

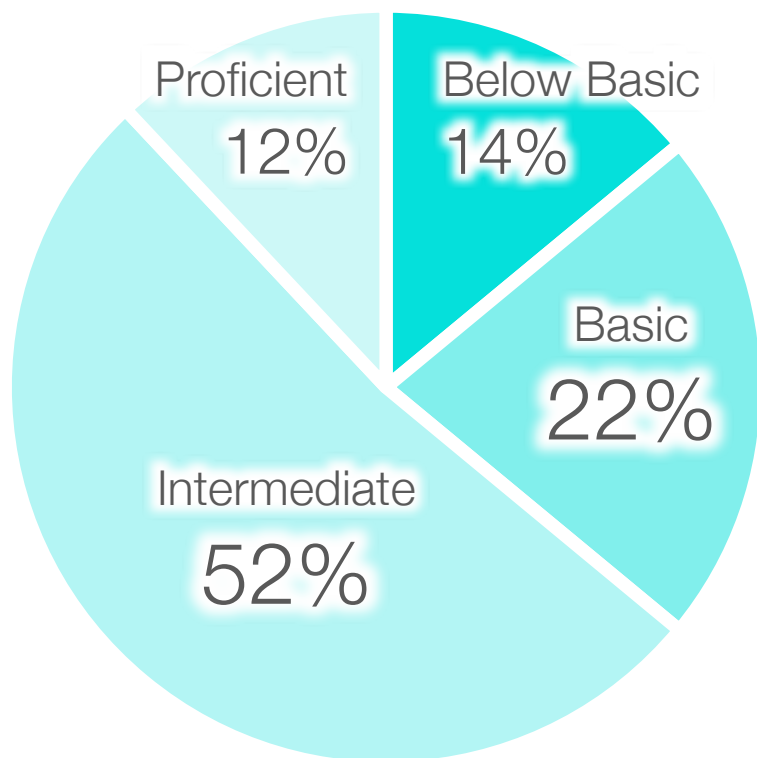
# Nutrition Literacy: Approaches to Reach Spanish-speaking Audiences

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UC Cooperative Extension Specialist in Nutrition

