Food Culture, Nutrition Education, Food Systems and Urban Food Sovereignty

Brooklyn College
Student and Faculty
Collaborative Research Posters
Fall 2020
Exploring ethnic restaurants as site for nutrition interventions: A qualitative study with Hispanic Caribbean restaurants in New York City
Melissa Fuster, PhD,
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**BACKGROUND**
- Hispanic Caribbean (HC) communities (Cubans, Dominicans and Puerto Ricans) have a high prevalence of cardiovascular risk factors linked to eating behaviors.1,2
- HC diets unhealthful aspects include the salience of fried foods, the overreliance on simple starchy foods, and large portion sizes.3
- Food environments influence individuals eating behaviors.4 Restaurants are an increasingly important source of food, particularly for Hispanic communities.5,6
- **Research Gap:** Public health intervention focus on large-chain restaurants. Ethnic community restaurants are a largely uncharted area of research.7,9

**Objectives:**
- Examine HC restaurant cooks/chefs’ and owners’ attitudes concerning the healthfulness of the HC diet, diet-related health disparities in the HC community, and their perceived role in tackling these issues
- Document factors potentially influencing their participation in future food environment improvement interventions.

**METHODS**
- Qualitative study: Semi-structured Key Informant (KI) interviews with owners, managers and cooks serving HC food in New York City (n=19).
- Recruitment: Snowball approach, starting with community networks in HC-dense NYC neighborhoods, focusing on HC communities in NYC.
- Iterative content analysis, including Atlas.ti

**RESULTS**

**Sample Description**

<table>
<thead>
<tr>
<th>Table 1. Sample Characteristics (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restaurant Characteristics:</strong></td>
</tr>
<tr>
<td>Type of restaurant</td>
</tr>
<tr>
<td>Waiter service/sit-down</td>
</tr>
<tr>
<td>Counter-style/take-out</td>
</tr>
<tr>
<td>Other (food stand / catering)</td>
</tr>
<tr>
<td>Cuisine:</td>
</tr>
<tr>
<td>Dominican</td>
</tr>
<tr>
<td>Puerto Rican</td>
</tr>
<tr>
<td>Cuban</td>
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<td></td>
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</tr>
</tbody>
</table>

**Describing HC Foods**
- First of all, it’s just the culture, a lot of people prefer not to eat a salad instead of all the rice. It’s always the carbs [...] It’s easier and it’s cheaper to make a bowl of rice, beans, and a meat to just buy a salad because it’s so expensive. [...] Every day is getting more expensive [...] It’s harder just to eat healthy these days.
- I mean, I don’t think it’s healthy at all. We have a lot of carbs, A LOT. Everything like fried stuff. I don’t think it’s healthy because to be honest we never grew up so much with vegetables and salad. It’s mostly rice, beans, meat, penal, you know, a lot of good food, but honestly, it’s not healthy.

**Role in community health**
- **Mixed responses, re: perceived role in community health**
- We’re a business so we have to make happy our clients whatever they want to eat. [...] We have options for everybody. Instead of frying things we’ll have steamed. We have brown rice too. We have salad because we know that a lot of people, you know, it’ll help [health] issues. So [if] they have high [blood] pressure, high cholesterol, we’ll have options.
- Salads and non-starchy vegetable offerings
- Steamed and grilled dishes
- Fried foods and salt use

**CONCLUSION**
- There is a potential disconnect between interventions and restaurants: KIs identified several improvements to food offerings, but omitted those usually encouraged in interventions (portion control, promotion of healthier options, provision of nutrition information).
- Engaging ethnic restaurants in the design of interventions can lead to sustainable changes, that will improve nutritional outcomes.

**Future directions:**
- Quantitative assessments of HC restaurant nutrition environments
- Community engaged research engaging customers and wait staff

**WORKS CITED**
7. OHR.

**ACKNOWLEDGEMENTS**
Research Team (K. Guerrero, D. Gomez, G. Acosta) and collaborators (K Ray, T Huang, B Eitel)
Funding: Research support provided by the City University of New York PSC-CUNY Award # 69195-00 47 and the CUNY Diversity Projects Fund Award.

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**Taxing Sugar-Sweetened Beverages in Latin America: A qualitative examination of the Mexican and Chilean experience**

Melissa Fuster1,2, Sahai Burrowes3, Sarah Lewis4, Benjamin McCarthy2, Gordon Shen2,4

1CUNY-Brooklyn College, 2CUNY School of Public Health, 3 Touro University, 4University of California-Berkeley

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**INTRODUCTION**

- The World Health Organization has recommended fiscal policies (taxes and subsidies) as a tool to motivate healthy eating, particularly to address sugar-sweetened beverage (SSB) consumption.1
- Study Objectives: Using Mexico and Chile as case studies, this qualitative research aimed to (1) trace and compare the SSB tax policy process, and (2) examine the role and perspectives of outside government stakeholders in the process (industry, civil society, and researchers).
- The study contributes to past research examining the Chilean and Mexican taxes, and further examines through qualitative approaches.

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**MATERIALS & METHODS**

- Qualitative, cross-sectional study design.
- Data collection: Key informant (KI) interviews via telephone/Skype (Feb-Aug 2018) with 24 KIs involved in the SSB tax policy process.
- Researchers (n=16) 3 2 0
- Civil Society (n=5) 5 5 5
- Food & Beverage industry (n=3) 5 5 5
- Analysis: Two independent coders analyzed the transcripts, emerging and a priori codes, using Dedoose. The results were triangulated and complemented with a document review, including research and newspaper articles, and reports covering the pre- and post-tax periods.

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**RESULTS**

- **The policy change process**
  - **Evidence building**
    - Greater importance in Mexico vs Chile, given pre-existing tax in Chile.
    - Recommended tax rate: 20%
  - **Agenda setting**
    - **Mexico**
      - Advocates: Civil society orgs. (e.g., Mexico: El Poder del Consumidor and Polibien, among others; Chile: Fronte por una reforma saludable, academic/medical institutions.
      - Key Difference: Ministry of Health promotes, whereas Chile opposes.
      - Losing media coverage, favoring SSB industry (Chile).
    - **Chile**
      - Advocates: Private companies, wholesalers.
      - Key: Losing media coverage.
      - **Opposition**
        - Beverages and food industry related associations, some members of the executive and legislative branches (Min of Health in Mexico). Civil society orgs. (e.g., Mexican Diabetes Federation). Key Difference: Ministry of Health promotes, whereas Chile opposes.
        - Losing media coverage, favoring SSB industry (Chile).
      - **Key messages**
        - Negative economic effects, tax as regressive and discriminatory, lack of evidence, foreign influence ("Bloomberg tax" in Mexico).
  - **Design**
    - **Mexico (2013/14) 110 per liter excise tax on any non-alcoholic beverage with added sugar (about 10% increase in price)**
      - **Chile (2014) Increase to 18% value added tax on drinks containing more than 6.25 grams of sugar per 100 ml**
    - **Adoption & implementation**
      - **Mexico**
        - Key: Min of Health and Min of Finance
        - Industry court challenge in Mexico.
      - **Chile**
        - Ongoing
        - Debates about tax success (level of decrease in SSB consumption), and potential consequences (job/industry, effect on the poor).
  - **Evaluation**
    - **Mexico**
      - Overall sense that the tax will stay in place
      - Ongoing debates to increase tax to recommended 20% rate
      - No significant modifications for improved effectiveness (e.g., a tax on all processed foods, better use of revenue, such as directing funds to improve water supply)
    - **Chile**
      - The use of the resources collected by the tax (frames tax) funded the programs for the prevention of obesity, which is something that has not been achieved. (such as access to potable water). Civil Society (Mexico)
      - The tax (is) probably less effective one than [could ideally]. If we want to move to an obesity prevention framework, sins taxes that are more comprehensive and not product specific, [for example] a very good comprehensive tax for all the ultra processed foods, for example. Civil Society (Chile)

