

**A FOCUS GROUP SUMMARY REPORT ON
BEHAVIORS, PERCEPTIONS, VALUES AND
ATTITUDES OF LATINO MOTHERS
ON BONE HEALTH, NUTRITION,
AND PHYSICAL ACTIVITY**

A Qualitative Exploration

**Prepared for
California Project LEAN
(Leaders Encouraging Activity and Nutrition)
of the California Department of Health Services
and the Public Health Institute**

**Funded by
California Nutrition Network for Healthy Active Families
Through a grant from the
United States Department of Agriculture**

November 2000

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Introduction

This qualitative research study was conducted to guide California Project LEAN's (Leader's Encouraging Activity & Nutrition) campaign to promote calcium consumption among low-income Latinas (with an annual income of \$25,000 or less) and their families. Nine focus groups were conducted in California; three each in Fresno, Pacoima, and Riverside.

Six of these group discussions were conducted with low-income Mexican American mothers with children in their homes (two at each location). For the remaining three groups (one at each location), participants were further screened for: (1) an interest in health issues; and (2) participation in community groups and activities. These women were identified as possible opinion leaders to promote calcium consumption in their communities and were asked additional questions about how they could contribute to improving calcium consumption in their communities.

No differences were found between the opinion leader and non-opinion leader groups with respect to their knowledge levels, nutritional habits, or motivation to take recommended actions to increase calcium consumption. This may be due to the similar socioeconomic status of these women across all groups. In addition, screening criteria for the opinion leader groups may not have been stringent enough to distinguish true opinion leaders. There were also no systematic differences based on group location. Since no differences were found, findings from all groups at all locations are reported together in this report.

All participants were women of Mexican descent with children between the ages of 5 and 17. To be selected into any of the groups, participants needed to have lived in the United States for at least three years and speak mostly Spanish in the home. They also needed to have an annual household income of \$25,000 or less and to have obtained less than a four-year college degree. More detailed demographic information for each focus group location is provided in the following tables.

| Fresno, California 22 Total Participants | | | |
|---|--------------------------------|-----------------------------|------------------------------------|
| Age (22 participants) | Education (22 participants) | Income (22 participants) | # of Children (22 participants) |
| 4 25-29 | 7 Less than High School | 6 Less \$5,000 | 9 1-2 |
| 3 30-34 | 1 Vocational School | 7 \$5,000-\$17,999 | 10 3-4 |
| 3 35-39 | 14 High School | 9 \$18,000-\$25,000 | 3 4 or more |
| 12 40-44 | | | |

| Pacoima, California 27 Total Participants | | | |
|--|--------------------------------|-----------------------------|------------------------------------|
| Age (27 participants) | Education (27 participants) | Income (27 participants) | # of Children (27 participants) |
| 7 25-29 | 27 High School | 1 \$Less than \$5,000 | 17 1-2 |
| 9 30-34 | | 11 \$5,000-\$17,999 | 9 3-4 |
| 5 35-39 | | 15 \$18,000-\$25,000 | 1 4 or more |
| 6 40-44 | | | |

| Riverside, California 27 Total Participants | | | |
|--|--------------------------------------|-----------------------------|------------------------------------|
| Age (27 participants) | Education (27 participants) | Income (27 participants) | # of Children (27 participants) |
| 5 25-29 | 6 Less than High School | 6 \$5,000-\$17,999 | 16 1-2 |
| | 6 Some College/ Vocational School | 21 \$18,000-\$25,000 | 11 3-4 |
| 6 35-39 | 15 High School | | |
| 8 40-44 | | | |

Orientation to Health and Nutrition

A Motivated Audience

Most women who participated in these groups were very concerned about their family's health and believed that nutrition plays an important role in this. Many said they try their best to feed themselves and their families healthy meals, but acknowledged that sometimes they do not pay enough attention to this. Throughout the focus groups, it was clear that these women have a strong desire to do what is best for their families. They did realize, however, that they are not always able to do so. Some mentioned lack of information as one reason why they are not able to do what is best for their family's health.

"There are a lot of things that are very good for your children for example...and sometimes you are not really well informed about things

that are healthy for our children and we don't give these to them because we don't know what's healthy for them.” (Latino Mother, Pacoima)

“You might say, sometimes you think that you are giving your children a healthy meal, but it's not really as healthy as you think.” (Latino Mother, Pacoima)

In addition to wanting information about health, these participants indicated that they are receptive to information when they receive it. Most participants could name a new health habit they had started in the past to improve their health or their family's health. Participants were very conscious of the importance of drinking plenty of water. Several mentioned drinking more water as one health behavior that they had adopted recently. Others mentioned exercise (walking), eating more vegetables (especially salad), drinking less soda, stopping smoking, switching to low-fat milk, trying *SlimFast*, and taking vitamins. Some spoke of changes they had made to improve the health of their whole family, such as buying less soda and serving salad at mealtimes. Most participants could name something that they had done to improve their health or their family's health.

All women appeared to be the primary food preparer for their families and saw this role as a way to have an important influence on their family's health. They realized that they influence their family's nutrition through what foods they buy, what they cook for their family, and by setting an example for their children.

“...Because you have to eat certain food groups all the time, especially for the younger, smaller kids, because they have to be well nourished, and they have to receive enough food for the energy that they need.” (Latino Mother, Riverside)

A few mothers felt it was vital to maintain their own health so they would be able to care for their family.

Definition of a Healthy Diet

For most participants, a healthy diet meant a “balanced” diet incorporating both meats and vegetables. Many said they include vegetables in traditional meat dishes. Putting vegetables in soups, stews, and rice are other ways mothers get their families to eat more vegetables. Eating low-fat foods is also considered healthy by many, and a few participants mentioned the importance of fruit. Other “healthy” dishes they serve their families included fish, chicken, vegetable lasagna and salad. Chicken enchiladas and chile rellenos were popular traditional foods that mothers enjoy making for their families. Most did not characterize these traditional dishes as healthy or unhealthy.

They were also very interested in preparing foods in healthier ways; for example, steaming rather than frying rice. In fact, some women said that they already

serve their family foods that are good for them, but they would be interested in better ways to prepare these foods.

Foods considered to be unhealthy by these women include high fat foods, foods cooked in large amounts of oil and grease, prepared frozen foods, and red meat (only mentioned by a few). Sweets and sodas were also described as unhealthy by a few mothers. While mothers still cook and allow their children to have these foods, some do make a conscious effort to limit their consumption. These mothers were primarily concerned about obesity, especially for their children.

Participants indicated that it is not always easy to get their families, particularly their children, to eat healthfully. Sometimes it takes some creativity. Some women described their efforts to present fruits and vegetables in attractive ways (e.g., cutting them like butterflies) so their children will eat them. They also said that they try to buy a variety of fruits and vegetables so their children will not get bored with them. A couple of women mentioned that they keep healthy foods (e.g., cut fruits) and drinks (milk, juice, and water instead of soda) available for their children so they will reach for them when they are hungry and thirsty.

Most women said they like preparing new and different kinds of foods for their families. When they present new foods, most need to actively encourage their families to try them.

“Sometimes they kind of like fight it, and they say, they like it. But what I tell my kids is that you don’t have to like it, I just want you to try it. So if you like it once you try it, then you can go ahead and take it. I never force them to do it, but I just ask them to at least try it. And after that they can decide on what they want to do. So very rarely they say they don’t like it.”
(Latino Mother, Riverside)

“My daughters don’t, sometimes don’t like it, they prefer something that they’ve tried before. So I’ve had to make them something they’ve tried before and I eat the new dish with myself and my husband. I do make it and my husband eats, but he might say don’t ever make this again.”(Latino Mother, Pacoima)

“If it looks good, they’ll do it, but if not, they just won’t, they’ll do the ugly face.” (Latino Mother, Riverside)

Knowledge of Osteoporosis and Calcium

Most mothers had heard of osteoporosis, but few women had detailed knowledge about the disease. In every group, some participants, usually those with some experience with people with osteoporosis, were knowledgeable about osteoporosis and tended to dominate this part of the discussion. A few women had relatives who had osteoporosis and, therefore, had a better understanding of

this condition. It is thus difficult to ascertain how much the other participants knew about this disease.

While most described osteoporosis as a disease characterized by a weakening or thinning of the bones, other women provided vague or inaccurate descriptions. Descriptions provided for osteoporosis included: fragile bones that break easy, weakness of the bones, having bones with little holes in them, porous bones, cancer of the bones that leads to thinning, and a disease that causes bones to rub together and break.

“I have a sister who has that disease and her bones get very weakened and she’s got to undergo treatment, it’s very painful. That’s the only thing I know about the disease.” (Latino Mother, Fresno)

“It’s a disease of the bones, they get frail.” (Latino Mother, Riverside)

“It seems to me that the bones get little holes in them, they get weak and they break very easily. It’s a weakness in the bones. They become very fragile. Your bones can break very easily.” (Latino Mother, Pacoima)

“I’ve read that the bones wear down. It’s bone cancer.” (Latino Mother, Pacoima)

Some women mentioned that osteoporosis is caused by low calcium consumption, but most linked osteoporosis to broader lifestyle issues, particularly poor nutrition resulting in inadequate vitamin intake. A few women thought the problem was not just getting inadequate nutrition, but eating foods that actually deplete calcium. These women mentioned salty foods, sodas, and frozen and canned foods as possible culprits for osteoporosis and other diseases.

“It is due to a deficiency in calcium...and that is why they tell us when we were young that we have to drink milk.” (Latino Mother, Fresno)

Question: *“It’s not a disease you can actually get, it’s not contagious is it?”*

Reply: *“No, I don’t think it is...I think it’s just because of lack of nutrition, lack of vitamins.”*
(Conversation Between Two Latino Mothers, Riverside)

“Eating a lot of salt. I think that pretty much gets rid of a lot of your calcium as well.” (Latino Mother, Riverside)

Most participants, even if they were unsure of the function of calcium, perceived it as a nutrient. However, only a few participants mentioned negative health effects associated with calcium. In two instances, participants mentioned that an

excess of calcium can lead to anemia. One woman said she avoided milk because she had had kidney stones from eating too much calcium.

A few women mentioned lack of exercise as a cause of osteoporosis, or said that exercise probably played a key role in connection with dietary behavior. These women had no clear understanding of exactly how exercise could help prevent osteoporosis, but held the general notion that exercise was probably good for the bones. For example, one woman thought exercise could help keep the bones “mobile.”

