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Food Decisions Among Working Latino Families in California

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Food Decisions Among Working Latino Families in California

A dissertation in partial satisfaction of the requirements for the degree Doctor of Philosophy in Public Health

by

Mirna Troncoso Sawyer

2015
ABSTRACT OF THE DISSERTATION

Food Decisions Among Working Latino Families in California

by

Mirna Troncoso Sawyer

Doctor of Philosophy in Public Health

University of California, Los Angeles 2015

Professor Steven P. Wallace, Chair

This dissertation examines how the daily life of low-income Latinos in California’s Central Valley influences their family food decisions. The ever-increasing obesity prevalence among this population warrants research on the factors that shape food decisions in this population. Twenty-one families were recruited in collaboration with the ”Reed” Charter School, an elementary charter school committed to healthy eating. The families were followed over the course of two years.

Multiple open-ended interviews were conducted and recorded with 21 mothers and with six fathers; participant observation was conducted in 10 family homes. Participant observation was also conducted at the school and in the community during cooking classes for parents and children, during faculty development and training meetings, at parent forums, during parent teacher conferences, parent group meetings, through the wellness committee at the charter school, in the cafeteria during preparation and lunch times, at the main grocery store, at eight other food outlets including two of the carnicerias (butcher shops), at the local library, and at the local Department of Motor
Vehicles. Two focus groups were also conducted to collect data. The findings of these data illustrate how the home, school and work, and the community nutrition environments interact to influence family food decisions.

As has been found in other studies, mealtimes are an important contextual factor influencing food consumption, preparation and eating behaviors. In this study I examine in depth mealtimes among Latino families living in Reed, a small town in California’s Central Valley. The guiding approaches identified in this study provide a new typology of how Latino families organize their family meals. In the home, families were found to have a distinct set of organizing principles (“guiding approaches”) for mealtimes. These included health, traditional, developmental, and path of least resistance. The guiding approaches are influenced by factors in the home including work schedules, food preferences, and the food context in schools, work, and the community.

In Reed, the most accessible food choices for children and people with limited time are cheap, calorically dense, and possess low nutritional value. Ironically, a large proportion of the nation’s produce and fruit is cultivated and harvested in the region, yet the food that is most omnipresent for residents to consume is heavily processed or calorically dense with low nutritional value. At Reed Charter School, children consume school-made lunches that emphasize fresh fruits and vegetables. Most children in Reed, however, attend schools that provide a traditional school lunch that more closely resembles fast food.

Additionally, many families have at least one member who works in a blue-collar job that keeps them away from mealtimes. Health promotion is lacking in the workplace—even though there were a few cases where healthful eating is supported and
promoted. Reed Charter School, for example, promotes health among its students and employees. The health promoting effects of Reed Charter School transfer to the home environment and highlight the power of health promotion in low-income communities with limited access to healthful food options. Implications for theory, practice, and research are also provided in the study.
The dissertation of Mirna Troncoso Sawyer is approved.

Gail Kligman

Deborah C. Glik

May-Choo Wang

Steven P. Wallace, Committee Chair

University of California, Los Angeles

2015
This dissertation is dedicated to my mother Alicia Troncoso, my first teacher, who inspires me every day to learn, cook, and advance an agenda for the improved health of Latinos in the U.S.

Yo dedico este tesis a mi mama, Alicia Troncoso, mi primera maestra, que me inspira diariamente a aprender, cocinar, y avanzar una agenda para mejorar la salud de los Latinos en los estados unidos.
# Table of Contents

## Chapter 1: Introduction

- Background of the Problem ................................................................. 3
- Statement of the Problem ................................................................. 6
- Purpose of the Study and Specific Aims ........................................ 8

## Research Question

## Overview of Chapters ................................................................. 9

## Chapter 2: Literature Review

- Trends ................................................................................................. 11
  - Dietary Intake ................................................................................. 11
  - U.S. Overweight and Obesity Trends ............................................. 12
  - Overweight and Obesity Trends More Recently ....................... 14
  - The Latino Overweight/Obesity Conundrum ................................ 15

- Empirical Literature: Nutritional Behaviors, Overweight/Obesity, Latinos and Gaps in the Literature ....................................... 17
  - Latinos, Overweight/Obesity, and the Social-Gradient Model ...... 17
  - Food Outlets in Low Income Communities ................................ 19
  - The Rural Food Environment ...................................................... 20
  - School Lunches ........................................................................... 21
  - School Lunches, Latino Families, and Food Preferences ........... 23

- Mealtime Routines ........................................................................... 24
  - The Influence of Work ................................................................... 24
  - i. Workplace and Food Decisions .............................................. 26
  - ii. Work Schedules and Food Decisions .................................. 27
  - iii. Parents’ Work Hours and Overweight and Obesity .......... 28
  - iv. Work and Food Coping Strategies ...................................... 31
  - Mealtime Routines and Patterns ............................................. 34

- Theories, Perspectives, Frameworks .............................................. 37
  - Constructionism ........................................................................ 37
  - Food Choice Process Model ....................................................... 38
  - Food Coping Strategies ............................................................. 39
  - Routines ...................................................................................... 40
  - Dietary Resilience ..................................................................... 40
  - Family Adaptive Strategies ....................................................... 41
  - Segmented Assimilation Theory .............................................. 42

- Ecological Theories and Frameworks ........................................... 43
  - Bonfrenbrenner’s (1979) Systems Theory ................................. 43
  - Bandura’s (1986) Social Cognitive Theory ............................... 43
  - Nutrition Environment Model ................................................. 45

## Conceptual Framework ................................................................. 45

## Chapter 3: Research Design and Methods ................................................................. 48

- Gaining Access to Study Participants ........................................... 48
  - Recruitment ................................................................................ 49
  - Sample ....................................................................................... 50
  - Nativity of Analytic Sample Population ...................................... 51
  - Education Levels of Analytic Sample Population .................. 51

- Grounded Theory Ethnographic & Qualitative Methods ............ 51
  - Key Categories ........................................................................... 52
INDEX OF TABLES & FIGURES

FIGURE 1 CONCEPTUAL FRAMEWORK ........................................................................................................... 47
TABLE 1, DEMOGRAPHIC CHARACTERISTICS OF FAMILIES ........................................................................................................ 50
TABLE 2, GUIDING APPROACHES TO MEALS ........................................................................................................ 61
TABLE 3, DINNERTIME ROUTINES, FAMILY DYNAMICS, AND FOOD DECISIONS .................................................. 86
TABLE 4, SPOUSAL SUPPORT AND FAMILY DYNAMICS ................................................................................................. 97
TABLE 5, PARENTAL OCCUPATIONS ..................................................................................................................... 115
TABLE 6, PARENTAL OCCUPATIONS & WORK HOURS ............................................................................................... 119
TABLE 7, EXAMPLES OF SCHOOL LUNCHES ........................................................................................................... 137
TABLE 8, SYNERGY BETWEEN REED CHARTER SCHOOL FOOD AND HOME ......................................................... 138
TABLE 9, SYNERGY BETWEEN TRADITIONAL NATIONAL SCHOOL LUNCH PROGRAM AND HOME ................... 139
FIGURE 2, RESTAURANT CUISINES IN REED, CA .............................................................................................. 174
FIGURE 3, NUMBER & TYPE OF RESTAURANTS IN REED, CA ................................................................................... 175
TABLE 10, RESTAURANTS THAT PARTICIPANTS FREQUENT .................................................................................. 175
TABLE 11, GROCERY SHOPPING BEHAVIORS ......................................................................................................... 177
FIGURE 4, GUIDING APPROACHES AND FOOD DECISIONS .................................................................................... 204
FIGURE 5, RELATIONSHIP BETWEEN ECOLOGICAL LEVELS AND GUIDING APPROACHES TO LATINO FAMILY FOOD DECISIONS ........................................................................................................ 205
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Gail Kligman, my minor advisor, professor of ethnographic methods, and dissertation committee member, has read each major draft of my dissertation thoroughly and provided insights and suggestions throughout. Her commitment to thorough reading and detailed comments has helped me feel supported and empowered to clarify my analysis. Gail has always been excited about my research in the Central Valley, a region of great need, and this enthusiasm has helped me during the long months when I questioned whether collecting my own data was a good idea. Thank you Gail.

I also am very thankful for dissertation committee members, May Wang and Deborah Glik, whose expertise in the nutritional sciences and health communications/quantitative and qualitative research designs respectively, have also provided me with invaluable feedback, support, and encouragement with my dissertation and beyond. Each of you provided a unique perspective on directions I should consider and helped make my analysis more complete. Thank you May and Deborah.

David Hayes-Bautista has been my teaching mentor at UCLA. The first day we met he asked what book I was planning to write. Having set the expectation, I have thought about it ever since. His course “Health in the Chicana/o Latina/o Population” provided a wealth of information about the health of Latinos in the U.S. The wildly popular course attracted throngs of students wanting to learn more about their own communities and what they could do to be part of the solution. My experience as a TA and as a summer instructor for this course helped shape this dissertation. Thank you David!
Mirna Troncoso Sawyer

March 30, 2015

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Publications


**Sawyer, M.T. & Wallace, S.P. The Influence of a Traditional Versus a Healthy School Lunch Program: Low Income Latino Families in Rural California (In Progress)**

**Sawyer, M.T. & Wallace, S.P. How Jobs Influence Food Decisions in Low-Income Latinos Families in Rural California: Stratification Among the Poor (In Progress)**

### Teaching Experience

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<th>Course/Discipline</th>
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<tr>
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### Fellowships, Awards, & Grants

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<td>American Association of University Women (AAUW), American Dissertation Year Fellowship</td>
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Chapter 1: Introduction

In the last two decades obesity prevalence among children and adolescents in the United States has almost tripled. Overweight and obesity are conditions associated with many of today’s leading chronic diseases. In the Central Valley of California, heart of much of the nation’s produce and fruit cultivation, the incidence of overweight and obesity is pronounced. Bakersfield, Reed, and surrounding communities, are readily characterized as “food swamps.” Food swamps are different from food deserts in that they have an abundance of food, but the food that is accessible to many is largely processed and calorically dense food or “food products,” typically with little nutritional value (Fielding & Simon, 2011). Not only is there an abundance of fast food in the many tiny communities that are home to the Central Valley’s agricultural workers but also the large nearby city of Bakersfield is a “fast food test market” for new products (Edelhart, 2011). The irony is that in this rich agricultural area, healthy fresh fruits and vegetables or raw proteins are scarce in the local food outlets. The year 2014 marks the 75th anniversary of the publication of John Steinbeck’s The Grapes of Wrath that portrays the lives of the “Okies” who came to the Central Valley in search of work during the Great Depression. Steinbeck showed the great irony of the pickers who work in a field of peach trees, but their families do not have access to fruit for their own consumption. The situation is much the same today as many of the families who immigrate to California, now from Mexico and other parts of Latin American, to work in agriculture have greater
access to calorically dense processed foods with limited nutritional value than to the whole foods they help harvest and ship.

The community nutrition environment shapes access to food, and food intake is a key factor in overweight and obesity. Adults with a BMI \( \geq 25 \text{ kg/m}^2 \) but less than 30 kg/m\(^2\) are considered overweight while those with a BMI \( > 30 \text{ kg/m}^2 \) are considered obese. In children, overweight and obesity are defined as having a BMI that is \( \geq 85^{\text{th}} \) percentile and \( \geq 95^{\text{th}} \) percentile of sex and age specific growth reference values\(^1\) (Kuczmarski & Flegal, 2000). Children with high BMI often become obese adults (Serdula et al., 1993), and obese adults are at risk for many chronic conditions such as diabetes, cardiovascular disease, and certain cancers (Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report., 1998). High BMI in children may also have direct consequences, such as elevated lipid concentrations and blood pressure (Freedman, Mei, Srinivasan, Berenson, & Dietz, 2007).

Many different factors are said to contribute to the overweight status of Americans. These include an increase in intake of calories as well as a decrease in exercise and an increase in a sedentary lifestyle (Swinburn, Sacks, Hall et al., 2011). It has been documented that the increase in calories is attributable to a variety of causes including an increase in consumption of sugary and alcoholic beverages (Enns, Goldman, & Cook, 1997) as well as increases in portion sizes, lowered cost of processed foods, and eating out more than cooking, with the community nutrition environment playing a role across these factors.
Other statistics reveal that certain groups are more severely impacted (May, Freedman, Sherry, & Blanck, 2013). The National Health and Nutrition Examination Survey (NHANES) from 1971-2004 shows that among boys, Mexican Americans aged 6-11 years have the highest combined prevalence of overweight and obesity (43.9%) and the highest prevalence of only obesity (26.5%) of all racial & ethnic groups (Y. Wang & Beydoun, 2007). In California, the prevalence of overweight and obesity among Latino (24%) and Black (24%) adolescents is much higher than among whites (13.4%) or Asian (11.5%) adolescents (See 2007 numbers in CDPH, 2009.) As the Latino population continues to grow at a faster rate than other groups it is a critical time to identify the modifiable factors that influence overweight and obesity and obtain an expanded understanding of what shapes behaviors and practices in this population. As analysts have noted, current obesity management and prevention research priorities will not maximally impact this critical problem unless investigators explicitly focus on discovering innovative strategies for preventing and managing obesity in the disadvantaged populations that are most affected (Rosas & Stafford, 2012). This dissertation, aims to investigate food decisions within Latino families in order to inform future interventions to reduce overweight and obesity in the state of California and in the nation.

**Background of the Problem**

Current research documents a complex relationship between occupational, family, and socioeconomic conditions and overweight. Socioeconomic factors shape food and activity choices, often leading those with less education, lower incomes, and those who live in poorer neighborhoods to have a higher risk of overweight and obesity. The increasing prevalence of overweight among children has become an issue of even greater
importance as evidence has begun to show that the behavioral patterns that people adopt as children may transfer to the adult stage of life (Serdula, et al., 1993). In the next pages I will review some of the research that highlights potential mechanisms that relate to childhood overweight and obesity in the context of family structure and work conditions.

Many different individual, family, and community factors impact obesity; one area that is receiving increased attention is how structural factors such as employment conditions work through families to influence childhood obesity. A relationship between parental work hours and overweight and obesity in children has been identified (P.M. Anderson, Butcher, & Levine, 2002; Benson & Mokhtari, 2011; Champion, Rumbold, Giles, Davies, & Moore, 2012; D. P. Miller & Han, 2008). Anderson et al (2002) have shown that a child is more likely to be overweight if his/her mother worked more intensively over the child’s life. Miller and Han (2008) have shown an association between mothers’ nonstandard work hours and BMI among adolescents, but only when mothers had spent less than 5 years or more than 10 years in nonstandard work schedules at the time the child was 14 years old (D. P. Miller & Han, 2008). More recent research has begun to also identify the role of fathers’ work hours on childhood obesity. Benson and Mokhtari (2011) found that the influence of father’s hours of work had more than two times the association with children’s BMI than mother’s work hours.

Much of this research appears to show a stronger association between maternal work hours and childhood overweight and obesity among higher SES families, but sometimes results are mixed. Baker, Ballistreri, and Van Hook (2007) found that for immigrants, maternal employment lowers children’s BMI, but especially for high SES families; for non-immigrant families maternal employment lowers BMI only for low
income families but raises BMI for high income families. Fertig, Glomm, and Tchernis (2009) have shown the positive impact of more hours, which is stronger for higher SES families. Ruhm (2008) as well as Anderson, Butcher, and Levine (2008) have found stronger results with maternal employment and obesity for higher SES children. One hypothesis used to explain the differential effects of SES on childhood obesity are that employment may improve nutrition among the lower resourced but may increase access to processed foods and take-out among the more resourced.

In all of the cited studies it is unclear what the mechanisms may be between parental work hours and childhood obesity. However, some researchers have made links between work hours and food behaviors of adults. It appears that the job conditions of parents create a context that shapes family food consumption patterns (i.e. food coping strategies), which may be one of the mechanisms through which work conditions influence overweight and obesity. Blake et al. (2011) have shown that parents who work nonstandard hours, work overtime, and have employed partners have the highest frequency of utilizing “food coping strategies” that are associated with higher caloric intake, including missing family meals and eating out or getting take-out food. However, individuals who work nonstandard hours were found to eat more meals at home if they had a spouse/partner that stayed at home and cooked. Thus, family structure can mediate the influence of work hours on food decisions. Food decisions and their effects have not been examined for children in primarily immigrant Latino families where at least one parent works long or nonstandard hours, making this a ripe area of research.

Furthermore, the family dinner is one routine/ritual that researchers have found may be linked to the health of family members, and has currently been a focus in research
on Latinos and overweight/obesity. Among immigrant Latino families in two studies, mothers described the loss of the family dinner routine since arriving in the U.S. (Lindsay, Sussner, Greaney, & Peterson, 2009; Sussner, Lindsay, Greaney, & Peterson, 2008), although the studies are not clear on the reasons for this phenomenon. It is also known that immigrant Latinos living in the U.S. for at least 15 years have lower body mass indexes (BMI) in comparison to U.S. born Latinos, but that this advantage wanes after a person has lived longer in the U.S. (Antecol & Bedard, 2006) and many analysts cite a changing diet as the main culprit (Dixon, Sundquist, & Winkleby, 2000; 2005). Families that experience a loss of routines and rituals, such as not eating together regularly, show an increase in individualized eating which has been associated with unhealthy food behaviors (C. E. Blake, Wethington, Farrell, Bisogni, & Devine, 2011). When families do not eat dinner at home they often consume take out or heavily processed foods. Similarly, individualized eating often involves preparing or purchasing quick meals, which can be highly processed and easy to heat and serve. Fast- and take-out foods have been shown to contain a higher concentration of calories, saturated fat, carbohydrates and added sugar (Bowman, Gortmaker, Ebbeling, Pereira, & Ludwig, 2004). There is also evidence that eating dinner together at home could be beneficial to health. For example, in a study of nurses’ families it was found that children who ate more meals together with their families had higher odds of eating five servings of fruits and vegetables per day (Gillman et al., 2000).

Statement of the Problem

In order to increase the proportion of Latinos in California who have a healthy weight status, it is important to identify how food decisions are influenced by factors in
the home, school, work, and community environments. The Central Valley of California is an understudied, rural area with greater levels of overweight and obesity among its diverse ethnic population, making it a critical site for gaining insights into this problem. Adding to the lack of access to or affordability of healthy food and practices of healthy eating is the severe drought that is currently underway in California, putting the irrigated agricultural economy and its workers at great risk for unemployment (Plevin, 2014). The Central Valley is still recovering from the Great Recession (2009-2011) that has had a substantial impact on unemployment levels, which remain among the highest in the nation. While some of the debates about food decisions have centered on the role of work hours, of concern is also unemployment and poverty.

A Robert Wood Johnson Foundation report has recently identified that Kern County, the seat of this study, has one of the highest rates of overweight and obesity compared to other counties in California ("County Health Rankings & Roadmaps, California", 2014). However, no in-depth study has yet to provide a detailed socioecological analysis of the factors that contribute to higher levels of overweight and obesity among the Central Valley population. As we continue to expand public health efforts to reduce health disparities throughout the state of California, a greater understanding of the most impacted yet least studied regions is needed.

The aim of this dissertation is to utilize family mealtimes as an entry point in order to understand how family dynamics, as well as school, work, and community environments influence family food decisions. While overweight and obesity are influenced by a variety of important factors including cultural traditions, infrastructure factors related to healthy food availability and access to safe spaces for exercise, as well
as exercise behaviors, and food behaviors at different meals, this study specifically focuses on the dinnertime routine in families and how it influences family behaviors and how factors outside the home also influence the routine. I utilize dinnertime routine as an entry point for the issue of food decisions because even though other mealtimes are also important, dinnertime is one of the meals in which children are more likely to be at home. Many of the children in the study eat breakfast and lunch at school, while at dinnertime various family members join together to share a meal. While I probed families about what their children eat at school and I also ask parents about what their children eat for lunch my emphasis is on the dinnertime routine. Data from individual families sheds light on the day-to-day ways that poverty influences food decisions and other lifestyle behaviors. Moreover, while I recognize that there are many other important factors that also impact overweight and obesity among the target population, this study is concerned with food decisions within low-income Latino families and offers a means to begin to understand preliminarily how such decisions are made and their impact on childhood obesity and overweight. Local, school, organizational, and statewide policy and programmatic development will be able to make use of this information.

**Purpose of the Study and Specific Aims**

The overarching goal of this study is to better understand the role of daily life in family food decisions to produce insights that can be used to devise ways to reduce overweight and obesity among Latinos. To achieve this goal I identify and explore mechanisms that impact dietary intake behaviors that are associated with overweight and obesity among low-income Latino families with children aged 5-11. As food preferences are formed early in childhood, this study’s assumptions are that examining food decisions
when children are both young and beginning to eat food outside of the home (i.e. via school lunch programs) will shed light on dietary intake and food choice behaviors among these children and in these households later in life.

**Research Question**

The overall research question of this study is: How are the food decisions of low-income Latino families in the Central Valley, California shaped by their daily lives? To answer this question I conducted my study in a small Central Valley town, Reed. Reed has a population of 20,000, and is predominantly Latino. I selected Reed for my study because in 2011, the year I began my dissertation research, a charter school opened in the community with a novel approach to food and children’s health. The school launched a from “scratch” lunch program with a focus on vegetables and fresh fruit. The school also instituted a Wellness Policy that does not allow families to pack junk food (i.e. potato chips, sugary drinks, chocolate bars) in kids’ lunches. The policy also prohibits teachers or administrators from utilizing candy or other high calorie snacks of low nutritional value as a reward. The school not only provided me entree into the families I interviewed, but also provided a useful window into looking at how a different school nutrition environment might be one avenue to influence family food decisions.

**Overview of Chapters**

In chapter two I provide a synopsis of the key literature, conceptual frameworks, theories, and paradigms that informed my study. In chapter three I provide information about the methods utilized for this dissertation. I used an inductive approach to identify the most salient processes influencing family food decisions in my respondents’ daily lives, resulting in a final focus with four main themes. The results’ chapters explore these
four themes in depth. In chapter four I explore how Latino families in this study organize their dinner routine. Chapter five continues to explore the household environment and investigates how family dynamics, such as children’s food preferences, spousal support, and the dinnertime routine itself, influence family food decisions. Chapter six adds to the analysis of chapters four and five by exploring how the time spent in school and work by family members further shapes family food decisions. And the last results chapter, chapter seven, provides an observational account, together with some interview data, of the community nutrition environment in Reed to further illustrate the influences on Latino family food decisions. Finally, in chapter eight I synthesize my findings to speak on a broader level about Latino family food decisions, I highlight the contributions of this research, and I underline implications of this dissertation for theory, policy, practice, and research. In the final chapter I also discuss some of the limitations of my study.
Chapter 2: Literature Review

In this chapter, I review the key trends in overweight and obesity as well as empirical findings and gaps in the literature on Latinos, family food behaviors, the community nutrition environment, and school food—all important components in this study. After reviewing the main literature, I follow with a discussion of the ontological perspectives, models, frameworks, and theories that I utilize to conceptualize this study. Finally, I provide a rough conceptual model of how these many parts fit together to frame this study. In this dissertation, key constructs are the concepts of dietary intake and food decisions. Dietary intake refers to the measurement of food and drink consumed by an individual within a given period of time. Food decisions refer to the process of choosing what to/or not to eat/drink. Role modeling of appropriate nutritional practice refers to behavioral modeling (Bandura, 1986) of nutritional practices in various settings including the school and workplace context.

Trends

In this section I highlight trends in dietary intake, overweight and obesity, and the Latino overweight/obesity conundrum in the United States as background of the problem.

Dietary Intake

Major changes have been recorded in the dietary intake of Americans since the 1960s. The largest changes have been decreased consumption of whole milk and increased consumption of grain products, especially grain mixtures, bananas, meat, poultry, and fish mixtures; beer and ale; fruit drinks and ades; and soft drinks (Enns, et al., 1997). Some nutritional researchers have argued that the proportionate increase in
Carbohydrate intake is the leading cause behind metabolic syndrome and the overweight and obesity epidemic (Accurso et al., 2008; Volek, Fernandez, Feinman, & Phinney, 2008; Volek et al., 2009; Volek, VanHeest, & Forsythe, 2005). Carbohydrate restriction improves glycemic control and reduces insulin fluctuations, thus, analysts cite excessive carbohydrate intake as a leading nutritional concern (Accurso, et al., 2008). Various types of carbohydrate-heavy products are implicated, but sugary beverages have received special attention. For example, recent international research has linked the increase in soft drink consumption with the concomitant rise in overweight/obesity and diabetes in multiple countries (Basu, McKee, Galea, & Stuckler, 2013). The findings on soft drink consumption and overweight, obesity, and diabetes have come at a time when the soft drink industry, having been heavily criticized, has recently announced that it would be reducing their calories by 20 percent by the year 2024 (Rehm, 2014). Dietary intake of Latinos has been documented by a plenitude of studies (Ayala, Baquero, & Klinger, 2008; Colon-Ramos et al., 2009; Dixon, et al., 2000; Fernandez, Olendzki, & Rosal, 2011; Lara, et al., 2005), using numerous dietary intake methods, but few have aimed to analyze mechanisms that link food decisions and the various food environments where family members spend their time. The discussion of dietary trends is incomplete without a review of trends in the food environment. I will discuss those next.