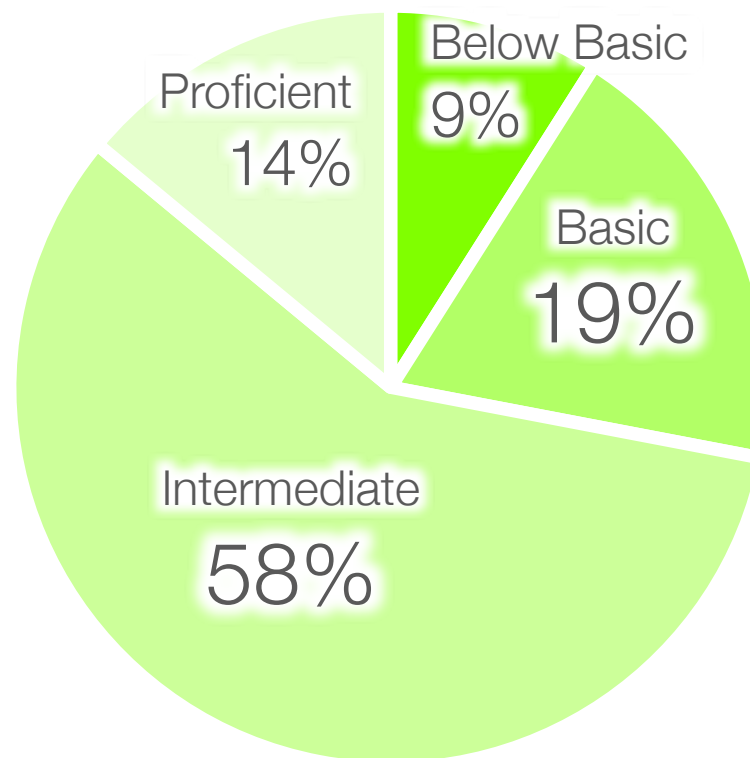
# HEALTH LITERACY DISPARITIES

Percentage of Adults at Each Health Literacy Level: 2003

## ALL



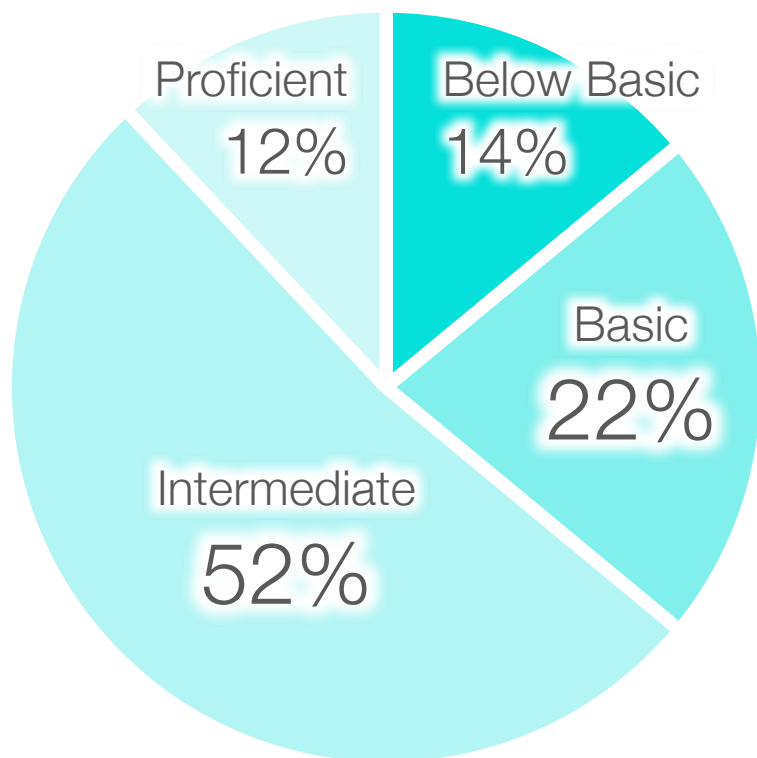
## WHITE



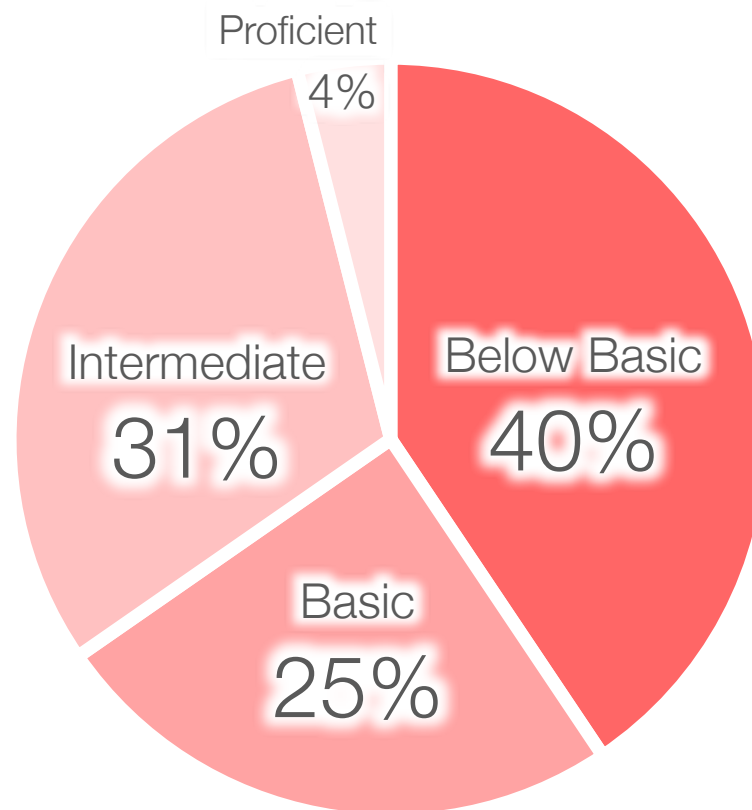
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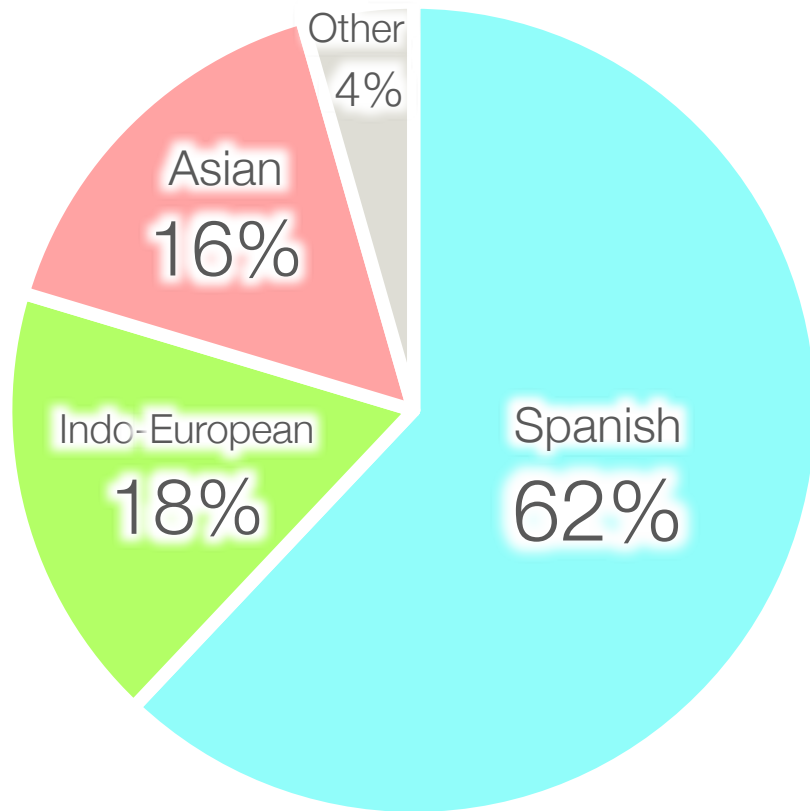
