

Salud America!

The Robert Wood Johnson Foundation Research Network to Prevent Obesity Among Latino Children

RESEARCH BRIEF

December 2011

La Familia en la Cocina is Speaking Two Languages

Introduction

Childhood obesity is a public health problem across America. In cities such as New York City, childhood obesity has become a major public health concern, especially among racial or ethnic minority children. One recent study of more than 3,000 New York City elementary schools found that 20 percent of students in grades 3 and 6 were obese and 19 percent were overweight—but that the largest increase in rates of overweight was among Hispanic children.¹

One in every five children in the U.S. is the child of an immigrant.² Hispanics are a rapidly growing population—in the most recent census, the Hispanic population demonstrated four decades of continuous growth, and accounted for 56 percent of the total US population growth.³ According to the New York City Department of Health, Hispanic immigrants mimic the obesity rates of US-born Hispanic communities within five years of immigration.⁴ There is a dearth of information on why acculturation to the new environment impacts obesity rates. Effective public health interventions are needed to address health concerns among immigrant families, including early intervention to prevent childhood obesity.

Parents are considered the primary source of socialization for children, including for matters related to eating and body image. Among children ages 6-11, parents frequently drive behavior change.⁵ In laboratory observations of eating, overweight children tend to eat faster and take bigger bites when the mother is around.⁶ Researchers have found that both home and community environments have a profound effect on children's eating habits.⁷ Specifically, parental behaviors such as food restriction and controlling mealtime behavior have been linked to less healthy

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PEER REVIEW

Peer review for this research brief was conducted by *Salud America!* National Advisory Committee Member Mary Story, Ph.D., R.D., professor in the Division of Epidemiology and Community Health at the University of Minnesota and director of Healthy Eating Research, an RWJF national program.

For more information about *Salud America!*, visit

www.salud-america.org

¹ Thorpe LE, List DG, Marx T, et al. "Childhood obesity in New York City elementary school students." *American Journal of Public Health*, 94, 1496-1500, 2004.

² Schmidley D. *Profile of the Foreign-Born Population in the United States*. 2000. U.S. Census Bureau.

³ Passel JS, Cohn DV and Lopez MH. *Census 2010: 50 Million Latinos Hispanics Account for More than Half of Nation's Growth in Past Decade*. Pew Hispanic Center, 2011.

⁴ Kim M, Van Wye G, Kerker B, et al. *The Health of Immigrants in New York City*. New York: New York City Department of Health and Mental Hygiene, 2006.

⁵ Epstein LH. "Family-based behavioural intervention for obese children." *International Journal of Obesity Related Disorders*, 20, S14-21, 1996.

⁶ Tanofsky-Kraff M, Theim KR, Yanovski SZ, et al. "Validation of the emotional eating scale adapted for use in children and adolescents (EES-C)." *International Journal of Eating Disorders*, 40, 232-240, 2007.

⁷ Ibid.



eating habits among children. However, neither of these factors have been closely examined. Therefore, the home is clearly an important place to explore how nutrition and obesity messaging might help reduce obesity rates among Hispanic immigrants.

PRELIMINARY RESEARCH RESULTS

Our Salud America! pilot research project, “*La Familia en la Cocina* (The Family in the Kitchen),” aims to better understand knowledge, attitudes and communication behaviors related to food consumption and preferences among Latino parents and children, as well as the built and cultural environments in which they make decisions. We recognize the need to create, test and disseminate new interventions that reduce obesity rates for Hispanic immigrants, especially in terms of health communication around nutrition and obesity. To do this, we are conducting outreach and interview sessions with Hispanic mothers and children. With 50 mother/child pairs, we will conduct screening and intake sessions, administer a survey on various psycho-social variables (such as acculturative stress and attachment styles), calculate body mass indices (BMI), discuss a family eating scene, and create virtual shopping lists. Preliminary results for 20 pairs include:

- **Surveys on acculturation and acculturative stress that have proven valid elsewhere may not be useful in our study population.** Even in English, many of the children that were interviewed (n = 20) did not understand the meaning of questions referring to “my cultural group.” In Spanish, mothers had difficulty answering many of the questions because of a lack of comprehension of question intent.
- **A large gap exists in the manner in which a mother and child communicate.** Our interviews with mothers were conducted in Spanish and took longer, while interviews with the children were done in English and took much less time. Further analysis of interviews will help determine if such a communication gap exists when mothers and children speak with each other.
- **Many immigrant Latinas felt powerless to address weight issues.** Many mothers said they knew that they and their children were overweight, but few felt empowered to do anything about it. A few mothers noted that, although their children were overweight, they would not make it an issue as long as their child felt good about him or herself. Food choices were seen as rewards for good behavior; therefore there were limits to the guidance some mothers were comfortable giving. Many of the mothers also felt that choices around specific ethnic food were fixed and not changeable. Obesity and nutrition interventions should take into account these different perspectives, cultural values and language preferences (even within the same family).

Conclusion and Policy Implications

Our pilot research project indicates a need to focus on the Latino family unit and on programs that target the family members separately to account for differing communication styles. Children ages 10 to 12 are still bonding with their parents and still see their parents as role models. Yet Latina immigrant mothers may face a critical communication gap with their children, one they may feel powerless to overcome. Social marketing efforts around nutrition and obesity may not recognize the Latina mother as a separate audience from the child—in terms of language, cultural values and agency around food choices.

We expect our final results to advance knowledge of effective, culturally-competent communication strategies to reduce the Latino childhood obesity epidemic, especially among those families in urban areas with high obesity rates. Strategies intended for the family unit may need further disaggregation in order to better reach the various audiences. Ethnic-specific food aisles in grocery stores should include organic and diet options next to the non-diet items. Education initiatives should enhance the mother's agency in making choices for the family.

This will contribute to the renewed national discussion on parenting, parenting responsibilities and impact on children's progress in school. If mother-child communication gaps exist due to immigration and acculturation processes, this should be considered when debating policies regarding parent child communication and the Latino community. Our work, which we will disseminate at community forums and professional meetings at the state and national levels, will help mobilize community members and pave way for future grants to further understand communication patterns and their relations to childhood obesity. We also hope it will help develop prevention programs targeting recent immigrant families.