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Nozella Brown
Kansas State University

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Facing Language, Funding, and Personnel Barriers? How Adult Education Principles and Practices Facilitate Nutrition Education for Low-Income Mexican American Audiences

Nozella L. Brown
Kansas State Research & Extension
Kansas State University

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Abstract: This case study describes how a cooperative extension adult educator partnered with community health educators to provide nutrition education for low-income, low-literacy, Mexican Americans. It offers strategies for adult educators facing language, personnel, and financial challenges that threaten community education programs, such as the Supplemental Nutrition Assistance Education Program (SNAP-Ed).

Introduction

In response to the increased rate of chronic disease among vulnerable populations, such as low-income, English Language Learners (ELL), public health adult educators struggle to develop effective interventions. Besides providing health, nutrition, and wellness education, building health literacy skills also is needed to reduce health disparities among low-income populations (Hill, 2010). The 1991 National Literacy Act explains that a literate person has the language and math skills necessary to effectively function on a job and in society. Health literacy, a relatively new term, includes one's ability to understand and use information to make healthy choices (Institute of Medicine, 2004). Increasing health literacy, including nutrition literacy, expands the individual's potential to successfully function in society (Hill, 2010).

Reducing health disparities and improving health outcomes is especially important for Hispanics, the largest minority group living in the United States, of which 63% of all foreign-born residents are Mexican (Centers for Disease Control and Prevention [CDC], 2013). Mexican Americans' high obesity rates are linked to greater risks of chronic disease (Ennis, Rios-Vargas & Albert, 2011). Instructor confidence concerns educators also. Not only are community service providers reluctant to teach low-income adults topics such as nutrition, but also the language and cultural barriers compound the fears of providers (Diehl, 2011). Applying adult education principles and practices potentially could offer public health educators strategies to assist in teaching health literacy skills to low-income, low-literacy, ELL Mexican clients.

Until recently, adult educators and health educators have operated independently because adult education emerged from the psychology and education fields, while health education developed within the healthcare arena (Daley, 2011). However, health education and literacy are rooted in adult education that advocates learner empowerment and social change (Shor, 1992). Overlapping theories, philosophies, and practices from both fields reveal ways adult education and health education complement, rather than compete, to improve the quality of life of learners (Daley, 2011). For example, to encourage more alignment of adult education with health education program development, Daley (2011) suggests focusing on program planning, teaching and learning, and research. Wlodowski and Ginsberg (1995) add cultural responsiveness by suggesting adult education establish respect between teachers and learners; develop positive attitudes toward learning; enhance meaning that includes the learners' values and purpose; and

ensure learners gain something of personal value. In nutrition education, Contento (2011) stresses the importance of learner empowerment and self-efficacy in program development. Finally, Caffarella's (2002) offers an interactive program-planning model suitable for adult educators designing effective nutrition, health, and wellness educational programs.

Problem

Cooperative Extension, a pioneer in adult education (Stubblefield & Keane, 1994), has partnered with the Supplemental Nutrition Assistance Education Program (SNAP-Ed), the educational component of the Supplemental Nutrition Assistance Program (SNAP), (formerly food stamps), since SNAP's inception. SNAP-Ed strives to reduce food insecurity and improve the nutrition and wellness of low-income audiences (United States Department of Agriculture [USDA] & Federal Nutrition Service [FNS], 2012a). The challenge for extension educators has been providing culturally sensitive education that encourages behavior change. While consideration of literacy skills has been important, in recent years an increase in the foreign-born population has created an additional need for the extension nutrition educator to consider not only health literacy, but also ELL literacy skills in developing educational programs (USDA & FNS, 2011).

The SNAP-Ed community-based programs, offered to any audience where 50% or more of the participants qualify for SNAP, are mostly voluntary, short-termed, informal, interactive learning experiences. Often, educators in these community-based learning settings encounter unpredictable learning environments, time constraints, participant attrition, cultural and language barriers, and inadequate resources for materials and personnel (Merriam & Brockett, 2007). The learners' lack of literacy skills further complicates the educational experience. As some adult educators have observed, urban community programs generally offered in low-income areas are culturally ineffective and unresponsive to the learners' needs (Guy, 1999; Jeria, 2009; Martin, 2004; Rogers & Hansman, 2004). In addition, recent funding cuts threaten these programs' viability.

