanic-Latino |
| 002 | 52 | Female-Misses | Hispanic-Latino |
| 003 | 43 | Female-Misses | Hispanic-Latino |
| 004 | 47 | Female-Misses | Hispanic-Latino |
| 005 | 54 | Female-Misses | Hispanic-Latino |
| 006 | 48 | Female-Misses | Hispanic-Latino |
| 007 | 73 | Male | Hispanic-Latino |
| 008 | 69 | Female-Misses | Hispanic-Latino |
| 009 | 61 | Female-Misses | Hispanic-Latino |
| 010 | 55 | Female-Misses | Hispanic-Latino |
| 011 | 65 | Male | Hispanic-Latino |
| 012 | 59 | Female-Misses | Hispanic-Latino |
| 013 | 30 | Female-Misses | Hispanic-Latino |
| 014 | 67 | Female-Misses | Hispanic-Latino |
| 015 | 70 | Female-Misses | Hispanic-Latino |
| 016 | 43 | Female-Misses | Hispanic-Latino |
| 017 | 52 | Female-Misses | Hispanic-Latino |
| 018 | 39 | Female-Misses | Hispanic-Latino |
| 019 | 44 | Female-Misses | Hispanic-Latino |
|  |  |  |  |
|  |  |  |  |

**Appendix C**

Institutional Review Board (IRB) and Consent

PROJECT INFORMATION SUMMARY



INSTITUTIONAL REVIEW BOARD

GUIDELINES FOR CREATING THE INFORMED CONSENT FORM

The following template is for use when creating the consent form to relay information about your study to participants. Please insert the details that are specific to your study. Below are additional tips for creating your informed consent form:

Keep the language simple. Consent forms should be written at a 6th to 8th grade reading level or below. Avoid use of technical terms. When using acronyms or abbreviations, spell out the full meaning the first time they are used.

Compose the consent form to speak to the participants, not about them. For example, “You will be asked to…” instead of “The participant will be asked to…”

The title of the study on the consent form need not match the title of the study in the project outline form. Sometimes it is warranted to use a simpler title for the consent form.

Most sections are required. However, you may remove the compensation section if no compensation is offered to participants. You may remove the Statement on Future Use of Identifiable Data section if your research is not collecting identifiable private information/biospecimens. You may remove the section on alternative procedures if there are none.

If you are a student, indicate that by giving your name and contact information as well as your advisor’s contact information in the appropriate contact information section.

Include a version date at the very end of the consent form. If revisions are requested by the board, update the version date when requested revisions are made.

TITLE OF THIS STUDY: Paso a la Salud: Development of a culturally relevant intervention to improve obesity among underserved Hispanics in Detroit.   
Principal Investigator: Patricia Rouen, PhD, FNP-BC, Professor of Nursing, McAuley School of Nursing University of Detroit Mercy

Co-investigator: Janet Baiardi, PhD, FNP-BC, Professor of Nursing, McAuley School of Nursing University of Detroit Mercy

Co-investigator: Manuela Camargo, MSN, FNP-BC, DNP student in the McAuley School of Nursing

Study Sponsor: FRA award $1700

Invitation to be Part of a Research Study

Description of the research study and your involvement: The purpose of this research is seek input from the community of patients at CHASS medical center about health programs that they feel would benefit their health and wellbeing. We plan to conduct focus groups with Hispanic adults ages 19-64 years to seek information about the types of health programs the patients receiving care at the CHASS medical center would value to improve their health and reduce obesity.

We plan to offer 2 focus groups with 6 persons each to listen to your ideas about what health programs might help reduce obesity and improve your health. Each focus group will run for 1.5 to 2 hours and we will ask questions and listen to your ideas on what would work best for you. We will audiorecord the interviews and no one will be identified by their name. We will also collect data regarding your age, gender and ethnicity. If you participate in the focus group you will receive a $20 gift card.

Expected risks of the study are considered to be minimal. Some parts of the discussion may raise feelings about issues related to health and research. The questions will not be personal, but rather you would be answering questions or talking with others about the health care needs of the community. The amount of discomfort is no more than everyday life. You might be a little tired of participating or answering certain questions may make you feel uncomfortable. You have the choice not to talk about anything you don’t want to talk about. If you are interested or concerned, you may utilize the resources at the clinic to talk with someone privately. Comments made in the focus group are confidential.

