



Food Safety & Cultural Norms: Focus Groups with Latino Men and Women

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About Hispanic Advocacy and Community Empowerment through Research (HACER):

HACER's mission is to provide the Minnesota Latino community the ability to create and control information about itself in order to affect critical institutional decision-making and public policy. General support for HACER is provided by the Institute for Diversity, Equity and Advocacy (IDEA), from the Office for Equity and Diversity (OED) at the University of Minnesota, and Minnesota-based philanthropic organizations.

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EXECUTIVE SUMMARY

This report presents the results of a focus group research project regarding food safety and food borne illness in the Latino community. It focuses on the cultural aspects of consumption of meat from live animal markets and other meat suppliers; their food safety practices related to purchasing, transporting, storing and preparation; and their response to food poisoning and food borne illness outbreaks.

The Minneapolis Health Department (MHD) hired Hispanic Advocacy and Community Empowerment through Research (HACER) as a contractor to conduct focus groups with Latino residents in the Twin Cities metropolitan area. HACER conducted six focus groups among adults in the Latino community in Saint Paul and Minneapolis from February through April 2014. Participants were eligible if they met the following criteria: 1) adults 18 years of age or older; 2) had visited a live animal market to obtain meat, or 3) had experience with preparing meat at home that had been obtained from a live animal market or other venue, or 4) had worked as a food handler in a food service setting; and 5) consented to participate.

Following the criteria for eligibility, HACER created a flier to be distributed throughout grocery stores, and other places where Latinos visit and concentrate. In addition, word of mouth was instrumental in reaching recruitment goals. Eligibility was assessed by a telephone screening interview or before the initiation of the focus groups; subjects that signed the informed consent filled a demographic form; and participated in the focus groups.

The discussion topics centered on the way people purchased, transported, stored and cooked meat from live animal markets. Participants were asked to identify possible sources of meat and food contamination. Awareness of foodborne illness outbreaks and possible ways to prevent and respond to them were looked at through their link with cultural understanding of the issue. Participants were asked what they would do if someone they know, a friend, a relative, or a family member, gets sick after consuming contaminated food. Participants were invited to reflect on food safety information messages and to propose mechanisms to disseminate this information among their community members.

HACER conducted three focus group sessions in both Minneapolis and Saint Paul, six focus groups total. Childcare was available in four of the focus groups. The facilitator and note taker were the same in all of the groups. All groups were conducted in Spanish. With consent of all participants, focus group sessions were audio recorded. Recorded files were stored in a computer and used to write transcriptions with direct translation into English, and supported by the focus group notes. The information was partially analyzed with discourse analysis software (NVivo), examining, categorizing, and tabulating the information collected.

Fifty eight Latinos participated in groups of eight to eleven participants. Demographic characteristics included 30 women (54%) and 26 men (46%), ages ranged from 24 to 75 years,

and the majority of participants declared Mexico as their place of birth (60%). Educational attainment was diverse among participants, with 31% having achieved only elementary education. Composition of the groups varied; two groups of an elderly population, one group of women, and one group of mostly men.

Results from the focus groups included participants' views on cultural value of meals, access to live animal markets, handling and transportation of meat, knowledge of food safety, response to foodborne illness, and how messages should be tailored to the Latino community.

Cultural traditions were important for participants when talking about what people eat and cook. Knowledge of handling meat relied on information gathered from their country of origin or their elders. However, younger participants were more willing to accept information from sources in the United States. Access to live animal markets allows Latinos to share meals, buy in large quantity (or the whole animal), have special cuts, and purchase at low prices.

The focus group participants learned of live animal markets through word of mouth. They perceived that meat coming from live animal markets and farms is in general of better quality. Though, they perceived that live animal markets with mainstream customers have better sanitary practices than those used by minorities. Participants considered appropriate handling and transportation of meat an important factor to avoid decomposition or contamination before preparing meat for consumption. Participants highlighted that stress as a consequence of prolonged agony during slaughter and the use of preservatives and hormones may affect the quality of the meat. In addition, participants stated that blood should be drained from the dead animal entirely to avoid meat contamination.

Participants have references of foodborne illness outbreaks in Minnesota. However, they do not consider this type of illness a medical concern unless the condition is uncontrollable and requires medical attention. Reporting to authorities is not a common practice because of lack of information, distrust of authorities, and fear of affecting employees' jobs. Word of mouth is used to alert others in the community about sources of contamination.

Participants think that more information regarding food safety and foodborne illness outbreaks should be distributed in Spanish throughout the community. This information should flow through different media (TV, social media, radio) and especially through written and oral presentations in community gathering places. Information provided to employees in the food industry should be distributed to consumers as well.

The need for information on foodborne illness and ways to avoid it is evident. Several misunderstandings emerged during the focus group sessions. Cultural background among Latino communities carries misconceptions related to meat contamination and foodborne

illness. Authorities must work to create culturally appropriate approaches to deliver messages regarding food safety and response to food borne illness. One important consideration when preparing communication strategies should be the lack of reading practices among Latinos. Mode of delivery should include mass media such as TV, radio and social media. Participants strongly recommended using community places where Latinos feel comfortable participating in community informational meetings.

FULL REPORT

Section I: Background

In recent years, outbreaks of foodborne illness have occurred that were associated with live animal markets throughout the United States, including Minnesota. During a street festival for the Ecuadorian community of Minneapolis in August 2013, it was reported that over 80 people were sickened with Salmonella. This outbreak happened due to consumption of contaminated pork meat that was being sold in the festival. Previously, during April and May of the same year, another salmonellosis outbreak, not necessarily related to live animal markets, was reported in Minneapolis. In this case, the outbreak was linked to the consumption of uncultured homemade cheese (*queso fresco*), which was distributed along Lake Street.

<http://outbreakdatabase.com/site/search/?tag=salmonella>

Live animal markets are establishments that sell and slaughter animals for individual customers. Several live animal markets operate in Minnesota. The market customers are diverse with Hmong, Latino, and Somali patrons making up the majority of the markets' customer base. While the Minnesota Department of Health (MDH) and Minnesota Department of Agriculture (MDA) have worked with the owners of the live animal markets to develop educational materials and implement disease prevention measures, much is unknown regarding the food handling practices both at the live animal markets and in the homes of the populations who frequent these establishments.

As part of this study, the Minneapolis Health Department (MHD) hired culturally-specific contractors to conduct focus groups with Latino and Somali residents of the Twin Cities metropolitan area from February through April 2014. Focus groups of Latinos were performed by Hispanic Advocacy and Community Empowerment through Research (HACER). HACER is a nonprofit research organization with the mission to provide Latino communities with information to help them in advocating and planning. HACER has been working with the Latino community for over 25 years. HACER is well known among Latino community organizations. Among HACER's areas of expertise are organizing, conducting and analyzing focus groups.

The Minneapolis Health Department (MHD), the Minnesota Department of Health (MDH) and the Minnesota Department of Agriculture (MDA) will use findings from these focus groups to inform the development and implementation of public health intervention strategies of food safety and response to food-borne illness in the Latino and Somali communities and, more specifically, live animal market patrons. The study was approved by the IRB of the state department of health.