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**CONCLUSIONS**

- While SSB taxes are promoted to reduce diet-related conditions, KIs described the tax as a source of revenue, with needed improvements to better address the health outcomes.
- SSB taxes are one part of a larger nutrition policy toolbox.
- Further research to address factors influencing the dissemination of “sin tax” policies, and contrasting perspectives regarding the evidence on the tax effectiveness. Other venues for research include examining unsuccessful cases, and cross-regional comparisons.

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**ACKNOWLEDGEMENTS**

The research was funded by PSC-CUNY Research Award 60806-00-48. The authors wish to thank Dr. Cristóbal Cuadrado Nahum (Universidad de Chile) and Anabel Velasco Bernal (Instituto Nacional de Salud Pública, Mexico) for their guidance during the planning of this study, and Dr. Cristina Alvarez and Lourdes Mortillaro for their assistance during the data collection process. We also are grateful to our key informants for their time and providing their important perspectives for this study.

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**REFERENCES**

3. Chillon, K., An Assessment of the Political Factors Associated with a Tax Increase on Sugar Sweetened Beverages in Chile, in Global Health 2015, Georgetown University, Washington, DC, p. 43.

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**CONTACT**

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Twitter: @MelissaFuster
Brooklyn College Nutrition Clinic: Nutrition Outreach and Education
Roseanne Schnoll, PhD, RD, CDN, Susan Jakuboski MS, RD, CDN
Brett Klein, MSc, RD, CDN Shoshana Grinfeld, BS student, Ella Gilboa, BS student
Department of Health and Nutrition Sciences
Brooklyn College of CUNY, Brooklyn, NY 11210

Abstract
The Brooklyn College Nutrition Clinic provides nutrition counseling to undergraduate and graduate students. The nutrition clinic seeks to improve the nutrition status of the BC student body by providing nutritional counseling; educate students in making healthful food choices to reduce risk for chronic diseases by encouraging dietary behavior change; educate students on menu planning, food selection and preparation techniques; help students to incorporate new eating behaviors into their lifestyle; and provide ongoing support to guide them to self-sufficiency. The clinic provides individual and group counseling for modified diets, computerized nutritional analysis, and education in the prevention of obesity, diabetes, hypertension, and hypercholesterolemia.

Additionally, the Nutrition Clinic provides training for BC dietetic interns and nutrition students. The interns work under the supervision of the Registered Dietitian and provide direct patient care and counseling. In accordance with our learning outcomes, the training has afforded students with experiences that foster knowledge of cultural diversity and promote interaction with culturally diverse clients and professionals. The clinic satisfies a portion of the 250 independent practice hours requirement of the dietetic internship program.

Nutrition Clinic Mission Statement
The Brooklyn College Nutrition Clinic seeks to improve the health and nutrition status of the BC student body by providing nutritional counseling, education and support to reduce the risk for chronic disease. The clinic provides students with access to effective intervention strategies for the promotion of healthy eating and lifestyle behaviors.

Nutrition Clinic Services

Individualized Nutrition Counseling

The Nutrition Clinic has provided individualized counseling sessions to more than 300 students since 2013. Initial consultations provide one hour of personalized assessment and counseling with follow up visits of 15 to 30 minutes depending on client needs. In addition to dietary analysis and body composition calculations, the clinic provides personalized nutrition counseling for the following conditions:

- Weight Loss/Weight gain
- Sports Nutrition
- Diabetes/ Prediabetes
- Hashimoto’s Thyroiditis
- POOS
- Anemia
- Vegetarian/Vegan diet
- Disease Prevention (cancer, diabetes, hypertension, hypercholesterolemia)
- Healthy eating on the go
- Healthy eating on a budget
- IBS
- Prenatal nutrition

Nutrition Education and Cooking Series

The Brooklyn College Nutrition Clinic has a monthly cooking series for students. Workshops focus on budget friendly, easy meal preparation, and easy and nutritious breakfast recipes that can be prepared in advance and in less than five minutes. Participants are given hands on training on how to create nutritious meals and how to adapt recipes for different dietary needs.


definition

FREE Brooklyn College Nutrition Clinic

Brooklyn College nutrition clinic offers FREE nutrition consultations with a registered dietitian!

We will analyze your diet, provide you with nutrition recommendations and develop a plan to help you achieve your goals.

**WHY VISIT US?**

- Addiction Counseling
- Weight Management
- Sports Nutrition
- Macronutrients
- Micronutrients
- Preventative Nutrition
- Healthy eating and more

**Body Composition Assessment**

**Clinic Analysis**

WHERE: Room 326N

WHEN: Monday by appointment only

Tuesday 11am-3pm

Wednesday 10am-2pm

Thursday 12-5pm

Walk-ins welcome or to schedule an appointment

please email: nutritionclinic@brooklyn.cuny.edu

Building a Healthy Plate Workshop

In our healthy plate workshops the Registered Dietitian provides nutrition education about food groups, portion sizes, how to build a healthy plate as well as simple swaps to make over your plate to maximize nutrition. The workshop provides tips and tricks to make simple swaps with healthier ingredients for meals and snacks. Simple swaps can lead to calorie reduction while also boosting nutritional value. We also introduced ways to incorporate fruit, vegetables and fiber to meals while reducing the consumption of processed foods and added sugars.