## HISPANIC



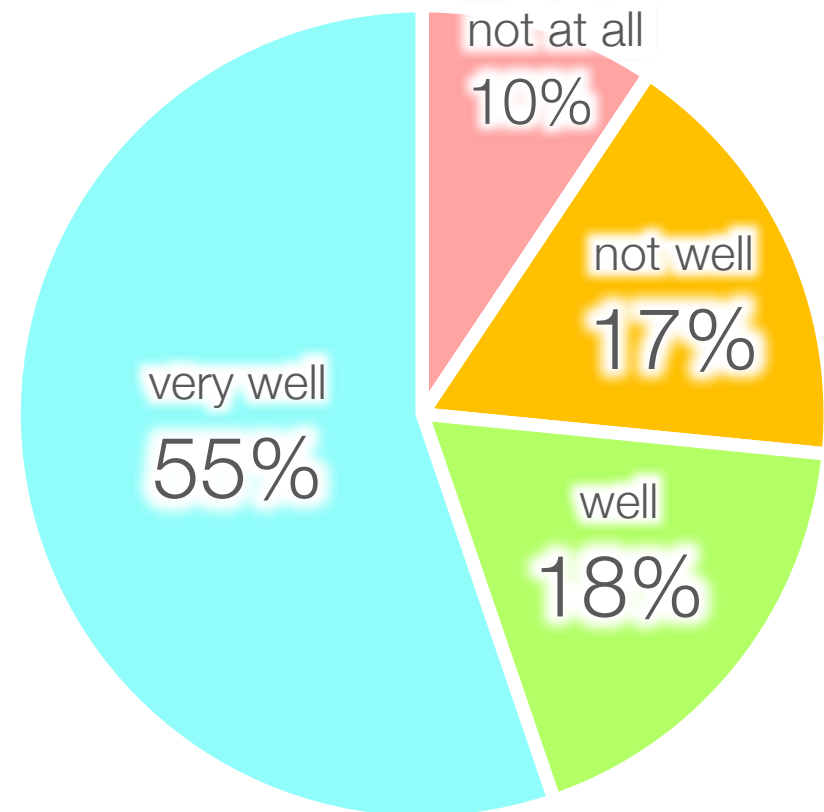
# LANGUAGE USE & PROFICIENCY

Language other than English spoken at home: 2014

20.9% of US population



Hispanic/Latino ability to speak English: 2010-2014



# HEALTH LITERACY & ENGLISH PROFICIENCY

Self-Reported Poor Health Status, 2007 California Health Interview Survey (CHIS)

