EXECUTIVE SUMMARY

A Community Approach to Evaluating the HealthFinders' Pura Vida Healthy Lifestyles

Robin Cole, Sally Cole, and Serena Xiong

SOAN 373B, Ethnographic Research Methods

St. Olaf College

Abstract

For our community-based research (CBR) project, we worked with the HealthFinders clinic to conduct an evaluation of their nutrition and fitness program, Pura Vida Healthy Lifestyles, which serves Latino and Somali women. The aim of the CBR project was to assess the Pura Vida Healthy Lifestyles program at the Northfield and Faribault sites through a community approach, which involved interviewing Latino and Somali community leaders in order to evaluate and suggest solutions for improving the Pura Vida program. We also interviewed the staff from the Pura Vida program to compare and contrast their views with the community leaders, in order to measure a level of disconnect in the problems found in the Pura Vida program. Overall, we found that community leaders and the program staff both identified some similar problems in the Pura Vida program; however, the Latino and Somali community leaders were able to evaluate the program in a more culturally extensive way that was not seen or reported by the Pura Vida program staff.

Main Findings

Our findings from the Pura Vida program evaluation are organized into two main categories: main challenges and suggestions.

Participation

- Challenge: Inconsistent participation, low participation rates in both Northfield and Faribault programs
- Suggestion: To encourage commitment, the program should have participants make some form of investment that will benefit them in the end. For

example, participants pay $5 as an enrollment fee, but that fee will be used to at the end of the program as a celebration event.

Continuity

- Challenge: Continuity outside of class - participants should continue program activities outside of class
- Suggestion: One respondent suggested that for the Faribault site, the classes should be held two times a week.

Tracking System

- Challenge: No form of tracking system for the participants (i.e., participants didn't know whether they were improving or not, participants didn't make any measurable goals)
- Suggestion: Develop a tracking system or implement the Get Fit Challenge

Staffing

- Challenges:

○ Not having a permanent staff to serve as a receptionist or go-to person when interested participants want to find out more information about the program

○ There is a lot of inconsistent staffing, since most of the program staff are college interns.

- Suggestion: Create a permanent staff position through AmeriCorps or with grant funding.

Outreach

- Challenge: There is a recurring theme on the lack of outreach to community leaders and community centers.
- Suggestion: Encourage more word-of-mouth (active) recruitment/outreach (i.e., utilizing community leaders, going out to events that are heavily participated by Latinos/Somalis, such as soccer games).

Illiteracy

- Challenge: One interviewee reported that the majority of the Latino clients she

translated for in Northfield were illiterate

- Suggestion: Outreaching should be done in person to combat illiteracy in the Latino population - shift gears from creating flyers that are translated in Spanish. This recruitment strategy should also be practiced in the Faribault (Somali) program.

Leadership Development

- Challenge: One interviewee, who works with Latino youth, reported that there was a shared youth perspective on the lack of community/leadership building in the Latino community.
- Suggestion: In response to the lack of leadership in the Latino community, the program should aim to share or give some leadership roles to the participants. Assigning leadership roles to the participants may allow them to take partial ownership of the program and positively influence more of their friends and relatives to participate in the classes.

○ One respondent suggested that a leader or member from the targeted community should assist or lead the classes; this may help to build trust and rapport within the communities and classes, and in the long run also encourage more participation within the classes.

○ Another respondent suggested that the program should be more hands on, such as teaching participants how to cook a healthy Latino or Somali meal.

Resources

- Challenges:

○ The locations for both sites need to be expanded.

○ Providing participants with resources to access healthy foods and exercise equipment (the latter was more noticeable in the Faribault program)

■ One respondent reported that the Somali women may feel more motivated to attend the classes if there was more equipment.

○ Transportation services are needed in both sites.

- Suggestion:

○ Access local resources such as colleges and fitness centers for equipment or fitness space donations

○ Partner with or ask for donations from local food shelves and grocery markets to distribute free fresh produce or vouchers to class participants.

○ For transportation to and from the program site, HealthFinders can ask for an in-kind donation of tokens from transit systems or partner with the community resource center where they can give participants free tokens to access public transportation to get to the program sites.

Cultural Differences

- Challenges:

○ There are different/contrasting cultural views on what healthy eating and exercise should be in both the Latino and Somali communities.

■One Latino key informant said that in the Latino culture, curves on women are good.

○ In both the Somali and Latino cultures, there is a cultural tendency to say yes or sign up for events, but they actually don't attend the events.

- For Latinos, their main priority may be their immigration statuses (i.e., not being deported), which may take precedence over their health priority.
- In both Latino and Somali communities, there is a huge challenge in trying to get Somali and Latino women out of their homes

○ One Somali key informant said, "The Somali women are not going out to do any social network. [To them] it's scary and it's part religious. The women cannot work out in front of men. When they are here [with other women] they don't shy away. If the women don't go out enough, they may develop depression."

○ This was also shared by a Latino community leader, who said in the Latino culture, there is "a fear to socialize."

- Solution:

○ It would be best to employ or seek the cultural expertise of Latino or Somali community leaders on how to address these cultural differences. It may be helpful to hold forums, in which Latino/Somali community leaders and members can talk about overcoming the cultural dissonances.

Conclusion

It has been a long journey for our research team, but we hope that the evaluation and suggestions provided by the community leaders we interviewed will improve the Pura Vida Healthy Lifestyles program in both the Northfield and Faribault sites. We would like to thank all of our study participants, our community partner, HealthFinders, Dr. Chris Chiappari, and the St. Olaf College Sociology and

Anthropology Department. Thank you for allowing us the opportunity to conduct our community-based research project.

Sincerely,

Robin Cole, Sally Cole, and Serena Xiong, *Student Researchers at St. Olaf College*

Our research was done under the guidance of Dr. Chris Chiappari.