Simple Swaps

<table>
<thead>
<tr>
<th>FOOD</th>
<th>OLD</th>
<th>NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGG</td>
<td>Full</td>
<td>Half</td>
</tr>
<tr>
<td>TOAST</td>
<td>White</td>
<td>Whole grain</td>
</tr>
<tr>
<td>PASTA</td>
<td>White</td>
<td>Whole grain</td>
</tr>
<tr>
<td>RICE</td>
<td>White</td>
<td>Brown</td>
</tr>
<tr>
<td>BEANS</td>
<td>Canned</td>
<td>Dried</td>
</tr>
<tr>
<td>FROZEN VEGETABLES</td>
<td>FROZEN</td>
<td>FRESH</td>
</tr>
<tr>
<td>CANDIED FRUIT</td>
<td>CANDIED</td>
<td>FRUIT</td>
</tr>
<tr>
<td>CRACKER</td>
<td>Full fat</td>
<td>Low fat</td>
</tr>
<tr>
<td>YOGURT</td>
<td>Full fat</td>
<td>Low fat</td>
</tr>
<tr>
<td>BUTTER</td>
<td>Full fat</td>
<td>Low fat</td>
</tr>
<tr>
<td>CHEESE</td>
<td>Full fat</td>
<td>Low fat</td>
</tr>
<tr>
<td>FRENCH FRIE</td>
<td></td>
<td>LOW-FAT ALTERNATIVE</td>
</tr>
<tr>
<td>SALTED SNACKS</td>
<td></td>
<td>LOW-FAT ALTERNATIVE</td>
</tr>
</tbody>
</table>

PORTION SIZES FOR KIDS

<table>
<thead>
<tr>
<th>FOOD</th>
<th>0-3YR</th>
<th>4-6YR</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEGETABLES</td>
<td>1 1/2 cups</td>
<td>2 cups</td>
</tr>
<tr>
<td>FRUIT</td>
<td>1 cup</td>
<td>2 cups</td>
</tr>
<tr>
<td>GRAINS</td>
<td>1 cup</td>
<td>2 cups</td>
</tr>
<tr>
<td>PROTEIN</td>
<td>2 1/2 cups</td>
<td>3 cups</td>
</tr>
<tr>
<td>DAIRY/CALCIUM</td>
<td>1 cup</td>
<td>2 cups</td>
</tr>
<tr>
<td>OILS</td>
<td>1 teaspoon</td>
<td>2 teaspoons</td>
</tr>
</tbody>
</table>

Student Interns and Volunteers

Brooklyn College Dietetic Internship Independent Practice Rotation

Dietetic interns gain supervised practice experience by providing nutrition counseling, taking anthropometric measurements, developing nutrition education materials and facilitating workshops for our culturally diverse student population.

More than 320 hours of clinical supervision have been provided through the Nutrition Clinic since 2012.

Nutrition Workshop Series

**8 Brooklyn College Cooking Series Workshops**

- **EGG NUTRITION**
  - Tuesday, April 19th, 5-7pm, Brooklyn College Campus
- **AVOCADO NUTRITION**
  - Tuesday, April 26th, 5-7pm, Brooklyn College Campus
- **BROCCOLI NUTRITION**
  - Tuesday, May 3rd, 5-7pm, Brooklyn College Campus
- **GRILLING WORKSHOP**
  - Tuesday, May 10th, 5-7pm, Brooklyn College Campus
- **PANCAKE WORKSHOP**
  - Tuesday, May 17th, 5-7pm, Brooklyn College Campus
- **MUFFIN WORKSHOP**
  - Tuesday, May 24th, 5-7pm, Brooklyn College Campus
- **PIE WORKSHOP**
  - Tuesday, May 31st, 5-7pm, Brooklyn College Campus
- **COOKING WORKSHOP**
  - Tuesday, June 7th, 5-7pm, Brooklyn College Campus

Brooklyn College Nutrition Students are provided the opportunity to gain nutrition experience in the clinic. Students have assisted with marketing, social media campaigns, recruiting, data collection, taking anthropometric measurements, creating resources, data analysis, nutrition education resource development, as well as workshop facilitation and observation of counseling sessions.

More than 500 hours of volunteer opportunities have been provided through the Nutrition Clinic since 2014.
Brooklyn College Nutrition Clinic: 2013-2018
Roseanne Schnoll, PhD, RDN, CDN, Susan Jakuboski MS, RDN, CDN
Brett Klein, MSc, RDN, CDN Shoshana Grinfeld, MS student
Department of Health and Nutrition Sciences
Brooklyn College of CUNY, Brooklyn, NY 11210

Abstract
The nutrition clinic was established in 2012 to address the health and nutrition needs of Brooklyn College students identified in the Freshman Health Initiative Study that was conducted in 2009 and 2010. Data were collected based on the Spring 2013-Spring 2018 participants. A total of 363 students were served (260 females, 103 males), average age 25y. Data analyses revealed that 47% of students were overweight or obese based on BMI categories, 36% of students were overweight or obese based on body fat percentages and 37% had a moderate or high risk of chronic disease based on an elevated waist to hip ratio. In addition, 29% were prehypertensive and 11% had high blood pressure. Seventy percent of students consumed 2 servings or less of fruits per day and 64% of students consumed 2 servings or less of vegetables a day. Fifty-three percent of students reported having moderately high or extremely high stress and 65% of students did not wake feeling rested. The results of this study suggest that the BC student population is at an increased risk for chronic diseases. These findings underscore the need for nutrition intervention and lifestyle modification for the Brooklyn College community.

Methods
Undergraduate students at Brooklyn College, like many urban commuter colleges, have poor eating habits and unhealthy lifestyles, as they report increased stress, decreased sleep, and not enough time to meet nutritional and physical activity recommendations. The eating habits and lifestyles of college students contribute to chronic disease including metabolic syndrome and cardiovascular disease. The goals of the clinic are twofold:

- To provide much needed nutrition counseling to undergraduate and graduate students at Brooklyn College.
- To serve as a platform for training BC dietetic interns enrolled in our Dietetic Internship Program (part of the MS in Nutrition).

Anthropometric Data
- Height
- Weight
- Body Mass Index (BMI)
- Body Fat Percentage
- Waist circumference
- Hip circumference
- Waist to hip ratio (WHR)

Vital Signs
- Blood Pressure
- Diet and Lifestyle Questionnaire

Stages of High Blood Pressure in Adults

Blood Pressure Categories

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Diastolic Blood Pressure</th>
<th>Systolic Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Less Than 80</td>
<td>Less Than 120</td>
</tr>
<tr>
<td>Elevated</td>
<td>90-119</td>
<td>Less Than 120</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>120-159</td>
<td>or 90-120</td>
</tr>
<tr>
<td>Hypertension Stage 1</td>
<td>140-169</td>
<td>or 120-140</td>
</tr>
<tr>
<td>Hypertension Stage 2</td>
<td>160+</td>
<td>or 140+</td>
</tr>
</tbody>
</table>

Blood Pressure Results

<table>
<thead>
<tr>
<th></th>
<th>n=188</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HP1</td>
<td>3%</td>
<td>Unavailable</td>
<td></td>
</tr>
<tr>
<td>HP2</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>43%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prehypertension</td>
<td>29%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diet
- Fruit intake: 72% of students consume 2 servings or less of fruits per day.
- Vegetable intake: 64% of students consume 2 servings or less of vegetables a day.