“If you have a balanced diet of milk, and I do, but not the amount that I need. But you can vary that and eat cheese, and also I think it’s important to do exercise, because otherwise your bones are going to be immobile and you’ve got to have exercise and a balanced diet.” (Latino Mother, Pacoima)

Osteoporosis was also described by a few as a hereditary condition. These participants, however, did not seem to have a fatalistic view of osteoporosis in terms of not being able to do anything to try to prevent it. These women just thought they were more at risk.

Perceived Risk and Importance of Osteoporosis

For the most part, focus group participants thought everyone, including men, could be at risk for osteoporosis. Most, however, knew the disease is associated with aging and is more common among women. Women past their 30's and 40's were generally identified as most at risk, although very few participants mentioned hormonal changes and menopause as a factor.

“...Everybody, but mostly women. Before you would hear a lot of the elderly people would get it. But nowadays, I heard that children had osteoporosis.” (Latino Mother, Riverside)

“Most people who get it are women though.” (Latino Mother, Fresno)

“Women, women over 45 years old are more prone to getting this in their hips. Older people.” (Latino Mother, Pacoima)

Some women thought their own families could be at risk for osteoporosis, but others did not. Most assessed risk based on how healthy they believed their family’s overall diet to be, usually defining a healthy diet as one rich in fruits and vegetables. Those who thought their families were eating well in general did not perceive their families at risk.

“I think for those who are not keeping a balanced meal. I think it’s very important to keep a proper nutrition and meals every day. If you don’t do that, then it could cause you to be at risk.” (Latino Mother, Riverside)

"I would say that people that eat out more often are more at risk; people who eat a lot of hamburgers, a lot of pasta, a lot of fast food." (Latino Mother, Pacoima)

"I don't think my family is at risk because I try to as I tell you, I try to give them vitamins, even though I get angry with them sometimes I'll first try to give them soup with frijoles and tortillas so that they get a lot of calcium. And I find out through magazines what is nutritious and what is healthy for them." (Latino Mother, Pacoima)

Others thought their families may be at risk for osteoporosis because they don't always have time to make sure their families are eating a healthy diet. A few mothers thought they were more at risk because they pay more attention to their children's nutrition than their own. These women made it clear that their primary concern is for their children. On the other hand, several participants expressed a need to make the same effort to care for themselves so they can be in good health to take care of their children.

"I just don't think people pay attention to having a balanced diet and what they are eating, and making sure that what they're eating is nutritious for them." (Latino Mother, Pacoima)

"And I worry for my children, and my girls. I always worry about myself. Sometimes I don't have time for myself, and I'm always with the girls, and do something with them, worry about the work. For example, sometimes at lunch I'll just take anything that fills me up. I don't really pay attention to what I'm eating." (Latino Mother, Riverside)

"And if I take more time for me then I will not be able to do all of the chores. But if I am okay my children are going to be okay. First me, then me, and then afterwards me. Yes you have to take care of your health because you have to watch out for them." (Latino Mother, Fresno)

Others said they just don't always have the proper information to do what is needed to avoid conditions such as osteoporosis.

"I think that the thing is that we're not very informed what foods, what vegetables have what vitamins. I mean we just come back from work, we're tired, and we just try to make something up. So most times during the week, we just try to make something fast, and not everything has vegetables. But if you're not very well informed, it's very, very hard to be able to know what foods, what vegetables have what vitamins." (Latino Mother, Riverside)

Participants who did not drink milk saw themselves as particularly at risk for osteoporosis. Those participants whose children did not like to drink milk were more concerned about their children's risk levels. Most, however, indicated that their children drink more milk than they [the mothers] do and were, therefore, less at risk.

"I think myself. Well because it's been a while since I've had milk. I don't take vitamins." (Latino Mother, Riverside)

"Because I work, I don't eat very well. I eat the first thing I find and I don't drink a lot of milk. I think that in time, I don't have a balanced diet that it might be harmful to me." (Latino Mother, Pacoima)

"I understand that if a child doesn't drink enough milk, then he can get osteoporosis but usually all children like milk, it's unusual for a child not to like milk from when they are very young." (Latino Mother, Pacoima)

Women who had a family member with osteoporosis were also more likely to think they may be at risk. These women were concerned about a genetic component to the disease. A few of these women said they were already taking measures to reduce their risk, such as taking calcium supplements.

While mothers overall were more likely to perceive themselves at risk for osteoporosis rather than their children, they did think good nutrition, and calcium consumption in particular, are more important for growing children. A few women thought their children were more at risk for osteoporosis than they were based on the belief that inadequate nutrition in the childhood years can lead to problems later in life.

"From the time he was a little boy I have always tried to get him to eat things with calcium but I don't think he is eating the amount that he should eat. And he is the oldest one and so he doesn't take a lot of vitamins. I think it is important to have milk and milk is one of the characteristics. And so he is one of the ones that is going to have osteoporosis because he never does." (Latino Mother, Fresno)

"Our children. If we do not take care of our children our children are going to be at risk." (Latino Mother, Fresno)

Overall, it appeared that osteoporosis was not a health threat that they had thought about before, but most participants seemed to perceive it as serious once it was discussed. When asked how important osteoporosis is to them relative to other health issues, all agreed that it is an important health issue. Many expressed a desire to learn more about bone health, with some saying that, had they known about lifestyle factors that affect bone health, they would

already be taking measures to prevent the disease. Participants were especially motivated to reduce health risks for their children.

“Because as humans, what we’re trying to do, we’re trying to better ourselves one way or the other. As mothers, as fathers, as parents, we’re trying to do the best for our family. So in regards to nutrition in regards to this subject of osteoporosis, I mean I pretty much ignored a lot of these things that were involved in this. So I think that’s why it’s very important, because we’re very ignorant on the things that are happening, and that’s why we’re not taking the proper measures.” (Latino Mother, Riverside)

Perception of Milk

All participants regarded milk as a highly nutritious food. They mentioned that milk has vitamins (some mentioned vitamin D specifically), calcium, and other nutrients; it is wholesome (in that it fills you up); and, that it is good for healthy teeth, bones, and hair.

“It has Vitamin A and D, and calcium.” (Latino Mother, Fresno)

“It’s good for calcium. It’s very important for your bones. And we’re not very well informed, but I understand that it helps our children’s teeth, it helps them to grow, because milk is very good for their little bones.” (Latino Mother, Fresno)

“It’s for your teeth, so your teeth don’t fall out.” (Latino Mother, Pacoima)

Most mothers realized it is important for adults and children to drink milk. Some, however, thought it is more important for younger children to consume milk. These women tended to think of milk as more of a children’s drink than an adult drink.

“I think that it is as important for adults to drink milk as it is for children. It doesn’t matter whether you’re older, you need to drink milk.” (Latino Mother, Pacoima)

“I think it’s more of a benefit to the children. Because they need milk more than we do.” (Latino Mother, Fresno)

Most thought the nutritional values of whole, one percent, and two percent milk are equal, although several mothers with young children thought that whole milk is richer, and therefore, better for young children. By far, fat content is what distinguishes these three products in the minds of these women. Most women who reported switching from whole milk to a lower fat milk product said they were concerned about obesity.

Well that's the one I buy [whole milk] for all my children, and especially for my little girl who's only two. And I've been told that the younger the child, they need the whole milk." (Latino Mother, Fresno)

My children and I, we drink two percent. The thing is because whole milk has a lot more fat, it doesn't help at all. So I think that two percent has the same nutritional value without the fat." (Latino Mother, Riverside)

Some mothers who perceived whole milk to be more nutritious for younger children indicated that they only felt comfortable switching some of their children to lower fat milk as they got older. These mothers sometimes referred to whole milk as the "one with vitamin D in it." These mothers may believe that lower fat milk has fewer nutrients or lacks vitamin D, since whole milk is usually labeled "with vitamin D," unlike many lower fat milk products.

"My child drinks the one that has vitamin D, which is the whole milk. What I try to do, when my husband goes to the supermarket I ask him to bring me like low fat, but he always brings me the whole milk, that has vitamin D. That's the one that has the most fat, mostly because of my child." (Latino Mother, Riverside)

Most participants perceive differences between milk products in terms of taste. Whole milk drinkers enjoy the creamy, thicker taste of whole milk, and referred to lower fat milk products as watery, tasteless, or unpleasant tasting. Although a few lower fat milk drinkers said they preferred the lighter, thinner taste of low-fat milk, most identified the lower fat content as the reason they drink it. These women said that their families acquired a taste for lower fat milk after switching for health reasons. In some cases, these women said they ended up liking lower fat milk products better and it would be difficult now to switch back to whole milk.

"I like whole milk that is all. I don't like the others. I just don't like two percent at all; it tastes like painted water with kind of a milk flavor. I don't like the flavor. It has to be whole milk." (Latino Mother, Fresno)

"Regular milk, because I get the feeling that it is more complete. And low-fat, it's like pure water, you don't get any kind of flavor from it. I'm not sure, but it seems that they add more water than milk." (Latino Mother, Pacoima)

"I drink two percent because the other one [whole milk] is too rich. It's too heavy. The only time when we used to drink it was when the kids were younger. That's when I used to buy that milk." (Latino Mother, Riverside)

"And the other thing is that I am trying to take care of myself and otherwise milk is very fattening. Milk is fattening. I like it because I used to like whole milk and when I started to drink fat free I imagined that I was

drinking pure cream when I drank whole milk. And if it is really nice and cold then nonfat is just great.” (Latino Mother, Fresno)

Milk Purchasing Decisions

A majority of women purchase one half to a whole gallon of milk per day for their households. The type of milk purchased by these women for their households was about evenly split between whole and two percent milk with only a few people saying they drink one percent or skim milk. Their decision is based on a variety of reasons, primarily having to do with health concerns and taste.

For the most part, whole milk drinkers understand fat content is high, but are unwilling to sacrifice the creamy taste. Others believe that whole milk is better for their young children.

Most women who now purchase lower fat milk products had switched to a lower fat product at some point for health reasons. These women were primarily concerned about themselves or their family members being overweight. For these women, two percent milk is a compromise that balances the desire for a milk product that still tastes creamy, but with a significantly lower fat content.

One percent milk is not a popular choice for these women. Only a couple of women said they currently buy one percent milk, and a few others said they had purchased it in the past but found it too watery.