Section II: Focus Groups Themes

In a collaborative effort involving researchers from the different organizations, a focus group guide questionnaire was developed. The goal was to understand how Latinos respond to meat contamination and foodborne illness outbreaks.

The focus group guide included the following themes:

- Cultural Understandings of Food and Foodborne Illness
- Meat Purchasing and Preparation Practices
- Precautions Taken During Meat Transport and Preparation
- Response to Foodborne Illness If Someone Becomes Sick
- Food Safety Messages and Information

The focus group question guide is presented in Appendix A.

Section III: Methods

Eligibility

Participants' recruitment was based on the following eligibility criteria: 1) adults 18 years of age or older; 2) had visited a live animal market to obtain meat, or 3) had experience with preparing meat at home that had been obtained from a live animal market or other venue, or 4) had worked as a food handler in a food service setting; and 5) consented to participate.

Recruitment efforts

Following the criteria for qualifying participants, HACER designed a flier (see Appendix B) for distribution throughout grocery stores, live animal markets, and other places where Latinos visit and concentrate. In addition, word of mouth was instrumental to reach recruitment goals. Initially, recruitment was planned to take place at the live animal market of Saint Paul, however, after consultation with key informants, it was identified that Latinos had access to other places, including farms outside the metro area. Based on this information, the recruitment effort expanded. Participation response was high. However, not all Latinos contacting the recruiter had experience buying meat at the live animal markets. Our fliers were changed to emphasize this inclusion criterion.

Settings

Recruitment and focus groups took place from February through April 2014. Six groups were conducted, three in Minneapolis and three in Saint Paul. Day care was offered. The following community facilities were used: Centro Cultural, Chicago Ave (three groups) Minneapolis, meeting room at a retiree's apartment complex (two groups), Tedesco Ave Saint Paul, and CLUES (one group), 7th Street, East Saint Paul. These facilities offer services such as community education, health prevention services, legal services, day care, and retirement services. They

are popular among Latinos. Latinos gather in these facilities to play Bingo and take community classes. These facilities were well suited to provide a positive environment in facilitating discussion on foodborne illness, food safety, and experience with consumption of meat from live animal markets.

Focus group sessions

Groups were conducted on different weekdays and times of the day to assure better representation of Latinos. Focus group sessions were conducted in Spanish. With previous consent of all participants, all focus group sessions were audio recorded. The study recruiter served as the focus group facilitator. The facilitator and note taker were the same in all the groups.

Previous to participation, participants signed a consent form (see Appendix C) and filled in the demographic form (See Appendix D). Food was provided during sessions. Participants received a gift card from Target at the end of the session, as a stipend for their participation.

Recorded files were stored in a computer and used to write transcriptions with direct translation into English, and supported by the focus group notes. The information was partially analyzed with discourse analysis software (*NVivo*), examining, categorizing, and tabulating the information collected. Analysis was performed in Spanish in order to maintain the accuracy of the ideas expressed by the participants. Keywords were organized based on themes. For the experience with live animal markets, words in Spanish included: *rastro, matanza, granja, camal, matadero*; for foodborne illness and response, keywords were *enfermedades, infecciones, dolores, malos del estomago, salud, seguro, aseguranza*; for purchasing and handling and preparation words included *comprar, llevar, traer, cocinar, preparar, congelar, limpiar, lavar*; for food safety messages and information, words used were *comunicación, mensajes, información, educación, recomendaciones*; and for lack of knowledge or information, words included *conocimiento, saber, aprendizaje*. Other words used were: *autoridades, gobierno, medidas sanitarias*. For animals, words used were: *cochino, marrano, puerco, chivo, barbacoa, vaca, pollo, pavo*. Word trees were created to analyze the correlation among concepts. Consistent results were observed across focus groups sessions.

Section IV: Findings

Groups and Participant Characteristics

Fifty eight Latinos participated in the focus groups. Table 1 presents participant characteristics. In summary, 30 were women (54%) and 26 men (46%), ages ranged from 24 to 75 years, and the majority of our participants declared Mexico as their place of birth (60%). Other countries of origin include Ecuador, Cuba, the US, Salvador, Honduras, Peru, Venezuela, the Dominican Republic and Costa Rica. Educational attainment was diverse among participants, with 31% of

participants having achieved only elementary education and 9% had earned a college degree. English language preference (reading) was indicated by 8%, and 16% indicated the use of English and Spanish.

For eligibility criteria, most men said they had experience with buying meat at live animal markets; eleven people said they have worked or currently work in restaurants or meat markets, but just six have worked in restaurants or meat markets in the United States. The majority of women reported not having experience buying from live animal markets but they have participated in food preparation with meat purchased from these facilities. Access to health insurance was not included in the questionnaire; however, participants mentioned that lack of insurance coverage sometimes deterred them from looking for medical assistance when foodborne illness occurred.

Table 1. Participant characteristics		
Characteristic	N	%
Gender		
Female	30	54%
Male	26	46%
Age in years	50 Avg.	
Elder subjects 65+	17	30%
Country of birth		
Mexico	33	60%
Ecuador	7	13%
Cuba	4	7%
USA	3	5%
Other country	11	15%
Preferred reading language		
Spanish	43	78%
Both	9	16%
English	3	6%
Educational attainment		
Elementary education completed	17	31%
Jr. high school (1+ years)	16	29%
High school (1+ years)	12	22%
College or more (1+ years)	10	18%

Six focus group sessions were conducted. Three of them were held in Minneapolis and three in Saint Paul. Groups' size varied, with eight to 11 participants in each focus group. Table 2 presents characteristics of the focus groups. Demographic composition differed between groups: two groups of predominantly elderly people, one group of women, and one group of mostly men. Day care services were provided in three focus groups. These groups were predominately conformed of women, or couples. All groups were held in Spanish. However, three participants, one in focus group 3 and two in focus group 4, preferred using English. In both situations, those participants said they understand Spanish, but sometimes they requested translation from other participants. These three participants spoke mostly in English, but used Spanish in some interventions.

Table 2. Focus Group Summary			
Focus Group Number/City	# Female/ #Male Participants	# Elder Participants *	Use of English during focus group
FG 1/Minneapolis	3/5	8	0
FG 2/Minneapolis	9	0	0
FG 3/St. Paul	6/5	9	1
FG 4/St. Paul	2/8	0	2
FG 5/Minneapolis	5/4	0	0
FG 6/St. Paul	4/4	0	0

* Elder participants were people over 60 years of age, in accordance to the criteria applied by the community programs they participated.

Cultural Understandings of Food and Foodborne Illness

Cultural traditions were important for Latino participants when talking about food and cooking. Food is perceived as part of a cultural process, where handling food, cooking, and eating is transmitted from generation to generation. Latino participants enjoyed sharing their meals in large gatherings and celebrations. Access to large quantities, lower prices, special cuts, and a taste that resembles their country of origin are important. Places to purchase meat are recommended by word of mouth. Summer is the preferred season to purchase meat at the live animal markets because it is possible to cook outside (FG 3).

