Build Trust, Build Health | Fomentar La Confianza, Fomentar La Salud:
A Community-Based Participatory Research Approach to Combatting Childhood Obesity in the Hispanic Community

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Project Report – November 2020

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EXECUTIVE SUMMARY

INTRODUCTION

In Greenville County (GC), 44% of Hispanic youth are overweight or obese. Approximately 35% of documented Hispanic population in GC, live in a 2.5-mile buffer around the White Horse Road Corridor (WHRC). Potential barriers to maintaining a normal BMI in Hispanic youth includes individual and environmental factors. The purpose of this study is to gain a deeper understanding of factors that promote and hinder healthy eating and active living for WHRC Hispanic families to identify appropriate interventions. The aims of this qualitative study using parent focus groups, youth focus groups, stakeholder interviews, and a stakeholder focus group include:

Aim 1: Understand community perspective of healthy families and children, facilitators and barriers for healthy eating and active living within cultural and environmental contexts, and assets in their community to address childhood obesity (parent focus groups; youth focus groups).

Aim 2: Examine stakeholders' perspectives concerning community-level factors that contribute to WHRC Hispanic youth obesity; and policies, systems, and environmental changes that could address the issues (stakeholder interviews; stakeholder focus group).

Aim 3: Generate feedback about trust, advocacy, assets, and access to support intervention development (parent focus groups; youth focus groups; stakeholder interviews; stakeholder focus group).

METHODS

This study had 89 participants (n=63 community members, n=26 stakeholders). Community members participated in focus groups. There were three middle school groups, three high school groups, and three parent groups. The stakeholders participated in interviews (n=20) and one focus group about policy, systems, and environmental changes (PSEs) (n=6). The audio was transcribed and translated when needed, and researchers conducted a thematic analysis on the data.

STUDY DEMOGRAPHICS

87 participants (n=61 community members, n=26 stakeholders)

Youth focus groups participants: All participants self-identified as Latino/Hispanic, reported having had lived in the United States (US) for an average of 15 years, and in the WHRC for an average of 12 years. Although 83% of the students (20/24) reported having been born in the US, only 63% reported their country of origin was the US, which reflected a connection with their parents' country of origin. Students reported that the preferred language spoken at home was Spanish (88%), with only 4% reporting English and Spanish.

Parent focus groups participants: Participant parents were primarily low-income (52% less than $19,999) and low educational level (58% less than high school) stay at home mothers (47%), who self-identified as Latinx immigrants, primarily from Mexico (63%), and with limited English speaking proficiency (LEP) (89%). In addition, 58% of the participants reported not having access to regular medical care, and only 26% reported having health insurance. Those with insurance had primarily Medicaid (80%).

RESULTS FROM THE COMMUNITY

MAJOR THEMES	ILLUSTRATIVE QUOTES / EXAMPLES
Factors that contribute to healthy eating ▪ **Family-household related factors:** drinking plenty of water, not having sugar beverages and unhealthy food choices at home, and cooking healthy food choices); ▪ **Personal related factors:** doing exercises and being active, taking vitamins, avoiding fast food restaurants and not eating junk food, and finding motivation in preventing health issues ▪ **Resource availability related factors:** having a family garden, having a good education, vegetable and fruits boxes conveniently sold or donated close to home, training programs to learn how to cook healthier, and having access to healthy food recipes at home (e.g., Pinterest, YouTube, Google, etc.).	*"…[T]he liquids we consume, because, for example, in the Hispanic community and around the world, soft drinks, Coca-Cola, that is very common and we forget to drink water …or maybe Natural juices, also children who love to drink sugary drinks and all that…"* (high school student) *"It motivates me because I know that in the future, I will not worry about serious health problems."* (high school student) *"Here vegetables are consumed a lot, here in my house because they bring us a lot of vegetables sometimes, from a church they come to leave me food; from there we consume a lot of vegetables."* (parent) *"Sometimes it is junk food that is made easier and having a healthy food recipe helps a lot. I use Pinterest, if not I find it out there on Google, but I also use YouTube videos."* (parent)

Factors that hinder healthy eating
▪ **Family environment factors**
  ▪ Family size
  ▪ Food presentation techniques
  ▪ Parents' limited healthy eating knowledge
  ▪ Parents' pressure for children to keep eating
  ▪ Having unhealthy food in the household
▪ **Contextual factors**
  ▪ High cost of healthy food options in the area (Food Desert)
▪ **Organizational factors**
  ▪ Language barriers
  ▪ School food choices
▪ **Personal factors**
  ▪ Personal eating preferences
  ▪ Lack of time to prepare foods
  ▪ Lacking motivation/sadness
  ▪ Low educational level
  ▪ Substance abuse
  ▪ Technology overuse
	"Try not to put unhealthy good in your house, when you go to the store try to go to the section where everything is healthy." (middle school student)
	
	"Many times money also has a lot of factor, because a bag of lettuce is more expensive than a sabritas, sometimes a bottle of water is more expensive than a large two-liter soda... If you want to buy whole wheat bread, it is much more expensive than white bread. Money is also a factor." (parent)
	
	"…many of those who are here always make a great effort to learn the language, which I have done, but one of the things is the language, because we find some books or some information somewhere, but it is not in our language and we do not fully understand it." (parent)
	
	"Some people are alcoholics, alcohol is a hindrance, also people who smoke and those who use drugs like marijuana, cocaine and things like that, it hinders them,… they are not thinking, "I have to eat something healthy." (high school student)

MAJOR THEMES	ILLUSTRATIVE QUOTES / EXAMPLES
Factors that contribute to active living ▪ **Community resources:** community exercise/gym equipment, courts, and places to play. ▪ **Behavioral factors:** activities (such as, playing, sports, walking, walking the dog, and going to church), allocating time for exercising, reducing alcohol consumption, and eating healthy, reducing time invested in using communication technology. ▪ **Work and life conditions:** having better wages or a minimum wage to have time to be active, as well as having choices to be active.	*"Yes, there are like gym equipment that is out in the open for the public. I have seen that some people use it, I believe that this is also part of helping the community to be more active."* (high school student) *"I think that since 2020 there is a lot of technology, there are many people glued to cell phones, on TV, they spend their free time watching the phone, watching TV, they forget to go outside or exercise…"* (high school student) *"The Hispanic culture many of the men drink beer and sometimes drink excessively and I think that something that can help them is having an education on that beer is very bad for the body,…"* (high school student)

Factors that hinder active living
▪ **Family factors**
  ▪ Crowded houses
  ▪ Size of the household and outdoor spaces
▪ **Personal factors**
  ▪ Schoolwork
  ▪ Excessive use of technology
  ▪ Working and studying
  ▪ Taking care of children's extracurricular activities
  ▪ Lack of personal drive/sadness
  ▪ Sickness
	"[s]ome effects that don't help us is having a small place, a small house and not having a place outside, because if you don't have this, how are you going to do it? You can't do it inside or outside." (middle school student)
	
	"…it is work, running to take them to sports, which makes it difficult for me to maintain an active life. You will be running, but I will not be productive because I am driving, I arrive at the fields, I sit down. It is difficult for me to go running, take them and bring them, get them ready to sleep. That gets a little more complicated." (parent)

Latinx community hopes and aspirations
▪ Latinx community capacity building
▪ A favorable community environment
▪ Community cohesion
▪ Inclusion and equity
▪ Systems and environmental changes
  ▪ Control speeding in neighborhood streets
  ▪ A low-cost and accessible community center
  ▪ Good and stable jobs
  ▪ More policing in neighborhoods
  ▪ More sports and places to be active
	"I want my community to be more active in the future." (middle school student)
	
	"Make it safer so you don't have to worry about where you are, or what is happening. Yes. If you are walking to exercise, no one is going to take you or steal something, nothing like that." (high school student)
	
	"We would like there to be equality, for there to be equality for everyone, not because we don't have papers, they leave us out in many things. I would like us to change that." (parent)
	
	"I think it would be something communal, that it had no cost or that it was voluntary, that there would be a classroom to do Zumba, to do any type of sport, but at no great cost because, normally, there are, but it does." (parent)

RESULTS FROM THE STAKEHOLDERS

MAJOR THEMES	ILLUSTRATIVE QUOTES / EXAMPLES
Healthy Eating Support ▪ Availability of a variety of educational programs	" [we] had a free weekly market [food from Loaves and Fishes] for our patients that they could come. … [In one class], I knew we were making some success when a seven-year-old who was here with a patient came back for seconds on the cauliflower mac and cheese."
Healthy Eating Barriers ▪ Lack of access ▪ Affordability ▪ Limited time ▪ Preference of processed food ▪ Need more education in context of culture ▪ Role of the father and children seemed to dictate the food decisions of the household	"Again, a lot of them will come in and parents will be working late hours, and so they're doing meals that they can cook themselves. I hear a lot of ramen noodles, Cup-o-Noodles, which is high sodium content, pure pasta. Not a lot of fruit intake, not a lot of vegetable intake at all." "macho men parents will say [to their children] 'if you want to eat that kind of food, work.'"
Active Living Support ▪ Passion for soccer ▪ Free youth sports physicals through program ▪ Desire to be active	"on Sundays they [the student and his friends] get up and they just ride their bike in the church parking lot because that's the only place they have to ride."
Active Living Barriers ▪ Safety issues ▪ Lack of play areas ▪ Lack of transportation ▪ Access to youth sports	"I'd be hesitant to let my kids be playing outside unattended when you have people who are clearly maybe substance abusers, prostitutes walking through the apartment complex." "…a lot of our kids don't have the $45 to sign up for recreation league sports."
Barriers to Serving the Hispanic Community ▪ Communication ▪ Not having documentation is a limiting factor of connecting to a medical home and social services	"One thing that we like to mention to our families and to our staff members is that it's not just the Latino cultures. Within this sort of umbrella, there are different cultures within it. You have a lot of individuals from Guatemala who speak different languages. …there's stigma sometimes…"
Current Programs to Address Healthy Eating and Active Living	Segmented by community programs, programs connected to the schools (includes partnerships with health systems and universities), out of school programs, and clinic programs
Potential Programs to Address Healthy Eating and Active Living	Segmented by classes & support for community, communication, partnerships, and education for service providers

MAJOR THEMES	ILLUSTRATIVE QUOTES / EXAMPLES
Policy, Systems, and Environmental (PSE) Change from focus group 　▪　Changes in the school lunch program 　▪　Inter-connected high-level advocacy 　▪　Communicating with government officials 　▪　Pipeline programs 　▪　Food insecurity and food deserts	*"The food desert map doesn't take into account little local stores that are Hispanic run, that have fresh produce in there and meal. It does not count those as grocery. Great and it's not a full grocery, but I also think there's maybe some cultural miscommunications there and so there might be areas like that, for example in Greenville County that we think are complete with deserts but there are some resources there."*

RECOMMENDATIONS FOR INTERVENTION DEVELOPMENT

Researcher Recommendations from Community Focus Groups

Policy, Systems, and Environmental (PSE) Changes

- Organizations should use social media outlets (Facebook, WhatsApp, Instagram, etc.) to engage Latinx community members by sharing culturally and linguistically relevant information on:
    - Services provided
    - Requirements and costs to access services
    - Videos to promote active living and healthy eating (exercise routines, recipes, etc.)
- Incorporate Latinx cultural values (*Personalism, Familism, Respect, Religiosity*, etc.) into organizational programming.
- Develop low-cost and comprehensive health care and health preventative service options.
- Develop mechanisms to increase families' accessibility to vegetables, fruits and other healthy food products in proximity to the community.
- Promote commercialization of healthy food options at a reasonable cost in the community.
- Increase accessibility to English classes for parents (convenient time, availability of childcare, acceptable cost, close to the community, etc.).
- Continue to work with the school system to promote healthier food choices for children.
- Facilitate active living related activities for parents while waiting for their children to complete extracurricular activities.
- Promote a sense of safety in low-income neighborhoods by increasing policing and preventing car speeding in neighborhood streets.
- Restore soccer courts and increase coaching to take advantage of the high interest and passion for soccer expressed by Latinx families.
- To promote and strengthen bridging and bonding social capital in the Latinx community.
    - To foster bridging social capital by organizing multicultural events and by modifying the built environment to promote cross-cultural interaction.
    - To promote and to take advantage of the bonding social capital that exits in the community.
- A low-cost and accessible community center.

Capacity Building

- Encourage health care providers to educate Latinx parents about the correct notion of a healthy child and the ideal Body Mass Index (BMI) for a child.
- Promote nutrition education at school, from elementary level to high school, as a mechanism to transfer healthy nutritional habits to children's households.

- To sustain and expand positive youth development initiatives such as the [Student DREAMers Alliance](#) and the [Neighborhood Focus after school program](#).
- Culturally/linguistically relevant and accessible nutrition education programs for parents and youth (e.g., [Celebrando la Salud](#)).
- Offer skills' training in Spanish in proximity to the community.
- Facilitate and encourage community members' participation in Build Trust, Build Health action planning and evaluation processes.
- Educate families about:
  - The harmful effects to healthy eating and active living from excessive consumption of alcohol and controlled substances.
  - The negative impact to active living from excessive use of electronics.
- Cultural humility training for front desk staff to promote a culturally appropriate, friendly and welcoming environment.