## ALL

		Health Literacy	
		low	adequate
English Proficient	NO	45.1%	41.1%
	YES	22.2%	13.8%

## LATINO

		Health Literacy	
		low	adequate
English Proficient	NO	44.5%	42.4%
	YES	22.6%	17.3%

All group comparisons are significant at the level of  $p < 0.001$  from chi-square analyses

# HEALTH & CULTURE

## CLAS Principal Standard

“Provide effective, equitable, understandable, and respectful quality care and services that are *responsive to diverse* cultural health beliefs and practices, preferred languages, health literacy, and other communication needs”

### National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

#### Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

#### Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

#### Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

#### Engagement, Continuous Improvement, and Accountability:

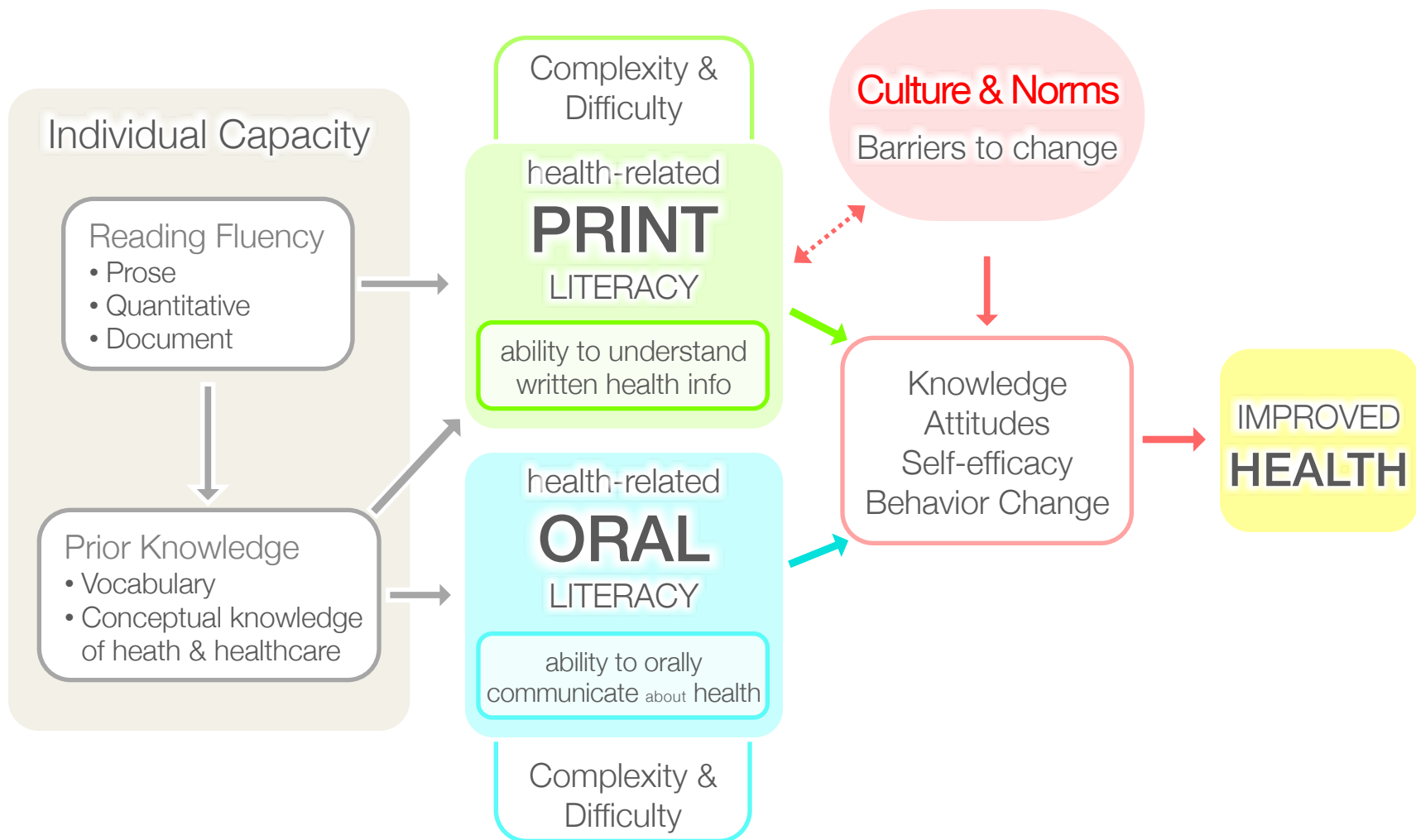
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