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Setting/Community

The Pura Vida Healthy Lifestyles Program is an extension service of the HealthFinders Collaborative clinic, a free community clinic that provides care to the under- and un-insured residents of Rice County, Minnesota (White 2011). The HealthFinders Collaborative clinic, founded in 2005, is based in Dundas, Minnesota where it is run largely by a group of volunteers, including medical provider volunteers, public health practitioner volunteers, and student volunteers. The mission of the clinic is to provide “quality health care, advocacy and wellness education to people in [a] community who have limited healthcare alternatives” (White 2011). From this mission stemmed the Pura Vida Healthy Lifestyles Program, a health promotion intervention that “provides patients [with] the tools and skills needed to maintain a healthy lifestyle focused on the importance of exercise, nutrition, stress reduction, and community involvement” (White 2011).

Currently, the program operates out of two sites, located in Northfield and the nearby city of Faribault. The participants of the Pura Vida Healthy Lifestyles program have been primarily Latino and Somali women. The course of our research study, therefore, is aimed at evaluating how the Pura Vida Healthy Lifestyles Program can improve its current curriculum and agenda to be more culturally sensitive to these two populations. In order to achieve this culturally sensitive perspective on the program, we took a key informant approach and interviewed community leaders from Latino and Somali communities. Their evaluations and suggestions will enhance the cultural competency of the program, and hence draw more members from the Latino and Somali communities to participate at a greater rate.

The Latino Population in Minnesota

Latinos have had a long and extraordinary presence in the history of the United States. For various reasons (i.e., fear of persecution, economic opportunities, better lives), many Latinos have immigrated to the United States to settle permanently. Currently in the United States, the Latino population is 50,477,594 (US Census Bureau 2010). In Rice County, Minnesota alone there are 5,131 Latinos, making up eight percent of the total population (US Census Bureau 2010). Of the 5,131 Latinos in the Rice County area, 1,681 are in Northfield, MN and 3,036 are in Faribault, MN.

It is difficult to estimate the current number of undocumented immigrants in Minnesota. According to the Pew Hispanic Research, there are at least 55,000-85,000 undocumented immigrants residing in Minnesota (The Advocates for Human Rights). Most of the undocumented labor in Minnesota is concentrated in areas of trade, service, agriculture, construction, and manufacturing. In a 2000 report compiled by HACER-MN, there is an estimate "that undocumented labor is worth almost $1.6 billion to the Minnesota economy, and if the undocumented were suddenly removed, Minnesota's economic growth would decline by 40%" (The Advocates for Human Rights). As a matter of fact, in South Central Minnesota alone, the Latino workforce makes $484 million per year, which consequently lowers the tax rates for non-Latino residents of the area (The Advocates for Human Rights). The Latino population in Minnesota, as evidenced by statistics, heavily impacts the workforce and economy.

The Somali Population in Minnesota

Similarly to the Latino population in the United States, the Somali population is comprised of mostly immigrants, who have chosen to settle in the United States for better standards of living. In the United States, there is an estimated Somali population of 85,700. Meanwhile, Minnesota has an estimated Somali population of 25,000. It is the city with the largest Somali population in the United States (Dunbar 2010). Currently, there is no concise count of the growing population of Somalian immigrants in the Rice County areas of Faribault and Northfield. In the latest US Census, Somalian immigrants were counted as "Black" (US Census Bureau 2010). From this census, the reported number of Blacks in Faribault was 1,775, meanwhile in Northfield, there were 260 Blacks (US Census Bureau 2010). The Faribault School District also reported that within the school system, at least 5.4 percent of the school population is Black, which includes Somalis (City of Faribault).

Methodology

Data Collection Method

The data collection method we used in our research study was the semistandardized interview method. The semistandardized interview method is a type of interview in which the interviewee is asked questions in a systematic and consistent order (like a standardized interview), but the interviewer can digress from the interview guide and use additional probes (Berg and Lune 2012, p. 112). We decided to use semistandardized interviews as our data collection method, because we only had one month to conduct our research study and wanted to utilize the best method available in order to gather rich and useful data from our respondents in a short amount of time. After beginning the interview process we found that it was an appropriate method to achieve our research purposes, and utilized it fully to understand the Pura Vida Program processes, explore the impact of the program on participants, and evaluate and compare different program sites in Northfield and Faribault. Overall, conducting interviews proved to be efficient compared to other possible data collection methods. We quickly learned that the flexibility and variability of our interview process would be especially useful in our research of a program that is still in its developmental stages; since the recent implementation of the Pura Vida Health Lifestyles Program to the Rice County community, the program has been undergoing constant change and improvement.

We focused our interviews on two separate subject groups, the staff at the Pura Vida Healthy Lifestyles Program, and Latino and Somali community leaders in Rice County, Minnesota. We used two interview guides or scripts with different questions for each group to capture their distinct experiences. We designed the interview guides so that they would be tailored specifically to each subject group. Prior to each interview, we asked our interviewees for their oral consents, which we marked as either yes or no on our interview guides. Most of our interviews lasted approximately an hour, and all the interviews were recorded through note-taking with the permission of the interviewees. The majority of our interviews were conducted with the presence of the whole research team, which consisted of three undergraduate researchers. This gave us the benefit of having multiple note-takers, since we did not use a technical recording device. We decided not to use a technical recording device, because we did not want it be a distraction to our interviewees. We divided the labor so that one person focused on asking questions and communicating with the interviewee, while the other two researchers took down notes. We also had greater probe techniques with three interviewers. Each interviewer asked different questions and made different probes that allowed the interviewee to respond with more information. After the interviews, care was taken by all researchers to assure that none of the respondents would be identifiable in the final research report. All the interview notes were typed onto a computer and saved on a locked document that could only be accessed by the research team with a shared password.