Researcher Recommendations from Stakeholder Interviews and Focus Group
Policy, Systems, and Environmental (PSE) Changes
- Do inventory of Hispanic food stores for fruit and vegetable availability and cost
- Provide nutritionists at Hispanic food stores
- Do inventory of park safety and lights
- Provide space for moms to gain support, information, food boxes, and physical activity (e.g., explore partnership with Berea Community Center for bilingual activities)
- Educate fathers on their worksites
- Make walking paths
- Add bilingual park signs to Greenville County Rec facilities and other spaces to make more welcoming
- Create culturally-component media campaign to address healthy eating and active living to change the social norms
- Establish Joint-Use Agreements for green space (e.g., at schools, churches, etc.)
- Develop training for front desk workers in understanding the Hispanic community (e.g., school clerks, pharmacy customer service)
- Establish communication protocols within organizations (e.g., send information through short YouTube videos in Spanish)
- Prioritize potential policies to address and ask the community for feedback
- Limit processed food on school campuses

Programmatic Support
- Support cooking classes
- Support community gardens
- Fund youth sports physicals and fees
- Provide more liaisons to establish healthcare and social services
- Provide active video games
- Review all the current and potential program ideas in the report

REPORT

INTRODUCTION

In Greenville County (GC), 66% of adults and 32% of youth are overweight or obese[1] with 44% of Hispanic youth that are overweight or obese.[2] A large segment, approximately 35% of documented Hispanic population in GC, live in a 2.5-mile buffer around the White Horse Road Corridor (WHRC).[3] Potential barriers to maintaining a normal BMI in Hispanic youth includes individual and environmental factors. SC Hispanic residents were the most likely to live in poverty (100% FPL) at 28.6% compared to only 11.2% of non-Hispanic white residents,[3] which may impact the food budget. There could also be a lack of grocery stores. In GC, there are 22% of census tracts that meet the USDA's definition of a food desert, and 55% of these food deserts are part of the WHRC.[4] Culture, acculturation, and discrimination have all been linked to obesity in the Hispanic population as well.[5,6]

The overarching goal of this project is to build a culture of health in WHRC Hispanic neighborhoods by building trust, increasing capacity to advocate for personal health and wellness, and increase access to social and environmental opportunities. Since the community is central to the work, this study employs the community-based participatory research (CBPR) approach, which involves collaborating with the community as research partners throughout the process.[7]

Community-based participatory research (CBPR) has been effective in improving health outcomes in Hispanic communities, including obesity-related factors. CBPR is an optimal approach that brings community members, stakeholders, researchers, and practitioners together as teammates to understand and address social determinants of health that impact health equity. Many times, the most vulnerable populations do not have autonomy in the research process; however, CBPR intentionally seeks out community input in the research design and implementation process. Some Hispanic families and individuals have circumstances that could lead to health disparities. Poverty, English ability, acculturation and violent crime are all indicators in the Hispanic Health Risk Index because they are linked to negative health outcomes in this population.[8] These issues highlight the need to understand what the WHRC Hispanic community perceives as the real problems in order to discover valid solutions.

Several CBPR studies and interventions have focused on obesity, healthy eating, and active living in the Hispanic populations. A healthy lifestyle intervention using the CBPR approach found that Hispanic immigrant families reported positive aspects from health behaviors, peer advocacy, and community participation.[9] Another study found that Hispanic parents are trying to raise healthy-weight children while trying to maintain cultural identity and weathering the social, economic, and environmental challenges.[10] When the community identifies the difficulties and has a role in developing the interventions, program effectiveness and sustainability increase.[11, 12]

Trust is a crucial lever for behavioral change and utilizing resources in Hispanic communities. Among Hispanic patients with a physician, 97% reported being likely to follow their doctor's advice, 57% felt comfortable with their clinician, and 65.8% indicated that their clinician discusses healthy eating and active living with them.[13] Yet, there is a large proportion of people from this population that do not have a physician based on lack of medical insurance, inadequate transportation, and mistrust of the medical system.[14] In addition, Hispanics reported discrimination in the health care setting.[15] In order for people to take advantage of resources, they must have a sense of trust and accessibility.

Healthcare settings and schools commonly provide information and resources, but access and language can present challenges. Among Greenville County Hispanic residents, 61% of people lack any health insurance.[16] Fifty percent of parents with children ages 5-12 experience a language barrier in communicating with their child's teacher.[16] Moreover, over 40% of respondents reported that they experienced discrimination due to language or racial appearance.[16] In order to build trust, this study team will include community health workers, *Promotores*, who are respected in the community, share the language, and have the ability to connect community members to various services.

Significance. There is a major public health problem when 44% of Hispanic youth in Greenville County are overweight or obese. There are barriers to healthy eating and active living, and CBPR uses partnerships to uncover meaningful insights that can change people's health and environment over their life course.

Purpose. The purpose of this study is to gain a deeper understanding of factors that promote and hinder healthy eating and active living for WHRC Hispanic families to identify appropriate interventions. The aims of this qualitative study using parent focus groups, youth focus groups, stakeholder interviews, and a stakeholder focus group include:

Aim 1: Understand community perspective of healthy families and children, facilitators and barriers for healthy eating and active living within cultural and environmental contexts, and assets in their community to address childhood obesity (parent focus groups; youth focus groups).

Aim 2: Examine stakeholders' perspectives concerning community-level factors that contribute to WHRC Hispanic youth obesity; and policies, systems, and environmental changes that could address the issues (stakeholder interviews; stakeholder focus group).

Aim 3: Generate feedback about trust, advocacy, assets, and access to support intervention development (parent focus groups; youth focus groups; stakeholder interviews; stakeholder focus group).

Project Background
LiveWell Greenville (LWG) is the convening organization for this project. It is a coalition of more than 200 partners across business, healthcare, government, and non-profit sectors creating healthy eating and active living policy, systems, and environments (PSE) change where families live, learn, work, play, and pray. LWG is committed to four founding principles: 1) being responsive to the community using community-based participatory research (CBPR) practices; 2) engaging formal and informal leaders; 3) focusing on PSE changes; and 4) using data to drive action. This coalition is the convening partner for this line of research, and initiated this study based on previous studies focused on the Hispanic population, obesity, and health in Greenville County.

The WHRC Hispanic community and study design was chosen based on two local studies. The first study was the 2014 Greenville County youth obesity study, conducted in partnership with LWG and Furman University. This study examined the rates and demographic trends in youth obesity. An updated version of the study is currently underway that will add a geospatial component to identify where in the county youth obesity prevalence is highest as well as longitudinal trends in obesity prevalence and related disparities. This data will continue to inform the efforts of the proposed initiative. The second study was the 2018 Hispanics in Greenville Study conducted in partnership with Hispanic Alliance and Furman University. This study included 400 community-based surveys with Hispanic residents to develop a

compassionate and realistic picture of the health, legal, educational, and financial barriers and assets for our Hispanic community, with the intent to fuel and inform cross-cultural collaborations to build a diverse, equitable and thriving community for all. The proposed study was built upon these findings.

METHODS

Community Focus Groups

The reality of the Covid-19 pandemic influenced participants' recruitment methods. Furman University's IRB did not approve in-person data collection, and as a result, the team identified creative and new ideas for participant recruitment, facilitated by the project's community mobilizer (CM), including,

1. Students' referral or contact list was requested from selected stakeholders that participate in the Hispanic Alliance networking group such as Neighborhood Focus, Students Dreamers Alliance, Churches and PASOs' Community Health Workers (CHWs). After the referral, the CM had to contact the mothers to explain the study in more detail and arrange participation.
2. Recruitment flyer distribution via text messaging, WhatsApp, email, social media (Facebook groups), and distributed in person at community food distribution events, organized by the Hispanic Alliance in the context of the Covid-19 pandemic (La Canasta Básica) in the WHRC. The Canasta Básica program database, that contains participants' contact information, was also used to reach participants.
3. Snowball sample recruitment techniques were also employed including sending text messages to participants to request referrals. The CM contacted stakeholders from partner organizations, who were identified by the community study team, via email and/or phone to aid in recruitment.

After potential participants agreed to partake in the study, the CM then assisted participants with downloading the Zoom App and demonstrated how to access the Zoom meeting platform for participate. The logistic implications of conducting the focus group via video conferencing, instead of in person as originally planned, determined the study team decision of completing nine of the 12 meetings that were originally planned. The team conducted nine focus groups (FGs) as follows; three with middle school students (n=21), three with high school students (n=23), and three with parents (n=19); for 63 focus group participants. Parents' eligibility included being of Latinx origin or descent, 18 years of age or older and to reside in the WHRC. Students' eligibility included being of Latinx origin or descent, currently attending middle or high school and to reside in the WHRC. The meetings lasted 90 minutes and were conducted by using a focus group guide developed based on review of literature and our research aims (Table 1). Participants read and signed electronically an informed consent (including a parent assent form for the students) and completed a demographic form before the meeting with the CM facilitation. The nine focus group meetings were conducted from June to September 2020. Participants received a $25 virtual Wal-Mart Gift Card. Participants were given the option of participating in English or Spanish for the focus group meetings. All participants, including students, opted for participating in Spanish. The sessions were audio-recorded and later transcribed in Spanish by an independent provider. Participants' identifying information was removed from the transcripts. An independent translator translated the Spanish transcriptions into English. Two study team members, including the CM, coded the English transcripts using NVivo for data management and analyzed the coding reports for potential themes. Further, four research team members analyzed the text produced from the NVivo coding reports and developed consensus on themes generated from the data analysis process using the constant comparison approach.

Table 1. Focus Group Guide

- Please share for how long you have been living in the WHRC area.
- How has COVID-19 influenced your and your family's options for healthy eating? (Probe: Challenges, barriers, knowledge, lifestyle changes, access to resources, information, etc.).
- How has COVID-19 influenced your and your family's options for an active living? (Probe: Challenges, barriers, knowledge, lifestyle changes, access to resources, information, etc.).

From this point forward, please try to answer our questions without taking in consideration the COVID 19 situation. To the best of your ability, try to answer our questions considering your life before the pandemic.

As we move forward, please answer the questions based on the place where you actually live.

- How would you describe a healthy family? (Probe: physical and psychological factors)
- How would you describe a healthy child? (Probe: physical and psychological factors)
- What do you consider overweight is? What is the ideal size for a child?
- How does your country, community or family view a healthy child?
- What aspects make it easier for you to raise a healthy child? (Probe: in home and community)
- What aspects make it harder for you to raise a healthy child? (Probe: in home and community; discrimination)
- What do you consider healthy eating? Which aspects can help you to maintain a healthy eating habit? What aspects make difficult for you to maintain a healthy eating habit? (Probe: at home and in community)
- What do you consider is to have an active live? What aspects can help you to have an active live? What are your main obstacles to maintain an active live? (Probe: at home and in community)
- When you personally have a difficulty, how do you solve it? (Probe: How do you organize yourself to solve it? Do you seek for help? Do you make different plans?)
- How does your family and social circle help you be healthy? What resources do they share?
- What are resources in your community that help people be healthy? Please explain. Do you use these resources? Why or why not?
- What does trust mean to you?
- Do you trust your neighbors? Why or why not?
- Do you trust the service organizations that offer services in your community? Why or why not?
- If you have a need, are there people or organizations that can help in your community? Explain.
- Can you go to the organizations that offer resources that you and your family need? What makes it easier? What makes it difficult?
- Please mention two talents that you think you or somebody else in your family has and that might contribute with promoting active living and healthy eating in your community. (Probes: culinary, physical activities, sports, advocacy, leadership, etc.)
- Please mention two learned skills that you think you or somebody else in your family has and that might contribute with promoting active living and healthy eating in your community. (Probes: technical, professional training or self-learned skills; e.g., exercise instruction, health care, etc.)
- Please describe two hopes or aspirations you have for your community. (Probe: How do you dream your community to become in the future; What would you like to change for the better in your community)
- Please mention two things you believe everyone should know about your community.
- Please mention two organizations (institutions) or groups (associations and clubs) which had been involved, historically and actively, in helping your community to become a healthier place to live.
- What do you think are important things, places or organizations you have in your area that could potentially help you address obesity in your community?
- What people or organizations are good advocates for health in the Hispanic community?

Stakeholder Interviews and Focus Group

The community study team members collectively provided a list of potential stakeholders to interview. One study team member emailed the professionals on the list to request an interview. We recruited 20 participants for stakeholder interviews. Eligibility criteria included that they served the Hispanic population in the White Horse Road Corridor area; worked in the education, health, community, or faith sector; and were at least 18 years old. Those interested completed the consent form and scheduled a time to meet over Zoom video conferencing or the telephone. After the interviews were complete, the study team identified a need to recruit a purposive sample of stakeholders from the housing, transportation, and business sectors for a focus group to gain more insight about policy, systems, and environmental change in the community, which resulted in a Zoom video conference with six participants.

The study was approved by the Furman University's IRB. Stakeholder interviews and the focus group were conducted in Greenville, South Carolina over video conferencing or telephone. A study team conducted 20 interviews and one focus group (n=26). The interviews lasted from 30-60 minutes, and the focus group lasted 75 minutes. For the interviews and focus group, the study team used a semi-structured guide based on review of literature and our research aims. Table 2 has the stakeholder interview questions and Table 3 has the stakeholder focus group questions. The 20 stakeholder interviews were conducted from June to August 2020, and the one focus group was conducted in October 2020. The stakeholder interviews received a $25 Wal-Mart Gift Card. The sessions were audio-recorded and later transcribed. One study team member coded the transcripts using NVivo for data management, and then the research team analyzed the text produced from the NVivo coding reports. Three team members read the coding reports and analyzed the content for potential themes. During a series of team meetings to allow for the constant comparison approach, we shared our findings, discussed the data, and collectively solidified the themes.

Table 2: Stakeholder Interview Questions

- What is your role in the community? What programs do you have? What percentage of the people you serve are Hispanic?
- In your opinion, what are the important health issues currently facing the [people you serve – insert appropriate group]? If not mentioned, please ask: How has COVID-19 affected the health issues you mentioned?
- Are you concerned about obesity in your community? Please explain. What about Hispanic youth obesity? Please explain.
- In the community, what hinders healthy eating? What supports healthy eating in the community?
- In the community, what hinders active living? (Probe: how does this particular location impact active living; Highway 25, etc.) What supports active living in the community?
- Are you aware of policies that could be helpful to address obesity among Hispanic youth? Please explain.
- Are you aware of programs that could be helpful to address obesity among Hispanic youth? Please explain.
- What other types of resources are needed in your community that you think could reduce obesity rates?
- How would you describe the availability of these resources in the community?
- How do residents respond to and engage with resources? (Probe: Do they simply follow the programs, give active suggestions, inquire about ways they can help, go off to start their own initiatives etc.?)