**U.S. Overweight and Obesity Trends**

Overweight and obesity are primary conditions associated with many of today’s leading chronic diseases. Overweight is defined as weight that exceeds the threshold of a criterion standard or reference value (Kuczmasrski & Flegal, 2000). Body mass index (BMI) serves as a proxy for body fat percentage that is often used to estimate the weight
status of individuals. Since about 1995, BMI ≥ 25 for men and women is considered overweight⁴ by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) (Kuczmarski & Flegal, 2000). Children who have a high BMI often go on to become obese adults (Singh, Mulder, Twisk, va Mechelen, & Chinapaw, 2008) and obese adults are at risk for many chronic health problems such as diabetes, cardiovascular disease, and certain cancers (Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report, 1998).

Data from 2009-2010 shows that 33.0 percent of U.S. adults age 20 years and over are overweight and 35.7 percent are obese (Fryar, Carroll, & Ogden, 2012). In contrast, between 1999-2002, 73 percent of Mexican American adults were overweight and 33 percent are obese (Flegal, Ogden, & Carroll, 2004). From 1998-2002, relative to non-Hispanic whites, the likelihood of being obese was significantly higher for Mexican American women (Flegal, Carroll, Ogden, & Curtin, 2010).

Overweight and obesity statistics for children reveal a similar trend. About 30 percent of U.S. children age 2 to 19 years old were overweight or obese from 2007-2008 (C. L. Ogden, Carroll, Curtin, Lamb, & Flegal, 2010), a staggering contrast to the 15 percent overweight/obese children in 1963-1965⁵ (1997) and between 21-22 percent⁶ in 1988-1991 (DHHS, 1997). The case of Latinos appears worse. In a meta-analysis and review of the literature of overweight and obesity statistics, Wang and Beydoun (2007), using the National Health and Nutrition Examination Survey (NHANES) 1971-2004, found that among boys, Mexican Americans aged 6 to 11 years had the highest combined prevalence of overweight and obesity and prevalence of only obesity (43.9 percent and
26.5 percent, respectively) (Y. Wang & Beydoun, 2007). There may be stratification even among Latinos. In a study of second and third generation U.S. immigrants, using the National Longitudinal Study of Adolescent Health survey, it was shown that Asian American and Latino adolescents born in the United States are more than twice as likely to be obese as are first generation residents of the 50 states (B. M. Popkin & Udry, 1998).

**Overweight and Obesity Trends More Recently**

While it is estimated that the high prevalence of childhood BMI has remained steady for the past 10 years, some groups continue to be disproportionately impacted (C. L. Ogden, et al., 2010). Bethell, Simpson, Stumbo, Carle, and Gombojav (2010) found that, although the combined overweight and obesity national prevalence increase from 2003 to 2007 was not statistically significant, the combined overweight prevalence did increase significantly for publicly insured children (from 39.6 percent to 43.2 percent) as well as for children living in households with incomes less than 100 percent of poverty (from 39.8 percent to 44.8 percent), and the prevalence gap (or disparity) grew wider between publicly and privately insured children, lower- and higher-income children, and Hispanic and non-Hispanic children (Bethell, Simpson, Stumbo, Carle, & Gombojav, 2010).

Using data from the 2011-2012 National Health and Nutrition Examination Survey (NHANES), analysts have noted a plateauing of rates among certain groups like children ages 2 to 5 years, but the prevalence of overweight and obesity was higher in Latino (22.4 percent) and Black (20.2 percent) youth compared to Asian youth (8.6 percent) (C. Ogden, Carroll, Kit, & Flegal, 2014). In the state of California, the prevalence of overweight and obesity among all Latino (24 percent) and Black (24
percent) adolescents is much higher than among whites (13.4 percent) or Asian (11.5 percent) adolescents (CDPH, 2009). Of the children age two years old or older that are overweight/obese in California, 17.2 percent are Latino compared to 13.5 percent Asian-Pacific Islander, 14.1 percent Black non-Hispanic, 15.6 percent White non-Hispanic, 20.1 percent American Indian and Alaska Native, and 30 percent multiple races or all others/unknown.

Income may explain part of the disparity in rates among groups. Singh, Siapush, and Kogan (2010) found that nearly half of all children in low-education and low-income families were overweight compared with fewer than 23 percent of children in high education and high-income families. As more Latinos, African-Americans, and Native Americans fall into low socioeconomic status, social gradient models would suggest that income explains some of the disparity highlighted by the data. In the following section, I will explore some of the issues related to social gradient model and Latinos.

**The Latino Overweight/Obesity Conundrum**

The case of overweight and obesity among Latinos in the United States has presented a curious conundrum for analysts. National Health Interview Survey (NHIS) data from 1989 to 1996 has been used to show that immigrant Latinos have a healthier weight status using Body Mass Index (BMI) as a proxy for corporal fat percentage upon arrival in the United States compared to their U.S. born ethnic counterparts. In the case of Latina immigrants, those who have lived in the United States 15 or more years have higher BMIs than their native counterparts (Antecol & Bedard, 2006). Latino male immigrants also converge to their native counterparts, but only in terms of overweight
rates. The BMI advantage that Latino immigrants arrive with appears to be erased after 15 years.

A prevailing hypothesis used to explain this phenomenon is that immigrant Latinos may arrive in the United States healthier, thinner, and with more traditional nutritional behaviors (which may be healthier by certain standards), but after some time in the United States, they begin to change and adopt more typical U.S. consumption patterns (2005). Lara et al.’s (2005) review various studies of Latino “acculturation” levels and health outcomes and the overwhelming evidence suggest that immigrant Latinos consume healthier diets than U.S. born Latinos. Dixon, Sundquist, and Winkleby (2000), one of the articles reviewed by Lara et al. (2005), used the Third National Health and Nutrition Examination Survey (NHANES III), and they found specific differences in energy and nutrient consumption of Spanish-dominant U.S. born Mexicans, English-dominant-U.S. born Mexicans, and foreign born Mexicans. The authors used a month-long food frequency questionnaire (FFQ) and one 24-hour recall to record dietary intake (Dixon, et al., 2000). In general, Mexican born Latinos consumed significantly less fat and significantly more fiber as well as vitamins A, C, E, B6, folate, calcium, potassium, and magnesium than did those born in the United States, regardless of dominant language. Also, more men and women born in Mexico met the dietary guidelines or recommended nutrient intake than those born in the United States. The mechanisms whereby Latino diets change are not entirely clear, but some research has identified possible pathways. Further, there is also literature that aims to link nutritional behaviors with overweight and obesity. I will review the key literature in the next section with special attention to areas with gaps in the literature.
Empirical Literature: Nutritional Behaviors, Overweight/Obesity, Latinos and Gaps in the Literature

In the following section, I will review literature on Latinos, overweight/obesity, and the social gradient model; food outlets in low income communities; the rural food environment; school lunches (also part of the community nutrition environment); school lunches, Latino families, and food preferences; and mealtime routines. In the following section, I will also review theories, perspectives, and frameworks.

Latinos, Overweight/Obesity, and the Social-Gradient Model

Although many studies have established that immigrant Latinos have healthier nutritional profiles than do U.S. born Latinos, one key element missing from the research just reviewed is how socioeconomic status might mediate nutritional behaviors and thus overweight and obesity. Often overweight and obesity are negatively associated with socioeconomic status (SES)—thus, the lower the SES the higher the overweight and obesity. For example, data from the Early Childhood Longitudinal Study Kindergarten Class of 1998-99 has been used to show that income is strongly negatively associated with children’s Body Mass Index (BMI) in kindergarten among U.S. born White and Latino children, but positively associated among Hispanic immigrant children (Balistreri & Van Hook, 2009). Similarly, in a study that drew upon three data sets, it was shown that in contrast to whites, education was weakly associated or not associated with numerous health related variables among the U.S. Mexican origin population, and adult Mexican immigrants were especially likely to have weaker education gradients than whites (Goldman, Kimbro, Turra, & Pebley, 2006).
Therefore, in examining the BMI index of Latinos in both children and adults, it is important to note that SES might not have the same effect as a predictor of overweight and obesity compared to the non-Latino white population. Specifically, while the social gradient literature might successfully predict, on average, what characteristics within certain socioeconomic groups might lead to specific health outcomes, these correlations may not necessarily be observed among Latinos. The epidemiological transition has been used to explain differences in lifestyles of the Mexican population even within Mexico (i.e., rural versus urban contexts) (Tuirán, 1998), and yet others point to the growing obesity epidemic in Mexico (B. Popkin, 2010) and raise questions about what analysts might expect of Mexican immigrants in the United States (Creighton, Goldman, Pebley, & Chung, 2012). That is, in parts of Mexico, overweight and obesity might be observed more often in higher income populations than in rural income populations. More current research has begun to document similarities in the overweight and obesity prevalence of Mexican immigrants and U.S. born Mexicans. One study found, for example, support for the hypothesis that overweight/obesity prevalence is not significantly lower for first-generation compared to second- and third-generation Mexican-origin youth (Buttenheim, Pebley, Hsih, & Goldman, 2013).

Research that has observed similarities in overweight and obesity in both U.S. born Mexicans and foreign-born Mexicans, or first generation Mexican Americans and second generation Mexican Americans, suggests that the groups being compared have similar diets, nutritional behaviors, and/or some other common causal factor. Even if the food environment in Mexico has begun to resemble the U.S. food environment, in terms of the mass availability of cheap food, studies have yet to identify specific pathways
between the food environment, food decisions, and overweight and obesity among the different sets of Mexican populations and whether the pathways are similar or different. One important component for understanding the relationship between food decisions and Latino families is to identify what is known about the food environments of Latinos in low-income neighborhoods and especially in the Central Valley.

In the following section, I will highlight key literature on the community nutrition environment and food decision in general and specifically with regard to Latinos. I will also highlight the gaps in the literature.

**Food Outlets in Low Income Communities**

Access to quality food can be a challenge for people living in low-income neighborhoods (Vallianatos, 2009). Socioeconomic factors structure food choices, not just in terms of the amount of income available to spend on food (Frazao, 2007), but also where people can afford to live (House, 2002) and thus what kinds of food outlets are available to them.

First, data from the Consumer Expenditure Survey has shown that people in the lowest income bracket with an annual household income of $10,000-14,999 spend about 37 percent of their income on food, whereas those with a household income of $70,000 and over only spend 10 percent of their income on food (Frazao, Andrews, Smallwood, & Prell, 2007). There are astonishing differences in food expenditures and few tangible resources are left over in the families in the lowest income bracket once food is purchased.
Data also shows that lower income and/or segregated communities have fewer supermarkets. One study showed that there are three times as many supermarkets per capita in upper income zip codes as in low income zip codes, over three times as many supermarkets in majority white zip codes as compared to majority African American zip codes, and almost two times more supermarkets in majority white as in majority Latino zip codes (Vallianatos, 2009). There is evidence that lower income communities also have a higher density of fast food outlets and small grocery stores and that living in close proximity to these is also associated with higher obesity rates (Li & Hooker, 2010; M. C. Wang, Kim, Gonzalez, MacLeod, & Winkleby, 2007). The disparities that appear in lower and upper income communities are further magnified when comparing the rural to the urban contexts.

The Rural Food Environment

Research on the food environment and rural areas in the United States have identified some main themes. A study of 101 rural Texas neighborhoods identified the median distance between homes and food outlets as 9.2 miles (Sharkey & Horel, 2008). The authors suggest that distance from food outlets is a significant concern for rural residents (Sharkey & Horel, 2008). A national study of food environments found that in terms of food source availability per 1,000 population, non-metro counties are associated with fewer fast food restaurants, more full-service restaurants, grocery stores, and convenience stores, greater value of direct farm sales per capita, and more households with no car living more than one mile from a grocery store (Ahern, Brown, & Dukas, 2011). Ahern et al. (2011) also linked outlets to health outcomes and found that availability of fast food restaurants and convenience stores were associated with higher
mortality rates; while availability of full-service restaurants, grocery stores, and direct farm sales were associated with lower mortality rates. Ahern et al. (2011) also found for non-metro counties that fast food restaurants were negatively associated with obesity rates, while grocery stores were are positively related with obesity. The authors note that the latter findings are unexpected.

Additional studies provide further insight into the Central Valley context. The percentage of overweight adults in the Central Valley is higher in the interior region of California in comparison to the urban Coastal portions of the state ("County Health Rankings & Roadmaps, California", 2014). Bakersfield and Fresno, the Central Valley’s largest population centers, have the highest ratio of fast food outlets to stores or food outlets that sell fresh produce (CCPHA, 2007a). In chapter 3, I will explore more in depth the social, economic, and political context of the setting of this study. In the next section, I review the free school lunch program and its influence on the community nutrition environment.

School Lunches

In 2009, the National School Lunch Program (NSLP) provided lunches to more than 31 million children (Murphy, Yaktine, Suitor, & Moats, 2011). What children eat through the NSLP and the School Breakfast Program (SBP) is especially important for low-income children who often participate in these programs on a regular basis. One of the debates about school food is whether children who participate in the NSLP consume more energy-dense, low–nutrient food, which is associated with unhealthy weight. In one study, NSLP participants consumed less energy from sugar-sweetened beverages at school than nonparticipants (11 kcal vs 39 kcal in elementary schools and 45 kcal vs 61
kcal in secondary schools), but more energy from low-nutrient, energy dense solid foods such as French fries and higher-fat baked goods in secondary schools (157 kcal vs 127 kcal) (Briefel, Wilson, & Gleason, 2009). NSLP participants were not more likely to consume sugar-sweetened beverages or low-nutrient, energy dense foods at home or other locations. School lunch participants’ consumption at school was less energy-dense than nonparticipants’ consumption at school (Briefel, et al., 2009).

In another study of the NSLP, via the third School Nutrition Dietary Assessment Study, a cross-sectional, nationally representative study conducted in 2005 of about 2,300 students, it was found that NSLP participants were significantly more likely than nonparticipants to consume milk, fruit, and vegetables, and significantly less likely to consume desserts, snack items, and beverages other than milk or 100% juice (Condon, Crepinsek, & Fox, 2009). For breakfast, it was found that SBP participants were significantly more likely than nonparticipants to consume milk and fruit (mainly 100% juice), and significantly less likely to consume beverages other than milk or 100% juice (Condon, et al., 2009). It was also found that the NSLP was more likely to offer starchy vegetables than dark green/orange vegetables or legumes (Condon, et al., 2009)—which have considerably better nutrition unit per unit.

Also using the third School Nutrition Dietary Assessment Study, in a nationally representative cross-sectional study fielded during school year 2004-2005, it was found that most schools participating in the NSLP offered and served meals that met the standards for protein, vitamins, and minerals (Crepinsek, Gordon, McKinney, Condon, & Wilson, 2009). Fewer than one third of schools, however, met the standards for energy from fat or saturated fat in the average lunch, whereas three fourths or more met the fat
standards in school breakfasts. For both meals, average levels of sodium were high and fiber was low relative to the recommendations of Dietary Guidelines for Americans in 2005. In Crepinsek et al.’s (2009) study, essentially no schools provided lunches with less than one third of the recommended maximum daily intake of sodium (767 mg per average lunch). And, the mean sodium content of lunches offered to children was 1,442 mg, almost twice the recommended level (Crepinsek, et al., 2009).

In Crepinsek et al.’s study (2009), use of the 2005 Dietary Guidelines as the basis for assessing total fat resulted in a substantially larger share of schools (about 60 percent) providing lunches that fell within the recommended range—three times as many as those that met the School Meals Initiative for Healthy Children (SMI)\(^7\) standard (19 percent). In almost all the remaining schools, the average lunch exceeded the upper limit of the range, providing more than 35 percent of energy from total fat (Crepinsek, et al., 2009).

The NSLP/SBP has come a long way in providing more fruits and vegetables in school lunches and breakfasts, but as noted by Condon et al. (2009), very few daily menus provide berries, melons, or other colorful fruits. More importantly, schools continue to struggle with the percentage of fat and sodium in school food—all characteristics of highly processed foods.

**School Lunches, Latino Families, and Food Preferences**

One area of research that has only been explored minimally is how the participation of Latino children in the free school lunch program influences family food behaviors. The following studies cite immigrant Latino parents’ observations of their children’s food preferences upon exposure to school food. Turner, Navuluri, Winkler, Vale, and Finley (2014), in a qualitative study of 66 Latino parents, identified food
choices made within the context of parenting styles. One parent In Turner et al.’s study said, “We make meals that they like, such as the one they get at schools —pizza, [microwavable turnovers].” Similarly, Guarnaccia, Vivar, Bellows, and Alcaraz (2012) described the different ecology of food that immigrant Oaxacan Mexican families find in New Jersey. Parents describe how their children begin to prefer the “American style” foods they encounter at their school cafeterias (Guarnaccia, Vivar, Bellows, & Alcaraz, 2012). These studies describe the phenomenon that food preferences have changed or are in transition. Both studies suggest that parents are aware of a change in their children, and even note their parental response to their changes, but it is not entirely clear how the school food environment and family food behaviors or even the community nutrition environment interact to change behaviors or food preferences.

**Mealtime Routines**

Mealtime routines have become an important setting of study since the rise of overweight and obesity. The literature is centered on the following key areas that will be reviewed in this section: the influence of work schedules on mealtime routines; the influence of work schedules of overweight and obesity; to a lesser extent the influence of mealtime routines on overweight and obesity; issues of the mealtime routines among Latino families; and lastly mealtime routines and patterns themselves.

**The Influence of Work**

Both mothers and father’s work hours have been implicated in the overweight and obesity epidemic. The evidence is mixed when it comes to pinpointing which parents’ hours at work influence children more. Still, research on the influence of work on the
family reveals many factors that influence overweight and obesity. While much is known, there are still many areas that are not understood.

Since the 1960s, due to multiple social changes, the proportion of all women working outside of the home has increased, and this has impacted the amount of work conducted within the home by both men and women. Bianchi et al. (2000) studied changes in household work conducted by men and women from the 1960s through the 1990s, and they found that women were spending fewer hours conducting unpaid household labor in the 1990s than they were in the 1960s, although they were still doing more in the home than men. (Bianchi, Milke, Sayer, & Robinson, 2000). Men, on the other hand, were found to be doing much more work in the home in the 1990s than they were in the 1960s if they had a college degree, but less so if they had less than a college degree.

In effect, as the United States transitioned from World War II with increased industrialization and with greater numbers of women in the workforce, the food environment changed dramatically. The increased production of canned and frozen food products, which at once helped families to decrease the meal prepping time needed to make dinners, but at the same time the omnipresence of these food products dramatically changed the ecology of the food environment (Nestle, 2007; Ritzer, 2011).

While these changes in family structure, social roles, industrialization, and the food environment have been identified as pivotal moments in the ways people would change the way they eat and what they eat, there is still much not understood about how meal routines influence overweight and obesity. Analysts have linked food behaviors to work schedules, and work schedules to overweight and obesity, but some gaps in the
literature exist with regard to the impact on children. In the following section, I will review the literature on food decisions and workplace, food decisions and work schedules, and work schedules and overweight and obesity. I will then identify gaps in the literature that support the need for the current dissertation.

i. Workplace and Food Decisions

In a phone survey of 50 mothers and fathers, workplace food access was found to be associated with food choice coping strategies (Devine et al., 2009). Fathers who did not have access to healthful, reasonably priced, good tasting food and/or a microwave oven were significantly more likely to report missing lunch, eating while working, eating in a car, and less likely to pack a lunch. Mothers who did not have access to healthful, reasonably priced, good tasting food at work were more likely to report grabbing quick food at work instead of a home prepared meal and/or family meals that were quick to prepare.

In the “Spillover model of the relationship of work on food choices and other roles,” work and family/self spillover are conceptualized as two concentric circles with strategies, portrayed as a square at the center of the circles (Devine, Connors, Sobal, & Bisogni, 2003). Workers are categorized as “job demanding and limiting” and “job demanding but manageable.” Both groups use strategies, within their families and individually, such as taking turns, trading off, simplifying, and doing quick meals. But those with jobs that were demanding and limiting often skipped meals, ate out, got take-out, or ate junk. In contrast, those with demanding but manageable jobs were able to plan ahead, cook ahead multiple meals, and have fruit away from home. With regard to selection, important questions raised by this finding are: is the job manageable because of
the individuals’ psychological resources or because the job is objectively more manageable? Do people with greater psychological resources obtain jobs that are “better” and vice versa?

ii. Work Schedules and Food Decisions

In a study of fifty Black, white, and Latino employed mothers and fathers, Blake et al. (2011) studied food coping strategies and found that families that used “individualized eating” or “missing meals” as coping strategies were characterized by long work hours, non-standard work hours, having a working partner, single parenthood, and with family meals away from home, grabbing quick food instead of a meal, using convenience entrées at home, and missing meals or individualized eating. Families that had more “home cooking” included considerably more married fathers with non-employed spouses and more home cooked family meals (C. E. Blake, et al., 2011). The literature suggests that certain mechanisms, such as households with two parents that cook or one parent that stays home and cooks while the other works, may mediate food decisions.

Greater income and education are well documented to make available a broader range of family and work adaptive strategies that can have an impact on food choices, because of access to more information, skills, or household help (Moen & Wethington, 1992). People with more income also have a greater array of food choices available to them. At the micro level, what families do to achieve or maintain economic well-being or other objectives can be depicted as adaptive strategies.

Studies specifically on Latino food behaviors have also examined the influence of work schedules. For example, Guarnaccia et al. (2012,) in their study of Oaxacan
Mexican immigrant families in New Jersey, found that parents who work one or more jobs, and thus are not home when their children finish their school day, feel a lack of control over what their children might eat in the community. This study points to the interaction between work schedules and food decisions of children who live in low-income communities saturated with foods of low nutritional value. From Guarnaccia et al.’s (2012) study, however, it is not clear what other practices occur at home that shape food behaviors of children.

iii. Parents’ Work Hours and Overweight and Obesity

Parental work hours necessarily impact the amount of time that parents can spend with their children. Many of the mechanisms that link parental work hours to children’s overweight/obesity are unknown, however, there are literatures on routines/rituals and coping and food decisions, which will be reviewed in the next two sections, that elucidate what some of the mechanisms may be that lead work conditions to have on food behaviors, which may then influence overweight and obesity.

Research has linked mothers’ work hours to childhood overweight and obesity. Anderson, Butcher, and Levine (2002) have shown that a child is more likely to be overweight at the time of the study if his/her mother worked more intensively over the child’s life (in the form of greater hours per week). Anderson et al. (2002) also found that for a 10-hour increase in the average hours worked per week, while working over the child’s entire life, is estimated to increase the likelihood that the child is overweight by about one half to one full percentage point. Anderson et al. (2002) suggest that the link between maternal employment and a child’s weight status may be the time constraints faced by mothers who work intensively, and that working fewer hours per week allows
more time for shopping, cooking, and energy expending play dates or organized sports. Anderson’s (2002) finding is significant for high SES families, but not for lower income families.

Anderson (2012) also extended the analysis of work hours and BMI to include an analysis of family routines. While she found that family routines were associated with BMI, and maternal work hours were associated with BMI of the children, she was not able to make a link between family routines, maternal work hours, and BMI (P. M. Anderson, 2012). Anderson argues that the commonly estimated deleterious effect of maternal employment on children’s obesity cannot be explained by family routines, leaving the exact mechanisms an open question for further explanation. On the other hand, family routines are difficult to quantify; thus, Anderson’s (2012) findings do not necessarily disprove the importance of family routines in shaping overweight and obesity.

In contrast, Baker, Balistreri, and Van Hook (2007), using data from the Early Childhood Longitudinal Study Kindergarten (ECLS-K) cohort fifth grade sample (N = 4,360), found that for Latino immigrants, maternal employment lowers BMI, especially for higher-income families. For Latino natives, maternal employment lowers BMI for low-income families, but raises BMI for high-income families. Baker et al. (2007) explain that perhaps immigrant women’s employment has positive effects on children’s health (particularly at higher incomes) because immigrant mother’s experiences at work spill over into the home in ways that benefit children. Perhaps, they surmise, maternal employment accelerates—or at least is associated with—Americanized ideals of appropriate body size. On the other hand, children of immigrants whose mothers do not work intensely may be less acculturated (Baker et al. 2007). Baker et al. (2007) conclude
this could suggest that the mother’s experiences outside the home are particularly
important for children’s dietary assimilation—at least in middle childhood.
Unfortunately, while Baker et al. (2007) are able to note associations between nativity,
work, and BMI of children, they are unable to understand the exact mechanisms that lead
to the outcomes they have found. An important gap, thus, is what kinds of routines are
protective for low-income Latino families and what factors intervene to influence those
routines and, finally, how these may work differently for children of immigrant Latino
mothers versus children of U.S. born Latina mothers.

More recently, analysts have begun to examine the impact of father’s work hours
on children’s BMI as well. A follow up study was conducted with 434 nine-year-old
children in an Australian birth cohort study, and they found that there was a significant
increase in the odds of overweight/obesity among children of fathers who worked
nonstandard schedules (Champion, et al., 2012). Interestingly, there were no associations
found in overweight or obesity in children given the work hours of mothers. Benson and
Mohktari (2011) also found that the influence of father’s hours of work is more than two
times that of the mothers’ hours of work. The authors suggest that since women continue
to do a disproportionate amount of domestic and child-rearing activities within families,
the hours provided by mothers in childrearing/unpaid household labor may have
diminishing returns in the development of children’s health.

The pathways through which father’s work arrangements impact childhood
obesity are not well understood, but Benson and Mohktari (2011) suggest that since
mothers participate in more household labor in the home, that when fathers are gone
longer, they may participate even less in the household duties. The decreased time in
household duties may then result in the family food environment being compromised to relieve that pressure, they hypothesize, but the exact mechanisms are unclear.