To recruit our study participants (i.e., interviewees), we used a three-fold strategy, which involved sending e-mails, and making phone calls and site visits to our targeted subjects. First, we contacted our subjects through e-mail. We did not get a good response rate through the e-mail strategy; only five of the total fifteen interviews that we had set up were from e-mail responses. As a second strategy, we made phone calls to our targeted subjects. We left voice messages to all subjects who did not immediately received our calls. After one week, we then made follow-up calls. Our response rate for the phone call strategy was even lower than our e-mail strategy; only two out of the total fifteen interviewees were recruited through phone calls. Our last strategy was to go out and visit the sites of our potential subjects, where we can actively recruit them in person. We found this recruitment strategy to be our most effective; of the total fifteen interviews we conducted, eight interviewees were recruited through our site visits.

Our data collection was limited for several reasons, especially due to our dependence on interviews as our only methodology of gathering data. We were not able to triangulate our data and provide greater variability and support for our findings. However, we found several advantages to using only semi standardized interviews as a data collection method. For example, the biggest benefit of verbally asking questions allowed for comfortable flow of conversation, complex discussion, and in effect, gave us opportunity to probe deeper into the responses of our interviewees. We feel all of these effects were further enhanced by our use of note-taking to record these conversations, as it feels less intrusive and more candid than mechanical recording devices.

Another benefit we discovered was the simplicity of using verbal dialogue compared to a written questionnaire, survey, or other methods that require the participant to read. Unlike written techniques such as these, using spoken dialogue does not require that our informants possess the necessary English language skills, an advantage for our participants who use English as a second or third language. This was seen when we were asked to restate questions or clarify what we were asking by both Latino and Somali community leaders during the interview.

As expected, along with the positive effects produced by using interviews as our primary source of data collection, there were also weaknesses that became apparent in our chosen method. The first of which was how time-consuming organizing and conducting interviews can be, a large hindrance considering how limited our time was to collect data for our research. In addition, the response rate for interview requests was especially low, far below our expectations, and resulted as the most frustrating aspect of our method. Fortunately, our research does not require a large pool of informants, so despite the fact that our amount of interviews were less than initially desired, we were able to collect sufficient data.

Another barrier we faced in the interview process was language. As we do not

fluently speak Spanish or Somali, we were not able to fully communicate with certain community leaders, and most importantly, the participants themselves. If time and resources allowed, it would have been advantageous to have hired translators to help gather this primary information as we were unable to assess what the participants themselves think of the Pura Vida program.

Data Analysis Method

After conducting the interviews, we analyzed our data by reviewing our interview notes, highlighting any key terms and points and posting them to a mutual document. After looking over all of these interview notes we brought out ideas to the group and discuss what we each noticed - finding many recurring ideas. We then organized these key findings into larger categories of “main issues” and “solutions/suggestions.” Our “main issues” category consisted of participation, staffing, tracking, outreach, location, resources, cultural barriers, and socialization. This led to a more focused discussion on these specific areas of interest across all the interviewees’ perspectives. Our solutions and suggestions were organized in the same categories.

Literature Review

The Social Construction of Health – The Theoretical Framework

Health, like the concept of race, is a social construction and practice (Conrad and Barker 2010, p. S67; Brown 1995, p. 34). How it is defined, perceived, and practiced, therefore is different in every cultural milieu. In the United States, the idea of health is predominantly an American/ White cultural notion; this is constructively different from the concepts of health in non-White or immigrant communities, such as the Latinos and Somalis. To frame our evaluation research study on the Pura Vida Healthy Lifestyles program, we compared how health is socially constructed in American/White, Latino, and Somali cultures. The rationale for why we are using this theoretical framework is because we want to improve the program in a culturally competent and sensitive way, since an imperative objective in the Pura Vida program is to educate Latino and Somali women about what healthy eating and exercise is. Hence to improve the program and its curriculum in its cultural competency, the research team and the Pura Vida program needs to understand how health, nutrition, and exercise are perceived by their targeted communities (i.e., Latino and Somali women); whether the dominating American concept of health is impinging on the Latino and Somali social constructions of health; and if this is dissuading them from participating in nutrition and fitness interventions targeted at them.

For a term to be socially constructed, it means that the term is defined and created by societal influences. To be more exact, as defined Berger and Luckman (1966), “social constructionism examines how individuals and groups contribute to producing perceived social reality and knowledge” (qtd. in Conrad and Barker 2010, p. S67). The term health has been defined by the World Health Organization (1948) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Over the years the component of physical well-being in the health definition has received much emphasis in America.

America is a society where many individuals’ beliefs are largely grounded in Biomedicine and science. Much of what America promotes to the public hence is driven by the hubris of science and what good it (science) does to the public (Kirkland and Metzl 2007). The culture of America, therefore, is very heavily influenced by the science community, and it is not surprising that America’s social construction of health or physical well-being has a scientific impetus (Kirkland and Metzl 2007). Take for example the Food Pyramid. The Food Pyramid functions as an educational tool driven by scientific studies of what the human body needs to consume in order to be physically well or healthy. In addition to this, further scientific studies show that if humans don’t exercise and maintain a low body-mass index, having too much fat in their bodies may make them more susceptible to illnesses and diseases (i.e., heart disease). With the predominant media in the American culture, physical well-being in America has been promoted as a socially constructed idea where bodies need to be fit and lean (Kirkland and Metzl 2007). These ideal images of the body have thus become the predominant concept of physical health in America.