For the most part, the type of milk purchased is bought for the entire household with all family members drinking the same type of milk. In some cases, mothers described scenarios when individuals with strong taste preferences determined the type of milk purchased for the entire household. For example, many women said their children, or sometimes their husbands, like only whole milk and will drink nothing else. Others said that their children will drink two percent milk, but one percent is pushing it too far.

“I buy regular milk because that’s the only kind my children like.” (Latino Mother, Pacoima)

“He [participant’s husband] doesn’t like low fat, reduced fat, or one percent, two percent...none of that kind, he just likes whole milk.” (Latino Mother, Riverside)

Habit is also a factor in milk product selection. Several women referred to the milk they buy with descriptions such as: “the one with vitamin D,” “the one with the red cap,” or “the one with the blue cap.” These mothers appeared to have settled on a type of milk, primarily based on the factors of taste and fat content. When shopping, they quickly identify their chosen milk product by the color of the cap or a word on the label, without giving any thought to the purchase.

Current Milk Consumption Patterns

Many women reported drinking about one to two glasses of milk per day. Although all participants considered milk to be a nutritious drink, a few said they drank no milk at all. Lactose intolerance, stomach discomfort (unclear if actual lactose intolerance or not), and dislike for the taste of milk were reasons for not drinking milk.

Mothers reported that their children drink considerably more milk than they [mothers] do. Most participants said their children drink about one to four glasses of milk per day. Some indicated that their younger children drink more milk than their older children, sometimes three to four glasses a day. Those whose children do not drink milk cited intolerance and dislike of the taste as the main reasons.

Almost all milk drinkers said they and their children drink milk in the morning, often in the form of licuados. Overall, most mothers say that when they and their children drink milk it is usually in the form of a licuado or it accompanies a meal or snack. Drinking milk in the afternoon or evening with a snack is also fairly frequent, especially among children. Most participants described milk as more of a meal itself or as a beverage served with a meal or snack, rather than a beverage that they drink throughout the day to quench their thirst. A few participants said they or their children drink warm milk at night to relax them and help them sleep.

“Yes but my children do drink a lot of milk. They drink milk when I come home with cookies and pastries...” (Latino Mother, Fresno)

“The only time I drink a glass of milk is with a banana. If I have got a banana I will make a kind of a shake. Sometimes we drink a lot of milk.” (Latino Mother, Fresno)

Some participants said that they and their children dislike the taste of plain milk. These individuals add flavoring to their milk to make it more enjoyable. A few mothers said they drink their milk with chocolate flavoring to make it taste better. This is much more common for children. Several mothers said their children, particularly their older children, drink their milk with sugar, honey, chocolate, or *Ovaltine* added to it. A few women reported adding protein powder to milk or putting it in cereal to mask the taste. Some said their families drink milk with ice to make it taste better.

“I can only drink milk in cereal, because otherwise it disgusts me.” (Latino Mother, Fresno)

“Only when it’s got the Nestle Quick in it otherwise, he doesn’t drink it alone.” (Latino Mother talking about her son, Pacoima)

A substantial percentage of household milk consumption is accounted for by other food preparations that include milk. Many mothers said that milk consumed with cereal accounts for a large percentage of their children’s milk consumption. Licuados and oatmeal were also frequently mentioned ways of consuming milk. Other preparations that include milk are rice, rice pudding, mashed potatoes, baked goods, eggs, pudding, refried beans, macaroni and cheese, cooked bananas, coffee, and hot chocolate.

Adding a Glass of Milk

The vast majority of mothers thought they would be able to add one more glass of milk per day to their own and their children’s diet. Mothers who said they could add a serving of milk cited increased calcium consumption and improved health as primary motivators. Others said it would be easy because they or their children like milk. (It should be noted that increased calcium consumption became a goal to them only after learning about the role of calcium in bone health during the discussion).

“If I were to need it, if it were to be good for me I would do it. Maybe to prevent what you just said, that osteoporosis.” (Latino Mother, Pacoima)

“In my house it really wouldn’t be a problem at all, everybody really likes it so much.” (Latino Mother, Riverside)

“My daughter’s young and she’ll ask me for more milk, and more milk, and more milk.” (Latino Mother, Pacoima)

The exceptions were women who disliked the taste of milk or perceived themselves to be lactose intolerant, those who have children who disliked milk or are thought to be lactose intolerant, and a few who thought their families were already eating a balanced diet. A few women expressed some concern that drinking too much milk can cause kidney stones or anemia. Others worried about weight control issues. For the most part, however, those who were already drinking some milk saw no problem with adding another glass to their diet.

“I think that for my youngest one, I couldn’t [add another glass], because it’s very hard for me to do that with her. At lunch she maybe will drink her milk, but I know that she leaves it till the end, and hopes that for example, if she drinks a half a glass, and the thing is I have to constantly serve her a glass of milk and telling her to drink it. It’s constantly fighting and battling for her to drink it.” (Latino Mother, Riverside)

The major barrier to adding an additional glass of milk is taste. Many women said they and their children would not be able to just drink another glass by itself or “straight.” Most, however, thought they could drink more milk and persuade their families to do so by doctoring up the milk somehow to improve the taste or serving it with something else. Some mentioned serving milk with ice or very cold to improve taste. Others said they would add chocolate to the milk or make a *licuado* with the milk to encourage their children to drink more. Serving milk with treats, such as cakes, cookies, and peanut butter sandwiches, and serving it with cereal were also frequently mentioned as good ways to get children to consume more milk. Even those who disliked milk felt that, if they had to, they could add milk to their diets by disguising its taste or eating it with something else.

“Because of the flavor is something that I just don’t like. It’s got to be with like chocolate or cereal or with some kind of a pastry or a sweet but I wouldn’t drink it alone. It makes me sick. I probably could [add another glass] but I would have to drink it really cold with ice.” (Latino Mother, Fresno)

“I would accompany it [additional glass of milk] with a piece of bread with peanut butter.” (Latino Mothers, Pacoima)

Others suggested “tricking” their children into drinking more milk by increasing the serving size. A few mothers said they would simply drink or have their children drink an extra glass of milk as a replacement for juice or soft drinks. Most, however, conveyed the notion that milk is a beverage that accompanies or constitutes a meal rather than a stand-alone beverage used to quench thirst.

Women were more hesitant to say they could add a glass of *low-fat* milk to their diet because many did not buy that kind of milk and did not feel confident that they could get their family members to switch to it. For these women and their children, the main barrier to drinking low-fat milk is its watery taste. They also believed that younger children need the fat content of whole milk to grow and develop.

However, many mothers said they would at least try switching themselves and their children to a lower fat milk if it were better for their health. Some expressed hesitation, indicating that it may be quite a compromise due to taste issues. A few who said they were overweight or had concerns about their children’s weight were more likely to say that making the switch may be important for their family.

A few mothers mentioned cost as a barrier to drinking more milk because their household goes through milk so quickly as it is. A few mothers said it may be more difficult for them to buy more milk than they currently do, so they would give what they had to their children first. Some of these mothers thought coupons for milk would be helpful, although coupon use among these mothers is fairly

infrequent. Only a few mothers in each group said they regularly use coupons. Many mothers said they just didn't take the time to use coupons, or that they collect coupons but forget to use them.

"If you have got a lot of children its going to be very expensive to keep up those habits and if you drink two or three [glasses of milk] that gets very expensive as far as your budgets are concerned." (Latino Mother, Fresno)

"The price of milk sometimes. It is very expensive sometimes. And I want my daughters to drink it and I might not buy enough gallons. If I find I'm low on milk, I'll give it to my daughters instead of myself. If it was more affordable, it would probably make it easier to drink for me." (Latino Mother, Pacoima)

"I don't make a lot of money, you know, I work in the field, and I can say that I don't have a lot of money, and I spend it on food. If I've gotta drink a lot more milk, then I might not be able to eat a piece of meat." (Latino Mother, Fresno)

Perception of *Licuarios*

Licuarios (a traditional blended drink of milk and fruit) were popular with the participants and their children. Mothers like them for their nutritional value and children like the taste. *Licuarios* are seen as a quick, filling, and nutritious food, sometimes used as a snack and sometimes as a substitute for a balanced meal. Participants felt it provides them and their families with vitamins and energy and is a good way to make their children drink milk and eat more fruits.

"You might be able to eat less dinner if you eat a licuado and it has all the vitamins that you need. They are very nutritious. These licuados are very nutritious." (Latino Mother, Fresno)

"Sometimes I might not be able to eat something and if I don't have a licuado in the morning, I feel like I'm on empty. I'll make it and I'll have breakfast with a couple of pieces of bread, but if I don't then the licuado is what sustains me." (Latino Mother, Pacoima)

"The fiber that comes from the fruit is very good for you." (Latino Mother, Pacoima)

Some even felt that people who cannot otherwise drink milk (due to gastric problems) or who don't like milk, can tolerate it better in a *licuado*.

"It's easier to drink a glass of milk in a blended drink than by itself because the taste is better." (Latino Mother, Pacoima)

“I don’t drink a glass of milk by itself, if I drink it by itself, I have to drink it with a piece of bread and peanut butter. Otherwise if I’m drinking it in a blended drink I don’t have any problems drinking milk.” (Latino Mother, Pacoima)

Current *Licuadao* Consumption Patterns

Just about all the mothers said *licuados* are made in their home. Most said they serve *licuados* two to four times a week. Some reported making *licuados* more on the weekend, when they have more time. Others said making *licuados* during the week was easy for them because it takes less time than preparing a meal. Participants also said that the frequency with which they make *licuados* depends on the availability of ingredients in the home.

Mothers reported making *licuados* differently depending on what was available in the house. Milk is the base ingredient most often used in *licuados*. Pacoima and Riverside mothers reported filling their blenders at least half way with milk. Some mothers said they occasionally use ice or ice cream as a base, either instead of milk or in addition to milk.

Fruit is the primary ingredient added for flavor and nutrition. Participants reported using fruits such as strawberries, bananas, mangos, and apples. Although the type of fruit added to *licuados* depends on what is available at the time, bananas and strawberries were mentioned most frequently.