Thus, various studies link the work hours of mothers and fathers with higher weight status in children—but there is a greater proportion of evidence that this pattern is established for higher SES children. The literature on immigrant families suggests that, for immigrant children, there is a protective effect on BMI when mothers work in contrast to when mothers stay at home, but this is primarily the case for higher income families. Among natives, for the lower income families, mothers’ work is protective of BMI, but it is associated with higher BMIs for higher income children. These differentiations suggest that the mechanisms are different for children depending on SES and nativity. Baker et al. (2007) also mention possible dietary assimilation.¹²

Single parent households are another population that has been researched with regards to family food behaviors. The literature shows that single parent households and households with two working parents have a more difficult time preparing healthy meals for their families (Gable & Lutz, 2000). Healthier food preparation on a budget takes more time and resources, especially in the last 30 years given the proliferation of low quality processed food with high fat, high sugar, high carbohydrate characteristics. Thus, Gable’s (2000) findings are consistent with the dramatic changes that have occurred in the food environment. A dearth of research on Latino single parent households, work, and family food behaviors has been published; thus, it is unclear what concerns are specific to this population.

iv. Work and Food Coping Strategies
In the last section, I discussed literature that was focused on work, parents, and weight status. In the following section, I discuss literature that emphasizes the specific strategies that parents utilize in the face of work conditions. In some research, strategies are also tied to food intake and thus analyses can elucidate some health consequences from following different food strategies.

Devine et al. (2009), in a study of work conditions and the food choice coping strategies of 50 Black, White, and Latino employed parents, found that fathers who usually worked long or overtime hours, or had nonstandard hours or schedules, reported significantly more take out main meals, use of convenience entrees, and eating while working; mothers working long or nonstandard hours reported significantly more restaurant meals, missed breakfasts, and use of convenience entrees (Devine, et al., 2009). There is ample evidence that fast food consumption is associated with higher intake of calories, saturated fat, carbohydrates and added sugars (Bowman & Vinyard, 2004), all of which are associated with overweight and obesity.

In two other studies, a model was developed that reflected employed parents’ experiences and integration of work and family demands on everyday food-choice coping strategies (C. E. Blake et al., 2009; Devine et al., 2006). This model considered “inputs” into (i.e., individual, work, and family conditions) and “outputs” from (e.g., evaluative experiences) parents’ use of food coping strategies. In this model, family conditions, work conditions, and individual characteristics are seen as shaping parents’ food choice coping strategies to reduce time and effort for food and expectations for food and eating, manage stress and fatigue, and trade-off food and eating against other family needs (C. E. Blake, et al., 2009). Affective experiences reflect parents’ feelings of being tired,
stressed, or busy because of competing work and family demands. Evaluative experiences are conceived as parents’ satisfaction or dissatisfaction with their food choice coping strategies.

One of these studies builds off of the “Spillover model of the relationship of work on food choices and other roles” (Devine, et al., 2006) by adding in the theory of adaptive strategies. Blake et al. (2009) are able to then envision the repertoire of strategies that families use to handle food decisions in the short run (as coping strategies) and in the long run (as family adaptive strategies). In their research, they found that parents continuously modify their everyday food choice strategies in the short term or they use family adaptive strategies involving long-term changes in individual food roles or work and family conditions (C. E. Blake, et al., 2009).

The routines and rituals literature has shown that coping skills may facilitate the maintenance (and reproduction) of routines and rituals. One study found that single mothers who were able to maintain routines and rituals with their children had higher self-esteem (one dimension of coping) and that they had better relationships with their children (Brody & Flor, 1997). This potential relationship between coping and routines and rituals is not surprising given that the utilization of coping skills seem to be easier for those with higher psychological resources (Pearlin & Schooler, 1978).

While some of the studies highlighted here have included Latinos, most of the food coping research has not been conducted with a wide range of Latino populations; thus, it is not clear if Latinos in different contexts respond in similar ways to the stressors of work and family conditions. Latinos in different locations might respond similarly to
the stressors of work and family conditions. In the next section, I segue out of food coping research to the broader construct of the mealtime routine.

**Mealtime Routines and Patterns**

Mealtimes are a routine and ritual that has been studied extensively. Specifically, I highlight papers that have examined how the mealtime routine itself might shape food behaviors. Gillman et al. (2000) analyzed Nurses Study data with over 15,000 children in the sample and found that eating family dinner was associated with healthful dietary intake patterns, including more fruits and vegetables, less fried food and soda, less saturated and trans fat, lower glycemic load, more fiber and micronutrients from food, and no material differences in red meat or snack foods. (Gillman, et al., 2000). Blake et al. (2011) conducted cluster analyses on data that contained work/family conditions, socio-demographic characteristics, eating behavior, and dietary intake from two 24-hour recalls of fifty Black, White, and Latino parents. The purpose of this study was to investigate how food-choice coping strategies of employed parents were related to their behavioral contexts and dietary intake. Cluster analysis is similar to latent class analysis in that its goal is to identify relatively homogenous clusters through inter-subject similarity. In this study subgroups of participants, based on their food-choice coping strategies, were identified through cluster analysis. The 22 food choice coping strategies analyzed with Ward’s hierarchical cluster method and squared Euclidean distances formed three broad clusters. The authors named each of the three clusters after its distinguishing food choice coping strategy: Individualized Eating, Missing Meals, and Home Cooking.

Blake et al. (2011) then examined how the clusters were associated with participants’ individual characteristics and work and family conditions using chi-square,
Fisher’s exact test, and analysis of variance as appropriate. Then analysis of variance was used to examine how cluster membership was associated with participants’ diet quality using a validated measure called the Healthy Eating Index 2005 (HEI). They found that parents in the Missing Meals cluster reported the highest frequency of missing family meals, missing breakfast, missing lunch at work, and overeating after missing a meal. The Missing Meals cluster was much like the Individualized Eating Cluster: they often ate the main family meals in fast food or other restaurants, ordered take-out, and/or grabbed something quick instead of a meal at work or after work. Unlike the Individualized Eating cluster though, the families in the Missing Meals cluster were unlikely to have everyone in the family fix something different or take a lunch to work. The Home Cooking Cluster tended to have fathers with a wife at home who could prepare meals.

While Gillman’s study shows an association between eating together and healthier eating behaviors among children, it does not explain how or why eating together is beneficial for eating behaviors. Blake et al. (2011) is able to add nuance to the knowledge base about eating routines and health by showing that family structure is an intervening variable (fathers with a non-working spouse who stays home eat more family sit down meals). Blake et al.’s (2011) study also highlights the broad array of strategies that people use in response to various situations. These strategies (i.e., missing meals, ordering take out) have consequences that have been documented by other research. For Latinos, who are understudied with regards to food coping strategies, it is unclear what behaviors they may utilize in response to various work or family conditions. Evidence
points to a decrease in the family dinner time routine among at least some families (Lindsay, et al., 2009; Sussner, et al., 2008).

Meal routines and the link with children’s food attitudes has also been studied from other perspectives. From the field of psychology, research on food neophobia suggests that it is normal for children to be afraid of new foods (Raudenbush & Frank, 1999). Taste exposure research has shown that repeated exposure to new foods reduces food neophobia among children (Kral & Rauh, 2010). Some research has found that eight or nine exposures helps some children like or like a lot previously disliked vegetables (Lakkakula, Geaghan, Zanovec, Pierce, & Tuuri, 2010), but generally ten to fifteen taste exposures (or a daily tasting for a fortnight) have been proposed to be optimal for eliciting the liking of a previously unfamiliar food in preschool-aged children (Heath, Houston-Price, & Kennedy, 2011). The research on taste exposure as a solution for food neophobia is complementary to the perspective from cultural-anthropology that the dinner routine is a platform for the socialization of children. Namely, that dinner provides a family venue for more than just eating, but transmitting attitudes, values, behaviors, and norms (Larson, Branscomb, & Wiley, 2006).

The empirical research I have reviewed shows that a positive relationships exists between parental work hours and children’s weight status, and that work conditions themselves are linked with various populations with a number of food coping strategies, some of which are known to be associated with overweight and obesity. Studies on Latinos underscore a loss of the dinnertime routine among some families, concern over the food environment, especially when parents are not available to monitor their children’s food choices, and apprehensions about school lunches and “American style
food.” Given the disparities in overweight and obesity experienced by Latinos in the United States, research is needed to unify the many sets of literatures that speak to Latino family food decisions. The contribution of research on the psychological and cultural-anthropology perspective on meals and children’s attitudes to food suggests an important link between the routine of eating together and being exposed to foods. In the following and final section, I review of the concepts, theories, and models I use to frame this dissertation.

**Theories, Perspectives, Frameworks**

In the following section I review theories, perspectives, and frameworks that frame my study design. I begin with a constructionist perspective, followed by dietary resilience, family adaptive strategies, segmented assimilation theory, and a set of ecological theories and frameworks. Finally, I synthesize a discussion of my conceptual framework.

**Constructionism**

The constructionist perspective’s focus is on the ‘collective generation [and transmission] of meaning (Patton, 2002). Social constructionism emphasizes the hold our culture has on us: it shapes the way we see things and gives us a definite view of the world (Patton, 2002). This perspective assumes individuals are active participants who conceptualize and interactively interpret options in the process of deciding and reconsidering choices. This perspective is paradigmatically different from the structural functionalism framework in which institutions and other environments are assumed to fully determine individual decisions by providing norms and values used in decisions,
and structuring physical and social constraints upon potential decisions. Another perspective that is used to explain food decisions is the rationalist perspective, which assumes that individuals make decisions to optimize benefits and minimize costs.

The rationalist perspective can be seen as reductionist in its focus on individual decisions, which is different from the holistic perspective of structural functionalism thinking that emphasizes social institutions. And constructionism is interpretist in its focus on subjective thoughts and experiences, which differs from the objectivist individualistic focus of rationalism and objective collectivist focus of structurism. Within the constructionist paradigm, food choice decisions are frequent, multifaceted, situational, dynamic, symbolic, emotional, and complex and lead to food behaviors where people acquire, prepare, serve, give away, store, eat, and clean up (Sobal & Bisogni, 2009). Research has shown that people make over 220 food decisions a day (Sobal & Bisogni, 2009), although some food decisions do not lead to eating, but people also need to make decisions not to eat. Each eating episode a day requires many types of decisions including whether, what, where, when, with whom, how long, how, and how much to eat (Sobal & Bisogni, 2009).

**Food Choice Process Model**

The food choice process model (Furst, Connors, Bisogni, Sobal, & Falk, 1996; Sobal & Bisogni, 2009) is part of a growing number of multiple perspective and models of food choice that consider the ecological, sociological, psychological, cultural, and life experience factors that influence food behaviors. These models are based on qualitative, in-depth interviews with adults and attempt to explain the factors and processes involved in food choice from the perspectives of the interview participants. These models depict a
person’s food choices as resulting from his or her life course events and experiences, current physical and social environments, ideals, personal factors, and resources. These factors shape the personal food system in which individuals mentally construct their behaviors. The food choice process model is primarily oriented toward the individual’s mental construction of their behaviors that include options, trade-offs, rules, and routines for eating in daily life.

The food choice process model is based on 29 constructionist interviews of mostly Caucasian middle class adults in upstate New York (Furst, et al., 1996). Its three major components are (1) the life course (2) influences and (3) personal system. The life course includes personal roles and the social, cultural, and physical environments to which a person has been and is exposed. And a person’s life course generates a set of influences, which emerged from their data as ideals, personal factors, resources, social frameworks, and food context. These influences inform and shape people’s personal systems, including unconsciously operationalized strategies that may occur in a food related choice situation. These strategies include (1) value negotiations that involve weighing of different considerations in making food choices (sensory perceptions, monetary considerations, convenience, health and nutrition, managing relationships, quality), and (2) strategies that involve choice patterns based on previously resolved deliberations that have become habitual.

**Food Coping Strategies**

Research on coping and food decisions, relying on a constructionist perspective, has greatly increased theoretical and conceptual material with which to frame food decisions. Coping has been defined as any response to external life strains serving to
prevent, avoid, or control emotional distress. Three types of coping responses have been studied extensively, including those that: (1) change the situation out of which problematic experience arises; (2) control the meaning of problematic experience after it occurs but before the emergence of stress; and (3) function more for the control of stress itself after it has emerged (Pearlin & Schooler, 1978). With regards to food decisions, coping is often conceptualized as a precursor to a food decision.

**Routines**

Researchers who study routines and rituals among families argue that families who maintain rituals are healthier (Fiese et al., 2002). Routines and rituals are activities families engage in together. Routines have been defined as instrumental activities whereas rituals are activities that define a family (Fiese, et al., 2002). For example, typical routines might be mealtimes, bedtime routines, and chores. Oft cited rituals are the celebration of birthdays, holidays such as Christmas and Passover, as well as Sunday dinners. Routines can become rituals if they begin to take on meaning. There are three main areas of research on family rituals and routines. The first is on how routines and rituals are patterned interactions. The second is on how routines and rituals may be developmental. And finally, that routines and rituals can lead to health and wellbeing. Routines and rituals as a theoretical framework provide a lens via which to assess family functioning.

**Dietary Resilience**

Dietary resilience literature has aimed to understand how psychological resources might play a role in protective behaviors. Stephens et al. (2011), in a study of 1014 socioeconomically disadvantaged Australian adolescents, found despite increased risk for
unhealthy diets, some of the participants manage to consume a healthy diet, thereby showing “dietary resilience.” Less stringent adherence to family meal-time rules was associated with frequent intakes and greater perceived importance of health, and frequently being served vegetables with dinner were associated with frequent intakes.

**Family Adaptive Strategies**

Family adaptive strategies have been defined as a “set of implicit rules guiding the behavior” of family members (Moen & Wethington, 1992). Family adaptive strategies appear to be different from coping strategies in that they are a long-term strategy versus a short-term strategy. Research on family adaptive strategies reveals inconsistencies. When it is operationalized, a major problem is that the concept is often used as a sensitizing device rather than as a tangible variable. That is, family adaptive strategies are inferred from outcomes that are observed.

Family adaptive strategies can be used within at least three different frameworks: structural, rational choice, and life course (Moen & Wethington, 1992). A *structural approach* emphasizes the ways that larger social structural forces constrain the set of available adaptations. In a structural approach, social structural forces are considered to have an impact on the adaptations that are possible, and on families and specific individuals within families, and also which families and individuals within families obtain the most benefit from any given strategy (Saraceno, 1989 in Moen & Wethington, 1992). Examples include: people create food-buying cooperatives to obtain produce (group solution,) people shop sales (individual solution,) and people develop gardens (school or family solution.) Moen and Wethington (1992) assert that there are four interlocking social structural systems that are generally regarded as relevant: the
economic opportunity structure; social status, caste, and educational stratification; gender relationships; and the age/generational hierarchy.

In this framework, family adaptive strategies are only flexible in as much as the social stratification system will allow them to be. Moen and Wethington (1992) claim that one of the weaknesses of this model, at least in its extreme forms, is to diminish the agency of families and portray them as at the mercy of the structure. More recent scholars have aimed to show how families have greater agency.

A *rational choice* approach underscores the role of choice within the confines of structural constraints in an effort to maximize family well-being. The fundamental basis of the New Home Economists\(^1\) is that the family acts so as to maximize its household utility; that is, the well-being of the family unit is rationally maximized in a largely predictable fashion given set resources and preferences (Becker, 1981 in Moen & Wethington, 1992). A *life-course approach* points to the importance of historical time, life stage, and context in delimiting family problems and the possible strategies to deal with them. Life course models combine aspects of structural and rational choice theories within a temporal framework to place family and individual strategies of adaptation in a larger historical, social, and cultural context of shifting opportunities and constraints, resources and demands, norms and expectations.

**Segmented Assimilation Theory**

Segmented assimilation theory has posited varying qualities of assimilation for the children of post-1965 immigrants (Portes & Zhou, 1993). These paths are dependent on the quality of the settlement community. “Downward” assimilation occurs when children who are raised in a low-income community adapt the habits that are
characteristic of that community; versus in “upward” assimilation children raised in more resourced conditions adapt the habits of that community. In the case of “Reed” and so many other communities, when low-income Latino children eat the NSLP, they are exposed to highly processed food that is typically high in fat and sodium, even if the guiding approach to food at home stresses healthy eating.

**Ecological Theories and Frameworks**

In the following section, I review the set of ecological theories and frameworks that have informed my dissertation research design. These include the social cognitive theory.

**Bonfenbrenner’s (1979) Systems Theory**

Systems theory (1979) posits three levels of environmental influence to explain behavior: (1) “microsystem” is interactions among family members and work groups; (2) “mesosystem” is physical, family, school, work settings; and (3) “exosystem” is the larger social system of economics, culture, and politics (Bonfenbrenner, 1979).

**Bandura’s (1986) Social Cognitive Theory**

Albert Bandura developed a social cognitive theory (SCT) over the course of many decades, beginning in the 1960s. Some of his early research was on social learning theory and imitation (Bandura, 1962). Later, Bandura and Walters (1963) posited that children could learn by watching other children (*modeling*) and the rewards others received (*vicarious reinforcement*) (Bandura & Walters, 1963). In 1969, Bandura provided a conceptual foundation for behavior modification that stressed traditional learning theory. By 1977, Bandura provided the first theoretical explanation of his
cognitive concept of self-efficacy (Bandura, 1977). He proposed that self-efficacy was the construct most related to many aspects of social change (Bandura, 1995). By then, Bandura had published a comprehensive framework for understanding human social behavior and renamed Social Learning Theory as Social Cognitive Theory (Bandura, 1986).

Social cognitive theory (SCT) explains human behavior through a reciprocal model in which behavior, personal factors, and environmental influences all interact. The constructs of the SCT are the physical and social environment, outcome expectations (what will happen if one behaves a certain way), outcome expectancies (how one feels about the effects that will ensue), observational learning (learning from watching others), behavioral capability (knowledge and skills to perform a given behavior), behavioral capacity, reinforcements (responses to a person’s behavior that increase or decrease the likelihood of reoccurrence), and self-efficacy (a person’s belief that they have the ability to do something). The reciprocal determinism construct explains the interaction and relationship between many factors and their influence over behavior.

The SCT constructs of self-efficacy, reinforcements, physical and social environment, outcome expectations, outcome expectancies, and observational learning are all useful constructs for conceptualizing everyday ongoing behaviors such as “food decisions,” which occur several times a day. Moreover, many of these constructs will be informative within the family, a social environment, where different family members will reinforce certain food decisions in a positive or negative way and where observational learning with regard to cooking/preparing food/purchasing food are on-going and may involve knowledge that is transported into the family via different family members.
Outcome expectations and expectancies are both constructs that could be meaningful in the family setting where hypothetically more than just one individual gets to decide how, when, and what food will be purchased and prepared.

Nutrition Environment Model

Glanz et al.’s (2005) nutrition environment model is a socioecological model that seeks to show how environmental variables influence individual variables and behavior. Glanz et al.’s model identifies four types of nutrition environments that need to be studied, and those environments are affected by policies of governments and other organizations. Food environments are shown as having two pathways of influence on eating patterns. Environmental effects can be moderated or mediated by demographic, psychosocial, or perceived environment variables. Environmental, social, and individual factors influence-eating patterns, which in turn affect risk of many chronic diseases. Government and industry policies include regulations (or lack of) on marketing of food in different media, availability of food, price of foods, as well as regulations that shape the food system and the kinds of food available to communities.

Conceptual Framework

I utilized an interpretive theoretical framework to frame my study in what is currently known and not known about overweight obesity, food decisions, and Latino families. For the current study, I augmented the food choice process model with Bronfenbrenner’s (1979) systems theory, Bandura’s (1986) social cognitive theory, and the community nutrition model (Glanz, Sallis, Saelens, & Frank, 2005). The food choice process model also includes environment as an important input for behaviors and cognitions, but the ecological models each add an additional component or emphasis on
the role of food in every environment. While my primary aim in this dissertation was to identify how the daily life of low-income Latinos influences their food decisions, the community nutrition model guided me to inquire about the forces that shape the food environment and how some of these forces are particular to a low-income community. Incorporating the role of environment in health is an important addition as many decades of research have shown repeatedly that targeting individual behavior alone will not lead to change (Glanz, et al., 2005). In fact, it is a central conclusion of ecological models that it usually takes the combination of both individual-level and environmental/policy-level interventions to achieve substantial changes in health behaviors (Glanz, Rimer, & Viswanath, 2008). Figure 1 below, which I developed in September, 2012, includes the various perspectives and models I have utilized to frame my study.

[Figure 1 here]
Figure 1 Conceptual Framework
Chapter 3: Research Design and Methods

Gaining Access to Study Participants

Initially as I began to develop my dissertation in the summer of 2012, I proposed my idea of examining influences on family food choices to various school administrators. After struggling to find a school to partner with, I learned of the new charter school in “Reed.” I obtained a contact at the Reed charter school and quickly scheduled an appointment. At the initial meeting, the founder of the charter school, the principal, and several teachers and administrators joined. I was astounded at the number of people who participated. I quickly realized that they were very interested in my work. Together we developed a mutually beneficial project. I would conduct my project, and would receive support from the school, to recruit at least 40 families to participate in interviews and in-home observations. I would provide nutrition tips/cooking classes throughout my data collection period, and I would participate in various school or parent activities led by the kitchen classroom teachers throughout the term of my research project. Over the course of September 2012 the founder, principal, and a number of teachers and I agreed to the terms of our project.

The application to the UCLA institutional review board was submitted on November 24th, 2012 and approved on January 31, 2013. After multiple meetings, proposals, and IRB approval, the project began in January 2013 and continued until April 2014.

The Reed charter school is situated in the Central Valley town of Reed, with about 20,000 California residents. The mix of nativity is so prevalent in Reed that it may not be clear whether to speak Spanish or English to residents. Tomas Jimenez in
Replenished Ethnicity explores this specific phenomenon in two cities. He finds that Mexican Americans are often confused for a Mexican immigrant who does not speak English or vice versa. They are expected to speak Spanish but do not (Jiménez, 2010). In Reed, about half of the population is foreign born, which means that there is plenty of ethnic raw material from which Mexican Americans can draw to maintain their Mexican-American heritage—thus blurring the lines between who is a native born Mexican American and who is a Mexican immigrant.

The school launched a garden and a school lunch program that serves freshly cooked meals with an emphasis on vegetables. It offers a cooking classroom in which children have the opportunity to cook as well as garner exposure to meals prepared with the vegetables they grow in the garden. Additionally, and perhaps one of the more innovative aspects of the school, is its healthy food policy. All snacks and food on campus must be considered wholesome—that is, no pizza, no fast food, no soft drinks, and no sugary cereals. Teachers cannot use candy or junk food as a reward in class. Children may not bring McDonald's or chips to schools, for example. Fifty-seven percent of the children that attend this school have one working parent; twenty-eight percent have two-parents that work; and the other fifteen percent have missing data. The school was unable to tell the marital status of participating families.

When I began this project, I was not specifically interested in the impact that a charter school with a “healthy food policy” could have on a community. Only as time went on did this aspect become quite salient.
Recruitment presentations were held at the charter school between January 2013-June 2013 and again in September, 2013, during the school’s monthly family forum. Parents were also recruited during the parent-teacher conference week in September, 2013. Flyers and information letters were sent home with the students asking parents to volunteer to participate. I recruited twenty-one families to participate in home observation and in depth interviews (see interview guide and observation protocol in Appendix I-II).

Some of the study participants live in adjoining towns that are of the same population size or considerably larger. I met families for interviews and home observations outside of Reed when the students lived elsewhere. Some of the participating families have jobs in this small community, which allows their children to attend this school. Others live outside of this town and have chosen to enroll their child in this school for other reasons.

Sample

Table 1 provides an overview of demographic characteristics of the 21 families that participated in this study.