# CONCEPTUAL MODEL OF HEALTH LITERACY



# CULTURAL APPROPRIATENESS

## Surface Structure

### ACCEPTANCE

Prerequisite for **feasibility**  
(i.e., face validity)

Apparent characteristics

E.g., traditional foods in materials and examples, deliver program in Spanish and in familiar locations

## Deep Structure

### SALIENCE

Determines **effectiveness**

Underlying conceptions & values informing people's perception of the world

Cultural values, moral, beliefs, stressors

E.g., *familismo*, *personalismo*, fatalism, *simpatía*

Demands empathy & rapport



# EXAMPLES OF EVALUATION MATERIALS

H. Gibbs, et al



Muslo de pollo (3 onzas)

Cuarto de pollo (5 onzas)

Medio pollo (10 onzas)

2. Usando las imágenes de arriba, elija la porción correcta para pollo:

- A. Muslo (3 onzas)
- B. Cuarto (5 onzas)
- C. Medio (10 onzas)

1. Si el número de calorías es el mismo para los dos alimentos en la imagen de abajo, ¿Qué alimento proporciona los nutrientes más saludables en general?

- A. Un puré de manzana sin azúcar añadida
- B. Una manzana
- C. Un puré de manzana sin azúcar añadida y una manzana son igual de saludables