Several mothers in each group mentioned adding raw eggs to their *licuados*. However, most said they did not add eggs, and a few said they had consciously stopped using eggs because they had learned it is not good for their health. Participants also mentioned a variety of other ingredients that they like to use in their *licuados*, including protein powder, chocolate or strawberry flavoring, honey, ice, yogurt, cinnamon, and vanilla. A few women mentioned that they use pre-packaged *licuado* mixes to which they add milk, juice, or ice.

“I use milk, banana and eggs, and sometimes strawberry with strawberry Quick. Depends on what you have.” (Latino Mother, Riverside)

“Sometimes I’ll put in a little honey. I don’t put chocolate in it, but I put every kind of fruit you can imagine, bananas, strawberries, melon, watermelon, I put it all together.” (Latino Mother, Fresno)

“Two bananas, an egg, a spoonful of chocolate milk and maybe a cinnamon stick and ice cubes and that way it will be nice and thick and my children like it that way.” (Latino Mother, Pacoima)

“There’s one that, they sell it in the store [a flavoring packet], and they have milk and orange flavor, and you add the fresh fruit, and you add ice,

and that's it, it's kind of a, what's it called, like an icee.” (Latino Mother, Fresno)

Morning is the most popular time for drinking *licuados*, particularly for children and other family members on the run and unable to take the time to eat a meal. *Licuados* are also made in the afternoon or evening. In most cases, mothers make the *licuados* for the whole family, but some women mentioned that their husbands or children enjoy making them.

Adding *Licuados* to Their Diet

Most participants reported that they currently make *licuados* depending upon time and availability of ingredients. While they usually make them two to four times per week, they were open to the idea of having one *licuado* every day. Some suggested adding one at breakfast every day or having it at night before going to bed.

The only significant barrier to adding an additional *licuado* was the time involved in preparing it. One mother thought offering pre-prepared *licuados* would be helpful. Some women also noted that *licuados* are high in fat, but others countered that by saying that the fat and sugar content of *licuados* depends on how they are made.

“...Maybe offer a licuado that's already made. Just pop it open, shake it and let it go.” (Latino Mother, Riverside)

“The licuado is more fattening [compared to adding just milk].” (Latino Mother, Pacoima)

“It's not fattening if you put something in that's natural. If you add a lot of sugar and other things, then it's going to be fattening, but not if you put fruit in it.” (Latino Mother, Pacoima)

Only a few mothers mentioned the price of *licuado* ingredients. Some said prices determine what they put in *licuados* at any given time. One mother thought offering coupons for common *licuado* ingredients would make it easier to act on the recommendation.

Perception of Calcium-Fortified Juice

Most participants did not know the difference between regular juice and calcium-fortified juice. Prior to the focus groups, several women were not even aware of the existence of calcium-fortified juices. Some participants were unable to understand the difference between fortified and non-fortified juices even after the moderator explained it to them.

Overall, participants had a positive perception of fruit juices in general. They said that they and their children like the taste and enjoy drinking fruit juices. Most think juice is healthy and contains needed vitamins. A few mothers specifically mentioned vitamin C in relation to orange juice. Some mothers complained that fruit juices contain too much sugar and taste too sweet. Just about all mothers said juice is too expensive.

Awareness of calcium-fortified juices was low. Most mothers said they had seen calcium-fortified juices in the stores where they shop and some thought they had purchased them in the past. It was clear, however, that many mothers were confused about which juices are fortified with calcium. Many mothers thought fruit juices, and the fruit used to make the juices, have calcium in them already. A few mothers admitted that they had no idea whether the juices they bought had calcium in them or not.

“I used to buy Donald Duck because my daughter really likes it. I didn’t notice whether it has calcium or not.” (Latino Mother, Pacoima)

Although most mothers did not understand the difference between non-fortified and fortified juices, they thought purchasing juices with calcium made sense as a healthy choice for their families. A few mothers who understood the difference between fortified and non-fortified juices thought it made sense to buy the fortified option since it costs the same as regular juices.

“I buy it and I drink it because I know sometimes that I don’t have enough nutrition. Well if it has calcium, because that’s new, they didn’t have that before. So I’m always trying to look at this stuff, and see what is new and what has calcium and what doesn’t.” (Latino Mother, Riverside)

Juice Purchasing Decisions

Most of these mothers purchase regular juices and juice drinks as opposed to calcium-fortified juices and drinks. This is due to a lack of knowledge about calcium-fortified juices and price factors. Also because juice is expensive, price is a primary determining factor in juice selection. While some mothers may be picking up calcium-fortified juices by chance when making a decision based on price, most mothers are not consciously looking for calcium-fortified juice. However, many participants said that they would be open to considering fortified juices in light of the health benefits.

Overall, these women purchase a variety of juices, including orange juice, mango juice, apple juice, pineapple juice, cranberry juice, and fruit punches. They also purchase a variety of brands, including *Donald Duck*, *Kerns*, *Tree Top*, *Minute Maid*, *Dole*, *Florida’s Natural*, and *Ocean Spray*. Participants did not appear to be loyal to any particular brand of juice, but purchase whatever brand is on sale. Price is by far the main determinant of what brand of juice is purchased. A few

mothers said they buy frozen juices that they mix themselves because they are cheaper.

"I buy whatever is on sale." (Latino Mother, Fresno)

"I just buy the cheapest one. The one that says orange juice, and the cheapest one." (Latino Mother, Riverside)

When mothers can afford to be choosy, the ingredients of a juice sometimes have some influence over selection. The more "natural" a juice is, the more mothers like it. Several mothers said they try to purchase "100 percent juice" products, but complained about the cost of these products. Participants complained about the addition of other ingredients into pre-packaged juices, such as water and sugar. Some of these mothers said they try to squeeze their own fruit juices at home when possible. Pure, home-squeezed juice is what these mothers consider "natural juice." A few mothers said they do not like purchasing juice from concentrate because it is "too thick" or "tastes funny."

Virtually all participants said they often purchase fruit punches, such as *Sunny Delight*, *Tampico*, *Kool-Aid*, and *Hi-C*. Most mothers clearly understood the difference between some of these products and "natural juice," referring to these products as "colored water" or "fake juice." Their reason for purchasing these products is that they cost less and allow them to provide greater quantities of beverages for their families. Some mothers had more difficulty making the distinction for some of these products but clearly understood it when the moderator explained it to them.

"I drink Hi-Cs. But those are not juices those are actually fruit drinks right? Those are like a Kool-Aid or a kind of a punch." (Latino Mother, Fresno)

"They're not that inexpensive, but orange juice is usually expensive, \$3 or \$4, that's one of the problems, we pretty much complain about the price of the juice. See we pretty much use that Tampico punch." (Latino Mother, Riverside)

Juice Consumption Patterns

Just about all mothers said they and their families drink fruit juices daily. Some mothers said they purchase juice a few times a week. Other mothers said they drink about two glasses of fruit juice a day and their children drink up to three or four glasses a day. While mothers said they drink juice primarily in the morning, their children enjoy drinking juice all through the day. While some said they drink juice with meals, others said juice is a beverage they drink any time. Most mothers conveyed the sense that their children like juice and drink as much of it as they are allowed. Noting the high prices of fruit juices, these mothers said if they gave their children free reign they would go through the juice too quickly.

Adding a Glass of Calcium-Fortified Juice

Most mothers thought adding another glass of juice to their or their children's diet would be fairly simple if it were not for cost issues. Several mothers said it is already difficult for them to buy enough juice because of the high cost, and they could foresee problems with needing to purchase even more. Many thought coupons would be helpful. Others suggested specials or larger containers that would allow them to get more juice for the same price.

"It's very expensive. It costs \$3 or \$4. And if it's good for people, they should have things cost a lot less money." (Latino Mother, Fresno)

"I see that one [calcium fortified juice] on special, not always. Sometimes you can go to another place and it's less expensive, but you spend the money on gasoline. And there's not a lot in these containers." (Latino Mother, Pacoima)

"Just leave it on promotion or leave it on special deals." (Latino Mother, Fresno)

"In my house, again we drink six of these [cartons] a week, so in my house, in one breakfast sitting, it's gone. So we need about three of those." (Latino Mother, Riverside)

If the cost issues were resolved, most mothers thought it would be easy to add another glass of juice to their diet or their children's diet because juice tastes good and does not take time to prepare. These mothers said that they and their children like juice. While some mothers said they tend to drink juice only in the morning, they thought their children could add another glass of juice at any point during the day. Most thought they would just need to make it available and their children would be happy to drink it. At the same time, some mothers perceived this as a problem because they can't afford to let their children drink as much juice as they want.

"Oh yes, I think [I could add] even more than that." (Latino Mother, Riverside)

"The problem is that they will finish the jug or the carton really fast." (Latino Mother, Pacoima)

"Cause my kids love it, but it's very expensive, that's why I don't buy a lot of it." (Latino Mother, Riverside)

One or two of the mothers questioned the value of adding more juice to their children's diet because they thought they may already be drinking too much

juice. These mothers were primarily concerned about the high sugar content of many juice products.

While most thought they would be able to add a glass of juice at any point during the day, a few had more specific suggestions. These mothers thought adding the glass at mealtime would make the most sense. A few mothers suggested that they could replace the soft drinks their children drink with juice. One mother said she would replace the milk in the *licuados* she makes with juice.

In order to accomplish this recommended behavior, most women would not only need to purchase more juice but make a switch to purchasing calcium-fortified juices on a regular basis. Most women said they would make an effort to do this if it were going to improve the health of their families.

“If I know it’s going to contribute, again, if it’s my health or my family’s health, of course I’m going to go ahead and do it.” (Latino Mother, Riverside)

“I would do it because as far as I’m finding out, I don’t use calcium enough, I don’t take a lot of calcium. And I know I drink Sunny Delight, but I didn’t really realize that I’m not drinking enough calcium.” (Latino Mother, Pacoima)

Although these women have the motivation to perform the recommended behavior, their ability to do so on a regular basis is questionable. Many women said they would like to purchase more natural juices, but end up purchasing fruit punches due to financial constraints. Although these women try hard to buy the best products they can, cost considerations often take over at point of purchase.

“I just try to buy the ones on sale.” (Latino Mother, Riverside)

Perception of Easiest Dietary Addition

From the perspective of taste and lifestyle, most mothers thought it would be easiest to add a glass of juice to their own and their children’s diet because their families like the taste of juice and juice is convenient (requires no preparation time). However, the high cost of juice was cited as a significant barrier to this behavior. Lactose intolerance and dislike of milk were brought up by many as reasons why juice might be easier to drink than milk. Preparation time was cited as a significant barrier to adding a *licuado*. A few women thought adding a glass of milk would be easiest, especially if one had it with cereal. It seemed like the women were receptive to all three behaviors but each behavior change had some difficulty associated with it.

