

Adaptando Dieta y Acción Para Todos (ADAPT): Improving Health Behaviors of Latinos Living in Rural Communities in Florida*



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Abstract

Most Latinos in Florida live in rural areas, work as migrant farmworkers and are at greater risk of obesity than those living in urban areas. To address the limitations of the currently available obesity interventions for this underserved, minority population, we developed an evidence-informed, theory-based, multi-family, behavioral intervention, Adaptando Dieta y Acción Para Todos (ADAPT). We used a mixed methods approach to conduct three phases in the development of the ADAPT program.

Background and Purpose

- Latino youth have the highest obesity rate (22.4%), compared to Black (20.2%) or White (14.3%) youth (Ogden, Carroll, Kit, & Flegal, 2014).
- Children living in rural areas are 25% more likely to be overweight or obese, due to several factors including lack of access to affordable, healthy foods, few community resources, and poverty (Lutfiyya, Lipsky, Wisdom-Behounek, & Inpanbutr-Martinkus, 2007).
- Efficacious obesity interventions for Latino youth are limited and report mixed findings.
- The purpose of the present study was to develop an evidence-informed, theory-based, multi-family, behavioral intervention, Adaptando Dieta y Acción Para Todos (ADAPT).
- ADAPT specifically targets obese, elementary school aged Latino children and their parents, living in rural communities and has been tailored to fit the acculturation status, language, national origin, and cultural traditions of this minority group.

Design and Methods

Phase 1

- This phase of the study was commissioned by the local Department of Health.
- Surveys were distributed via mail to patients served by several federally qualified health clinics.

Phase 2

- Focus groups were conducted.
- School personnel identified potential participants that met eligibility criteria – children had a BMI percentile at or above .85, were between 8 and 11 years old and had parents interested in participating.

Phase 3

- Clinic staff identified potential participants that met our inclusion criteria: children between the ages of 8 to 12 living with at least one participating parent 50% of the time; children able to speak English and parents, Spanish.
- Interested participants were informed that there would be 8 sessions and that both parents and their children would participate in the program.

- ADAPT session content
- Session 1: Overview & Get Set for Success
 - Session 2: Get Moving
 - Session 3: Making Healthy Lifestyle Choices
 - Session 4: Healthy Eating
 - Session 5: Meal Prep
 - Session 6: Mindful Eating
 - Session 7: High-risk Eating
 - Session 8: Progress & Dealing with Setbacks

Results. Phase 1

Instrumentation:

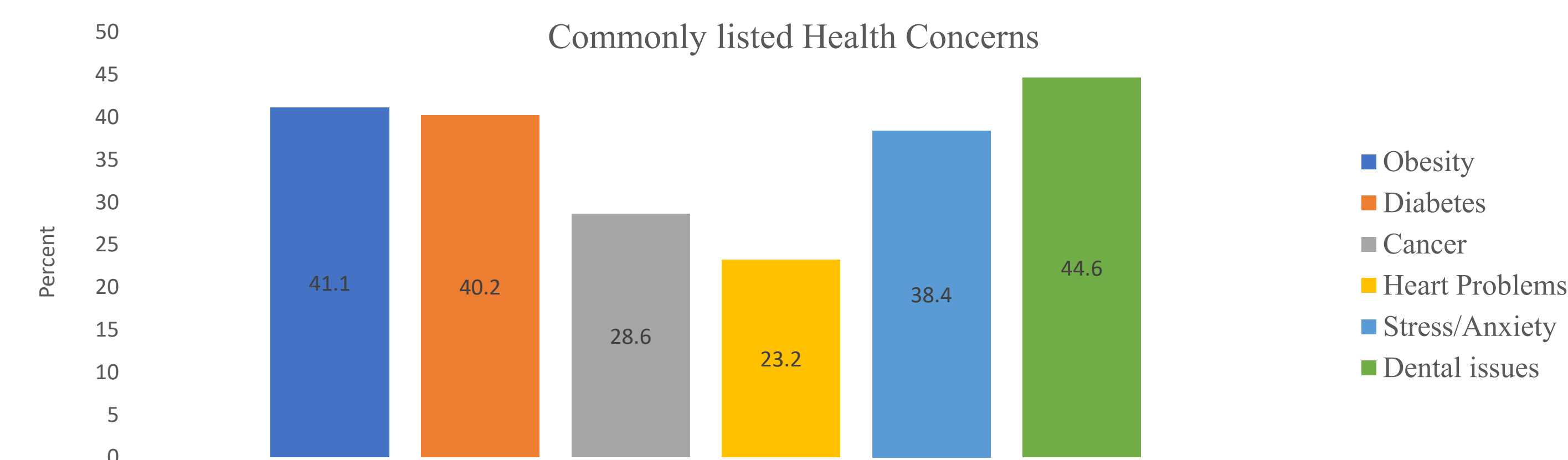
- Patients provided a list of the health conditions that they were most worried about.