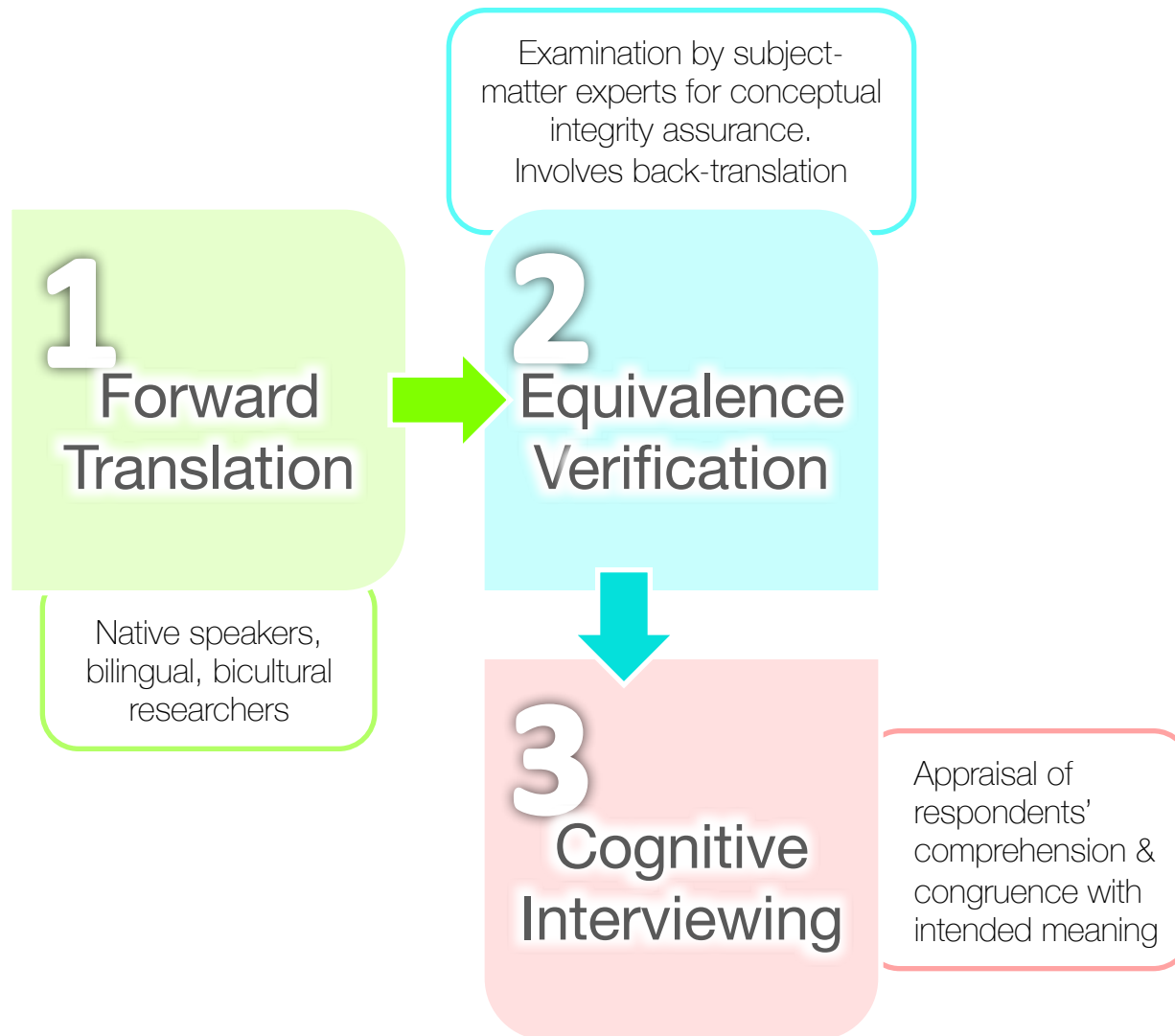
Puré de manzana sin azúcar añadida



Una manzana

M. Townsend, et al

# TOOL ADAPTATION PROCESS



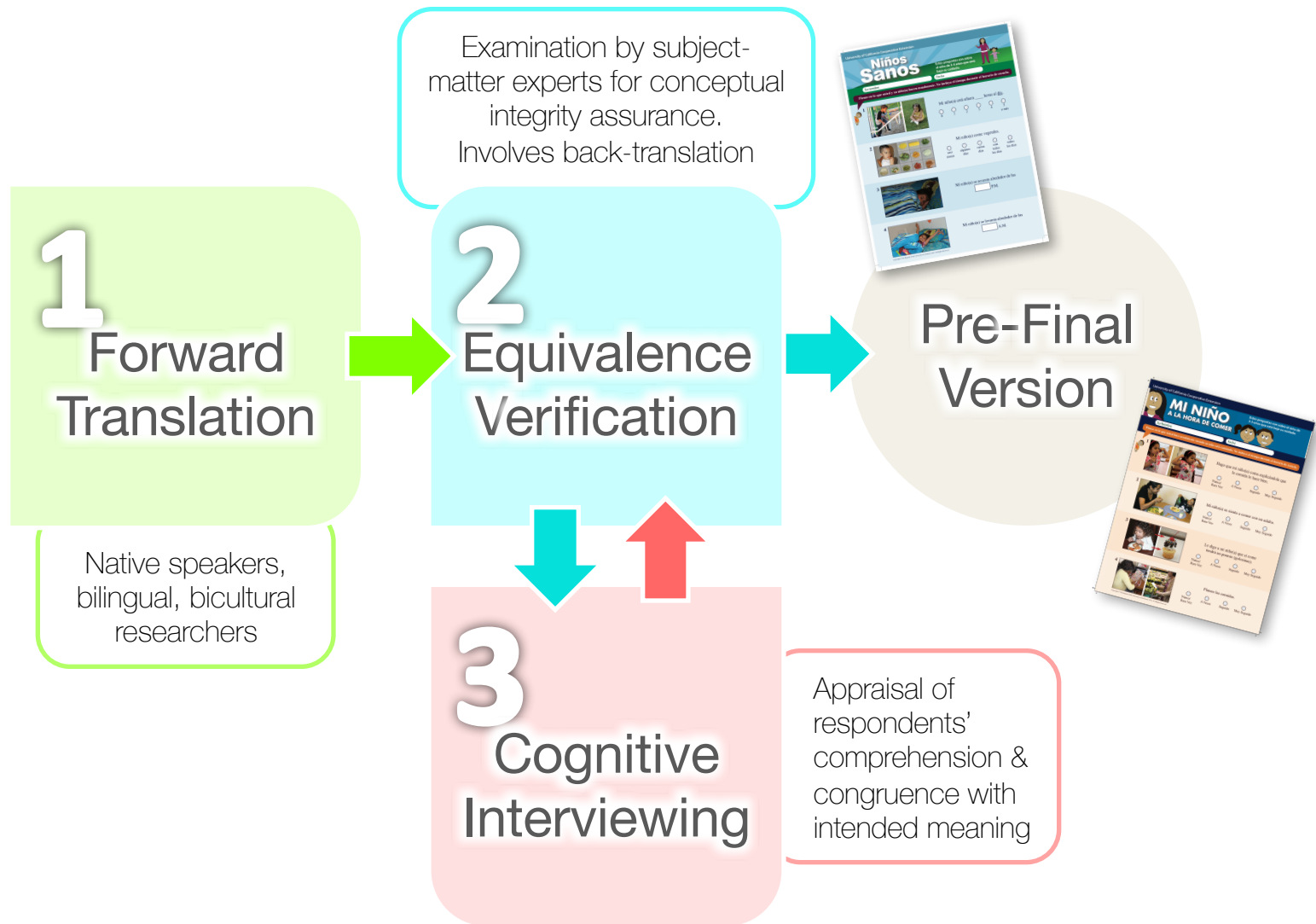
# TOOL ADAPTATION PROCESS

## 3 Cognitive Interviewing

### Domains of Cognitive Interview Questions



# TOOL ADAPTATION PROCESS



# EXAMPLE

## Culturally Sensitive Nutrition Education

*¡SALUD! Comiendo en Familia*

Latino parents with young children

Social Cognitive Theory

Healthy eating

Knowledge

Self-efficacy

Outcome expectancies

Barriers

Goal Setting

# PEDAGOGIC APPROACH

Culturally Sensitive NE Approach for Latino Parents with Young Children

## TALK



Facilitated group discussions, round-table style

Information

Barriers

## HEART



Emotion-based materials

Storytelling

*Touching Hearts,  
Touching Minds*

## HANDS



Skill-building activities

Goal-setting

Self-efficacy

# TALK, HANDS, HEART APPROACH

SESSION	TARGET BEHAVIOR	TALK	HEART	HANDS
1 Welcome	Improving eating practices learned from family when a child	My Childhood Meals Cobwebs & Cables: Shaping Habits	EBM: Follow the Leader (Role Modeling)	Magic Word (Goals)
2 Superfoods	Incorporate Superfoods in the diet	Florence's Story: Failure & Success Today's Breakfast	EBM: Tasteful Gifts (Superfoods)	Foods in their Groups The Superfood Tomorrow's Breakfast
3 My Plate	Create nutritious meal plates	The Son's Letter: Gifts from Parents	My Family's Plate & Health, Today & Tomorrow	Discovering Portion Sizes Creating Meals
4 Reading Labels	Make healthier choices using food labels	Stone-Breaking Men, Moms Cooking: A Wellness Vision	"Not all that shines is gold"	Food Label Inspector Finding the Healthiest Choice
5 Let's Eat	Establish a meal schedule and a healthy meal environment	The Fly in the Wall: Family meals	EBM: Set the Table (Family Meals)	Experiment Recipe My Breakfast Plate



# TALK, HANDS, HEART APPROACH

## Feasibility Evaluation – Focus Groups

### TALK

“I liked it because with each different opinion that they gave, from each one I could learn something.”