“I think the juice, the juice is the easiest one. The licuados you have to make, a lot of people don’t like the milk. I don’t know anybody who doesn’t like orange juice.” (Latino Mother, Riverside)

“I think it would be easiest to drink milk because it is easy to drink it on your cereal. And it is something that we are used to buying and a lot of women that I have heard cannot drink...For an example I have talked with many women who say gosh I hate milk though. So I know that there is a big problem because of the intolerance or the flavor or whatever it is.” (Latino Mother, Fresno)

Other Ways To Get More Calcium

Participants were asked how they thought they could get more calcium. A few mothers mentioned eating more lentils and frijoles to get more calcium. Cheese products, such as slices of cheese and macaroni and cheese, were also mentioned by a few. Others thought preparing meals with calcium would be too time consuming and thought taking calcium supplements or adding a glass of juice or milk was more reasonable. Overall, these women seemed very open to the idea of taking vitamin supplements and giving their children supplements to make up for imbalances in their diet. Other suggestions included: adding more salads; eating broccoli, soup broth and ice cream; following the food pyramid more closely; and encouraging their children to exercise and eat more. One or two mothers thought getting more exercise, along with increasing their calcium intake, would help them reduce their risk of osteoporosis.

Sources of Information

When asked what had made them adopt specific health habits in the past, participants mentioned a variety of influencers. Many had adopted healthy behaviors in response to their doctor’s recommendations, particularly in the context of a specific health condition. For example, one woman reported that she gave up smoking because her doctor told her it contributed to her gastritis. Another began eating liver because her doctor said it would help her pregnancy.

For other lifestyle changes, recommendations from friends and family members seemed to be most effective; women mentioned learning about the benefits of water from their mothers, sisters, and women friends. They were also open to receiving new information (particularly nutritious recipes) from magazines and television. Some also mentioned that they changed their behavior based on recommendations made by their children’s teachers.

Participants appeared to prefer Spanish-language media sources. When asked to provide appropriate channels for disseminating information about calcium and osteoporosis, many mentioned a variety of magazines, television and radio programs, most of which were in Spanish. When possible these women pick up the Spanish versions of national magazines, otherwise they read them in English. When it comes to news, however, many mothers said they primarily watch the news in English. The following is a list of specific media recommendations made by participants:

Television

- Channel 2 (a Spanish language television channel)
- *Vaya Central* (a morning television program with a female doctor who gives advice to Latino women)
- *Espirita America* (television morning news magazine program that often has health information)
- *Discovery Channel*
- *The Food Channel*
- *The Learning Channel*
- *20/20*
- *Oprah*
- *Cristina* (the Spanish version)

Radio

- *Radio Bilingue* (bilingual radio)
- *La Que Buena* (Spanish radio)
- *La Mexicana* (Spanish radio)
- Radio station 1020 (Spanish radio)
- Radio station 90.3 (Spanish radio)

Magazines (in Spanish when possible)

- *Vanidades*
- *Women's World*
- *Woman's Day*
- *Family Circle*
- *Ladies' Home Journal*
- *Reader's Digest*
- *Health and Fitness*
- *McCalls*
- *Glamour*
- *Cosmopolitan*
- *Red Book*

Those who had received health advice, pamphlets, and brochures from the Women, Infants and Children (WIC) Supplemental Nutrition Program or other government health programs and clinics regarded these as highly credible sources. Some indicated it had influenced their behavior. A few women said that they go to libraries to get books, but that it is difficult to find books in Spanish.

Schools and churches are the community institutions that these women are most involved in, and these are seen as good channels to distribute health information in their community. Some mentioned that they changed their behavior in the past based on recommendations made by their children's teachers. They also said that open markets (or swap meets) are good ways to reach people, particularly poorer people who do not go to doctors regularly or do not read pamphlets. Some added that this information could also be disseminated at stores and shopping centers. One woman mentioned that having a representative at the supermarket or making information about nutrition available at the supermarket where they shop would be helpful. Participants said they usually shop at the following supermarkets:

- Food for Less
- Food Land
- Food Max
- Safeway
- Save Mart
- Vons

Community Health Concerns

Mothers recruited into the opinion leader groups (one group in each location) were asked about their health concerns for their communities and what they could do to make their communities healthier by persuading others to increase calcium consumption.

Community concerns of mothers in the three opinion leader groups, included: people in their communities not having enough to eat and not getting help for fear of being deported, lack of hygiene and unacceptable trash disposal in their communities, lack of supervision of children in their neighborhoods, and feeling unsafe in their neighborhoods. These women were also concerned about obesity, diabetes, anemia, menopause, high cholesterol, and overall poor nutrition.

Overall, these women struggled to provide examples of how they could personally help make their communities healthier. Some said they would just get more involved in the community and participate more. Some of the ways they said they could get involved included: setting up a church-based community day care facility, starting a walking club, starting a session for health educators to

speak to groups of women, distributing pamphlets about calcium and nutrition, and just talking with other mothers about nutrition. One participant thought she could start some type of nutrition program. Another participant thought she could positively influence what children are served for meals in school via her role on the school board. Several women said talking to their children about healthy habits is an important way to influence the health of their community.

**Screener for Project LEAN
September 11, 2000**

Respondent Name: _____

Address: _____

City: _____ Zip Code: _____

Phone (Day): _____ Phone (Eve): _____

(In-person focus groups: Recruit 12 for 8-9 participation)

| Group | Date | Location | Time |
|-------|---------|--------------------|------|
| 1 | 9/25/00 | Fresno-Moms | 3 PM |
| 2 | 9/25/00 | Fresno-Moms | 6 PM |
| 3 | 9/25/00 | Fresno-Op. Ldrs. | 8 PM |
| 4 | 9/26/00 | Pacoima-Moms | 3 PM |
| 5 | 9/26/00 | Pacoima-Moms | 6 PM |
| 6 | 9/26/00 | Pacoima-Op. Ldrs | 8 PM |
| 7 | 9/27/00 | Riverside-Moms | 3 PM |
| 8 | 9/27/00 | Riverside-Moms | 6 PM |
| 9 | 9/27/00 | Riverside-Op. Ldrs | 8 PM |

[ALL GROUPS TO BE RECRUITED IN SPANISH. ALL GROUPS WILL BE HELD IN SPANISH]

Hello. My name is _____. I am calling on behalf of a non-profit organization that is concerned about women's health. We are conducting a study that will benefit women in the state of California and need your help. I want to assure you that we are not selling anything and that your responses will be kept strictly confidential. This will take only a few minutes of your time.

Is there a woman in your household age 18 or older? May I speak with her?
(REPEAT INTRODUCTION)

1. Which of the following best describes your age? **[RECRUIT MIX OF AGES]**
- | | |
|----------|--|
| Under 25 | <input type="checkbox"/> THANK & TERMINATE |
| 25-29 | <input type="checkbox"/> CONTINUE |
| 30-34 | <input type="checkbox"/> CONTINUE |
| 35-39 | <input type="checkbox"/> CONTINUE |
| 40-44 | <input type="checkbox"/> CONTINUE |
| 45+ | <input type="checkbox"/> THANK & TERMINATE |
2. Which of the following best describes your race or ethnicity? **[READ LIST; RECRUIT ONLY HISPANIC WOMEN]**
- | | |
|-------------------------------|--|
| White or Caucasian | <input type="checkbox"/> THANK & TERMINATE |
| Black/African-American | <input type="checkbox"/> THANK & TERMINATE |
| Latino/Hispanic | <input type="checkbox"/> CONTINUE |
| Asian | <input type="checkbox"/> THANK & TERMINATE |
| Native American/Alaska Native | <input type="checkbox"/> THANK & TERMINATE |
3. How many children do you have living at home between the ages of 5 – 17?
- | | |
|-------------|--|
| None | <input type="checkbox"/> THANK & TERMINATE |
| 1-2 | <input type="checkbox"/> CONTINUE |
| 3-4 | <input type="checkbox"/> CONTINUE |
| More than 4 | <input type="checkbox"/> CONTINUE |
4. What is your marital status?
- | | |
|--------------------------|---|
| Married | <input type="checkbox"/> CONTINUE |
| Single | <input type="checkbox"/> RECRUIT NO MORE THAN 3 |
| Divorced/Separated/Widow | <input type="checkbox"/> CONTINUE |
5. What is your or your ancestors' country of origin? **[RECRUIT ONLY MEXICAN AMERICAN WOMEN]**
-

6. How long have you lived in the U.S.?
 Less than 3 years () THANK & TERMINATE
 3 or more years () CONTINUE
7. What language do you speak most often at home? Would you say you speak mainly Spanish, mainly English, or Spanish and English equally?
 Spanish () CONTINUE
 Spanish & English equally () THANK & TERMINATE
 English () THANK & TERMINATE
8. In total, about how many hours each week do you spend watching Spanish-language television, listening to Spanish-language radio or reading Spanish newspapers and magazines.
 8 hours or more () CONTINUE
 Less than 8 hours () THANK & TERMINATE
9. I'm going to read a list of statements. For each, please tell me how often you do these things. For each thing I mention, please tell me whether you do this Often, Sometimes or Never.

| STATEMENT | Often | Some times | Never |
|---|-------|------------|-------|
| a. Read and watch stories about health and nutrition. | | | |
| b. Talk about health issues with your friends and family. | | | |
| c. Try new products or foods that may improve your health or your family's health. | | | |
| d. Get involved in activities that make your community a better place to live, such as neighborhood, school or church groups. | | | |

RECRUIT FOR OP. LDR. GROUP (8 p.m.) IF RESPONDENT SAYS OFTEN TO STATEMENT D AND AT LEAST ONE OTHER STATEMENT.
ELSE RECRUIT FOR MOM GROUPS (4 p.m. & 6 p.m.)

