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United States-Mexico Dual Resident's Perceptions of Heritage and Acculturation

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Walden University

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Alisia N. Muir

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Walden University
2018

Abstract

United States-Mexico Dual Resident's Perceptions of Heritage and Acculturation

by

Alisia N. Muir

MEd, Coppin State University, 1998

BA, University of Maryland Baltimore County, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

November 2018

Abstract

United States' policy makers have been challenged creating understandable nutrition labels and effective healthy food campaigns for consumers of mixed heritage. Previous studies explored the sociocultural factors that influence Hispanics' abilities to navigate consumer food education programs, but little was known about how Mexican culture impacts those programs. The purpose of this study was to better understand those factors. Research questions focused on the experiences of residents of a west Texas town regarding their food decision-making process about food choices and their understanding of food education information. The purpose of this phenomenological research was to explore how Mexican culture effected navigation through these programs. I used the theory of dietary acculturation, environmental theory, and advocacy coalition framework as the lenses to view this phenomenon. Data were generated from 9 interviews with primary decision makers concerning food choices for their households. Interview data were open coded to obtain themes suggested by study participants. Results indicated that participants considered healthy food and used varying approaches when selecting healthy food. Family time was an important factor in food choice. Healthy foods messages came from personal physicians, local marketing, and government agencies. The quality and cost of American products were often a consideration. Participants indicated that access to current health information and Mexican food products are integral to making future healthy food choices. The implications for positive social change may include raising awareness among state and federal policy makers of the factors influencing healthy food choices in effective nutrition labeling and healthy food education programs.

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Dedication

It is because of God that I am. Without the models of determination, perseverance, and faith given to me by my parents, Lloyd and Novia, this dissertation would not be possible. My life is the daily application of ideas and constructs. They are: grace (compassion) and love (despite, instead of, even though, or just because). From the generation before me: education gives you the world. To the generations to come: education gives you options. Alex, Apple, you got next ma'am!

Para las mariposas de PIBH, Canutillo y El Paso: la oportunidad a sido asombrosa. Tus experiencias trajeron mis sueños a buen término. Gracias.

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*Let the current lift your heart
And send it soaring
Write the timeless message clear across the sky
So that all of us can read it
And remember when we need it
That a dream conceived in truth can never die
Butterfly*

Table of Contents

Chapter 1: Introduction to the Study.....	1
Background.....	4
Problem Statement	5
Purpose of the Study.....	6
Research Questions	7
Theoretical Framework of Study	7
Nature of the Study	9
Definitions	11
Assumptions.....	11
Scope and Delimitations.....	12
Limitations	12
Significance	13
Summary.....	13
Chapter 2: Literature Review.....	15
Library Databases and Search Engines	16
List of Key Search Terms.....	16
Theoretical Foundation.....	17
APA Dietary Acculturation Model (DAM)	18
Analysis of DAM Application in the Literature.....	19
Berry’s Environmental Theory.....	20
Analysis of Environmental Theory’s Application in Literature	22

Advocacy Coalition Framework	22
Analysis of ACFs Application in the Literature.....	23
Phenomenological Studies.....	26
Qualitative Studies	27
Needs Assessment for Consumer Food Programs	29
Federal Consumer Food Education Programs	31
Consumer Interest in Nutrition and Healthy Eating	34
Sociocultural Factors that Impact Food Choice.....	35
Acculturation and Psychological Considerations	37
Impact of Dietary Acculturation on Dietary Choices of Immigrants.....	39
Health Literacy.....	40
Perceptions of Health Care & Patient Education.....	41
Federal Policy Initiatives and Consumer Education Programs.....	43
Summary.....	45
Chapter 3: Methodology.....	46
Introduction.....	46
Research Methodology	47
Research Questions	48
Qualitative Interviews	49
Participant Selection.....	50
Data Collection	54
Data Management and Analysis	55

Validity and Reliability	55
Summary.....	56
Chapter 4: Results.....	58
Introduction.....	58
Process for Credibility.....	65
Evidence of Transferability	65
Process for Dependability.....	65
Process for Confirmability.....	66
Household & Personal Schedule	68
School and Coursework.....	70
Professionals	70
Personal Physicians	71
Government Agencies	71
Community Health Classes.....	72
Television and Social Media.....	72
Family, Friends, Farmers Markets, Store Trends.....	73
Budget.....	75
Food Choices and Nutrition	76
Quality	78
Quality of Meat Products.....	79
Locating Mexican Products	80
Access to current information.....	81

Summary.....	82
Chapter 5: Discussion, Conclusions, and Recommendations	86
Introduction.....	86
Summary of Findings	87
Interpretation of Findings	88
Demographic	88
Family Time	89
Food Choice and Nutrition.....	89
Social Influences	90
Media	91
Government Agencies and Health Professionals	91
Access to Quality Food (Meat)	92
Mexican Food Staples/Budget	92
Access to Information.....	93
Theoretical Framework	93
APA Dietary Acculturation Model (DAM)	93
Berry’s Environmental Theory (ET)	94
Advocacy Coalition Framework	94
Limitations of the Study	95
Recommendations	95
Implications for Social Change.....	97
Researcher’s Experience.....	97

Conclusion	98
References	100
Appendix A: Interview Question Guide.....	126
Apéndice B: Guía de Preguntas de la Entrevista	129
Appendix C: Pre-Screen & Demographic Questions.....	132
Appendix D: Pre-Selección y Preguntas Demográficas.....	133

Chapter 1: Introduction to the Study

Obesity is a health epidemic impacting millions of residents in the United States and has increased healthcare costs. Data estimates from the years 2009-2010 revealed that approximately 78 million adults and 12.5 million children were obese and associated health care costs were nearly \$147 billion (Roberson et al., 2014). The consequences of obesity affect certain communities in greater numbers. Obesity affects Hispanics adults more than White and Asian adults (Ogden, Carroll, Fryar, & Flegal, 2015), which makes monitoring the prevalence of obesity in these populations critical for public health programs. Public health programs addressing obesity include consumer food education programs (Ogden et al., 2015).

Food consumption is not only a necessity for humans, but also a part of the social fabric in many cultures. Consumers are interested in their health and eating nutritiously (Waterlander, Steenhuis, de Boer, Schuit, & Seidell, 2012) and, even though healthy food items come at a higher cost, people are willing to pay extra to get good food (Aggarwal, Monsivais, Cook, & Drewnowski, 2014). Many things influence what a person chooses to eat, including sociocultural realities that impact an individual's ability to access and eat healthy foods (Cruwys, Bevelander, & Hermans, 2015). Sociocultural factors include race, ethnicity, economic status, food convenience, and education (Florez, Dubowitz, Saito, & Breslau, 2012; Leonard, McKillop, Carson, & Shuval, 2014). Immigrant groups are disproportionately affected by sociocultural factors that negatively influence access to healthy foods (Aggarwal et al., 2014). The lack of access results in Hispanic populations

disproportionately suffering from negative health outcomes associated with limited access to healthy food options.

People who immigrate to a new country experience an acclimation process called acculturation. The acculturation process is the cultural modification of an individual (Perez, 2014), and presents unique challenges for an immigrant. The challenges associated with acculturation include psychological and environmental considerations that occur when individuals from different cultures encounter each other (Howarth, Wagnar, Magnusson, & Sammut, 2014; Satia, 2010). These factors affect an immigrant's perception of the quality of support received regarding health-related topics, and impacting dietary choices (Castellanos, 2015; Jay et al., 2014).

People develop eating practices based not only on learned social factors, but also on advertising and information provided by educational outlets and media programming. To have the most impact, a consumer education program should be sound. A sound consumer food education program promotes appealing food that is nutritionally sound and considerate of consumers' cultures (Kaushal, Waldfogel, & Wight, 2013). The United States government has various consumer education programs. The United States Department of Agriculture (USDA), and its programs, including the Center for Nutrition Policy and Promotion (CNPP), the Food and Nutrition Service (FNS), and the Faith-Based and Neighborhood Partnerships (FBNP), are responsible for disseminating literature on foods and healthy eating (USDA, 2016). These agencies also have the capacity to identify consumers that would most benefit from customized consumer food education programs (Byker & Smith, 2014; Greves-Grow, Cook, Arterburn, Saelens, &

Drewnowski 2010; Nau et al., 2015). One critic of these agencies has concluded that current consumer food education programs have sent conflicting messages and need restructuring to include clearly defined definitions of *healthy* or *nutritious* foods (Nagler, 2015). One proposed solution is to collaborate with state and local officials who understand how the food system works in their communities and can be reliable, trusted advisers to policymakers when policy changes occur (Fitzgerald & Wolak, 2016). Better collaboration between all levels of government can lessen the chance that the public misunderstands disseminated information.

Eating is an essential part of a person's social construct and choosing what foods to eat is a part of that social construct. According to researchers, consumers need empowerment when they make food selections (Kaushal et al., 2013). A sound program enables consumers to access educational programs, therefore allowing individuals to advocate for and make healthy food choices that are meaningful in the scope of their lives. Grin, Gayle, Saravia, and Sanders (2013), Kaushal, Waldfogel, and Wight (2013), and Leung et al. (2013) concluded that the USDA recognized gaps in its consumer food education programming for immigrant populations and proposed several policy initiatives through federal programs, such as Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP). These gaps do indicate that further study is needed to understand why these gaps exist and what remedies are necessary to close them.

In this study, I focused on the decision-making process that consumers of Mexican descent use to make food selections. I evaluated their decision-making process

by asking how they chose food to eat and how they used consumer education programs to make those decisions. I included both men and women of Mexican heritage who are residents of the United States, but also lived in Mexico at least 3 months in a calendar year. A detailed discussion of literature associated with mixed heritage and dual residence consumer decision-making and food choice is discussed in Chapter 2.

Background

Several factors determine a community's viability. The health of a community is tied to its ability for individuals and households to access social and economic resources through civic engagement and collaboration (Nunez-McHiri, Riviera & Marrufo, 2017). Ensuring that consumers have access to nutritious food is one means by which policy makers can stave off the cultural and economic impact of disease (Leung et al., 2013). Policy makers have had little success applying national cultural differences, such as national food staples, in the food and nutrition dietary recommendations to U.S. consumers of Mexican descent (USDA, 2016). The purpose of this qualitative study was to understand the socio-cultural factors that influence the residents of Canutillo, Texas, and their ability to navigate consumer food education programs. Previous research has established the current body of knowledge pertaining to acculturation and consumer food education programs. The current body of literature exposes unanswered questions about acculturation and consumer food education programs on specific nationalities within the Hispanic community.

Current health data and statistics have identified policy makers' inability to articulate food and nutrition dietary recommendations to their U.S. consumers of

Mexican descent. Some researchers have examined the effect and impact of psychosocial and sociocultural factors, such as acculturation and cultural differences (Union of Concerned Scientists [UCS], 2016). This focus highlighted that little research exists that is related to U.S. consumers of Mexican descents' perceptions of U.S. food education programs.

Problem Statement

Policy makers in the United States have a problem implementing policy that imparts sufficient understanding of generalized nutrition labels to consumers, and specifically consumers of mixed heritage. Many of the residents of Canutillo, Texas, have the shared experience of the Mexican heritage, mutual migration, and dual residence. Specific to consumers of Mexican descent, culture interfered with understanding nutritional information, such as nutrient value and portion size (Castellanos, 2015). Consumers, specifically of Mexican descent, may need resources that would assist with understanding nutritional information. Evidence showed that Hispanics often have trouble accessing information on nutrition and healthy eating because they have difficulty accessing and navigating consumer food education information provided by *US Dietary Guidelines* and the *myFood Pyramid* (Gerchow et al., 2014) and the unique cultural differences may be a contributing factor. Policy makers have had little success in applying national cultural differences, such as national food staples, in the food and nutrition decision-making guides provided to Hispanic consumer groups (USDA, 2010). The failure of policy makers to provide adequate and culturally appropriate information to Hispanic consumer groups has caused problems worthy of study.

Research findings highlighted the correlation between socioeconomic status, education levels, racial and ethnic factors, and low-quality diets, which contribute to unfavorable health outcomes (Aggarwal et al., 2014; Guenther et al., 2014). While research explored the sociocultural factors that influence Hispanics' abilities to navigate consumer food education programs (Gordon-Larsen, Harris, Ward & Popkin, 2003), little was known specifically about how Mexican culture has an impact on the navigation through those programs. Policy needed to include other types of evidence in order to address factors that contribute to the problem (Cobb et al., 2015). A qualitative study to evaluate consumer food education in Canutillo, Texas, helped fill in this gap and provide an opportunity to measure how shared experiences, Mexican heritage, acculturation, and dual residence affected food education outcomes. Favorable health outcomes are strengthened by the access and navigation this sociocultural group has to consumer food education programs.

Purpose of the Study

The purpose of this qualitative study was to understand the sociocultural factors influencing the Canutillo, Texas, residents' abilities to navigate consumer food education programs. Specifically, the focus of this study is to (a) identify the assumptions Hispanic consumers of Mexican decent have about the American nutrition and education program; (b) explore how the assumptions are validated; (c) examine peoples' particular experiences with U.S food culture, specifically the consumer experience; and (d) identify specific interventions that could help to inform future consumer food education programs specifically tailored to meet the needs of lived experiences of dual residents.

Research Questions

Main Question: What were the lived experiences of the residents of Canutillo, Texas regarding decision-making about food choices, access to food, and using consumer food education information to make food choices?

Subquestion 1: What were the cultural factors and sources of information that influence residents' decisions when making food purchases?

Subquestion 2: How do residents apply cultural and public information to the decision-making process when buying food?

Theoretical Framework of Study

Previous researchers provided foundational insight into the experiences and considerations that influenced the consumer food choices of U.S. consumers of Mexican descent. Three theories emerged in providing the foundation for understanding the interpersonal, intrapersonal, community and policy related factors that influenced the food choices of Mexican-American consumers. The three theories are Satia's dietary acculturation model (DAM), Berry's environmental theory (ET), and the advocacy coalition framework (ACF).

Satia-Abouta, Patterson, Neuhouser, and Elder (2002) coined the term *dietary acculturation* in a study in 2001. He defined dietary acculturation as the process by which a "minority group adopts the eating patterns and food choices of the host country" (Satia, 2010, p. 220). Immigrants change their eating patterns when they arrive to a new country. The extent to which an immigrant adopts eating patterns of his host country depends on individual social and economic constructs of the immigrant, and the exposure to the

constructs of the host country (Basáñez, Dennis, Crano, Stacy & Unger, 2014).

Information on the changes of immigrant eating patterns is available; however, limited information is available regarding the Mexican-American immigrant use of consumer food education information when making food choices. Satia's model informed the understanding of what influences acculturation-associated dietary changes and the impacts of those changes on health status.

Immigrant populations are found in many areas of the United States. Berry's ET promotes healthy rural communities and local connections as the basis of a stronger government (Berry, 1990). Canutillo is considered a rural community in the El Paso area. Patches of incomplete infrastructure, such as unpaved roads, no sidewalks, or public lighting, impact many areas within the Canutillo community. Canutillo as a community is hampered by truncated or incomplete development efforts (Nunez-McHiri, Rivera & Marrufo, 2017). Rural communities, have the potential to provide a platform for better understanding of the implications of diversity, acculturation, economic, and political incorporation of the Hispanic community (Lichter, 2012).

Finally, Sabatier and Jenkins-Smith (1993) first introduced advocacy coalition framework (ACF). The goal of ACF is to forward the understanding of incremental policy changes, the role of beliefs in public policy, and expanding understanding of policy learning (Shanahan, Jones, McBeth, & Lane, 2013). Specifically, ACF examines policy issues that stem from goal disputes among multiple levels of government, interest groups, research groups, and the media. The ACF focuses on the behavior of those (called actors) that form coalitions, who seek to influence the policy process. Thus, these

three frameworks may provide insight into how residents of Canutillo access and use consumer food education information to make food choices.

Nature of the Study

The nature of this study was qualitative, with the focus on gaining an understanding of a problem that is difficult to interpret solely using numbers. Quantitative studies involve many cases and variables summarized in a numerical way (O'Sullivan, Rassel, & Berner, 2008). A phenomenological study is the most appropriate methodology because it deeply examines the lived experiences. This helps to form a better understanding of how the residents of Canutillo accessed and used consumer food education information to make food choices. The Canutillo area is unique, as are the experiences of the individuals who live there; therefore, a phenomenological inquiry would facilitate in appropriately describing and explaining their experiences (Rudestam & Newton, 2015). This research design, as suggested by Jensen et al. (2014) is a sound approach, best for focusing on describing in detail what the prospective study participants have in common, as they experience making food choices.

