Using Community-Based Participatory Research to Create a Healthy Latinx Cookbook for Progreso Latino: Baseline Data

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BACKGROUND

- **In Central Falls, 67% of the population identify as Hispanic or Latinx. In this city, there are significantly higher rates of obesity and type 2 diabetes than the RI state averages.[1]**
- **Progreso Latino's Health and Wellness Program seeks to eliminate these health disparities and identified the need for a culturally-concordant, healthy Latinx cookbook for the community.**
- **We are investigating the effect on cooking self-efficacy and dietary patterns of a healthy, culturally-appropriate cookbook created in collaboration with the Latinx community.**

AIMS

1. Understand facilitators and barriers to cooking and eating healthfully
2. Develop a culturally-appropriate, healthy Latinx cookbook
3. Assess changes in cooking self-efficacy and dietary patterns pre- and post- receipt of the cookbook

METHODOLOGY

- 20 in-depth interviews were conducted to achieve Aims 1 and 2 (see Rocío Oliva's poster).

To achieve Aim 3, we:

- Identified validated tools to assess cooking self-efficacy, dietary patterns, and nutrition program participation. [2,3,4]
- Recruited participants in the Progreso Latino Chronic Pain, Diabetes Management, and Seniors groups who spoke Spanish or English and were 18 years or older, and
- Conducted interviews, in Spanish and English, via telephone.

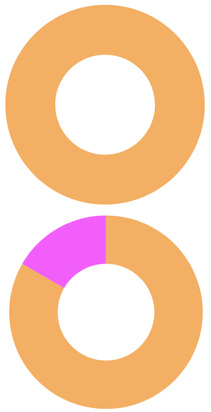
Harvard Healthy Eating Plate:
https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/

RESULTS

Table 1. Survey Participant Demographics

Characteristic		Mean (SD, range) or N (%)
Age, mean, years		59 (15.4, 37-86)
Female sex		9 (75)
Race/ Ethnicity	Hispanic/Latinx/Spanish	9 (75)
	White/Caucasian	2 (17)
	Black/African American	1 (8)
Place of Origin (if of Hispanic/Latinx ethnicity)	Colombia	4 (44)
	Puerto Rico	5 (56)
Community in RI	Pawtucket	7 (58)
	Central Falls	2 (17)
	Cumberland	1 (8)
	Lincoln	1 (8)
	Cranston	1 (8)
Language	Spanish	9 (75)
	English	3 (25)

To date, we have conducted 12 baseline surveys in the pre-intervention phase. See participant demographics in **Table 1**. See sample questions in each of the 3 domains: dietary habits, cooking self-efficacy, and nutrition program participation in **Figure 1**.



(12/12) of participants report that they like to eat fruits and vegetables and that making meals is easy or very easy.

(10/12) of participants agreed or strongly agreed with the statements, "Fruits and vegetables go bad too quickly," and "The fruits and vegetables I like are too expensive."

Figure 1. Sample Survey Questions and Data

Domain	Question	Responses
Dietary Habits	Yesterday, did you eat any vegetables? Please include all cooked and uncooked vegetables or salads.	**50%** of participants did not report eating vegetables the day prior.
Cooking Self-Efficacy	Following recipe directions is… ❑ Very easy ❑ Easy ❑ Hard ❑ Very Hard	**92%** of participants responded that following recipe directions is "easy" or "very easy."
Nutrition Programs	Have you ever received or are you currently receiving SNAP benefits?	**67%** of participants are currently receiving SNAP benefits.

CONCLUSIONS

- **In the preliminary surveys assessing dietary habits and cooking self-efficacy, participants unanimously report liking to eat fruits and vegetables but report barriers to doing so.**
- **These barriers include cost and that produce goes bad too quickly.**
- **Most participants report that making meals and following recipe directions are easy.**
- **Major study limitation: difficult to infer generalizable conclusions from small sample size.**
- **These findings mirror the themes identified in the qualitative study.**

FUTURE DIRECTIONS

- **Incorporate themes identified through survey responses into the cookbook by prioritizing cost efficacy, tips for buying and freezing produce, and plant-focused meals.**
- **Complete cookbook and post-intervention surveys to analyze changes in dietary habits and cooking self-efficacy.**

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