In the Latino culture, the definition of health is influenced more by cultural belief in the supernatural and religious belief in God, than by science (Galarraga 2007, p. 3; Maduro 1983, p. 868). Jessica Galarraga, a Latina health *promotora*, or community health worker says “Hispanic-Americans commonly perceive health as a gift from God regardless of whether they take part in the folk system of healing. Health can be a reward for good behavior, and illness can sometimes be a punishment for wrongdoing” (Galarraga 2007, p. 3). The Latino interpretation of illness, Galarraga says, can also be caused by other factors, such as “the imbalances between hot and cold, supernatural triggers, and envy” (Galarraga 2007, p. 4). Illnesses caused by the imbalance between hot and cold does not refer to temperature, but “the cultural classification of a particular substance or illness” (Galarraga 2007, p.4). Galarraga (2007) explains this imbalance between hot and cold with the following anecdote:

“Hot” illnesses should be treated with “cold” remedies, for example penicillin, which is classified as a “hot” medication, should be avoided in treating “hot” symptoms such as diarrhea or rashes. Another view on the role of hot and cold balance in illness is that the cold should be avoided after having an extremely “hot” experience. For example, after doing extensive ironing in the house or

toasting coffee beans, a person should avoid stepping directly into the outside cold air in order to avoid becoming sick. A perceived consequence of not following this guideline is “pasmo.” “Pasmo” describes paralysis of the face or limbs due to a disturbance of the hot-cold balance. (p. 4)

In addition to the imbalance between hot and cold, illnesses can also be caused by supernatural forces. A supernatural cause of illness that comes from outside the body is “mal de ojo” (Galarraga 2007, p. 4) *Mal de ojo* is illness that is caused by excessive admiration. Galarraga (2007) uses the following example to explain the concept of *mal de ojo*:

For example, an individual who overly compliments a baby of their beauty can inflict a mal de ojo on the baby that can lead to general malaise, sleeplessness, or even become the cause of severe illness. For this reason, parents may try to protect their babies from mal de ojo by having them wear a special charm made of onyx. Envy, “envidia”, is also considered a cause of illness or bad luck. That is, envy by others of a person’s success can cause the person to become a victim of a misfortunate illness. (p. 4)

It is important to note that not all Latinos share this same perception on health, but health care providers and workers should be aware that Latino patients who may delay seeking healthcare are most likely expecting their illnesses to be remedied through folk healing or traditions. A key step in achieving cultural competency in Latino health interventions or program, therefore, is acknowledging and accepting this understanding that many Latinos may have a broad definition of health which is intricately representative of mainstream medicine and traditional healing, as well as religion.

Similarly to the Latino’s perception of health, Somali beliefs about health promotion and personal well-being are heavily influenced by religion, and traditional remedies and rituals (Offelen, Sherman, May, and Rhodes 2011, p. 1). Several scholarly studies on health-related issues in the Somali community have shown that “Islamic religious teaching provides guidance for all aspects of the daily life” (Ghazizadeh, 1992; Guerin, Diiriye, Corrigan, Guerin, 2003; Rassool, 2000). In a research study conducted by the University of Minnesota examining nutrition and food in the Somali culture, the researchers discovered that “The Holy Quran provides guidance for most nutrition related practices, including family meal structure, food preparation, and food choices. Somalis often will drive to several stores to purchase *halal* foods, those deemed acceptable by Islamic law” (Offelen et. al 2011, p. 1). One focus group participant from that study noted, "If a nutrition class is involved with food then we need to know what kind of food because there is food we call *haram* [not in accordance with Islamic law], we

need halal food" (p. 2). Halal meat is defined as meat that must be ritually slaughtered according to Islamic law. Offelen et. al (2011) also reported from the Somali focus group participants that the only traditional foods that Somalis consume are rice, bananas, and the meat of animals such as goat, beef, sheep, and camel (p 2). Furthermore, they discovered that the Somali diet includes eating vegetables as part of a stew or side dish and drinking sugar-sweetened tea frequently (Offelen et. al 2011, p. 3). In that same study, Offelen et. al (2011) found that many recent Somali immigrants were struggling with not having fresh market food; as a matter-of-factly, many of the Somalis viewed American food as less safe and healthy (p. 3). As stated by one of the focus group participants, "Meat here has more fat than meat back home. Here everything has fat...most of the food at home was grown on the farm and was organic...there is no fresh food period."

The study by Offelen et. al (2011) also looked at how Somali women were acculturating to the American dietary while trying to maintain their traditional food practices (p. 4). Offelen et. al found that many of the Somali women prefer to have their families eat at home in order to ensure that their food is halal. Many of the Somali mothers in the study reported that they struggled over trying to create a balance of Somali and American food in their children's diets (Offelen et. al 2011, p. 4). A focus group participant in the study stated "What I do is say, if you eat the home food, for reward, Friday, you get pizza" (Offelen et. al 2011, p. 4). The remaining findings of the study showed that Somali women "were interested in learning [how to] cook American foods in healthy and culturally acceptable ways…They also wanted to bring traditional dishes to educational sessions to share their knowledge with others" (Offelen et. al 2011, p. 5). The overarching finding from the Offelen et. al study suggests that a community-based, culturally appropriate approach to nutrition education is the only effective way to improve the dieting and health of Somalis. But this "improved learning" must be done through a collaborative approach rather than an individual approach to nutrition education (Offelen et. al 2011, p. 5).

Overall, there are different ideas as to how health is culturally constructed in the American, Latino, and Somali context. For many Latinos and Somalis, the concept of health is heavily grounded in religious beliefs and traditional healing systems. However, settling in the United States have require that Latinos and Somalis acculturate to the American idea of health, which is very scientifically driven and different from what they're accustomed to. Often, too many nutrition and fitness education programs targeting Latino and Somali constituents actively promote the American healthy lifestyle and disregard the cultural aspects of the Latino and Somali populations. To be culturally sensitive to these populations, the curriculum of any nutrition and fitness education program should aim to include and/or recognize the health and diet practices of their constituents (i.e., Latinos or Somalis).

Next Steps

When assessing the Pura Vida Healthy Lifestyles program, we attempted to look carefully at the socially constructed concept of personal “health” outside of our own perspectives. Each of us are college students living in the American Midwest surrounded by a health industry dominated by biomedical ideologies. Douglas Mann, Susan A. Gaylord, and Sally K. Norton views our dependence upon biomedicine as something that needs to be changed. Their article *Understanding the Convergence of Complementary, Alternative & Conventional Care* , states“ ...health care in the United States is provided by a wide variety of non-integrated healing approaches. And, although its economic, political, and regulatory power predominates and thus influences the accessibility and role of many CAM therapies, biomedicine does not *coordinate* health care. The result is a non-system that is at best confusing and at worst dangerous”(Mann et al. 2004, p. 3).