- What are ways that your institution contributes, or could contribute to decreasing obesity among Hispanic youth? How is that going?
- For people who provide services: What are your barriers to serving the Hispanic community? What resources would be helpful for you to serve more efficiently and to reach the Hispanic community?
- What challenges have you heard about with community members engaging with resources concerning healthy eating and active living?
- The next questions will talk about trust, so we would like to know what does trust mean to you?
- Do you think people trust their neighbors in this community? Why or why not?
- Do you think people trust the service organizations in this community? Why or why not?
- When people need something, what do you think they do? Are there people or organizations that can help in your community? Explain.
- Can you access the resources that you need? What makes it easier? What makes it a challenge?
- What are two hopes you have for this community?
- What are two things you believe everyone should know about this community?
- What are two organizations (institutions) or groups (associations and clubs) which had been involved, historically and actively, in that are helping this community to become a healthier place to live?
- What do you think are important things, places or organizations you have in this community that could help in addressing obesity?
- What does advocacy mean to you? What people or organizations are good advocates for health in the Hispanic community?
- Is there anything else you would like to add?

Table 3: Stakeholder Focus Group Questions

Before the focus group, a research team member provided an update on the stakeholder interviews and explanations for Policy, Systems, and Environmental (PSE) Change.

- What is your role in the community?
  What are current policies in place that impact the Latinx community in Greenville?
  What are potential policies that could improve the community for Latinx members?
- What are current systems in place that impact the Latinx community in Greenville?
  What are potential systems that could improve the community for Latinx members?
- What are current environmental supports in place that impact the Latinx community in Greenville?
  What are potential environmental supports that could improve the community for Latinx members?
  How does your organization view PSE changes? Please provide details.
  Do you see yourself as an advocate? Why or why not? If so, what are ways that you advocate?
  As leaders, how do you advocate for PSE change?
- After hearing the results and this discussion, what would you recommend as the next steps for the "Build Trust, Build Health" project?
  Is there anything else that you would like to add?

Community-Based Participatory Research (CBPR) Approach
CBPR is a collaborative approach to research that has been useful in engaging disadvantaged communities to reduce health disparities. Through CBPR, communities have been directly engaged in culturally competent research.[17] The research team used a CBPR approach to orient the design and implementation of the Build Trust, Build Health project. CBPR methods allowed the research team to promote community engagement in the research process, with the purpose of enhancing the WHRC Latinx community's ability to address its own health needs and health disparities, with a focus on youth obesity. CBPR also helped the research team in understanding the community priorities.[18] Our project pursues fostering a collaboration with the WHRC Latinx community to promote policy, systems and environmental (PSE) changes, as well as building community capacity to reduce the disproportionate rate of obesity among Latinx youth in this community.

This qualitative research study represents a culturally appropriate and community-engaged research method/approach to guide the development of a participatory action plan to address the obesity disparities affecting the WHRC Latinx community. The integration of more participatory elements in this project intends to encourage greater subjective participation and engagement than what is typical for most qualitative studies. It required involving the people and/or community of study (for this study community members [middle and high school age students and parents] and stakeholders) to be part of the research process in as many ways as possible by incorporating some CBPR principles in the study. The research goal was to help participants give us their own accounts of the factors that either hinder or facilitate healthy eating and active living. Having a research team that is composed of bilingual Latinas with experience in working with the target population increased our capacity to make cultural interpretation of participants' accounts with the purpose of increasing the likelihood of respecting study participants' views of their reality. In this effort, as a research team, we made efforts to frame ourselves as study facilitators and not experts, allowing participants to take on the roles of educating, sharing, and discovering. This perspective allowed us to limit issues of power imbalance to the greatest degree possible, through a co-learning process.

This qualitative study incorporated five of the nine CBPR principles in its design.[17] The study builds on an existing academic-community partnership among LiveWell Greenville, the Hispanic Alliance, and PASOs, and two universities (Furman University and Clemson University). The research team incorporated some strategies into the project related with the following CBPR principles:

- Principle 1 "Acknowledging the community as a unit of identity." The WHRC Latinx community is our target community. Our efforts pursue acknowledging that the community as a whole has importance and should have its opinions and values heard and honored.
- Principle 2 "Build on strengths and resources within the community". This principle was incorporated through gathering information about individual and community assets from community members and stakeholders, and to use this information to complete an assets' inventory. In addition, by engaging some stakeholders (community mobilizer and PASOs Community health workers' [CHWs]) at different stages of the research process including participants' recruitment, instrument's pilot testing, and data collection. CHWs who participated in a pilot test of the focus group questionnaire provided feedback that informed the refinement of the questionnaire. The community mobilizer facilitated three of the nine focus group meetings, and was also instrumental in facilitating a virtual modality for the focus group meetings.
- Principle 3 "Facilitate collaborative, equitable partnership in all phases of the research". This principle was incorporated through developing a planning and implementation process that included all partners in the decision-making process related to research design.

- Principle 4 "Promote co-learning and capacity building among all partners". All academic and community partners were co-responsible for the study design, implementation and data-analysis through a process that fostered synergy and co-learning for all partners.
- Principle 8 "Disseminate findings and knowledge gained to all partners and involving all partners in the dissemination process:" this principle will be achieved through a process of sharing study results and collecting participants' input through coalition meetings and community forums. The research team is developing a strategy to conduct virtual community forums due to restrictions imposed by the Covid-19 pandemic

RESULTS FROM THE COMMUNITY

Participants

Table 4 includes the socio-demographic characteristics of 24 (55%) of the 44 middle and high school age students that participated in the FGs. Participants were equally distributed according to gender. The average age of participants was 16 years, ranging from 11 to 19 years. All participants self-identified as Latino/Hispanic, reported having had lived in the United States (US) for an average of 15 years, and in the WHRC for an average of 12 years. Although 83% of the students (20/24) reported having been born in the US, only 63% reported their country of origin was the US. Reflecting a connection with their parents' country of origin, as well as the need for accounting for the role of acculturation in the development of this young population. Students reported that the preferred language spoken at home was Spanish (88%), with only 4% reporting English and Spanish.

Table 4. Demographics for middle and high school focus group participants

Variables	Categories	Students (n=24*)
		Percent (n)
Gender	Female	50 (12)
	Male	50 (12)
Race/Ethnicity	Latino/Hispanic	24 (100)
Country of origin	Mexico	21 (5)
	Nicaragua	8 (2)
	Honduras	8 (2)
	United States	63 (15)
U.S. Born	Yes	83 (20)
	No	17 (4)
Preferred language at home	Spanish	88 (21)
	English	8 (2)
	English/Spanish	4 (1)
Age (Years); Mean= 16, Range 11 - 19		
Years lived in the U.S.; Mean= 15, Range 6 - 19		
Years lived in the WHRC; Mean= 12, Range 1 - 19		
*Only 24 (55%) out of 44 students completed the socio-demographic questionnaire.		

Participant parents were primarily low-income (52% less than $19,999) and low educational level (58% less than high school) stay at home mothers (47%), who self-identified as Latinx immigrants, primarily from Mexico (63%), and with limited English speaking proficiency (LEP) (89%). In addition, 58% of the

participants reported not having access to regular medical care, and only 26% reported having health insurance. Those with insurance had primarily Medicaid (80%) (Table 5).

Table 5. Socio-demographic profile of parents

Variables	Categories	Parents (n=19) Percent (n)
Gender	Female	100 (19)
Race/Ethnicity	Latino/Hispanic	100 (19)
Country of Origin	Mexico	63 (12)
	El Salvador	5 (1
	Guatemala	11 (2)
	Honduras	11 (2)
	United States	11 (2)
US Born	Yes	11 (2)
	No	89 (17)
Marital Status	Married	74 (14)
	Separated	11 (2)
	Never been married	11 (2)
	Prefer not to answer	5 (1)
Education	Less than High School	58 (11)
	High School graduated or equivalent (GED)	42 (8)
Work Situation	Working full-time	16 (3)
	Working part-time	16 (3)
	Self-employment	11 (2)
	Stay at home parent	47 (9)
	I have not worked for more than one year	11 (2)
Household Income	Less than $10,000	26 (5)
	$10,000 a $19,999	26 (5)
	$20,000 a $29,999	5 (1)
	$30,000 a $39,999	11 (2)
	More than $40,000	5 (1)
	I don't know	16 (3)
	I chose not to answer	11 (2)
Preferred Language at Home	Spanish	89 (17)
	English	5 (1)
	English and Spanish	5 (1)
Regular Medical Care	Yes	58 (11)
	No	42 (8)
Health Insurance	Yes	26 (5)
	No	74 (14)
Type of Insurance	Private Insurance	20 (1)
	Medicaid or CHIP for children	80 (4)
	Medicare	0
Age (Years); Mean= 37, Range 22 – 51		
Years lived in WHRC; Mean= 11, Range 2 – 23		

Themes

COVID-19 pandemic influence on healthy eating habits

The COVID-19 pandemic has changed dramatically the socialization and daily life patterns for families across the globe. We explored to what extent the COVID-19 pandemic has influenced focus group participants' healthy eating habits. **Participants' experiences differed, with some reporting they have not experienced any changes in the family eating routines, others that they are eating healthier than before the pandemic (e.g., eating more vegetables and fruits, less fry food options, etc.), and others reported challenges at the beginning of the pandemic.** A parent said, "*…now we learned how to cook a little healthier and we eat more fruits with the pandemic.*" Being able to cook more at home because of the stay at home order, as well as eating less outside were reported as main reasons to the transition into healthier eating habits. For instance, a high school student reported "*It has been improved. Because we don't eat street food, we eat more food from home.*" Whereas, some participants reported less healthy eating practices at home at the beginning of the pandemic either due to food scarcity or eating more than needed while staying at home for a longer time. **Unemployment** was signaled by a parent as an important reason for a decreased access to food during the pandemic.

Influence of the COVID-19 pandemic in participants' active living

Some participants reported being **less active or doing no activities outside their homes during the pandemic, but particularly at the beginning. However, some participants reported being more active than before by making adaptations to occupy their time, and using resources as spaces outside their home and using YouTube videos at home.** Some of the reasons mentioned for a reduction in the frequency of daily activities, were anxiety, gym and other places to exercise closing, and less school attendance. A parent said, "*We were affected a lot, with being overweight, I began to see that my child ate a lot, they got fat. We could not go out also, but just sitting, playing, you get stressed at home, indoors. There was no other way, to stay here. More than anything for prevention of the disease right now.*" Others reported being more active than before the pandemic because they have more time at home as a family. A parent mentioned using YouTube videos to exercise at home. A middle school participant said, "*[f]or us before, we hardly played out there a lot, but now we do because now as there are not many things to do here inside because we are always at home, now we go and play outside more with the bicycles, with the trampoline and all that.*" To stay active during the pandemic, some families reported having have made adaptations such as, going out to walk with their children later at night to avoid crowds, or just being more careful to avoid exposure. Some participants reported not having changed their daily activities due to the pandemic.

Conceptualization of a healthy child

Participants identified both, **mental/behavioral and physical characteristics or processes to conceptualize a healthy child.** Most indicators mentioned by participants included an **appropriate weight, a child that plays and has fun, and a child that stays active, eats healthy, and does not spend to much time with electronics.** A middle school participant said, *"[a] healthy child, I would say that he doesn't like playing video games so much, he likes to play active games more, physically, not like that."* Behavioral aspects mentioned by participants included, doing productive things, not bullying, and not playing video games so much. The psychological or emotional aspects mentioned were **feeling safe and happy, having less stress, a positive mindset, and a high self-esteem.** A middle school student said, "*I think that a child who has a good mind is very smart and thinks very positive instead of thinking everything in a very negative way.*" In words of a parent, *"For me, a healthy child must be healthy both emotionally and healthy in body and mind, in everything. That they grow so well, in weight not too chubby, not too short, just as it all depends on you, the food you give them."* Other indicators used by participants to conceptualize a healthy child included, eating healthy, doing exercises, mutual care, and

familism (*Familismo* in Spanish) (Middle school student, *"[a] child has to work with his family as a team."*).

Cultural perspectives or views of a healthy child

Participants considered that **the views on a healthy child differ across countries and cultures, that a child's health is a parent's duty and that it requires systems and resources in place.** Parents made differentiations between the United States and Latin American countries' views of a child's proper weight and behaviors to express whether a child is healthy. A parent said, *"What matters to them is if they can work, if they can help around the house, if they can cook, this is already what a healthy child is for them [in Latin America]…"* About 10 participants expressed notions about their, or their relatives, perceptions of a healthy child to be one who is overweight or chubby (*gordito* in Spanish). In words of a parent, *"I have three children; all three are very active because I try to keep them active. Two of them are skinny. I am skinny too. The youngest is a little chubby and my mother tells me that he is fine."* Another parent said, *"[n]ormally, at least, when I see a chubby child, the first thing I say is that child is very healthy."* In words of a high school student, *"[j]ust like when, my grandmother came, because I'm thin, she says, "Why don't you eat more? You're not okay."* However, some participants deemed as important **the role of health care providers in educating parents about the notion of a healthy child.** Parents reported that their child's pediatrician had helped them in shifting this cultural view or notions of what a healthy child is. A parent said, *"I had that tendency for a long time, that changed at some point when I asked the doctor, I saw my children grow a little more and I began to see that their body is thin. I told the doctor that I wanted him to give my children something because they looked very skinny. That's when my concept changed when the doctor told me that he didn't want fat children."*

Participants used various indicators to reflect their perspectives of a healthy child, **including a child that is in good health, independent, active, productive, respectful, and that has a proper weight. The importance of access to resources, bonding social capital, and parent's consideration of their child's mental health status.** Various participants alluded to concepts related with the cultural value of *respect* (*respeto* in Spanish) for others and civic behavior to describe what they think a healthy child is, including caring for and keeping their community clean, helping other people, and being respectful to others. A high school student said that a healthy child is *"…responsible where they live, and they don't throw things away where they live or where they are."* In addition, participants mentioned being productive, active, independent, in good health, and eating well as characteristics or expected behaviors of a healthy child. However, some high school students identified as important that parents consider their child's emotions and mental health as an important aspect of being healthy. A high school student said *"parents' priorities for children in other places such as Mexico or Latin America are different and they are not worried about things that are not considered, because they simply are not taught for that or it is not culture. Like depression, such as mental problems or among the family where sometimes not all the emotions that a child feels are considered."* Some participants raised the importance of having accessible nutritional and health resources, and the role of social capital in keeping children healthy, particularly by comparing the US with Latin American countries. A high school student said, *"[h]ere they know how schools give free food to children, in Latin American countries they do not - Because they are third world countries they do not have the resources to give children this, food, vaccines or medicines, compared to here in the United States, so that is a problem."* Regarding bonding social capital a parent said, *"…I have Nicaraguan friends with small children, I have Colombians, I have Salvadorans, I have Mexicans and everything. We are like seven, eight moms, who are focused on children eating healthy, children being active, trying not to eat too much, trying not to be too attached to television, to the tablet, that they do more physical exercise…"*