The Federal Nutrition Service (FNS) that oversees SNAP-Ed has identified ELL Mexican Americans as a key population needing specialized education to increase health and nutrition literacy (USDA & FNS, 2011). The FNS *Guiding Principles*, designed to increase the effectiveness of SNAP-Ed programs, instruct educators to use science-based, behaviorally focused, experiential learning interventions to maximize the impact of the education (USDA, & FNS, 2012b). Unfortunately these guidelines fail to provide educational strategies specific to the cultural needs of low-income, ELL Mexican Americans. For instance, one curriculum translated into Spanish, supplemented with recipes adapted for cultural preferences, and sprinkled with pictures of Hispanic families, included no instructions for how to adapt the lessons culturally for the ELL Mexican learner (USDA & FNS, 2007). This omission ignores the contextual and cultural needs of low-income ELL Mexican adult learners (Jeria, 1999).

Case Study

Despite language, funding, and personnel barriers, as the extension educator coordinating a local SNAP-Ed program, I wanted to identify ways to extend the outreach of SNAP-Ed to low-income, ELL Mexican women. This case study describes how I integrated adult education practices and principles to develop an educational workshop that continues to provide effective nutrition education for low-income, ELL learners in a Midwestern urban city. The following questions guided this case study:

1. How can Cooperative Extension provide effective SNAP-Ed programming for ELL Mexican Americans?
2. What factors influence the learning of SNAP-eligible ELL Mexican Americans?
3. How can public health educators and adult educators collaborate?

Method

Partnering with the bilingual public health educator at the community Hispanic resource center and a coalition funded by the National Institute on Minority Health and Health Disparities (NIMHD), I received a mini-grant to develop a sustainable program. Beginning with Cafferella's (2002) interactive program-planning model, I also applied Daley's (2011) three-prong approach of program planning, teaching and learning and research to design a program. Desiring to identify factors that might influence learning and behavior (Bandura, 2004), I offered a pilot workshop. For the pilot I hired a summer dietetics intern who spoke Spanish to teach a USDA-approved SNAP-Ed curriculum that was translated into Spanish but needed culturally appropriate lesson plans and learning activities (USDA & FNS, 2007). While the intern did the primary teaching, we relied heavily on the advice of the bilingual public health educator at the resource center. She recruited the 11 promotoros, (Mexican peer educators), who attended seven weekly classes that included a mini lecture, learning activity, and cooking segment. At the end of each session, participants completed a pre/post retro survey evaluation. The bilingual public health educator also completed an evaluation of the effectiveness of each class.

Consistent with Clutter & Zubieta's (2009) recommendations, the evaluations revealed the participants wanted more time during class for socialization and relationship building. The evaluations also revealed that women felt each class offered too much information. Finally, the evaluations revealed the women did not like cooking unfamiliar foods at class. In fact, the women pretended to enjoy these recipes in class, but privately confided in the bilingual public health educator their dislike for the food. I used this feedback to design a second series of nutrition classes.

For these classes, the bilingual public health educator selected the curriculum, a weight-loss program with topics of interest to her promotoros. She also scheduled the classes, recruited the learners--15 promotoros--and determined the class format. To overcome my inadequate Spanish-speaking skills and the lack of culturally appropriate curriculum, the bilingual public health educator selected an English curriculum and agreed to translate materials and interpret during the class. She felt it was important for the learners to interact with an outside English-only speaker. This teaching approach was unique, not a usual teacher/interpreter model, but a team approach. I provided the evidence-based nutrition content, while the bilingual educator provided not only literal, but also contextual interpretation. The lesson plans a limited selection of literacy skills: goal setting, nutrition label reading, portion control, hunger/satiety connection, and dining out. Finally, the bilingual public health educator provided healthy snacks culturally appropriate recipe suggestions.