Researchers must follow established procedures to gain access to study participants; it would be unethical to select people and talk to them without appropriate protocol in place (Creswell, 2013). After obtaining Institutional Review Board (IRB) approvals from Walden University, all potential research participants were asked to read and sign an informed consent form. The form stated the purpose of the study, reviewed participant confidentiality, addressed potential risk factors of participation, and reviewed the expected benefits of the study. The informed consent was available in both English

and Spanish.

The goal for this study was to have a sample size large enough to understand the characteristics of the phenomena being studied. Merriam and Tisdell (2016) are of the opinion there is no set number of required study participants; however, sample sizes should glean detailed data from participants to answer research questions. Qualitative researchers generally work with small sample sizes (Merriam & Tisdell, 2016) and Creswell (2013) made the recommendation to have between three and 10 participants for a phenomenological study. The intent of this study was to gain a better understanding of the thoughts, perceptions, and beliefs of this U.S. consumer group. After consultation with the dissertation committee, a sample size of between 12 and 15 participants was determined to be sufficient to provide data to help answer the proposed research questions—or until data saturation occurs. Recruitment of the intended participants was through St. Luke Church and the Westway Community Center after obtaining the necessary permissions. Purposeful sampling techniques helped identify individuals who had experience navigating U.S. consumer food education programs, were of Mexican heritage, and resided in Mexico at least 16 weeks in a 12-month period.

This study will take place in Canutillo, Texas, which is in the Paseo Del Norte region in the U.S. (City of El Paso, 2016). The Texas Department of State Health Services (Texas, DSHS) Regions 9 and 10 are the governing authority over federal consumer education programs and maintain a list of all registered SNAP and WIC recipients within their boundaries (Texas, DSHS, 2016). Canutillo was selected because of its fit to the research design and access to participants.

Definitions

Dual residence is defined as an individual who resides in Canutillo for other than temporary or transitory purposes, and has a second home, a job assignment, business activities or interests, or temporarily relocates back to Mexico for at least 35% of a calendar year (Nielsen, 2013).

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions (Allen et al., 2011; Negarandeh, Mahmoodi, Noktehdan, Heshmat, & Shakibazadeh, 2013).

Paseo Del Norte Region is defined as the international cross border regions between the City of El Paso, Texas, the City of Las Cruces, New Mexico; and Ciudad Juárez in Chihuahua, Mexico (OECD 2010).

Assumptions

The researcher conducted this study using four assumptions. My first assumption was that residents of Canutillo, Texas are interested in eating nutritious food and therefore will provide truthful information about their daily food selections. My second assumption was that this group has a working definition of what healthy and nutritious means when applied to food. My third was that this group has fully adapted to U.S food culture and recognizes that it does not emphasize the consumption of traditional Mexican food staples. My fourth was that it may be possible that some of the residents of Canutillo are undocumented and as a result may not want to participate in the study or may not be truthful about their experiences during interviews.

Scope and Delimitations

Canutillo residents of Mexican descent, over the age of 18 years, and have experience navigating U.S. food consumer education programs were interviewed for this study. The age range for selection is based on the premise that these residents are of legal age and will most likely be making the primary food decisions for themselves or their households. Additionally, study participants must have residence in Mexico at least 3 months in a 12-month period.

Limitations

The conduct of this study faced several limitations. First, it is limited to Hispanic residents of Canutillo, Texas, over the age of 18 years, who received SNAP and WIC assistance, and also live in Mexico for at least 3 months out of a 12-month period. Participant immigration status, socioeconomic level, educational level, and cultural barriers may have hindrance to accessing consumer food education programs. Another possible limitation was that this study was a qualitative review of a population who spends unspecified time outside of the U.S. Another limitation was my inability to speak Spanish. Although, I can understand the language, I needed to use an interpreter for some participants. It was optimal to conduct live interviews, probe into participants' responses, and stimulate additional discussion that may occur with English-speaking participants.

The appropriate method for this research was a qualitative study and was best suited to understand how participants navigate U.S. consumer food education programs and apply this information to food choices; however, results were not generalizable to a larger population or to immigrant groups in other areas. Another limitation was the lack

of resources. This qualitative study was a dissertation project and there will be no community sponsors. The study was self-funded.

Significance

The results from this research was intended to fill the gap in understanding cultural differences by focusing on identifying the assumptions that define American nutrition and education programs, how these assumptions are validated, and how they are not recognized in food culture. This research was unique as it can inform consumer nutrition and education programs, and policy initiatives.

Consumers play an integral part in the discussion about food, their food choice, and their overall health outcomes. Consumers want clear, concise, and easy to understand information on healthy food and nutrition (Scheidt & Daniel, 2004). These ideas are connected and relevant because they demonstrate a need for social change. The results from this study may highlight the specifics of cultural considerations for program and policy makers. The results also have the potential to give an added dimension to the current discussion and shed light on a social inequity.

Summary

In conclusion, despite being a significant part of food consumers, Hispanic U.S. consumers are believed to be one of the most marginalized populations in the United States. Hispanic consumers, specifically those of Mexican decent, make up a significant portion of citizens who have the highest prevalence of health-related complications because of obesity.

While the USDA has recognized gaps in its consumer food education

programming, it could not impart enough understanding of generalized nutrition labels to consumers. Specifically, Hispanics often have trouble accessing information about nutrition and healthy eating because they have difficulty accessing and navigating consumer food education information. Therefore, this phenomenological study explored the beliefs and influences that guide Canutillo residents' access to consumer food education information and how they use it to make food choices.

Chapter 1 presented an overview of the study and provided justifications for the theoretical base and methodology that will be used to conduct the study. Chapter 2 will present a review of current literature on acculturation and the socio-cultural factors of U.S. consumers of Mexican decent and that supports the need for this study.

Chapter 2: Literature Review

The food that U.S. consumers choose to eat is a complex issue. The problem for immigrants of Mexican descent is even more challenging; therefore, deeper knowledge is required to understand their experiences better. Generally, individuals buy food because it provides sustenance, and satisfies hunger (Chambers, McCrickerd, & Yeomans, 2015). People also make food selections based on taste, convenience, and cost (Aggarwal et al., 2014). Policy makers have had little success interpreting national cultural differences, such as national food staples, in their food and nutrition dietary recommendations to U.S. consumers of Mexican descent (USDA, 2016). The purpose of this qualitative study is to understand the sociocultural factors that influence the ability of residents of Canutillo, Texas. Consumer food education programs and a comprehensive literature review revealed the limited current body of knowledge pertaining to acculturation and consumer food education programs for Mexican-Americans.

Consumers use nutrition and dietary information, along with other components, when deciding what to eat. Policy makers produce food and nutrition dietary information to guide consumers. Much of the current literature has identified policy makers' inabilities to articulate food and nutrition dietary recommendations to their U.S. consumers of Mexican descent (Stewart, Kennedy, & Pavel, 2014). Some researchers have documented factors such as lack of trust and understanding between consumers and policy makers, acculturation and cultural differences (UCS, 2016). However, there is little research regarding perceptions of consumer food education programs among U.S. consumers of Mexican descent.

This chapter includes search specifications and criteria, an explanation of the theoretical framework and the methodology proposed to support this phenomenological inquiry. The next section covers the current literature on the development of consumer food education programs, sociocultural factors and acculturation, immigrant migration and its impact on food choice and deficiencies within U.S. consumer food education programs.

Library Databases and Search Engines

Science Direct, CINAHL, MEDLINE, Google Scholar, ProQuest, PubMed, Sage, and EBSCO Host were the main databases used to obtain articles for this literature review. Due to the specific program focus of this study, specialist databases of reports on current and previous studies, the Expanded Food and Nutrition Education Program (EFNEP) and the Food and Nutrition Assistance Research Database (FANRP) articles were accessed via the USDA website.

List of Key Search Terms

To focus the search, the following key search terms were used: *advocacy coalition framework theory, Wendell Berry, consumer choice, consumer education, consumer education programs, immigrant, dietary acculturation, attitudes, food assistance programs, food choice, food culture, food deserts, food policy, food swamps, Hispanics, Latina, Latinos, Mexicans, nutrition guidelines, qualitative, dietary acculturation model, Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) and socio-culture.*

The search strategy used to conduct this literature review involved a broad search for literature on immigrant and consumer attitudes about food education programs. Particular attention focused on studies about the experiences and impact of socio-cultural factors in accessing consumer food education programs as a broad search, and narrowed to concentrate on studies regarding consumer attitudes about SNAP, WIC, the Food Pyramids, and myPlate programs. The literature review process will include concentrating on studies about and cultural sensitivity and adherence to federal dietary guidelines. A thorough review of literature pertains to the methodology used in similar studies and helps substantiate the proposed methodology for this study. The following literature review is an exhaustive and synthesized review; it reflects the key findings and arguments that are most relevant to the topic of this study.

Theoretical Foundation

It is important to understand sociocultural groups and the influence on what a person chooses to eat. Sociocultural groups share common experiences such as language, behavior, rituals, and values, which impact food choices (Aggarwal et al., 2014). The focus of this study is to examine how sociocultural factors impact peoples' abilities to navigate consumer food education systems and requires a theoretical framework. This framework will assist with linking questions and abstract concepts to actual, quantifiable data (Rudestam & Newton, 2015). 1.2 million Latinos were added to the U.S. population between 2014-2015 (Marsiglia, Booth, Baldwin & Ayers, 2013), with 63.4% being of Mexican origin (US Department of Commerce, 2016). The growing number of the Latino

population, specifically those of Mexican descent provides an opportunity to examine the unique attributes of this group.

Three theories emerged to provide the foundation of understanding the interpersonal, intrapersonal, community and policy related factors that can influence the food choices of Mexican-American consumers. A literature review can provide foundational insight into the experiences and considerations that impact the consumer food choices of this group.

APA Dietary Acculturation Model (DAM)

An immigrant experiences many changes when they arrive in their destination country. These changes are varied; but may include language, local, and food customs. Satia-Abouta et al. (2002) coined the term *dietary acculturation* in a study in 2001. Satia (2010) further defined dietary acculturation as the process by which a “minority group adopts the eating patterns and food choices of the host country” (p. 220). In this model, immigrants balance their own cultural constructs, such as socioeconomic and cultural factors with the realities of acculturation that come with exposure to a host culture. The realities of acculturation can range from political to economic and social factors of migration (Castaneda et al., 2015), to changes in environmental factors, and conflicts with psychosocial preferences, similar to balancing home country and host country customs (Basáñez et al., 2014). The stronger an immigrant’s tie is to the home country, the longer it takes the immigrant to acculturate. Dekker et al. (2011) concluded that an immigrant’s socioeconomic and cultural construct could help predict the extent to which they may change their dietary patterns. A full understanding of the factors that contribute

to an immigrant's dietary acculturation habits and patterns can provide a clearer picture of immigrant groups.

Analysis of DAM Application in the Literature

Being a migrant is a significant factor of acculturation; however, it is not the sole factor to consider. For the immigrant, migrating to America is full of uncertainties and the unfamiliar (Roshania, 2016). Host countries that receive immigrants are impacted economically, demographically, and culturally by migration (Sakamoto, Wei, & Truong, 2008). Host countries acculturate to migrant groups culturally, by learning the language and employing immigrants with skill sets needed in the local area. In the areas of positive health outcomes that can be attributed to eating healthy foods, Hispanics have a documented history of poor acculturation (Arandia, Nalty, Sharkey, & Dean, 2012). Satia (2010) assumed that most immigrants would adopt the eating patterns of their host country. The extent to which immigrants adopt the eating patterns of the host country depends on individual, social, and economic constructs of the immigrant, and the amount of exposure to the constructs of the host country (Basáñez et al., 2014). Individual, social, and economic constructs are unique to the individuals who experience them. Clear understanding of these constructs can contribute to understanding of the needs of individual immigrant groups.

Consumers make choices based on personal preferences and available nutrition information. A sound consumer education program should have a clear understanding of the individual needs of specific immigrant groups when developing outreach programs (Stewart et al., 2014). A clear picture requires an understanding of relevant sociocultural

customs that will provide insight into immigrant food preferences and customs. Satia-Abouta et al. (2002) concluded that health educators and policy makers revamp current consumer education programs to include specific recommendations that are considerate of specific immigrant populations and their experiences. Immigrants make food selections based on the amount of exposure to social constructs of the host country (Basáñez et al., 2014). Understanding these constructs can influence what consumer education programs are developed and disseminated.

Berry's Environmental Theory

Immigrant populations are found in many areas of the U.S. Rural communities across the US and have the potential to provide an ideal platform for better understanding of the implications of diversity, acculturation, economic, and political incorporation of the Hispanic community (Lichter, 2012). Scholars have documented the conversations about rural populations and their impact on society. The most outspoken was Berry, respected by environmentalists and scholars, alike (Bittman 2012). Berry is known for his work on sustainable agriculture and environment, healthy rural communities, thriving local economies, and welfare of the farmer (Henderson & Hursh, 2014). His work eventually developed into what is now called *environmental theory* (Bittman, 2012). The theory has maintained many of its historical structure; however, it has recently taken on political characteristics.

Modern communities function because of a system of rules, regulations, and governing bodies. Environmental theory (ET) promotes the idea of healthy rural communities and local connections as the basis of a stronger government (Berry, 1990).

ET urges local communities to advocate for themselves, as the practice demonstrates that they are politically responsible. Local communities should grow their own food and connect its citizens with those that produce it, and eat responsibly (Berry, 1990).

According to Leach (2012), Berry was a proponent of the idea that government serves its constituency by paying more respect to small and rural communities, as these communities are the fabric of a country (Bittman, 2012). Berry's theory underscores the balance required in the relationship between government and rural communities.

There are health and social implications for not including all populations in this conversation. Communities should rely solely on their own resources or on close neighboring communities for food. Government is better when it has a close connection with citizens, its major goal should be assisting its citizens in achieving better health goals (Barry & Smith, 2008). Community degradation occurs when people who are outside of a community make decisions for people inside of it, as they do not feel the effects of what they do (Berry, 1990). Over the long term, this has broader implications for society. The growth and health of immigrant populations tie directly to the overall health of the larger set of the population, substantive issues and global growth (Lichter, 2012). Ortega, et.al. (2015) worked in the predominately Mexican heritage communities of East Los Angeles and Boyle Heights, California and concluded that multi-level, community-based approaches were key to improving food environments. Communities can benefit when immigrant populations are included in conversations to strengthen small and rural communities.

Analysis of Environmental Theory's Application in Literature

Literature within the last decade applied Berry's theory to topics that focus on economic development in rural communities, regional food systems, and national security. Berry's theory promoted the idea that federal programs are too large, which eventually creates alienation of consumers (Brown, 2014). An example is U.S. agricultural policy for the past 10 years, specifically the Agriculture Act of 2014 (Chite, 2014), which squanders economic potential and sustainability and does not strengthen the ties between the community and the land, according to Cohn (2014). Grassroots organizations are better able meet the immediate needs of consumers served, as they can customize their offerings (UCS, 2011). Roshania (2016) concluded that immigrants found it easier to navigate American grocery stores by taking cooking lessons that incorporated familiar ingredients. Berry's environmental theory provided an assumption that the health of a nation relates directly to the health and viability of local communities. The health of local communities derives from access to healthy food systems (Henderson & Hursh, 2014). Reel and Badger (2014) concluded that interventions, that included providing nutrition and health education (to both community members and political leaders), was a powerful way to increase healthful food access and empower citizens. Food systems can become compromised when policy makers ignore the varied characteristics of the plethora of local communities.

Advocacy Coalition Framework

Sabatier and Jenkins-Smith (1993) first described the advocacy coalition framework (ACF). The goal of ACF is to forward the understanding of incremental

policy changes, the role of beliefs in public policy, and expanding understanding of policy learning (Shanahan et al., 2013). Specifically, ACF examines policy issues that stem from goal disputes among multiple levels of government, interest groups, research groups, and the media. The framework focuses on the behavior of those (called actors) that form coalitions, who seek to influence the policy process.

The primary goal of ACF is to determine the central dynamics of coalitions and those that work within them. Sabatier and Weible (2014) explained that ACF examined the circumstances in which *actors* create and maintain coalitions to achieve their policy objectives. Coalitions are the primary unit that analyze and understand the policy process (Sabatier & Weible, 2014). Coalitions are fluid and consistently evolve. The results are changes in policy needs. To grasp the concept of ACFs fully, one needs to understand that in broader structures of coalitions, actors serve to meet a singular objective (Ripberger, Gupta, Silva, & Jenkins-Smith, 2014). Coalitions each possess core and secondary beliefs regarding issues under consideration (Rashad & Khadr, 2014; Fisher, 2018). Reaching consensus is more easily achieved by identifying common assumptions and a description of the scope and type of questions the coalition should answer (Sabatier & Weible, 2014; Shanahan et al., 2013). Advocacy coalition framework helps with the examination of the dynamics of opposing coalitions and understanding the process to meet the policy objective in an interrelated manner. Advocacy coalition framework also identifies a solution to the identified policy issue.