Activity
- 28% describe their activity level as being fairly inactive or very inactive (n=191)
- 61% do not engage in vigorous exercise for at least 20 minutes, or moderate exercise for 30 minutes or more 5x per week (n=192)
- 44% do not engage in any strength training exercises at all (n=187)

Stress
- 53% of students report having moderately high or extremely high stress levels (n=195)

Sleep
- 67% of students report sleeping less than 7-8 hours a night (n=240)
- 34% of students report sleeping less than 5 hours a night (n=240)
- 65% of students do not wake feeling rested (n=195)

Future Goals
- Continue collaboration with the BC Health Clinic
- Provide more comprehensive care - including compliance follow up visits
- Expand services to include stress management techniques
- Develop and evaluate effective prevention and intervention strategies to promote campus health and wellness
- Expand Farm to Campus CSA
- Expand the Nutrition Clinic into a Wellness Center that will serve students, faculty and staff and serve as a model for other campuses within CUNY
Brooklyn College Nutrition Clinic: How Healthy Are Our Students?
Roseanne Schnoll, PhD, RD, CDN, Susan Jakuboski MS, RD, CDN
Brett Klein, MSc, RD, CDN Shoshana Grinfeld, BS student
Department of Health and Nutrition Sciences
Brooklyn College of CUNY, Brooklyn, NY 11210

Abstract
The nutrition clinic was established in 2012 to address the health and nutrition needs of Brooklyn College students identified in the Freshman Health Initiative Study that was conducted in 2009 and 2010. Data were collected based on the Spring 2013-Spring 2017 participants. A total of 306 students were served (272 females, 94 males), average age 25y. Data analyses revealed that 47% of students were overweight or obese based on BMI scales, 35% of students were overweight or obese based on body fat percentages and 34% had a moderate or high risk of chronic disease based on an elevated waist to hip ratio. In addition, 38% were prehypertensive and 12% had high blood pressure. Seventy percent of students consumed 2 servings or less of fruits per day and 63% of students consumed 2 servings or less of vegetables a day. Fifty-three percent of students reported having moderately high or extremely high stress and 65% of students did not wake feeling rested. The results of this study suggest that the BC student population is at an increased risk for chronic diseases. These findings underscore the need for nutrition intervention and lifestyle modification for the Brooklyn College community.

Method
Undergraduate students at Brooklyn College, like many urban commuter colleges, have poor eating habits and unhealthy lifestyles, as they report increased stress, decreased sleep, and not enough time to meet nutritional and physical activity recommendations. The eating habits and lifestyles of college students contribute to chronic disease including metabolic syndrome and cardiovascular disease. The goals of the clinic are twofold:
- To provide much needed nutrition counseling to undergraduate and graduate students at Brooklyn College
- To serve as a platform for training BC dietetic interns enrolled in our Dietetic Internship Program (part of the MS in Nutrition)

ANTHROPOMETRICS

Body Mass Index

<table>
<thead>
<tr>
<th>Below 18.5 (Underweight)</th>
<th>18.5-24.9 (Normal)</th>
<th>25-29.9 (Overweight)</th>
<th>Above 30 (Obese)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n=129) 10%</td>
<td>(n=293) 42%</td>
<td>(n=306) 47%</td>
<td>(n=46) 4%</td>
</tr>
</tbody>
</table>

Demographics

- Male: 21%
- Female: 49%
- Pacific Islander: 1%
- Unknown: 8%
- White: 42%
- Asian: 24%
- Black: 24%
- Hispanic: 5%
N=306

Stages of High Blood Pressure in Adults

- Prehypertension: 120-139 or 60-89
- Stage 1: 140-159 or 90-99
- Stage 2: 160 or higher or 100 or higher

Body Fat Percentage

- Total Underfat: 8%
- Total Healthy: 42%
- Total Overfat: 19%
- Total Obese: 17%
- Data Not Available: 8%

N=306

Anthropometric Data

- Height
- Weight
- Body Mass Index (BMI)
- Body Fat Percentage
- Waist circumference
- Hip Circumference
- Waist to hip ratio (WHR)

Vital Signs

<table>
<thead>
<tr>
<th>WHR Male</th>
<th>WHR Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n=78)</td>
<td>(n=152)</td>
<td>(n=230)</td>
</tr>
<tr>
<td>0.95 or below Low Risk</td>
<td>66</td>
<td>103</td>
</tr>
<tr>
<td>0.96 to 1.0 Moderate Risk</td>
<td>8</td>
<td>47</td>
</tr>
<tr>
<td>1.0+ High Risk</td>
<td>4</td>
<td>42</td>
</tr>
</tbody>
</table>

65% of students do not wake feeling rested (n=195)

Sleep

Do you wake completely rested?

- No 65%
- Yes 35%

Nutrition Counseling Services

- Weight Loss/Weight gain
- Diabetes/Prediabetes
- Hashimotos Thyroiditis
- PCOS
- Anemia
- Vegetarian and vegan diet
- Sports Nutrition

Future Goals

- Create a permanent space for the clinic
- Secure permanent funding
- Continue collaboration with the BC Health Clinic
- Provide more comprehensive care - including compliance follow-up visits
- Expand services to include stress management techniques
- Develop and evaluate effective prevention and intervention strategies to promote campus health and wellness
- Create a partnership with Athletics
- Launch a weight loss support group
- Expand the Nutrition Clinic into a Wellness Center that will serve students, faculty and staff and serve as a model for other campuses within CUNY

Summary data

- BMI: 47% of students had a BMI > 25 kg/m2
- Body Fat: 35% of students had % body fat in the overweight or obese range
- Waist-Hip Ratio: 34% of students had a moderate or high risk ratio

35% of students report consuming a below average to poor diet

Diet

- 35% describe their eating habits as below average or poor
- 67% do not feel they are meeting their nutritional requirements
- 41% are taking a nutrition supplements which include multivitamin, calcium and iron

Brooklyn College Dietetic Internship
Independence Practice Rotation

Dietetic interns gain experience providing nutrition counseling services to a culturally diverse student population.

Since 2012 over 820 hours of clinical supervision

Activity

- 26% describe their activity level as being fairly inactive or very inactive (n=191)
- 61% do not engage in vigorous exercise for at least 20 minutes, or moderate exercise for 30 minutes or more 3x per week (n=192)
- 44% do not engage in any strength training exercises at all (n=187)

Stress

- 53% of students report having moderately high or extremely high stress levels (n=195)
REDEFINING “LOCALLY GROWN!”: THE EVOLUTION OF STUDENTS INTO MENTORS AND CO-TEACHERS IN AN URBAN GARDENING PROGRAM

Atasi Das, Cynthia Ha, Alyssa Gardner Vazquez, Pleranna Pieroni, Elesha Semple, Okina VanPutten
Urban Environmental Studies Research Group
The Graduate Center and Brooklyn College
The City University of New York

Data collection and analysis
The primary purpose of the current research is to highlight and reflect together on the experiences of young people who participated in the program as students and who emerged as leaders, taking on roles as mentors, co-teachers, and co-researchers. Additionally, the intent has been to engage youth and adult participants in a research process that would offer practical experience exploring the rationales for, conducting first-hand and assessing the usefulness of various modes of research inquiry. Artefacts that might later be used, with students’ consent, for research purposes were collected starting with the students’ first contact with the program and included application essays, pre- and post-survey blog posts, journal entries, photos and course projects as well as instructor field notes. For those students who consented to engage in the research component after the conclusion of the program’s course component, structured interviews, conversations, focus groups and shared reading responses were then co-designed and administered by instructors and students. The research process has been participatory and iterative, with collective review of artefacts, identification of emergent themes and design of additional tools for inquiry (including follow-up surveys and shared readings) based on these themes.

Next Steps
Presentation at AERA 2017 will afford co-researchers’ feedback on possible ways to build on the current, preliminary study and youth participants, in particular, a new experience engaging as experts in their development as leaders.