Table 1, Demographic Characteristics of Families

<table>
<thead>
<tr>
<th>Participant</th>
<th>Mother's Age</th>
<th>Father's Age</th>
<th>Mother’s Educational Attainment</th>
<th>Father’s Educational Attainment</th>
<th>Generation</th>
<th>Marital Status</th>
<th>(Number of Children)</th>
<th>Maternal Work Status</th>
<th>Paternal Work Status</th>
<th>Industry</th>
</tr>
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<tbody>
<tr>
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<td>41</td>
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<td>8th</td>
<td>1st</td>
<td>M</td>
<td>(3) 7, 9, 14</td>
<td>SAH</td>
<td>R</td>
<td>Factory work</td>
</tr>
<tr>
<td>2</td>
<td>27</td>
<td>34</td>
<td>6th</td>
<td>7th</td>
<td>1st</td>
<td>M</td>
<td>(1)</td>
<td>U</td>
<td>Ag Farmer worker</td>
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</tr>
<tr>
<td>3</td>
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<td>45</td>
<td>6th</td>
<td>6th</td>
<td>1st</td>
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<td>U</td>
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<td>Maintenance</td>
</tr>
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<td>50</td>
<td>6th</td>
<td>6th</td>
<td>1st</td>
<td>M</td>
<td>(3) U, 5, 15</td>
<td>SAH</td>
<td>U</td>
<td>Ag Maintenance</td>
</tr>
<tr>
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<td>50</td>
<td>6th</td>
<td>9th</td>
<td>1st</td>
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<td>(3) 9, 22, 27, 30</td>
<td>SAH</td>
<td>U</td>
<td>Factory work</td>
</tr>
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<td>6</td>
<td>42</td>
<td>48</td>
<td>7-8th</td>
<td>6th</td>
<td>1st</td>
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<td>(3) 5, 6, 10, 20</td>
<td>SAH</td>
<td>U</td>
<td>Ag Transportation</td>
</tr>
<tr>
<td>7</td>
<td>32</td>
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<td>11th</td>
<td>6th</td>
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<td>M</td>
<td>(3) 9, 15, 17</td>
<td>R</td>
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<tr>
<td>8</td>
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<td>28</td>
<td>11th</td>
<td>11th</td>
<td>M</td>
<td>M</td>
<td>(2) Baby 4, 7</td>
<td>R</td>
<td>Office Work</td>
<td>Construction</td>
</tr>
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<td>9</td>
<td>28</td>
<td>31</td>
<td>11th</td>
<td>3rd</td>
<td>1st</td>
<td>M</td>
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<td>U</td>
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<td>UNK</td>
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<td>S</td>
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<td>SAH</td>
<td>U</td>
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<td>2nd</td>
<td>M</td>
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<td>2nd</td>
<td>M</td>
<td>(4) Baby 3, 6, 7, 9</td>
<td>SAH</td>
<td>U</td>
<td>Office Worker</td>
</tr>
<tr>
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<td>31</td>
<td>CC</td>
<td>HS</td>
<td>2nd</td>
<td>M</td>
<td>(4) Baby 3, 6, 7, 9</td>
<td>SAH</td>
<td>U</td>
<td>Office Worker</td>
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<tr>
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<td>1.5M</td>
<td>M</td>
<td>(6) 7, 8, 12</td>
<td>SAH</td>
<td>U</td>
<td>Office Management</td>
</tr>
<tr>
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<td>38</td>
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<td>BA</td>
<td>1.5M</td>
<td>M</td>
<td>(6) 7, 8, 12</td>
<td>SAH</td>
<td>U</td>
<td>Office Management</td>
</tr>
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<td>34</td>
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<td>SC</td>
<td>1st</td>
<td>M</td>
<td>(6) Toddler 6, 8, 9</td>
<td>SAH</td>
<td>U</td>
<td>Office Worker</td>
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<td>SC</td>
<td>1st</td>
<td>M</td>
<td>(6) Baby 2, 5, 7</td>
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<td>BA</td>
<td>1.5M</td>
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<td>R</td>
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<tr>
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<td>35</td>
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<td>BA</td>
<td>1.5M</td>
<td>M</td>
<td>(6) 2, 4</td>
<td>R</td>
<td>Teacher</td>
<td>None</td>
</tr>
<tr>
<td>21</td>
<td>31</td>
<td>31</td>
<td>BA</td>
<td>BA</td>
<td>1.5M</td>
<td>M</td>
<td>(6) Baby 2, 5, 7</td>
<td>R</td>
<td>Teacher</td>
<td>None</td>
</tr>
</tbody>
</table>

Education Key: CC: community college student; SC: some university studies; BA: bachelor's degree; BA_p: university student; HS: high school graduate; UNK: unknown. Work Status: SAH: stay at home; R: working regular hours; U: nonstandard, long, late night shift.
Nativity of Analytic Sample Population

Eleven of the mothers that participated in this study were born in Mexico and immigrated to the United States as adults. Four of the participating mothers immigrated to the United States between the ages of one to 15 years (the 1.25 to 1.75 generation). Seven of the participating mothers are second or third generation U.S citizens. Second and third generation mothers grew up in Reed or in other low-income communities in the Central Valley. All of the 1.25-third generation mothers (eleven) participated in the free National School Lunch Program that provides federally-funded subsidized student lunches during a child’s formative years.

Education Levels of Analytic Sample Population

Five mothers completed their schooling in the sixth grade and one in the ninth grade in Mexico. One dropped out of high school in Mexico and two dropped out of high school in the United States. Eight completed high school in Mexico or the United States, and of those, five have taken community college courses. One mother completed one year of university work in Mexico. One mother is currently a university student in the United States. Two mothers have completed their Bachelor’s degree.

Grounded Theory Ethnographic & Qualitative Methods

My methods were informed by a grounded theory approach to ethnographic research. It is important to note that, even though this study was informed by grounded theory ethnographic methods, the work itself will not stand as ethnography for various reasons. The first is that I lived 24 miles from the study site. The second is that I interacted with my study’s participants and other residents of Reed when I visited the
charter school—my anchor in the community. Further, an ethnographic study covers the round of life occurring within the given milieu and often includes other materials such as documents, diagrams, maps, photographs, and formal interviews and questionnaires (Charmaz, 2006).

Ethnography consists of recording the life of a particular group and entails a more sustained participation and observation in their milieu, community, or social world (Charmaz, 2006). Moreover, the goal of ethnography is to gain an insider’s depiction of the studied world (Charmaz, 2006). Grounded theory ethnography is different from other ethnographies. First, grounded theory research has a set of guidelines for collecting and analyzing data. These guidelines include: coding, memo-writing, and sampling for theory-development and comparative methods. Second, grounded theory ethnography often gives priority to the studied phenomenon or process—rather than to a description of a setting (Charmaz, 2006). The grounded theory approach to ethnography also helps make the data analysis and collection more fluid, rather than these tasks occurring as separate activities. In grounded theory, it is essential to go backward into data and forward into the analysis.

**Key Categories**

I began with analytic categories rather than variables. Technically, they are similar. In a quantitative data set we begin with variables that we know are important from theory and empirical findings. We operationalize these deductively derived “variables,” construct hypotheses of what we expect to see, and test the theories to see if we are correct in our hypotheses. I began with deductively derived analytical categories that guided the questions that I asked, even though I was mainly interested in new
information. I was open to the process of categories emerging inductively; however, the literature review and my pilot data helped form a conceptual framework to guide my first steps in this research. I began with the following analytic categories [see appendix I for the full set of questions]: routines and rituals around eating; food decisions (i.e. shopping list, grocery shopping, cooking, serving, cleaning, packing lunches, etc.,); family structure, work conditions, coping and family adaptive strategies, and food insecurity.

**Data Collection**

Twenty-two families were followed from February, 2013, to September, 2014. Long and short interviews or conversations took place and were recorded between 22 participants and myself. **One interview only**: Thirteen mothers participated in an in-depth interview that lasted one hour or longer. These women I saw on other occasions at the charter school but our communication did not continue on an indepth level throughout the data collection period. **Ongoing communication over data collection period**: Seven mothers participated in two in-depth interviews and two mothers participated in three or four long interviews that lasted at least one hour. These nine mothers maintained contact with me through phone calls or at school events, and so forth, during the duration of the data collection period. **Participant observation**: I conducted participant observation with ten of the families in their homes. I also conducted participant observation at the school and in the community during cooking classes for children and/or parents, two focus groups, faculty development meetings, parent forums, parent teacher conferences, parent group meetings, the wellness committee at the charter school, in the cafeteria during preparation and lunch times, at faculty development trainings and meetings, at the local grocery store and one of the *carnicerias*, the local library, and the local Department of
Motor Vehicles. I also conducted two parent nutrition tips classes in which I also had an opportunity to record and observe my impressions of parents’ attitudes about nutrition and food.

**Challenges in Data Collection**

The two major limitations of this study are the number and source of participants and, secondly, the limited amount of data collected. Various factors hindered the recruitment of additional participants. First, the sample population lives in a rural community with the majority of residents holding unstable, low-wage jobs. Frequently phone numbers suddenly were disconnected. Since building rapport with families often required many contacts before participants would agree to join the study, it became difficult to continue communication with families whose phone numbers expired or who did not answer phone and who were not able to attend “Healthy Cooking Study” school events. Although the charter school that served as the pivotal point of contact for my study encourages parental participation, many parents experienced challenges that prevented them from participating in school events, which further limiting my contact with them.

Working with the charter school also had its share of challenges. Initially the school was very willing to work with me on mutual interests, but as time went on the needs of the school changed. Little by little the staff in charge of the nutrition and food related parent programming made it more difficult to combine our efforts. During the last stages of data collection, the principal, one of my main allies at the school, resigned, and I was left with few supportive connections at the school. As my study continued, I decided to focus on interviewing participants a number of times rather than using my
energy to continue recruiting new participants. Although this study is based on a small sample of twenty two families, the quality of multiple interviews provides a more in-depth analysis of the circumstances of families than if I had recruited more families and conducted fewer interviews with each set of families. Future research could find ways to combine the goals of the research with goals of parents to help them stay in touch with study personnel.

Data Preparation

The data preparation stage in ethnographic research involves preparing field notes that can be used for analysis. Brief field notes, of what I saw, heard and thought about were recorded in a notebook or on an audio file during observation. Although it is recommended that the field notes be typed up into a Word document at the latest by the following day (Emerson, Fretz, & Shaw, 1995), I was not always able to do this and even had situations where I competed my typed field notes a month later; however, by the next day I did write at least one page of field notes. Field notes also contained a transcript of the in-depth interviews. Informal interviews and conversations that occurred at school, in the community, in the homes of participants, and/or on the phone were not transcribed verbatim. Rather, I took notes and then typed up field notes of the conversation.

Data for this dissertation project was collected between February 1, 2013, and April 7, 2014, and consisted of 34 in-depth interviews with 22 families, 17 home visits with 10 of the 22 participating families, two focus groups with eight or more parents each (some of which included the 22 participants that I also interviewed), and 16 additional field notes from visits to the school and the community. I prepared 23 memos over the course of the data collection period and 50 additional field notes. The field notes have
been the basis of my data analysis. They sometimes contained the record of more than one interview and several observations. Unfortunately, some interviews and observations were not transcribed. I conducted my analysis by hand and with Dedoose qualitative software.

Data Analytic Methods

I used Kathy Charmaz’s approach to grounded theory to guide this project (Berg, 2001). My research question is:

How are the food decisions of low-income Latino families in the Central Valley, California, shaped by their daily life?

I started out with the following analytic categories: routines and rituals around eating, food decisions (i.e. shopping list, grocery shopping, cooking, serving, cleaning, packing lunches, etc.,), family structure and work conditions, coping and family adaptive strategies, and food insecurity. I was not sure that these categories would be salient among the population, or if they were, how they would be important.

As I was simultaneously involved in data collection and analysis, I subsequently collect more data on emerging themes and questions. That is, as I typed up field notes and conducted data analysis in subsequent interviews, I was able to follow-up on topics that are explicit in one interview or observation and remain implicit or absent in others. According to Kathy Charmaz (Emerson, 2001) the hallmark of grounded theory studies is that the researcher derives his or her analytic categories directly from the data, not from preconceived concepts or hypotheses. Charmaz (2001) also argues that grounded theorists evaluate the fit between their initial research interests and their emerging data.
They do not force preconceived ideas and theories directly upon their data (Emerson, 2001, pp. 336-337).

For all field notes and transcriptions, my goal was to have full or “thick description” as exemplified by Geertz (1972) (Emerson, 2001, pp. 336-337). Grounded theorists aim to analyze processes in their data and thus aim to move away from static analyses (Emerson, 2001, p. 339). The emphasis on what people are doing leads to understanding multiple layers of meanings of their actions. The layers I aimed to uncover were a person’s (1) stated explanation of his or her action, (2) unstated assumptions about his or her actions, (3) intentions for engaging in it, as well as, (4) the effects on others, and (5) consequences for further individual action and interpersonal relations. Thinking about these five layers of meaning throughout data collection and analysis helped me to develop analytical categories.

And finally, as recommended by Charmaz (2001), my goal was to study the emerging data (Emerson, 2001, p. 340)—observation-by-observation, and interview-by-interview, before moving on to the next interview or observation. Sometimes this did not happen if I began another interview before I had completed my field notes or transcribed an interview. Each time I studied the data, I made notes on my interview guide to help me pursue into a further line of inquiry that I did not explore in the previous interview.

I used the “open coding” method (Berg, 2001, p. 164), rather than line-by-line coding. The open coding method allowed me to identify and extract themes, topics, or issues in a systematic way. After creating an initial set of theoretical categories using open coding, I use the focused coding method to refine categories. Focused coding refers to taking earlier codes that continually reappear in your initial coding and using those
codes to sift through large amounts of data (Emerson, 2001, p. 344). Focused coding also allows you to create and try out categories for capturing your data. This is an important task given that in grounded theory, each idea should earn its way into your analysis (Glazer, 1978 in Emerson, 2001, p. 342). Categories are part of the developing analytic framework and by categorizing, certain codes are selected as having overriding significance (Emerson, 2001, p. 345). As a code is raised to a category you begin to (1) explain its properties, (2) specify conditions under which it arises, is maintained, and changes, (3) describe its consequences, and (4) show how this category relates to other categories. To generate categories through focused coding, comparisons need to be made between data, incidents, contexts, and concepts. I aimed to uncover the following comparisons: (1) comparing different people, (such as their beliefs, situations, actions, accounts, or experiences), (2) comparing data from the same individuals with themselves at different points in time, and (3) comparing categories in the data with other categories (Charmaz 1983 and Glazer 1978 in Emerson, 2001, p. 346).

In studying the food decision process in families, I focused on what was happening within the families, and I made a conceptual rendering of the actions I perceived. I do not provide lengthy forays into the field setting, except in chapter four where I describe the setting. My data collection and analysis was also more focused as I began with a certain set of interests. It is important to note that when I began my analysis the knowledge and cognition theme was not a key category. This theme emerged in the collection and analysis period. These themes will be the basis of the results in chapters five through seven, and they answer the following questions:
1. **How do the dinnertime routines of the participants influence their family food decisions?**

2. **How do family dynamics influence family food decisions?**

3. **How does the influence of school and jobs work through family members to influence family food decisions?**

4. **How does the community nutrition environment work through family members and access to influence family food decisions?**
Chapter 4: Latino Families and Organizing Principles at Mealtimes with an Emphasis on Dinner

Many factors can influence food choices in families. From the perspective of the mothers who are typically responsible for making meals, a theme emerged that there are a set of approaches to selecting foods for their families. In this chapter, I describe what I refer to as guiding approaches or the set of organizing principles that most women I interviewed used to make family food decisions. Since dinner is the evening meal in which more family members are present in the household, I explore the underlying motives (guiding approaches) for different food choices at dinner and examine how the structure of meals interacts to further shape food choices (in chapter 5). In chapter 6 and 7, I add an analysis of how the external environment further influences family food decisions—providing a more thorough examination of the factors that contribute to Latino family food behaviors.

Families eat many meals throughout the day (for a listing of typical dinners and/or snacks eaten by families see Appendix III). Breakfast and lunch are often eaten separately by family members as is the case with children who eat at school (where food choices are institutionally determined), while dinner is often eaten together, or at least in the home, and reflects family decisions. In research on food behaviors, breakfast, lunch, and snacks are all important. Since my focus is on family food decisions, however, I am particularly concerned with meals in which at least some family members eat together.

This chapter shows how family food decisions are guided by various implicit and explicit factors. The approaches that make up the set of family food decisions include: 
*health, tradition, development, or a path of least resistance* (See Table 2.)
Food decisions guided by *health* are characterized as an attempt to achieve an explicit health goal through changes in diet or by maintaining food decisions that are health promoting according to the mother or father, such as eliminating fast food, drinking homemade juice, eating vegetables for dinner every day, reducing beef intake, and/or exchanging higher fat milk with lower fat milk. Food decisions guided by *tradition* emphasize eating what is known to the family and recipes that have been passed down over generations or food eaten and enjoyed regularly for many years. Food decisions guided by tradition expect that children will eat what is prepared. In the *developmental* approach, parents prepare a variation of the main meal for children based on the belief that children are not willing to eat the same foods as adults, but that they will develop a taste for adult foods over time. Food decisions guided by a *path of least resistance* allow each family member to decide on his/her own meal, typically emphasize convenience, and are characterized by serving fast food as well as foods that are highly processed, packaged, processed, or frozen. The developmental and path of least

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**Table 2, Guiding Approaches to Meals, Working Latino Families and Approaches to Meals, *Reed, 2013-2014 (n=21 families)***

<table>
<thead>
<tr>
<th>Approach</th>
<th>Organizing Principles</th>
<th>Examples of Food Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Implement health goals; spectrum of goals; time of implementation may vary</td>
<td>Salad or vegetables with dinner, lunch, for snack; reducing soft drink intake; limiting or avoiding fast food intake; avoiding snack foods; frying only once a week; buying fast food at Subway</td>
</tr>
<tr>
<td>Traditional</td>
<td>Consume meals traditional to family; for immigrant families these are traditional Latino dishes</td>
<td>Traditional Mexican (flautas, albondigas, enchiladas, tacos, posole, menudo, lentejas, coctel de camarón, frijoles, arroz, carne asada, milanesa, salsa, tortillas); traditional to family (recipes passed on from parents/friends fried chicken, mashed potatoes, spaghetti)</td>
</tr>
<tr>
<td>Developmental</td>
<td>&quot;Scaffold&quot; children’s palate with versions of main meals</td>
<td>Traditional Mexican but younger children are made alternatives such as instead of full chile relleno egg batter fried and served with tomato sauce without chili.</td>
</tr>
<tr>
<td>Path of Least Resistance</td>
<td>Expediency; reduce family friction; give child preferred foods</td>
<td>Quick meals like Cup-a-Noodles, sandwich, burrito, frozen items like Hot Pockets, fast food like pizza, McDonald's</td>
</tr>
</tbody>
</table>
resistance approaches seem similar because, in both instances, children and parents eat different meals. However, the intention behind these approaches differs, as I will describe in greater depth below. In the following section I provide a detailed explanation of each approach and describe how it is enacted in the families interviewed.

**A Health Approach**

For almost half of the families in this study, health is the major concern when planning meals. The source of the concern varies, from those who are trying to manage diabetes to those who want to incorporate more vegetables in meals or reduce junk food intake among the family. Important for this analysis is that there is an intrinsic goal that is referenced in making food choices, and that a majority of food choices are driven by what families believe makes different foods “healthier.”

Strategies for eating a healthier diet typically focus on picking specific foods for the entire family to eat that follow an explanatory model linking the foods to desired health outcomes. Another key factor associated with the health-guiding approach to meals is how long the family has been participating in the behavior. Families that have followed a health-guiding approach for a long time have a greater repertoire of health-related food behaviors embedded in their meal routines. In the following examples, I provide a description of how concern with health translates into family food decisions.

The following case emerged as the ideal typical family that exemplifies the health approach. Amelia’s case reveals some of the layers that are pertinent to a family that follows the health approach to food decisions. On a sunny afternoon I arrived at Amelia’s house, a small-size family home with peeling paint and a dirt front yard. Amelia (28 years old) is energetic, animated, and full of thoughts regarding her family’s food
behaviors. She has five children: a baby boy, one girl age two, and three more boys, ages 7 to 12 years. Amelia’s husband (31 years old), who is ill but normally works in an office, happens to be home laying on the couch with the baby and blanket over himself. In the bedroom their two year old is playing. Amelia asks me to sit down at the dining table. As I sit, she proceeds to push away a large box situated in the table’s center. She mentions that these are energy bars. Amelia and I begin to chat. She then shows me bags upon bags of freshly cut celery and carrots. She calls these her “food prep” (food preparation). In other words, she explains that with a family of five children and two adults, if she started to prepare foods for cooking right before dinner it would take too long. Thus, she “food preps” in advance so that when dinner time is at hand, she can use the pre-prepared vegetables along with the meats and other ingredients to put together dinner. She also marinates meats in advance.

Amelia is a stay-at-home mother who spends many hours of the day prepping food and taking care of her two younger children. When the other children arrive from school, she and her husband take turns shuttling them around to baseball practice and other activities. Their lifestyle has elements of what might be observed among a typical middle class family except that neither Amelia nor her husband has a college degree. Amelia herself has been in and out of community college for years and says she would like to go back and transfer to a four-year university. With five children, though, the prospect of returning to school does not seem easy. Amelia and her husband have been interested in health for a long time. They mention that they read a lot about health; they stopped eating fast food six months before I interviewed them. She underscores this was
a conscientious change in eating patterns, contrasting her current family’s food choices
with her mother’s traditional Mexican cooking.

...You know my mom [made] a lot of things [that] I don't make ... for my family. [She was not] conscious of protein, carbs, vegetables...my mom is just like carb carb carb and then lets throw in some carbs and sugar...so I wouldn't do like a whole meal like my mom does.

Although Amelia did not grow up eating very many vegetables, and instead grew up with
what she considers a starchy and fatty Mexican diet, she is happy to comply with her
husband’s food preference. Still, for Amelia the change was gradual:

I: So when you met [your husband] were you eating ...the same as ... your parents
[she was living with them], like not a lot of vegetables?
R: yeah fast food a lot
I: so then you guys got together and?
R: umm he ‘s always enjoyed healthy food and I would say that when I was
growing up I enjoyed healthy food no way. So when we would go out to a
restaurant I would order fries as my side and he would order vegetables and
make me look like a fool..ha ha ha.
I: Ha ha ha.
R: so it’s like I think that was peer pressure and now I love it even years ago I
grew to love it .
I: do you eat as many vegetables as him now?
R Husband: yeah and she will even get me to try stuff like quinoa she likes, I don’t
really like.
R: oh yeah that's what we eat in place of rice.

Their family goals for healthier meals were incrementally increased. First, their
consciousness was raised, “we do both read a lot a lot of articles about health and things
like that. And it was kind of a gradual thing I would say.” Then they conducted a juice
fast more than a year ago, and the feelings they experienced led to further self-
reevaluation.15 “We felt just healthy. I can't put any other words to it. Healthy not sick.
Not sleepy. Not lethargic. It just makes you feel good. It makes your skin wonderful. Lots
of wonderful things with a juice fast. And we were like, ‘ahhhhhh.’” Amelia’s example
reveals the health approach to meals may contain various activities aimed at improving
health such as trying a juice diet and/or elimination of fast food from the diet. In this family, Amelia and her husband’s health approach transfers to their children by way of daily vegetables for dinner, vegetables as snacks during the day, and also in the elimination of fast food from the diet. (In chapter 6, I explore how the school lunch programs further influence children and the guiding approach to food decisions used at home.)

Other families’ food decisions have been guided by health only more recently, as in the case of Analisa (32 years old), her husband (32 years old), and their children (three boys ages: Baby, 7, 10; and one daughter, age 2.) The primary challenge for this mother is incorporating more vegetables in the meals she already makes. At her work in a daycare, she follows a “meal guidelines for daycares” and now finds herself using this information with her own family food behaviors. “When I don’t know what to feed [my own family], I go off of their menu. I see what they’re eating and what they like and then you mix and match.”

Analisa recently underwent her own change from someone who used to drink several sodas a day to now curbing the amount of junk food she purchases:

Yeah you know my kids, they’re little and I don’t want them to think it’s ok because I do it. I would ...and they would pass by and I see the shopping carts full of processed food. Now I am making more money than I used to make and I can afford that stuff but I don’t need that, they don’t need that. They don’t need the fast food, they don’t need the junk food.

Analisa still drinks a few sodas per week, but her newfound change after years of trying to reduce her soda intake is now transferring to her family food behaviors. She stated, “They’re not allowed to drink soda, they can have it on the weekend or if we go to a
party.” This mother’s attitude for herself and her children is one of some control, but not absolute prohibition, which is framed by an overall concern for health.

Other families such as Vicky’s (34 years old) have undergone less dramatic food behavior changes. At the time of our first interview, Vicky’s husband (39 years old) had asked that they reduce their beef intake and that they switch from full fat milk to lower fat milk. This family (children’s ages: 3, 4, 8, 10, 15) has only recently begun incorporating health-related changes into their diet. In this family, the father is the impetus for change. The father’s interest in health may stem from health messages that he receives at work. His workplace (an agricultural grower) has many health-related initiatives in place. Unfortunately, since he works a graveyard shift, I was unable to explore more in-depth with him how the any of these programs have influenced him.

Among families that follow the health approach to meals there is an overt concern with health. The consideration of what is important health-wise is a subjective task. Amelia’s family, the ideal type in this study, is working on improving health on various food behavior fronts from increasing vegetables to trying out new products like quinoa in place of white rice. On the other hand, Vicky’s family appears to be taking small steps by reducing higher fat meats and milk. Analisa implemented a change in her own snacking and the family’s snacking behaviors as well as increasing vegetables in family meals.

While almost half of the families interviewed followed a health guiding approach to dinner, one of these families did allow their teenage son to follow a path of least resistance approach (described later) to dinnertime. This could raise the question as to whether the health approach is only possible among families with young children since the children have limited access to food outside the home. There are multiple factors that
influence the ability of these families to maintain their health approach to meals, and these will be discussed more in depth in chapter 5 regarding the micro household environment.

**Traditional Approach**

Five of the 21 families in this study follow a traditional guiding approach to meals. Food decisions guided by *tradition* emphasize eating what is known to the family and recipes that have been passed down over generations or have simply been eaten and enjoyed regularly for many years. In the following section, characteristics of an ideal typical family that follows the traditional approach are explored. The traditional approach is the primary goal for the main meal, but not necessarily for other meals.

Carolina (48 years old) and her husband (45 years old) have odd jobs. Carolina and her husband are both from Oaxaca, a region of Mexico known for its indigenous presence and culture. They speak their native language, *Zapoteco*\(^\text{16}\), to each other. Both completed their schooling in 6\(^{\text{th}}\) grade. They both migrated to the United States 19 years ago, and they have two sons (8 and 12 years old.) She cleans houses and sometimes joins her cousin cleaning hotel rooms. Her husband works at various jobs including as a farm hand feeding horses, and fixing cars and selling them in Mexico or in other parts of the United States. More recently, he has thought about working in the *fil* or fields.\(^\text{17}\) The first time I visited Carolina’s home, I noticed the dirt lot behind her house was packed with old cars and appliances, and that plants grew willy-nilly around the chain link fence surrounding the multi-household complex. Some of the windows in the second-story structure were boarded. The paint did not match and was faded. White plaster could be seen around window frames that had not been repainted to match the surrounding color.
Carolina welcomed me and we walked up the narrow, wooden, side staircase up to the door to her home on the second floor. The swamp cooler was on and the living space felt cool. Her living room was filled with a mish mash of trinkets. On a light brown entertainment center with multiple shelves were religious *tchotchke*, an old drying flower bouquet, a picture frame with a photo of her husband and children, and gourds painted in different colors following the Oaxacan style of art. Chairs were stacked on the sides of the space and she placed two chairs side by side in the middle of the room as if they did not actually belong there. Later, I realized that the living room probably served the dual purpose of a bedroom at night because the bedroom leading to the rest room only had one mattress. I imagined that a second mattress must be transferred to the living space at night.