10. I have a few other background questions to ask you. Which of the following best describes your highest level of education? **[READ LIST]**

- I did not graduate from high school () CONTINUE
- I am a high school graduate () CONTINUE
- I took some trade school/junior/community college or college classes but did not graduate () CONTINUE
- I am a trade school graduate () CONTINUE
- I graduated from a junior/community college () CONTINUE
- I have a college degree () THANK & TERMINATE
- I have taken post-graduate courses () THANK & TERMINATE

11. Which of the following best describes your annual household income before taxes? **[READ]**

| | | |
|----------------------|-----|-------------------|
| Under \$5,000 | () | CONTINUE |
| \$5,000 to \$17,999 | () | CONTINUE |
| \$18,000 to \$25,000 | () | CONTINUE |
| Over \$25,000 | () | THANK & TERMINATE |

12. Are you or is anyone in your immediate family or household employed in any of the following settings?

| Setting | Yes | No |
|---|-------------------|----------|
| Marketing research, marketing | THANK & TERMINATE | CONTINUE |
| Advertising, public relations | THANK & TERMINATE | CONTINUE |
| The healthcare industry or any health setting | THANK & TERMINATE | CONTINUE |

13. Have you ever participated in a focus group discussion or been paid to be part of a discussion group?

- No () CONTINUE
- Yes () GO TO Q-15

14. How long ago was that?

More than six months ago () INVITE

Six months ago or less () THANK & TERMINATE

15. In your opinion, what is the best thing about living in California? Anything else?

[RECORD EXACT RESPONSE; PARTICIPANTS MUST BE ABLE TO ARTICULATE AND SPEAK SPANISH FLUENTLY.]

| |
|--|
| |
| |
| |
| |
| |

INVITATION

We are conducting research among women like you to discuss women’s health issues. We would like to invite you to participate in a group discussion. Your opinions will be very important to our research. This is not a sales meeting. No one will try to sell you anything and we want to assure you that your responses will be kept confidential.

The discussion will be conducted in Spanish.

This discussion will last approximately two hours. Refreshments will be served (4 p.m. & 8 p.m.); a light dinner will be served (6 PM).

As I mentioned, your opinions will be very important to our research project, and we will give you \$_____ for your participation.

The discussion will be held at :

| Group | Date | Location | Time | Will attend |
|-------|---------|--------------------|------|-------------|
| 1 | 9/25/00 | Fresno-Moms | 3 PM | |
| 2 | 9/25/00 | Fresno-Moms | 6 PM | |
| 3 | 9/25/00 | Fresno-Op. Ldrs. | 8 PM | |
| 4 | 9/26/00 | Pacoima-Moms | 3 PM | |
| 5 | 9/26/00 | Pacoima-Moms | 6 PM | |
| 6 | 9/26/00 | Pacoima-Op. Ldrs | 8 PM | |
| 7 | 9/27/00 | Riverside-Moms | 3 PM | |
| 8 | 9/27/00 | Riverside-Moms | 6 PM | |
| 9 | 9/27/00 | Riverside-Op. Ldrs | 8 PM | |

16. Will you be able to attend?

Yes () FILL IN TIME and RESPONDENT INFORMATION ON PAGE ONE; CHECK APPROPRIATE GROUP DATE & TIME

No () THANK & TERMINATE

You will receive a confirmation letter two to three days before the group is held. It will include directions to the location where the discussion will be held. Thank you very much for accepting our invitation. **If you use glasses for reading, please bring them with you.** It is very important that you arrive on time. If, for any reason, you have to cancel, please call us at _____ so we can find someone to replace you. Please do not seek your own replacement.

Recruiter: _____

Date: _____

Confirmed by: _____

Date: _____

Project Lean Focus Group
MODERATOR'S GUIDE:

September 20, 2000
TIME: 120 minutes

I. EXPLANATION AND INTRODUCTIONS (10 MINUTES)

1. Moderator introduction
2. Thank participants for their time and help; stress the importance of the cause and value of their input.
3. Our topic today: Some health issues that affect your family.
4. "Rules": No right or wrong answers; no consensus needed; all opinions wanted; honesty, confidentiality.
5. Audio-taping, one-way mirror, observers.
6. Restrooms, refreshments, beepers/cell phones.
7. Before we begin the discussion, please introduce yourself. Tell us:
 - Your first name, your family (family composition)
 - Hobby, work or favorite food
 - **MODERATOR: IF THEY TALK ABOUT WORK ASK THEM WHAT ELSE THEY DO BESIDES WORK. TRY TO GET A SENSE OF WHAT THEIR TYPICAL DAY LOOKS LIKE**

SECTION 2: FACTORS IN FOOD PURCHASE AND CONSUMPTION (25 MINUTES)

1. Who typically does the grocery shopping in your household? Where do you (or person responsible) shop? Why?

PROBES:
Price?
Convenience?
Selection
Other?

2. What are some of the factors that determine what types of groceries are bought for your family?

PROBES:

Do you usually buy the same products or new products? Why?

Under what circumstances do you buy new products?

Price?

Coupons?

Who influences/decides what food gets purchased for your family?

Who determines your family's grocery budget?

3. Who in your household does most of the food preparation and cooking? How much time do you spend cooking/preparing meals for your family?

- 3a. What meals do you eat together as a family?

- 3b. Please describe sample breakfast meals that you prepare for your children? Is there a difference between what you prepare on weekdays and weekends? What is that difference?

4. What are some of your favorite meals to make for your family?

PROBE: Are there any traditional Mexican foods you like to prepare for your family?

Why?

5. Have you ever served your family a new dish or meal? What did they think of it? Do they like trying new foods?

6. Do you think what you feed your family affects their health? How? Are there any foods you make an extra effort to feed them for health reasons? Which ones?

- 6a. Are there any foods that you try to avoid preparing? What are they?

SECTION 2: OSTEOPOROSIS (5-10 minutes)

1. Have you ever heard about a disease called osteoporosis? IF YES: What do you know about it?

PROBES:

What is it?

What are the causes?

How do you think people get osteoporosis?

Who gets the disease?

EXPLAIN: *Osteoporosis is a thinning or weakening of the bones, which increases your risk of getting fractures or broken bones.*

3. Do you think that you or your family members may be at risk for osteoporosis? IF YES: Ask which family members and why they are at risk.

To reduce your risk of osteoporosis, you have to do 2 things – (1) eat or drink more calcium-rich foods and (2) get more exercise. The health department of the state of California has determined that most women and their families are not getting enough calcium and enough physical activity, which places them at risk for osteoporosis. We'd like your help in figuring out how we can help Latino women and their families reduce their risk of getting osteoporosis by eating and drinking more calcium-rich foods.

On average, every American woman has a one-in-two chance of suffering an osteoporosis-related hip, spine or wrist fracture.

20 percent of those with an osteoporosis-related hip fracture die within a year of their injury.

SECTION 3: BEHAVIORAL RECOMMENDATIONS FOR CALCIUM

We're now going to talk about some different ways that you can increase the amount of calcium your family gets. After each one, I'm going to get your opinions and ask you some questions.

- **Drink a glass of low-fat milk everyday with your children. (25 minutes)**

1. Do you currently drink glasses of milk? How often? How many glasses a day?

[IF NOT...] what do you drink instead of milk?

PROBE: How many are drinking low-fat milk (one percent low-fat milk, two percent, or whole (regular) milk. Why?

2. Are there any other ways in which you use milk? What are they?
3. About how much milk do you consume a day? Do your children drink glasses of milk? How often? How many glasses a day?
4. Do you think you could drink an extra glass of low fat milk each day? Could you make this a daily habit? Why or why not? How about your children?

Probe: Barriers like lactose intolerance or upset stomach, etc. If they mention lactose intolerance, find out who it affects. Do they still provide milk to their children if they experience symptoms of lactose intolerance?

MODERATOR:

1. GET RESPONSES AS TO WHY THIS IS EASY OR DIFFICULT. (esp. COST, TASTE, AVAILABILITY). SEPARATE BARRIERS AGAINST LOW-FAT MILK FROM THOSE AGAINST MILK IN GENERAL.
2. DISTINGUISH BETWEEN BARRIERS FOR MOTHERS AND THOSE FOR CHILDREN.

5. If you were going to drink a glass/add a glass of low fat milk everyday, how would you do it? When would you and your children drink it?

PROBE:

Mealtimes? What do you and your family currently drink with meals? Could you replace that?

Liquidados?

Warm milk at night?

- 5a. What are the benefits of drinking milk? Are there different benefits for you and your children? What benefits? How are they different?

6. Let's talk a little about *liquidados*? Do you drink them? Do your children drink them? **[MODERATOR: TAKE TIME TO EXPLORE THIS THOROUGHLY.]**

PROBE:

When? Regularly—how often? On special occasions? What time of day?

Do you like them? Do your children like them?

Do you like giving them to your children? Why/why not?

Who makes them? How (what ingredients)? Have you ever used flavoring packages to make them? What fruits do you use?

Could you drink them regularly? Why/why not? IF YES: When?

Could you give them to your children on a regular basis? Why/ why not? IF YES:

When?

- 6a. What are the benefits of drinking *liquidados*? Are the benefits different for you and your children? How are they different?

7. Is there anything that could be done to make it easier for you and your children to add a glass of low fat milk or a *liquidado* to your diet everyday.

PROBE ONLY IF THERE ARE NO UNAIDED RESPONSES:

Coupons?

Assurances that low-fat milk is as nutritious as whole milk?

Additional information—e.g. where to buy, how much to drink, recipes, etc.

- **Have one glass of 100 percent juice with calcium with your family everyday. (25 minutes)**

EXPLAIN: So this message is asking you to drink juices that have calcium added to them? The packages say: "Calcium Added" or "As much calcium as milk." We are talking only about 100 percent juices, not juice drinks/punches.

1. Have you seen them? Where?

PROBE AWARENESS LEVELS OF FORTIFIED JUICES

2. Do you or your children drink these juices that have calcium added to them? **IF YES:** How often? What types of juices with calcium added do you drink?

3. Do you or your children drink 100 percent juices—without added calcium?

IF YES, PROBE:

Who drinks—self or children?

How often?

What types of 100 percent juices do you drink? [SEE IF THEY GET BRAND NAME JUICES OR GENERIC ONES. IF BRAND PREFERENCE, GET SPECIFIC BRAND NAMES.]

When?

4. Do you think you can add a glass of juice with calcium to your diet? Could you make this a daily habit? Why or why not? How about your children?

MODERATOR:

GET RESPONSES AS TO WHY THIS IS EASY OR DIFFICULT.

DISTINGUISH BETWEEN BARRIERS FOR MOTHERS AND THOSE FOR CHILDREN.