Emergent Themes

Sense of belonging
Sustainable practices
Scaffolding and instructional strategies
Learning with purpose, relevance, intrinsic importance, meaning
Dialogic relationship between learning and lived experience
Sense of responsibility/excitement to share (with family, friends, other young people), to teach and empower others
Enhanced self-confidence/agency/capacity to lead
Life and career trajectories or possibilities changed

I had some experiences that allowed me to really grow and build on becoming a real leader. Mentor Alyssa (above) teaching a middle school student about hydroponics in her job as school-based site manager and instructor for the not-for-profit, “Toes for Food Justice.”

Mentor Elesha preparing a healthy meal to share with the group in her self-selected role as “food intern.” Before coming to [the program], I could never see myself as a leader...I didn’t change...nor did I change...I had to share my knowledge... and I realized that I had a great responsibility and I could change people’s lives. That made me feel like a leader and it made me a person who isn’t afraid to step up to the task.”

Selected references


"I never pictured/envisaged myself as [a leader]...I thought I was so nice. They made me feel like a leader and the connection was so strong. I came back next year.”

"This is my community because the interns were like my family and it was so nice. They made me feel like a leader and the connection was so strong..."
ROOTS, RESEARCH, RESISTANCE: CO-CONSTRUCTING KNOWLEDGE AND AGENCY IN AN URBAN GARDENING PROGRAM

PIERANNA PIERONI
Urban Environmental Studies Research Group
The Graduate Center and Brooklyn College, City University of New York

Abstract:
Multidisciplinary inquiry around the impacts of human activity on the Earth’s ecosystems has highlighted threats to the habitability of many environments and to the security of resources essential to life, with disproportionate effects on the most vulnerable communities. Yet, public school curricula offer few opportunities for youth to experience and understand the natural world, to connect their studies to their lives in local or global contexts, and to develop consciousness, agency, and ability to address environmental and social justice issues. The focus of this poster is a seven-week, garden-based summer program emphasizing placemaking, critical transdisciplinary inquiry around food systems, resources access, consumer culture, and community that is intended to address the need for such experiences. Its approach to teaching, learning, and research, combining experiential, literary, and ecological justice frameworks, aims to encourage co-creation with students of a learning experience supporting “descolonization” (Freire, 1970) and action-oriented participation of participants around environmental issues relevant to them.

Data collection:
Consisted as a participatory research project, the summer program was designed to produce several kinds of data reflecting multiple stakeholder perspectives. Student participants were asked to complete pre- and post-surveys that included Likert scale, short answer, and open-ended items. They additionally contributed to a website that, designed with instructors for the program, documenting each day’s activities in photographs, comments, and reflections. Further, each individual created a personal page on the website, over time adding photo-essays, maps, videos, and links. These artifacts document some of the student’s and instructors’ ideas about the physical, social, cultural, and other kinds of issues to which they belong, the environments they inhabit or move through, the place of food in their familiar, cultural, and imaginative, and other topics. A separate website is dedicated to their action research projects. In addition to contributing to the website, instructors keep field notes during the planning and teaching phases of the program and frequently make audio and video recordings of class discussions and final projects.

Course Overview and Framework
In July and August 2018, seventeen 15-17 year-old New York City public high school students enrolled in a voluntary seven-week pre-college gardening program at Brooklyn College. The course was taught by Pieranina Pieroni and Marlies Bailly, doctoral students in urban education with experience teaching environmental studies from critical perspectives. Four former participants were enrolled in college and the others in high school, participated in seminars, co-creating course plans and leading many daily activities. Participants steward areas of two nearby urban school and community gardens, and explored other instances of the “natural” and built environments of New York City, particularly in the parks and green areas of the city. Their group meetings engaged in critical conversations, activities, and field trips, and were not pre-planned, but were increasingly asked to take shape based on the emerging interests and leadership of students. From the outset, students were introduced to liberal pedagogical perspectives, activist education frameworks, and participatory research methods that they were encouraged to use in exploring their own lives and communities. As a seven-week experience, they were tasked with operationalizing what they had learned by choosing topics of personal interest, related to themes that emerged in the course, and designing action-research projects around them. Supported by instructors, mentors, and peers, each student planned an individual or paired action research plan and presented it during a town hall meeting in the program’s final week. It is important to note that the course itself was framed from the outset as a participatory research project, with the instructors and a colleague as principal researchers and the students as participant-researchers.

Initial Data Analysis
A small group that included youth participants, peer mentors, instructors, and researchers conducted preliminary reviews of the artifacts generated to understand how participants reason around, and extend and adapt concepts and content introduced in the program to produce questions, ideas, and plans relevant to their, their families, and their communities. While the summer program yielded substantial and varied kinds of data, collection and analysis will be iterative and ongoing, using a grounded theory approach (Charmaz 2011) by youth and adult researchers to identify themes related to students’ lived experiences and communities. Some initial themes include the prevalence of integrative traditional transmission, exchange and tensions around food traditions; the excitement of sharing information generated in the program with various audiences, including friends and family; the recognition of intersections between seemingly separate topics, such as food, race, gender, advertising, media, and politics; and interest in ways that youth voices can better inform civic conversations, address systemic inequities and influence public policy.

Selected References:

Acknowledgments:
Thanks to all the summer 2018 participants, students, mentors, co-teachers, co-researchers, and collaborators for bringing your intelligence, creativity, spirit and energy to this project.
My Grandmother’s Pot
CARIBBEAN IMMIGRANT COOKING SKILLS AND DIETARY ACCULTURATION
Margrethe Frost Horlyck-Romanovsky, MPH1,2, Kate Russell, BS3, Ming-Chin Yeh, PhD4.
1CUNY Graduate School of Public Health and Health Policy, 2The Graduate Center, 3Department of Health and Nutrition Sciences, Brooklyn College, 4Nutrition Program, Hunter College; City University of New York, New York, NY

ABSTRACT

Background: Immigrant children who grow up in New York City often express strong connection to the cultural food practices associated with their own, their parents’ or grandparents’ country or culture of origin. Yet, they often lament that they are unable to cook the signature dishes of their childhood and youth that are part of their cultural identity. The Caribbean immigrant Cooking Skills and Acculturation Project seeks to understand the process of dietary acculturation as it relates specifically to behaviors and decisions around cooking/skilling, shopping, and eating, and how these might be associated with health outcomes in adult Black Caribbean immigrants from English speaking countries and their children and/or grandchildren living in New York City. Black Caribbean immigrants are less likely than other immigrant groups to experience negative effects of dietary acculturation such as obesity, diabetes and hypertension, however, their children and grandchildren do not benefit from this protective effect. **Objectives:** To one to two-hour in-depth interviews were conducted with 11 female and 3 male participants ages 18-60 to understand the underlying mechanisms, social behaviors, norms and decision processes of the dietary acculturation in this population. Results: The initial phase of the study has shown that Black Caribbean immigrant families, focus on work and formal education over life skills transfer, however, equally significant were a number of factors including: mothers who accommodated acculturation and fathers who maintained stronger loyalties to cultural heritage; the fear of injury and government interference in the US means that adults retain control over cooking activities and prevent skills transfer; smaller family size; and the younger immigrants’ desire to become acculturated in the US. Conclusion: Dietary acculturation is a destined process in younger immigrant generations, a process which determines their diet and jeopardizes future health, and a process which appears to be accelerating. Retention of culture of origin is desired by adult immigrants, especially fathers; however, given the changes in family dynamics, the rupture of social roles and social support associated with migration, as well as the fact that skills, knowledge and social norms from the country of origin are not passed down to younger generations, further exacerbate the effects of acculturation. Recommendations include community based participatory program development facilitating intergenerational cultural skills and knowledge exchange, e.g., communal cooking classes and oral history projects exploring and validating the immigrant experience. These could facilitate amelioration of some of the challenges faced by immigrants and their families. This project was supported by a grant from the Doctoral Student Research Grant program at the Graduate Center of the City University of New York.