Carolina makes traditional food every day, and every day they sit down to dinner as a family together. Every member of the family appears overweight, except the adolescent son (12 years old) who she says is a bit *delicado* or picky about food. They eat mostly traditional food, use a lot of oil to fry, and put butter on vegetables; they opt for fried alternatives of otherwise healthy, less processed foods such as tostadas; and sometimes buy the youngest child McDonald’s several days a week after school.

Carolina’s cuisine requires a great deal of preparation and/or quite a number of ingredients. Here she shares a recipe for a Fava Bean Stew, which she calls *Caldillo de Habas*:

I: And how do you eat it? On a tostada?
*R: No you put some water in, you blend it, *guajillo*¹⁸, garlic, cumin, one clove, you blend it with garlic, then you strain it, and you put it in, it’s called *caldillo*¹⁹, you can also add *habas*²⁰ because it will be very delicious if you do.
I: How many *guajillos* do you add?
*R: 3-4.
I: Ground cumin?
R: Ground or you can grind your own.
I: Just that.
R: And avocado leaf, they sell it at the [regional] store.
I: And then you blend it?
R: You add two leaves, then you blend it and put it there, you boil it and leave it until it is very well boiled, then you whip 5 or 6 eggs really good really good really good and you put them in until it is also boiling. I add green chilies, and they get cooked there. Serrano or Jalapeño are really good, and then you add an epazote21 leaf... really good!!! And then with a little piece of cheese.
I: So the epazote leaf you add when everything is mixed.
R: Yes you put the epazote leaf in when everything is mixed and boiling and then you add and you go like this [she demonstrates]... the eggs gets cooked with the vegetables and the you serve it and you turn it off.22

When Carolina, like other immigrant participants, talks in-depth about traditional recipes, there is a sense of nostalgia apparent about how family recipes use to be passed down orally between the generations, or that they were learned experientially.

While the foods that Carolina prepares everyday are traditionally Mexican, she and her family purchase meals in local fast food outlets once on the weekend when they do their food shopping, especially when they shop in nearby Bakersfield. Similarly, as will be described more in-depth in chapter 7 on the food environment in Reed, Carolina’s children may also eat fast food after school, as there are a variety of fast food restaurants in town. Still, Carolina happily boasts that both her sons love traditional Oaxacan and Mexican cuisine. In the traditional approach, the emphasis is on foods that the family has made for generations and the goal of continuing to eat those recipes.

**A Developmental Approach**

This approach is a variation of the traditional approach only observed in two families with a Mexican immigrant mother. These families have young children at home who are less than 10 years of age. One of these families also has an adult child living at
home and several grown children that no longer live in the home. In the developmental approach, parents prepare a slight variation of the main meal for children. Not always explicit, the goal underlying this approach appears to be a desire to incrementally expand children’s palates to develop a taste for traditional dishes. That is, mothers are actually making more work for themselves by preparing a traditional dish and then a derivative/alternative of the traditional dish. While this approach could be seen as path of least resistance, it is not because the mother is not choosing to take what might appear to be an easier route. The developmental approach has elements of being perhaps the most complex route because there is a certain philosophy about “scaffolding” the child’s palate. The following cases exemplify food decisions guided by a developmental approach.

Nadine’s family provides an ideal type of the developmental approach to meals. I first met Nadine’s family during the period when I had begun fieldwork in Reed. The part of Reed where this family lives is enclosed within one of the few subdivisions in town. The townhomes have the typical look of the kinds of houses that you see in places with a lot of suburban sprawl like the Inland Empire or Las Vegas. The façades of the houses are made of stucco in desert themed earthy colors; many have two stories and a small lawn in the front. The neighborhood is constructed in such a way that I had to wind around and around until I finally reached their street—a layout that prevents driving quickly. The front yard, while quite tiny, was meticulously groomed with a few mini palm plants, as well as garden ceramic vases. The front door of the home had an ornate gold tone design around a small glass window embedded in wood. In the interior of the home I noticed dark wooden furniture, a smallish kitchen to the left, a dining room area
shared with a living room area, and broad ceramic tiles. The backyard was also meticulously groomed with brand-new children’s play equipment and a set of roosters kept in cages. I did not have the opportunity to examine the other rooms in the home. The home of this family is distinct from some of the others I visited, revealing the varying level of resources among the under-resourced.

Both Nadine (28 years old) and Marco her husband (32 years old) shook my hand and thanked me for coming, after which we sat down. Nadine is one-and-a-half generations from Mexico. She arrived in the United States as a teenager. She and her husband have been married for nine years and have three daughters, ages 1, 5, and 7 years, with another baby on the way. She used to wake up at five-thirty in the morning to make dinner so that if her husband and three daughters arrived home before she did, they could have dinner together. She has a clerical position in a health care setting in the large city adjacent to Reed. Most times though, she arrives home a little past four and at about five they begin warming up dinner. Her husband, a first generation immigrant, who has a blue collar job in an agricultural company, typically helps her serve dinner. The kids sit down and begin eating dinner first and then the adults sit down. When I asked why they do this, he said:

*R Husband: When we are both here she’s already used to this, I serve while she heats up, I serve them, I give them a drink, and they eat first, and when they are eating then we go. That way we don’t have to keep getting up and up and up. I: you work as a team.  
*R: Yeah we serve them first and they are eating and when they no longer ask for anything then we sit down.  
*R Husband: They also finish dinner first.²³

Besides the slight overlap in eating that Nadine and her husband prefer, they also will make slightly different dishes for their children or will allow them to opt out of eating
certain dishes. One night when I was invited for dinner, the children had caldo de fideo\textsuperscript{24} with tortillas while the parents had the same dish and calabacitas con queso. However, the kids also had a fried bean taco and French fries that were left over from an outing the day before. Marco mentions that when he was growing up he did not always eat what his parents ate. Still, as I sit at the table with them, there is a semblance that the parents and children are eating some of the same foods as exemplified by the caldo de fideo. What is not clear is whether the children will be “scaffolded” to eat the calabacitas con queso in the near future or whether the separate guiding approaches to meals will later segue into a different approach. It could also be debated that what Marco and Nadine are doing is a path of least resistance approach to meals, which will be discussed in the next section. I argue that it is not because the children are actually eating a meal that it took time to prepare (caldo de fideo) and it is eaten by all while the parents also prepared an additional traditional dish for themselves (calabacitas con queso).

Donna’s case also exemplifies a developmental approach to meals. Donna lives in a standard “Reed” home. She is a 42-year mother who migrated from Mexico and she is a homemaker. Her husband is 48 years old and he transports produce for an agricultural firm. They have five children from ages 5 to 22 years. When I arrive at her house for the first time I notice that, like many homes in Reed (that are not part of a subdivision or are not an apartment), there is dirt in their front yard rather than grass, and a few bushes stand close to the home. A chain link fence surrounds the yard with no gate to close off the driveway. A pickup truck sits parked in the driveway and an old plastic swing hangs from a yellow rope in the single tree in the middle of their yard. The façade of the house
has some stucco and some wood paneling. The windows look like they probably are not cleaned regularly.

I conducted three interviews with Donna in her home. She always stressed that dinner is the most important meal for her family because they all sit down together. She added that because her sisters and mothers live close by, they often arrive just in time for dinner. In fact, when I was interviewing her, several family members dropped by while she was cooking. Her daughters completed their homework on the dining table as Donna made dinner. Her husband soon arrived from work ready to eat dinner. Donna’s living room featured ceramic floor tile, two faux leather couches, and an entertainment center. The living space is decorated with a number of fake plants and candles. In the kitchen, several appliances are not working, including the dishwasher and the food disposal.

Donna dons sweat pants, a large t-shirt with a loose ponytail, and no makeup for all of our interviews. She refers to me as “Doña” a term typically used in deference to a person who is older or of higher status. It is strange to be called “Doña.” Nonetheless, while I was at her house one day, she made *chiles rellenos* for the adults and for her younger daughters she made fried egg batter marinated with tomato sauce instead of chilies.

I: Your daughters eat *chiles rellenos*?
R: Sometimes they will have a little bit. Well, what I do sometimes is that with the egg that is leftover I take some of it and I put the tomato sauce on top. Because what I do is with the leftover rice from the chilies, I tear the tortilla into small pieces and I fry it with a little bit of oil. And since they don’t like chili, well I make that for them.
I: Did your mom also do that?
R: Yes. 25

Donna emphasized that eating together is a priority for her. It appears that Donna takes on a *developmental* approach in the food she prepares as exemplified in her approach to *chiles rellenos*. Donna utilizes a developmental approach to mealtimes with her younger
children. With her older children (who have long since moved away from home) she described a time when the approach to meals was different. When her oldest daughter became a teenager, she began to buy fast food on her own after school instead of eating at home, and she rejected her mother’s traditional Mexican cooking.

Although only two families follow a developmental approach to family food decisions with their young children, it is important to highlight this approach in this chapter. First, it is unclear how the developmental approach may influence children’s food behaviors. Second, since there were so few cases, it is difficult to compare across families. Nonetheless, in the study of Latino family food behaviors, it may be an important starting point for understanding how immigrant families adapt and reinforce old and new food behaviors, traditions, and routines. Moreover, it could provide clues about the disintegration or the development of new family food traditions.

### A Path of Least Resistance Approach

The second most common guiding approach to meals is a *path of least resistance*. Food decisions guided by a path of least resistance allow one, some, or each family member to make their own food decisions that emphasize convenience. The path of least resistance approach is often characterized by serving fast food as well as foods that are packaged, processed, or frozen. Some parents follow a traditional or health approach to their personal food decisions while they allow or permit their child(ren) to follow a *path of least resistance* approach to meals. In this case, parents might have a traditional Mexican meal such as *carne con chile*, but will then provide an alternative for children that can be easily prepared, such as *un sandwich*, a frozen food that can be microwaved, or some alternative like *papas con huevos*, eggs with chopped hot dogs, or a *quesadilla*. 
The following case exemplifies an ideal typical family that follows a path of least resistance approach to meals. Linda (35 years old), a one-and-a-half-generation Mexican immigrant, and her husband, (38 years old) are in the home daycare business. They have two young children (one girl age 5 years and one boy age 6 years) who used to attend their daycare. Recently, their children began elementary school. Here, she describes how she decides what to prepare for dinner:

R: Typically I make something for my husband and I make something else for my kids. My daughter is the pickiest, according to her she does not like chicken but she eats chicken nuggets at Denny’s. She also says she doesn’t like beans but when I make enfrijoladas\(^\text{30}\) the kids eat them. So that’s why I make things that they will eat. They like enfrijoladas, fideo with chicken, enchiladas, they like very much. When my daughter gets home from school one of the things I give her is a grilled cheese sandwich.

I: And what do you make for you and your husband?

R: What we have been having recently since we have been watching our weight is salads with chicken. For tostadas I used to have cueritos and patas\(^\text{28}\), not that anymore, just tostadas with beans and vegetables.

I: How many times a week do you eat chicken?

R: Three times. We are reducing our intake of red meat; we only have it once a week now.\(^\text{29}\)

Linda gives information to support “why I make things that they will eat” and one of the main reasons is because her daughter is “picky.” She even points out the inconsistencies in her daughter’s adamant refusals of both beans and chicken by pointing out that she will eat enfrijoladas,\(^\text{30}\) (a torta sandwich filled with refried beans) and chicken nuggets. Linda gives her children a way out of the foods they do not like. It also appears that the food preparation process is largely guided by the food preferences of the child, however inconsistent these preferences may seem. Nevertheless, Linda’s approach is to deliberately choose dishes that will lead to the least resistance from her children at the same time that she prepares low fat dishes for herself and her husband. This approach expresses no expectation that the children will eventually want the same foods that she
and her husband eat. She does not seem to link eating habits with health outcomes for her children.

The case of Gisela (32 years old) and her husband (34 years old) also exemplify a path of least resistance approach to dinner and lunch, but they have begun changing their approach to snacking. Gisela and her husband are seasonal farm laborers and for many years have experienced asynchronicity with their children’s (two boys 9 and 17 years old, one girl 15 years old) schedules. At our first encounter, Gisela’s eyes were bloodshot. Later, she explained that when she works in the fields the chemicals always cause that reaction. On her days off, the whites of her eyes are finally free of the red color. Gisela and her husband Benito are both overweight and are tanned from their work in the fields. She sports a large t-shirt and pants while her husband wears a tank top, shorts, and sandals. They tell me they are undocumented. She arrived in the United States as an infant and he came when he was 18 years old. Instead of having one stable job, they follow the harvesting season for various crops in the Valley and travel as needed. Their teenage children care for their younger child when they must arrive home late.

Gisela explains they recently changed their approach to snacking because they have become more and more worried about their youngest child’s weight. When the child recently went to Mexico City to visit family during winter break, he lost a lot of weight, reportedly because he ate little to no junk food. Prior to that event, it was the easiest path, but “since [our son] went to Mexico we stopped all that... I’m not going to lie to you because when one is working it is the easiest thing to do... it used to feel like the easiest thing to do.”31 Her husband also adds, “It also hurts me, because of their health.”32 They had been worried about their child’s health as their doctor brought it to their attention,
“You know [our youngest child] is a bit overweight. We have now placed him in sports activities and when I can I also play with him. We prohibit sodas at home now and everything else.”

Even though Gisela and her husband have replaced calorically dense snack foods like snack size bags of chips and cookies with fruit, and occasionally conchas or Mexican pastries shaped like seashells for their children, they maintain different approaches to meals for parents and children. Gisela also mentioned that her older teen children do not typically eat school lunches: “Sometimes they just take a Pop Tart.” This case highlights how families may implement a health goal aimed at the “lowest hanging fruit” or tackle a behavior that may be easier to amend. Changing snacking behavior, as in the case of this family, may be easier than changing the dinnertime routine because both parents have unpredictable work schedules that often lead them to arrive home later than their children. Secondly, Gisela and her husband both agree that changing the snacking behaviors of their children is important, highlighting the significance of mother-father agreement in Latino households.

The following is a case of a family that has been following a path of least resistance approach, but recently began to follow a traditional approach to meals. Leonor (27 years old) and her husband (32 years old) are second and third generation Latinos. Leonor is a student at the local four-year university situated in the big city near Reed. Her boyfriend has a college degree and has a white-collar job at a rehabilitation home. When I first met Leonor, she was following a path of least resistance approach to family meals and her child’s (age 5) lunches. Leonor and her husband would prepare one dinner for their daughter and one for themselves. Leonor’s primary concern when preparing meals
for their five-year-old daughter was expediency. Leonor has had a fear that her daughter would “starve” since she would often refuse to eat things she does not like. Leonor thus believed she would be punishing her daughter if she did feed her the foods she preferred. Parents who implement a path of least resistance to meals for their children also said their children were not used to or open to trying new foods, especially vegetables. Ironically, the parental concern that the child eat and the parental behavior of providing only the foods that the child requested may create an obstacle for the child to try new foods.

Leonor asked me for tips to improve her family’s nutrition. I recommended she read *French Kids Eat Everything: How our Family Moved to France, Cured Picky Eating, Banned Snacking, and Discovered 10 Simple Rules for Raising Happy, Healthy Eaters* by Katherine Le Billon. Leonor decided to give the book’s ideas about family food behaviors a chance, and she subsequently implemented the one dinner policy. The new policy of having one dinner has opened up more opportunities for the child to try additional foods such as vegetables and meats. Two months passed and Leonor and I met again. Her daughter who previously claimed to not like meat had been eating meat.

Leonor explained:

*I took my daughter to work and prepared spaghetti with beef and French bread. My daughter had never had spaghetti. When we sat down to eat, my daughter had her piece of French bread and then asked for more, but I used the strategy [from the book] to give her a choice. If she were to finish her spaghetti she could have more French bread. My daughter went ahead and finished the spaghetti and had more French bread.*

Leonor found that if she sat down with her child and provided limits, her child would try things she might not have otherwise chosen. Her daughter had the freedom to choose; she could have seconds of her favorite food but in the process expanded her repertoire as her mother placed on her plate, side by side, a food that was new with a food
that was an old favorite. Leonor maintained that she has gone on to continue this strategy with her daughter. She did mention that her husband continues to dislike vegetables. This case demonstrates the different ways that a parent can socialize children to foods via the sit down meal, and also shows the difference in intention behind different guiding approaches to meals. During my initial encounter with Leonor, her primary concern was expediency and limited resistance in preparing meals (*path of least resistance*). After some discussion, she asked for tips about how to expand the child’s repertoire of food. During subsequent interviews, the tips turned out to have helped Leonor expand her child’s diet. This instance also displays how a mother may have family food goals, but may not have the tools to enact such desires. In an unexpected turn, Leonor went from feeding her child with a path of least resistance approach while she and her husband prepared their meals in a traditional approach to all having meals prepared in the *traditional* approach. The *traditional* approach in Leonor’s family consists of spaghetti, lemon butter chicken, pork chops, and the occasional *chile verde* (Mexican dish of pork braised in tomatillo salsa).

The case of Donna and her family provides another layer of complexity to the path of least resistance approach. Donna (42 years old), who maintains a different guiding approach with her younger daughters (5-8 years old), described the path of least resistance approach to food decisions that developed with her older daughter (20 years old.) She said that their oldest daughter does not like eating traditional Mexican food and moreover: “Here girls don’t cook. They go to McDonald’s and buy hamburgers that cost one dollar.” The example highlights the tension between parents and children in the making of a *path of least resistance* approach to food decisions. That is, Donna explained
that her daughter did not learn to cook the way girls learn to cook in Mexico and that she preferred hamburgers from McDonald’s rather than traditional Mexican food. Several things appear to be at work with Donna and her daughters. First, there is a disruption in the intergenerational transmission of food traditions because none of her daughters began the process of learning how to cook traditional foods at age six the way Donna did. Secondly, there is the growth of the independence of the child in the teenage period when decisions can be made without parental control. On the other hand, children typically obtain money from their parents thus the responsibility does not totally lie upon the children. In chapter 7, I will also discuss the food context in Reed, which interacts with the adolescent period in which children become independent enough to make their own food decisions.

Only in one family was the path of least resistance approach followed by each family member. In all other families that had this approach, it was generally the children who had a path of least resistance approach to meals, while parents followed a traditional or health approach. The path of least resistance approach is characterized by food decisions focused on what is convenient, expedient, and will cause the least amount of resistance from the perspective of parents. With respect to parents, the reasons for this behavior appear to be varied. In the case of Gisela and her husband, their differing work hours have created conditions that have led to staggered meal times, which have turned into different meal routines and different guiding approaches. In the case of Leonor, with a very busy student schedule, she was under the impression that if she did not give her daughter what she was willing to eat, her daughter would go hungry; thus, she fell into the trap of following a path of least resistance. Linda, under the pressure of a daycare
business with many children to feed, was also motivated by expediency and followed the path of least resistance to feed children what they appeared willing to eat.

As noted by parents, sometimes teenagers go on to carry out their own path of least resistance approaches to meals as well (i.e. Gisela’s children who take Pop Tarts to school). Yet parents, as the purchasers of food provided at home, are responsible for some of this access. In Gisela’s family, the path of least resistance has been the modus operandi for snacking and dinner for quite some time, even if more recently their snacking policy has been amended.

Discussion

These findings expand existing frameworks for understanding how guiding approaches to meals among low-income Latinos are related to their food decisions. An aim of this dissertation is to understand how day-to-day factors influence food decisions in low-income Latino families. This dissertation also aims to understand the mechanisms that contribute to a breakdown or the reproduction of family dinnertime routines among Latino immigrant families and how these patterns impact the types of food families eat.

This dissertation advances a typology of Latino family food decisions observed among participant families. Approaches to food decisions that were observed include: health, traditional, developmental, and a path of least resistance. In this study it was common for parents to follow different food guiding approaches from those used for their children. Still, families that found a way to combine personal food goals with those of the family did appear to have children with more expansive food preferences than families that maintained a medley of guiding approaches. Family food decisions, in
general, may be guided by multiple concerns. Families guided by a path of least resistance approach have some of the least favorable food behaviors.

**Guiding Approaches: A Typology Unifying Broad Sets of Food Decisions among Latinos**

Other research has made a link between parental food schemas and family food schemas. People have many highly context-specific schemas related to various domains, including food choice that serve to organize and provide coherence to perceptions (Olson, 1981). Blake and Bisogni (2003), for example, in a study of 16 adult rural women in Upstate New York, did not find overlap between parental and family food schemas, except among parents whose personal food decisions were guided by health ("health fanatics"). That is, only mothers who were oriented toward health in their personal food choices also implemented healthy food choices for their families. Other parents in the study followed one approach for their personal food choices and another for their family (C. Blake & Bisogni, 2003). The findings of this dissertation are in line with the finding that parents who follow a health schema also implement a health schema with their families. However, the findings of this dissertation also observed families that follow a traditional approach also tend to feed their children a traditional meal. Like Blake et al. (2003), families that take the expedient route for their children do not necessarily do the same for themselves, as was noted by the examples of families in which parents followed a traditional or health approach for themselves, but not for their children.

In the current study, children are accepting of the foods they are used to eating. These foods are the same for children and parents if they follow the same guiding approach to dinnertime. Other research may hold clues as to why food preferences may be different in children of families that do not follow the same guiding approaches as
their parents. Research on food neophobia or a specific distrust of unfamiliar foods (Raudenbush & Frank, 1999) has shown that exposure to new foods can reduce the dislike of new foods. Various studies have found that 10–15 taste exposures (or a daily tasting for two weeks) may be optimal for eliciting liking of a previously unfamiliar food in preschool-aged children (Heath, et al., 2011).

The practice of allowing children to consume foods they prefer (“path of least resistance”) highlights the primacy placed on reducing conflict in families in which structural or cultural conditions create tension around mealtime. Other researchers in different populations have found that sometimes parents stop offering new foods to children when their children react negatively to them (Carruth & Skinner, 2000; Carruth, Ziegler, Gordon, & Barr, 2004), or that parents who respond to their picky child’s limited diet and worry about their overall energy intake may give up and offer the child favorite foods and thus further reinforce the child’s avoidance of unfamiliar foods (Scaglioni, Arrizza, Vecchi, & Tedeschi, 2011). Therefore, the “path of least resistance” category identified by the current study is consistent with behavior other analysts have identified in different populations and in different studies. The current study additionally has identified a typology of guiding approaches for low-income Latino families to unify a broad set familial, cultural, and structural forces that shape family food behaviors.

A family’s concern with personal health was not necessarily matched with a health guiding approach among families. This finding is consistent with the tenets of the Transtheoretical Model of Change (TMC) (Glanz, et al., 2008). The TMC categorizes health behavior change into a spectrum of states. These include readiness to change, change, and maintenance, among others. Various families who were in an action stage of
implementing a health guiding approach discussed factors that had led them to act on their interest in health. In contrast, other mothers explained how their husbands did not support their health goals (discussed more in depth in chapter 5), how certain family members had other food preferences and goals (chapter 5 as well), and how the structure of their work shaped their ability to be home to make dinner for their children (discussed more in depth in chapter 6 on the influence of work).

Next Chapters

In chapter 5, I explore and analyze guiding approaches in conjunction with factors that influence dinnertime routine. The analysis will provide an opportunity to consider the qualitative differences between children who are being raised in environments with varying degrees of spousal support between parents as well as differing food preferences. In chapter 6, the analysis will expand to the school food context and the influence of employment to examine the additional layer of food exposure and modeling. In chapter 7, I explore Reed’s community nutrition environment. The last chapter provides a synthesis of the dissertation and directions for future research, including, the need to identify the prevalence of the guiding approaches among Latinos and among other racial/ethnic groups.
Chapter 5: Family Dynamics and Food Decisions in the Micro-Household Environment

In this chapter, I provide an analysis of the interpersonal context of family food decisions within the household. Some of the factors that emerge as important to food decisions are mealtime routines, spousal support, and children’s food preferences. Even though family food decisions are guided by different approaches to meals, as discussed in chapter 4, and families may implement their goals whether they sit down to eat together or not, the act of sitting down together or not appears to be a way in which families socialize their children to food and eating behaviors, for better or worse. Parental agreement about how to approach meals has a considerable influence on food decisions. And, children’s food preferences appear to be both an outcome of these other factors as well as an important input into family food decisions.

Mealtime Routines

Mealtime routines are different from guiding approaches. First, guiding approaches are an organizing principle for meals. Mealtime routines, however, reflect the family’s work and school schedules as well an implicit or explicit desire to sit down together or not. For example, if one parent works a late night shift, they cannot participate in the family’s dinner routine. There are other factors that influence mealtime formats such as conflict between parents about foods, which will be discussed in the section on spousal support. There are two different routines that I observed during mealtimes: (1) dinner together or (2) staggered dinnertimes (see table 3.) Staggered dinners encompassed either one parent or children together, the other parent later; or a staggered
structure. A staggered structure involves family members eating separately at different times. However, the routines also consisted of varying combinations of guiding approaches and those will also be reviewed below.