“In summer, we go to the country side and buy chicken... 20 or 30 chickens, in a farm, far away. Someone tell people and we all go there... you pay 10 dollars for 3 chickens... then we buy 15 to 30, and we share among families.” (FG 1)

“When I go to the farm I say: how much is it? Then the owner says: it is 200 dollars; and I say, no! That seems like a 160 dollars animal. Then he says OK, and I take it paying just 160 for it. That is very much as if I were in my country.” (FG 3)

“Buying in the slaughter houses is better, because you can get closer to the taste you remember from your own country. It would never be possible to copy that taste. Animals there eat better things than here... I buy pig. It is big, and looks great. It is fresh meat, and when it is cooked, it tastes much better. And it is easier to cook.” (FG 2)

Celebrations for which they use live animal markets or farms include Christmas, *quinceañeras*, birthdays, graduation, and even some American holidays like Thanksgiving.

“ I came from Ecuador with experience... here, I went with my daughter to what we call the *camal* (live animal market)..., we have been there to buy chicken, lamb, for any given party, and even pork... otherwise, you do not need to buy in such amount.” (FG 1)

In addition to large gatherings, some participants use the live animal market for daily purposes. They perceive that meat in groceries stores is of uncertain quality, food is transported from long distances and animals are more likely to have preservatives or be genetically modified. In their country of origin, animal farms are closer to the distribution centers.

“I like buying there, because meat is coming from small farms, usually, they are not bringing their animals from the large cattle companies from far away, where they manipulate the meat a lot. And, I believe, and that is my belief, that it is healthier to buy the meat that it is grown in the ranch, little farms, free and without added hormones.” (FG 3)

Cultural practices include the differentiation of roles in the household. Women are mostly in charge of cooking and cleaning; men provide the family with economic resources; elders are a source of knowledge and help to the family.

“My children are the ones going to buy the meat, I cannot go, because they left me in charge of taking care of a little girl in my daughter’s house, because she cannot go out to the cold, but also she is going to be exposed to the bad smell from animals, that could make the girl get sick. That is why I do not go with them.” (FG 1)

Differences between Latino cultures are found in food preferences and preparation. *Cui* (guinea pig) is a tradition for special events in Ecuador and Peru, and they regret not having access to them. Mexicans regret that they cannot maintain their cooking style. This is the case of *barbacoa* (Mexican barbecue), for which they would need to dig a large hole in the ground. Participants said they thought that this practice was not permitted in the city. Another topic was the importance of following a ritual: kill the pork the day before, drain the blood, cut the animal, marinate, and eat together (Cuba, FG 5). However, some practices are similar between places of origin. For example, the observance of Catholic practices in special dates; during Holy Week, Catholics do not eat meat. Venezuelans and Cubans shared the practice that they cannot eat meat until 6 pm on Good Friday to avoid sinning.

Participants shared some proverbs to illustrate some of their beliefs:
For sharing food:

“*Aguadito para que alcance, saladito para que sobre* (Watery to make it last and share, salty to have leftovers)”

“*Echale mas agua al frijol, por que va a venir gente* (Pour more water into the frijol, while more people are coming).”

“*Esconde la carne, que la gente viene* (Hide the meat, people are coming) .”

Related to the value of food:

“*Indio comido, puesto en camino* (Once the Indian has eaten, is ready to leave)”

“*Mejor reventar y no despreciar* (Better eat to pain in the stomach than wasting food)”

“*Panza llena, corazón contento* (Full stomach, happy heart)”

“*A buena cuchara, buen matrimonio* (To a good spoon, a good marriage)”.

Cultural practices surrounding food are many times shared between two cultures in the same household. Elders are more prone to demand maintaining their culture, while young adults and those who have been raised in the U.S. have been assimilated to the mainstream culture. Practices from their home country are shared with mainstream America. They have come to America and need to learn new ways. (FG 2, 5, 6)

Other than the live animal markets, participants reported that foodborne illnesses are a result of poor management and preparation in establishments. Most participants pointed to restaurants and grocery stores as the source of food contamination due to mismanagement. The use of hormones and preservatives as affecting the quality of the meat and source of illness was also a recurrent theme.

“I have seen research done, that the meat, either chicken, pork or cows, that illnesses began once they started using too much preservatives. In the past, we used to eat lard, and there were no sick people, we eat from the farm, and no sick people. Nowadays, people get sick, but not because of the meat, but because of the preservatives and hormones.” (FG 3)

Sorrow for the animal may prolong the agony and cause stress to the animal.

“I witnessed there, in my house, that they were killing a pork. It was around 6 in the morning, I woke up, and was watching through the little crack. There in Mexico, the houses are made of clay. And I was watching, and the animal could not die. And it was because I was there watching, and was feeling sorrow for the animal. Then my mom told me ‘get out of here! ... Because the pig was not dying while I was watching; he felt I was feeling sorrow for him. Then they sent me with my aunt, to let the pig die in peace.’” (FG 5)

Another issue that affects the quality of the meat is the practice (that they remember from Mexico) of neutering the animals, so they get fatter. (FG 3)

Participants commonly blamed restaurants as source of illness. A significant number of participants declared that they are able to identify if the restaurant is clean.

“At a restaurant, the food is not 100% healthy. I have been working at restaurants for over 15 years, and I can account several bad experiences. Because, many people never learn how to handle food, in spite of receiving classes or training; it is up to each one... So many times you ignore what you are eating. It is of more value what you cook for yourself.” (FG 6)

Chinese food restaurants were considered the riskiest places to eat. Many participants highlighted that Chinese restaurants are unsanitary, not well designed with clear separation between kitchen and waste deposits, and that employees commonly neglect sanitary regulations.

“I have a *compadre*, who got sick in one of those Chinese restaurants. We all went together to eat there. I like shrimp, but I do not know why that day I did not eat. No one else but my *compadre* eat shrimp, a big plate, but that day, I do not why, I did not eat. Once at home, he told me ‘ouch *comadre*, I am feeling bad’ I asked ‘what is wrong’, and he told me ‘look at this’. And he had a big rash all over around his body” (FG 2)

Furthermore, participants reported that some restaurants have some employees working in all areas including cleaning, cooking, and serving. Contamination in places such as the bathroom is a source of contamination in other areas of the restaurant. (FG 2, 3, 4, 6)

“They always say, ‘go to the bathroom’, and so you can see how the place is. If the bathroom is clean... I once went to Jimmy Johns to the bathroom at Robert, and, wow, immaculate. And the full place was clean.”

“If you go to [Restaurant Name], in Minneapolis, you go and see mice there running.” (FG 4)

Related to whether beliefs exist regarding foodborne illnesses in their country of origin, participants mentioned that praying before meals could ameliorate indigestion.

“At our house, we give thanks before eating, in order to avoid the food making us sick.” (FG 4)

“We pray for Good to purify our dishes.” (FG 4)

“If I don’t pray... Sometimes we got indigestion” (FG 4)

Meat Purchasing and Preparation Practices

Participants relied on information gathered from their country of origin or their elders surrounding knowledge of how to kill an animal and handle meat. However, younger participants were more willing to accept information from sources in the United States. For example, elders shared that they know how to kill animals, and they believe it is important to do it in a certain way in order to avoid problems associated with meat contamination.