Analysis of ACFs Application in the Literature

The process of government works because of the collective efforts of constituents

and policy leaders. Cross-sector collaboration is a time-tested way to advance any policy process (Sabatier & Weible, 2014). A broad base of stakeholders with a wide range of expertise is necessary for any policy initiative to move forward (Johnson et al., 2013). Gagnon, Turgeon, and Dallaire (2007) concluded that health and policy experts could use adapted applications of ACF in a collaborative manner to advance mutual goals. The framework has been applied to a plethora of issues as it relates to the policy process of environment and community development, however its application to immigrants, acculturation, consumer food choice and education programs are new. Advocacy coalition framework is one of the more developed policy development theories. One of its basic tenets describes shared core policy beliefs as the foundation for advocacy coalitions and asserts that unlikely allies can achieve policy change (Johnson et al., 2013). Stakeholders need not agree on everything to advance shared goals.

To understand and realize a healthy policy agenda, the sociocultural factors that impact Canutillo, Texas residents' abilities to navigate consumer food education programs is important. It is necessary for perspectives of immigrants, grassroots and local organizations, scholars, and health and government authorities to navigate their competing interests (Rashad & Khadr, 2014). Advocacy coalition framework provides a lens to understand how residents understand nutrition education that results from the public policy and administration process better. The ACF is an analytical tool that is used to generate better descriptions and explanations in public policy and administration (Weible & Flowers, 2008). Enhanced descriptions and explanations have practical implications that require understanding of policy beliefs.

A core tenet of ACF is policy beliefs. Paying attention to those policy beliefs has practical implications in understanding how governments participate in policy discussions and why they adopt certain policies (Mockshell & Birner, 2015). In a case study of a menu label policy development in King County, Washington, Johnson, Payne, McNeese, & Allen (2012) concluded that in order for a menu label policy implementation the coalition needed an “analysis of coalitions and policy beliefs, a clear picture of the political landscape, policy learning, and expert-based information” (p. S134). Coalitions that practice ACF have more successful policy initiatives when those initiatives are formed with a full understanding of dynamics that may impact an initiative. Mark Winne concluded in a recent interview that food policy councils had the potential to be more successful, as they have secured significant policy gains at the state and local level (Fisher, 2018).

Policy makers make recommendations to consumers. The literature indicates that policy makers have had mixed results in conveying food and nutrition recommendations to consumers (Stewart et al., 2014). The success is more acute for U.S. consumers of Mexican descent (Ogden et al., 2015). Advocacy coalition framework can allow for a deeper and more accurate understanding of context surrounding a relatively new issue (Brecher, Brazill, Weitzman, & Silver, 2010) and can help identify analytic work that might contribute to compromises in policy goals. Advocacy coalition framework assumes that individuals have a plethora of resources at their disposal and then use them to develop strategies to influence policy through many venues. These resources include: (a) formal legal authority to make decisions, (b) public opinion, (c) information, (d)

galvanized workers who will work to achieve goals, (e) financial resources, and (f) skillful leadership (Elgin & Weible, 2013; Sabatier & Weible, 2014). There are no conclusions regarding which resources may be missing in policy initiatives for U.S. consumers of Mexican descent.

Today's food system is complex and consumers have many questions. A sound consumer food education program is one that promotes food that is appealing, nutritionally sound, and considerate of a consumer's culture (Drewnowski & Kawachi, 2015). A sound program should empower all consumers to access educational programs (Lesley, 2016), therefore, allowing people to advocate for and make healthy food choices meaningful in the scope of their lives. Advocacy coalition framework can be useful for a better understanding of why groups behave in certain manners given their specific cultural dynamics. It can also be useful to help identify how groups relate to other groups or systems and how they might work together to achieve goals. The framework provides the opportunity to examine these paradigms with the potential to provide the impetus for change.

Phenomenological Studies

The most appropriate methodology to better understand the residents of Canutillo's decision-making process about food choices and how they access and use consumer food education information to make food choices is a phenomenological approach. Phenomenological research focuses on experiences in everyday life (Rudestam & Newton, 2015) and is well suited to examine the Canutillo residents' experiences accessing consumer education programs.

One can gather a deeper understanding and insight into the everyday experiences of immigrants by talking to and reflecting upon what they share. Phenomenological approaches to understanding food related experiences of specific immigrant groups are found in the literature as early as 2002 (Dibsdall, Lambert, Bobbin, & Frewer (2003). Garnweidner, Terragni, Pettersen, and Mosdøl (2012) used a phenomenological approach to catalogue African and Asian immigrants' dietary acculturation experiences to Western Europe. They concluded that health practitioners and policy makers should be more culturally sensitive in their communications with these immigrant groups. Von Essen and Englander (2013) utilized the phenomenological approach to analyze the psychological process that Swedish young adults used to follow an organic diet.

A phenomenological approach informs and supports a theoretical framework (Creswell, 2014). The acculturation model, environmental theory, and the advocacy coalition framework combined with the description of resident experiences are combined to create better consumer food education programs. Instead of telling residents to eat better in order to achieve better health outcomes, the phenomenological approach will help program writers and coordinators to hear what resident experiences are and how they apply disseminated information in their own words.

Qualitative Studies

In order to advance, it is important to understand the perceptions and the lived experiences of human beings. The public may have a different view when compared to experts, about food, nutrition, and health (Bisogni, Jastran, Seligson, & Thompson, 2012). Qualitative researchers seek to understand the perceptions and experiences of

people, by studying them in their natural environments (Maxwell, 2013). A study about the lived experiences of Mexican-American immigrants and their perceptions about accessing and using consumer food education programs have the potential to advance understanding of social and behavioral aspects of food and eating.

Inquiry is a dynamic process. Qualitative research continues to gain importance in the fields of food, nutrition, and health (Bisogni et al., 2012). Abraido-Lanza, Echeverria, and Florez (2016) conducted a qualitative study and concluded that studies on Latino immigrants are conducted using a transitional perspective; as such, an approach would consider factors such as socio-economic positions and increased work hours outside the home. Macdiarmid, Loe, Kyle, and McNeill (2013) conducted interviews with 50 British consumers and concluded that peer pressure, lack of time to cook, and lack of desire to cook were noted reasons for not following dietary guidelines for eating healthy. The findings from this study demonstrated there was a need for nutritious food options easy to access and prepare.

Ecuadorian teenagers were interviewed sharing that, while they realized the importance of eating healthy, factors, such as cost, taste, peer norms, habit, and autonomy ultimately had an impact on their food choices (Verstraeten et al., 2014). The teenagers understood the importance of eating nutritious foods but were heavily influenced by norms outside their culture and homes. Of note was that many high-calorie snacks were marketed in low-income communities and people in those communities chose those foods because they were familiar and available to the community.

Jay et al. (2014) concluded that Latinas used family dynamics and their immigrant experiences in order to use goal-setting techniques to make behavioral changes that resulted in healthy food choices and weight loss. This study noted that maintaining cultural practices, including preparing and eating culturally familiar foods, is important. Latinas in Jay et al. were receptive to making healthy changes, but worried how those changes would impact their families. The findings in this study suggested that providing Latinas with opportunities to share individual needs and unique family dynamics would enhance opportunities for behavioral changes.

Needs Assessment for Consumer Food Programs

The efficacy of consumer food education programs has widely been debated. Efforts to educate consumers have realized mediocre results (Nagler, 2015). Explanations are varied. They range from incentives for customers to use SNAP and WIC benefits to purchase healthy foods, aligning the application process for benefits, to non-specific consumer food education programs. Several factors figure into what a consumer eats. Those factors include, “taste, convenience, cost, weight management, disease prevention, culture, religion, food contents, and food accessibility” (Ree, Riediger, & Moghadasian, 2008, p. 1255). Many cultures have preferences about what foods they eat and what foods they avoid. A system that considers those factors in combination with a consumer’s knowledge about healthy food is the best way to offset the gap between their desires to eat healthy and their final food choices.

Economic factors exist creating conditions where individuals cannot afford to buy food. Supplemental Nutrition Assistance Program, called the Food Stamp Program, was

born October 1, 2008 (USDA, 2013). Leung et al. (2013) explained that SNAP was not restructured to provide incentives for beneficiaries to purchase healthy foods and advocated aligning programs like WIC and SNAP to streamline the application process, and consumer education efforts. Calls to provide consumers with practical tools to make healthier food choices are traced back to the literature as early as 2009. Miller et al. (2009) concluded that a scientific definition of nutrient dense food, a recommendation of the USDA's dietary guidelines, needs incorporating into nutrition facts labels. A specific definition will assist consumers in choosing and consuming healthier foods.

The primary federal agencies in charge of consumer food policy, the USDA and FDA, agree with scholarly definitions of healthy food. However, both agencies provide consumers with conflicting information on what foods they classify as meeting that definition. Consumers have difficulty interpreting and applying nutritional messages to their diets because of the complexity of information on food items that have several nutrients (Azais-Braesco, Goff, & Labouze, 2006). Language issues may exacerbate consumer interpretation and application. Drewnowski and Fulgoni (2008) concluded that the current consumer food education program needed restructuring to include a clearly defined definition of *healthy* or *nutritious* foods. The USDA acknowledged consumer concerns in their 2015 report and pledged to take public comments on the issue.

Most consumers express the desire to eat healthier, however the literature shows that consumers often make no connection between what the government defines as healthy foods and what consumers eventually purchase. Nutritious foods “provide substantial amounts of vitamins and minerals and relatively few calories” (Drewnowski

& Fulgoni, 2008, p. 23). The USDA advises consumers to eat fresh fruits and vegetables, as they have better nutritional value. However, Drewnowski and Rehm (2015) discussed their findings where African-Americans and Hispanics consumed more 100% fruit juice, with less nutritional value, as compared to White Americans; and pinpointed these consumer groups' participation in government programs like Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) as a leading factor.

Federal Consumer Food Education Programs

People have different motivation for furthering their knowledge. Understanding the benefit of healthy eating and then selecting foods based on the information requires specific knowledge. Food education "delivered by an authority figure is far more effective" for helping people make healthier choices (Samek, 2016, p. 21). The USDA, specifically the Center for Nutrition Policy and Promotion (CNPP), the Food and Nutrition Service (FNS) and Faith-Based and Neighborhood Partnerships (FBNP), are the governing bodies responsible for disseminating literature on food and healthy eating (USDA, 2015). These agencies have the capacity through various methods to identify consumers that would most benefit from customized programs. These programs include SNAP recipient data, school lunch programs, and WIC. Byker and Smith (2014) used state data to evaluate the quality of food for children that were identified as food insecure and were provided with supplemental meals on weekends. Greves-Grow, Cook, Arterburn, Saelens, and Drewnowski (2010) advocated aligning WIC, SNAP, and school lunch programs in order to streamline application process and education messages

(Leung et al., 2013). Government agencies have identified and collected information on consumers, but have not translated this information into a system that has yielded a coherent education system for all consumers. Government agencies must develop a singular system to educate consumers.

The research reviewed in this literature review agreed that assisting groups who may have issues accessing and navigating the current system is key (sources). Questions about how best to reach these specific groups remain. The USDA offers translated materials for non-English speakers in various languages, including Spanish (USDA, 2016). The material offered by the USDA is a comprehensive collection of the agency's own material and material from health organizations like the Academy of Nutrition and Dietetics, American Diabetes Association, and American Heart Association. Translated material does not go far enough (Cristancho, Peter, & Garces, 2014). Materials should go beyond language translation and should be written to incorporate the unique experiences and other socio-cultural considerations of the groups the materials for which the material is being translated.

Education offers consumers opportunities to refine their knowledge base. The best way to mitigate poor consumer choices, and therefore diet outcomes, is to improve customized consumer nutrition education programs (Larson et al., 2013). Federal agencies and food education programs have the capacity to customize programs because they already have the ability to pinpoint and track the consumers that would most benefit from it. Even with this capacity, some tracking measures may not be effective. Measures of socioeconomic status (SES), such as education and income, may not adequately reflect

the impact of race and social class on health parameters (Drewnowski, Rehm, & Solet, 2007). Socio-cultural marginalized groups use programs like WIC and SNAP. They also participate in school meal programs. Greves-Grow et al. (2010) suggested using consumer demographic information, such as ZIP codes to assess consumer resources accurately. Byker and Smith (2014) suggested using food programs, like free meals and weekend backpack programs to identify and help students who were susceptible to weekend hunger.

State and local governments can directly enhance the daily lives of their citizens. They have a role in advocating on behalf of constituents, as they stand between citizens and the federal government. State and local officials understand how the food system works in their communities and can be reliable, trusted advisers to policymakers when policy changes occur (Fitzgerald & Wolak, 2016). Collaboration between local governments and federal programs has had successful outcomes. As recently as 2016, the Union of Concerned Scientists discussed the Baltimore based, Virtual Supermarket Program, which is funded in part by federal legislation in the 2014 Farm Bill. This community and federal government collaboration authorized demonstration projects to approve retailers to test the use of online technologies to process Electronic Benefit Transfer (EBT) transactions. This program allowed SNAP recipients to use benefits to purchase healthy produce online. The program provided consumers with an opportunity to use their SNAP benefits to provide a new means to access healthy food. This example highlights how community actions and federal programs meant to promote healthy eating can complement each other.

Consumer Interest in Nutrition and Healthy Eating

To obtain and maintain optimal health, consumers are advised to eat a healthy diet. The USDA and USDHHS collaborated to produce the *Dietary Guidelines for Americans*. The guidelines have two basic tenets for consumers: eat enough calories to maintain a healthy weight and eat nutrient dense foods and beverages (USDA, 2013). The guidelines are broad, as are the opinions about what constitutes nutritious foods and healthy eating (Ruhlman, 2016). However, other factors impact what a person decides to eat. A person's diet quality is dependent on factors that include availability, personal preference, culture, and convenience. Researchers in a 2014 telephone survey of 2001 randomly selected adults in King County, Washington concluded that consumers who feel positive about the quality of their food choices eat better quality foods (Aggarwal et al., 2014). Consumers are interested in nutrition and healthy eating, and the availability of nutritious foods is a consideration to meeting both goals.

The prices of fruit and vegetables were debated as a strategy to encourage consumers to make healthful choices. Waterlander, Steenhuis, de Boer, Schuit, and Seidell (2012) concluded that reduced prices of fruit and vegetables led consumers to buy more. These programs highlight consumer willingness to follow nutrition guidelines, but do not address consumers who cannot follow those guidelines due to socio-culture or economic factors. Even though eating healthy is important for all consumers, the reality of eating this way can prove problematic for those consumers in socio-cultural marginalized and low-income groups. SNAP and WIC are federal nutrition programs that provide nutrition assistance to low-income consumers (USDA, 2016a). These consumers

rarely use SNAP and WIC benefits to purchase nutrient dense foods like fruits and vegetables. They find fruit and vegetables to be either cost prohibitive or of low quality in their local grocers (UCS, 2013). In 2016, the USDA concluded a public comment period, where they sought guidance on the best ways for increase SNAP recipient's access to healthy foods. The USDA concluded that were changes needed to the requirements that authorized SNAP retailers. Now retailers would be required to increase their minimum inventory and variety of healthy food (USDA, 2016b). There is a need for continued exploration of ways to offer better selections of fruit and vegetables at an affordable price, while providing culturally relevant nutrition education programs that will get consumers to accept them.

Sociocultural Factors that Impact Food Choice

Discussion on environmental and societal factors that impact what foods a person chooses to eat are found as early as 2001. Booth et al. (2001) asserted that the environmental component of food choice begins with microenvironments or behavior settings in which the behavior of lifestyle takes place; if fruit and vegetables are prevalent in a person's environment, she will be more likely eat fruit and vegetables. Booth et al. continued that people are "encouraged to engage in unhealthful behaviors in multiple settings every day and change will involve the cooperation of many corporations, government agencies, professional groups, and advocacy organizations" (p. S30). Immigrant groups that have increased access to foods that are processed, fattening, and categorized as unhealthy, that might not be available in their home country, may realize poor health outcomes without intervention.

Many factors impact what a consumer chooses to purchase. Historically, socio-cultural factors that impact consumer food choice were sorted into two categories of influence: social factors and individual preference (Nestle et al., 1998). Social factors include cultural values, perceptions, belief, attitudes, social influences, media and advertising, availability, and variety (p. S52). Individual influences include taste and personal preferences, and education (p. S54).