Conceptualization of active living

Most participants mentioned that **doing exercises, having a routine, playing, helping in their community, working hard, walking and other activities at or around their home or at school** reflects what active living is. In addition, participants said that having an active life means **no addiction to electronics and not being sedentary.** A middle school student said, *"…going outside, doing sports, walking. So we can maintain a healthy life."* Similarly, a high school student said, *"I go to the gym to do weights, I go hiking, I do many things, I rock climb, I do a lot of swimming. Many things, there are many things that can be done, go to the field for a run, to the park for a run."* The importance of establishing a routine was signaled by a middle school student by saying, *"Having a routine can help us, because if you have a routine you know what you are going to do next, and it helps you to be more active."*

Some participants described active living as **working hard, helping in their communities, and being active at school.** In addition, **having a routine and no addiction to electronics** were also identified as factors that contribute to active living. The school was identified as a setting that promotes active living. In the words of a middle school student, *"[a]t school we can be more active because we have physical education, there they also make us exercise, or sometimes we have recess, we go out to play and all that."* Regarding use of electronics, a high school student said that an active person would be one that *"…is not addicted to a telephone, a screen, a television or something."* Some participants mentioned that not having a sedentary lifestyle is a reflection of active living. In the words of a middle school student, *"…not just staying at home doing nothing, that is not good for us, because when we are at home we just watch TV, we do things that are not healthy."* In the words of another middle school student, an active person, *"…is always doing something, they always do things for a purpose, as they work to have all the money to do the things they need, they also take the time to do things that are fun for them."*

Factors that contribute to active living

Participants were asked to identify factors that help them in having an active life. We grouped these aspects intro three categories including:

- **Community resources: community exercise/gym equipment, courts, and places to play.** A high school student said, *"[y]es, there are like gym equipment that is out in the open for the public. I have seen that some people use it, I believe that this is also part of helping the community to be more active."* A parent said, *"[w]hat helps us, a program, is the Prisma Life Center, which is located here near where we live. You pay a very cheap membership. It is economical because it is familiar, you can include the whole family, the cost is a fair price and they have everything to exercise with, and you can enter any YMCA."*

- **Behavioral factors: activities (such as, playing, doing sports, walking, walking the dogs, and go to church), allocating time for exercising, reducing alcohol consumption, and eating healthy.** In addition, in this last category participants mentioned the importance of **allocating time for exercising, avoiding depression from looking at social media beauty stereotypes, and reducing time invested in using communication technology** (e.g., cell phones, tables, computer, etc.) as important factors to be more active. A high school student said, *"…to allocate time to spend exercising, allocate a little time to focus on that. You see that we have work or school, or our lives are full of things."* In relation to the influence of social media stereotypes in mental health and motivation to stay active, a high school student said, *"In a negative way, because as I mentioned, a lot of people who suffer from depression, mental health. They start comparing, they start to see things on Instagram and that can affect their spirit, it can affect the energy they have. There is no motivation, there is no such encouragement. It can affect their self-esteem, their body, it can affect*

the way they see themselves…" The excessive use of technology was also mentioned as a behavioral factor that influenced having an active life. A high school student said, *"I think that since 2020 there is a lot of technology, there are many people glued to cell phones, on TV, they spend their free time watching the phone, watching TV, they forget to go outside or exercise.."* Excessive alcohol consumption was signaled by a high school student as a factor that hinders active living by saying, *"the Hispanic culture many of the men drink beer and sometimes drink excessively and I think that something that can help them is having an education on that beer is very bad for the body, because many of them take it as if it is water… Since they don't know what beer can do…"*

- **Work and life conditions: having better wages or a minimum wage to have time to be active, as well as having choices to be active.** In words of a high school student, *"It could be the minimum wage for workers. I suppose that the Hispanic community has gotten used to working a lot, maybe because sometimes you are not well paid or sometimes because their families are large, but if they had the resources they would have more time to work a little less and give themselves a time to be active."*

Factors or barriers that hinder active living
The factors or barriers that hinder active living are categorized below as either *family or personal factors*.

- **Family factors: crowded houses and the size of the household and outdoors space.** A middle school student identified the amount of people living in the household as a factor that reduces the opportunities to be more active. The student said, *"[a]nother thing is the number of people in your house or your family, if you have a large family you cannot be doing all that with all of them, because there are too many people."* The size of a house and its outdoor space was also considered as a factor by another middle school student who said, *"[s]ome effects that don't help us is having a small place, a small house and not having a place outside, because if you don't have this, how are you going to do it? You can't do it inside or outside."*

- **Personal factors: schoolwork, excessive use of technologies, working and studying, taking care of children's extracurricular activities, lack of personal drive/sadness, and sickness.** Students said that the amount of schoolwork is a factor that might hinder active living. A high school student said, *"[s]chool also takes a lot of time. Now with school and everything, you have many classes. If in your classes, they want you to read many books and then you have to write many papers. That takes time away from you."* A middle school student referred to an excessive use of communication technologies as a deterrent to active living. The student said, *"[s]ometimes when my mother tells me, "Give the dogs food," I help my sister wash the dishes, I help her take out the garbage, I say, "Yes, I will help you", but then I don't do it in the moment because I am tired, because I am distracted on the phone."* Transporting their children to extracurricular activities was viewed as a parent barrier to maintaining an active life saying that, *"…it is work, running to take them to sports, which makes it difficult for me to maintain an active life. You will be running, but I will not be productive because I am driving, I arrive at the fields, I sit down. It is difficult for me to go running, take them and bring them, get them ready to sleep. That gets a little more complicated."* High school students reflected on the intersection of mental health (depression and anxiety) and emotional issues (lack of drive and energy) with one's physical health (heart disease) as factors that hinder active living. The students said, *"[s]orry, I think what can hurt me is have anxiety and depression because that can hurt you in your mind and in your heart."* In addition, *"[o]f course you also have to have a lot of motivation, you have to feel that you do want to do it because if you don't, you're not going to —*

Maybe for a while you do it, but then you stop doing it because you forget. You have to dedicate yourself to that."

Conceptualization of healthy eating

To conceptualize healthy eating participants referred to when and how to eat, as well as to the type of food a person should eat. **Having a balanced diet and eating on time and with moderation were described as proper ways to eat to be considered as a healthy eating habit.** A high school participant said, "I *think that I consider a healthy diet, it is a balance, not always eating all the vegetables all the time, but it is a balance for the body, giving it what it needs.*" Some of the types of food mentioned by participants as descriptors of having a healthy eating habit included *little carbs, no soda, no fried or oily foods, no junk food, eating plenty of salads, vegetables and fruits, and eating from the food pyramid groups.* In the words of a high school participant, *"I think that a healthy diet is eating from the food pyramid groups, of fruits, vegetables, whole green products and that."* In general, high school students incorporated more nutritional concepts in their responses as compared to middle school students and parents. This observation reflects **the role that the school system has in increasing nutrition knowledge in the community.**

Factors that contribute to healthy eating

The factors identified by participants as **contributors to healthy eating** were categorized as:

- **Family-household related factors:** drinking plenty of water, not having sugar beverages and unhealthy food choices at home, and cooking healthy food choices;
- **Personal related factors:** doing exercises and being active, taking vitamins, avoiding fast food restaurants and not eating junk food, finding motivation in preventing health issues; and,
- **Resource availability related factors:** having a family garden, having a good education, vegetable and fruits boxes conveniently sold or donated close to home, training programs to learn how to cook healthier, and having access to healthy food recipes at home (e.g., Pinterest, YouTube, Google, etc.).

Regarding family-household related factors, a parent said, *"…eat well and always have water in the fridge. We don't have to have so much sugar."* A high school student also mentioned that healthy eating is related with, *"…the liquids we consume, because, for example, in the Hispanic community and around the world, soft drinks, Coca-Cola, that is very common and we forget to drink water …or maybe Natural juices, also children who love to drink sugary drinks and all that…"*

Participants also identified personal factors as contributors to healthy eating. For instance, a high school student commented on his motivation to eat healthy, *"It motivates me because I know that in the future, I will not worry about serious health problems."* A middle school student commented on the importance of avoiding junk and fatty foods by saying, *"Don't eat so much junk, because later if we eat a lot we will always want more. If we eat healthier our body will get used to it."*

One of the resources, mentioned by several participants, as a facilitator to eating healthier at home was the possibility of conveniently, buying or obtaining vegetables and fruits close to where they live. A parent said; *"[h]ere vegetables are consumed a lot, here in my house because they bring us a lot of vegetables sometimes, from a church they come to leave me food; from there we consume a lot of vegetables."* A high school student mentioned the importance of cultivating vegetables and fruits in household gardens by saying, *"…outside our house, we have a piece of land that we put next to it to plant vegetables. Right now, we have pumpkins, carrots, potatoes. We also have a lot of peaches, apples, pears, whatever there is."* Regarding access to training to learn how to cook healthier, a high

school student said, *"I think it's also because some adults don't know how to cook healthy, maybe they have customs from their countries, in which they were not taught how to eat from the five groups. …They have workshops where they teach people how to cook the food that they are used to, but also eat food that is healthy at the same time."* Having access to healthy food recipes at home was identified by a parent as an important resource to eat healthy, *"[s]ometimes it is junk food that is made easier and having a healthy food recipe helps a lot. I use Pinterest, if not I find it out there on Google, but I also use YouTube videos."*

Factors that hinder healthy eating
Participants identified factors/barriers that hinder healthy eating for them and their families. These factors were grouped into four categories including family environment, contextual factors, organizational factors and personal factors.

- **Family environment factors/barriers: family size, food presentation techniques, parents' limited healthy eating knowledge, parents' pressure for children to keep eating, and having unhealthy food in the household.** Regarding family size, a parent said, *"…if we think about very healthy foods, maybe our purchase would rise to USD150 or USD175. Perhaps it is an amount in which, some families are larger, do not have it available."* Middle school students referred to the way the food is presented to them as a factor that could either encourage or deter them from eating, by saying, *"[t]here are some vegetables that I don't like; I usually put them in the soup."* Another factor mentioned is the availability of unhealthy food choices in the household. A middle school student said, *"[t]ry not to put unhealthy food in your house, when you go to the store try to go to the section where everything is healthy." "I like to eat a lot of snacks, many times my mother, she is always buys and I am always eating them."* Parents' pressure for children to keep eating after being satisfied was another relevant factor mentioned by participants. A middle school student said, *"I had a problem, I did not want to eat because I was not hungry, …I am full and suddenly my mother tells me, you have to eat because it is for you so that you feel better. Sometimes when she tells me that I start to get mad at her."*

- **Contextual factors/barriers: high cost of healthy food options in the area (food desert).** A parent said, *"[m]any times money also has a lot of factor, because a bag of lettuce is more expensive than a sabritas, sometimes a bottle of water is more expensive than a large two-liter soda. That also influences a lot, money. If you want to buy a lot of vegetables, a lot … Then if you don't know if it's organic… The organic is very high [in cost]. …If you want to buy whole wheat bread, it is much more expensive than white bread. Money is also a factor."* This perception was shared by a high school student who said, *"[s]ometimes you also say, "I'll pass", because sometimes you have limited time. You can also go to a restaurant that serves good food, but that is much more expensive than going to the most convenient places, you can go through Gypsy and grab a coke and your pizza, and there it is."*

- **Organizational factors/barriers: language barriers and school food choices as deterrents to healthy eating; and doing exercises as a motivation to eat healthier.** Regarding language barriers to healthy eating a parent said, *"…many of those who are here always make a great effort to learn the language, which I have done, but one of the things is the language, because we find some books or some information somewhere, but it is not in our language and we do not fully understand it."* In reference to the role of school food choices as a factor that hinder healthy eating habits a middle school student said, *"[s]ometimes at school they sell things that we want, we want to eat and it's in front of us, that can't help us eat healthy."*

- **Personal factors/barriers: personal eating preferences, lack of time to prepare foods, lacking motivation/sadness, low educational level, substance abuse and technology overuse were identified as factors that influence healthy eating.** A high school student identified the lack of time to prepare foods as a barrier for healthy eating. The student said, *"[s]ometimes you are at work all day, because sometimes one works about 10 to 13, 14 hours a day, sometimes you prepare your food for lunch time, but all the time when one hasn't ate sometimes from work one stops and grabs McDonald's, the Chick-fil-A, whatever, whatever you have on the way."* Pertaining low-educational level as a barrier, a high school student referred to the importance of education to help break bad eating habits. The student said, *"[y]es, I thought it could be a bigger one, the lack of education, the culture you live in and the priorities. I can explain it, lack of education is that nobody taught them what is to eat healthy or how to eat healthy, and it is hard to get out of a bad habit, meaning that people find it easier to continue in the bad habit and live as they live, and not be healthier."* Reducing alcohol consumption was identified as a contributor to staying active. Excessive alcohol consumption was also identified as a factor that hinders healthy eating, in addition to tobacco and controlled substances. A high school student said, *"[s]ome people are alcoholics, alcohol is a hindrance, also people who smoke and those who use drugs like marijuana, cocaine and things like that, it hinders them, because they think, "cocaine", or alcoholic things, is what they are thinking , they are not thinking, I have to eat something healthy."*