“If you are to kill a chicken, the best way you can do it is cutting off the head really fast, and drain it, for the meat not to be contaminated with the blood, and that could cause problems. Same with the pork and the cows.” (FG 3)

Though meat purchasing appears to be a responsibility of the younger adults, elders participate:

“In summer, we go to the farm and buy chicken, alive, with my children... fresh chicken... and there we can already take the feathers out... we go each month..., which is the longest that the meat can be good... then, I know how to kill animals, my mom taught me... kill pork, chicken, *cui*, rabbit...” (FG 1)

Participants considered the routine of following sanitary practices and regulations depended on the clientele of the establishment.

“I think that the government should regulate the slaughter houses. Because, even though is hard to believe, they have abandoned the slaughter houses where Hispanic, Chinese and African go to buy. Because, in the slaughter houses in Saint Paul, most of the people is *pura raza* (common people), none of them are *güeros* (white people), and there is where hygiene is worst. Because, I went once to an American ranch to buy some lamb ...they gave me the animals cut and packaged. Then I asked for the animal to be killed the way we do it, and said that I will carry it that way. They said, ‘no, this is the way we sell the animal; if you don’t want it that way, then we cannot sell it to you.’” (FG 5)

“I would rather go to the store owned by the White guy. The Asian owned store is really dirty and unsanitary. You will pay a little more, but you will have better and healthier product.” (FG 4)

“You can see the place where they put the blood, where the intestines are, where the animals are going while dying, altogether, and we are there too. We end walking on top of all that as well.” (FG 6)

“Authorities should also regulate the animals. So many times, you go to the slaughter house and you can easily note when the animal is sick. I can do it. But it is so obvious. Those animals cause sadness. If you just could publish a picture of those animals, the demand would drop, and the business should close.” (FG 6)

“Chickens are grown in different ways. For example, the ones you buy at the grocery stores, are grown in large farms that are there for that purpose. The other, the good ones, are there in a healthy environment. Those from the big farms are injected with hormones, to generate more eggs, or to make them bigger and here, in the small farms or slaughter houses, they feed the chicken with other things, and that is what it gives them better taste.” (FG 6)

Cultural practice may also contribute to contamination.

“Working at the bakery store, you throw to each other the flour, and other products, and then you are contaminating the work space and potentially causing contamination.” (FG 5)

There is mistrust of mainstream grocery stores by elder Latinos. They believe that the amount of time meat packages are stored in the freezer is uncertain or that the animals sold at grocery store chains are modified with chemicals for faster growth. Some participants said they have witnessed cases in which employees in those chains have painted the meat, placed it back to the exhibit area, and sold it. They came then to check the meat and discovered that the other side, not painted, was rather black. (FG 3)

There is also mistrust in the system. Some participants pointed out that the presence of contaminated meat in establishments is a consequence of scheduled visits by the authorities. Participants believe that scheduled visits give time to owners and workers for cleaning and sanitizing the place, avoiding fines. (FG 1, 3, 6). In their hometowns, they said, authorities would visit establishments unannounced and would see the actual conditions of the establishment, not the pre-visit cleaning they would do if they knew inspectors would visit them in advance. However, they recognize that in Latin America establishments in violation could get away either by following the sanitary regulation, or putting money upfront for the inspector’s silence. This practice of corruption, they say, is not solely from Latin America. (FG 1, 4, 6)

“For example, at a restaurant, they already know what day the inspection is taking place. Then, they clean everything, they have everything extra clean... I have been working in restaurants here in Minnesota and in New York; that is how I know.”

“I think the government should be more careful. For example, sending inspectors, without notifying in advance the dates they will arrive. For him to arrive unexpectedly. And to check how the meat is cut, where, the sanitary disposal bins... That will bring better hygiene.” (FG 1)

The perception of younger Latino participants or those who were born or raised in the US was different. Some of them have been trained in the food and hotel sectors. Establishments are required to follow laws and regulations, and workers are trained to follow them. (FG 4, 5, 6)

“We, at the restaurant, throw away almost 200 pounds of meat, because, supposedly, it came with the bacteria. They called to the restaurant, letting us know that the meat was contaminated... That is because the restaurants are directly connected with the slaughter houses, and they let us know... Then they asked us to keep the meat there, to keep it as evidence, but they also asked us to throw it out later on.” (FG 6)

Precautions Taken During Meat Transport and Preparation

Animals are purchased alive (mostly chicken from the farm), and carried back home in one piece, or in pieces. This practice depends on personal preferences, related to the occasion, and the size of the animal.

“I have been going to buy animals, and once I chose which one, they kill it for me, and then I carry it in whole to my house. Then we cut the animal to my own taste.” (FG 2)

“You can ask them to cut it in half, and then you can carry it over to your house. Then you make the pieces in the size you need for the feast.” (FG 2)

Buying the whole animal (or half) provides the opportunity for different cuts that is not possible otherwise.

Transportation depends on how the animal is purchased and the season of the year. Whole animals are transported in a little bed to take home. Having the animal cut in small pieces is more practical. Winter facilitates transportation, as there is no need for a fridge.

“When buying the animal, you are going to have it killed. They will kill it for you. And then you just see the animal being carried in a little bed for you to take it home. Unless you ask them to cut it in pieces for you.” (FG 2)

“When I buy the meat from the slaughter house, I have pieces of 20 pounds each. Then, I cut it. Because there is different class of meat for whatever you want to cook. There is meat for *barbacoa*, meat for the grill.” (FG 2)

“I usually ask them to cut it in little pieces, so, when I am at home, I do not have to work on that, but just in cooking the animal. I wash it, of course, and wash it thoroughly!” (FG 2)

When buying the meat in the farm or the slaughter house, and if it is summer, you must move it quickly, to avoid contamination; but if it is winter, the fridge is there for you.” (FG 2)

However, whole animals are not sold in all live animal markets.

Well, there, at the Chinese slaughter house, they sell the whole animal. In other places, they cut the animal suitable to how you plan to eat it. (FG6)

Transportation is done using big containers with ice to keep the meat fresh (FG 2). When a proper container is not available to carry the whole animal, the animal is purchased in pieces (FG 5, 6).

In terms of food storage, practice varied. Some prefer to consume the meat within a week. Long storage, for over two weeks, is a practice that does not happen in Latin American countries.