Participant Demographics:

- Surveys were completed by 112 Hispanic patients; most were female (78%) and had at least one family member who worked in farming (70.5%).

Other results:

- 23.2% of the patients who completed the survey reported trouble understanding the information the clinic provided.



Results. Phase 2

Instrumentation:

- We conducted two groups with parents (n=10), two groups with their children (n=10), and one group with stakeholders.
- Focus group questions were developed to ensure that our proposed intervention met the needs of the rural Latino community.
- Questions pertaining to ADAPT health program components were asked to obtain feedback and recommendations for program modification, and to obtain information regarding the feasibility and cultural sensitivity of the ADAPT program sessions.

Participant Demographics:

- Focus group parents mostly worked as migrant farmworkers from Mexico (6/10), were obese (mean BMI = 31.1), with a household income below the poverty level (mean < \$ 15,000 per year).

Parents

- Strong interest in the program.
- Desire to learn ways to achieve a healthier weight for themselves, their families, and other community members.
- Acknowledged that exercise was generally avoided because they came home tired from work.
- Were interested in the following topics:
 - 1) to know how to cook healthier versions of their traditional foods
 - 2) strategies for dealing with social gatherings and cooking for extended family
 - 3) leaders who spoke Spanish fluently and appeared healthy, preferably from Mexico or Central America
 - 4) to participate in groups of families, highlighting importance of creating a community
 - 5) more time to address their specific issues (we lengthened ADAPT from 6 to 8 weekly sessions)
 - 6) the intervention to be offered during non-harvesting times of the year

Children

- Strongly agreed that they wanted to participate.
- Hoped we would start immediately.
- Expressed much interest in spending more time with their families in a program aimed at helping them increase their physical activity.

Stakeholders

- Confirmed interest in our program from an administrative perspective
- suggested that the program needed to be run between migrant traveling seasons

Results. Phase 3

Instrumentation:

- We ran two 8-week interventions at the clinic.
- All participants completed pre- and post-intervention assessments, to evaluate parents and children's ability and willingness to complete selected measures.
- We ran parallel parent and child groups simultaneously in the same clinic.
- Each session ended with joint parent and child goal setting and homework.

Other results:

- Parent's weight and child's weight were highly correlated.
- The more parents reported monitoring what and how their child ate, the lower the child's baseline weight.
- Greater parental monitoring of the child in terms of feeding behaviors was significantly related to lower quality of life scores across all of the PedsQL subscales.

	Using a silhouette figure rating measure was very "eye opening" information for parents.
	Parents expressed concern that their children were at the higher end of silhouette chart.
	Parents were surprisingly unfamiliar with pedometers and really seemed to enjoy tracking their physical activity step behavior.
Evaluation of Parents Group	It was evident the lack of knowledge that many of the target Latinos parents had about healthy eating. Health literacy was low
	Parents seemed to really enjoy the mindfulness sessions. This exercise seemed to go better in the second pilot because we learned that the only snack our target Latino families would try were tortilla chips. In the first group we provided other snacks that were rejected by the parents. Tangerines also worked well, particularly for the children.
	Overall, there was a consensus by the parents that the program was useful and valuable.
	Physical activity time was preferred by children compared with group discussion activities.
	They seemed to enjoy sharing their goals with each other and talking about what they had done for the week..
	They liked knowing the number of steps they should take every day, finding out who walked the most over the past week and which child was best at meeting their individual goal.
Evaluation of Children Group	Several of the children said that they liked that they learned about how much TV they should watch every day.
	Children said things that reflected some change occurring in their home as a result of their parents being the program.
	Overall, the child pilot groups were much more active than the parent's groups with physical activity time included in each session.

Implications and Future Directions

- Finding strong similarities between parents and their children suggest that changing parent behaviors may be important for changing child outcomes.
- This suggests the saliency of providing this population with tools to prevent and address childhood obesity.
- Future studies will need to identify methods of increasing engagement of participants regardless of literacy.