METHODS

Objectives: Identify the mechanisms that contribute to whether, how and why cooking skills are taught to youth or not. Explore how cooking skills are associated with acculturation in both immigrants, their children and grandchildren.

Participants: Purposeful sampling of Black Caribbeans in Brooklyn, New York City. Adult Black immigrants from English speaking Caribbean countries living in or around New York City, who may have children and/or grandchildren living in the US, or who were themselves children of Black Caribbean immigrants. We conducted one to two-hour in-depth, semi-structured interviews with 8 female and 3 male adults, ages 20 to 60+. Participants were compensated $20 for an interview. Interviews were audio-taped, transcribed and analyzed. Dedoose version 6.2.21. used for analysis. Research protocol was approved by the City University of New York, Hunter College Human Research Protection Program.

FINDINGS

Access to culturally specific foods in the cultural enclaves in Brooklyn, NYC, makes it easy to maintain Caribbean foodways.

Fathers insist on maintaining Caribbean cooking and eating practices, where mothers are more likely to accommodate children’s American food preferences, thereby facilitating dietary acculturation.

Adult fear of injury and US authorities prevent children from being in the kitchen and learning to cook.

Although I identify very Caribbean, I guess my food is more diverse, more cultured. I don’t like sticking to the same routine time and time again.

“...when coming here in her early twenties, a teenager, [...], you just mix with other cultures and things like that, it’s easy for you to be more flexible.”

Age at arrival of both children and adults affects degree of acculturation.

BACKGROUND

- Dietary acculturation means diets richer in meats, refined sugars and fats, and poorer in micronutrients, fiber and plant foods.
- Black Caribbean immigrants are less likely than other immigrant groups to experience negative effects of dietary acculturation such as obesity, diabetes and hypertension.
- Black Caribbean immigrant youth often express a strong connection to parents’/grandparents’ culture of origin, however, many in the US never learn the specific foodways.
- 1.5 and 2nd generation children and grandchildren do not benefit from this protective effect.

CONCLUSION

- Access to culturally specific foods is not a barrier to maintaining healthy Caribbean foodways when living in cultural enclaves.
- Retention of culture of origin is desired by most adult immigrants, particularly men and those who grew up in rural settings.
- Fathers maintain Caribbean cooking and eating practices, where mothers accommodate children’s “American” food preferences, thereby facilitating dietary acculturation.
- Busy schedules of single parents, working parents and school children mean fewer opportunities to cook and eat together, affecting acculturation in generations 1.5 and 2.
- The fear of injury and government interference in the US means that adults retain control over cooking activities and prevent skills transfer.
- Changing family dynamics, the rupture of social support associated with migration, and the age of arrival of both youth and adults affect level of acculturation.
- Youth identify as Caribbean and love the food, yet they eat more processed, take-out and convenience foods because of convenience, variety and desirability.
- Recommended interventions: cultural skills and knowledge exchange, e.g., inter-generational cooking classes and oral history projects validating the Black Caribbean immigrant experience, while facilitating enclature in cultural skills and skill transfer.
- Funding: 2015/2016 Doctoral Student Research Grant Program, The Graduate Center, City University of New York.

Contact: Margrethe Horlyck-Romanovsky, MPH, Doctor of Public Health Program
CUNY Graduate School of Public Health and Health Policy
mhhorlyckromanovsky@cuny.edu
Describe the sociodemographic profile, diet, health behaviors and health outcomes of youth, parents and grandparents of Jamaican and Ghanaian immigrant families.

METHODS

- Participants completed a print or online survey about sociodemographics, diet, health behavior, and health outcomes.
- Questions were selected from the Community Health Survey instrument to mirror the quantitative results in the larger study.
- Data collection was completed with SurveyMonkey; data cleaning and processing was done in Microsoft Excel.
- Statistical analysis was completed with Statistical Package for the Social Sciences (SPSS) version 23.

RESULTS

- Jamaicans (78.3%) and Ghanaians (66.7%) reported at least 30 minutes of exercise per month.
- 4.3% of Jamaicans reported eating no fruit or vegetables daily compared to 33.3% of Ghanaians, whereas 52.0% Jamaicans said they ate 2+ servings of fruit or vegetables per day compared to 20.0% of Ghanaians.
- Jamaicans report drinking higher amounts of sugar sweetened beverages a day compared to Ghanaians.
- 82.6% of Jamaicans report eating restaurant meals compared to 55.0% of Ghanaians, where 36.8% of Jamaicans eat 3+ restaurant meals weekly in contrast to 15% of Ghanaians.
- Jamaicans were more likely to be obese 34.8% compared to 30.0% of Ghanaians.
- Jamaicans had higher prevalence of diabetes, 12.5% versus 8.0% of Ghanaians.

<table>
<thead>
<tr>
<th>Table 1: Characteristics of Jamaican and Ghanaian Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaican</td>
</tr>
<tr>
<td>Age (years)</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Marital Status</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Income</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
<tr>
<td>Health Insurance</td>
</tr>
</tbody>
</table>

DISCUSSION

- Participants in both groups were more likely to be youth. Ghanaians were more likely to be female, whereas Jamaicans were equally likely to be male or female.
- Consumption of fruits and vegetables were similar to national averages of 2.7 times per day.
- There was no significant difference between the Jamaican and Ghanian participants.
- Prevalence of diabetes reflects that of New York City Black Caribbean and African immigrant prevalence (findings forthcoming)

ACKNOWLEDGMENTS

We thank the following:

- Jamaican and Ghanaian New Yorkers who dedicated their time to our study.
- Gaskia African Market, Gala Gala Restaurant, Yankasa Majid, Acra Restaurant, Brooklyin Public Library and Brooklyn College for space to conduct interviews and focus groups.
- Community organizer Ramata Ahmed for her dedication and personal outreach in the Ghanaian community.
- Research associates Faye Lewin Neil, Keshia Okolie, Essie Guobadia and Kate Russell.
- Faculty advisors Terry Huang, Sandra Echeverria, Katarzyna Wyka, May May Leung and Melissa Foster Rivera.
- Funding for this project was provided by CUNY Graduate School of Public Health and Health Policy Dean’s Dissertation Award and The Louis Stokes Alliances for Minority Participation (LSAMP) Program.
- IRB Protocol #2316-1201 was approved by the City University of New York. Human Research Protection Program.