“So, when you go to the grocery store, you do not know how long the meat has been in storage there, and then you bring it home and you are going to put it in the freezer, for how long? Whatever you are going to buy, should be finished within a week at the least. But no, then time passes, two, three weeks. Because they do have this wrong custom, here in America... God made the food for us to eat, and He made it fresh; so, we must eat it fresh.” (FG 1)

Others stored food for longer periods. They freeze the meat, salt it, or even use lime juice. (FG 3)

Sanitary practices to avoid contamination were discussed. Practices included using different spots or cutting tables, washing hands and utensils, washing the meat, and cooking at the right temperature. Some even mentioned that they disinfect their cooking dishes. (FG 5)

“You must cook all fresh, fresh meat, all what you cook should be fresh.” (FG 2)

“I think that to be in good health, the principal thing is hygiene. For example, to cut the meat, it cannot be cut on the same spot you cut the vegetables. This is because vegetables are usually uncooked, and could be contaminated. If this is the case, then you are going to contaminate the meat. So, when cooking, one has to constantly wash the hands, as well as the utensils you use to cook. It is also important to cook at the right temperature, not over not under cook.” (FG 2)

“So, once the animal arrives to my house, I take it to the little table in the kitchen. There, I start cutting, and washing it. Usually, we get together with some neighbors and friends

and all work together. Once we are done, we put pieces in bags, and each one takes what they paid for.” (FG 4)

“Just to be protected against the contamination, I rarely use wooden cutting boards. I prefer plastic. We do not use different knives for meat or anything else. We just wash it out and it is ready for the next cutting work. If I am going to cut pork, chicken, or whatever, I put my knife in bleach.” (FG 3)

“I have different cutting boards, one for vegetables only, and the other one for meat. All plastic. And to differentiate them, I have one larger than the other. Because, as much and well I wash them, you don’t know what could get stuck in there. Then one is for vegetables, the other one is for meat.” (FG 2)

“When I am cooking, I use different utensils for each thing I am cooking. A different knife, a different spoon. For example, if I am cooking fish, then I won’t use the same spoon for the other dishes.” (FG 4)

However, not all of the participants agreed. Some use one knife and one cutting board, because they have no time to use different utensils. This happens particularly when men cook. (FG 5). In addition, a woman noted that it is hard to follow sophisticated practices when they are multitasking, cooking and taking care of infants (FG 4, 5).

Defrosting practices were also commented. A practice that was suggested was to defrost the meat all night in the fridge.

“In my house, whenever I buy meat, I also have my different cutting boards... And in case I need to defrost meat, I do it with the meat inside the fridge all night, not outside to avoid the meat catching the bacteria. (FG 4)

Response to Foodborne Illness If Someone Gets Sick

Foodborne illness is familiar to the participants. However, it is not a large concern from the community. Many expressed having gone through symptoms of foodborne illness, such as diarrhea or vomiting, but they considered it a way in which the body cleans itself for something that might be decomposed when eaten. In several cases, people expressed they have felt bad after eating contaminated food, but it is not until the symptoms are severe (fever, body aches, rashes), when they go to the doctor.

Different sources of foodborne illness are recognized, but the meat and food contamination is usually associated with lack of knowledge in the appropriate cooking process.

“Well, yes. Just about that party that happened on August 10, the Ecuadorians’ party. Even though I usually do not go to those events, people is always saying that it is good to teach our children about our own culture, our tradition. Then, I told my son, ‘let’s go, let’s go around’ and while I have the opportunity of passing to the side where the *hornado* (cooked meat), the *lechón*, the little piggy, I almost buy it. It smelled so good!

But once I got closer, and saw the side of the pork's mouth, it was still bleeding. Then I decided not to buy that. I knew that meat was not fully cooked, and thus a sign that you are going to get sick.

After a while, Monday or Tuesday, a co-worker told me (I almost never watch TV), 'so, what happened with the Ecuadorians?' He is American, and I said, 'what are you talking about?' He said 'over 80 people got sick with e-coli!'" (FG 2)

When asked about what they do when they or someone they know gets sick due to contaminated food, most of the people rely on waiting to see how badly the illness is. In the meantime, they said, teas, and over-the-counter products could ameliorate the maladies. If the problem persists, or gets worse, then the person has to be transported to the doctor or the hospital. One of the reasons Latinos avoid seeking medical care is lack of insurance coverage.

"...He was intoxicated. I told him to go to the doctor right away. But he said 'no, I cannot, I do not have insurance. Then, we gave him a Sage water, and magically all went off.'" (FG 2)

However, there is mistrust towards the authorities.

"A friend of mine died because what he eat. And he could not win the case in the court, and he died from what he eat. After his death, the authorities came and check. They discovered the final cause was the meat he eat. They went to check to the restaurant, and they did not do anything against them." (FG 5)

Participants recognized that Americans are better prepared to face foodborne illness. For example, Latinos do not report when a foodborne illness occurs to the authorities. Two reasons were discussed. Latinos do not know where to report the foodborne illness; and they prefer not reporting to avoid problems that can affect establishments where contamination could have happened. They are concerned that if they report the event, this would affect employees' jobs.

"We are not oriented to respond to those sort of problems. If it is a Black, or a *güero* [White person] they are educated and they know what to do. They get just a little sick and they are suing the company. They do that because they are going to have money, or they are going to have some benefits. What a *Hispano* does? The *Hispano* does nothing. Once a *Hispano* gets sick, first thing we do is drinking juice from a lime, or Pepto-Bismol. Why? Because the *Hispano* is not looking to receive benefits. All the opposite: he thinks he is the one who will be denounced... the *Hispano* is trying to avoid problems." (FG 5)

"We are not educated to denounce. If we are working to survive, and we get into a process, they are going to ask you to come once, and then one week later, and so on and asking you several questions. So, I prefer to not go through those problems." (FG 5)

"And then you fear losing your job. " (FG 5)

"You need information for the Latino community on where to go when they are selling you something that it is bad, how to do? " (FG 2)

Food Safety Messages and Information

Spots via radio or TV are thought to be adequate means of communication to inform Latinos of meat contamination and foodborne illness. However, to be effective, appropriate Latino channels should be used, such as Latino newspaper, radio stations in Spanish, and local Latino TV channels.

“We would like to learn about foodborne illness on the TV or the radio. Sometimes through the Hispanic newspaper, because Hispanic people do not follow the news in English. I have noticed that. And also, the Latino channel here, if you have Dish, you cannot see the local channel, and then you miss all the information. (FG 6)

“The radio is good. Not long ago, there was some contamination at the Aldi Stores, and they put some radio spots that alerted us. They also showed in the TV in Spanish.” (FG 6)

Some participants identified that information should be distributed by mail.

“I think mail is a great way to inform people. Whenever there is a problem with infected meat, then a mail should be sent to all. As I can see that the newspaper, and the mail are coming every day to our houses, I think it could be a great way to advise people. Alerting all not to buy in certain place until the meat is out of the market. (FG6)

Others suggested using pamphlets or videos with catchy messages, visual cues and well known characters.

“It should be with a creative way, bringing some characters we know, like *Chavo del 8* or similar, and make a video to show everywhere.” (FG 5)

Other participants suggested that information should be distributed through community programs. They recommended using community centers where focus groups took place: Centro, Tedesco House, CLUES. Sessions should be delivered in Spanish.

“At schools, communities, churches, there should be some material to show. For example, until I watched that video, I ignored all that. I learned from my job, because I was involved handling food, and they showed us that video. It was right then that I understood. I haven’t seen anything else like that. And we learned to separate food, and how to manage it. This video or similar should be shown at schools and community centers.” (FG 5)

Information should also be available in establishments, live animal markets or meat markets. Participants mentioned that not all Latinos have time to read or watch TV.