Hispanics feel that in their birth countries, they have more control over the quality of their food (Van Rompay et al., 2012). Cultural factors influence how Mexican-Americans view healthy food (Masse, 2015). Traditional foods are associated with freshness or meat that is close to slaughter. Hispanics do not discuss healthy foods in terms of the nutritional value (Florez et al., 2012). Even though foods from native countries could be unhealthy, there is a perception that foods in the U.S. have chemicals that make healthier options unhealthy, which in turn causes weight gain (Jay et al., 2014). Immigrants could go to food sources themselves (i.e., gardens and butchers), but in U.S. they cannot, as using the same food sourcing strategies that they used in their home countries or buying organic foods is cost prohibitive. Food is an important part of many cultures. Intervention programs are framed within the context of the socio-cultural construct of the groups in which they are targeting (Caprio et al., 2008). Intervention programs are complex processes, but should move beyond single intervention strategies and outcomes.

Acculturation and Psychological Considerations

The concept and definition of acculturation was explored and debated in social and behavioral sciences. Acculturation has been defined as "those phenomena, which result when groups of individuals having different cultures come into continuous first-hand contact, which results in original culture patterns" (Arandia et al., 2012, p. 20). Culture includes many characteristics, one of which is food. The definition of acculturation has evolved to include immigrant populations. Currently acculturation is defined as the "the multidimensional and multidirectional process whereby immigrants and their descendants adopt the behaviors, beliefs, and values of the host culture while adapting those belonging to their culture of origin" (Satia-Abouta, Patterson, Neuhouser & Elder, 2002, p. 1106). The current definition of acculturation implies that social, emotional, and psychological considerations are important to the fullness of the definition.

Psychological considerations occur when individuals from different cultures come into contact with each other. Immigrant populations may assimilate less, to alleviate the psychological impact of immigration (Delavari, Sonderland, Swinburn, Mellor, & Renzaho, 2013). For one to obtain information, there are psychological considerations of acculturation. These considerations are associated with psychological, behavioral problems, increased stress, and weight gain among immigrant populations to the US (Van Rompey et al., 2012). A full understanding of the process of acculturation and its impact on immigrant health requires recognition of the context in which the immigrant's acculturation occurs (Arevalo et al., 2015). A positive byproduct is that they retain more

of their ethnic identity and traditional heritage, however a negative result is that they never fully adapt to the basic day-to-day practices, such as food selection and health care, in their new country (Tunon-Pablos & Dreby, 2016). It is important for consumer food education program developers to consider the immigrant beliefs when creating education programs and interventions.

The immigrant experience is not a concrete or rigid experience, but rather it is a fluid one. Immigrant groups experience an acculturation phenomenon called “immigrant paradox” (Reiss, Lehnhardt, & Razum, 2015, p. 19). This group shows better health advantages, which deteriorate with acculturation (Van Rompey et al., 2012), as their risk of obesity increases each year that they live in the US (Tunon-Pablos & Dreby, 2016). Certain behaviors were noted in this group; specifically, they ate less healthfully and consumed more convenience foods. Immigrant groups are busier with low paying jobs and fast food is a quick (and cheap) alternative to cooking at home. Mexican immigrants cited “less time to cook,” wanting to “be more American,” or fit into American culture as primary reasons (Tunon-Pablos & Dreby, 2016, p. 8). Many factors impact the immigrant experience. These factors have a large influence on what an immigrant chooses to eat.

Eating is a visceral experience and a physical necessity. Choosing foods considered healthy requires knowledge. There is a connection between acculturation and health literacy, as levels of acculturation increase, so do the levels of perception of personal control in making health decisions (Perez, 2014). Prior to high levels of acculturation, an immigrant may be unaware of the health implications of the food choices that she is making. In Mexican families, mothers and grandmothers do the most

cooking and are often unaware of the health implications of traditionally cooked Mexican foods, when coupled with unhealthy American food options, such as fast food (Allen et al., 2007). Multicultural negotiation with food and food consumption habits is also another consideration for these families.

There is a challenge between wanting to eat traditional foods, and struggling with the preference of the food available in the U.S. There is a difference in obesity prevalence as well as obesity perception between developed and underdeveloped Hispanic countries. In these societies, poorer citizens who are overweight are viewed as healthy and wealthy. Parents are viewed as prosperous when they have a chubby child (Kilanowski, 2012). As a remedy, de la Torre et al. (2013) concluded that immigrants must culturally adapt for current U.S. nutrition education programs to work. Interventions should aspire to cultural adaptation, and center around family.

Impact of Dietary Acculturation on Dietary Choices of Immigrants

There are changes to cultural identity when an immigrant relocates to a new country. Immigrants must find ways to incorporate and balance their own personal identity, while finding ways to incorporate new culture (Schwartz, Montgomery, & Briones (2006). Finding new methods of balancing identity and culture apply to food choices for the immigrant and the host country (Satia, 2010). There are socio-economic and cultural factors to consider with dietary acculturation. The indicators help immigrants balance dietary choices of traditional versus non-traditional foods and dietary related environmental factors, such as how food is obtained and prepared (Castellanos, 2015; Satia, 2010). Policy makers can aide immigrants by providing them with culturally

relevant information. Good decision-making is important because there are consequences for making poor ones.

Health Literacy

A person needs information to make decisions. Health literacy has a direct bearing on a person's ability to make sound choices; therefore, understanding the causes and consequences of limited health literacy is important to promoting compliance to dietary guidelines (Allen et al., 2011). Zoellner et al. (2011) defined *health literacy* as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (p. 1013). One's ability to make wise choices has a direct correlation to how much one knows. Consumers in socio-cultural marginalized groups often lack health literacy. Therefore, either they make no association between good diet and nutrition, or they cannot apply what they know to their lives.

Government agencies provide the public with an abundance of information. The lack of a concise government definition of healthy foods and disjointed education programs (Stewart et al., 2014) exacerbates the issue of not being able to apply nutrition information to immigrants of Mexican descent. Consumers are often told to eat healthy food. However, the term *healthy* confuses consumers. Health experts contended that the term *healthy* is bankrupt (Ruhlman, 2016) and would like policy officials to communicate to consumers "people are healthy because they eat nutritious foods," (Sukal as cited in Ruhlman, 2016, p. 2). Diet practitioners, researchers, and policy makers must better understand how health literacy affects consumer access to, their comprehension of, and

final adoption of nutrition advice (Zoellner et al., 2011). Consumers use health labels to make food decisions. However, they want labels that give complex nutritional information in a manner that they can process quickly (Campos, Doxey, & Hammond, 2011). Consumers have voiced confusion about health labels. Specifically, they do not understand what the food labels mean or how to apply the information to foods they consider national food staples (Roshania, 2016). This confusion creates a dilemma for consumers because they do not want to discontinue eating foods they consider a part of their national food identity.

Eating nutritious food is vital for good health and wellbeing. A human being's need for proper nutrition is apolitical, which leaves consumers confused about choices they should make (Fanzo, 2015). Consumers have voiced their displeasure with the current definition that federal nutrition education programs use in their literature. Consumer groups have used litigation to force the USDA and FDA to re-examine the definition of the word *natural* on food products (Aubrey, 2015). Consumer groups have argued that the term *natural* is misleading and confusing to most consumers, as food products and nutritional guidelines "do not contain simple messages" (Belluz, 2015, p. 3). The FDA is currently accepting public comment on the term *natural* on food products. The agency is working collaboratively with the USDA to determine if the definition of *natural* needs to be amended.

Perceptions of Health Care & Patient Education

There are psychological and environmental factors that are related to diet that impact an immigrant's perception of support he receives in health care and patient

education. Immigrant patients generally feel disconnected from their medical care providers (Long, 2013) and therefore mistrust them. Several factors influence these feelings. First, immigrants do not feel empowered, so they are not comfortable asking questions about provider expectations with health and health management (Long, 2013). Second, while Hispanics do rely on their primary physicians for advice on healthy eating, they are distrustful of doctors who tell them to lose weight without offering specific advice on how to do so or are overweight themselves (Jay et al., 2014). Third, Mexican immigrants often do not associate diet quality with nutrition (Aggarwal et al., 2014). Health care providers should be more aware that psychological and environmental factors are important factors in the overall health and wellbeing of immigrants. Health care providers that understand these concepts can provide care that is more effective.

Mexican immigrants find the pace of life in the U.S. much faster than the pace they maintained in Mexico. This pace has impacted their approach to accessing and selecting healthy food. Castellanos (2015) concluded that immigrants preferred their native foods, but cited their new work schedules and family obligations in the U.S. as a factor in not preparing their native foods. They often ate meals prepared outside of the home to maintain their work schedule (Sanou et al., 2014). In situations where work and family obligations were not a factor, Mexican immigrant consumers said the barriers ranged from “lack of knowledge about what foods were available, poor quality produce, mistrust of store owners who were unfamiliar with their culture, and mistrust of government who they felt allowed store owners to sell low quality food” (Larson et al.,

2013, p. 6). Individuals who write and implement consumer food education programs should consider factors that influence the foods immigrant populations select.

Federal Policy Initiatives and Consumer Education Programs

There are several agencies responsible for crafting policy initiatives that have a direct impact on their respective consumer food education programs. These agencies include USDA, which runs WIC and SNAP. Lawmakers have not realized success applying national cultural differences, such as national food staples, in their food and nutrition dietary recommendations to U.S. consumers of Mexican descent (USDA, 2010). When compliance with public policy is low, it is because target populations confront multiple barriers to compliance (Rainey & Weaver, 2015). The remedy to this problem is for policy makers to understand that populations are heterogeneous and blanket policy may work on some, but not others (Stewart et al., 2014). A lack of understanding may hamper progress on policy initiatives, which may continue to impact U.S. consumers of Mexican descent.

An individual's environment is important to one's wellness and overall health. The environment where people make food decisions and develop dietary behavior is significant (Hawkes, Jewell, & Allen, 2013). Researchers concluded that the balance among fast food restaurants, convenience stores, and grocery stores is a more important determinant of obesity levels than other food outlets, such as farmers' markets or specialty food stores (Cooksey-Stowers, Schwartz, & Brownell, 2017). Programs to entice consumers to purchase fresh produce using WIC vouchers are cumbersome for consumers and farmers (Hardesty et al., 2015). Policy makers have tried to address the

issue through several initiatives. The FDA offered translated consumer education materials in 1994, as a service to international consumers (FDA, 2017). Translated material can influence and guide consumers to make healthy choices (Malik, Willett, & Hu, 2013): however, it is only the beginning. In 1992, Congress passed the Farmers Market Nutrition Program (FMNP) for women who had WIC, to use coupons at farmer's markets (Grin, Gayle, Saravia, & Sanders, 2013). These initiatives have had mediocre results. Kaushal et al. (2013) concluded that Mexican immigrant families were less likely to participate in SNAP due to low-income levels, concerns about documentation status, and inability to traverse SNAP guidelines and requirements.

Marginalized and socio-economically disadvantaged communities are commonly targeted for nutrition interventions. Populations that will most likely benefit from increased eating of fresh produce are those that are most susceptible to needing WIC farmer's market voucher programs (Grin et al., 2013). However, policy makers cannot conclusively identify which consumers actually lack access. Also, policy makers do not consider the psychosocial reasons that consumers might have with food access (Broad-Leib, 2013). Efforts to increase SNAP participation among Mexican-Americans eligible for SNAP benefits were inconclusive. This is due to the stress of lower incomes and acculturation efforts (Kaushal et al., 2013). SNAP literature does not give incentives for Mexican-American recipients to purchase healthy foods, nor do SNAP-Education programs or educational materials encourage or discourage particular food items (Blumenthal et al., 2013). A cumulative and more standardized process can provide policy makers and other stakeholders with evidence-informed methods.

Summary

In summary, access to nutritious food is how policy makers can stave off the cultural and economic impact of disease. Policy makers have had little success applying national cultural differences to U.S. consumers of Mexican descent. These consumers are uniquely vulnerable because of sociocultural and acculturation factors. Satia's dietary acculturation model, Berry's environmental theory, and the advocacy coalition framework have emerged as viable theories in providing the foundation to understanding the socio-cultural related factors that can influence the food choices of Mexican-American consumers. The literature review demonstrated that most studies that examined socio-cultural factors and acculturation factors that impact food choice were quantitative in design. The literature review highlighted the health implications that have confused consumers. These consumers want clear consumer food education programs. The qualitative studies focus on Hispanics as a social class, but do not focus specifically on U.S. consumers of Mexican descent. The goal of this study is to gain a better understanding of the thoughts, perceptions, and beliefs of this U.S. consumer group. A detailed description of the study questions and methodology is conducted in Chapter 3.

Chapter 3: Methodology

Introduction

Access to nutritious food is one-way policy makers can help stave off the cultural and economic impact of disease. Policy makers have had little success applying national cultural differences to U.S. consumers of Mexican descent. These consumers are uniquely vulnerable because of their shared sociocultural experiences, their Mexican heritage, and their varying levels of acculturation.

The preceding chapter focused on the current literature that focused on the socio-cultural factors and acculturation factors that impact food choice in Mexican-American immigrant populations. The information also demonstrated a need for continued research to explore the phenomena of the beliefs and influences necessary to understand the thoughts, perceptions, and beliefs of this U.S. consumer group better. The previous chapter highlighted that most studies that examine sociocultural factors and acculturation factors that impact food choice are quantitative in design. The qualitative studies that do exist focus on Hispanics as a social class, but do not focus specifically on U.S. consumers of Mexican descent. The goal of this study is to gain a better understanding of the thoughts, perceptions, and beliefs of this U.S. consumer group.

The contents of this chapter outline the research methodology used to examine this phenomenon, the context of the study, the participant selection process (including inclusion and exclusion criteria), my role as researcher, measures taken to protect all study participants, and the data collection and data analysis procedures.

Research Methodology

This study was designed to be a phenomenological study. I used phenomenological inquiry because it describes and explains the meanings of human experiences (Rudestam & Newton, 2015). To better understand the residents of Canutillo's decision-making process about food choice and how they access and use consumer food education information to make food choices, having them inform us in their own words of the experience is a sound approach.

This phenomenological approach is informed and supported by a theoretical framework, which included the dietary acculturation model, environmental theory, and the advocacy coalition framework. These theories were used to support the description of resident experiences and the analysis used to create better consumer food education programs. Instead of telling residents to eat better to achieve better health outcomes, the phenomenological approach helped program writers and coordinators to hear what resident experiences and how they apply disseminated information in their own words.

The most appropriate methodology to examine to understand the sociocultural factors that impact the residents of Canutillo's ability to navigate consumer food education programs was phenomenology. Phenomenological studies attempt to understand or portray individuals' common meaning of their lived experiences of a concept or phenomenon (Rudestam & Newton, 2015). All phenomenological research is descriptive in nature (Sloan & Bowe, 2014). Researchers using descriptive phenomenology, which was inspired by the German philosopher Edmund Husserl in the 1930s, look for the general meaning of phenomena by staying close to the richness of the

data collected and restrict themselves from making assertions (Rudestam & Newton, 2015). This research design is a sound approach, as it focuses on describing in detail what the study participants have in common, as they experience accessing and navigating U.S. consumer food education programs to make food choices (Jensen et al, 2014). I wanted to understand better the point of view of Canutillo residents while simultaneously interpreting the results to see if there is more going on than what the residents comprehend (Sloan & Bowe, 2014).

Moustakas (1994) promoted the phenomenological ontological view of embracing participant realities within a specified context, but understanding that multiple realities possibly exist within the population. Because of this context, individual differences may occur and they are no less valid. Aspects of phenomenology were used in this study and were interpretive because the primary aim is to understand participants' realities by examining individual, family, community, and policy experiences that potentially impact how they navigate consumer education programs and make food decisions. The nature of the research questions requires the use of a phenomenology approach. The research questions require Canutillo residents of Mexican descent to express their opinion of the use of current U.S. consumer education programs to inform their food choices. Therefore, a qualitative approach is considered an appropriate research approach for the residents to share their experiences. The review of literature supports qualitative research as an effective method to record the lived experiences of study participants.

Research Questions

This study used a phenomenology approach to understand better the phenomena,

context, and themes Canutillo residents use when navigating consumer food education programs and then using that experience to make food choices. The foundation of interpretive phenomenology discussed previously is used to shape the parameters of this study. My research design focuses on the data collection and analysis to answer the following questions:

Main Question: What are the lived experiences of the residents of Canutillo, Texas regarding decision-making about food choices, access to food, and using consumer food education information to make food choices?

Subquestion 1: What are the cultural factors and sources of information that influence residents' decisions when making food purchases?