Social Networks' support for eating healthier and staying active

We explored the role of social networks in encouraging and motivating a person to eat healthier and be active**. Participants identified parents, siblings, and other relatives and friends as people who motivate them to eat healthier and be active; or that could influence them negatively by pressuring them to eat unhealthy food choices at family gatherings. This reflects the important role that bonding social capital and *familism* has in fostering health outcomes for Latinx.** For instance, participants informed that they are encouraged by and they encourage friends to stay active. A participant said, *"[s]ometimes when I want to—How do you say it? When I want my friends to go outside, I send them pictures of, "Oh my God, it's a very nice day, why don't you go outside?"* Playing with siblings, playing and doing sports with, as well as receiving advice from relatives and friends were mentioned as motivators to stay active. A middle school student said, *"[s]ometimes when I go to my aunt's house, as my aunt has many children, they always want to play with me, with my cousin, as we are the same age we play soccer or something when I'm there with him and stuff."* The role of parents in providing support and encouragement for their children to eat healthy and be active was described as a parent's caring attitudes, parents' encouragement to exercise and parents' modeling behaviors. Middle school students said, *"[m]y parents and my family, I feel that they do help me to be active, plus my mother because she always tells us that we have to be healthy… She makes us exercise, sometimes when we are just sitting here she tells us that we have to exercise because it is good for us, she also tries to give us healthy food."* And*, "My mom takes me to play sports."*

On the other hand, some participants also mentioned relatives and friends could exert a negative influence by expecting and encouraging them to eat foods they consider unhealthy at parties and family reunions. This cultural and social pressure was described by a parent as follows, *"…[w]hen we go to the family reunion. They only know how to cook like that with oil or flour and all that."* And, *"The truth is not much, because we, the family we have, like to eat a lot of flour, fat."* A middle school student also said, *"[w]hen we are with the whole family we eat things that are not healthy."*

Conceptualization of trust

This section includes a description of participants' conceptualization of trust, as well as factors that influence trust in Community-based Organizations (CBOs) and neighbors. Trust is a willingness of a person (trustor) to be vulnerable to the actions of another person (trustee) based on the expectation that the other will perform a particular action important to the trustor. Trust is vital to foster productive health promotion collaborations between community members and providers. We explored focus group participants' conceptualization of trust. However, historic mistrust between vulnerable communities and researchers, based on past adverse experiences, can negatively affect the ability to collaborate in health promotion efforts within communities. **Participants conceptualized four types of trust, identified some essential trust characteristics, characterized a trustee, and identified trust as a precondition to foster positive and productive human interaction. The concepts and ideas shared by participants reflect that for Latinx trust is a very personal or one-on-one process.**

- **Types of trust identified by participants include generalized, reciprocal, self-trust and lack of trust.** Regarding generalized trust, a middle school participant commented that trust means having confidence and that it does not need to be exclusively about trusting another person. The student said, *"it does not specifically have to be a person, it is like having confidence."* Reciprocal trust was alluded by a high school student by saying, *"[t]hat you know that you can count on them and they can count on you too. So just like in communication with that person it is very important."* Both parents and high school students implied self-trust as a type of trust. A parent said, *"[c]onfidence is trusting yourself too. You do not have to trust other people too much. The main thing is to have confidence in yourself that everything is going to be fine and that is enough, I say."* And, *"[t]rust for me is like—that I can trust myself. When I have a goal, I reciprocate and when I meet that goal I can say, yes, I trusted myself and I was able to achieve that goal."* Finally, regarding lack of or having little trust in others a parent said, *"[t]rust right now is very difficult to find in people. It is something that is found in very few people, really."*

- **Characteristics of trust described by participants were, trustor predisposition to trust, honesty, a sense of safety, reliability and loyalty.** A parent argued that as human beings we must trust other people, or be predisposed to trust by saying, *"If you do not trust anyone, it is not the same; you always have to trust people. With trust, one finds help that is needed, that is what I believe."* Students expressed honesty as a reflection of trust when they said, *"[y]ou can be honest with them."* And, *"[t]rust for me, is if you are honest"*. A parent mentioned loyalty is a reflection of trust by saying, *"[t]rusting someone, loyalty."* A high school student alluded that a trustworthy person means that person is reliable by saying, *"[a] person who is reliable, if you ask them for something, they should be there because you don't always ask someone for a favor and the day you ask them, you expect them to be there."*

- **Characteristics that define a trustee included a person that has your back, a close friend, you can talk to, is reliable, does not judge, and that you feel safe to be around.** A high school student mentioned you could trust a person that has your back by saying, *"[f]or me, trust means that you can depend on someone."* Students also said that trusting a person means that you can talk to that trustee about your personal life, and he/she will not judge you. A middle school student said, *"[t]rust for me is being able to tell someone about all my doubts and everything I do."* In addition, a high school student said, *"[b]eing able to let someone else know about your life, being able to tell them your personal things."* *"A person who is confident that he can be himself with them. If they do not judge you."*

- **Trust is a factor that fosters positive and productive human interaction. Participants alluded to outcomes such as, relationship development, coexistence, mutual support, and believing in a person.** A parent referred to trust as a factor that promotes relationships by saying, *"[t]rust is everything; I believe that if there is no trust, the truth is there is nothing there; there cannot be any type of relationship if there is no trust."* Another parent labeled trust as a factor that helps us to coexist by saying, *"[t]hat one can trust each other for help, so that one can live with each other."*; as well as a factor that promotes mutual support, *"[t]hat one can trust each other for help."* Finally, a middle school student mentioned that trust is a factor that determines whether to believe in another person by saying, *"I think trust means something important to me because if you lose your trust with someone, you will no longer be able to believe what they say…"*

Trust in Community-based Organizations (CBOs)

Forty-four percent (28/63) of focus group participants informed that they trust CBOs offering services in their communities. The determinants of trust in service organizations included whether **the organization is located close to where they live** and if it is **a trustworthy organization**. In addition, factors that influence trust include if the organization **helps people, offers reliable services, community members know the organization** and if the organization **shares information about their services through social media** and other means of communication. Finally, participants mentioned that their trust in CBOs is also **influenced by the way they are treated at the organization**. A middle school student said, *"I trust churches a little, because sometimes churches do help you if you ask them, but sometimes I feel like they're not having a good day or something like that, and we don't want to disturb them."* Regarding the **role of social media** in learning about services offered by CBOs a middle school student said, *"I know because I see them through their Facebooks, their Instagrams and all that, not because I am not going to one of those district schools I don't know how they work there."* Similarly, a parent said, *"I just wanted to say that here where I am, in my area, they give us the information about the whole school, how it will work right now that they have already returned to classes. All the measures, yes they have been sending us a lot of information by mail, calls. They have taken good care of me at the school where I take my son."*

According to a high school student, **a reliable organization** motivates them to volunteer and to help others by saying, *"[w]e have the Hispanic Alliance, when I need something they always help me. I have Debra, which every time I have a question or something, they always go—how would you say this? They go out of their way to assist me, also like that, I would tell you, I am—I volunteered a lot with a lot of organizations. I know that if someone needs help, I am there. I would say yes."* This quote also reflects *personalism* **as a Latinx cultural value**, as participants trust the CBO through the specific persons that assist them. The extent to which **CBOs help the community** was alluded as a relevant factor to trust organizations by parents and students. A high school student said, *"[y]es, I do. Because they are helping the community and its people."* A middle school student mentioned trusting *"Harvest Hope, because they help a lot with giving food."* A parent recognized as although she does not request social assistance because she is employed, the services and resources CBOs offer to them influences their life conditions in a positive way. This parent said, *"I trust you because you have helped us a lot. The truth is, I never ask for stamps or anything because I had my job well, I even—Now that my sister-in-law signed me up with Hispanic Alliance, I get food, they have helped me a lot, a lot, really. We thank you very much for the food that you give us."*

Although many participants reported trusting CBOs, **six participants (9.5%) informed that they do not trust organizations**. Some of the reasons for this reported lack of trust were **whether the CBOs asked for too many requirements** (E.g., SS#, documents, IDs, etc**.), lacking knowledge about the CBO and**

services offered, if they perceived the CBO as not trustworthy or that "they only do it for the money", and when the CBO has unsupportive staff. Regarding **unsupportive staff** as a reason not to trust CBOs a parent said, *"[b]ecause my son has suffered a lot of bullying, he has been bitten by a pencil; I have proof of all that and they do not believe me. I have tried to talk to the director and he does not help me at all… I do not trust because the social service workers who work at the school are still mad at me right now, because I went to the school district to complain about what happened to my son."* Participants informed that it is difficult for them to trust **CBOs that ask for many requirements** (e.g., SS#, documents, IDs, etc.) because they believe they would not receive the assistance they need for that reason. A parent said, *"In the church do not [trust] because it asks for many requirements, they ask for social security numbers, the church that I know that I go to, but I do not have the social security number so that they cannot help me, it is difficult."*

Trust in neighbors
Those who trust their neighbors mentioned their **neighbors' collaborative behaviors, greetings among neighbors, and neighbors' caring attitudes as important factors to trust them.** Regarding neighbors' collaborative behaviors as a trust-enabling factor, a high school said, *"[e]very so often they invite us to their things. They are Americans and they are humble. If we have a party, we invite them too. They live together and love Mexican food. Like us when we go, we eat their food. They are always watching our house, when we are gone, because we travel all the time."* This quote also **reflects the role of bonding social capital in promoting trust** in neighbors across cultures. A high school student alluded to the importance of greetings and collaborative behaviors to foster trust among neighbors by saying, *"[y]es, I trust my neighbors because when we leave the house, we greet each other. They have thus asked me for help. I have helped them and they have also helped me."* Caring attitudes was also alluded by a middle school student as a neighbors' trust-enabling factor by saying, *"… I trust my neighbors because they helped us."*

Those who reported not trusting their neighbors mentioned as **determinants not having talked with them or not knowing them long (i.e., interaction), having fear of harm or being unfairly treated by the neighbors, residential mobility, being new to a place, and perceptions of neighbors' improper behavior.** Finally, a parent mentioned that she only trusts her family by saying, *"You have trust in your family, but in your neighbors. …one does not trust the neighbors. As she says, one has more trust in their family."* **Human interaction** is a trust facilitator. A middle school student implied this when he/she said, *"I have also lived with another neighbor who is next to me who is an American, because here in my community all types live. Since we do not talk much, like when I was little, we did talk a little more. Since I have grown up, I do not know much about his life anymore and I do not know much about the lives of other people in my community."* Participants identified **residential mobility** as a factor that could hinder the development of trust in neighbors. A parent said, *"[i]n the area where I am, there are some houses that are still rented, and different people are entering those houses. That makes me suspicious, because they might last a little while. They are people who are dedicated to doing different things, not very good."* Finally, some participants expressed conditions to decide whether to trust a neighbor including the need to know people first, when a person has a low propensity to trust regardless of the neighbor attitudes and behaviors, and that some people only trust neighbors during instances when help is needed by the neighbors or by themselves.

Organizations and groups that assist the community by promoting healthier lifestyles
Students and parents identified various organizations, groups, and places that can assist the community by promoting healthier lifestyles including **The Hispanic Alliance, The Kroc Center, PASOs, Prisma**

Health Life Center, Neighborhood Focus, Herbalife, The YMCA, The Red Cross, Unimex, ESL schools, sports academies, churches, etc. (Table 6). Participants identified as important that organizations assist them **by teaching healthy eating skills, facilitate group exercises, motivate them to assume healthier lifestyles, particularly in proximity to or within their communities, and by offering childcare services.** A mother explained how **PASOs** assist them with learning skills to be healthier by saying, *"The community where I take my son to the pediatrician, there is a program called PASOs. They teach you, they do cooking courses, how to cook healthily, how to harvest. … Workshops on how to grow your own vegetables at home so you don't spend a lot of money buying them."* Middle school participants identified **Herbalife**, as a group that meets in their community and helps their parents in learning how to eat healthier and be more active. In their own words, *"[m]y sponsors make Herbalife. They meet in the community. They can meet in different places. There are more women, but there are also men. They get together, they do the exercises in the morning, then they have milkshake and that is healthy."* A mother described the role played by her **pastor** in motivating her to live healthier by saying, *"On our side of our community, our pastor. He is always motivating us to eat healthy, to exercise. In the church there are fields where young people can play, where we can all go there to exercise."* A high school student emphasized the contributions of **ESL schools** in improving adult's English-speaking skills and increasing their capacities to be healthier. The student said, *"I know how there are places where they teach adults how they learn English, how to write it, because that is already very important, knowing how they speak English and many of these classes are free. I believe that also being healthy. So that you do not feel like something is happening and you cannot communicate. I think it is also very important."* A mother also identified as important an ESL school initiative known as **"Café de Madres"** by saying *"… because we are only moms, who want to learn to speak English and it has a place where they take care of the children, so there is no complaint. That I cannot go with the children. There in that organization, they have someone who takes care of the children, no matter their age."* A middle school student said, *"[t]he after school program, **Neighborhood Focus** helps a lot during the pandemic and with school."*

Table 6. Community-based organizations, programs and settings that contribute with focus group participants' healthy eating and active living; categorized by type of assistance, whether it is free, type of programmatic effort and the type of participant.