Results

At the end of the seven-week series, 15 women attended 50% of the classes, losing 35 cumulative pounds. All those surveyed expressed their intention to share their newly learned nutrition literacy skills, including reading labels before making purchases, preparing dishes with less fat, reducing their sugar intake, and drinking more water. After this series, the promotoros met separately with the bilingual public health educator and chose three topics from the classes they found easiest for them to understand, apply, and teach others. They also each planned to teach these newly acquired skills at a community class within a year of the series. Although

some reported completing these classes, a year later the promotoros program lost funding and became inactive. While a follow-up focus group with the promotoros was not possible, the bilingual public health educator agreed to a follow-up interview to discuss how the classes addressed the research questions. This oral evaluation combined with the participant evaluations resulted in the following guidelines I used to develop an extension train-the-trainer workshop that could expand the outreach of SNAP-Ed classes in low-income, low-literacy, ELL communities.

1. Spanish-speaking educators familiar with the culture of the low-income, ELL Mexican community are preferred. This can be accomplished with the train-the-trainer workshop that allows the non-Spanish speaking extension educator to train peer Spanish-speaking educators to teach in the community.
2. Be cognizant of the factors that affect the learners. Allow the learners to select topics they find most relevant for them. Consider their literacy level and keep lessons simple, using easy nutrition literacy tools that learners can practice and share with others.
3. Collaborate with other public health educators to maximize resources. In this case, collaboration resulted in a sustainable educational program when dedicated funds and personnel were no longer available.

Three years later, three former participants continue to teach community nutrition classes reaching over 100 families each year. These peer educators periodically attend refresher workshops I teach. I also conduct the SNAP-Ed train-the-trainer workshop for any community public health agency wishing to train peer educators for their clients. This workshop is an option for those public health educators wanting to overcome the language, financial, and personnel barriers that threaten the effectiveness of their programs for low-income, ELL clients.

Discussion

From the beginning of this project, and with the assistance of other community agencies servicing this ELL Mexican American population, I continually evaluated my cultural sensitivity. During the development of this program, I merged several adult education principles, theories and practices, including andragogy (Knowles, 1970), social cognitive theory (Bandura, 2004), culturally responsive teaching (Wlodowski & Ginsberg, 1995), Caffarella's (2007) program-planning, and Daley's (2011) three-prong approach to align adult education with health education. This eclectic approach worked to confront program development challenges for these underserved, non-traditional adult learners.

Although I did not speak Spanish fluently, I consulted with other Spanish-speaking community educators about my use of the most effective curriculum and resources. At times this required replacing traditionally used resources with more culturally appropriate resources. During the class development phase, I often observed the reciprocal interaction of the personal, behavioral, and environmental factors that influence learning outcomes of these learners. For example, a key SNAP-Ed message encourages learners to plan low-cost meals, limiting portion sizes, eating out, and meat purchasing. This message conflicted with the Mexican women's desire to be economically prosperous. They did not want to be perceived as cheap or poor. Finally, I maintained a critical mindset to remain culturally sensitive (Brookfield, 2005), even while consulting with experienced community educators working with this population. Some educators were foreign born, bearing educational credentials from abroad; others were U.S.-born bilingual public health community educators who had worked several years with foreign-born

clients. I tested these educators' assumptions and biases, as well as my own assumptions and biases about low-income, low-literacy ELL Mexican learners.

To maintain a culturally responsive classroom, I adjusted the schedule and physical environment to enhance relationship building. I demonstrated respect for the learners' knowledge by soliciting examples from the participants and building lessons around their lived experiences, often deviating from the curriculum script. Furthermore, I engaged the participants by learning about their cooking habits and adapting lessons accordingly. The result was a train-the-trainer workshop that has been useful to prepare peer educators to provide SNAP-Ed to low-income, low-literacy ELL Mexican women. Those who have completed the workshop have continued to provide nutrition classes in the community, most at little, or no cost.

Implications and Concluding Thoughts

Although, this study illustrates the experience of only one extension educator in an urban community, it addresses barriers that challenge the effectiveness of public health education, such as SNAP-Ed, designed for low-income, low-literacy, ELL Mexican Americans. Using the study results, I developed a train-the-trainer workshop and strategies based on adult education principles and practices that can be adapted to address educational needs despite language, personnel, and funding challenges. Also, this study illustrates how adult education principles and practices can merge with health education to address the health disparities in low-income, low-literacy communities.

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