Subquestion 2: How do residents apply cultural and public information to the decision-making process when buying food?

Qualitative Interviews

The above research questions, within the context of phenomenological methodology, directed the interview process. In-depth qualitative interviews are used to gather information that cannot be directly observed such as thoughts, feelings, ideas, intentions, or behaviors that take place in the lives of the study participants (Verstraeten et al., 2014). Interview questions are designed to encourage Canutillo study participants to talk openly about their experiences and understanding. An advantage

of an in-depth interview is that it will facilitate the researcher's ability to gather a comprehensive report of the resident's experiences through discussion.

Understanding why consumers choose the foods they do is a complex issue. Open-ended questions, when phrased properly, encouraged Canutillo respondents to answer creatively and freely, as they tended to be less leading, and allowed participants to answer as they chose. Semi-structured interviewing relies on predetermined questions that all study participants are asked (Patton, 2015). A limitation of the semistructured approach was that it did not allow for variation or pursuing topics or questions that are not predetermined (Miles, Huberman, & Saldana, 2014).

Participant Selection

Research participants were recruited in Canutillo, Texas, which is in the Paseo Del Norte region in the United States (City of El Paso, 2016). The Texas Department of State Health Services (Texas, DSHS) Region 9 and 10 is the governing authority over federal consumer education programs and maintains a list of all registered SNAP and WIC recipients within its boundaries (Texas, DSHS, 2016). Canutillo, Texas, was selected because of its fit to the research design and access to participants. I also contacted the director of the Canutillo Independent School District's Lone Star Building to obtain permission to use the facility to advertise the study as well as conduct interviews. I also posted flyers on the community bulletin boards of Westway Food Store and Rio Grande Supermarket. All three locations are gathering places for the residents of Canutillo and community wide information is regularly disseminated from these locations. Flyers were posted in both English and Spanish.

Potential study participants received a window of one week after flyers were disseminated to contact me regarding participation to think about participating or to ask additional questions about participating in the study. The informed consent document stated the central purpose of the study, included a statement ensuring participant confidentiality, addressed potential risks, and stated expected benefits of the study for participants. Before asking potential study participants to sign the consent form I asked again if they have any additional questions or comments. The informed consent form was printed in both English and Spanish as approximately 98% of Canutillo residents are of Hispanic descent (U.S. Department of Commerce, 2016). For this study, I read the informed consent form to potential study participants who requested the form be read to them, as some participants had poor reading skills. I asked them to verify that they understood by asking them if they had any questions I needed to clarify. If they had no questions, I asked them to sign the consent form. I asked those participants who signed the informed consent form to complete a pre-screening questionnaire (Appendix C and Appendix D). The questionnaire asked demographic information, as well as questions about possible visits to Mexico. Participants that met prescreening demographic continued with the face-to-face, in-depth open-ended interviews in the language they preferred.

Interviews were conducted at various times of the day that are mutually convenient. The researcher has an understanding of spoken Spanish but does not have a working command of speaking Spanish. The researcher used an interpreter to translate to facilitate the consenting and interview process. The researcher followed IRB protocol,

which acknowledged that the translator is fluent in the local language and needed research training. The interpreter signed an acknowledgement of training and a nondisclosure agreement to follow research protocols as mandated by the parameters of the study.

My goal was to recruit 12-15 participants for the research. Merriam and Tisdell (2016) concluded that there is no set number of study participants. The sample size must be large enough to understand the characteristics of the phenomena being studied. Generally, qualitative researchers work with small sample sizes (Patton, 2015). There are varying opinions about the precise number of participants required to the characteristics of the phenomena being studied. Creswell (2013) recommends between 10 and 25 participants, while Merriam and Tisdell (2016) stated that sample sizes are sufficient when the researcher has gleaned sufficient detailed data from participants to answer research questions. I sought to gain a better understanding of the thoughts, perceptions, and beliefs of this U.S. consumer group and based on previous research, it appears that 15 participants will suffice to answer the proposed research questions. Therefore, my intention was to interview 12 or more people, or until saturation was reached.

There is a wide range of sampling strategies in qualitative research. Strategies range from complex case to examining across cases (Lichtman, 2014). The most common method for selecting participants is purposeful sampling (Patton, 2015). Researchers use purposeful sampling as a tool to elicit information to answer research questions (DePoy & Gitlin, 2016). In other words, they can provide clarity on the phenomena being studied (Lichtman, 2014). A purposeful sampling strategy is used to identify participants who

have experienced navigating consumer food education programs and how their experiences, Mexican heritage, acculturation, and dual residence have impacted them.

The criterion for this study dictated that study participants were Canutillo residents over the age of 18. The age range for selection was based on the premise that these residents are of legal age and will most likely be making the primary food decisions for themselves or their households. Additionally, they had to have experienced navigating consumer food education programs, be of Mexican heritage, and have residence in Mexico at least 16 weeks or more per year between 2015 and 2017. All potential participants who met the criteria were asked to participate until the desired number of participants were interviewed.

Anticipating field conditions and potential issues is an important step in the research process (Maxwell, 2013). Some things to think about prior to beginning fieldwork will be gaining access to potential participants, the role the research will take, the mechanics related to conducting the interview, locating documents or audiovisual data, and ethical issues (Maxwell, 2013). The researcher was cognizant of her beliefs about immigrant populations and their acculturation obstacles and experiences. The researcher did not let these beliefs influence the study participants. Additionally, I thought about encountering individuals who may not have felt comfortable voicing their opinions or sharing their experiences. Similarly, the potential participants may have been apprehensive of my presence and the study impact in relation to their immigration status. Although, I did not inquire about participant immigration status as a component of this

investigation, I was diligent in ensuring that I discussed this in the introductory letters as well as during initial conversations with all potential participants.

Data Collection

Upon obtaining approval from Walden University's IRB board (Approval #12-22-17-0391930), I began collecting data in Canutillo, Texas within a month. I continued data collection until I conducted reached saturation. It is customary in phenomenological research that the researcher is the primary tool for data collection (Moustakas, 1994); therefore, I was the primary data collector. All participants who agreed to proceed with the interview after signing the informed consent form were asked for permission to audio record the interview. Proper names of the participants were not used. I assigned an identifier that was a combination of numbers and pseudonyms to each study participant to protect their privacy and not attach individual identities to the data. Interviews lasted 35–60 minutes and the data was conducted in private areas to ensure privacy and confidentiality.

To ensure confidentiality, the researcher intended to use quiet rooms at the Jenna Welch & Laura Bush Community Library to conduct interviews. The researcher also had a contingency for participants that did not want to meet at the community library. All of the participants opted to meet at their homes or classroom at First Hispanic Baptist Church of Canutillo. All interviews were guided by a structured interview worksheet to facilitate the consistency between all study participants (Maxwell, 2013).

It is important to remain cognizant of one's own repertoire of knowledge, beliefs, values and experiences during interviews, as well the ability to identify themes (Chan,

Fung, & Chien, 2013). This researcher kept a journal and used the bracketing technique to capture my thoughts, reactions, and observations of nonverbal communication while in the field (Chan et al., 2013).

Data Management and Analysis

My study's data management components followed recommendations of Creswell (2013). Appropriate data management means storing, coding, making sense of codes, and presenting findings to the intended audience (Miles et al., 2014). I utilized proper data management techniques, including collection, documentation, and secure retention (Maxwell, 2014). To ensure adequate data collection, documentation, and retention in this study, I used computer assisted qualitative data analysis software, such as NVivo12 by QSR International (Maxwell, 2014).

Open coding was used as an approach to analyze the data that was collected during interviews to obtain themes and then categorize them based on statements provided by the study participants (Creswell, 2013). I relied on techniques such as finding synonyms and words with similar roots. I also connected similar concepts. Using this process, I was able to develop conclusions from the data.

Validity and Reliability

Subjectivity is at the forefront of qualitative research because the primary research tool is the researcher (Patton, 2015). The researcher makes all the decisions regarding coding, themes, decontextualizing, and recontextualizing (Lichtman, 2014). In phenomenological research, the researcher must be constant in their honesty and vigilant of their own perspective, biases, and developing hypothesis (Lichtman, 2014). One

method that researchers can utilize in order to maintain self-reflection and transparency is bracketing (Mawell, 2013). The phenomenological approach facilitates the use of bracketing to conduct self-reflection during interviews to add reflections, processing, and support (Lichtman, 2014). A suggestion is that researchers use other reflective practices that include consulting with mentors, advisors, and committee members, throughout the data analysis process. To ensure validity for data collection, I used a triangulated approach. First, all interviews (with consent) were audio recorded using a digital recorder with an external microphone and transcribed verbatim. If the interview were conducted in Spanish, it was transcribed first in Spanish, and then transcribed from Spanish to English. All interviews followed a structured interview worksheet to aide in consistency between study participants. The interview transcriptions were typed into a word document on a password-protected personal computer. The word document, observations, and audio files are then uploaded to NVivo12 on a password-protected computer for management and analysis. Second, any statements by the study participants that could be taken for granted or were disconfirming were given extra scrutiny and reported in the analysis (Creswell, 2014). Finally, rich and thick descriptions were used to detail the participants of the study, as such description maximizes the chances that future study readers would be able to transfer student information to other study settings (Creswell, 2013).

Summary

This qualitative research explored the beliefs and influences that guide Canutillo residents accessing information on nutrition and healthy eating and navigating consumer food education information provided by *US Dietary Guidelines* and the *myFood Pyramid*.

The theoretical framework guiding this study was phenomenology. Phenomenology was used to create empathetic, self-reflective, tolerant, and unexploited relationships that help produce a structured description of Canutillo, Texas residents. This chapter focused on the context of the study, the participant selection process including inclusion and exclusion criteria, the role of the researcher, the protective measures taken on behalf of the study participants, and data collection, and analysis processes. Fifteen residents over the age of 18 years who had experience navigating consumer food education programs, were of Mexican heritage, and had residence in Mexico at least 3 months in a 12-month period were asked to participate in the study. After agreeing to take part in the study, participants received time to ask questions, read, and sign the informed consent form. The researcher conducted open-ended, in-depth interviews to help understand resident beliefs and experiences navigating consumer food education programs to make food decisions. All data was transcribed and uploaded in to NVivo12™ to assist with the data management and analysis process. Finally, the researcher employed a triangulated approach to ensure transparency of biases, thoughts, and observations during fieldwork, to ensure reliability and validity.

Chapter 4: Results

Introduction

In this chapter I present the findings from in-depth interviews from Mexican-American residents of the Canutillo, Texas community regarding their views on U.S. consumer food education programs. The purpose of this qualitative research was to understand the sociocultural factors that influence the resident's abilities to navigate consumer food education programs. The previous chapter highlighted that most studies that examine sociocultural factors and acculturation factors that impact food choice are quantitative in design. The previous chapter also noted that the qualitative studies that exist focus on Hispanics as a social class, but do not focus specifically on U.S. consumers of Mexican descent. This chapter describes the research instrument, community partners, setting, recruitment, data collection process, and the qualitative data analysis. Interpretation of the data will be discussed in Chapter 5. Previous studies examined the lives of Hispanic consumers as a social class but did not focus specifically on U.S. consumers of Mexican descent. Therefore, the goal of this research was to gain a better understanding of the thoughts, perceptions, and beliefs of this U.S. consumer group.

For my study, I used a phenomenological research design to gain perspective on the sociocultural factors that influenced the residents' ability to navigate consumer food education programs. Phenomenology relies on rich, descriptive interviews and in-depth analysis of the lived experiences to understand or portray individuals' common meaning of a concept or phenomenon (Roulston, 2010). Phenomenological research begins with concrete descriptions of lived experiences, in the first person, void of intellectual

generalizations (Creswell, 2013). Based on the results from the results from the qualitative data analysis using computer-aided data analysis software, I presented the coding structure and outcomes obtained from the interviews that were conducted in accordance with the method outlined in Chapter 3.

Demographics

A total of 9 Canutillo residents participated in face-to-face interviews. In order to determine their eligibility to participate in the research, I had to capture basic demographic information. I was careful to not collect any demographic information that would potentially identify the participants in order to protect their confidentiality. To maintain confidentiality, I randomly assigned each participant a pseudonym (see Table 1). The participant's ages ranged from 23-82 years of age with the mean age of 54 years of age. Participants spent from 16 weeks to 30 weeks in Mexico each year with the mean number of weeks of 21. All the participants ($n = 9$) spoke both English and Spanish but reported that they spoke primarily in Spanish at home. Six of the participants were born in Mexico and three were born in the United States. All the participants lived with at least one other family member.

Table 1

Demographic Characteristics of Participants

#/PSUED	Age	Nationality	Spanish Speaker	English Speaker	Language Spoken in Home	Relative(s) lives in home	Weeks in Mexico
P1/Maria	61	Mexico	Yes	Yes	Spanish	Yes	17
P2/Leticia	41	Mexico	Yes	Yes	Spanish	Yes	18
P3/Juan	42	Mexico	Yes	Yes	Spanish	Yes	19
P4/Rosa	82	Mexico	Yes	Yes	Spanish	Yes	30
P5/Carlos	82	Mexico	Yes	Yes	Spanish	Yes	30
P6/David	23	United States	Yes	Yes	Spanish	Yes	16
P7/Ana	55	Mexico	Yes	Yes	Spanish	Yes	18
P8/Miguel	57	United States	Yes	Yes	Spanish	Yes	17
P9/Yolanda	41	United States	Yes	Yes	Spanish	Yes	21

Data Collection

The recruitment, selection and interview process took four months to complete. Some participants initially agreed to the interview, but reconsidered, citing travel to Mexico and lack of time due to other commitments. One participant would only agree to participate if they could complete the interview in the presence of their spouse. In addition, several participants expressed concerns about their qualifications for the study and therefore concluded that their perceptions would be of little value. I clarified the objectives of the study, as well as the interview questions and each participant agreed to complete the process. To ensure privacy, I prearranged to use the quiet rooms at the local

community library to conduct interviews. However, all the participants opted to meet in other locations. Six participants opted to meet in their homes, two preferred to meet in an unoccupied classroom at a local Hispanic church in Canutillo. One participant asked to be interviewed at their place of employment. Each participant was offered the opportunity to review transcripts of their interview, so that I could ensure that I had captured their perspectives accurately. All but one participant declined to review their transcript.

Individual circumstances such as economic, political and social status were not considered in the recruitment process. However, I obtained the consent of individuals of varied backgrounds and experiences. Upon receipt of the signed consent form, I prepared for conducting face-to-face interviews at mutually agreed upon and convenient locations in Canutillo. The duration of conducted interviews averaged from at least 21 minutes to 90 minutes. The average interview session averaged approximately 34 minutes. Two interviews were rescheduled due to unscheduled commitments and unanticipated time lags at the border crossing. In addition, to achieve data saturation and clarification, I conducted in person follow-up interviews with two participants.

At the beginning of each interview session, I expressed appreciation to participants for agreeing to contribute to the study. I reassured each participant of my intent to comply with the terms and conditions of the consent form. Even though participants were told during initial communications that interviews would be digitally recorded and that I would be taking notes, I reconfirmed that digitally recording the interview was still acceptable.

The interview questions were open-ended, introducing talking points to generate discussion address the research questions. Although, participants agreed to give me their time, I wanted to remain respectful of their generosity and proceeded to immediately outline the purpose of the study and the goals for furthering discussion on their perceptions of socio-cultural factors that influenced their abilities to navigate consumer food education programs. To dispel any concerns about the value of their input, I reminded participants that no comments on the research topic would be considered irrelevant and would be appreciated. It took a few rounds of open-ended interview questions before all of the interview participants appeared to be at ease with the format of the process and shared their opinions and perceptions freely. Additionally, I told each study participant at the end of the interview they would be compensated with a \$15 gift card for their time. One participant refused to take the gift card stating, “This work is important; I am not taking money for something that everyone needs to know.”

Creswell (2013) concluded that researchers use bracketing as a technique to maintain objectivity, credibility, and reliability of data. Bracketing is an enhancement to the researcher’s study, as the process facilitates a complete understanding of a participant’s perspectives. In several instances, participants in my research made inquiries about my personal views of the topic of discussion. In each instance, I responded by acknowledging the need for me to remain objective and avoid influencing the outcome and then restated or rephrased the question to elicit a response.

A significant challenge for me was getting the participants to focus on questions on specific sources of information, as opposed to viewpoints on the quality of the

information or credibility of the information. I elicited open, candid and dependable responses as interviews proceeded. I was always able to confirm findings and enhance validity through follow-up questions and communication with participants, as recommended by Roulston (2010).