“It helped me a lot to know that there are other people going through the same thing as [me].”

“I do believe this was the opportunity we were all waiting for to...learn about our ways of life, our customs, etc.”

### HEART

“I think that they are important because it serves as an example of motivation for us to absorb or learn and to carry it out with more awareness.”

“...what they sought to make us understand is that the good eating comes from home and that it is there, at home, where we are going to learn good eating habits that further along we are going to transmit...that is, a chain.”

### HANDS

“[They are] very important, because the nutritionist tells you what you should eat and everything, but the activities helped you to actually do it.”

“Without this activity maybe we would have felt like we didn't know what to do when at home or at the supermarket.”



## SUMMARY

Health literacy disparities affect  
importantly Latinos in the US

Culturally sensitive nutrition  
education essential for effective  
reach of Latino audiences

Grounded approach to material  
development involves members  
of target audience at all steps

# ACKNOWLEDGEMENTS

## *Research Teams:*

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## TWEET STORM

# Snack

What comes to your mind when hearing the word...?

**and/or**

Translations in any language

Include hashtags:



**#NutritionLiteracy**

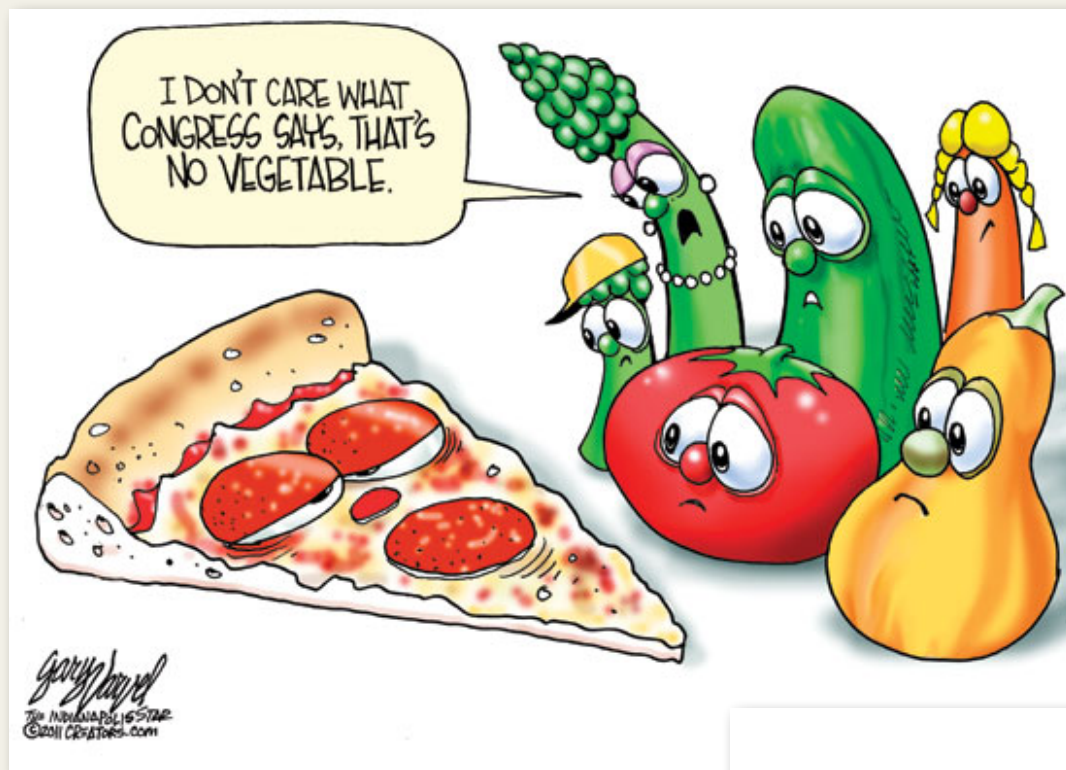
**#SNEB16**



**Karina Díaz** @harinitta · 29s

SNACK = Entre comidas (Mexico) **#NutritionLiteracy** **#SNEB16**





¡Gracias!