Table 3, Dinnertime Routines, Family Dynamics, and Food Decisions

<table>
<thead>
<tr>
<th>Routine</th>
<th>Characteristics</th>
<th># of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone together</td>
<td>(1) Regular work schedules (2) Mother makes daily dinner</td>
<td>12</td>
</tr>
<tr>
<td>One parent and children together, other parent later</td>
<td>(1) Nonstandard, long, or graveyard work schedule of one parent or conflict avoidance (2) Mother makes daily dinner</td>
<td>6</td>
</tr>
<tr>
<td>Staggered meals for all</td>
<td>(1) Nonstandard, long, or graveyard work schedule of one or both parents (2) Guiding approaches differ (3) No daily dinner prepared</td>
<td>3</td>
</tr>
<tr>
<td>Total Families</td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

**Dinner Togeter Routine**

Eleven (or roughly half) of the families that participated in this study sit down together almost every night for dinner. In this category, eating the same meal together does not necessarily equal healthier food behaviors. Only five of these eleven families follow a single guiding approach to food decisions. For those that eat the same meal, mothers attributed their pattern to: *that’s what we have always done in my family because it’s more work to do more than one dinner, or my husband says I should only make one dinner.* Of the families that follow a single guiding approach, three follow a pure
traditional approach and two follow a health approach. The other six families sit down
together for dinner but follow mixed guiding approaches to meals, including path of least
resistance, health, developmental, and traditional. Below I will first explore in greater
detail the differences between families that have dinner together and follow the same
guiding approaches, and those that have dinner together and follow different guiding
approaches. Then I will compare families that have staggered dinnertimes and follow a
variety of mixed or similar guiding approaches to food decisions.

**Dinner Together, Same Guiding Approach**

Three of the four families that eat dinner together and follow the same guiding
approach have stay-at-home mothers. The fourth mother works part-time and has
irregular work hours that occur during the daytime. Two of these families follow a health
guiding approach and the other two follow a traditional approach.

A comparison of the food decisions in these families that eat dinner together and
follow one guiding approach reveals that, while children may experience vastly different
food socialization practices, one salient characteristic is that these children *expect to eat
what is prepared for them*. For example, Carolina’s (48 years old) and Amelia’s (28 years
old) children are used to eating the one meal their mothers prepare for dinner. But
Amelia’s children (ages 7 to 9 years) eat more vegetables while Carolina’s children (ages
to 12 years) eat food guided by a traditional approach, meaning they are use to eating
traditional Mexican food, some which is heavily fried, and which contains only some
fresh vegetables.

Carolina’s family is also used to eating meals purchased at fast food restaurants
on the weekends whereas Amelia’s family has eliminated fast food from their diet. As
will be discussed more in depth in chapter 6, after three years of attending the Reed charter school, Eduardo (Carolina’s son) is only now beginning to enjoy vegetables more than before, whereas Amelia’s children more easily adapted to vegetable-focused food at the Reed Charter School. The children in current study are most accepting of meals that they most often consume.

_Dinner Together, Different Guiding Approach_

There are seven families that eat together, but exhibit a mix of guiding approaches to food decisions. Among these seven families, five of the mothers participate in paid labor and two are stay-at-home mothers. Of the five mothers who work, four have regular work hours and one has irregular part-time hours. Three of these families have one member who currently follows a path of least resistance approach—whereas two families used to have members that followed a path of least resistance approach, but do not anymore. In one of the families that used to follow a path of least resistance approach, the person in question moved away from home. In the other family, the mother decided to follow a traditional approach with a single meal dinner routine. In the three families that currently have one member that follows a path of least resistance approach, two are teenagers and two are elementary school age children who have been accustomed to a path of least resistance approach to their meals since they were very young.

There are two families that eat together and follow a developmental approach. That is, children eat a version of part of the main meal that the parents eat. The alternative meal is not a convenience meal, but rather a version of the main meal or part of a larger meal. The following exemplifies the case of a family that eats dinner together and follows multiple guiding approaches. Nadine (28 years old) wakes up before work to
make dinner so that when she gets home she does not need to prepare dinner. Nadine typically leaves work around four in the afternoon. Her husband typically leaves work at one in the afternoon, but like other traditional households, the cooking is the domain of the woman. In contrast, Donna (32 years old), who begins cooking in the early afternoon, also follows a developmental approach and eats dinner together with her family, but everyone eats at the exact same time. In this case, she prepares and serves everyone. Donna is a stay-at-home mother and her husband works, whereas Nadine and her husband both work.

Children in families in which meals prioritize expediency typically eat separately, however, there are some cases in which the mother or the child prepares a separate meal and the family eats together. One family, for example, recently switched to a one-dinner routine that follows a health approach with the exception of one child. Alejandra (32 years old) used to make three dinners: one for her husband, one for herself, and one for her children. She recently decided to make one dinner per evening guided by health concerns (her husband’s diabetes diagnosis). Her oldest child (13 years old) has not adapted to this new approach. Alejandra continues to allow her teenage son to prepare himself an alternative meal. She says, “He will eat a little [of what I’ve made], but he just tastes it, or he’ll make himself a sandwich.”

The comparison of children who eat every night with their families, but eat different meals based on the family’s guiding approach to food decisions, suggests that children may expect certain food and behaviors based on what is usually done at home. The qualitative difference in expectations of children of families that eat dinner together every night, but follow different guiding approaches to meals, suggests that dinner
routines as well as guiding principles to meals are important for understanding food decisions.

**Staggered Dinner Routines**

About half (10) of the 21 families in this study have staggered dinner routines. In one set of families (8 of 10), one parent has established a routine of cooking and eating with the children while the other parent eats later. In the other set of families, the parents may eat together and follow one guiding approach and the children will eat at a different time and will eat a meal prepared within a path of least resistance guiding approach. In the following sections I describe some of the characteristics of food decisions of these different types of families. The categories include (1) one parent eats dinner with children; (2) parents together, children separate; and (3) family members eat dinner at different times, separately.

**One Parent Eats Dinner with Children, Same Approach**

Among seven of the ten families in this category, one parent cooks and eats dinner with the children at least several times a week. The other parent eats the same dinner at a different time. Three of these mothers stay at home and four of them participate in paid labor. One of the mothers in this group works a late night shift, one a regular farm laborer shift (6:30am-1pm), and another is a teacher. Thus, this group is differentiated from the other groups of families by the dinner routine in which at least one parent eats dinner with the children and, moreover, the same guiding approach is shared across family members.
In all of the families interviewed, it is the mother who cooks and eats with their children and the father eats later. However, mothers that were interviewed also provided stories of what used to be done in their nuclear families. There were cases of fathers who were in charge of feeding children dinner while mothers worked a late night or graveyard shift. Six of the eight families in this study with staggered dinner routines had fathers with a nonstandard or late night work shift. In the other family the parents have different work schedules, but the main reason they no longer have dinner together is to avoid interpersonal conflict. Both the work shift and the conflict avoidance issues say little about the approach to food decisions, but they reveal important factors that may shape dinnertime routines such as parental cohesion, or lack thereof, as well as the impact of work schedules. In chapter 6, I will explore more in-depth the influence of the work schedule and workplace on food decisions. In families in which fathers work a late night shift, mothers may cook a meal and establish a dinner routine with her children. In this group of families, five of the seven follow a health approach and two a traditional approach. Three of these mothers stay at home and four of them participate in paid labor. In the next section, I compare families in which one parent also eats dinner with children, but in which different approaches to meals are followed.

In summary, staggered dinner routines are influenced by work schedules, family conflict, and differences in guiding approaches.

One Parent Eats Dinner with Children, Different Approaches

In only one of the families in which mothers sit with their children for dinner is there a mixed approach to food decisions. Maby (30 years old) sits with her children (two boys toddler and 9 years old; two daughters 5 and 7 years old). She and three of the
Children eat the same meal (traditional guiding approach) while one of her children will often follow a path of least resistance approach. I visited Maby at home to learn more about her family’s food decisions. Outside her yard, she had a chain link fence and some patches of dirt with a large unruly rosemary plant. There was also an SUV in the driveway. When I arrived, her 18 old month son, Juan, was at the door, which she opened. I walked in and sat down. Juan was fussy. She said that he typically nurses and takes a nap at the time that I arrived. She started to nurse him and he stopped fussing. She said she had nursed all her children but this one the longest. Maby is a stay at home mother who completed high school in Mexico and has attended college in both Mexico and the United States, but has not completed a degree.

Maby started to learn to cook when she was nine years old and, by age 14, knew how to make basic dishes. Her 14th year of life also marked the last year Maby lived a transnational life between Mexico and the Midwest. She lived the first five years of her life in the Midwest where she was born. After her father died, she went on to live one month in Mexico followed by one month in the United States. During the summers she and her siblings worked in the fields harvesting. Despite the many years of instability in her life, by the age of 14 Maby had mastered many basics of Mexican cooking like frijoles (beans), huevos (eggs), arroz (rice), caldos (soups), and sopas. After the age of 14, Maby continued her studies in Mexico, graduated from high school, and even attended one year of college before she married at the age of 20 and moved to the United States. Since marriage, she has gone on to learn many more Mexican recipes and to master new cooking skills. Some of the dishes she can make now are camarones (shrimp), enchiladas, posole, and tamales.
During mealtimes, Maby remarked that her oldest child, Carlos, who is 10 years old, often prefers to have a sandwich rather than eat typical meals she prepares, so she will make him a sandwich. She reminisced that when they lived in Mexico, her brother was like that as an adult, often preparing his own sandwiches or something else when he would arrive after others had eaten. He also lived with Maby for a while in the United States. I asked whether her son got the idea of having a sandwich instead of the main course from her brother. She looked pensive but could not recall.

Maby went on to talk about how her children had different food preferences and that she had, over time, reacted and changed her behavior to respond to those differences. In addition to Carlos (10 years old), and her 18-month-old son Juan, she also has Vanessa (eight years old), and Linda (six years old).

R: I used to give [Carlos] vegetables when he was one to about three years old and I don’t really know why I stopped giving them to him.
I: And what happened with your other children?
R: They do eat them-- like salads and vegetables.
I: Something changed? How did you notice that he didn’t eat them suddenly?
R: Well it’s like I would serve him, but I wouldn’t serve him vegetables.
I: and to the others?
R: I would serve them [they would say] “mommy let me have some of that.” And I would give them some. If my husband and I did not have any [vegetables] then I would only serve them rice and meat.40

So even though Maby has evolved in her cooking, and cooks every day, she allows her children to opt out of vegetables or have a different meal. Based on Maby’s comments, she follows a path of least resistance more regularly with her oldest son Carlos while she maintains a traditional approach to the other children’s diets. Maby is primarily oriented toward traditional foods.

The other seven mothers in this study who eat dinner with their children, but not their husbands, besides Maby, follow more uniform (i.e., pure health and traditional)
guiding approaches to the evening dinner. This data suggests that there may be different mechanisms at work that lead low income Latina mothers to eat with their children and follow the same versus different guiding approaches to meals.

**Different Dinner Routines, Mixed Guiding Approaches**

Of the ten families that maintain staggered dinner routines, two families follow multiple guiding approaches to meals. Family members eat different dinners often or every night alone. Meals that follow a path of least resistance approach are prepared for children, while parents prepare a traditional meal for themselves. Different mechanisms are at work for different families, and the practice of alternative meals occurs in different ways. In one case, the family has a stay at home mother; in the other case, the mother is a farm laborer with shifting work hours and locations.

Gisela (32 years old) and her husband (34 years old) prepare one meal for themselves and allow their children to eat something different. For Gisela’s family, the staggered mealtimes are a product of staggered schedules; the children arrive home from school before the parents arrive home. Still, the reason for differences in food decisions has to do with the parental choice that children eat what they prefer at dinnertime—so the children follow a *path of least resistance* approach and the parents follow a *traditional* approach to food decisions. On the other hand, Gisela and her husband have replaced calorically dense snack foods for their children with fruit because they have begun to connect the role of the foods they eat and the weight status of their children. Their youngest child is overweight. In the other family in this group, Jose (age 50), works a graveyard shift and the mother, Rita (age 47), has abandoned the family dinner routine. She used to make a dinner every night when her husband was a farmworker—but even
then, she and her husband preferred traditional foods and her children often followed a path of least resistance. At the time of our last interview, Rita and her husband’s family maintained a routine in which children eat what they prefer (path of least resistance) and parents eat (traditional or path of least resistance) at staggered times. While many families are able to maintain a routine in which one parent has dinner with the children (8 out of 10 families), the two families in this section are not able to do so. More importantly, the two families in this section maintain a path of least resistance approach to their children’s dinners. The children in the families in this group have the most combinations of guiding approaches and routines. Based on their parents’ interview, their children also have the least openness to foods different from what they are used to consuming at home.

The section on staggered dinnertimes further supports the argument that children may expect certain foods and behaviors based on family dinner routines and guiding approaches. Thus, comparing guiding approaches across types of staggered dinner routines reveals that sitting down together for dinner may be as relevant for understanding family food behaviors as is studying the actual foods consumed. That is, in the cases in which mothers ate with their children while husbands ate dinner later, there were more cases of families that follow a single approach to meals, such as health or traditional. In the cases of families where parents maintained one routine for themselves and a separate one for their children—that separate routine was almost always characterized by a path of least resistance guiding approach. Also, the conditions that may lead spouses to eat separately may differ (i.e., work schedule versus family conflict).
Four of the eight mothers that eat dinner with their children (and spouses later) follow either a health or traditional guiding approach.

In summary, Latino family dinner time routines are characterized by those who (1) sit down together for dinner regularly and consume a meal prepared under the same guiding approach; (2) sit down together for dinner regularly and consume meals prepared following a variety of guiding approaches, one of which typically includes the path of least resistance; the exception is the developmental approach which is always combined with the traditional approach; (3) sit down separately and consume meals prepared following a variety of guiding approaches, one of which typically includes the path of least resistance.

**Spousal Support**

Spousal support emerged as a critical factor for implementing the food decisions that are in line with the food behavior goals of at least one of the parents. The implementation of health goals at the family food decision level, specifically, often requires that both parents agree, or at least for the non-cooking parent to be neutral (See Table 4). One parent could suddenly have an idea to implement a new behavior, whether to reduce soda intake or to eat less beef, but in varying cases, neutrality by the other parent was needed to implement the change. When both parents agree on the change they support each other in implementing the behavior, even if they both are not present.
Vicky’s (age 34) case is a good example. Her husband (age 39) works a graveyard shift so he does not eat dinner with the family, but has asked that Vicky reduce beef intake for health reasons. Vicky has implemented her husband’s request. In cases where the parents do not agree, the dissonance takes on various manifestations. For example, Carolina (age 48) wants her youngest child to lose weight. She purposely decreased his access to sugar, but her husband (age 45) undermines her efforts by taking their son to McDonald’s afterschool or by purchasing ice cream, cookies, or pizza, even when she has already prepared a full dinner. Leonor (age 27) wanted her daughter to eat more vegetables so she switched over to a one-dinner routine, but her husband (age 32) continues to show a dislike for vegetables despite his daughter’s presence at the table. The findings on guiding approaches in chapter 4 suggest that the kind and quality of food as well as routines are shaped by these concerns.
Parents Agree

Amelia’s family represents an ideal type of family in which parents agree on the routines and organizing principles for choosing meals. Amelia (age 28) is a second-generation Latina born in the United States who currently attends community college. She implemented changes in the family’s diet over the last two years. Her husband (age 31) is an equal partner in envisioning their family’s health, even though he does not usually cook. They hold a daily dinner where all members sit down together. Their goals for healthier meals have been incremental and have been a product of their mutual accord.

As evidenced by the way they communicate, Amelia and her husband agree on holding a regular dinnertime and a health approach to meals. For example, “well we just have always known that it’s not good for us, we just decided ...ok we're going to do this week no more fast food, and oh ok that was easy and then let's do two weeks, ok no more fast food.” Amelia and her husband also try to stay well informed about food and healthy diets; they read a lot about “health and things like that.” Amelia plans and cooks meals. She says, “he's like a steak and potatoes or chicken and brocoli kind of guy” and “so if I made Mexican food all week long he would not be happy.” Then she explained, “he's open to new things just not the starchy, oily, fried things.”

Vicky is a second-generation Latina born in the United States. Her husband (age 39) is a first generation immigrant. Vicky’s story reveals how a father does not need to be present at dinnertimes to influence the meals or approach that is implemented. However, what is critical in this case is that the spouses agree with each other. Her husband eats at a different time because he works a graveyard shift. She makes one meal and she and the
kids sit down together. Vicky has five children and has worked only for short stints when a need arises to pay bills. She has prioritized being home with her children. The common dishes Vicky prepares are: fideo with chicken and potatoes; fried chicken; baked fish; rice; caldo de pollo; rice with meat and salad; rice, beans, and potato salad. Vicky mentions they began reducing their beef intake for some time:

- **R:** Yeah we do, we just did carne asada on Sunday.
- **I:** and then you’re cutting back? How often?
- **R:** We used to eat it like every single day
- **I:** Every day (a bit surprised) and why did you change?
- **R:** You know because my husband would be like, “you know the red meat is really bad and we eat it almost every day” so I was like you know that’s true so let’s just cut it out a little bit and lets put like more fish or chicken out.

In this family, Vicky makes a combination of traditional dishes combined with more typically U.S. dishes such as fried chicken. Although some of their food decisions are guided by health, not all of the food they eat is prepared with health in mind.

### Parents Do Not Agree

In this section, I describe cases of families in which parents do not necessarily agree on the guiding principle to food decisions. Table 4 shows the cases of families and whether they agree or not, and among all of these families in which conflict exists, the alternative approach to food decisions introduced by the other parent is always a path of least resistance. The phenomenon may manifest in different ways among different families.

First, I begin with a description of an ideal typical case of a family in which parents do not agree on the guiding approach that the mother would like to implement. While Carolina is concerned about healthy eating, her husband does not feel the same way. In one conversation, Carolina emphasized that sometimes she could not eat healthier
because her husband wanted more grease or beef (which is higher in fat than other leaner cuts of meat). This issue further highlights the importance of the intentions and goals of mothers and fathers. As the quote below shows, even if Carolina was able to cook a meal she thinks is appropriate to meet the health goals she has for the family, her husband may not support her. She explains her son’s eating patterns:

*R: He likes the [school] food, but when he gets home well (she hesitates)... well not so much now but before my husband would always, (she starts to say as if speaking to her husband) ’don’t buy him anything’ (as if her husband is responding) ‘he’s very hungry’ and he buys him McDonald’s. (As if responding to him again) ‘I have beans here or whatever he likes, ok.’*

*I: For how long has this no longer been going on?*

*R: It’s been a while, since July when they started school. Because before, oh no, it was quite a problem with my husband! I tell him you are going to ruin my child, that’s not right.\(^44\)*

At follow up interviews, Carolina continued to complain that her husband repeatedly brings home foods that she opposes like donuts and pizza. Carolina’s husband’s attitude about food decisions may be related to his attitude toward his own health. He refuses to accept his diabetes diagnosis and with regard to medications, Carolina says, “*He does not take them, he does not like to take so many pills.*”\(^45\) By frequently taking their already overweight child to McDonalds afterschool, Carolina’s husband sabotages Carolina’s goals. Carolina says there is no reasoning with her husband.

There are two other families that have undergone dramatic changes in their family eating behaviors. In one family, Leonor decided that her daughter was too picky, and she wanted to support her daughter to expand her palette. Leonor’s husband has been willing to have dinner as a family, but he does not necessarily share Leonor’s vision of increasing their intake of vegetables. While Leonor adds vegetables to dinner, her husband spurns them in front of their young daughter. At present, it is unclear what the impact of this
type of role modeling of food practices will be on Leonor’s daughter. In this case, the husband is not necessarily sabotaging his wife’s goal, but he is not helping it either. Maby’s family follows a traditional approach to eating, but much to her chagrin, her husband will often arrive home with packages of cookies or chips. Maby says she hides the packages or rations them out to her children. Still, when she spoke of the situation, she was vexed that her husband would introduce these items when she seeks to shape her children’s food preferences toward traditional Mexican foods. In these cases, since mothers ultimately decide what children eat, fathers take on a passive-aggressive role in which they ignore or bypass their wife’s wishes. These fathers do not try to negotiate.

In the next section, single parenthood is examined in light of spousal support. The one case of single-parenthood is included here because the lack of spousal support also figures into an analysis of how families make food decisions.

**Single-Parenthood**

In the following, case Fiona (age 27) does not have a husband. She has two children (ages 8 and 10 years) and a boyfriend. Fiona often purchases breakfast, lunch, and dinner at local fast food restaurants. She is a stay at home mother who used to work in agriculture. Her current days revolve around her boyfriend’s work schedule. He is a carpenter who often enlists her in his work. She mentioned that her work with her boyfriend took a toll on her own health (i.e. she has gained 30 pounds in the last year) and that of her children. Nevertheless, she continues to eat fast food. She talked about wanting to expand her cooking repertoire and to stay away from “traditional cooking,” but she had at this point not reached a decision that she would begin doing so. Interestingly, she refers to “traditional” Mexican cooking as heavy, and that is why she
does not prepare it, yet she also explains that she has gained weight from eating fast food. Currently, she and her children consume the same dinner each night:

.. and much of what happens with the kids is going to come from the parents as well. I'm definitely wanting to learn more about cooking and maybe staying away from the traditional cooking [I have a health situation] that's due to all the fatty foods that I grew up with. Especially everything I was cooking with. I was cooking the same thing for my children. But it affected me the most. And as a parent, a lot of the foods that the kids eat now because [of their nutritious school food at the charter school] is taking care of the nutritional side. But I need to move towards the nutritional foods and the low fat foods because it is also affecting my health.

In the previous two sections on spousal support and parents who agree and those who do not agree, marriage does not mean couples have the same goals and values. An added difficulty for Fiona is that she cannot necessarily count on the resources of her boyfriend for her family’s situation, which may further make food decisions more challenging.

In summary, spouses respond to each other’s food goals in a variety of ways. Since mothers are the primary food prepares in the following study, their perspective is the focal point. Fathers respond to their wives by (1) agreeing or acquiescing to their wife’s chosen guiding approach to meals, (2) disagreeing with wife’s chosen guiding approach to meals and implementing outright challenges, (3) exhibiting passive-aggressive behaviors that highlight a lack of agreement with their spouses chosen guiding approach to meals. Single parenthood was also included in this analysis, primarily because single parents must also contend with their partners’ influence, even if that person does not live in the household. In the one single parent case in the current study, the data suggests that the partner was interested in convenience and participated in a path of least resistance to his own meals, adding further support to that guiding approach.

**Children’s Food Preferences & Food Behaviors**
Children’s food preferences appear to be tied to guiding approaches, mealtime formats, and spousal support. Many families stress that food preferences are individual, especially in families with multiple children. Nevertheless, guiding approaches, mealtime formats, and parental agreement on food decisions (spousal support) shape food behaviors and perhaps food preferences of all family members.

The following case exemplifies the interaction between guiding approaches, family meals, mealtime formats, and food preferences. Alejandra (age 32) used to prepare three dinners per evening, but after working at her children’s school cafeteria that emphasizes fresh and healthy foods, she made some changes. She describes how she began to implement the cooking techniques, recipes, and practices she learned in the cafeteria in incremental steps:

R: Well first I started by taking away the soda, the cookies and all that.
I: Over what period did you do that?
R: Like three weeks. At first they didn’t want to eat [the new meals I was making,] now they are used to it.
I: What did you say to them when you took away the soda and the cookies?
R: Well they really liked the cookies because I had been making them for them for a while and they say now we want these kinds of cookies or now these other kinds and I would make them one kind and then another [the change for her then was that before she used to buy the cookies and now she makes them.]
I: And now how often do you make them?
R: Like once a week.
I: And now how often do you make them?
R: Like once a week.
I: And the change in the sodas then took 3 weeks? Did you replace it with something?
R: With water, the youngest will only drink water; the younger boy well he will drink whatever you give him.
I: And then what other change did you make?
R: Well I started adding more vegetables to everything, at first they did not want any, and the pastas they did not want, but I would put parmesan cheese, and that was the only way I could get them to eat it.
I: And were there vegetables that they did not like but now over time they do like them?
R: They pretty much like all of them no.
I: what about your older son?
R: Not really.
I: What does he eat then?
R: *Well he will have a little, he will try it, or he will make himself a sandwich.*
I: You don’t prepare him a separate meal?
R: *No, he has to eat what I have made.*
I: But before you would?
R: *Before I would make separate meals for my husband and my kids.*
I: So he was used to the old system for the last 13 years and he has not adapted to the new one.
R: *He does not like vegetables but now he is beginning to eat them.*
I: You have an opportunity.
R: *Yeah I am learning a lot, like the other day we made nachos and they put zucchini and carrots and all the kids ate them and nothing was left.*
I: So you’re going to make that too?
R: *Before I used to use that yellow cheese, I would not blend zucchini and carrots with the cheese.*

In this example, Alejandra, through observational learning, has garnered new strategies and recipes for cooking more healthily. She has two elementary school age children (ages 6 and 8 years) and one age 13 years. While the younger children are exposed to eating more healthy foods at their elementary school, the older child has eaten the traditional National School Lunch Program (NSLP) meals for the last years eight years. Until this year, Alejandra was also in the habit of “short-order cooking” or preparing ad-hoc meals for her children and her husband based on what they might want rather than what she had planned. The “short-order cooking” style falls into what I described in chapter 4 as a path of least resistance approach to food decisions. Alejandra’s husband was diagnosed with diabetes four years ago and, thus, has an incentive to change his behavior; but until his wife changed her approach to family food decisions, he continued to eat fried, fatty foods. The oldest child, on the other hand, has been the slowest to adapt to the new dinnertime routine and meals. The oldest child not only lacks an acute reason to change his food preferences, but he is also given the option to prepare himself a sandwich should he prefer to opt out of dinner. The husband also has the freedom to prepare a separate
meal for himself, but he does not. Many of the mothers give their older children the option of preparing themselves a sandwich as an alternative, or in some cases mothers prepare the sandwich themselves for their children. In this case, while Alejandra’s family food decisions appear to be guided by health, she takes on a “path of least resistance” approach with her 13-year-old son who has a “fast-food” preference. A sandwich may seem like a benign alternative—and with regards to nutrients it probably is—but the “escape valve” action creates a pattern in which the child who rejects the main meal does not get his taste preferences challenged. This family’s case highlights the conundrum experienced by parents with children of varying ages and palates who may have difficulties changing non-health promoting food behaviors that ensue if children are given an alternative.