To facilitate participant flexibility in sharing their perceptions, I tried to build rapport with each individual and listened carefully to respondent answers, consistent with maintaining a semi-structured interview environment as recommended by (Creswell, 2013). As participants responded to the interview questions, it became apparent through their body language and demeanor they wanted to provide responses they presumed would satisfy me. As the conversation progressed, however, each participant became more candid and shared their perspectives and viewpoints.

My earlier decisions to digitally record each interview and take notes resulted in minimal distraction to the participants (Roulston, 2010). In one instance, approximately 5 minutes of an interview was not digitally recorded due to technical issues. However, I was prepared for the contingency with additional resources and the participant was gracious by agreeing to rerecord their responses.

Data Analysis

I read through transcripts from each face-to-face interview to gain an overall understanding of the general content. My study's data management components, including data collection, documentation, and secure retention, followed recommendations of (Creswell, 2013; Miles et al., 2014). Full written, annotated transcripts from each interview were imported as Word documents into NVivo qualitative

analysis software. I culled the data to identify prevalent themes in participant's responses. I searched for broad categories and common subthemes, according to the frequency of occurrence using word frequency searches. I used synonyms and words with similar roots as my foundation for building themes. I also connected similar concepts. Next, I coded each transcript using an inductive coding approach as described by Saldana (2016). These codes were later expanded, and word maps were developed using NVivo to organize the codes in an inductive manner.

Initial coding categories changed several times as I reviewed the data. Once new codes were identified and updated, I re-read each transcript and made note of the changes. I organized subcategories under each topic covered in the interview questions. The subcategories allowed me to differentiate between each participant's responses about how they navigated consumer food education programs.

The intent of the overall process was to collect data and information from participants sufficient to inform the theoretical framework. The overarching framework included the dietary acculturation model, environmental theory, and the advocacy coalition framework. These theories would provide me with a systematic way of understanding the descriptions of the resident's experiences and support the analysis used to discuss consumer food education programs. An analysis of the resident responses related to these categories is discussed in the context of the central research questions below.

Evidence of Trustworthiness

Process for Credibility

The credibility of this study was verified through data triangulation of the sources for data collection. Data triangulation involves using different sources to increase the credibility of a study (Roulston, 2010). This process involved checking my interpretations with participants themselves and using quotes from the participants in my analysis to support findings.

Evidence of Transferability

As previously discussed for this study to be credible and to contribute to the existing literature, it depended on the quality of the data collected, data analysis, and verification of findings. The goal of phenomenological research focuses on experiences in everyday life (Creswell, 2014). Therefore, to ensure this study was credible, confirmable, and dependable certain procedures were strictly adhered to throughout data collection and data analysis.

Process for Dependability

The procedure to ensure dependability was confirmed by using a digital audio recording device to capture verbatim what each study participant stated during the interview. Using an audio recorder produced a more reliable account of the data collected, created a permanent recording of the interview, and referred to numerous times after the interview. The digital audio recording eliminated the need to recall what was conveyed during the interview. Participants granted me permission to record each interview when they signed the informed consent form prior to beginning the interview.

Process for Confirmability

To ensure confirmability in this study I used rich descriptions from the study participants and bracketing. This study includes verbatim transcriptions of each interview to provide contextual and detail rich data. I took notes during the interview in a separate research journal and during data analysis, highlighting themes as they emerged. Direct quotes provided a rich detailed description of the data from the participant's perspective. Bracketing required me to capture my thoughts, reactions, and observations of nonverbal communication while conducting interviews and analyzing data.

Results

The following section presents the research findings. The sections follow the same organizational sequence as that of the interviews. The themes gathered identified from reviewing the transcripts are interwoven throughout the findings to provide richer detail and validation for the themes. All the responses are direct quotes from the research participants.

Decision-Making Process

Initially I asked each participant to tell me about the knowledge they have and the decision-making process they used when deciding what foods to eat. Each of the nine participants readily shared the factors that contributed to their individual decision-making approach. The factors reflected the specific personal habits and thought processes of each participant. In response to their decision-making process, participant answers varied from "pretty much whatever is close by" to "I go to the store with my list and shop around" to "I look at the money and then find the things we need to have a balanced meal." Personal

habits and thought processes of each participant also surfaced when they were asked to provide specific definitions or to pinpoint specific sources of their knowledge.

Definition of “Healthy Food” & Sources of Knowledge

It was important to ascertain each participant’s definition of healthy food and where they obtained the knowledge to craft a definition. I asked them to describe what they meant when they used the phrase “healthy food.” The participants body language and jovial disposition gave me the impression that they were at ease with the question because the participants provided their responses in a quick manner. The responses varied from “food with no preservatives or chemicals” to “natural food” to “food that isn’t processed and is good for you.” I then asked participants where they gained this knowledge. All the participants took time to ponder the question before providing an answer. In response to where they obtained their knowledge, participant’s responses ranged from “school, I guess” to “I don’t know, that’s just what I think of” to “I guess it’s from my parents and the way we were raised.” There was a general agreement about the definition of healthy, but there was confusion about the sources of knowledge used to form the definition. As the interview progressed, however, it became apparent that participants could more precisely pinpoint their sources of knowledge.

Meals

I asked each participant to describe their typical meal plan for breakfast, lunch and dinner. Breakfast was the standardized meal, as all the participants consistently described breakfast as: eggs, tortillas, beans, chorizo, bacon, juice, and milk. The responses for lunch were less uniform. All the participants, except for Rosa, Carlos and

David, said that lunch consisted of whatever was left over from the previous night's meal. Variety was important for two of the participants. Carlos said about his wife (Rosa): "during the lunch hour she always cooks something different. Chile with queso or frijoles with queso or different things. I like to mix it up." David described his approach to meals in a more spontaneous fashion. He said, "everything is spread out in Juarez, so I look around as I am passing by and whatever looks good and whatever I haven't had in a while that's what I have." I asked participants what else they recalled learning they believed makes a difference in choosing the foods they ate. None of the participants shared specific facts from their past. It surprised me that everyone ate almost identical foods for breakfast and rarely vacillated from those food items. Participants took advantage of the variety of food options that were available to them. This was evident in their decision-making approach for lunch and dinner, as well as the food they ultimately chose to consume.

Household & Personal Schedule

Family obligation and interconnectedness was a core value for all of the research participants. Each participant shared a variation of scheduling as a major factor in making food choices because they wanted to ensure that their choices provided them the opportunity to maximize the time they spent with family. David was the youngest participant. When asked about dinner, David described it as a quasi-collective family decision. He said:

Whatever my family wants to eat, then we go out to eat. Everyone just says a suggestion until we come to an agreement. So, if it's like me and my mom, my

sister and my dad at home. We'll be like, "Oh, who wants food? Like what do you want to eat?" Basically, my mom will say something, cause when she says something that's what she really wants. So, we just go with what my mom wants.

David was aware that the process he used was not a typical process but was comfortable with the process that worked for his family.

Meal time was an extension of family time and provided a sense of emotional well-being for participants. Yolanda said:

I try to cook as much as I can. So that we're connected... dinner is a time for our family to connect. We're more likely to sit around the table together at the same time if dinner is something that I've cooked or breakfast is something that I've cooked on the weekends. In our house mealtime is sacrosanct, so I try to cook as much as possible, so that we can eat together as much as possible. That is our one time of the day where everybody's there.

Rosa and Carlos spent the most time in Mexico of all the participants. It was important for them to eat with their children each time they returned to the US. Rosa and Carlos shared, "When we come from Mexico, we call our kids and we get together and they all call each other over here and we get together at the restaurant, all of us around the table." Family time was paramount to the participants. Participants planned and modified their meal schedules and food choices to maximize the amount of time they would be together.

The next part of the interview dealt with sources of information. Specifically, I wanted to know what sources of information participants used to decide what foods were nutritious to eat.

School and Coursework

Leticia, Juan and David emphasized the fact that formal education was an important source of nutrition information. The three participants commented that they enrolled in cooking and nutrition classes in high school as a graduation requirement. Juan and Leticia went to school in Mexico and David was educated in the United States. The three felt it was important for me to understand that these classes differed from traditional cooking classes that focused solely on recipes and meal preparation. In their classes students discussed nutrition concepts, planned menus around those concepts, discussed budgets and then cooked meals. Leticia said, “we planned a menu. Then we make a list. It varied from seeds, meats, dairy. Then we watch each other cook and also take turns cooking and then we’d talk about what we made and ate.” David said, “It was like a health class, but it was like a nutrition themed class, as an elective. I know we did one-time, we did this breaded chicken.” Juan said, “We learned to make plenty of food.” The formal education system was an important source of nutrition information and a key component for making educated and well-rounded decisions about what foods are considered nutritious to eat.

Professionals

All nine participants stated that they relied on professionals to get information on what foods were nutritious to eat. Participants defined professionals as personal

physicians, state and federal government agencies such as the FDA, USDA and the TX Department of State Health Services, and leaders of community health classes.

Personal Physicians

Seven of the participants received nutrition information from their personal physicians. It was important to participants that they had someone who they felt understood their personal history and lifestyle. Each described receiving information tailored for them based on their particular needs. For example, Maria is diabetic and shared, “I listen to my doctor most of the time. It’s for my own good. He told me to take classes to learn to make healthier meals.” Carlos said, “They tell us not to eat too much fat. Of course, [not to eat] the sugar and stuff like that. Don’t use a lot of salt. Don’t use a lot of candy or sugar. Just eat small amounts...not to eat as much.” Rosa, who is also a diabetic said her physician advised, “No sugar. No candies. No Cokes. No greasy things.” Leticia shared that following her doctor’s advice is sometimes difficult, however, “I try to listen and then see what I can change. What I can buy and not buy.” Generally speaking, participants appeared to value medical advice and sought ways to incorporate the advice of these professionals into their lifestyle choices.

Government Agencies

Government agencies were another source for food and nutrition information. Eight participants noted product labeling as their sole reason for using these agencies. Miguel explained, “Thanks to the FDA, you have to know your source of the food, what your country of origin is and then if it’s bagged...read the labels.” Product labeling provides relevant information about nutrition, calories and serving sizes. This information

was important to participants, as they devoted significant amounts of time to reading product and nutrition labels. Carlos said about his wife, “She likes to pick up the can, reads it. Puts it back. Also, with the meat. She goes to the meat market...she picks up things or the ground meat. She’s always looking and reading.” Maria commented about learning how to read labels in a community health class, “I learned how to look at the labels and read them.” Generally speaking, participants understood the benefits of reading product labels. More importantly, they wanted me to know they understood how the practice could enhance their lives.

Community Health Classes

Community health classes were another source of information that participants used. Maria, who has health issues, registered for classes at the community center near her home on the advice of her physician. She said, “Recently, I took a couple of classes at [deleted]. It’s a class for diabetic people. I learned how to cook different meals that are healthier and that kind of thing.” I got the impression that Maria wanted me to know that she not only identified a deficiency in her knowledge, but was also was able to find a solution to solve her problem.

Television and Social Media

Television and social media outlets were another source for food and nutrition information. Four participants stated that they relied on the immediacy and up to date nature of these sources. David talked about getting his advice from *The Dr. Oz Show*, “It’s just like he talks about counting calories and how bad processed foods is for you and stuff like that. It’s one of those things where you listen to it and it’s like ‘Oh dang, I

should really stop.” The Internet is a popular resource for obtaining health and nutrition information. Participants, however, provided no indication that they verified the source or date of the information that they found online. Carlos talked about a report he watched on the computer:

Yesterday, I was listening to a report about ground meat they said that chicken... actually some ground meat comes... nobody knows this...the public doesn't know...but it comes with pork, chicken, turkey and it's all mixed! In fact, they said they even ground the feathers with it! They said people don't know it, but this is something that is very, very bad for people. Well it opened my eyes not to buy a lot of the ground meat, unless I know exactly what it is. And that's one things we're going to have to be careful about.

Social media was a source of information for participants. Even in instances where the information was undated or unverified, participants were unified in their conclusions that social media provided them with opportunities to assess their eating habits.

Family, Friends, Farmers Markets, Store Trends

Five participants indicated that they rely on family, friends, local farmers markets and supermarkets to provide food and nutrition information. Yolanda said, “I appreciate taking my children to the farmers market, so they can see the connection between a farm and what they eat. I also like that bus that goes around. The [deleted] Bus?” David talked about having spirited conversations about healthy meals with his friends. He said, “I have one friend that when I offer something...they're like ‘oh no, that's not healthy.’ I'm like ‘your loss,’ pretty much.” Participants used farmers markets and store trends as an

opportunity to educate themselves and member of their family. Leticia shared a similar spirited conversation with her son, “I tell my son all the time. I tell him to look at the paper and pick and then I see it [what he wants me to buy] and I say, ‘fattening, fattening and fattening, so you get nothing, nothing, nothing.’” Carlos said, “We don’t buy because of commercials. We go to the store and we, well actually she like to, she’s always looking. She spends hours in the store. She likes to see what they have.” Miguel talked about buying eggs at a local nursery:

We go down to [deleted]. It’s not certified organic, but they’re free-range chickens. The employees there at the nursery go out and gather eggs. They clean them, they package them. You get eggs, the whole shapes, sizes, and colors. They are fresh, they’re two or three days old or new. Yeah there is a distinct difference and the flavor is different because the birds are out there not eating corn all the time, which is the basis for all food development in the US. But those birds are out there eating ants and grubs and grasshoppers are doing what chicken do.

Participants valued the opinions of family, friends and healthy trends promoted by food sellers. Even though there was no consensus about the extent of this influence, participants valued the influence of commercial messages among the sources of information that were available to them.

The next part of the interview dealt with the participant’s experiences as they determined what foods they ate. This part of the interview also asked participants to discuss how their culture impacted or influenced their experiences. All of the participants discussed economic and budgetary considerations.

Budget

Budgetary concerns—as opposed to the cost of food items—was a major factor of consideration in terms of food choice for participants. All of the participants talked about buying products in Mexico or buying Mexican products sold in the United States to maximize their spending potential. These participants shared that they mainly purchase poultry, fish, pork and beef because of US Customs and Border Protection policies. Juan said, “I prefer Mexican meats. It’s expensive here [in the United States]. Rosa said, “You see now it’s very expensive. Months ago, it is not too expensive. I go into the store and bought some things and they sell me few and I need to pay more.” Participants also altered their spending habits to maximize their spending potential. Ana said:

We try to go by season to save money. And we try to pay attention to what’s in season. About a month ago strawberries were just abundant so we ate a lot of strawberries. Now corn on the cob is it coming into season, so we’re going to have more corn that way.

Participants were baffled by the cost of American food products. The cost of US. meat only exacerbated their feelings of bewilderment. All participants were unified in their belief that fortifying their pantries with Mexican products was the best way to maximize their budgets. They were also comfortable with the strategies of buying sale items and eating produce in season when buying Mexican products were not an option. Each participant spoke at length about their heritage and culture. They all felt that heritage and culture had impacts on their experience.

Food Choices and Nutrition

All nine participants shared how their Mexican-American culture had an impact on how they made food choices and how they used food and nutrition in their daily lives. Food was a way to validate and honor family traditions. Maria identified her “go to” ingredients when cooking, “We use a lot of cilantro. Si. I learned from Mom and my aunts and then followed the seasonings that they used. Red chili sauce, garlic, onions, cilantro, cumin.” Leticia said, “My mother is the cook in my house.” Carlos shared memories of his sister, “My sister, she brought me over here to learn English. I was 12 years old. She put me to cook, she puts me to learn everything.” Rosa shared, “I was raised with my aunt. Her name was also Rosa. She had a restaurant. And while I was in school and stuff I used to help. So, I learned real good. Also, a lot of foods from Spain. I lived with people they bring things from Spain and I learned.” Ana shared a memory:

I remember just this last week, we were going around to the different farms and I was...my cousins and I were commenting, ‘we used to pick los duraznos por ahi, we always used to go over to these people and get apples and we used to get the...ciruelas, plums? from over there’ But it was all us kids, our parents would just give us a bucket and say, ‘Go over to so and so’s house and get a bucket of duraznos.’ I mean peaches.

Individual memories were a source of pride for participants. The continuance of family history was key to continuing food culture.

Mexican-American heritage sometimes produced feelings of embarrassment, isolation and shame for participants. Maria shared the feelings she had while taking a

community health class. She shared, “They explained to me that Mexican food is more aggressive. That’s the word I’m choosing. That’s my word. I took it as it’s less healthy.” I probed her by asking if she believed Mexican food was less healthy and Maria responded, “Sometimes. It depends on how you prepare it, the Mexican ingredients.” Maria’s opinions underscored the reality that participants were proud of their culture, however was able to rationalize and internalize their feelings when they felt their heritage was being evaluated by people that were not Mexican-Americans.