REFERENCES


STRENGTHS AND LIMITATIONS

- Participants for this qualitative study were recruited based on their ability to inform the study.
- Characteristics of Jamaican and Ghanaian participants resemble those of foreign-born Black populations from the Caribbean and Africa.
- People who chose to participate may be different from the general Black Jamaican and Ghanaian populations.
- Recruitment flyers had terms such as “nutrition”, “health” and “diet” which may have influenced responses.
- Understanding of what it means to “Grow up” in a place may differ between the US, Jamaica and Ghana.
- Height, weight, T2D and dietary behaviors were self-reported. Underreporting of weight may vary between cultural groups.
Diet and Acculturation in Black Ghanaian and Jamaican Immigrants: Recruitment for a Mixed Methods Research Study

BACKGROUND

- Between 1980-2013, 365% increase in Black immigration.
- US Census predicts by 2060, 16.5% of all Blacks in US will be foreign born.
- National Health Interview Survey showed that compared to US-born Blacks:
  - Obesity: Caribbean foreign born Blacks, 49% lower risk of Obesity
  - African foreign born Blacks, 59% lower risk of Obesity
- Diabetes: 8.9% of foreign born Black population have diabetes.
- Ghanaians are the largest Black West African immigrant group in NYC.
- Jamaicans are the largest Black Caribbean immigrant group in NYC.

REFERENCES

2. Gaskia African Market, Gaia Gala Restaurant, Yanaka Masjid, Accra Restaurant, Brooklyn Public Library and Brooklyn College for space and institutional support.
3. Community organizer Ramatu Ahmed for her dedication and personal outreach in the Ghanaian community.
5. Faculty advisors Terry Huang, Sandra Echeverria, Kateryna Wyka, Gay May Leung and Melissa Foster Rivera.
6. Funding for this project was provided by CUNY Graduate School of Public Health and Health Policy Dean’s Dissertation Award and The Louis Stokes Alliances for Minority Participation (LSAMP) Program.

RESULTS

- The final sample included: 25 Ghanaians and 24 Jamaicans.
- Generations within Ghanaians included: 6 grandparents, 6 parents and 13 youth.
- Generations within Jamaicans included: 8 grandparents, 6 parents and 10 youth.
- The distribution of youth, parents, and grandparents was similar in the two populations.
- Ghanaians more likely to be female: 76.0% vs. 50.8% among Jamaicans.
- More than half of Jamaicans arrived in the USA as adults compared to 50% of Ghanaians.
- 55.0% of Ghanaians were married/living with a partner versus only 57.1% Ghanaians.

LIMITATIONS

- Recruiting different generations within the same family was difficult, because members live in different states and countries.
- People who chose not to participate noted that they had limited time and/or the $20 incentive was too small.

NEXT STEPS

- Recordings: Transcription and De-Identification
- Coding: Generation of code and codebook using Dedoose Software
- Data Analysis: Generation of themes and hypothesis.

Table 1. Characteristics of Black Jamaican and Ghanaian Immigrants**

<table>
<thead>
<tr>
<th></th>
<th>Jamaican</th>
<th>Ghanaian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>n=24</td>
<td>n=25</td>
</tr>
<tr>
<td>Age (Mean)</td>
<td>43.1</td>
<td>36.9</td>
</tr>
<tr>
<td>Family Generation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth</td>
<td>41.7%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Parents</td>
<td>25.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Grandparents</td>
<td>33.3%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>50.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Male</td>
<td>50.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>20.8%</td>
<td>68.0%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>75.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Other</td>
<td>4.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Income</td>
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<td></td>
</tr>
<tr>
<td>0 - 39,999</td>
<td>20.8%</td>
<td>52.0%</td>
</tr>
<tr>
<td>40k - 99k</td>
<td>62.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>100k or more</td>
<td>16.7%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Marital Status</td>
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<tr>
<td>Married/Living with partner</td>
<td>45.0%</td>
<td>42.9%</td>
</tr>
<tr>
<td>Widowed/Divorced/Diapered/ Never Married</td>
<td>55.0%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Age at Arrival</td>
<td></td>
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</tr>
<tr>
<td>&lt;5</td>
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<tr>
<td>5-18</td>
<td>31.8%</td>
<td>40.0%</td>
</tr>
<tr>
<td>18+</td>
<td>59.1%</td>
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<tr>
<td>Did not immigrate</td>
<td>9.1%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

**Column total may not equal 100% due to rounding.

PREPARED BY:
Naudia Jones1, Shanaz Hosein1, Tashanne Distin, BS1, Patricia J. Pauyo BS1, Margrethe Horlyck-Romanovsky MPH, DrPHc1,2

Diet and Acculturation in Black Ghanaian and Jamaican Immigrants: Recruitment for a Mixed Methods Research Study

METHODS

PURPOSE

- The purpose of the Caribbean and African food and culture study is to:
- Explore how Jamaicans and Ghanaians differ in risk of diabetes and obesity.
- Identify protective cultural, contextual and family factors.
- Understand the ways and extent to which cultural practices and acculturation experiences differ between generations.
- Inform nutrition and public health programs and policies for foreign born Blacks in New York City and nationally.

ACKNOWLEDGEMENTS

We thank the following:
- Jamaican and Ghanaian New Yorkers who dedicated time to our study.
- Gaskia African Market, Gaia Gala Restaurant, Yanaka Masjed, Accra Restaurant, Brooklyn Public Library and Brooklyn College for space to conduct interviews and focus groups.
- Community organizer Ramatu Ahmed for her dedication and personal outreach in the Ghanaian community.
- Faculty advisors Terry Huang, Sandra Echeverria, Kateryna Wyka, Gay May Leung and Melissa Foster Rivera.
- Funding for this project was provided by CUNY Graduate School of Public Health and Health Policy Dean’s Dissertation Award and The Louis Stokes Alliances for Minority Participation (LSAMP) Program.
- IRB Protocol #2016-1201 was approved by the City University of New York, Human Research Protection Program.
The Differential Protective Effect of Cultural Enclaves on Ghanaiian Immigrant Youth and Adults

MARGRETHE HORLYCK-ROMANOVSKY1,2, S. SHANAZ HOSEIN1, PATRICIA J. PAUYO1, TASHANNE DISTIN1, NAUDIA JONES1, PAYE LEWIN NEIL, RAMATU AHMED2

1. Brooklyn College, Brooklyn, NY; 2. Fordham University School of Public Health and Primary Care Policy, New York, NY; 3. Tufts University School of Medicine, Boston, MA

INTRODUCTION

• In New York City, the fastest growing group of foreign-born residents is West Africans (76,710), with a population growth of 60% since 2000.
• Ghanaians (27,400) represent a third of West African FBRIs in NYC, and 87% live in West African cultural enclaves in the Bronx.
• Little is known about how cultural enclaves and acculturation affect diet and health of Ghanaiian immigrant families.
• Cultural enclaves are areas with a high concentration of residents from a particular ethnic group. Characterized by ethnic stores and restaurants which carry culturally specific merchandise and food; enclaves are often found in low-income neighborhoods, with fast food places and few supermarkets.