Type	Type of service provided	Organization name	Free			Programmatic Effort				Identified by		
			Yes	No	Un	Health Prom.	Social Svs.	Obesity Prev.	Adv.	MS	HS	P
Food	Box with vegetables and fruits	Hispanic Alliance	X			X	X					X
		Church	X			X	X					X
		Harvest Hope	X			X		X	X			X
		Unity Church of Greenville		X		X		X	X			X
		Unknown (community sale)		X		X				X		
	Variety of food items	Elementary school	X			X					X	
		Unimex	X						X		X	
		Pastor Manuel Izquierdo	X						X		X	
		The Food Drive	X			X	X				X	
	COVID testing clinics	Prisma Health/PASOs	X			X			X		X	X
	Nutritional guidance / Nutritionists	Free Clinics	X					X				

Type	Type of service provided	Organization name	Free			Programmatic Effort				Identified by		
			Yes	No	Un	Health Prom.	Social Svs.	Obesity Prev.	Adv.	MS	HS	P
Health care	Low cost health card ($30/visit)	Unity Church of Greenville		X					X			
	Low cost health services ($20/visit)	New Horizons Family Health Services		X								
Sports/ Exercises	To practice sports in general	Sports academies			X	X		X				
	To exercise	The YMCA		X		X		X	X	X		X
	Sports, exercises, after school program (fields, gym, nutritionist)	Kroc Center			X	X		X	X	X	X	
	Races, marathons	The United Way	X			X			X		X	
	Yoga classes	Noma Square (Hyatt Hotel)	X			X					X	
	Exercises and education	Prisma Health Life Health Center		X		X						X
	Motivation to be healthy	Church (pastor)	X			X						X
	Space to play and exercise	Church ?	X			X						X
Learning	To speak English	ESL schools (Café de Madres)			X	X					X	X
	How to cook healthy food/to harvest	PASOs	X			X		X	X			X
	How to eat healthy and to have an active life	Prisma Health	X			X						X
		Schools (community garden)	X			X				X		
		Hispanic Alliance	X			X	X	X	X	X	X	X
		Herbalife	X						X	X		
	After School Program	Neighborhood Focus	X			X				X		
	Various health topics	The Red Cross	X			X					X	
	Support for higher educ.	Build Bridges for Future			X		X				X	
		Student Dreamers Alliance	X				X		X		X	
Social service	Legal and other services	Catholic Charities	X				X		X			X
	Programs and donations	The Goodwill	X				X				X	
	Not specified (helpful)	Social Workers	X						X	X		
	Not specified (helpful)	Salvation Army	X						X			X

Un= Unknown; Health Prom.= Health Promotion; Social Svs.=Social Services; Obesity Prev.=Obesity Prevention; Adv.= Advocacy; MS= Middle School age; HS= High School age; P= Parents

Organizations and groups that advocate for the Latinx community's health and well-being

Participants identified the following organizations as advocates for Latinx's health: **Harvest Hope, Hispanic Alliance, PASOs, Neighborhood Focus, Prisma COVID testing clinics, the United Way, Kroc Center, YMCA, pastor Manuel Izquierdo, Unity Church of Greenville, Herbalife, Unimex, Build Bridges for Future, The Food Drive, The Goodwill, The Salvation Army, Catholic Charities, and the social workers (Table 6).** Parents identified the Hispanic Alliance as an organization that advocates for the Latinx community. They recognized the role of **the Hispanic Alliance** by saying, *"I only know the organization Hispanic Alliance, which is the one that helps Hispanics."* Parents also identified specific persons as advocates within the Hispanic Alliance, *"The girl who helps, Susana, she helps a lot. The Hispanic Alliance.",* reflecting **the influence of *Personalism,* as a cultural value for Latinx immigrants, while interacting with CBOs. PASOs** was also identified as an advocate for the community, and identified a specific person by saying, *"Also like the Mr. from PASOs, Mr. Guillermo, is the one who connected me with you. He, too, has helped many people who come there. Whatever you want, let's say, the help you need, he doesn't charge you anything. He is only there to help anyone." "Yes, because he helps me a lot too, and he's a good person too."* A mother said the following about the importance of the assistance provided by the **Unity Church of Greenville** for accessing affordable health care services, *"This is the card from Unity. That is a card where I go to the doctor, which charges $30 for the visit and all that. There he doesn't charge so much."* Low-cost health care services, in addition to the **Greenville Free Clinic** and **New Horizons Family Health Services** that were mentioned by several participants, are of high importance considering that most of the parents reported being uninsured (74%).

Important things, places and organizations that could help in addressing obesity in the Latinx community

Focus group participants identified various organizations as important to assist them with addressing the issue of obesity in their community, including **the Hispanic Alliance, Kroc Center, PASOs, the YMCA, Greenville Free Clinic, Unity Church of Greenville, and The Red Cross** (Table 6). Of these, the Hispanic Alliance was the organization identified by most participants, followed by the Kroc Center, PASOs and the YMCA respectively. Participants expressed ideas suggesting that for them it is important that some of **these organizations have a welcoming and inclusive environment, and that they provide resources and guidance to improve their healthy eating and active living habits.** They also identified specific people within organizations alluding that they were **kind and willing to help them** (*Personalism*). A parent mentioned that the providers at the **Greenville Free Clinic** have educated and motivated her to adopt heathier eating habits resulting in weight loss. This parent said, *"[w]hen I was overweight, I went to the doctor. There are also free clinics. Any doctor, I have gone, but that has been free, has helped me, they have made me many lists, what things I should eat, what not, what things make me fatter, what things not and that is why I have stopped eating so many breads, flours, because they are the first thing that makes you fat."* A parent, who also identified free clinics as a valuable resource, could not remember the name of the clinic, but remembered the name of the person who assists her at the clinic by saying; *"I do not know what they are called. I only know the girl who helps me a lot, her name is [Name]."* In doing so, reflecting the relevance of *Personalism* as a cultural value that influence Latinx health encounters. Participants identified the **Kroc Center** as an inclusive place. A high school participant said, *"[i]t does help because it goes almost all over Greenville. Almost everything happens this way; everyone can go and walk or run with their family."* Students identified some places that could help in addressing the obesity issue including, soccer, baseball and football fields, and parks and gyms.

Places where people can go to be active

Participants identified a variety of places and infrastructures in the community that provide them with the opportunity to be active by playing sports and exercising including **gyms, parks, sports academies, swimming pools, soccer and basketball fields, quiet streets in their neighborhoods, the Swamp Rabbit Trail, and the Zoo. Soccer was a recurrent topic** mentioned by both middle and high school participants. Some participants talked about the importance of these places having **an inclusive and welcoming environment, and not requiring documents.** Middle school participants said, *"There are swimming pools, sometimes I go with my brother, with my family to the swimming pools, as there are like soccer fields or basketball courts, there we go to play sometimes." "…soccer fields and parks are what I do go to the most. That helps us to be active."* A high school participant emphasized **the inclusive and welcoming environment that the Swamp Rabbit Trail** represents for them by saying, *"In Greenville they have the Swamp Rabbit Trail, the little path where anyone can go for a walk, sometimes my family and I go there to walk or run. That is a place where everyone can go."* A parent expressed **concern about organizations requiring documents** such as, social security number, ID, or proof of where you live. This parent said, *"[r]esources that say yes, sometimes there are, but if you don't have papers, they give you almost nothing. You think they give you help because you go there and they ask for your social security number, your ID, proof of where you live. Sometimes here Hispanics do not have papers and how does one, you can't and so you ask."*

Community assets that promote healthy eating and active living

Asset-Based Community Development (ABCD) builds on the assets that are already found in the community and mobilizes individuals, associations, and institutions to come together to build on their assets not concentrate on their needs. Once the assets of individuals, associations, and institutions are identified, the assets from an individual are matched with people or groups who have an interest or need in that asset. The key is to begin to use what is already in the community. Build Trust, Build Health pursues incorporating the identified assets in the community needs and assets assessment into the action planning process. The purpose is to build a culture of health and to prevent Latinx youth obesity in the WHRC in a strengths-based and sustainable way. The individual and community assets reported by the focus group participants were classified by levels and are depicted in table 7**. The level one assets include talents and skills of community members. Participants mentioned various talents and skills including culinary, musical, sports and exercise training, CPR, first aid, advocacy, being bilingual, etc.** The premise behind ABCD is that no matter how poor or under-resources a community is, there will be strengths and motivated individuals that are able to contribute with efforts to improve their community's health and wellbeing. A high school student mentioned that having **bilingual relatives** represents an asset to his family. In his own words, *"I have been living with my uncles; the good thing is that my uncles, being Hispanic, are also bilingual. Being bilingual is a good talent, because already knowing English you can have many connections and you can know about the available resources. I say that is an advantage."* A mother shared how **language barriers** reduce the possibility of community capacity building while describing an opportunity she had of participating in a CPR training, in Spanish, facilitated by the Red Cross. She said, *"…sometimes we don't learn some things because of the language. A long time ago with the Red Cross, I took some courses with them, like the CPR, which they gave, and some other courses in which I was involved."* We also listed and discussed the level two and three assets, within the previous section about organizations and groups identified by the community and their role as advocates for the Latinx community.

Table 7. White Horse Road Corridor Latinx community assets' inventory

Type of Community Assets by level		
First level **(Individuals' talents and skills)**	**Second level** **(Community associations and groups)**	**Third Level** **(Community organizations and institutions)**
Talents	Sports Academies (Soccer, baseball, etc.)	The Hispanic Alliance
Mothers that like to teach how to cook	Herbalife (parents meetings)	PASOs
A month who works as "lunch lady" at a school	Student Dreamers Alliance	Neighborhood Focus
Youths/mother who play musical instruments (violin, flute, shofar, clarinet, guitar and piano)	Noma Square Free Yoga classes (Hyatt Hotel)	Harvest Hope
Soccer coaches/trainers: A youth, an aunt and a brother that teach children how to play soccer	ESL schools (Café de Madres)	Kroc Center
A husband that teaches his family to exercise		YMCA
A youth who can teach to play tennis to other youths		The Food Drive
A sister who works with the Hispanic Alliance		The United Way
A mom who teaches Zumba		Prisma Health/PASOs
A pastor who encourage mother to eat healthier and staying active		Prisma Health Life Health Center
Skills		Greenville Free Clinic
Bilingual relatives		New Horizons Family Health Services
Youths certified to do CPR at school, and mothers at the Red Cross (Spanish)		Elementary School (Food distribution, community garden, space to exercise)
Someone's sister who advocates for services for the community and do public speaking		The Red Cross
A father who is a former police officer trained in fighting and self-defense, and who is certified to teach.		Build Bridges for Future
A relative who is an exercise instructor		Pastor Manuel Izquierdo
A friend who is certified as a physical trainer		Unity Church of Greenville
A niece who is a vegetarian and studying to become an environmentalist- encourage family to be active and to eat healthy		Churches (pastors)
A daughter that completed a first aid course with PASOs		Catholic Charities
		The Goodwill
		Social Workers
		Salvation Army

Participants' hopes and aspirations for their community

Table 8 includes the hopes and aspirations for the community as expressed by focus group participants, including key themes identified and samples quotes. Five overarching themes emerged, after analyzing the data, including:

- **Latinx community capacity building**
  - A more active and engaged Latinx community
  - Better understanding of causes and impact of healthy eating and active living
  - Assistance for university enrollment
  - Civic behavior
  - To study and to work to support family
- **A favorable community environment**
  - Safety
  - Environmental sustainability
- **Community cohesion**
  - Getting along with neighbors
  - A united Latinx community
- **Inclusion and equity**
  - Cross-cultural understanding
  - Cultural humility
  - Equal treatment regardless of immigration status
  - Not being ashamed or afraid of asking for help
  - To share our opinions
  - Less requirements to access services
  - Mainstream understanding and acceptance
  - Multiculturality
  - Lack of language barriers
  - No racism or discrimination
- **Systems and environmental (SE) changes**
  - Control speeding in neighborhood streets
  - A low-cost and accessible community center
  - Good and stable jobs
  - More policing in neighborhoods
  - More sports activities and places to stay active.

Table 8. Hopes or aspirations focus groups participants have for their community

Themes	Hopes/aspirations	Sample quotes	Type of participant		
			MS	HS	P
Capacity building	A more active community	*"I want my community to be more active in the future."*	X		
	Better understanding of healthy eating and active living	*"If we could understand the consequences and causes of how we eat or how we live, everything would improve more."*		X	
	Help to enroll in universities	*"To have more help, to enter more into the universities."*	X		

Themes	Hopes/aspirations	Sample quotes	Type of participant		
			MS	HS	P
	People to have common sense and behave well	*"That people learn to have more- as well as- How do you say?, like common sense and do not do bad actions that affect others."*		X	
	To study and to work for family	*"I hope to be able to study and work for my family, that there is a source of work to help my family."*	X		
Environment	Safety	*"Make it safer so you don't have to worry about where you are, or what is happening. Yes. If you are walking to exercise, no one is going to take you or steal something, nothing like that."*		X	
	Sustainability	*"I want everyone to know the importance of sustainability, taking care of the planet and picking up the garbage that they leave everywhere, and that they know that there are many foods that have protein and that it is not only in meat, and all that."*		X	
Community cohesion	Get along with neighbors	*"More love and more peace, I don't hate. That we all get along, no matter where we come from, or say that if we have more, we have less, live."*			X
	A united Hispanic community	*"What I want with the community is for the community to be united, to help each other. …That in the future there will be more unity in the community.";* *"…that there is more unity and that there is help for those who do not have opportunities."*		X	X
Inclusion / Equity	Cross-cultural understanding/ Cultural humility	*"Another would be to be more open to new ideas from other cultures, such as a higher understanding to be able to understand ourselves.";* *"…but sometimes we are ignorant to the points of view of others or to the cultures of others."*		X	
	Equal treatment	*"We would like there to be equality, for there to be equality for everyone, not because we don't have papers, they leave us out in many things. I would like us to change that."*			X
	Not to be ashamed or afraid to ask for help	*"I would like Hispanic people not to be afraid to ask for help, because many Hispanic people think that if they ask for help, it is that they are no longer strong and they are not, because taking help does not make you invalid."*		X	
	To share our opinions	*"I also want people to start saying their opinions, if a person says their opinion, I don't want them to say, "Ah, okay", but I want them*		X	

Themes	Hopes/aspirations	Sample quotes	Type of participant		
			MS	HS	P
		to say, "Yes, my opinion is also this or my opinion is also ". I don't want people to keep quiet, say on the Internet or in a place where opinions are wanted"			
	Less requirements for providing services	*"That they not ask for so many requirements because sometimes one does not meet them, the requirements that they are asking for. That is why sometimes there are many communities that help, but suddenly they cannot help you because if you do not meet the requirements they ask for, they do not help you and sometimes you do not meet the requirements."*			X
	Mainstream understanding	*"The truth, as I say, here is that one is helped, not just because one is Hispanic or does not speak English. We would like there to be a community that would help us unwind, talk about our problems so that one could understand what one says to them, but here there is not that and that is what I wish, that there would be someone who understood us Hispanics."*			X
	Multiculturality	*Where many different groups of different cultures or ethnicities, would come together to get to this point of a better community.*			X
	No language barriers	*"That they have more people who speak Spanish, English to translate, to help more people, to help the community, so that they communicate more…"*; *"That the community would be more interested in seeking information and learning the language, so that we can have access to more things."*		X	X
	No racism, nor discrimination	*"I think that for me it would be that people are not discriminatory with others, because this person is Hispanic, they do not want to help them. I want everyone to be able to help each other without having any color problem or how they speak, or language, where they come from."*			X
Systems and Environmental Change	Cars not speeding in neighborhood	*"I hope that the cars here, because since my street connects two main roads, I hope that the cars stop speeding a lot, so that more people can walk around."*	X		
	Community center- low cost	*"I think it would be something communal, that it had no cost or that it was voluntary, that*			X