While use of biomedicine is slowly transitioning out as more and more Americans use complementary and alternative medicines, or CAM, there are still too many shortcomings in provision of healing services and promotion of health (Mann et al. 2004, p. 1-3). They believe that part of this is because our modern enchantment with high-tech, pharmacological control of disease has resulted in a significantly lesser interest in promoting health--despite the extraordinary life-saving technologies and long life expectancies the United States is known for, longer lives should not always imply healthier lives (Mann et al. 2004, p. 4). They call for a more holistic health education and more integrated use of both biomedicine and CAM for several reasons, to diffuse tension between types of medicines and cultures associated with them, to increase openness, respect, and understanding between cultures, and to acknowledge the skill of different healing traditions (Mann et al. 2004, p. 2-3).

Because Rice County is so diverse culturally, ethnically, linguistically, and religiously, health care providers face an important challenge in order to provide responsive and appropriate care to everyone. In his article concerning healthy living for immigrant women in Canada, Dr. Mano Murty states, “In any community, health planning, the needs of immigrants, particularly women, must be given special consideration”(Murty 1999, p. 385). In this regard we found much success in the efforts of Healthfinders and Pura Vida Lifestyles to provide wellness resources to un- and underinsured community members of Northfield and Faribault.

In consideration of the diverse understandings of “health” in Rice County, our research included learning fundamental Somali values of health. We used the report *Somali Family Strength: Working in the Communities* by Dr. D. Lynn Heitritter to understand the Somali’s dominant idea of health. Her study, based on the word of Somali immigrants in nearby Minneapolis and Saint Paul, found health described as a holistic sense of well-being (Heitritter, D.L. 1999). “Health” is made up of integrated parts, representing notions of physical, mental, and spiritual well-being (1999). For many modern Americans, this interlinked network

of health is often separated into categories, and "health" is primarily thought of as personal physical and mental health.

Compared to the vast majority of religious Minnesotans who practice Christianity, most Somalis are Sunni Muslims. Very unlike the dominant biomedical understanding of preventing health, Somalis live according to Islamic law and prayers as their main form of health prevention ("Stratis Health Culture Care Connection "2010). Many Somalis believe that illness and death is ultimately in God's hands, and not within an individual's power to keep from happening; mental illness is often perceived to be a punishment from God or caused by spirit possession (2010). As a result, there is a disbelief in the effectiveness and necessity of pharmaceutical medicines, and many Somalis will not take them, especially if they feel healthy (2010). We can see how clashes in biomedical and Somali versions of health protocol can result in many issues, and ultimately, complete lack of health care.

An article published in the *American Journal of Public Health* "Providing Health Care to Latino Immigrants: Community-Based Efforts in the Rural Midwest" conducted case studies of how three rural Midwestern communities, each with at least a five percent Latino population, adjusted to the rising Latino population in their community. To get a full picture, they interviewed Latino participants and key community leaders in "health care, social services, public health, education, religious, and business" (Casey, Blewett and Call 2004, p. 1). We used a similar approach as we interviewed program staff and outside community members, gaining their perspective to evaluate the Pura Vida program. They also noted that many immigrants were coming to the rural Midwest to work in factory settings where they have limited access to financial, health, and cultural resources (Casey et al. 2004, p. 1). This is a similar situation to that of Latinos in Northfield.

Their results revealed a large percentage of uninsured Latinos in the rural communities, which is in-line with the national trend. They also found that language and cultural barriers created a large issue for health care programs as there were not enough bilingual staff or the finances for interpreters (Casey et al. 2004, p. 1). We encountered similar issues as we could not interview Pura Vida participants due to the language barrier and our lack of resources- community leaders in Northfield and Faribault also noted similar issues within their organizations.

Casey et al. found that "care for Latino adults, especially men and older non-working adults" and "preventative services are underused" (Casey et al. 2004, p. 2). Pura Vida is working to tackle these unmet needs as they strive to build healthy lifestyles. Other unmet healthcare needs consisted of continuity of care, dental care access, chemical dependency treatment, coverage for prescription drugs, and scarcity of safe low-income housing. These are all important needs for HealthFinders to keep in mind as they address overall well-being. Looking

toward the future, they stressed the need for federal assistance to cover additional funding for rural communities with high immigrant populations for language assistance and additional staff. (Casey et al. 2004, p. 2) Healthfinders has similar issues with lack of funding for translators and finding bilingual staff.

Using the article "Assuring the Health of Immigrants: What the Leading Health Indicators Tell Us" in the *Annual Review of Public Health* we were able to better define the priority areas for research and action in the Latino immigrant population. The article notes that there is a bias of selection when looking at any immigrant population as they represent only the "most healthy and motivated individuals" as they were able to travel to the United States (Kandula, Kersey, and Lurie 2004, p. 358). They discuss "health" from the perspective of LHI's, leading health indicators, which include looking at factors such as "physical activity, overweight and obesity, tobacco use, injury and violence, environmental quality, immunizations, and access to health care" (Kandula et al. 2004, p. 358).

In 2000, the majority of immigrants in the U.S. came from Latin America or Asia. More specifically, in 2000, 40 percent of the Latino population in America were born outside the U.S. Research has shown that "immigrants are less likely to engage in regular exercise than U.S. born populations" as 17% of hispanic immigrants reported that they regularly exercise compared to 21% of the U.S. born hispanic population (Kandula et al. 2004, p. 360). They found that U.S. born hispanics exercise more, but they also speculate on the truth in this as their cultural definition of "exercise" has changed. For example, foreign born individuals may also work in physically demanding jobs, but do not report this as exercise as cultures have differing ideas of what constitutes as exercise (Kandula et al. 2004).