During the interview, four participants addressed their perceptions of how food was marketed to them. Yolanda said, “Well, I guess speaking for myself from a lot of people with whom I have discussions that farmers markets are not for people from diverse backgrounds. It’s like we don’t want to go to farmers markets or we don’t want to buy produce that way.” Mexican-American heritage influenced participant behavior. Maria shared her feelings about asking questions in the grocery store or in her nutrition classes. She said, “Sometimes, I feel like I am very Mexican. Sometimes I feel like, maybe I shouldn’t ask, but it’s for good.” Thus, Mexican-American heritage is an apparent source of emotional conflict. Juan shared his mixed feelings about Mexican assimilation to American culture. He said, “I think, how can it be possible? What happened with your traditions? Your mother’s teachings? Your father’s teachings? Your Spanish teachings? Your food, your Hispanic food? Yeah. But I understand why. Because the culture is part of the life. The more time you live in some place, the more culture you get.” The participants understood the impact that their culture made on their food decisions. They internalized their feelings when they felt their culture was being

scrutinized. To not be viewed as confrontational, they were able to identify when they needed to not address their feelings to other Mexican-Americans going through the assimilation process.

Quality

Seven participants noted their perception of the quality of food in which they had access. Generally, participants had the perception that Mexican food products not only tasted better but were healthier than American food products. For instance, David said, “Everything is more fresher over there [in Juarez].” Upon further probing, David added, “It’s more like home cooked. You know what I mean? Cause it’s like even though you’re not at their home, but in restaurants it’s like families that own the restaurants, so you’re getting a home cooked meal. American food it’s fast and processed.” The participants were bothered by the speed in which American food is grown and produced. Rosa said, “In a way, Mexican food is better. Because it’s grown in little places. They not putting any...chemicals to grow...like here.”

Participants feel that there is a correlation between the speed of U.S. food production and how the food tastes. Carlos shared, “tomatoes for instance, there’s a big place over there pretty close to where we live on the American side where they raise these hot houses, you know where they raise tomatoes. They put a lot of chemicals and make them grow...but there’s nothing in them, you know. You don’t taste anything.” Upon further probing about his perception on the quality of American food, Carlos shared, “The taste of American food is going away. McDonalds and all those places you know. If you ask for a hamburger, it’s not made out of meat. It’s made out of corn and

stuff like that...more and more mix to it. So, I think it's downhill. Not as healthy. To me it's not as healthy as Mexican food." The participants were concerned about how the continued consumption of U.S. food would impact their children's health. Leticia shared during her interview she does not take her children to eat out because "We do not go much because the food here is too expensive, too fattening and too sweet." Yolanda shared her observation of her children when she allows them to eat American fast food, "they eat it faster. Usually they are hungry more...they are hungrier faster." There was a consistent perception that US food producers use chemicals in the production process. Mexican food was ultimately viewed as healthier than US food as a result in US production practices. The use of chemicals and large commercial farming techniques in the US impacts how fast food grows and ultimately has negative impact on the overall taste of food, in the view of participants.

Quality of Meat Products

It was important to participants to have access to quality meat products. All participants felt the cost of American meat products was greater than in Mexico, however, participant opinion about the quality of American meat products varied widely. The determinants for what was considered as *quality* was a matter of participant preference. Miguel shared his feelings on American meat, "I have no problem eating animals, it's fine. However, if you can do it in a humane and ethical way, then I think that they should when as much as possible do it that way. Whether it's free range, grass fed beef or even poultry, I think ultimately, it's a better product, better tasting." Maria, however, had an opposite opinion "Anything that is meat is better here [in the U.S.]. I

prefer to buy it here because it's a better quality." Leticia and Juan, both preferred Mexican meat products, but shared their opinion on American brisket. Leticia said, "I love the American brisket more than I do the ones there." Juan said, "American brisket it's better than Mexico, but it's more expensive." Carlos shared, "Pork chops, mainly. It's the main thing that we buy here. Beef is better over there [Mexico]." Eating meat was seen by participants as an important component to overall nutritional health. They were convinced that Mexican meat products were less expensive than US products. The final determinant of quality (and where participants would buy meat), however, was a matter of budget followed by personal preference.

The final part of the interview asked participants to share their opinion of the food and nutrition information they have received. They were also asked to discuss whether or not they felt culture and its traditions were considered in the information. They were finally asked to share their opinion on making healthy choices in the future.

Locating Mexican Products

It was important to participants that they maintain their culture and heritage. Participants indicated that accessing Mexican products was integral to maintaining that connection. The participants had no preference on whether they wanted to purchase the products in the US or go to Mexico and bring them back. Current US policy as it relates to trade and customs enforcement is a source of feelings of uncertainty for participants. For instance, Carlos said:

Due to the restrictions the government is coming with, like our new president over here to me is making a big mistake running all these people that are picking

up you know the fields and stuff like that so food is gonna [be] even a lot more higher.

The subject of trade and customs enforcement also produced feelings of anger. Ana recalled an argument she had about her buying Mexican products:

I see no problem with buying products from Mexico. The proximity is the reason why. So, when I see that the product was made in Mexico I know there are two points of entry into the US for produce and that is Nogales and El Paso, so as far as a regional area it isn't that far and it's good." Leticia said, "We bring as much as we can from there, but sometimes they [US Customs] tell us we cannot cross.

Current US trade policy and customs enforcement is a source of feelings of uncertainty and frustration for participants. Mexican products were important and having access to them was essential to maintaining their sense of connection to their culture. Participants would continue to seek these products regardless of the perceived conflict in buying them or the difficulty in the steps required to do so.

Access to current information

Participants shared their opinion of the food and nutrition information they have received. Five participants felt that having access to current and trustworthy information was paramount. However, there was no consensus about where the responsibility for locating the information falls. Citizen engagement is important to participants. Ana said:

People need to think outside the box. And by people, I mean citizens. We need to tell our officials what we need and then demand they give it to us. We don't need to go all the way to Austin or D.C. We can do it here.

Community and government partnerships are important to the participants. Miguel shared, “If you are in an area like we are here in El Paso, we require greater civic involvement on both the government and the community, NGOs to get involved to ensure that the resources are available for what people need.” Individual determination and fortitude is important the participants. For instance, Yolanda said:

I guess ultimately it would be my responsibility since I’m the one responsible for the food. And if it’s [eating healthy] something that I’m saying I would like to do then it would be my responsibility to go out and find the class or the website or the whatever the offering that will provide me that information that I want. So, I don't know whose responsibility it is to bring it mainstream. It’s my responsibility to find the information.

David said of access to current information, “You have people who prefer to eat healthy. And you have your people who say I’ll just eat whatever I want to eat. It’s up to the individual [to educate themselves]”. Information appears to be key to making timely and informed choices. Generally speaking, participants appeared to understand that having access to information is a starting point for making nutritious food choices. While there was no consensus on whether government agencies, local entities, or grassroots organizations bear the responsibility for identifying access points, participants appeared to understand that they have a major role in final outcome of the process.

Summary

The purpose of this study was to examine the beliefs that residents of Canutillo had about the socio-cultural factors that influenced their abilities to navigate consumer

food education programs. Chapter 4 provided an overview of the process used to collect, manage, and analyze the data collected from Canutillo residents of Mexican-American descent regarding their perceptions of navigating consumer food education programs. Participants were selected based on purposeful sampling techniques and all participants were informed of the research's objectives, their rights and signed informed consent forms prior to the beginning the interview process.

Responses from in-depth interviews examined how Canutillo resident's Mexican heritage influenced their ability to navigate consumer food education programs. The first interview question explored the decision-making process that participants used when they decided what foods to eat. The participants had varying approaches. Participants provided their definition of healthy food but were unable to state definitively where they obtained the knowledge to create the definition. All participants consistently described breakfast as: eggs, tortillas, beans, chorizo, bacon, juice and milk. Participants described lunch and dinner in a less uniformed manner. None of the participants recalled specific from their past in which they believed made a difference in choosing the foods they ate. All of the participants shared that scheduling is a major factor in making food choices because maximizing their time with family was important.

The next part of the interview dealt with the sources of information that participants used in order to determine if their food choices were healthy. Participants mentioned their personal physicians, community health classes, television and social media. Another source of information was government agencies, such as the USDA.

Participants relied on the FDA solely for product labeling information. Participants also obtained information from family, friends, farmers markets and store trends.

The cost and quality of American food was a concern for participants. Participants either purchased Mexican products in Mexico and brought them back to the US or purchased those same products on sale in the US to maximize their budgets. A majority of the participants felt that the quality of American products, specifically American meat, was less than for Mexican products.

All of the participants believed that their heritage and culture impacted how they made food choices and how they used food and nutrition in their daily lives. A majority of participants recalled learning to cook from family members, which impacted the ingredients they currently used in their own meals. Some of the participants felt that community health classes and food marketing were not considerate of their heritage and culture.

Finally, participants shared their opinion of the food and nutrition information they received. They also discussed their opinion on making healthy choices in the future. All of the participants indicated that being able to locate Mexican products and having access to current information would be integral to making healthy choices in the future. There was no consensus about where the responsibility for locating the information falls.

The last section in this chapter identified evidence of quality. The first measure to ensure quality was a process for credibility. To ensure credibility I used data triangulation. The second process to ensure quality was bracketing and journaling. For this measure I used direct quotes from the research participants. The third measure used

to ensure quality was dependability. To ensure dependability in my research, I used a digital recorder to capture what each participant stated during the interview. Chapter 5 offers an interpretation of the findings, limitations of the research, recommendations, social change implications, and researcher's experience.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to examine the beliefs and influences that guided consumers of Mexican-American descent as they navigated U.S. consumer education programs. Policy makers in the United States have a problem implementing policy that imparts sufficient understanding of generalized nutrition labels to consumers, and specifically consumers of mixed heritage. Previous research showed that Hispanics often have trouble accessing information on nutrition and healthy eating because they have difficulty accessing and navigating consumer food education information and the unique cultural differences may be a contributing factor.

Understanding Mexican-American's perceptions and experiences while navigating US. consumer education programs is critical in reducing mortality and morbidity rates for this population.

This study was based on the following research questions:

Main Question: What were the lived experiences of the residents of Canutillo, Texas regarding decision-making about food choices, access to food, and using consumer food education information to make food choices?

Subquestion 1: What were the cultural factors and sources of information that influence residents' decisions when making food purchases?

Subquestion 2: How do residents apply cultural and public information to the decision-making process when buying food?

To answer these research questions, I used a phenomenological approach with in-

depth, face-to-face interviews with 9 residents of Canutillo, Texas. Phenomenological studies attempt to understand or portray individuals' common meaning of their lived experiences of a concept or phenomenon using in-depth interviews (Creswell, 2014; Moustakas 1994; Rudestam & Newton, 2015). Phenomenology facilitates the researcher with a fuller understanding of lived experiences by focusing on perceptions of beliefs, which may be taken for granted as common knowledge (Creswell, 2014; Moustakas, 1994; Rudestam & Newton, 2015; Sloan & Bowe, 2014). The interviews were audio-recorded to ensure accuracy and in the verbatim transcription. I used NVivo12 for data management on a password-protected computer. To analyze the content of the data I used an inductive coding approach. Inductive coding allowed me to discern repeated or significant themes from the raw data

In this chapter I will interpret the findings based on the themes identified in Chapter 4. Next, will be a discussion of the findings in relation to the conceptual framework used to guide the study. Lastly, I identify the limitations of the study, recommendations for further research, social change implications, and personal reflections while conducting the study.

Summary of Findings

After careful analysis of the data, the researcher found that

Table 2

Research Questions and Themes

Research Questions	Themes
What were the lived experiences of the residents of Canutillo, Texas regarding decision-making about food choices, access to food, and using consumer food education information to make food choices?	Conflict about assimilation, happy memories of learning to cook from family, family time, feelings of isolation
Subquestion 1 What were the cultural factors and sources of information that influence residents' decisions when making food purchases?	Themes Social media, formalized education, community cooking classes, personal physician & medical professionals, government agencies (FDA, USDA), farmer's markets & store marketing and family & friends
Subquestion 2 How do residents apply cultural and public information to the decision-making process when buying food?	Themes Purchasing Mexican products, seeking current nutrition information, quality meat products

Interpretation of Findings**Demographic**

All the participants provided a brief overview of their life by answering several demographic information questions including age, whether they were born in the United States or Mexico, whether they spoke English and/or Spanish, if they made the primary decisions about what foods were purchased and consumed, and how many weeks they spent in Mexico the previous year. All participants ($n = 9$) spoke both English and Spanish but reported that they primarily spoke Spanish at home. Six of the participants

were born in Mexico and three were born in the United States. All but one of the participants ($n = 8$) reported that they travel to Mexico for short trips between 24-48 hours. These trips typically began on Friday afternoons and ended on Sunday evenings. Participants use the time to visit relatives, keep medical appointments, and do their shopping. This is similar to the findings of the Texas State Comptroller's Office (TSCO, 2015), which stated that nearly 20,000 people cross between Juarez and El Paso each day to work, shop and go to school on both sides of the border.

Family Time

Based on in-depth interviews, Canutillo residents make decisions about what to eat based on the amount of time they believed could maximize their time with family. Participants believed that preparing foods at home was the more nutritious option, however if they perceived that doing so interfered with family bonding time and activities then eating out was the more viable option. This is similar to findings that concluded that family obligation is an important cultural value for Mexican-American families (Gaskins, Lin, Menjivar, & Simpkins, 2016; Gonzales, Fuligni, Telzer, & Tsai, 2015).

Food Choice and Nutrition

Participants valued their individual memories of learning to cook. They used ingredients from those childhood memories in their current cooking as adults. These memories heavily influenced how they cook meals, even as they adapted to American foods and cooking traditions.

Participants felt excluded from healthy food initiatives, such as farmers markets and organic produce, because those programs and products were not specifically marketed to them.

Dual residence consumers attempted to assimilate to American food traditions and customs but are conflicted about the process. The conflict was two-fold: one, should they assimilate at all and two, if so, what was the appropriate speed to do it? This is similar to the findings of Abraido-Lanza, Echeverria, and Florez (2016) that concluded Latinos (to include Mexicans) feel stigmatized by culturing messages and practices from U.S. society. Participants participated in cooking classes, where they learned to make American style foods or adapt traditional Mexican recipes. Participants were conflicted about the process of learning to prepare American food, as well as adapting traditional Mexican recipes. However, they have rationalized the process by saying “it’s for my own good” or “it’s okay.”

Social Influences

Dual residence consumers get nutrition information from their social circles. These social circles include family and friends. These consumers felt that their social circles provided a support system because of shared sociocultural factors, such as the Spanish language, the Canutillo community and Mexican heritage. The findings of this study supported the findings of Dekker et al. (2011), Basáñez et al. (2014), and Castaneda et al. (2015) who concluded that an immigrant’s socio-economic and cultural support predicted the extent to which they acclimated to the dietary patterns of their host country.

Media

Dual residence consumers watched television, such as news segments and *Dr. Oz* and used social media outlets, such as YouTube, Facebook that related to nutrition information. These consumers felt that these particular sources provided viable and up to date nutrition information and therefore could aide in them making better choices for themselves and their families. The study findings were similar to Kashal, Waldfogel, and Wright (2013) who concluded that consumers developed eating practices based on social factors, advertising and information provided by educational outlets and media programming.

Government Agencies and Health Professionals

Health professionals, such as personal physicians, are an important source of nutrition information for dual residence consumers. These consumers prefer and rely on the customized information that these professionals provide. The findings of this study are similar to the findings of Jay et al. (2014) who concluded that Hispanics prefer to have health advise from health professionals over their family members as these professionals provide small and measurable goals instead of broad ones. All the participants are aware that government agencies play an integral role in providing consumers with nutrition information, these consumers cited product labeling as their primary reason for the utilizing these agencies. The findings of this study support Aubrey (2015) and Gottlieb (2014) who concluded that consumers read nutrition labels and has challenged federal agencies to clarify how products are labeled.

Access to Quality Food (Meat)

The quality of U.S. meat products was important to all of the dual residence consumers. There was no consensus on whether the United States or Mexico had better meat products, however all the consumers were unanimous in their opinion that U.S. meat was more expensive than the same products in Mexico. Fifty-six percent of the participants were concerned about their ability to afford U.S. meat products in the future. This supports the findings of Aggarwal et al. (2014) who concluded that consumers who feel positive about the quality of their food choices make healthier food choices.