Themes	Hopes/aspirations	Sample quotes	Type of participant		
			MS	HS	P
		there would be a classroom to do Zumba, to do any type of sport, but at no great cost because, normally, there are, but it does."; *"I wish there was that like that, a place where you say, "I can go dancing and it will be free", "They will not sell me any products."*			
	Good and stable jobs	*"Mainly the family and I don't know, more people. That they are good people, that they have a stable job."*		X	
	More places to go for help	*That there be more places where people can go for help, like apply for help paying for their doctor, dentist, things like that. I know a lot of Hispanic people who don't go to the doctor…";* *"…to have more access to private organizations, because, you know, immigrants are repeatedly denied these resources because of their immigration status and all that…"*		X	
	More police presence	*"Would like the police to be more supportive, because in her area, there have been many robberies. More police presence in her community, she wants or aspires."*			X
	More sport activities and infrastructure	*"…since we already have a Park I want them to add more other stuff. It isn't somewhere near because there's a basketball court too and there is an extra space so I want them to make that into where people can play soccer because why do people like to play soccer there but they just don't have the goals so I want them to put the goals."*	X		

MS= Middle School; HS= High School; P= Parent; SE= Systems and Environment

RESULTS FROM THE STAKEHOLDERS

Participants

Sample characteristics for the Stakeholder Interviews are shown in Table 9. The sample came from the healthcare, education, community, and faith sectors. The participants were mostly female, a mix across Latino/Hispanic, White, and Black/African American, and highly educated with varied income. All the focus group participants were from a sector related to policy.

Table 9: Stakeholder Interview Characteristics

Demographics for 20 Stakeholders	Percent (n)
Sectors	
Healthcare	35% (7)
Education	25% (5)
Community	25% (5)
Faith	15% (3)
Gender	
Female	60% (12)
Male	40% (8)
Race/Ethnicity	
Latino/Hispanic	45% (9)
Black/African American	20% (4)
White	25% (5)
Mixed Race	5% (1)
Other	5% (1)
Highest Level of Education	
Some high school	5% (1)
GED	0 (0)
Some college/technical school (no degree)	15% (3)
Two-year university degree	5% (1)
Four-year university degree	35% (7)
Graduate School	40% (8)
Household Income	
Less than $10,000	0 (0)
$10,000 - $19,999	0 (0)
$20,000 - $29,999	10% (2)
$30,000 - $39,999	5% (1)
$40,000 - $49,999	10% (2)
$50,000 - $59,999	5% (1)
$60,000 - $69,999	10% (2)
$70,000 - $79,999	5% (1)
$80,000 - $89,999	5% (1)
$90,000 - $99,999	0 (0)
More than $100,000	35% (7)
Choose not to answer	15% (3)
Years of Service in the Community	
Average	11.525 years

Demographics for 20 Stakeholders	Percent (n)
Standard Deviation	8.8666
Range	0.5-34 years
Language of Interviews conducted	
English	17 (85)
Spanish	3 (15)

Themes

Health Issues, Obesity, and COVID-19

A faith stakeholder listed the health issues in the community: *"The biggest problem is diabetes, blood pressure [hypertension], cholesterol, and depression. They are the four strongest."* Other stakeholders agreed and also reported that cardiovascular disease and chronic stress were common issues. Many stakeholders expressed their concern about obesity in the community: *"We do see the rates of obesity amongst our patients that is really high"* (Health Stakeholder); *"I think that is why it is so important to me, because obesity is what leads to all other diseases"* (Health Stakeholder); and *"We need to address trauma. It's the root cause of obesity in many cases"* (Education Stakeholder). Other stakeholders reported that obesity may be seen as healthy within the Hispanic community, and that the desire to assimilate to the American culture leads to eating more fast foods. Stakeholders reported that some of the community members use the ER as their only source of medical care, and that many people did not have a medical care provider. A health stakeholder provided an example: *"Asthma care in the ER. So meaning they will go to the emergency room when their asthma gets so severe that they are wheezing and can't breathe. What they need is the consistency at a medical home to be able to provide them with those daily medications to prevent that acute situation."* Since the interviews took place during the early stage of the pandemic, stakeholders shared how COVID-19 impacted Hispanic communities through high rates of infection, being exposed through frontline jobs, lack of physical activity, and isolation.

Healthy Eating Support

Stakeholders shared about **a variety of educational programs**, including OnTrack Greenville, Clemson SNAP-Ed, and Lunch & Learn Series. An education stakeholder reported that many of the Hispanic parents at the school were highly involved and participated in the programs: *"there's part of the OnTrack Greenville Program through Prisma Health that tries to educate even at pre-school, incorporate the parents. Like bringing in fresh ingredients and teaching how to cook healthy on a budget, maybe even learning how to grow your own."* This same stakeholder observed that: *"the [Hispanic] families do grow their own vegetables. The families that come with a background of that being normalized, that, that's something that's just easy for them to do…. I've been to trailer parks, where I've seen a little thing of like corn being grown."* One health stakeholder explained the specifics of their program: "*[we have] a mental health counselor, so we found that, particularly in that group, combining the group education, self-support group type of atmosphere with individual therapy [was effective for weight loss]. …Every Thursday afternoon, had a free weekly market [food from Loaves and Fishes] for our patients that they could come. … [In one class], I knew we were making some success when a seven-year-old who was here with a patient came back for seconds on the cauliflower mac and cheese."* One education stakeholder reported that *"many of the Latin grocery stores do carry fresh produce and it's affordable for the most part."*

Healthy Eating Barriers

An educator stakeholder said, *"The Takis, they love those, the Takis."* Many stakeholders reported **deeper barriers to healthy eating that led to the preference of processed food like Takis, including lack of access, affordability, time, and education**. Stakeholders reported that there were not many options for healthy eating on White Horse Road: *"You can't be what you can't see. If I'm driving along White Horse Road, I can't get a smoothie. I can't even find something like a Zoe's. I mean, there's not a lot of healthy options if I want to eat healthy. I see McDonald's, I see Wendy's, I see Zaxby's"* (Education Stakeholder). Stakeholders shared that many community members make economic decisions about their shopping: *"without being too critical about the dollar stores, they don't necessarily have a lot of fresh food and a lot of healthy options. It's going to be canned and packaged and maybe frozen, but they're going to be affordable, they're going to be convenient"* (Health Stakeholder).

Many stakeholders discussed **the lack of time for food preparation based on work hours**: *"[they have] to work at least 10 hours. Yes, because our community mostly works outside, outdoors, like construction, cleaning yards, painting. They are works that are not based on eight hours in the regulations. By having that job, the father of the family, the young person, the person arrives exhausted, they do not have the time to prepare a healthy meal"* (Faith Stakeholder). A health stakeholder reported how the work hours impact the youth, from late-night dinners and snacking, as well as, food prep: *"Again, a lot of them will come in and parents will be working late hours, and so they're doing meals that they can cook themselves. I hear a lot of ramen noodles, Cup-o-Noodles, which is high sodium content, pure pasta. Not a lot of fruit intake, not a lot of vegetable intake at all."*

Several stakeholders reported that families **need more education to address healthy eating in the context of culture**. Stakeholders reported that the Hispanic culture is *"very reliant on rice and tortillas and a high carb diet. I think there needs to be a big shift in that"* (Health Stakeholder). A faith stakeholder shared that one person would *"eat close to between seven or eight"* tortillas during one meal. Sugar was another topic stakeholders identified as an issue: *"A lot of the parents, the people that we serve, they come from very humble backgrounds. They don't understand that sugar is in just about everything. And even in their countries, the amount of sugar that they consume was high"* (Health Stakeholder). Specifically, a health stakeholder stated when she tried to explain how to limit sugar intake, a *"little girl proudly said, 'We're not drinking soda now. We're drinking Gatorade.' See, the mother didn't understand that Gatorade still has sugar. Everything's in English [on the labels]."*

Some stakeholders reported the **role of the father and children seemed to dictate the food decisions of the household.** A community stakeholder stated: *"I think dad's probably expressed his or her ... his preferences to his wife around what he wants to eat after a long day at work. So there's probably those staple-type dishes and things that they like to eat. Mom needs to keep him happy, sort of a thing."* A community stakeholder said, *"macho men Latinos…sometimes say, 'I don't want to become a rabbit. I don't like all these vegetables'"* and *"macho men parents will say [to their children] 'if you want to eat that kind of food, work.'"* In addition, stakeholders reported that **boys are expected to eat more than girls:** *"You need to be strong because you need to help take care of the family alongside with your dad"* (Faith Stakeholder). Another faith stakeholder revealed: *"I have seen parents give three-year olds, four-year olds, a bottle filled with soda and chips just to eat breakfast, Cheetos and that sort of thing. And if the kids are being fussy, they'll give them more junk food, and if they want to go out to McDonald's, they'll buy that."* A community stakeholder shared how older children impact food decisions: *"a lot of our kids manipulate their parents. If mom has this great healthy meal plan that she wants to implement at home, and the kids push back, a lot of our kids manipulate our parents well beyond what they should*

be able to do." Some stakeholders emphasized the importance of educating the entire family and parenting classes.

Active Living Support

Many stakeholders reported that Hispanic people have **a passion for soccer**, and some stakeholders mentioned dancing as physical activity that is popular. Some stakeholders shared about a youth bike club that encouraged movement. Stakeholders emphasized **the need for more space for biking and walking.** An education stakeholder said, *"on Sundays they [the student and his friends] get up and they just ride their bike in the church parking lot because that's the only place they have to ride."* Some stakeholders shared about walking path projects at Tanglewood Middle School (one-mile trail around the school) and at a health center: *"St. Francis painted little footsteps around our building on the sidewalk, which they had done at their campus downtown. …They measured it out and it was an eighth of a mile to walk around the building following these footprint path and they walk as a group, two or three, they'd be talking as they'd walk around the building and hardly even recognize that they were exercising. When they'd walk once and say, 'Now, that was an eighth of a mile. Do you think we can do another circle around the building?'"* Regarding youth sports, stakeholders reported that On Track Greenville provided the **youth sports physicals for free**, which facilitated the students' participation in a team sport.

Active Living Barriers

The stakeholders **reported safety issues, lack of play areas, lack of transportation, and access to youth sports as barriers.** Stakeholders reported that White Horse Road is *"dangerous"*: "*People are dying, people are getting hit by cars, people are getting injured"* (Education Stakeholder). A community stakeholder reported, *"particularly in under resourced communities, many times there's not the infrastructure ... the biking, walking infrastructure that supports safe access to safe places to be active."* An education stakeholder emphasized the lack of play areas and transportation concerns: *"The poorer neighborhoods are the least likely to have good playground equipment, a safe place to play or run. Where parents don't have to get in the car and drive, because that's an issue for some of our families. There's one car in the family. The husband has to take that to go to work."*

Several stakeholders discussed other **safety issues based on not having documentation, crime, and drinking.** An education stakeholder said, *"there's a lot of fear of being out in public and isolation. So, families sometimes don't feel welcome in public spaces where they can practice, exercising and being active."* A health stakeholder stated, *"I'd be hesitant to let my kids be playing outside unattended when you have people who are clearly maybe substance abusers, prostitutes walking through the apartment complex."* This stakeholder also explained, *"It's very common with the Hispanic population when there's a rainout, there's so many work in construction. There'll be a bunch of Hispanic guys over there with their music turned up loud and they're drinking beer all day when they're not working. So yeah, it's everybody. It's not the most conducive area for a child to go outside and play, I don't think, play safely."* Stakeholders emphasized that parents are working long hours and simply do not feel comfortable with their children going outside without them; therefore; the children are inside: *"They're playing video games. They're watching TV. They're staying up late on their phones, and then sleeping half the day instead of getting up and being active"* (Health stakeholder).

Several stakeholders reported **barriers in youth sports**. A community stakeholder said, *"a lot of our kids don't have the $45 to sign up for recreation league sports. They don't have the cleats. They don't have the equipment. They don't have the insurance. As a result, a lot of our kids just don't learn what's involved in that, and the benefit and the value of that. There's lots of life skills and social emotional*

learning skills that go along with being a part of organized recreational activities." A health stakeholder expressed: *"a lot of times with playing sports, they can't afford sports physicals, or they don't have a medical home and undocumented so they're fearful of going to another medical home."* Some stakeholders indicated that the entry age of team sports was important: *"Sadly when the boy or girl turns 14 it is already difficult to put him in a sports team, there are no sports for that age. If the child for any reason did not put him when he was little, at the age of 11, 12, 13 years it is difficult for him to enter a team"* (Faith stakeholder). An education stakeholder reported a gender difference: *"I've noticed that the boys into fourth, fifth, sixth, seventh grade, they'll continue to be active with dodge ball or volleyball or soccer or stuff like that, that we casually offer to them. The girls begin to not want to participate in a lot of that as we get into the upper part of elementary school. I just don't think there's a lot of that structured intentional recreation that's modeled by their parents."* Some stakeholders shared that youth did not have access to green space and parks.

Barriers to Serving the Hispanic Community
Most stakeholders reported that **communication** is a significant barrier because there is not staff available to speak Spanish, materials are not available in Spanish, and some populations do not speak English or Spanish: *"One thing that we like to mention to our families and to our staff members is that it's not just the Latino cultures. Within this sort of umbrella, there are different cultures within it. You have a lot of individuals from Guatemala who speak different languages. …there's stigma sometimes that even patients have of themselves as belonging to or see themselves as different instead of special. You know? We try to advocate for the patients to, 'Don't be ashamed to ask for an interpreter for your language. I know it's different to find one, but we have a huge language services department, and we can get you one. Don't feel like you need to speak Spanish, which is not your native language'"* (Health Stakeholder).