DISTINGUISH BETWEEN BARRIERS TO JUICES VS. BARRIERS TO CALCIUM-FORTIFIED JUICES.

5. If you and your children were going to drink a glass of natural juice with calcium everyday, how would you do it?

PROBE:

When and where would you purchase it?

When would you drink?

Mealtimes? What do you and your family currently drink with meals? Could you replace that?

6. Is there anything that could be done to make it easier to make this recommendation a habit for you and your family?

PROBES:

Increase availability of juices with calcium added

Coupons to offset cost

Additional information—e.g. where to buy, how much to drink, etc.

7. Are there other ways that you could add more calcium to your diet and help your children eat or drink more foods with calcium? What are these?

8. We've talked about three ways to get more calcium in our daily lives. Of the three options, which do you think other women like you would be more willing to do? Why?
- Daily drink an extra glass of low-fat milk
 - Daily drink an extra glass of 100 percent juice with calcium
 - Daily drink a *liquado* made with low-fat milk

SECTION 4: SOCIAL INFLUENCES/COMMUNITY CHANNELS & NETWORKS (25 minutes)

1. Have you ever started a new habit because you believed it would be good for your health or your family's health? This could be anything from quitting smoking to drinking more water in a day.

IF YES, PROBE: What made you start this new habit? Was it difficult for you? Are you still doing it? Did you make this change for yourself or for your family?

IF NOT: What would make you start a new habit like some of the ones we discussed today?

2. Who are the people you usually talk with about new things that impact the health of you and your family? Whose recommendation would you need to actually try something new?

PROBE: Friends and family members (who—mothers, children, peers, other health opinion leaders)

Doctors

GET SPECIFIC, eg. What family members, what kinds of doctors, etc.

3. Where do you get information about keeping yourself and your family healthy?

PROBE AS NECESSARY:

Pamphlets, etc. (from where)

Churches

Health clinics

Community program such as health fairs

Any local newspapers, newsletters, radio programs, news programs or bulletin board? Which ones? When?

(MODERATOR NOTE: COLLECT VERY SPECIFIC INFORMATION ON LOCAL PROGRAMS, RESOURCES AND MEDIA)

- 3a. Do you believe that you have the ability to influence the health of your family?
4. Which of these sources you mentioned are more credible to you? Why? Which do you trust least? Why?
5. What community groups, churches or other organizations are you involved with, if any? (MODERATOR NOTE: COLLECT SPECIFIC INFORMATION/NAMES)
6. What are some of the places in your community where this kind of health information could be distributed.

SECTION 5: ADDITIONAL QUESTIONS FOR OPINION LEADERS (10-15 MINUTES)

1. **What are some of the main concerns for your community?**
(IF NECESSARY, CLARIFY: FOR HISPANICS IN FRESNO/PACOIMA/RIVERSIDE).

GIVE ONLY A MINUTE OR TWO. LISTEN FOR: ISSUES RELATED TO WELLNESS, PREVENTION, NUTRITION, EXERCISE.
2. **What are some of the main health concerns for your community?**

PROBES:
What role does nutrition play in these?
3. **What are some of the things you can do to make your community healthier by consuming more calcium and exercising more?**

PROBES:
Learning more about health and nutrition.
Encouraging healthy practices in my family.
Learning more about these issues. From whom?
Talking with others about these issues. To whom?
Organizing people so they can adopt healthy behaviors as a group – shopping together, sharing healthy recipes.
Advocating for changes that make these behaviors possible. What changes?

SECTION 6: TIPS (10 minutes)

We talked about several recommendations today for you and your family. Do you think you could try doing one of these recommendations for one week? I'm going to give you a handout with the recommendations that we talked about today on them. I'd like you to pick one and try it for a week. Then, with your permission, we'd like to call you back one

week from today and ask whether you were able to do it. We're doing this because often, until you try to do something, you don't realize how easy or difficult it—so, we'd like you to try it and tell us how well it worked for you and your family.

Hand out sheets and collect them back. Completed sheets should have name, phone number, behavior, and preferred time to call.

SECTION 7: THANKS AND CLOSE

Project Lean Focus Group
GUIA DEL MODERADOR:

20 de Septiembre del 2000
Tiempo: 120 minutos

I. EXPLICACIÓN E INTRODUCCIONES (10 MINUTOS)

1. Introducción del Moderador
2. Dar las gracias a los participantes por su tiempo y su ayuda; reafirmen la importancia de esta causa y el valor de lo que ellos compartan.
3. Nuestro tema el día de hoy: Algunos temas de salud que afectan a su familia.
4. “Reglas”: No hay respuestas correctas ni incorrectas; no se necesita tener un consenso general; queremos todas sus opiniones; que sean honestos, confidencialidad.
5. Grabando por medio de audio, espejo de una vista, observadores.
6. Baños, refrigerios/bebidas, beepers/ teléfonos celulares,
7. Antes de que comencemos con nuestra plática, por favor den una breve introducción (de cada uno de los participantes), por favor preséntense. Díganos:
 - Su primer nombre, su familia (de cuantas personas comprende su familia)
 - Hobby/pasatiempos, trabajo o comida favorita
 - **MODERADOR: SI HABLAN ACERCA DE SU TRABAJO, PREGÚNTENLES QUE OTRA COSA HACEN APARTE DE SU TRABAJO. TRATEN DE OBTENER UNA IDEA DE CÓMO ES UN DIA TIPICO/NORMAL PARA ELLOS.**

SECCIÓN 2: FACTORES EN LA COMPRA Y EL CONSUMO DE COMIDA (25 MINUTOS)

1. ¿Normalmente quien hace las compras del supermercado/mandado en su casa/hogar? ¿Dónde va usted (o la persona responsable) para hacer las compras? ¿Porque?

INDAGAR:

- ¿Precio?
- ¿Conveniencia?
- ¿Selección?
- ¿Otro?

2. ¿Cuáles son algunos de los factores que determinan el tipo de comestibles/mandado que es comprado por su familia?

INDAGAR:

- ¿Normalmente compra los mismos productos o productos nuevos? ¿Porque?
- ¿Bajo que circunstancias compran ustedes productos nuevos?
- ¿Precio?
- ¿Cupones?
- ¿Quién influencia /decide que comida es la que se compra para su familia?
- ¿Quién determina el presupuesto de los comestibles/el mandado de su familia?

3. ¿Quién o que persona en su casa/hogar prepara o cocina la mayor parte de la comida? ¿Cuánto tiempo se pasan cocinando/preparando comidas para su familia?

- 3a. ¿Qué comidas comen juntos como familia?

- 3b. Por favor describanme un ejemplo del desayuno que ustedes les preparan a sus hijos. ¿Hay alguna diferencia entre lo que usted prepara entre semana y en fin de semana? ¿Cuál es la diferencia?

4. ¿Cuáles son algunas de sus comidas favoritas que a ustedes les gusta preparar para su familia?

INDAGAR: ¿Hay alguna comida Mexicana tradicional que les gusta preparar para su familia? ¿Cuál es?

5. ¿Alguna vez le han servido una comida o platillo nuevo a su familia? ¿Qué pensaron acerca de ello?
¿Les gusta probar comidas nuevas?

6. ¿Creen ustedes que lo que les dan de comer a su familia les afecta su salud?
¿Como? ¿Hay alguna comida que ustedes preparan con esfuerzo adicional para que ellos coman mas saludable? ¿Cuáles son?

- 6a. ¿Hay alguna(s) comida(s) que usted evita preparar? ¿Cuáles son?

SECCION 2: OSTEOPOROSIS (5-10 minutos)

1. ¿Alguna vez han oído hablar de una enfermedad llamada osteoporosis? SI SI:
¿Qué saben acerca de ello?

INDAGAR:

- ¿Qué es?
- ¿Cuáles son las causas?
- ¿Cómo creen que la gente contraiga osteoporosis?
- ¿A quien le da esta enfermedad?

EXPLICAR: *Osteoporosis es la debilitación de los huesos, el cual incrementa su riesgo de fracturas o huesos rotos.*

2. ¿Cree que usted o su familia pueden estar en riesgo de tener osteoporosis? SI SI: Preguntar que miembros de la familia y porque están en riesgo.

Para disminuir su riesgo de osteoporosis, usted tiene que hacer 2 cosas – (1) comer o tomar mas comidas ricas en calcio y (2) hacer más ejercicio. El departamento de salud del estado de California ha determinado que la mayoría de las mujeres y sus familias no están obteniendo suficiente calcio y suficiente actividad física, las cuales las ponen en riesgo de osteoporosis. Quisiéramos su ayuda en tratar de ver como podemos ayudarle a las mujeres Latinas y a sus familias a reducir el riesgo de contraer osteoporosis comiendo y tomando mas comidas ricas en calcio.

En promedio, cada mujer Americana tiene la posibilidad de uno en dos de sufrir una fractura relacionada a osteoporosis en la cadera, espina o muñeca.

20 Por ciento de las personas con una fractura de la cadera relacionada a osteoporosis muere dentro de un año del tiempo de su lesión.

SECCIÓN 3: RECOMENDACIONES DEL COMPORTAMIENTO PARA EL CALCIO

Ahora, vamos a platicar un poco sobre las diferentes maneras que usted puede incrementar la cantidad de calcio que obtiene su familia. Después de cada uno, les voy a pedir sus opiniones y hacerles algunas preguntas.

- **Tomar un vaso de leche baja en grasas todos los días con sus niños. (25 minutos)**

1. ¿Actualmente toma vasos con leche? ¿Qué tan seguido? ¿Cuántos vasos al día?

[SI NO...] ¿Qué toma en vez de leche?

INDAGAR: ¿Cuántos de ustedes toman leche baja en grasas (uno por ciento leche *low-fat*, dos pro ciento, or leche entera (regular)? ¿Porque?

2. ¿Hay algunas otras maneras en la cual ustedes usan la leche? ¿Cuáles son?
3. ¿Cómo cuanta leche consume al día? ¿Sus hijos toman vasos con leche? ¿Qué tan seguido? ¿Cuántos vasos al día?
4. ¿Creen ustedes que pueden tomar un vaso de leche baja en grasas adicional (extra) al día? ¿Podrían hacer de esto un habito diario? ¿Porqué o porque no? ¿Y sus hijos?