“I also think it would be good that, where you can buy your meat, should be information. Because many people have no time to read, not to mention watch TV because they are all day working. I think that if you go to the store and you can see that they are currently having problems with the quality of the meat, then buying it is going to be under your

sole responsibility. Then, if you got sick, it will be just because you wanted to, you bought it. It has to be a big announcement in the store. (FG 6)

Meat packages should have more appropriate labels, including time that the meat has been stored, and the date the animal was killed.

“My brother cannot read, and he was not able to read about the expiration date of the meat. So, we need larger font in it. At the least the expiration date for the product has to be highly visible.” (FG6)

Food safety messages should include the importance of checking labels in the meat packages, the expiration date and the grocery store where purchased. This information can be used when a foodborne illness outbreak is reported (FG 1).

Though, a common theme was that Latinos know how to handle all steps involved in meat preparations, some suggested further information would be practical.

“It has to be information provided to you from the moment you buy your meat. How you are going to prepare it. How you are going to cook it. So, how to prepare the meat, what vegetables match with it, if it is pork, or meat, and how to cook altogether. That should be provided by the authorities and sellers at the buying places.” (FG 5)

Authorities should have a larger role in the live animal markets such as certifying that animals are healthy, alerting clients of potential problems, providing information about handling the animal and transportation, and making sure that employees have adequate training.

“Inspectors should be all the time at the slaughter houses to certify that the animal is healthy. “ (FG 1)

“In my country, what we called *Sanidad* (health authority), a department of the Agriculture Ministry, has the duty of controlling if the cattle is vaccinated to prevent such and such illnesses, they come to the *Camal* with vaccination papers, each animal. If the animal is not vaccinated, then it is returned to its place of origin. That is a certainty that the animals are not carrying any illness... That should be adopted the same way in the US.” (FG 1)

“There, at the slaughter houses should be some advice telling the people to be certain that they are buying the right product, which it is, to their knowledge, clean and healthy.” (FG 1)

“At the least, the information regarding the health of the animals should be published in the places where they are sold. And also to offer certainty to consumers that all workers are properly trained in how to treat the animals, at the time they are also trained in how to stay themselves clean and the working area extra-clean.” (FG 6)

Section V: Strengths and Limitations

This report presents results of discussions in focus group sessions among Latinos regarding their experience in purchasing, transporting, and preparing meat from live animal markets. Discussions covered their understanding of food contamination, food safety, and response to food born-illness addressing the cultural perspective. Finally, participants were asked to reflect on messages that could be effective in their community.

The results of this study should not be generalized to the whole Latino community. This study was performed using a focus group methodology that allows gathering practices and perceptions surrounding food safety that could not be done through a probabilistic survey. However, dynamics of the focus groups could emphasize some themes, while others are not discussed in depth. During the implementation we identified some limitations; several of the participants knew each other, and knew the facilitator. Word of mouth was a mode of recruitment and thus the same networks were used for recruitment. However, this strategy facilitated reaching recruitment goals. Some participants joined the focus group sessions from other activities in the community center. However, all participants were screened for eligibility. In the demographic form, health insurance was not included. One strength of the recruitment effort, in addition to reaching recruitment goals, was the diversity in place of birth, similar to the demographic profile of the metro area [<http://www.clac.state.mn.us/#!state-demographics/cs9d>]. All focus groups had a minimum of eight participants, which is ideal to the dynamic of focus group sessions. Participants were well engaged in the conversation topics. Though some were better informed, all participants were receptive to one another. In sum, sufficient information was gathered through the focus group approach.

Section VI: Lessons Learned and Recommendations

It is perceived by some participants that foodborne illnesses are more common in the United States than in their country of origin. Others do not believe that foodborne illness happens in the U.S. Some of the factors that participants identified as contributing to meat quality and contamination are the use of chemicals, poor practices followed in the live animal markets, grocery stores and restaurants, and the way sanitary regulations are enforced. In contrast, factors identified for lower incidence of foodborne illnesses are better regulations and information available to employees in the food service.

Results from the focus groups indicate a need for better knowledge within the Latino community on how to improve food safety and respond to foodborne illnesses. We found a wide range in knowledge and practice of the process involved from purchasing meat to cooking, food safety practices, and understanding the source of foodborne illnesses. Though some participants said they are skilled butchers and cooks, many misconceptions exist regarding the source of meat contamination. Live animal markets for the Latino community represent the

possibility of accessing large quantities, low prices, special cuts, and a taste that resembles their country of origin.

Mistrust in authorities appears to be a common topic in several groups. This problem is rooted in their cultural background and the exercise of corruption. Thus, food safety campaigns need to be designed to regain trust in authorities.

Messages regarding sources of meat contamination and ways to prevent contamination should be tailored appropriately in a cultural context. Lack of reading skills, lack of time, and misconceptions passed from generation to generation, should be addressed when preparing the materials. Delivery modes to change behavior must consider public presentations in community settings, TV and radio spots, and printed information in newspapers, pamphlets, and published notices in the meat distribution establishments.

Response to foodborne illness is limited by mistrust and fear of authorities, lack of insurance, cultural beliefs, and lack of information. These barriers should be resolved with appropriate messaging strategies, which again, are culturally sensitive.

This exercise provided information about the beliefs, practices, and knowledge regarding meat purchase to preparation from live animal markets. The knowledge generated in this report does not represent all of the Latino community, and it is not static knowledge. Surveillance of common practices among Latinos should take place periodically.

Latino Focus Group Question Guide

- 1. En el mundo entero, el valor de la comida es diferente para diferentes culturas; ¿De qué forma Usted o su familia conciben su alimentación diaria en relación con la salud y la enfermedad? Sondeo: ¿Sabe si usted o alguien a quien usted conoce se haya enfermado por de consumir alimentos por o estar en contacto con animales? ¿Cuáles considera Ud. que puedan ser las razones para contraer enfermedades por comida o por contagio animal? ¿Conoce Ud. algún proverbio de su país sobre la comida?**

In much of the world cultures, food is valued differently; how do you or your family relate to food in your daily lives as regards health and ill-health? Probe: Do you know if you or someone you know has got ill because of consuming food or being in touch with animals? What to you think could be the reasons of contracting diseases from consumption of food or handling raw food including meat? Do you know any proverb from your country related to food?

- 2. ¿Por lo regular, dónde obtienen ustedes alimentos crudos y carnes crudas que consumen? Sondeo: ¿Son los mismos lugares en los que compra para la celebración de una boda, quinceañera u otro evento significativo? ¿Por qué acude usted a estos mercados para comprar carnes?**

Typically where do you or people you know obtain the raw foods and meat that you consume here? Probe: Are they the same places when a wedding, quinceañera or other event of significance is celebrated? What are some reasons you would go to a live animal market to buy meat/chicken?