Mexican Food Staples/Budget

The cost of U.S. food items has a major impact on the food decisions of Canutillo residents. These consumers rely on their ability to obtain Mexican products to increase and extend their spending budgets for food items. The participants either looked for Mexican products in the United States that are reduced in price or purchased items in Mexico and then brought them back to the United States. Dual residence consumers had no preference on where they purchased items but had concerns about the amount or monetary value of items that they could bring into the United States. from Mexico due to inconsistencies with U.S. Customs officials at border crossings. The consumers believed that their ability to continue to make nutritious food choices depended on their ability to access Mexican products. These findings support researchers (Arandia, Nalty, Sharkey, & Dean (2012); Basáñez et al. (2014) and Stewart et al. (2014) conclusions that these consumers make deliberate food choices based on their personal preference and

nutritional needs but would also benefit from enhanced economic and socio-cultural support and incentives to further the acculturation process.

Access to Information

It is important to dual residence consumers that they have access to information that they perceive is current and trustworthy. These consumers feel that current and credible information is essential to maintain their ability to make informed nutritional choices for their family. However, these consumers are undecided about who bears primary responsibility for providing the information and is responsible to ensure and verify that the information is obtained. This is consistent with conclusions by Fitzgerald and Wolak (2016) who concluded that when citizens are provided an opportunity to voice their opinions, they have greater trust in the veracity of the information and services provided to them by the government.

Theoretical Framework

Dietary acculturation model, Berry's environmental theory, and the advocacy coalition framework guided the development of my research questions and were the lenses for data analysis and discussion of findings.

APA Dietary Acculturation Model (DAM)

Traditionally, immigrants balance their own cultural belief and practices with the realities of acculturation that come with exposure to a new culture Basáñez et al. (2014). Based on the findings of this research, dual residence consumers continued to practice their cultural beliefs. These consumers, however, had difficulty or were emotionally conflicted when attempting to blend their cultural practices, such as family time and

locating Mexican food staples with U.S practices. This finding is in line with the with the conclusions of Arandia, Nalty, Sharkey, and Dean (2012) and Basáñez et al. (2014) that Hispanics traditionally have poor acculturation to mainstream American culture, which can impact what they choose to eat.

Berry's Environmental Theory (ET)

The foundation of environmental theory is the idea that government works from the grassroots level Berry (1990). The application of the study's findings were inconclusive with respect to environmental theory. Dual residence consumers recognize that they are mainly excluded from American food culture and often feel stigmatized when learning to acclimate to American culture. These consumers understand the relationship between civic engagement and community vitality. The participants were able to identify the key players required to form these partnerships, as well as the unique role of each player. There was no consensus, however, about how to engage these players. The participants did not have any insight into how possible relationships should be nurtured and cultivated.

Advocacy Coalition Framework

Fisher (2018) concluded that citizens want to collaborate in order to implement what they perceive is a policy goal. Dual residence consumers are able to identify the actors that can provide them with nutritious food products that are affordable, and are aware of nutrition information, supporting the conclusions of Ripberger, Gupta, Silva, and Jenkins-Smith (2014). These consumers can identify what the benefits they receive

from these actors, however they were unable to apply their knowledge to identify or develop specific consumer nutrition education policy initiatives.

Limitations of the Study

There were several limitations to this study including but not limited to a small sample size, sampling design, specific geographical location and potential for bias. The first limitation was the small sample size of 9 participants. The sample size may not truly represent the perceptions and beliefs of Mexican-Americans within the larger population. Secondly, the study was limited to a non-random sampling design, which restricts the ability to generalize the study findings. Thirdly, all study participants resided in Canutillo, therefore the results may not be representative of the geographical makeup of Mexican-Americans outside of the study area.

Additionally, the responses to interview questions were self-reported by the study participants; thus, there is a possibility of recall bias or misrepresentation of facts.

Recommendations

This study is by nature an introductory look into a large population of consumers in the United States. The findings of this study contribute to the knowledge base of dual residence U.S-Mexican consumers' perceptions of U.S. consumer education programs and the various levels that influence their decisions.

It is important that health educators are cognizant of their biases when they provide community education programs. These biases may include a lack of sensitivity or awareness of Mexican traditions and cultural practices. Health educators should not only include mainstream American food staples into their instruction material but provide

materials that these consumers with adaptations to traditional recipes. Secondly, dual residence consumers are interested in the offerings of local food stores, such as farmer's markets. The marketing of these food sources should be more sensitive to heritage and cultural needs of this large consumer group. This can be achieved with direct advertising, as well as product specific offerings and labels. Thirdly, there should be more concerted effort to educate dual residence consumers about scrutinizing and vetting nutrition and health information. The consumers interviewed do seek advice from health professionals and use product labeling to make food choices. However, there is a potential to maximize the health benefits that these consumers already receive, by teaching them how to better scrutinize the health information.

Another recommendation is to continue research with dual residence consumers in Canutillo, El Paso and across the United States. The findings from this study offer numerous areas for continued research in various aspects of the experience of dual residence consumers and access to food education. This exploration includes community nutrition programs, exploring grocery store experiences, specifically in the United States, or exploring the experiences of dual residence consumers that live in Mexico, but spend significant amount of time in the United States. Additionally, the parameters of this study dictated that participants spend at least 16 weeks per year in Mexico. However, there was a significant number of people that expressed interest in the study but were ineligible because they spent 12-15 weeks in Mexico.

Implications for Social Change

The findings of this study have the potential to create positive social change. The findings contribute to the existing information about the lived experience of dual residence consumer's experiences as they navigate United States consumer education programs. Additionally, the findings have the may help inform program and policy makers about cultural considerations in nutrition program development and implementation.

The knowledge gained from this study can also be used to influence local, state, and federal agriculture and consumer education policy towards developing consumer education materials that are more culturally inclusive and appropriate for these consumers. Current materials in many states, including Texas, simply provide Spanish translated materials. By disseminating the findings of this study, I hope to bring a general awareness and advocate for these and other marginalized consumers. I intend to disseminate the results of this study via multiple venues including local presentations, professional conferences, and peer-reviewed journals. By disseminating my research to a board audience, I hope to bring greater awareness to the experience of dual residence consumers and the barriers these consumers experience while navigating consumer food education programs and information.

Researcher's Experience

To reduce researcher bias, I used bracketing. Bracketing is a tool used in phenomenological research to reduce researcher bias and assumptions to understand the phenomenon being studied from the participants' point of view. Therefore, I identified

my preconceived notions about the participants and how I believed they obtained and used U.S. consumer education programs. I journaled about my thoughts, perceptions, opinions, and feelings of the Canutillo residents for several weeks while waiting for IRB approval. Additionally, during data collection I continued to journal at the end of each interview and when I visited locations in the community frequented by participants to reduce researcher bias. Additionally, during data collection, I asked participants to provide feedback on and verify the transcripts of the interview. Finally, during data analysis, I discussed my thoughts, feelings, and beliefs with my advisor to set aside any preconceived ideas that may have interfered with the true essence of the participant responses.

Conclusion

In conclusion, based on data analysis I was able to determine that the family time, cost, quality of meat products and access to Mexican products and current information impacted dual residence consumers of Canutillo, Texas' experiences and decision-making process regarding what food they decided to eat. Additionally, under the umbrella of Research Question 1, I found these consumers experienced inner conflict about assimilation and feelings of isolation. These consumers cherished the happy memories of learning to cook from family and went to great lengths to make deliberate food choices that maximize their family time.

Research Sub-question 2 explored the cultural factors, as well as the sources of information that influence residents' decisions when making food purchases. Dual residence consumers allow a plethora of sources and cultural factors to influence their

decision-making process. These factors include social media, formalized education, community cooking classes, personal physician & medical professionals, government agencies (FDA, USDA), farmer's markets & store marketing and family & friends.

Research Sub-question 3 explored how dual residence consumers apply cultural and public information to their decision-making process when buying food. The study findings concluded that the consumers valued their ability to purchase Mexican products, valued current nutrition information, and based their ability to eat nutritiously, in part, on their ability to source quality meat products.

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Appendix A: Interview Question Guide

I. Part 1 – Introduction (10 minutes)

A. Thank participant for taking time to attend

1. Introduction of researcher

B. Interview Objectives

1. Learn how consumers of Mexican decent make decisions about their food choices
2. Learn what ways consumers of Mexican decent access food
3. Learn if or how consumers of Mexican decent use consumer food education information to make food choices?

C. Explanations

1. Length of interview – 45 minutes (1 hour including introduction and conclusion)
2. Confidentiality of participants
3. Free to leave at any time
4. No “wrong” answers; all input is important to the study
5. Questions?

II. Part 2 – Questions (45 minutes)

A. Overall question

1. What can you tell me about your decision-making process about food choice?
2. How do you use consumer food education information to make decisions about what food you buy?

B. Levels of Questions to Ask Participants

Topics	Main Question	Follow-up Questions	Probes
Knowledge	Tell me about the knowledge you have that you use when you decide what food to eat?	Do you understand what healthy foods are? Where did you gain this knowledge? Family? Friends? School? Internet?	What else do you recall learning that you think makes a difference in choosing the food you eat?
	Describe your typical meal plan (breakfast, lunch,	Do you usually prepare meals or do	Do you remember when you learned

	dinner)?	you purchase meals?	about nutrition? If so, who or what taught you most about eating healthy foods?
Source of Information	<p>What influences your food choices?</p> <p>Do you use outside information (ie: USDA, nutrition labels, etc.) to help you make food decision?</p>	<p>What specific sources of information do you use to decide what food to eat? Family? Friends? School? Doctors? Internet? TV?</p> <p>Where have you received food and nutrition information in the past?</p>	<p>Explain more about the sources of information of food you just mentioned (e.g. What about family? What about friends?) What influences you the most?</p> <p>Almost all of us have knowledge in our heads that tells us what we should eat to be healthy, when you choose unhealthy food, what prevents you from following this knowledge?</p> <p>What would friends have to do to influence you to eat healthier foods?</p> <p>What would your family have to do to influence you to eat healthier foods?</p>
Experience	What factors determine the variety of food that you eat (Ex. cost, taste, habit, health)?	Describe how you use ideas on food and nutrition in daily life?	How have you used information on food and nutrition in the past?

	How do your cultural values and traditions impact your food choices?	Does your culture (or traditions of your culture impact how you use food and nutrition in your daily life?	
Opinion	What is your opinion on the food and nutrition information that you have received?	Do you think that your culture and its traditions are considered in the information that you receive?	What is your opinion on making healthy food choices in the future?

III. Part 3 – Conclusion (5 minutes)

A. Thank participant for their time

B. Ask participant if they have any questions about the interview session and answer them.

C. Distribute \$15 Walmart cards and give participant researcher's cell phone number for follow-up.

D. Remind participant to contact researcher with any questions post-interview.

Apéndice B: Guía de Preguntas de la Entrevista

- I. Parte 1 – Introducción (10 minutos)
- A. Agradecimiento al participante por tomarse el tiempo de asistir
1. Introducción del investigador
- B. Objetivos de la entrevista
1. Aprender como los consumidores de descendientes de Mexicanos toman decisiones sobre sus opciones de alimentos
 2. Aprender de que maneras los descendientes de Mexicanos tienen acceso a sus alimentos
 3. Aprender si, o como, los consumidores de descendientes Mexicanos usan la información de educación alimenticia para hacer las elecciones de alimentos
- C. Explicaciones
1. Duración de la entrevista – 45 minutos (1 hora incluyendo introducción y conclusión)
 2. Confidencialidad del participante
 3. Libertad para retirarse en cualquier momento
 4. No hay respuestas “equivocadas”; todas las opiniones son importantes para el estudio
 5. ¿Preguntas?
- II. Parte 2 – Pre-Selección y Preguntas Demográficas (5 minutos)
- III. Parte 3 - Preguntas (40 minutos)
- A. Preguntas generales
1. ¿Qué puede usted decirme acerca del proceso de la toma de decisiones sobre sus alimentos?
 2. ¿Cómo utiliza la información sobre educación alimenticia del consumidor para tomar la decisión sobre que alimentos comprar?

B. Niveles de las preguntas para los participantes

Temas	Preguntas principales	Preguntas de seguimiento	Preguntas Adicionales
Conocimiento	¿Cuénteme como usa lo que sabe cuando decide que alimentos comer?	¿Entiende lo que son los alimentos saludables? ¿Donde aprendió esto? ¿Familia? ¿Amigos? ¿Escuela? ¿Internet?	¿Qué mas recuerda haber aprendido que piensa ha hecho la diferencia para escoger los alimentos que come?

Fuente de información	<p>¿Describa su plan típico de comidas (desayuno, comida, cena)?</p> <p>¿Qué influye en sus opciones de alimentos?</p> <p>¿Usa información externa (p. ej. USDA, etiquetas de nutrición, etc.) para ayudarlo a tomar decisiones sobre alimentos?</p>	<p>¿Usualmente prepara sus comidas, o compra sus comidas?</p> <p>¿Qué fuentes de información específicas usa para decidir que alimentos comer? ¿Familia? ¿Amigos? ¿Escuela?¿Doctores? ¿Internet? ¿Televisión?</p> <p>¿De dónde ha recibido información sobre alimentos y nutrición en el pasado?</p>	<p>¿Recuerda cuando aprendió sobre nutrición? Si es así, que o quien le enseñó más acerca de comer alimentos saludables?</p> <p>¿Explique un poco más sobre las fuentes de información de alimentos que acaba de mencionar (p. ej. ¿De la familia?, ¿De los amigos?) ¿Quien lo influencia más?</p> <p>Casi todos tenemos conocimiento en nuestra cabeza que nos dice que debemos comer para estar saludables, cuando elije comida no saludable, que lo detiene para seguir este conocimiento?</p> <p>¿Qué tendrían que hacer sus amigos para influenciarlo a comer alimentos saludables? ¿Qué tendría que hacer su familia para influenciarlo a comer alimentos saludables?</p>
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Experiencia	¿Qué factores determinan la variedad de alimentos que usted come (p. ej. Costo, sabor, hábitos, salud)?	Describa como utiliza las ideas sobre alimentos y nutrición en la vida cotidiana	¿Cómo ha utilizado la información sobre alimentos y nutrición en el pasado?
Opinión	¿Cómo sus valores culturales y tradiciones impactan sus opciones de alimentos? ¿Cuál es su opinión sobre la información de alimentos y nutrición que ha recibido?	¿Su cultura o tradiciones de su cultura influyen en como usted utiliza el alimento y la nutrición en su vida diaria? ¿Piensa que su cultura y sus tradiciones están consideradas en la información que recibe?	¿Cuál es su opinión para tomar decisiones de alimentos saludables en el futuro?

IV. Parte 4 – Conclusión (5 minutos)

- A. Agradecimiento al participante por su tiempo.
- B. Preguntar al participante si tiene preguntas de la entrevista y responderlas.
- C. Distribuir las tarjetas de regalo para Wal-Mart y dar el número telefónico del investigador para el seguimiento.
- D. Recordar al participante de contactar al investigador en caso de haber alguna pregunta después de la entrevista.

Appendix C: Pre-Screen & Demographic Questions

Demographic Information

1. What year were you born? 19_____
2. Who makes the primary decisions about what food you purchase and consume in your household? _____
3. Who prepares the food that is consumed in your home?

4. Where were you born? United States or Mexico
5. Have you visited Mexico...

...within the last 30 days	YES	NO
...within the last 60 days	YES	NO
...within the last 90 days	YES	NO
...within the last 180 days	YES	NO
6. Do you speak English? YES or NO
7. Do you speak Spanish? YES or NO
8. What language do you primarily speak when you are at home?
9. Does anyone else live in your household? YES NO

(If yes) How many? _____

(If yes) What is the age of the oldest person?

(If yes) What is the age of the youngest person?

Appendix D: Pre-Selección y Preguntas Demográficas

Información Demográfica

1. ¿En qué año nació? 19 _____
2. ¿Quién toma las decisiones principales acerca de que alimentos comprar y consumir en su hogar? _____
3. ¿Quien prepara los alimentos que se consumen en su hogar?

4. ¿Donde nació? Estados Unidos o México
5. ¿Cuánto tiempo te quedaste en México en el último año? (el tiempo total puede ser acumulado)

Menos de tres semanas	SI	NO
Entre 3 semanas y 5 semanas	SI	NO
Entre 6 semanas y 10 semanas	SI	NO
Entre 11 semanas y 16 semanas	SI	NO
Más de 16 semanas	SI	NO
6. ¿Habla Ingles? SI o NO
7. ¿Habla Español? SI o NO
8. ¿Qué idioma habla principalmente cuando está en casa?
9. ¿Alguien más vive en su hogar? SI NO

(Si es así) ¿Cuántas personas? _____

(Si es así) ¿Cuál es la edad de la persona mayor? _____

(Si es así) ¿Cuál es la edad de la persona más joven? _____