Expected benefits may or may not occur. Persons participating in the study may benefit by providing information about health care needs in their community that can be addressed with this research. Some people find sharing their stories to be a valuable experience. We hope this study will contribute to future research studies that will improve the overall health and well-being of the community. You may not receive a direct benefit from your participation, others may benefit from the knowledge obtained.

The volunteer nature of your involvement in the study. Being in the study is voluntary and you can stop at any time. You will still receive the $20 gift card. The amount of time for the study is 1.5 to 2 hours. Refreshments will be provided during the focus group.

6. Costs to you resulting from participation in this study. There are no costs to the study and with your participation you will receive a $20 gift card.

7. During the focus group the researchers will ask questions and we will listen to those answers. The focus groups will be audio recorded and you will not be identified by name but rather by a number. Your participation is confidential and your data will not be disclosed. We will ask you to complete a brief data form at the beginning of the study.

8. Confidentiality of your records or the data you provide while being part of this study: The signed informed consent and data form and the transcribed audio tapes will be locked in a file cabinet in a locked office at the University of Detroit Mercy. Only the researchers will have access to the information. You will not be identified in any reports of this study. You will not be identified in any reports on this study. After three years the data will be destroyed. Records will be kept confidential to the extent provided by federal, state, and local law. However, the Institutional Review Board, the sponsor of the study (if applicable, i.e. NIH, FDA, etc.), or university and government officials responsible for monitoring this study may inspect these records."

9. Management of physical injury to you. No physical injury is expected as you will be sitting and sharing information

10. Collection of identifiable private information or identifiable bio-specimens. This study will collect data on your age, gender and ethnicity and the data you share regarding health programs you would like to see get started at the CHASS

Medical center. This data will be stored in a locked cabinet in a locked office. There are no bio-specimens collected in this research.

11. Notification of further information. If significant new knowledge is obtained during the course of this research which may relate to your willingness to continue to be involved in this study, you will be informed of this knowledge.

12. Contact information. If you have questions, please feel free to contact:

Dr. Patricia Rouen, Professor of Nursing in the McAuley School of Nursing at the University of Detroit Mercy. You can call her at 313-993-1739 or send an email to [rouenpa@udmercy.edu](mailto:rouenpa@udmercy.edu) and I will return your call or email. You may also call Dr. Janet Baiardi, Professor of Nursing at the University of Detroit Mercy at 313-993-2443 or send an email to [baiardjm@udmercy.edu](mailto:baiardjm@udmercy.edu).

13. Required IRB contact information. Should you have questions regarding your rights as a research participant, or wish to obtain information, ask questions, or discuss with someone other than the researcher(s), please contact the Institutional Review Board at: Michelle A. Wheater, Ph.D., Professor of Integrated Biomedical Sciences, School of Dentistry, Room 430, 2700 Martin Luther King Jr. Blvd, Detroit, MI 48208, (313) 494-6634, [wheatemi@udmercy.edu](mailto:wheatemi@udmercy.edu)

14. Documentation of this consent form. One copy of this document will be kept together with the research records of this study. Also, you will be given a copy to keep.

15. Your consent to be part of this study. I have read (or been informed) of the information given above. The principle investigator or co-investigator of the study has offered to answer any questions I have concerning the study. I agree and give my consent to be a part of this study.

ADULT SUBJECT OF RESEARCH:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Printed Name Consenting signature Date

LEGAL REPRESENTATIVE: (If Applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Consenting signature Date

Relationship to Subject:   
Audio/Video Recording or photographs of subjects involved in this study: An audio recording of the study participant’s comments will be recorded during the focus groups. Once the data are transcribed and de-identified the audio tapes will be erased. No photos will be taken during the two focus groups. Suggested text for this paragraph:

Please sign below if you are willing to have this interview recorded by audio.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

“I do not wish to have my interview recorded (or photographed), however, I wish to be involved in this research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Appendix D**