- 3. ¿Qué hacen Uds. para asegurar de que los alimentos crudos, incluyendo las carnes crudas, no se descompongan contaminan al transportarlas o cocinarlas, ya sea para consumo en casa o en el trabajo? ¿Cómo transporta la carne que compra en un matadero? Sondeo: ¿Cambia la forma con el cambio de temporada o estación? ¿En qué momento tendrían ustedes mayor preocupación? ¿Qué tan importante es aplicar medidas de higiene, como lavarse las manos antes y después de trabajar con la carne y alimentos crudos, y lavar los alimentos crudos con mucho cuidado?**

What do you do to be sure that the raw foods and meat that you transport and that you prepare does not get contaminated or spoil when you transport it or prepare it either for consumption at home or at work? How do you transport meat/chicken bought from a live animal markets? Probe: Does it change with the seasons? Which are most worrisome? How important is to you to follow hygienic measures while handling raw food (washing your hands and food)?

4. **Cuando ustedes compran esta carne o pollo, ¿qué tan importante es para ustedes cortar la carne en trozos pequeños? Si se les ofrece, ¿sería preferible que la carne fuera cortada y empacada en la carnicería, o mejor comprar el animal entero o en trozos grandes para después cortarlas en casa? ¿Por qué?**
How important is it to you to cut up the meat/chicken that you buy? Given the option, which do you prefer: having meat/chicken completely cut up and packaged by the store or getting whole animals/ large pieces of meat/chicken and cutting it up yourself? Why?
5. **Si Ud. o alguien que Ud. conoce se enfermara de por causa de la comida o la carne, por ejemplo diarrea ¿Qué harían? Sondeo. ¿Se preocuparía por conocer la razón? ¿Lo reportarían, y a quién? Si no, ¿qué les impedirían a reportarlo a las autoridades? En caso de que fuese usted quien se enfermara, ¿seguiría yendo a trabajar?**
If you or someone you knew were to get sick from an illness caused by food or meat, what would you do? Probe: Who would you report it to? What might stop you from reporting it to the authorities? Would you go to work?
6. **¿Podrían ustedes hablar de cuál fue la forma en que aprendieron sobre las reglas o normas de manejo de los alimentos crudos? Sondeo: ¿Lo aprendieron aquí o en los lugares de donde son originarios? ¿Recuerdan quién les enseñó? ¿Lo aprendió por medio de la televisión, la radio, el periódico o algún panfleto?**
Could you tell us about the way you learned about rules or norms for raw food and meat handling? Probe: Where did you learn that? Here or in your countries of origin? Who taught you? Did you learn about it via TV, radio, newspaper or flyers?
7. **Cuando comen afuera de casa, por ejemplo en un restaurante, en un mercado o en otro lugar ¿Tratan de averiguar si se trata de un lugar seguro y que la comida se encuentra en buen estado?**
When you eat outside of the house for example at a restaurant, at the market or some other place, how does one determine if the place is safe and the food is in good shape?
8. **Conversemos ahora sobre espacios y utensilios empleados para preparar los alimentos. Cuando se preparan los alimentos en casa, ¿qué tan importante es mantener limpio el espacio en que se trabaja? Sondeo: ¿Cómo se debe mantener la mesa o tabla de trabajo? ¿Deben estos lavarse o no, y por qué?**
Now, let's talk about areas and instruments you use while handling raw food. When you are handling raw food at home, how important it is for you to keep your working area clean? Probe: Do you think it is important to wash the board/counter that you used to cut up raw meat/chicken? Why?
9. **Sabemos que la comida que se consume aquí sabe diferente a la comida a la cual Uds. están acostumbrados en sus países de origen. ¿Cuáles son algunas**

costumbres que mantienen aquí en EEUU para que los alimentos, por ejemplo la leche, el queso o la carne, mantenga el sabor al que estaban acostumbrados? Sondeo: Podría ser, por ejemplo, que se mantengan las formas en que se compran, preparan o preservan los alimentos que se consumen en casa. ¿Cómo preparan ustedes las carnes que compran en los mataderos? ¿Dónde limpian la carne que van a preparar? ¿En dónde la cortan en trozos más pequeños?

We know that some foods that are consumed here taste different from the foods to which you are accustomed in your countries of origin. What are some customs that you have maintained here in the US so that foods, for example milk, cheese or meat, taste the same as what you were accustomed to? Probe: They can be customs related to buying, obtaining, preparing or preserving the foods. How do you prepare meat bought at a live animal market? Where do you clean the meat? Where do you cut up the meat?

- 10. Imaginen que hubiese una epidemia de diarrea en su comunidad que se sabe fue transmitida a través de la comida, y que se sospecha que Ud. y/o alguien en su familia consumió recientemente durante una boda. ¿Cuál sería la mejor forma de hacerle saber a su familia acerca de la epidemia, su posible exposición a la causa de la epidemia y lo que se debe hacer para buscar tratamiento médico?**

Imagine that there is an epidemic of diarrhea in your community that is known to have been transmitted by food, of which you and/or a member of your family is suspected to have consumed recently at a wedding party. What are the best ways to communicate with your family about the epidemic, possible exposure to the cause of the epidemic and steps to seek treatment?

- 11. En su opinión, ¿Cuál es el papel que el gobierno debe asumir al trabajar para prevenir el surgimiento de enfermedades, por ejemplo la diarrea, que pueden ser transmitidas a través de los alimentos crudos y las carnes crudas, como la diarrea?**

In your opinion, what is the role of the government in working to prevent illnesses such as diarrhea that can be caused by raw foods and meat?

- 12. ¿Qué información se puede proveer para ayudar a que Ud. y miembros de su familia puedan prevenir las enfermedades transmitidas a través de la comida y la carne en su casa o en el trabajo?**

What information can be provided to help such that you and members of your family can prevent illnesses that are transmitted by food and meat in your house or at work?

APPENDIX B

We need your help!

Necesitamos su ayuda!

*Participants needed for **study** on **health** in the **Latino** **Community***

*Se busca interesados en participar en un **estudio** sobre la **salud** en la **comunidad latina***

- Are you **Latino**?
- Are you over the age of **18**?
- Do you have experience in **food** **prepara- tion**?

- ¿ Es usted **Latino**?
- ¿ Tiene más de **18** años ?
- ¿ Tiene experiencia en la **preparación** **de comida**?