The study by Kandula et al. (2004) specifically analyzed LHI's in the Latino community. They found that an immigrant's time spent in America correlates directly with weight gain, leading to problems of obesity. Foreign born Mexican Americans tend to have lower obesity rates than U.S. born Mexican Americans and weight issues also seem to increase significantly with each generation after immigration. These issues could be related to many factors such as a change in diet, lifestyle, work environment and stress. Additionally, the Kandula et al. found that the change from a Mexican diet to a "mainstream American diet" typically results in "fewer complex carbohydrates and more processed foods high in sugar and fat". On the other hand, they had decreased their lard intake and were also eating more fruits, vegetables and milk (Kandula et al. 2004, p. 361).

Weight is thought about differently across cultures. As Kandula et al. (2004) noted, Latina women hold a "higher threshold than whites for their definition of overweight" (p. 361). Some communities even view weight gain as a indicator of good health and prosperity. One of the community leaders we interviewed agreed with this idea as she stated "In the Latino culture, if you are a woman and you got curves, that's good. You are possibly getting ready to be a mother". It is

important to remember our cultural bias when judging healthy bodyweight, many scholars have noted how North American popular culture is characterized by its obsession with fitness, body image and exercise--as evidenced by media images of stick thin women and overly muscular men (Phillips 2005: 525).

Findings and Analysis

After our interviews with the six program interns and nine community leaders, a total of fifteen interviews, we were able to compile several common themes through these different perspectives on health and the Pura Vida Program.

Prior to beginning our interview process, we were initially notified about the inconsistent participation and low participation rates in general for both the Northfield and Faribault branches of the Pura Vida program. This main issue was brought up by all of the interns as they were frustrated with the results of their outreach efforts, including low participation and lack of knowledge about the programs. The Northfield program started out with around forty women and has dropped down to anywhere from two to five consistent participants. Faribault also began promisingly with large numbers, dropping suddenly with the cold weather.

We also learned that there was no organized system to track the participants' progresses, so participants have so far been unable to make any measurable goals or record their improvement. To tackle this issue, a current intern created the "Get Fit Challenge" as a long-term solution. The plan consists of a point system where participants receive points for achieving a range of specific goals. For example, points are awarded for the completion of tasks such as attending class, bringing a friend along, or even making slight lifestyle adjustments at home-- such as taking the salt shaker off of the dinner table.

The "Get Fit Challenge" is expected to serve multiple purposes within the program. By initiating friendly competition and offering prizes of gift cards, sweatshirts, and a grand prize bike, the aim is to motivate participants while providing a method to track participants' progress. The program also asks that participants record three Fitness Goals; typical examples include walking more, drinking more water, or losing a specific amount weight. The interns advertised the Challenge through flyers, phone calls, and word of mouth. According to the intern in charge of the project, their outreach efforts for the "Get Fit Challenge" have been successful as seven participants were already involved within the first week.

In our interviews, many interns and community leaders also addressed the lack of continuity of healthy lifestyle activities outside of the Pura Vida Lifestyles

Program. To encourage participants to continue exercising outside of class, the Challenge incorporates a home exercise program scheduled for Mondays, Wednesdays and Fridays wherein participants are eligible for additional points by recording tasks completed outside of class time. At least two of our Latino community leaders also discussed the low priority of personal health as a characteristic of many people within a Latino context, explaining that it is typical for both women and men to postpone care for their individual health until it becomes impossible to avoid addressing.

According to our informants, another common problem is diet regulation and proper nutrition. This is not necessarily a cultural issue as much as it is a low income immigrant issue. The “Get Fit Challenge” shows that the Pura Vida Program is moving toward providing accessible solutions for a consistently healthy lifestyle, however, there is only so much the program is able to accomplish as they are unable to provide money or food items. While interns can advise nutritious eating practices, they are restricted by their budget from actually providing healthy meals for their participants.

Similar to the Latino population in Northfield, there are several health problems coming to the fore specifically within the Somali women’s population in Faribault. A volunteer representative figure for the Somali community commented upon mental issues such as depression, deprivation of vitamin D, and inadequate nutrition. Our informant speculated about the causes of these physically, mentally, and emotionally deteriorating concerns, stating that Somali immigrant women are spending too much time inside the home. One interviewee described that aside from trips to the grocery store or schools to pick up their children, the women are spending the majority of their time indoors with limited contact with the outside world. Our informant concluded that cases of depression, anxiety, and paranoia are the result of their isolation in combination with other factors, including homesickness and feelings of displacement within the Faribault community. However, there is hope that the Pura Vida Healthy Lifestyles Program will provide a space for the women to safely gather, hold discussions, build relationships, and relax while they exercise.

We were also notified about the issue of inconsistent staffing. While the interns bring lots of energy and new ideas to the program, as college students, they have a quick turnover. Many community leaders noted that HealthFinders would benefit from having a permanent staff to serve as a receptionist or go-to person when interested participants want to find out more information about the program. Some even stated that their organization often struggles to get in contact with HealthFinders, because of the lack of a permanent receptionist.

One interviewee, who works with Latino high school students, reported that there was a shared youth perspective on the lack of community/leadership building in the Northfield Latino community. To combat this, it could be beneficial to appoint some adults within the Latino community to help with advertising, attendance

taking, and even leading parts of the Pura Vida class. The program should aim to share or give some leadership roles to the participants. Assigning leadership roles to the participants may allow them to take ownership of the program, and hence encourage their friends and relatives to come to the program. This may also help break through the cultural barriers of gender, age, and White culture faced by the college interns so it may be more beneficial to have a leader from the community assist or lead the classes. This will hopefully help build trust and rapport within the communities and classes, and in the long run encourage more participation.