Indagar: Barreras como intolerancia a lácteos o malestar estomacal, etc. Si mencionan intolerancia a lácteos, averigüen a quien les afecta. ¿Le siguen proporcionado lecha a sus niños si tienen experiencia de con síntomas de intolerancia de lácteos?

MODERADOR:

1. OBTENGAN RESPUESTAS DEL PORQUE ESTO ES FACIL O DIFÍCIL. (esp. COSTO, SABOR, DISPONIBILIDAD). OTRAS BARRERAS EN CONTRA DE LA LECHE BAJA EN GRASAS APARTE DE LA LECHE EN GENERAL.
 2. DISTINGUIR ENTRE LAS BARRERAS PARA LAS MADRES Y LOS HIJOS.
5. Si fuesen a tomarse un vaso de leche/añadir un vaso de leche baja en grasas diariamente, ¿cómo lo harían? ¿Cuándo de la tomarían usted y sus hijos?

INDAGAR:

¿A la hora de las comidas? ¿Actualmente que es lo que toman usted y su familia con la comida? ¿Lo podría reemplazar?
¿Licuados? ¿Leche caliente en la noche?

- 5a. ¿Cuáles son los beneficios de tomar leche? ¿Hay algunos beneficios para usted y sus niños? ¿Que beneficios? ¿Cómo son diferentes?
6. Hablemos un poco sobre los licuados. ¿Se los toman? ¿Se los toman sus hijos?
[MODERADOR: TOMEN TIEMPO PARA EXPLORAR ESTO A FONDO.]

INDAGAR:

¿Cuando? Regularmente – ¿qué tan seguido / frecuente? ¿En ocasiones especiales? ¿A que hora del día?
¿Les gusta? ¿Les gusta a sus niños?
¿Les gusta dárselo a sus hijos? ¿Por qué / porque no?
¿Quién los hace? ¿Cómo los hacen (que ingredientes)? ¿Alguna vez ha usado paquetes con sabores para hacerlos? ¿Qué frutas usan?
¿Los podría tomar regularmente? ¿Por qué/ porque no? SI SI: ¿Cuando?
¿Se los podría dar regularmente a sus hijos? ¿Por qué/ porque no? SI SI:
¿Cuando?

- 6a. ¿Cuáles son los beneficios de tomar licuados? ¿Hay beneficios diferentes para usted y para sus hijos? ¿Cómo son diferentes?
7. ¿Hay alguna cosa que podrían hacer para que fuese más fácil que usted y sus hijos añadieran un vaso de leche bajo en grasas o un licuado a su dieta diaria?

INDAGAR SOLAMENTE SI HAY RESPUESTAS SIN ASISTENCIA:

¿Cupones?

¿Aseguraran que la leche baja en grasas es igual de nutritiva que la leche entera?

Información adicional – i.e. donde comprarla, cuanto tomar, recetas, etc.

- **Todos los días, tome con su familia un vaso de jugo de naranja natural con calcio.**
(25 minutos)

EXPLICAR: ¿Entonces este mensaje les esta pidiendo que tomen jugos con calcio? Los paquetes dicen: “Calcium Added” Calcio Añadido o “As much calcium as milk”, con el mismo calcio que la leche. Estamos hablando de jugos naturales, no de las bebidas de fruta.

8. ¿Los han visto? ¿Donde?

INDAGAR LOS NIVELES DE CONOCIMIENTO DEL JUGO FORTIFICADO

9. ¿Ya sea usted o sus hijos toman estos jugos que tiene calcio añadido a ellos?

SI SI: ¿Qué tan seguido? ¿Qué tipos de jugos con calcio añadido toman?

10. ¿Ya sea usted o sus hijos toman jugos naturales – sin calcio añadido?

SI SI, INDAGAR:

¿Quien lo toma – ellos o los hijos?

¿Qué tan seguido?

¿Qué tipos de jugos naturales toman? [VER SI PROPORCIONAN EL NOMBRE DE LA MARCA O SI ES GENERICO. SI PREFIEREN DE MARCA, OBTENGAN EL NOMBRE DE LA MARCA EN PARTICULAR.]

¿Cuándo?

11. ¿Creen que pueden añadir un vaso de jugo con calcio a su dieta? ¿Lo pueden hacer un habito diario? ¿Por qué o porque no? ¿Y sus hijos?

MODERADOR:

OBTENER RESPUESTAS DEL PORQUE ESTO ES FACIL O DIFICIL.

DISTINGUIR ENTRE LAS BARRERAS PARA LAS MADRES Y LOS HIJOS.

DISTINGUIR ENTRE LAS BARRERAS DE JUGOS VS. BARRERAS A JUGOS FORTIFICADOS CON CALCIO.

12. Si usted y sus hijos fueran a tomar un vaso de jugo natural con calcio todos los días, ¿cómo lo harían?

INDAGAR:

¿Dónde y cuando lo comprarían?

¿Cuándo lo toman?

¿A la hora de la comida? ¿Actualmente, qué es lo que toman usted y su familia con las comidas? ¿Lo podrían reemplazar?

13. ¿Que podrían hacer para que fuera más fácil esta recomendación como un hábito para ustedes y su familia?

INDAGAR:

Incrementar la disponibilidad de jugos con calcio añadido

Cupones para disminuir el costo

Información adicional – i.e. donde comprarla, cuanto tomar, etc.

14. ¿Hay otras cosas que pueden hacer para añadir más calcio a su dieta y ayudar a que sus hijos coman y tomen más comidas con calcio? ¿Qué cosas?

15. Hemos hablado sobre tres maneras de cómo obtener más calcio en nuestras vidas diarias. De las tres opciones, ¿cuál de ellas creen ustedes que otras mujeres como ustedes estarían dispuestas a hacer? ¿Porque?

- Tomar un vaso de leche adicional / extra
- Tomar jugos naturales con calcio
- Tomar licuados

SECCION 4: INFLUENCIAS SOCIALES/CANALES DE LA COMUNIDAD & REDES (25 minutos)

1. ¿Alguna vez ha comenzado un hábito nuevo porque creyó que sería bueno para su salud o la salud de su familia? Esto podría ser cualquier cosa como dejar de fumar o tomar más agua durante el día.

SI SI, INDAGAR: ¿Qué hizo que comenzaran este nuevo hábito? ¿Fue difícil para ustedes? ¿Lo siguen haciendo? ¿Hicieron este cambio por sí mismos o por su familia?

SI NO: ¿Qué cosa haría que ustedes comenzaran un nuevo hábito como los que hemos platicado el día de hoy?

2. ¿Quiénes son las personas con las que normalmente hablan acerca de cosas nuevas que impactan su salud y la de su familia? ¿De quien tendría que venir una recomendación para que ustedes de verdad trataran algo nuevo?

INDAGAR: Amigos y miembros de la familia (quien – madres, hijo, otros líderes de opinión de la salud)

Doctores

SER ESPECIFICOS, i.e. Qué miembros de la familia, que tipos de doctores, etc.

3. ¿Dónde obtienen información acerca de cómo mantenerse ustedes y a su familia saludable?

INDAGAR DE SER NECESARIO:

Folletos, etc (de donde)

Iglesias

Clínicas de Salud

Programas en la comunidad como las ferias de salud

Cualquier periódico local, boletín informativo, programas de radio o pizarra de información “bulletin board?” ¿Cuales? ¿Cuándo?

(NOTA AL MODERADOR: RECOLECTEN INFORMACIÓN MUY ESPECIFICA ACERCA DE PROGRAMAS, RECURSOS Y MEDIOS LOCALES)

- 3a. ¿Creen ustedes que tiene la habilidad de influenciar la salud de su familia?

4. De los recursos que se mencionaron, ¿cuál de ellos es el más creíble para ustedes? ¿Porque? ¿Cuál es del que menos confía? ¿Porque?

5. De haber alguno, ¿con qué grupos de la comunidad, iglesias u otras organizaciones están ustedes envueltos? (NOTA AL MODERADOR : RECOLECTEN INFORMACIÓN/NOMBRES ESPECIFICOS)

6. ¿Cuales son algunos de los lugares dentro de su comunidad donde este tipo de información de la salud podría ser distribuido?

SECCION 5: PREGUNTAS ADICIONALES PARA LOS LIDERES DE OPINIÓN (10-15 MINUTOS)

1. **¿Cuáles son algunas de las principales preocupaciones para su comunidad? (DE SER NECESARIO, ACLARAR: PARA HISPANOS EN FRESNO/PACOIMA/RIVERSIDE).**

SOLO DEN UN MINUTO O DOS. ESCUCHEN: TEMAS RELACIONADOS A ESTAR SALUDABLES, PREVENCIÓN, NUTRICION Y EJERCICIO.

2. **¿Cuáles son algunas de las principales preocupaciones de salud para su comunidad?**

INDAGAR:

¿Qué papel juega la nutrición en estos?

3. **¿Cuales son algunas de las cosas que ustedes pueden hacer para que su comunidad sea más saludable consumiendo mas calcio y haciendo mas ejercicio?**

INDAGAR:

Aprender mas acerca de la salud y la nutrición.

Alentar practicas más saludables en mi familia.

Aprender mas acerca de estos temas. ¿De quien?

Hablar con otros acerca de estos temas. ¿Para quien?

Organizar a gente para que como grupo puedan adoptar comportamientos mas saludables – ir de compras juntos, compartiendo recetas saludables.

Promoviendo los cambios para hacer posible estos comportamientos.

¿Qué cambios?

SECCION 6: TIPS (10 minutos)

El día de hoy hemos hablado acerca de varias recomendaciones para usted y su familia. ¿Creen que ustedes podrían tratar una de estas recomendaciones por una semana? Les voy a dar unas hojas y en ellas vienen las recomendaciones de las cuales hablamos el día de hoy. Quisiera que ustedes escogieran una de ellas y la traten por una semana. Después, con su permiso, nos gustaría hablarles en una semana para preguntarles si es que la pudieron seguir o no. Estamos haciendo esto porque con mucha frecuencia hasta que uno no trata algo, no se da cuenta que tan fácil o difícil es – entonces, nos gustaría que lo tratara y que nos diga que tan bien le funciona a usted y a su familia.

Entreguen hojas y después recójanlas. Las hojas completadas deberán tener en nombre, numero de teléfono, comportamiento y la mejor hora para poder llamar.

SECCION 7: GRACIAS Y CIERRE