We would like to learn about your experience with health and food safety

Nos gustaría conocer acerca de su experiencia con la salud alimentaria

You will receive a gift card as a thank you for your participation

*Como agradecimiento por su participación usted recibirá una tarjeta de regalo *

WHO WE ARE:

HACER is a community-based research organization whose work advocates for Minnesota's Latino Communities. For more information visit <http://www.hacer-mn.org/>

HACER es una organización basada en la comunidad que aboga por las comunidades Latinas de Minnesota. Para más información visite <http://www.hacer-mn.org/>

Contact Us:

rodolfo@hacer-mn.org 612-624-3326

mvazquezcalatayud@ymail.com 651-343-9579



Hispanic Advocacy and Community Empowerment through Research

Participant ID: _____

APPENDIX C Grupo Focal para Determinar Prácticas de Manejo Apropiado de Comida y Creencias entre Residentes Latinos de Minneapolis

Forma de Consentimiento-Miembro de la Comunidad Latina

Antecedentes: Usted ha sido invitado a participar en el presente estudio. El objetivo del estudio es aprender acerca de las creencias y prácticas de la comunidad Latina por cuanto se relacionan con los alimentos y el contagio de enfermedades por vía de alimentos o animales. El estudio puede auxiliar en prevenir el contagio de enfermedades por vía de alimentos o animales. Este estudio es financiado por el Departamento de Salud de la Ciudad de Minneapolis. Otras organizaciones (listadas abajo) también colaboran en el estudio. Rodolfo Gutierrez trabaja para una organización latina de investigación. El colabora con el departamento de salud en este estudio. Usted ha sido seleccionado para participar porque usted reúne las siguientes características:

- Es Latino
- Tiene al menos 18 años de edad
- Vive en la zona metropolitana de las Ciudades Gemelas (Twin Cities)
- Ha comprado carne en mercados de animales vivos o ha cocinado carne de esos mercados

Por favor, lea esta forma, y haga cualquier pregunta que pueda tener, antes de decidir participar.

Procedimientos: Se le pedirá que participe en una discusión de grupo por aproximadamente una hora y media, junto con otros 9 adultos. Se le preguntará sobre dónde compra usted su comida, y como guarda, maneja y cocina carne cruda. Se le pedirá que comparta sus puntos de vista sobre el contagio de enfermedades por vía de alimentos y animales. El Sr. Gutierrez y otras personas, conducirán la discusión y tomarán algunas notas. La discusión del grupo será grabada en audio para poder contar con todos los comentarios compartidos durante la discusión.

Naturaleza voluntaria de participación en el estudio: No hay ninguna obligación para que usted participe en el estudio. Si usted decide no participar, su decisión no afectará cualquier relación que tenga usted con los investigadores de este estudio, o con los dueños de los mercados de animales vivos.

Riesgos y beneficios del estudio: Usted no está obligado a responder aquellas preguntas que no desee. Usted puede abandonar la discusión en el momento que desee. No existen beneficios directos si usted decide participar en este estudio. Pero la información que usted comparta puede auxiliar a los trabajadores en salud pública a encontrar formas de prevenir algunas enfermedades en su comunidad, que resulten de contagio por comida o animales.

Compensación: Usted recibirá una tarjeta de Target con valor de \$40.00 dólares por su participación.

Privacidad: Las grabaciones y notas de este estudio se mantendrán en forma privada. Serán guardadas en un lugar protegido y seguro. Solo los investigadores que conducen el estudio tendrán acceso a la información. Su nombre e información de contacto será usada solo para contactarle a usted en el futuro con relación al estudio. Cualquier reporte o presentación en público sobre el estudio, no incluirá nombres o información personal.

Los investigadores pueden usar partes de las grabaciones de audio para fines de entrenamiento y enseñanza. Usted puede elegir si está de acuerdo en que se use su voz o no. Por favor, ponga una marca X a un lado de la frase que usted elija:

_____ Estoy de acuerdo en que se use la grabación de audio de mi voz para fines de entrenamiento y enseñanza. Entiendo que mi nombre no será ligado a la grabación en ningún momento.

_____ No deseo que se use la grabación de audio de mi voz para fines de entrenamiento y enseñanza.

Este estudio ha sido aprobado por Oficina de Revisión Institucional (IRB) del Departamento de Salud del Estado de Minnesota (MDH). Si usted tiene alguna pregunta relacionada con sus derechos en este estudio, favor de llamar a Peter Rode, Administrador del MDH IRB al número 651-201-5942. **Usted recibirá una copia de esta información para sus archivos.**

Declaración de consentimiento: He leído la información aquí presentada. He contado con la oportunidad de preguntar y recibir respuestas. Consiento en participar en el estudio.

Firma _____ Fecha _____

Firma del Investigador _____ Fecha _____

Contacto y preguntas: Por favor, haga cualquier pregunta que tenga usted ahora. Si le surge alguna pregunta en el futuro, le invitamos a contactar cualquiera de los miembros que participan en este estudio:

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HACER
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Email: heidi.kassenborg@state.mn.us

APPENDIX D

Prácticas de Manejo Apropiado de comida y Creencias entre Residentes Latinos de Minneapolis

Grupo de enfoque.

Queremos la siguiente información demográfica sobre los participantes de los diálogos comunitarios para poder caracterizar con quien hemos hablado. Las respuestas son opcionales. Usted puede optar de no responder a cualquier pregunta.

BACKGROUND INFORMATION

1. **Sexo:**

Masculino

Femenino

2. **¿Cuántos años tiene usted?**

_____ AÑOS

3. **¿En qué país nació usted?**

Si nació en otro país, ¿Hace cuantos años que vive usted en los Estados Unidos de América?

_____ Años

5. **¿Hace cuantos años que vive usted en Minnesota?**

_____ Años

6. **¿Cual es su nivel de educación más alto? (Marque uno.)**

PRIMARIA/CENTRO BÁSICO

SECUNDARIA (NO SE GRADUÓ)

SECUNDARIA (SE GRADUÓ)

PREPARATORIA O BACHILLERATO
(NO SE GRADUÓ)

PREPARATORIA O BACHILLERATO
(SE GRADUÓ)

UNIVERSITARIA (NO SE GRADUÓ)

UNIVERSITARIA (SE GRADUÓ)

MAESTRÍA O DOCTORADO
(NO SE GRADUÓ)

MAESTRÍA O DOCTORADO

8. En general, ¿En cual(es) idioma(s) lee usted?

- Solamente español
- Español mejor que el inglés
- Ambos igualmente
- Inglés mejor que el español
- Solamente inglés
- Otro

9. En general, ¿En cual(es) idioma(s) habla usted con sus amigos?

- Solamente español
- Español mejor que el inglés
- Ambos igualmente
- Inglés mejor que el español
- Solamente inglés
- Otro

10. ¿Cual de los siguientes representa el total de ingreso (bruto) de su casa?

- | | |
|--|--|
| <input type="checkbox"/> MENOS DE \$10,000 | <input type="checkbox"/> \$50,000 - \$59,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$60,000 - \$69,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$70,000 - \$79,999 |
| <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$80,000 - \$89,999 |
| <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$90,000 O MÁS |
| <input type="checkbox"/> \$50,000 - O MÁS | |

11. ¿Cómo se identifica usted? Hablando en términos de raza, grupo étnico, tribu, herencia cultural y/o religión.

12. ¿ES USTED RESPONSABLE DE COMPRAR Y/O COCINAR EN CASA?

To find this information online, please visit our Reports section at

<https://www.minneapolismn.gov/health/>

If you need this material in an alternative format please call the Minneapolis Health Department at (612)673-2301 or email health@minneapolismn.gov.

Deaf and hard-of-hearing persons may use a relay service to call 311 agents at (612) 673-3000. TTY users may call (612) 673-2157 or (612) 673-2626.

Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu (612)673-2800;

Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llama (612)673-2700.

Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac (612)673-3500.