The lack of outreach to community leaders and community centers became obvious as many organizations had never heard about Pura Vida, even when they worked closely with HealthFinders. Reaching out to these organizations is key to successful advertising as they have built up trust with their clients over the years and would be a great resource to spread the word about this program. This will also be beneficial by extending personal communication. As one interviewee, who worked as a translator, reported that the majority of the Latino clients she worked with were illiterate- so could not read or write in Spanish. This could be a barrier for advertising, so it is important to stress the word of mouth channel.

Transportation to and from the program site also came up as a potential issue of many of the women during the cold Minnesota winters. HealthFinders could ask for an in-kind donation of tokens from transit systems or partner with the community resource center, where they can give participants free tokens to access public transportation to get to the program site. Branching out and looking for community partners is key to finding these resources not only for transportation but also for food and equipment.

The locations or hours for both programs would need to be expanded if they plan on recruiting many more participants. The Northfield program is located in the Northfield YMCA, which is a great space, but is not able to accommodate a group larger than 10 in the exercise class. The Faribault program, on the other hand, is held in the basement of the Somali Community Services center. They hope to use the future HealthFinders clinic in Faribault for Pura Vida.

Providing participants with resources such as exercise equipment and access to the healthy foods becomes a huge barrier to the success of the Pura Vida class. The participants inaccessibility to the food the interns recommend in their nutrition sessions came up as an issue in almost all of our interviews, so clearly needs to be addressed. Pura Vida could consider partnering with local farmers, grocery stores, or the food shelf to supplement their program. As the Faribault basement held only a stair stepper, a community leader noted that the women would be more willing to go if there was more equipment. Contacting Carleton, St. Olaf College, and Northfield's Anytime Fitness would be a good start for potential equipment donations. Healthfinders recently contacted Carleton and acquired three machines, so this already proves to be a beneficial relationship for

the future.

Throughout our interviews we heard over and over again that Latinos prefer fresh foods and produce, such as fruits and vegetables and they tend to not utilize the Food Shelf because most of the donated goods are canned. Similarly, the Somali community is looking for fresh fruits--as they were referred to as “banana people” by a community leader--but they too currently lack access to these resources. Partnering with local farms and stores would be a good starting point but branching out to developing community garden projects in these neighborhoods could also be a good direction to consider.

Somali immigrants feel locked out from resources as they face a lot of ambivalence from community staff such as social workers, who are less willing to help out these recently settled immigrants. This was seen through their struggles to get social workers to answer their calls, resulting in situations where families had to to fill out food stamp applications more than twenty times. This is important for HealthFinders to recognize as they can help these women and families not only through their own resources, but also through social networking techniques that could be developed in the Pura Vida setting.

It is also important to recognize cultural differences as they bring out different and contrasting cultural views on what healthy eating and exercise looks like. For example, in the Latino culture curves on women are considered a good thing, as one of the community leaders stated: “In the Latino culture, if you are a woman and you got curves, that’s good. You are possibly getting ready to be a mother.” There is also a cultural difference is their communication planning. In both the Latino and Somali cultures the women have a tendency to say they are coming to the class even when they don’t plan to attend, as doing otherwise would be rude.

The difficulty in getting participants to socialize was another common finding. A community leader stated that it’s a huge challenge to try to get Somali women out of their homes, “The Somali women are not going out to do any social network. [To them] it’s scary and it’s partly religious. The women cannot work out in front of men. When they are here [with other women] they don’t shy away,” He also stated that “If the women don’t go out enough, they may develop depression”. Latinos faces similar issues as one interviewee coined, they have “a fear to socialize.” This was also shared by the Somali interviewee, who said Somali women didn’t want to go out of the house to network socially.

To work on the socialization piece and build up their social networking skills, it once again would be beneficial to use members of the community in the development and implementation of the classes. A community leader suggested making the program more hands on by having a cooking session where participants assist in making a healthy Latino meal or have a discussion on what “a healthy Latino meal” would look like. This same idea could easily translate to

the Somali classes.

We learned from community leaders that for many Latinos, one of their main priorities is immigration status. Especially for undocumented immigrants, much of their daily efforts are focused on “staying under the radar”, and are therefore inhibited from using resources the average person could use--such as the YMCA gym--simply because it requires paperwork or other forms of identification that would endanger their position in the Northfield community. In light of this, we understood that health becomes a lower priority for many people, particularly when they are unable to access the resources for health maintenance. However, despite the legal status of a Latino immigrant, we learned from an interview with a community leader that health problems are commonly dismissed until they either go away, or more likely, they become too problematic to ignore. They said, “One thing I noticed in the Latino-Hispanic culture, when they get treated for an illness, they get treated too late.” It is important to recognize this issue when working with this population, and understand that in our modern society, health care and maintaining good health is often taken for granted. Many immigrants have so much on their plate that it becomes easy to divert their attentions to other matters, while their personal health goes untended. Addressing these issues through classes may be a beneficial and relevant approach.

To encourage more commitment to the program community leaders have offered some advice. The Faribault classes should be held two times a week to encourage full commitment to the program. Programs should also have participants make some form of investment such as leadership roles, delegated responsibilities or a small fee which can benefit them in the end. As more word-of-mouth, active recruitment/outreach was recommended over and over, utilizing community leaders to advertise at events that are heavily participated by Latinos/Somalis would be a great way to promote excitement and commitment to the Pura Vida Program.

Summary and Conclusions

After researching, talking with the interns and community leaders, and even participating in a Pura Vida class, we have found many significant results from our research study. Some of the stories that stand out most are the stories of the people struggling to find housing and jobs and even feed their families. After hearing these stories, we realized that the Pura Vida program is meeting a need in the Northfield and Faribault locations as not only an exercise and nutrition class, but also a “safe space” where Latino and Somali women can come together to discuss these issues. Community leaders agree with the importance of emphasizing this aspect of the program as they commented on the need for social networking and how beneficial it is for these residents.