Families who have multiple children have a greater set of food preferences to contend with at home. Some families, like Alejandra’s, may have one set of children who may be more amenable to changes in food decisions, while one-child refuses. Moreover, Alejandra also became accustomed to allowing her older son to opt out of the regular dinner she prepares. Families like Amelia’s, described earlier in the section on Spousal Support, have found that feeding the family one meal, with no alternatives, may encourage children and parents to maintain the same food behavior, even if food preferences may be different. If the same food preferences are for healthier food, then perhaps continuity in meals at home may be protective against convenience eating.

The following case of Madeline (age 29), a second-generation Latina, and her family provides an example of how food preferences are shaped in relation to spousal support, dinnertime format, and guiding approaches. Madeline’s husband (age 29) also a
second generation Latino, travels for work from Sunday through Tuesday. He is home for dinner from Wednesday through Saturday night. Madeline maintains a dinnertime where all members sit down together. Typically, however, she used to prepare one meal for the children and one for the adults. Only recently did she begin making one meal. Madeline also said she noticed early on that Jennifer appeared to like to eat more than her other two daughters. Jennifer always seemed to want a second serving and was quickly gaining weight, even though the other two daughters were quite slim. Over time her husband suggested that Jennifer could not possibly still be hungry when she asked for seconds, so they experimented by cutting one serving in half and giving her the first half initially and when she asked for seconds she would be given the other half, which satisfied her. This revealed to Madeline and her husband that what Jennifer felt was not necessarily hunger, but simply a desire to have seconds or a second serving.

Madeline has empathy for Jennifer because she always wanted seconds too when she was growing up, and that the environment she grew up in lent itself to overeating, especially fast food. She described that for most of her life her own mother, Barbara, worked a night shift. Barbara typically made dinner before she left, but when it was time for dinner, her kids, whose food preferences were being shaped via the NSLP (to be discussed in chapter Six), encouraged their father, Jose Maria, to purchase fast food that was heavily processed, instead of eating the home cooked dinner their mother had prepared. Their father acquiesced and, by the time she was a teen, Madeline was overweight. Madeline’s food behaviors today have been shaped by her food behaviors growing up, and also by her own food preferences:

R: *When I was small we would always eat out, no había control [there was no control], and not much vegetables everything was Mexican, heavy Mexican foods*
I: Why did you guys eat out all the time? Were your parents working all the time?  
R: Umm yeah it was because of that—my dad always worked in the day and my mom always worked at night so my mom would always try to leave us dinner and she always did, she always tried, y nos dejaba dinner [she breaks into Spanish, she would leave us dinner] and my dad he was just too umm, he was always..we would ask him for a burger and he would give it to us  
I: So even if your mom had left food he was like let’s go?  
Her: We would get away with more with my dad. Mi mama nos dejaba comida (my mom left food for us)..and “we want a pizza” and he would say ok order it so he was more..  
R: And how old were you when that started?  
I: Probably 6-7, up until …and my mom has always liked to go out to eat también (also), I remember we would go to [adjacent city] and we would always stop at McDonald’s..y se te queda porque [it stays with you because]with me..we would be out all day and ok let’s get something to eat because you’re used to it instead of let’s go home and cook something you’re used to ..that’s how my mom was.

Madeline does mention that her mom loved to eat out, yet she made it a point to cook a dinner each night. She also states “it stays with you,” that those behaviors are part of her memories. It is possible that Madeline learned to have seconds by watching her mother. It is possible that Madeline’s oldest daughter, Jennifer, learned her eating behavior from watching her mother. From what Madeline says, it appears that the work hours were the reason the mother and father did not have dinner together often, but it does not appear to be the sole reason that her family purchased fast food dinners.

Madeline seems to think that her father was “permissive” (i.e. we would get away with more with my dad), but he was also perhaps not well informed about how a diet heavy in fast food can take a toll on health and food preferences. Madeline’s husband has been supportive of finding ways to improve their daughter Jennifer’s food behaviors. Jennifer still prefers seconds, but she may not have discovered that her parents now give her smaller portions to make sure that, when she does eat a second serving, she is not eating more than she needs.
The cases in this section highlight that food preferences vary, even when meal routines and guiding approaches to food decisions are the same. Children’s food preferences are an important factor that influences parental food decisions, but it appears that children’s food preferences are also shaped by parental food choices made in the short and long run. So, although parents can share poignant stories about which child is more or less picky, what most differentiates families is the behavior that parents apply to those differences. Even though all families can share stories of the different food preferences among their children, parents shape food behaviors through the dinnertime routine and guiding approaches to meals. Parents who maintain a single guiding approach (even with different dinner routines) appear to inculcate their children with the attitude that the child should or will eat what is prepared for dinner. Many parents do not seem aware of how daily food choices may influence food preferences.

The cases highlighted in this section are based on families in which at least one parent eats the dinnertime meal with their children. By sitting down for meals with their children, these parents can make observations about their children’s tastes and preferences. Although not described in this section, in chapter 4 the cases of families that follow a path of least resistance guiding approach underscore that when parents give children a meal that is expedient, or that consists of what the child prefers, they do not have the opportunity to challenge their children’s food preferences. Moreover, when parents do not sit to eat with their children, not only do they miss out on the opportunity to model food behaviors, but they also miss the opportunity to observe their child’s eating tastes and preferences.
Discussion

An examination of food decisions and the household environment reveals that guiding approaches interact with mealtime formats, spousal support, and children’s food preferences and behaviors. These are not the only factors that matter. In chapter 6, I will explore the role of school and work as they influence family food decisions. In chapter 7, I explore the community nutrition environment to illustrate the food the residents of Reed have at their disposal when they make their food decisions. Certainly, different factors matter for different types of individuals, such as elementary school students versus high school students, or a housewife versus a single mom.

Both dinner routines and guiding approaches interact to influence children’s food behaviors. Families that utilize a health, developmental, or traditional approach more commonly eat dinner together (i.e., either the whole family or one parent with children and the other parent later). This phenomenon highlights that families who do not eat dinner together and/or follow the same guiding approach contend with more factors that reduce the families ability to maintain routines (discussed in chapter 6) with regard to work schedules. Interdisciplinary research on family routines contends that routines help families withstand disruptions or difficulty (Fiese, et al., 2002), but as the current study shows, the families with multiple non-health promoting influences might be too challenged to implement and maintain routines such as a regular dinnertime and/or a single guiding approach. When work schedules make eating together as a family impossible (explored more in chapter 6), the parent who is present can enact a routine of eating with the children—but not all families that can, do. Families that eat the same meal
together, depending on the guiding approach, also expose their children to a variety of
tastes and foods, but the process of enacting a single guiding approach requires spousal
support, a work schedule that allows for one parent to be home, and the ongoing routine
of implementing one guiding approach. Children of families that eat according to a health
approach are exposed to a medley of attitudes and behaviors related to this approach,
such as a conscious effort to limit soda or beef intake. Children who eat according to a
traditional approach are exposed to a medley of Mexican and/or Latino flavors and styles
of cooking as evidenced by the regional differences in parents’ place or origin. The
children of families with multiple dinner routines and multiple guiding approaches most
often consume a meal prepared according to a path of least resistance guiding approach.
A path of least resistance approach may inculcate the child with a taste for the expedient
food the child is given. Mealtimes are the platform that families have to socialize children
to food (Larson, et al., 2006). Families that eat the same meal together instill among their
children an expectation that children will eat what is for dinner. In chapter 6, I discuss
more deeply how family food decisions may shape qualitative differences in food
attitudes and behaviors of children with respect to the school food.

This chapter also found that spousal agreement in food decisions was important,
even if fathers were minimally involved in food purchasing and preparation, or were
absent from dinner. Previous research on Latino husbands has noted that their role is
important in the family diet, even when they do not participate in cooking (Sawyer &
Deines, 2013). The current study’s findings contribute insights about how fathers
participate in shaping food decisions, even if they do not cook. The specific ways in
which they participate include (1) agree with or acquiesce with their wife on the family
guiding approach, (2) not agreeing and challenging their wife on the family guiding approach, and/or (3) passive-aggressive food behaviors that indicate disagreement with their spouse. Examples of the passive-aggressive pattern include the purchase of junk food or sweets or the rejection of foods the mother may deem as health promoting. An example of the agreeing/acquiescing pattern include eating what the wife has cooked, and an example of not agreeing/and the challenging pattern include snubbing the family dinner routine and guiding approach and purchasing fast food.

In this study, the children in the two families that maintain a staggered dinner routine or multiple guiding approaches exhibited greater food “neophobia” or dislike of new foods. These children, used to eating meals prepared with paths of least resistance in mind, are used to foods prepared quickly with an emphasis on what will cause less conflict with the child or between the parents. Parents serve their children path of least resistance foods because (1) the children refuse the new foods, and/or (2) expediency is necessary since parents are busy or not home. Researchers have found that parents may sometimes mistakenly interpret a child’s reaction to a novel food as an indication that the child does not like it, and remove it from the child’s diet as a result (Carruth & Skinner, 2000; Carruth, et al., 2004) and that some parents are unwilling to deal with the “bothersome behavior” related to trying to coerce a child to try something new (Carruth & Skinner, 2000).

These findings suggest that even if only one parent sits with children for dinner (routine), the parent can inculcate the guiding principle of choice (traditional, health, developmental) that can be beneficial for the palate and eating habits of the child. As will be explored in chapter 7, the nutrition environment may further exacerbate the choices of
a child being reared with a path of least resistance approach to food decisions. Families that seem to solve the problem of fussy eating or different food preferences by allowing children to opt out or eat alternative foods may in fact be missing the opportunity to model health promoting food behaviors. By providing expedient choices to their children, parents may unconsciously reinforce their children’s food preferences for less healthy foods. As children become adolescents, they become increasingly able to make independent food decisions. For example, as mentioned by parents in this study, their adolescents prepare alternative food themselves and/or stop at food outlets to purchase snacks on the way home from school. Guarnaccia et al (2012), in a study of Oaxacan Mexican families, also cited the concerns of parents that their children have access to a medley of junk foods in the community while they are away at work. The study of Oaxacan families also noted the influence of school food on the Latino children in the study (Guarnaccia, et al., 2012). In the next chapter, I continue the analysis of Latino food decisions with an analysis of how institutional settings like school and the workplace influence family members and, in turn, how this influence further shapes what family behaviors.
Chapter 6: Latino Family Food Decisions and the Influence of School and Work

Since parental income and education frame educational choices for their children, as well as the occupational opportunities for the parents, I begin this chapter with an overview of the educational attainment, employment, and poverty status of Reed’s residents. Residents’ behaviors and attitudes are modeled in the social and physical environments where they spend their time. Behaviors and attitudes are shaped both by what others do and by policies that influence their choices. Schools and workplaces also create structures that shape daily lives. Access to schools and workplaces are largely determined by residents’ income and educational attainment. I then explore how school and work influence family food decisions from the perspective of my study participants. I build on interview data collected during fieldwork conducted at the Reed Charter School and in the community.

An analysis of how food decisions are shaped by school and work also reveals how social stratification influences opportunities for health. Although study respondents discussed many influences on their food decisions, school and work are the places where most people spend a large amount of time, and these locations emerged as the most salient contextual influence on their decisions. While 11 of the 22 mothers who participated in this study are stay-at-home mothers, they all had husbands whose work schedules and experiences influenced family food decisions. Seven of the other moms are employed outside of the home in jobs with regular work hours; the other three moms have jobs with non-standard, long, or graveyard shifts. The community nutrition environment also influences participants, a topic explored in-depth in chapter 7.
Educational Attainment in Reed

Only 38 percent of Reed’s residents over 25 years of age have graduated from high school compared to 81 percent of Californians ("State & County Quick Facts: Reed, CA", 2014). The immigrant population in the area drives the statistics on educational attainment since almost 50 percent of residents are foreign-born Latinos. While 30 percent of Californians age 25 years old and older have a Bachelor’s degree, only 8.5 percent of persons of Mexican origin in the state and only 3.9 percent of Reed residents have such a degree (American Community Survey Selected Population Tables, California, 2006-2010; "State & County Quick Facts: Reed, CA", 2014). Education shapes the occupational destiny for Mexican migrants in the United States. The least educated Mexican immigrant workers are the most likely to be employed in agriculture.

Of the 32 working parents in this study, 15 work in agriculture-related industries (see table 5.) Agricultural work extends beyond the fields and includes mechanics, truck drivers to transport goods, installation, and maintenance and repair workers, all of whom are needed throughout the day and evening to keep farms working efficiently and productively. The other seventeen parents (with jobs) are employed in the following occupations or fields: housekeeping, recreation, oil/gas, factory work, construction, clerical, childcare, and food service.
Despite the reduction in the unemployment rate in California after the Great Recession to 8.3 percent in December 2013, unemployment rates for Central Valley counties remain high, for example: 10.7 percent in Kern County, 12.5 percent in Fresno County, 12.1 percent in San Joaquin County, and 14.2 percent in Merced County ("California's unemployment rate drops to 8.3 percent"). In the nearby community of Mendota, the unemployment rate topped 40 percent in 2014 as 6,000 farm jobs were lost (Plevin, 2014).
In California, education has provided a buffer against poverty as the recession unfolded. In 2011, the poverty rate among families headed by an adult lacking a high school diploma was 36.7 percent—a 5-percentage point jump from 2010 (Bohn & Levin, 2013, p. 1). At the other extreme, among families headed by a college degree holder, the poverty rate was only 5.4 percent.

Various studies reveal stark levels of poverty in the Central Valley and in Reed. In 2009, when the recession was thought to have ended, 47.3 percent of Reed households (and two other surrounding communities) earned $15,000 or less a year and 28.8 percent reported incomes between $15,001 and $25,000, making the total of those earning $25,000 or less among 76.2 percent of families (McCleary, Gonzalez, Chávez, Ceballos, & Gutierrez, 2009). By 2013, well over four years after the end of the Great Recession, several Central Valley counties (Merced, Tulare, Kern, Fresno, Stanislaus, Madera, Yolo, and Butte) were in the top quarter of poverty, with rates in excess of 20 percent, in comparison to California’s average poverty rate in 2011 of 16.9 percent (Bohn & Levin, 2013). These rates mirror the higher levels of unemployment also experienced in the Valley. Workers in the farming industry, the largest single employer in Kern County, earn an average of $9.01/hour, the lowest wage of any employment sector in the county and the state (Holsonbake, 2012).

The Work Environment

To understand how jobs impact family members and influence family food decisions, I interviewed mothers about their work and the work of their spouse. Six out of 21 husbands/partners also had an opportunity to be interviewed. A great many of the participating mothers and/or fathers work in the agricultural sector (the \textit{field}), as well as in
warehouses, driving trucks, as service workers, cleaning houses, and in a few cases, working in offices or white-collar work.

In this section, I explore three main themes: how food decisions differ in families with mothers who are homemakers versus those in which mothers are paid workers; how food decisions differ in families with fathers (all have paid work) who work nonstandard, long, or graveyard shifts versus regular work hours; and finally, how role modeling of food practices within different work sectors influences family food decisions.

Work schedules appear to influence the decision to have a family dinner, and/or what will be served for dinner or for snacking. The mechanisms through which work schedules impact these food decisions vary by family. The eleven families that eat dinner together every night are all families in which either one or both parents work regular work schedules. Among the other ten families who have staggered dinner times, nine have staggered arrangements because of one or both parents’ work schedules. The work schedule thus is influential for the food behaviors and decision-making of parents.

**Mothers and Work**

In this section, I explore how food decisions differ in families with mothers who are homemakers versus those who participate in paid work. Half the mothers in this study are homemakers, while the other half work in a range of environments from daycare, farm work, housekeeping, parks and recreation, to office and cafeteria work (See Table 1). Four out of the 11 mothers in this study work in agriculture or in agriculture-related businesses (e.g., farmworkers and a day care business that specifically caters to farmworker families).
Homemakers

Of the ten mothers who are homemakers, five have husbands who work regular shifts and five have husbands who work nonstandard, long, or graveyard shifts. Nine of these mothers, whether their husbands are available or not, make dinner every day and sit down with their children for the evening meal. Only Rita, one of the nine stay at home mothers, does not regularly prepare meals; her husband works a graveyard shift. The guiding approaches appear to be similar for homemaker mothers whether their husbands work a regular or nonstandard/long/graveyard shift. First, between both sets of mothers (husbands who work regular versus nonstandard, late, or graveyard shifts) there are two mothers who maintain a health approach, one that maintains a pure traditional approach, and then there are two each that maintain a mix of approaches. Of the four mothers out of 10 who maintain a mix of approaches, the path of least resistance approach is part of their food decisions.

Working Mothers

Of the 11 mothers who participate in paid labor, three work part-time, five have regular work hours, and three have nonstandard, long, or a graveyard shifts (see Table 6). Of the five mothers who work regular hours, three are home by four p.m. and two arrive home by six p.m. The mothers who work a part-time schedule are typically home by three p.m., allowing them ample time to prepare dinner for their families.

The three mothers who work a nonstandard, long, or graveyard shifts all have different challenges that influence food decisions. Silvia (current age 60) worked at night for all the years her children were young, and so she would leave meals that she prepared for reheating later. This is similar to the story of Madeline’s (age 29) mom who used to
leave dinner already prepared when she left for her graveyard shift. In Madeline’s family’s case, they often purchased meals from fast food restaurants instead of the dinners left by the mother.

During Madeline’s childhood her father, urged by his children, would often agree to buy fast food dinners. From Madeline’s interview, it appears that work hours were the reason the mother and father did not have dinner together, but it does not appear to be the exclusive reason that her family purchased numerous dinners from fast food restaurants.

Analisa (31 years old) also grew up with a mother who worked a graveyard shift. In Analisa’s case, her father was committed to preparing a daily dinner at six in the evening. Analisa loved the continuity of the dinnertime ritual that her father created and continues the practice herself. Today, Analisa, influenced by the continuity created by her
father’s daily dinner routine, makes a daily dinner even if her husband cannot be there due to work.

The other two mothers in this category include Gisela (age 32) and Linda (age 35). Gisela travels to different farms and often arrives at home at unpredictable times, thus, staggered dinner routines in her home are the norm with a variety of guiding approaches to meals, including a path of least resistance approach to her children’s meals and a traditional approach for her husband and herself. Linda maintains a day care center at her home, so although she is home all day and cooking is something she is doing anyway, the exhaustion of the day, including work hours that adapt to local farmworker families’ schedules, can sometimes mean opening her home before the sun rises and saying goodbye to the last child when the sun has already gone down. Linda has adapted to this workload by maintaining a path of least resistance approach to meals during the day—she and her husband will eat whatever the children in her day care will eat including mac and cheese or chicken nuggets. But for dinner, she and her husband maintain a health approach and they often eat salads with chicken breast while she prepares her children’s meals in the path of least resistance approach.

An examination of food decisions by maternal employment reveals salient factors. These include: work hours, dinner routines, and guiding approaches. Some families employed a dinner routine in which children and one parent eat dinner together despite the absence of one parent at work. And though the absence of a parent can be disruptive—those families found a way to maintain some continuity. On the other hand, sitting down together for dinner does not necessarily equal healthier food decisions since
some families who eat dinner together still continue a path of least resistance when preparing meals (see chapter four).

**Fathers: Nonstandard, Long, or Graveyard Hours Versus Regular Work Hours**

Nine out of the 21 families in this study have a father who works a nonstandard, long, or graveyard shift (See table 6). Eleven of the 21 families have fathers who work a regular shift. The main difference in food decisions between the families with a father who works a nonstandard, long, or graveyard shift versus a regular work shift is the dinnertime routine. Fathers who work nonstandard, long, or graveyard shifts always eat dinner separately on the days they work, which varies by family. In contrast, the eleven fathers who have a regular shift eat dinner regularly with the rest of their family.

Important intervening variables include the mother’s work, the guiding approaches to meals, and the dinnertime routine.

**Father Nonstandard, Long, or Graveyard Shift**

In the following section, I describe cases of families with a parent that works or worked a late night shift and explain how this type of work schedule influences family food decisions.

Madeline (age 29) makes a daily dinner. Her husband (also 29 years old) has an unstable work schedule—he travels out of town for half the week to work in the oilfields, but he is home for dinner Thursday through Saturday. She makes dinner every day and serves it around the same time each day. Madeline describes what has unfolded since her husband began this job:
R: He has gained weight now that he has been working out of town because he’s working...well he started to gain...he’s not too too heavy. We were talking about this the other day because he’s size 36 in pants and he used to be 34. But when we got married he used to be 30, then 32, then 34. I remember when he said 34 is starting to fit tight. And he said don’t tell anybody but I’m going to get size 36. Ha ha, and I said ok if it feels more comfortable. And now he has been saying that size 36 fits uncomfortable. He said, “I will not go to size 38” porque le va pasar lo mismo! (because the same thing is going to happen) Ok, he said, I need to stop eating, porque ya me aprieta el pantalon (because my pants feel tight)... no hubiera ser nada (it wouldn’t have been anything)...but it has been since he has been working out of town.

I: Where does he sleep?

R: He stays in a hotel so his breakfast is in a gas station. Whatever he can get, and his lunch is...they work in the oil fields so they’ll get something in the morning and whatever they can get for later like a sandwich. Aveces tienen platanos (sometimes he has bananas) but most of the time it’s those breads that have a lot of fat.

I: That high fat pan (bread) like pound cake, it’s really good.

R: Oh yeah, in the morning with café ..Yeah y el 36 le esta quedando apretado (and the 36 is beginning to feel tight on him). But now he started to have more stomach problems and we bought up oatmeal and apples for him to eat for breakfast. So he has to take extra stuff para que no este no más comiendo (so that he doesn’t just eat) whatever he can find.

Thus, Madeline’s husband’s personal food decisions have been influence by his work situation, but since Madeline maintains the dinnertime ritual at home, the children’s food decisions are not directly influenced by their father’s work schedule. However, until her daughters began to attend the Reed Charter School, she would prepare one dinner for her daughters under path of least resistance approach and another for her and her husband under a health approach. Now that her daughters’ food preferences have changed to prefer vegetables, Madeline can now serve one dinner under the health approach.

Rita (47 years old) and her husband (50 years old) are Mexican immigrants from a coastal town in Mexico. Rita explained that when her husband started working the graveyard shift more than a year ago, she stopped serving dinner at a regular time. This has also impacted her personal eating routines, “I eat now, I eat later. I am not
disciplined... since my husband isn’t here. Like before when he worked in the fil, I knew that he was going to get home and we would eat together. ”

Still, there were already forces at work that were making the one-dinner concept less appealing to members of the family.

The forces working against the sit down dinner routine for Rita’s family range from food preferences, timing, and perhaps different guiding approaches to meals. Rita and her husband accept a different approach to food for themselves than for their children (ages 9, 22, 23, 27, 30):

\[
I \text{ prefer [to eat] a tortilla with beans [more than] a slice of pizza but not them, [my kids will say] “Come on let’s buy pizza” [and I’ll say] “You guys can have pizza but I’ll figure out something to eat from what we have at home” and I will heat up a tortilla and some leftovers... I prefer that. I find it more delicious.}
\]

While she continues to make the dishes she made before her husband began to work the graveyard shift, her husband’s absence leads her to bypass making dinner. She no longer makes dinner because her husband was the only one (besides herself) who would eat the meals she made under the traditional guiding approach. The former family dinner routine involved two guiding approaches. She used to prepare a meal under the traditional approach her herself and her husband, and her children followed a path of least resistance. The taste for fast food can be traced back to the time when Rita and her husband were both single, working parents who, at times, relied on fast food for their dinner meals.

Maya (40 years old) and her husband (50 years old), who emigrated from a Coastal Mexican town to the United States more than 20 years ago, are vegetarians for religious reasons. Maya’s husband works a graveyard shift. Even though she makes the same dinner for everyone every night, the family members eat at separate times.
Sometimes her children (ages 6, 9, and 15 years) will have the main course she prepared when they arrive from school around four in the afternoon and then before bed will have cereal with milk as a snack. Her husband, who leaves for work in the afternoon, will take as his lunch the meal she has prepared that day. Maya explains:

I: And what time do you eat?
R: At the same time [as the kids] but just any small thing like fruit or whole grain tortillas.
I: And will you have a heavier meal in the day? Or do you eat small meals like that all day?
R: Yeah at 4 when the kids get home, like today I have prepared brown rice, black beans, I’m going to chop some lettuce, tomatoes and chipotle, have you heard of that one?\textsuperscript{54}

Since she, her husband, and her children eat at staggered times, her personal approach to eating does not appear to interfere with her approach to the family food decisions.