Stakeholders indicated that **not having documentation** was a stressor and **a limiting factor of connecting to a medical home and social services**. An education stakeholder said, *"I work with families that have just arrived in the country that are probably here undocumented. So, they're not eligible for any of the federal benefits that are available. And in addition to that, there is obviously, financial and language barriers that keep families from being able to access all sorts of things, education, health, just resources in the community."* A community stakeholder expressed lack of understanding about the U.S. system for healthcare: *"I think the lack of understanding of each other also creates another barrier. For example, in most Latino countries, when we get sick, we go to emergency room. We don't go to the doctor and then he will decide if we go or not go to some other place. Here, that's not the way it works. Here, you only go to emergency when there is a life and death emergency. So, understanding on both sides how we each work, is an obstacle that needs to be turned down."*

Current Programs to Address Healthy Eating and Active Living
The stakeholders reported a host of programs currently serving the community. Here is the list below.

Community Programs
- Hispanic Alliance, Health Team
- Mill Village Farms
- Clemson SNAP-Ed program, 5 curricula for community, faith communities, and schools
- Loaves and Fishes, provides free fruit and vegetable boxes
- Harvest Hope
- Local Food Pantries
- YMCA vouchers
- Community volunteer provides free Zumba classes at YMCA
- Village Wrench
- Clemson Anderson Soccer Alliance (CASA)
- Triple P, positive parenting program
- United Way Funding Support

Programs Connected to the Schools, includes partnerships with health systems and universities
- OnTrack Greenville, school-based health center, includes the mobile clinics
- Prisma Health, Healthy and Ready to Learn program
- The Bradshaw Institute
- Club Day at Schools; meet twice a month during the school day, includes sports
- Momentum Bike Club
- LiveWell Greenville
- Clemson 4-H program
- American Heart Association, 50 CPR at home training kits, checked out to students' families
- Girls on the Run
- Great Outdoor Adventure Trips (GOAT)
- Strengthening Families

Out of School Programs
- Neighborhood Focus, afterschool program, includes parent council
- Forward and Beyond, afterschool program, includes health lessons and dancing
- Mosaic, afterschool program, healthy food distribution
- Project Host, provides healthy snacks
- Summer Camps

Clinic Programs
- PASOs
- New Impact, obesity clinic
- Greenville Free Clinic
- WIC Education Classes
- St. Francis Bon Secours

Potential Programs to Address Healthy Eating and Active Living
The stakeholders shared a multitude of ideas for potential programs and considerations. A list along with clarifying quotes are provided below.

Classes & Support for Community
- Provide nutrition and cooking classes in Spanish at various days and times
- Provide nutritionists at Hispanic grocery stores and school events
- Provide support for trauma, could provide trauma-informed yoga classes
- Provide budgeting classes
- Provide parenting classes
- Ensure that interventions are for the entire family, student as teacher
- Provide incentives to participate in programs, $20 food or gas gift card
- Provide water filtration systems in school to increase water intake
- Facilitate soccer matches

- Teach community members how to effectively utilize Google and Internet searches to find information, like healthy recipes
- Provide refrigerators to families who need them: *"There are houses that don't have [refrigerators]. So, it's harder for them. But in general, in cities or areas, here in Greenville and Spartanburg, in general most of them, let's say like 90% of have them"* (Community Stakeholder)

Communication

- Recruit bilingual staff
- Text information to families in Spanish
- Provide flyers and other information in Spanish
- Provide service where parents can text pictures of flyers and other materials in English, and then they will get the translation back in Spanish
- Provide information/instructions on short YouTube videos in Spanish because some community members cannot read in English or Spanish
- Place educational posters in Hispanic stores
- Provide health information for all Hispanics newspapers, magazines, and radio stations
- Provide information on posters in doctor's offices
- Provide access to translated material in other languages besides English and Spanish, like Mayan dialect

Partnerships

- Partner with Hispanic grocery stores: *"Hispanic supermarkets that they usually have are obviously smaller than BI-LO, a Publix, our normal 'grocery stores.' So there are supermarkets where they have more of the specialized foods than name brands that they typically buy. I won't say that they are definitely within the health and wellness, but that's definitely an opportunity to have partnership and collaborations within those... I guess the community meccas."* (Community Stakeholder)
- Invest in Community Bridge Builders: *"I feel like there needs to be more of those, almost those community bridge builders. People that can hold parent's hands and show them, 'This is how you apply for free and reduced lunch. And this is one thing you can do at home.'"* (Education Stakeholder)
- Provide resources to Community Influencers
- Connect Hispanic community to medical home
- Partner with clergy
- Scholarships and financial aid for activities
- Build walking paths
- Create school farms
- Need to establish partnership with Greenville County Rec's Berea Community Center
- Explore programs with Dianne's School of Dance, students take dance classes there; located on White Horse Road

Education for Service Providers

- Educate front desk staff at schools about non-verbal cues: *"…the front desk clerk, the person who's saying, 'Where's your South Carolina driver's license?' And the person that is doing the initial thing, I think those are the people that need to be more or educated about the population they're serving. …that's one of my biggest criticism within the school district. …When this little family shows up with no English trying to enroll a kid, who's the first person they're going to see?*

And how is that person going to treat them and greet them? And I always tell people, 'You don't have to know the language to show somebody that you want to help them.' Because people, kind of get stuck, a lot of, 'Oh my gosh, I can't speak language, I'm not going to be able to help them.' Families, especially Hispanic families have been in the upstate for decades. They've been able to find who are the people that greet them a certain way… and I think that's just important, the nonverbal language. And I think that comes with education and being aware" (Education Stakeholder)

- Educate pharmacies on proper identification: *"Some CVS and Walgreens that were refusing to give out, especially ADHD medication that's considered a controlled substance. So when families came in and brought in their passport, then they kept saying, 'No, we need a US ID.' You cannot turn this person away if they bring in a valid Mexican passport or a Guatemalan passport. And a lot of these pharmacies were like, 'Oh, we didn't know.' But I feel like there's some discrimination in there too."* (Education Stakeholder)
- Need trusted staff members at schools and other organizations

Policy, Systems, and Environmental (PSE) Change

In the interviews, most stakeholders **could not report about any policies** related to addressing Hispanic youth obesity. Several stakeholders did report the **changes in the school lunch program**. In order to gain more perspectives about policies, environment, and systems changes, the study team **conducted a focus group with stakeholders on the policy level in Greenville County**. Focus group participants reported that Hispanic youth obesity should be addressed through **"inter-connected high-level" advocacy** about wages, housing, transportation, and food access. Some specific suggestions included advocating for housing incentives, tax abatements along preferential zoning, subsidies, other zoning ordinances, and the addition of line items to fund certain initiatives in the city and county budget. To address the environmental change, a focus group participant stated. *"…much **peer to peer work** has been done. I know sometimes that helps break that cycle of mistrust, if it is peer to peer and more of the grassroots community working within the grassroots community…I think that can be important. Would open some doors and open some trust and allow some trusted partners to come in as well, showing that they're having good experiences within the community for those who have taken advantage of some of that and using that peer to peer a little more."* Another participant said that service providers need to listen and use storytelling to better connect with communities.

Focus group participants focused on the importance of **communicating with government officials**: *"Advocating for change is the education angle and to educate and make sure that the problem is framed and there are potential solutions that are framed and that there are policies and systems changes, especially if you're talking to those in elected office of how it could better benefit the bottom line or make people more productive at work or have better outcomes for children in school and connecting all of those. …I think that's the critical first step in any advocacy approach is the problem that you want to solve, framing it, the data that either backs that up, the needle that you want to move, and presenting that in a very neutral way. Obviously, we all have outcomes that we would like to see, but presenting it more on the scholarly end, I guess, for lack of a better word and starting that way, because again, they don't know what they don't know."*

The focus group participants highlighted the need **for pipeline programs** to have more Hispanic people represented in various occupations (e.g., police department) and ensuring that **the wages are fair through educating employers.** Focus group participants shared about **food insecurity and food deserts**, and one participant highlighted the need to take advantage of the resources in the community: *"The food desert map doesn't take into account little local hand stores that are Hispanic run, that have fresh*

produce in there and meal. It doesn't count those as grocery. Great and it's not a full grocery, but I also think there's maybe some cultural miscommunications there and so there might be areas like that, for example in Greenville County that we think are complete with deserts but there are some resources there." Another focus group participant suggested that we do a survey of lights in recreational spaces to improve safety and use: *"I think that might need some community-level surveying and engagement in that respect before things could change, but it could just be as simple as there are no lights at the park that has the track around it, so after five o'clock, it's nobody feels comfortable walking over there. Installing lights could be a system type change and then letting people know that that is safely in there."*

Trust & Advocacy

The stakeholders expressed that the meaning of trust includes **truthfulness, transparency, consistency, reliability, and non-judgmental.** An education stakeholder shared the **fragility of trust**: *"I think trust is something that's very fragile. And once it's lost, it's hard to regain. Trust means that you have my best interests at heart, and that both your intent and your impact match."* Stakeholders reported that community members trust organizations that have already established trust and credibility in the area, and that it may take longer to build trust with new immigrants. One community stakeholder shared that immigrants that come with papers are more trusting than immigrants that arrive without documentation because many times the group without documentation has experienced trauma from their country and the journey.

Stakeholders identified trustworthy organizations as advocates, including Hispanic Alliance, PASOs, Prisma Health. Stakeholders revealed that advocates need to understand the needs of the community, educate others, and speak for others. An education stakeholder stated, *"Advocacy to me means using your position of power, privilege and voice to stand in the gap and be a voice for someone who necessarily doesn't have that for themselves yet."* A community stakeholder said, *"Advocacy is speaking with and on behalf of a larger group. It's not just for, it's with. I can't nearly be an advocate for the Hispanic community if I'm not connected to it and listening and supporting in a reciprocal relationship."*

Hopes for the Community

All the stakeholders had positive views of the Hispanic community. Stakeholders expressed that it is a **tight-knit, hard-working, rich, beautiful culture**. Stakeholders hoped that the community would receive more access to resources, information, education, and immigration acceptance. An education stakeholder said, *"They're here to work and contribute. They're not here to take anything away. That this is a population that is here to work hard. I feel like, really, they just want a better life for their kids."*

RECOMMENDATIONS FOR INTERVENTION DEVELOPMENT

Researcher Recommendations from Community Focus Groups
Policy, Systems, and Environmental (PSE) Changes
- Organizations should use social media outlets (Facebook, WhatsApp, Instagram, etc.) to engage Latinx community members by sharing culturally and linguistically relevant information on:
    - Services provided
    - Requirements and costs to access services
    - Videos to promote active living and healthy eating (exercise routines, recipes, etc.)
- Incorporate Latinx cultural values (*Personalism, Familism, Respect, Religiosity*, etc.) into organizational programming.
- Develop low-cost and comprehensive health care and health preventative service options.
- Develop mechanisms to increase families' accessibility to vegetables, fruits and other healthy food products in proximity to the community.
- Promote commercialization of healthy food options at a reasonable cost in the community.
- Increase accessibility to English classes for parents (convenient time, availability of childcare, acceptable cost, close to the community, etc.).
- Continue to work with the school system to promote healthier food choices for children.
- Facilitate active living related activities for parents while waiting for their children to complete extracurricular activities.
- Promote a sense of safety in low-income neighborhoods by increasing policing and preventing car speeding in neighborhood streets.
- Restore soccer courts and increase coaching to take advantage of the high interest and passion for soccer expressed by Latinx families.
- To promote and strengthen bridging and bonding social capital in the Latinx community.
    - To foster bridging social capital by organizing multicultural events and by modifying the built environment to promote cross-cultural interaction.
    - To promote and to take advantage of the bonding social capital that exits in the community.
- A low-cost and accessible community center.

Capacity Building
- Encourage health care providers to educate Latinx parents about the correct notion of a healthy child and the ideal Body Mass Index (BMI) for a child.
- Promote nutrition education at school, from elementary level to high school, as a mechanism to transfer healthy nutritional habits to children's households.
- To sustain and expand positive youth development initiatives such as the Student DREAMers Alliance and the Neighborhood Focus after school program.
- Culturally/linguistically relevant and accessible nutrition education programs for parents and youth (e.g., Celebrando la Salud).
- Offer skills' training in Spanish in proximity to the community.
- Facilitate and encourage community members' participation in Build Trust, Build Health action planning and evaluation processes.
- Educate families about:
    - The harmful effects to healthy eating and active living from excessive consumption of alcohol and controlled substances.
    - The negative impact to active living from excessive use of electronics.

- Cultural humility training for front desk staff to promote a culturally appropriate, friendly and welcoming environment.

Researcher Recommendations from Stakeholder Interviews and Focus Group

Policy, Systems, and Environmental (PSE) Changes
- Do inventory of Hispanic food stores for fruit and vegetable availability and cost
- Provide nutritionists at Hispanic food stores
- Do inventory of park safety and lights
- Provide space for moms to gain support, information, food boxes, and physical activity (e.g., explore partnership with Berea Community Center for bilingual activities)
- Educate fathers at their work sites
- Make walking paths
- Add bilingual park signs to Greenville County Rec facilities and other spaces to make more welcoming
- Create culturally-component media campaign to address healthy eating and active living to change the social norms
- Establish Joint-Use Agreements for green space (e.g., at schools, churches, etc.)
- Develop training for front desk workers in understanding the Hispanic community (e.g., school clerks, pharmacy customer service)
- Establish communication protocols within organizations (e.g., send information through short YouTube videos in Spanish)
- Prioritize potential policies to address and ask the community for feedback
- Limit processed food on school campuses

Programmatic Support
- Support cooking classes
- Support community gardens
- Fund youth sports physicals and fees
- Provide more liaisons to establish healthcare and social services
- Provide active video games
- Review all the current and potential program ideas in the report

The project team will continue to meet with community members to refine the development of this intervention. We sincerely thank everyone who participated in this project. Your insights will make our community a healthier place.

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