As we discovered in our own research, personal and active advertising is a lot more effective for recruitment and communication. This is not only effective due to the personal component, but it can also combat the literacy issue. Expanding and personalizing Pura Vida outreach will hopefully make the program not only more visible in the community, but also deepen the relationship with the community as they gain face to face contact. We found that both the Latino and Somali communities struggled with communication as they lacked trust in outsiders. As with most cultures, this trust requires time and communication to build up until a friendship is formed. This personal technique will put the program off to a good start through gaining these trusting and meaningful relationships right away.

We hope that our research findings will be used to evaluate, assess, and motivate the current Pura Vida program. As we realize that many of these suggestions will need to be put to the test in the actual communities, it would be great if the interns and program directors would take a look at our suggestions to hopefully give them new ideas or a new angle on the program.

In the future it would be really great to interview the program participants. Many of the community leaders we spoke to listed doing a survey or informal interview with each participant or community member as a suggestion to get a “real idea” of what they want. As we do not speak fluent Spanish or Somali, we were unable to do this with the participants but would definitely suggests that this should be done in the future.

We really enjoyed our research project as getting to know invested interns and community leaders was inspiring. If we were to do this again we would really like to have hired a translator so we could have interviewed the participants as well. This would be an extremely beneficial assessment on the program as they would be able to tell us how they heard about it, why they come, and what they would like to see stay the same/change.

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Appendix

Pura Vida Healthy Lifestyles Key Informant Interview Guide

Interviewer:

Date:

[Introduction]

I want to thank you for taking the time to meet with us today. My name is (insert name) and I would like to talk to you about your experiences working with the Latino/Somali community. We are interested in asking you about your cultural expertise in how to promote health, particularly nutrition and fitness, in the Latino/Somali community. We would like to use your responses to help us improve the Pura Vida Healthy Lifestyles program, which is a nutrition and fitness program aimed at promoting healthier lifestyles in Latino and Somali women.

The interview should take less than an hour. My co-researchers and I will be taking notes during the session to record your responses. Remember, all your responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent.

As a reminder, you don't have to talk about anything you don't want to and you may end the interview at any time. Are there any questions about what I have just explained?

Are you willing to participate in this interview? **Y/N**

Before I begin, may I collect some information about your gender, ethnicity, age and occupation?

Gender:

Age:

Ethnicity:

Position in the Community/Occupation--:

I will now begin the interview. I will first ask you questions about your involvement in the Latino/Somali community and then segue into questions asking you about your experiences working with Latinos/Somalis.

Questions for Key Informant Interviews

1. What is your main role in the Northfield/Faribault community?
2. What is your connection to the Northfield/Faribault community?
3. What demographic of people do you primarily work with?
4. Are you involved in the Latino/Somali community? If so, how?
5. How long have you worked in the Latino/Somali community?
6. In the organization you work for, are they any information on nutrition and exercise that the public can access?
7. What programs or outreach resources does your organization offer to promote healthier eating and exercising?
8. Are these resources tailored to the Latino/Somali community?
    1. Do you know about the HealthFinders Pura Vida Healthy Lifestyles program?
    2. If so, do you view this program as helpful within the Northfield/Faribault Latino/Somali communities?
    3. What important issues do you think this program addresses?
        1. What about the particular culture in the Latino/Somali community promotes health education?
        2. What cultural strengths do you see in your clients that may promote healthier eating and exercising?
        3. What do you wish you could offer to the Latino/Somali community about healthier eating and exercising? What resources do you need that could help you provide these services?
        4. How would you describe the lack of healthy eating and exercise in the Latino/Somali community? Is it important? Has this concern been raised by other community leaders?
        5. How would you prioritize this community need in terms of other public health concerns, such as breast cancer screening and smoking cessation, and why?
        6. What are the major barriers to accessing nutrition and exercise information in the Latino/Somali community?
        7. What are your interests and reasons for participating in this research collaboration?
        8. Would you like to add anything else?

[Conclusion]

I'll be analyzing the information you and others gave me and submitting a report

to the HealthFinders organization in one month. I'll be happy to send you a copy to review at that time, if you are interested.

Thank you for your time.

Pura Vida Healthy Lifestyles Staff Interview

Interviewer:

Date:

[Introduction]

I want to thank you for taking the time to meet with us today. My name is (insert name) and I would like to talk to you about your experiences participating in the Healthfinders Pura Vida Healthy Lifestyles program. Specifically, as one of the components of our overall program evaluation we are assessing program effectiveness in order to capture lessons that can be used in to improve future interventions.

The interview should take less than an hour. My co-researchers and I will be taking notes during the session to record your responses. Remember, all your responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent.

As a reminder, you don't have to talk about anything you don't want to and you may end the interview at any time. Are there any questions about what I have just explained?

Are you willing to participate in this interview? **Y/N**

Before I begin, may I collect some information about your class year, major, education and position within the program?

Class Year: **Education:**

Major: **Position:**

I will now begin the interview. First, I would like to ask you some questions about your involvement in the HealthFinders Pura Vida Healthy Lifestyles program.

Background

1. How did you get involved in the program?
2. What class(es) do you teach?
3. Could you describe that class(es)?

I am now going to ask you reflect on your experiences in the HealthFinders Pura Vida Healthy Lifestyles program.

Program Assessment

1. What do you think about the success of your class?
2. How many participants do you get for an average program?
3. What are the demographics of these participants (age, gender, race, class)?
4. What would you like to change/improve in your program?
5. What do you think is working well with the program?

Outreach

1. How do you advertise for your classes?
2. Are you trying to attract a certain demographic? If so, what is it/who are they?
3. Before we conclude, is there anything else you would like to add?

[Conclusion]

I'll be analyzing the information you and others gave me and submitting a report to the HealthFinders organization in one month. I'll be happy to send you a copy to review at that time, if you are interested.

Thank you for your time.