OBJECTIVE

• To understand how food environments, cultural practices and the acculturation experience influence dietary patterns and health of Ghanaiian immigrant youth, parents and grandparents.

METHODS

• We conducted a qualitative study with Ghanaiian youth (N=12), parents (N=6) and grandparents (N=6) who are members of a Ghanaiian Muslim community in the Bronx.
• Interviews and focus groups used open-ended questions, were digitally recorded and lasted between 45 and 90 minutes.
• Intake survey collected information about socio-demographics, health behaviors and health outcomes.
• Statistical analysis was completed with Statistical Package for the Social Sciences (SPSS) version 23.
• Recordings were transcribed, and transcripts analyzed using Dedoose 7.0.

RESULTS

• Youth did not see the need for specific stores to cook cultural foods and felt that ingredients were readily available in regular supermarkets. (Figure 1)
• African restaurants in the enclave were not considered important by youth.
• Youth highlighted US mainstream fast food as desirable, affordable and representing variety.
• Parents and grandparents did not eat fast food and discouraged youth from eating it.
• Living in the cultural enclave meant that adults saw safe sources of both authentic ingredients and prepared foods, and would try away from fast food. (Figure 2)
• Eating out for special occasions would constitute eating something other than Ghanaiian food.
• Adults mostly considered eating out an unnecessary expense, instead having food at home.
• Buying food from a Ghanaian restaurant was not seen as eating out or fast food.
• Parents and grandparents would be more likely to buy African food than anything else on days where they did not have time to cook.

“Chinese fried rice” available from local American Chinese restaurants, was consumed as a snack by youth and adults, but with different frequency.

CONCLUSION

• The cultural enclave protects youth and adults differently from the effects of dietary acculturation.
• Youth seek mainstream variety of fast food over African food for meals outside the home.
• Both find that African markets are not crucial to maintaining cultural diets and that Ghanaian foods can be prepared with ingredients available in regular supermarkets.
• Parents and grandparents seek out the cultural food sources, which allow them to cook and eat authentic Ghanaian food both at home and outside the home.

IMPLICATIONS

• The access to and utilization of mainstream food options may accelerate dietary acculturation and increase risk of diet-related disease in youth.
• Adults may experience better diet-related health because enclaves allow retention of cultural food practices.
• Future public health initiatives should foster greater appreciation for Ghanaian food and food practices in both youth and adults.
• Food policy initiatives should enhance healthy food access in inner city neighborhoods to expand food options in immigrant communities.

Figure 1. Ghanaiian youth’s view of the cultural enclave

Figure 2. Ghanaiian adults’ view of the cultural enclave

Acknowledgments

• To the agencies who cosponsored the following, The Ghanaiian New Yorkers who dedicated time to our study, African community businesses and NYC institutions: Gana African Market, Gana Gana Restaurant, Yeamee Market, Asian Restaurant, Brooklyn Public Library and Brooklyn College for allowing us to use spaces to conduct interviews and focus groups; dissertation advisors: Terry T.K. Huang, Melissa Parker, May-Mei Leung, Sandy B. Echomos and Akishaba. This research was partially funded by a grant from the New York City Department of Health and Mental Hygiene and The Louis Stokes Alliance for Minority Participation (LSAMP) Program.
• Study procedures were approved by the City University of New York Human Research Protection Program, Protocol 2018-021.

Figure 1. Ghanaiian youth’s view of the cultural enclave

Figure 2. Ghanaiian adults’ view of the cultural enclave
Generational Differences in Food Perception and the Risk of Chronic Disease among Jamaican Immigrant Families Living in New York City.

PATRICIA J. PAUYO AND MARGRETHE HORYCK ROMANOVSKY, BROOKLYN COLLEGE, BROOKLYN, NY,

RESULTS

- 24 Jamaicans participated in in-depth individual interviews or focus groups. (Table 1)
- For all 3 generations, intrinsic factors such as the cleanliness of the produce, the lack of pesticides, and the freshness of the products were fundamental in determining food preferences. (Fig 1)
- Growing methods and freshness of produce were cultural/regional factors.
- Trustworthiness of a vendor was an essential personal factor for participants in all three generations.
- Socioeconomic levels determined where participants shopped for food and what foods they chose to stay healthy.
- Nutrition knowledge modified eating habits for all 3 generations.
- Parents and grandparents based food perceptions on cultural and traditional views or ideas.
- Youth were influenced by extrinsic factors such as advertisements, media, peers, influences, and education.

INTRODUCTIONS

- Black Caribbean immigrants are healthier and have lower risk of obesity, diabetes, and hypertension than US-born Blacks.
- Approx. 18% of all black immigrants to the US are Jamaica (682,000).
- Immigrants benefit from returning cultural and traditional foods for better health.
- Previous study identified food perceptions as protective among immigrants of Caribbean descent living in NYC.
- Food perception is affected by diverse factors (Fig 1).
- Limited understanding of factors that influence perception which in turn affects diet and acculturation and the risk of chronic disease among Jamaican immigrants of different ages.

OBJECTIVE

- Aim 1: Identify how lived experiences in Jamaica and New York City with and about food influence food perception of Jamaicans living in New York City.
- Aim 2: Identify how acculturation, social norms, socioeconomic status, and trans-national movements influence food preferences and diet among Jamaican immigrants in New York City.
- Aim 3: Understand how food perceptions may contribute to health outcomes in Jamaican immigrants living in New York City.

METHODS

- Intake survey collected participant characteristics.
- Qualitative interviews used open-ended questions, were digitally recorded and lasted between 45 and 90 minutes.
- Secondary data analysis used the Food Perception Framework.
- Software: SPSSVersion 23 and Dedoose 7.0.

STRENGTH AND LIMITATION

- Only known study to investigate how food perception and health outcomes are related among Jamaican immigrants living in NYC.
- The complex extended family models in the Jamaican community and the lack of families with three generations living in NYC made it difficult to interview three generations from the same families.
- Due to recall and social desirability biases, findings may not accurately reflect past experiences and present behaviors and do not allow for generalization.

IMPLICATIONS

- Informs effective intervention methods tailored specifically to Jamaican immigrant families living in New York City.
- New information about how food perceptions may contribute to obesity and chronic disease risk among Jamaican immigrants.
- Important insights and details about food beliefs and practices in the Jamaican community which may help to inform future work to prevent diabetes, obesity, and hypertension.
- Further research studies are needed to better understand the food perception of the immigrant population in the US and the concept of clean and fresh foods.
- Quantitative research studies are needed to assess the dietary patterns of Jamaican immigrants to better understand what they actually eat.
- Research efforts are also needed to better understand the effects of global acculturation on the food perception of immigrants and their health outcomes.

CONCLUSION

- Food perceptions and the concept of clean food impelled all 3 generations to consume a healthier diet.
- Among youth, remote acculturation to US culture and global foods made it more acceptable to replace traditional home-cooked foods with processed foods.
- The health advice provided by dietitians and doctors, and other healthcare professionals were well respected and older Jamaicans reported high levels of compliance.