In the following case, Gisela’s (32 years old) and her husband’s (34 years old) work schedules depend on the season as they migrate from farm to farm in the Central Valley. They are both undocumented, which appeared to be part of the reason that they do not maintain a contract with one specific employer. They mention that sometimes they need to drive to distant areas for work, relying even more on their teenage children to pick up their youngest child (7 years old) from school. They describe a variety of times in the day that they may finish work:

I: So what are your work schedules’ like?
R: Right now we start at 7 and get out at 3:30, that’s 8 hours.
I: And you are out by the time the kids are out.
R: There you go, or sometimes we work 9 hours and by 4:30, 5:30.
I: And when you work that late who picks up [your youngest child]?
R husband: Our other kids pick him up.\textsuperscript{55}
They also mention times when they travel to more distant communities for work and arrive home later in the evening. When the children reach home they prepare easy to make meals like “cereal with milk, sandwiches, or eggs.”

One of the food coping strategies that Gisela and her husband had utilized up until a few months before our interview was to provide their children with pre-packaged, high-calorie snacks like Oreos. Gisela explains, “I’m not going to lie, when we are out there working it is easier [to give them such snacks].” The high calorie snacks were available at home when the kids would arrive, whether or not Gisela and her husband were there. Now that their children are significantly older (the oldest are fifteen and seventeen years old), the parents have decided to stop providing these kinds of snacks for their children. Gisela has mentioned hiding junk food from her children only to have them “act like little rats” searching the house for the snacks. Their youngest child is overweight. Now that the children are older, and given the saturation of processed food with low nutritional value that is targeted at children in Reed in the traditional high school and the community, it has been a struggle for these parents to change the food preferences of their children. Despite their efforts, the fast food preferences’ of their older children continue to be reinforced through the traditional school lunch program and in the community as they are exposed to an abundance of highly processed food during their walk home from school.

In summary, among the three cases of families with a father who works a non-standard shift and with a non-working spouse, three patterns are observed: mother makes dinner under one guiding approach and eat with her children, husband eats later; mother makes dinner under one guiding approach and children, mother, and father maintain
separate dinner routines; and mother does not make a regular dinner, children’s meals are made under path of least resistance and parents also eat separately. Parents (and in this study all of the examples were fathers) with a nonstandard, long, or graveyard shift do not eat dinner with their family, and in some families the absence of that parent also translates to a lessened emphasis on eating dinner together as a family. Some of the other forces that contribute to this phenomenon include: changing food preferences, especially among more independent children and/or established routines of staggered eating or different guiding approaches to meals. Still, many families manage to maintain a dinnertime ritual in which one parent cooks and eats with children. Work schedules, gender, and routines interact to influence food decisions. What parents have done in the past reinforces what they continue to do—this observation is in line with the cultural-anthropological perspective that mealtimes socialize children into more than just the food that is eaten but also to attitudes, norms, values (Larson, et al., 2006) about food as well as other topics. In the case when both parents have a nonstandard, long, or graveyard shift, there is no adult to support the food behaviors of children. Parents control what food is available in the home, but once children become more independent in Reed and they begin to walk home from school, they have access to innumerable non-health promoting food; these challenges will be explored in chapter 7.

Father Regular Work Hours

Fathers who work regular hours are not without their own food decision conundrums. Mab’s husband (34 years old) is a farmworker supervisor. He has the responsibility of overseeing squads of workers, and he also has the liberty to leave for lunch and return. On the other hand, being a supervisor also means that many workers
depend on him for various forms of support. Maby says her husband has gained weight because he eats out every day. When I asked why he does not take a lunch to work, she answered, “I don’t make him a [lunch] because if I make him four tacos, if there are others there, he won’t have enough. So it’s better for him to go out to eat.” Maby’s husband’s responsibility over the welfare of workers requires that he share his food, putting him in a family-like position of responsibility to share what brings to work to eat. To conserve resources, Maby’s husband prefers to buy his lunch, but this has been detrimental to his weight. Both familismo as well as consideration of resources influence Maby’s husband’s food decisions at work. Familismo refers to the Latino cultural focus on ‘attachments, reciprocity, and loyalty to family members beyond the boundaries of the nuclear family’ (Barker, Cook, & Borrego, 2010, p. 161).

In this section, I have examined how family food decisions are impacted by mothers’ and fathers’ work hours/status. I have described how parents’ food decisions are influenced by employment hours and have identified some areas in which children’s food decisions are also influenced by their parents’ work schedules. A protective salient factor for children is having one parent who is home to cook and sit down for meals, even if one parent has long, nonstandard, or a graveyard work shift. Families with two parents who work long, unstable, nonstandard or graveyard shifts have the least health promoting food decisions like allowing children to eat junk food as a snack and allowing children to eat or prepare meals under a path of least resistance approach.

Role Modeling of Appropriate Food Practices on the Job

Paid employment can impact food decisions by taking parents out of the home at mealtimes, and it can also influence food choices via their experiences at work. People
who participate in paid labor also experience and participate in role modeling of appropriate food practices at their workplace. Different jobs, however, influence food decisions in diverse ways. As participants described their situation at work (or that of their spouse), a theme emerged that those with unskilled jobs versus skilled jobs have different exposures to food patterns at work. Moreover, working for an organization that emphasizes health promotion can positively influence the health behaviors of parents both at work and at home. Some jobs that require travelling to different destinations, such as oilfields or farms, may be less conducive to healthy eating as workers may spend a lot of time travelling by car and may even have to spend the night away from home. Workers with the latter work conditions in some cases adopt a form of the path of least resistance approach themselves, eating convenience foods, which by and large are unhealthy. In the following section on role modeling of food practices on the job, I explore how the experiences of workers on the job influence food decisions.

Unskilled Jobs and Food Context

Many of the participants or their spouses are or have been employed as restaurant workers, farm laborers, and housekeepers. In these kind of jobs, workers may experience some of the least favorable conditions for healthy food choices. The following cases reveal some of the modeling and workplace contexts, which include: shift workers in factories bringing store-bought frozen lunches to work; fast food restaurant workers preparing greasy food and eating these meals themselves as well; farm laborers with timed breaks bringing lunches that can be eaten quickly while contending with harsh climactic conditions and physical demands that require quick hydration. These cases are characterized by two major themes: cheap and easy as priorities and limited time to eat.
One immigrant couple, Rita (47 years old) and her husband (50 years old), reflect on frozen meals eaten by coworkers at a factory where they used to work:

*R: When I used to work I would see people bring frozen boxes already prepared “frozen” and they would throw these in the microwave, and they would eat them--really healthy, I have tried them but no.
I: I don’t think they are very healthy because they tend to be high in salt.
*R Husband: There’s no love in it. It’s pure business.
*R: I have tried it but I can’t, he says that as long as he has beans he is happy.
I: So if there’s no meat you are ok with it?
*R Husband: Yes, I think that in a home, a Mexican Hispanic family, the beans should never be missing because the beans can accompany anything.  

Here Rita and her husband juxtapose their traditional Mexican food with the frozen lunches that some of their coworkers bring to work. When she says frozen meals are “really healthy” she says it sarcastically.

Other unskilled workers are directly involved in food production. Carolina (48 years old) shares that her husband (45 years old) had worked at a fast food restaurant right around the time when he gained considerable weight and was diagnosed with diabetes:

*R: When he worked at the [fast food restaurant] ooooo
I: making hamburgers?
*R: I didn’t even make him lunch, they gave [food] to them. And I thought no and during that time was when he was diagnosed [with diabetes].

She mentions that she did not have to pack a lunch for him because he was able to eat burgers while at work. The fast food restaurant job offers a free meal and shapes the workers food options. While the worker can bring different food, studies have shown that when the easy meal is the unhealthy meal, fast food workers will opt for the easy route (i.e. calorie dense fast food) (Mulvaney-Day, Womack, & Oddo, 2012).

Gisela (32 years old) and her husband (34 years old) are farm laborers. They are undocumented and so have one of the least stable jobs that you can get on a farm. They
follow the harvest throughout the Central Valley so they often arrive home after their children have come home from school. At work they have two ten minute breaks for snacking and one half hour break for lunch. They do have an opportunity to wash their hands, but Gisela’s husband relates that some supervisors are stricter than others:

_There are some supervisors that are very punctual. They tell you at the exact time. Meanwhile by the time you get out of there and you wash your hands 3-4 minutes have passed. But there are some bosses that tell you 3-4 minutes before the time to give you time. They calculate it so that you have time to get back and wash your hands. And when you get back you have your 10 minutes to eat comfortably. There are bosses that are mean._

The quote reveals the limitation in time and freedom that farm laborers have for eating. As the participant mentions, the workers are being supervised and must immediately return to work. During a separate encounter Gisela and her husband also mentioned they drink numerous sports drinks while working in the fields. When I mentioned the amount of sugar in sports drinks, Gisela retorted that she needs those beverages to be able to withstand the work and heat. For lunch, they bring foods they can prepare quickly at home or leftovers from the evening’s dinner that they can eat quickly like a “huevos y frijoles” (eggs and beans) burrito. They can heat tortillas on small propane powered griddle at the job site. Gisela also mentions that her husband will eat grapes while he’s harvesting, but she prefers not to because of the chemicals. She explains that wherever there are grapes “_andan esprayando_” (they will be spraying [insecticide.]) Thus, various factors are important in considering the food decisions of farmworkers. First, they are monitored thus do not have flexibility in the timing of their meals. Secondly, the physical demand and climactic conditions of their job in combination with time constraints creates an environment in which the worker must choose between beverages
and foods than can be consumed quickly, but that will give them the energy to continue on with their labor.

Still, other agricultural workers like Paola (age 27) and her husband (age 34) have different work circumstances that influence their family food decisions. Paola only works during grape season, which primarily occurs between April and November of each year. Paola arrives at work around 6:00 a.m. and is home by 3 o’clock. Her husband, on the other hand, works with different fruits and vegetables, thus his schedule varies much more. Paola has chosen this schedule and only grape-work so that she can prepare dinner and be home by the time her child finishes his day at school. Paola and her husband have the same constraints for their lunches, as do Gisela and her husband. But one major difference for Paola’s family is that she arrives home earlier with enough time to make dinner. Paola makes sure to eat an early dinner with her son while her husband will eat the meal she prepared later in the day. For lunch, Paola says she makes herself and her husband (both farmworkers) “anything that can be eaten quickly because you only get 10 minutes so that way you help yourself.” Some of the dishes she mentioned include: 

*Papas con huevo* (potatoes with eggs); *papas con verdura* (potatoes with vegetables); *un bistec con chile* (steak with chili sauce); *tacos de frijoles con arroz* (bean tacos with rice); *camarones para tostadas* (tostadas with shrimp); *una ensalada de pollo* (a salad with chicken).

An examination of the food context of low skilled workers in this study and what kinds of foods participants take to work highlight several ways that jobs influence food decisions. While I highlight the occupational food contexts for only three unskilled workers, countless of other low wageworkers in the low-income community of Reed
likely have similar stories. Salient to these workers are the conditions that limit the time for eating and shape what food is available to them through their workplace, role modeling of appropriate food practices, and/or are physically demanding work requiring quick consumption to maintain work pace.

The Skilled Job and Food

Skilled workers, which include people with some training, or at least a high school diploma, have a different set of responsibilities, freedoms, and milieus that influences their food decisions. This set of jobs is characterized by greater latitude in the workplace and, in some cases, an emphasis on healthy nutrition.

Leonor’s fiancé (32 years old), who is a U.S. born Latino, works at a home for boys. In this job, he cooks dinner for the home, and most of the meals he makes are meat-based and often contain little to no vegetables. He does not follow any nutritional guidelines, as he is not required to do so. He did not grow up eating very many vegetables so he cooks very few for the meals he makes. While Leonor’s husband has freedom to do as he may with regard to food, as he is isolated in the role of supervisor and chef, he also experiences isolation and little growth to develop his food repertoire.

In contrast, Alejandra (32 years old) is a Mexican immigrant mother of three children (ages 6, 8, and 13 years) who volunteered every day in the school cafeteria for a year before she was asked to become a paid cafeteria worker. Alejandra was able to obtain this cafeteria job because she received her high school diploma in Mexico and then earned her General Educational Development (GED) when she moved to the United States. Alejandra’s education made it possible for her to learn through observation many different strategies for transforming her own cooking at home. At work, along with the
other cafeteria workers and the chef, she samples the various foods that are prepared in
the school kitchen. Additionally, Alejandra enjoys a leisurely lunch with her co-workers
in the lunchroom after the children have eaten. During one of our short interviews,
Alejandra told me in complete wonder that the school chef had figured out how to make
the most remarkable nacho cheese sauce with a mixture of cheese and cauliflower.
Alejandra said she had to replicate the recipe at home. After a few months at this new job
she transformed her own eating behaviors. Before she was employed at her current job,
she prepared one meal for her husband (36 years old) in the traditional approach, another
for herself under the health approach and another for her children (path of least
resistance.) Now she makes one dinner for the whole family.

I: So before you used to eat…?
R: Whatever I could find.
I: Like what?
R: Everything, lots of greasy stuff, we hardly ever ate vegetables or fruits.62

And then I asked her to explain more about what she has learned at her job:

I: So you have learned how to cook vegetables differently?
R: Like roasting them in the oven, here [at the school cafeteria we make].
everything in the oven, without any oil and nothing.
I: They don’t put even a little olive oil?
R: Yes spray, but not so much.
I: Can you give me an example?
R: Like today they made potatoes, they seasoned them and they put a little bit of
olive oil. They mixed it [with their hands], the seasoning, paprika, garlic, and a
small herb that looks like cilantro.
I: Parsley.
R: Yes.
I: How many minutes did you cook it?
R: About 15 minutes, they were cut into batons.
I: Thick?
R: Not so much.
I: Is that how they prepare the other vegetables?
R: Yeah, like the broccoli and asparagus, that’s how they do the vegetables.
I: With seasoning?
R: No they actually do those with a little bit of oil but sometimes they don’t.63
Although Alejandra’s example is rare, many other participants described being exposed to various types of food attitudes and behaviors on the job. The Reed Charter School’s cafeteria chef, the school’s vision, and Wellness Policy have expanded Alejandra’s cooking repertoire and nutritional knowledge. She may not have had these options otherwise.

Leonor (27 years old) is a fourth generation Latina currently obtaining her bachelor’s degree while working for a recreation office. The people that Leonor relates to at work are surprised by her meat-heavy diet. She has tried her co-workers’ vegan and vegetarian meals and these experiences have expanded her food repertoire, but she does not have plans to change her dietary behaviors.

Yeah, you know, a lot of my coworkers grow their own stuff and it helps working with them because I have tried different things. We had a vegan and I tried the tofu, and she made just different stuff and lentil thingies and those are things that I would have passed by in a store and had not thought of it. Or some of the soups they make like potlucks at work, I’ll try it and I’ll think oh that actually tastes good.

Because her co-workers come from different food environments, they have introduced Leonor to new, healthier foods that she may have “passed by in a store and not thought of it.” Even if she has no immediate plans to change, Leonor’s educational attainment has led her to a job that expands her access to different nutritional attitudes and behaviors.

Analisa (31 years old) conducts classes about nutrition for families with overweight children at a childcare center. Analisa is college educated and lives in the community where she was raised. Her husband (31 years old) did not complete high school and now works in a factory job with an unpredictable work schedule. The biggest challenge for her is incorporating more vegetables into the meals she already makes.
Analisa is overweight and has battled with her own soda and junk food behaviors, and now her paid job is to support families to make healthier choices. During lunchtime at the daycare, part of her job is to observe children and their eating behaviors. She has observed inconsistencies in children who tell their parents they do not like vegetables, but eat them with gusto at the daycare. Her work with families with fewer resources and less educational attainment has been an impetus for her to analyze her own behaviors. Analisa says she uses the daycare’s menu as a guide to “mix and match” when she feels challenged to create a dinner for her own family.

People are exposed to a variety of food attitudes, behaviors, and decisions at work. In this study of food decisions in a low income neighborhood, an important theme is that the community contains a high concentration of workers who have access primarily to lower paying jobs, which tend not to promote health-oriented behaviors in the workplace, and which provide limited exposure to people with different lifestyles. Workers in low wage jobs are employed in fast food restaurants, farms, and factories. In contrast, I also described the work food contexts of three people with health promoting food attitudes or behaviors at work: the mother who is required to teach about healthy eating at a daycare center, the mother who works at the Reed Charter School committed to healthy eating from “scratch,” and the mother who works in parks and recreation with coworkers who are oriented toward diets that use less meat and more vegetables. The three institutions that are named here include a federally funded daycare center, a charter school, and a state-funded park institution. Such institutions have considerable power to shape and influence behavior.
While work is the most common institutional context that shapes the lives of adults on a daily basis, for the children in the families I interviewed, the primary institutional context is their school. In the following section I now turn to the school environment and its influence on children and by extension the family and the community.

**The School Environment**

There are six public elementary schools, one middle school, and one high school in Reed. More than 90 percent of students in these schools are Latino and more than 90 percent participate in the subsidized National School Lunch Program (NSLP) ("Schools in Reed, CA" 2013). In comparison, 59 percent of children in Kern County are enrolled in NSLP. There are only six other counties in California with higher percentages of children enrolled in NSLP. All of them are located in the Central Valley ("County Health Rankings & Roadmaps, California", 2014).

The Reed Charter School does not participate in the traditional NSLP, but instead provides lunches “made-from scratch” on campus, which follow NSLP guidelines. After the charter school began making lunches from scratch, the local middle school began to contract its meals to a company in Los Angeles called Revolution Foods that similarly aims to provide healthier meals to students. All other schools in Reed maintain a traditional NSLP, which consists of providing meals to children prepared at a central kitchen in the community or a neighboring city.

The current study was planned at a fortuitous time when the Reed Charter School launched its program in the target community. The charter school’s interest in the food choices of children and their families provided me with entree into the community. Reed
Charter School has worked to shape food attitudes and behaviors with a Wellness Policy that prohibits the use of junk food as a reward or for any reason. Many parents are happy with this approach, others not so. All families interviewed have benefited from the school’s efforts, but some have benefited more than others. Families in some cases also have children who attend other schools in the community, which have a traditional lunch program. Families with children who attend different schools provided an opportunity for comparisons between children in the same family who eat the “healthy” lunches versus the traditional NSLP fare. See Table 7 for a comparison of the school lunches.

**Table 7, Examples of School Lunches**

<table>
<thead>
<tr>
<th>Examples</th>
<th>Traditional National School Lunch Program (NSLP) Lunches¹</th>
<th>Reed Charter School &quot;Scratch&quot; Lunches Made on Campus²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Bean and cheese burritos, broccoli, apricots, milk</td>
<td>Vegetable curry, Jasmine rice, salad bar</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Spaghetti meat sauce, buttered bread, spinach salad with tomatoes, peas, milk</td>
<td>Cheese tortellini with ham and peas, salad bar</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Orange chicken rice bowls, hot vegetables, grapes, milk</td>
<td>Sheperd's pie, salad bar</td>
</tr>
<tr>
<td>Thursday</td>
<td>Cheese pizza, garden salad, peaches, milk</td>
<td>Waldorf chicken salad wrap, salad bar</td>
</tr>
<tr>
<td>Friday</td>
<td>Hamburgers, lettuce and tomato, baked beans, pineapple, milk</td>
<td>Enchiladas, salad bar</td>
</tr>
</tbody>
</table>

1. Lunch menu, Reed* Union School District August 2013
2. Lunch Menu, Reed Charter School, October 2014
One of this chapter’s main arguments is that school food has a synergistic effect with the food eaten at home (see table 8 and 9). For example, more families where parents and children do not eat the same dinner, independent of the guiding approach (See chapter 4 for guiding approaches to meals), reported that their children do not care much for the charter school’s “healthy” food. Some parents even reported that their child “suffers” due to the “healthy food.” Children of families who consume dinner made in the health approach experienced the greatest seamlessness with the charter school’s “healthy” food. One family that follows a “traditional” approach to meals has a child who has been resistant to the charter school’s food, but after two years he has begun to like cherry tomatoes that he previously disliked. Even families that eat foods at home that are greatly different from what is prepared at school have seen changes in their children’s food preferences. Below some cases exemplify these patterns: positive synergy between charter school and home, and conflict between school and home.

Table 8, Synergy Between Reed Charter School Food and Home, Latino Family Food Decisions and the Influence of School and Work, *Reed, 2013-2014 (n=21 families)

<table>
<thead>
<tr>
<th>Family Guiding Approach</th>
<th>Liked From “Scratch” Charter School Lunch</th>
<th>Asked Parents for…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Yes, great gains over time</td>
<td>Salad; vegetables</td>
</tr>
<tr>
<td>Traditional</td>
<td>A little, gains over time</td>
<td>Cherry tomatoes</td>
</tr>
<tr>
<td>Developmental</td>
<td>A little, gains over time</td>
<td>Fruit</td>
</tr>
<tr>
<td>Path of least resistance</td>
<td>Not or a little</td>
<td>Junk food</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Guiding Approach</th>
<th>Liked Traditional School Lunch</th>
<th>Asked Parents for…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>No</td>
<td>Home made lunch</td>
</tr>
<tr>
<td>Traditional</td>
<td>No</td>
<td>Home made lunch</td>
</tr>
<tr>
<td>Developmental</td>
<td>Yes</td>
<td>Cheeseburgers</td>
</tr>
<tr>
<td>Path of least resistance</td>
<td>Yes</td>
<td>No data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fast food; junk food</td>
</tr>
</tbody>
</table>

Positive Synergy Between Food at School and Home

Children from families that aim for a *health* approach to dinnertime experienced the greatest seamlessness with the charter school’s “healthy” food policies. The case described below is similar to two other cases in which either the mother or both parents are committed to “healthy” eating at home—they prioritize having vegetables with meals, and for the most part they do not let children opt for “alternative” meals.

Madeline (29 years old) is a stay-at-home mother of three daughters and one son (ages baby, 2, 6, and 7 years). Madeline is interested in losing weight and incorporating more vegetables into meals. The charter school where two of her daughters are enrolled has supported her in her endeavors by socializing her children to eat vegetables. One of her daughters disliked eating vegetables before she attended the school, but now loves them and has lost a considerable amount of weight. In fact, Madeline says she has noticed that her oldest daughter gains weight during the summer, but then when she returns to school loses weight again. Madeline believes this is due to the school food.
Moreover, her children now ask for vegetables at dinnertime. Madeline underwent self-reevaluation when her daughter began to lose weight that she attributed to the charter school’s commitment to healthy nutrition. She knew that her own food behaviors and lack of exercise were contributing to her unhealthy weight status. She had even begun to change these behaviors until she found out she was pregnant six months before our first interview and stopped exercising. She talks about her children:

R: Both of them now like vegetables, and now I notice that the oldest one will tell her... well, what did she want the other day, she wanted me to pack her something for lunch. I don’t know what it was but her older sister said you can’t take that to school. And then one day she told me, ‘mom if I don’t cry today can you buy me a happy meal?’ And I said, ‘You have to go to school whether I buy you a happy meal or not. You just have to go to school.’ The older one said, ‘We have to eat healthy at home too not only at school.’ So now her older sister—she knows more.
I: Wow and that was after she didn’t like vegetables.
R: And now my sister has a 2-year old daughter and she won’t eat any vegetables.
I: And how has this affected your youngest daughter?
R: And so that’s what I was telling my sister. My sister and her husband eat real healthy, but they won’t make [their daughter] eat [the same things.] And maybe I told my sister when my niece is over and she sees that my daughters are eating chopped up carrots or broccoli ...then my niece will eat it.

Madeline’s example highlights that if it were not for the charter school’s Wellness policy and “scratch lunches,” her family would not be enjoying the improved healthy eating they now have. Madeline’s analysis is that children watch other children and that is how they learn. The charter school created the conditions that have supported the health promoting behavior of accepting vegetables. The school has been able to influence the behavior by creating a health promoting Wellness policy and by carefully selecting the kind of food the school serves children. The influence of the school’s food environment and culture of eating healthily, as revealed by the older daughter, reminding
the younger child that eating healthy needs to happen everywhere and always, and also by the younger child who copies the older children by eating vegetables just like them.

Of the other two families that are similar to this one, one is a special case that provides additional information about the synergy between school and home. Alejandra (32 years old), who less than one year ago began to work in the charter school’s cafeteria, has learned to make the school’s “healthy” recipes. Her husband (36 years old) and younger children (6 and 8 years old) who attend the charter school eat the meals, but she allows her teenage child (13 years old) who has participated only in the traditional NSLP at another school to eat an alternative meal at dinner (like a sandwich.) Alejandra’s younger children have benefited greatly from the seamless of food at home and school. Her younger children are enthusiastic about vegetables and open to trying new things. Her oldest child is not. Her older child exemplifies a path dependency mechanism that may be functioning in families who are not able to change the food behaviors and preferences of certain children who, over time, they have allowed to eat an alternative meal. The question is, what will happen in the future to this older child’s food preferences and health?

In summary, families that are interested in serving their children food prepared in a health approach provide the most seamlessness for children at the charter school. But, family guiding approach and the school food also interacts with what families were doing before their children attended Reed Charter School. A family like Madeline’s that only had one child consume a traditional school lunch in kindergarten is now able to maintain a uniform health family guiding approach. Her children have become socialized to enjoy vegetables at school. In contrast, Alejandra has several children enrolled at Reed Charter
School who are also being socialized to enjoy the food, but she also has a teenage son who does not benefit from the healthful food choices and health promotion activities at the charter school. In fact, Alejandra’s teenage son has been consuming traditional school lunches since kindergarten. Thus, in Alejandra’s family, all family members now eat the meals she prepares under a health guiding approach, except her older son who consumes path of least resistance meals.

Conflict Between School and Home

The following section highlights some of the ways in which conflicts between parents and children arise as a result of dissimilar food preferences related to the influence of the school environment. In the following cases parents do not necessarily prefer the same food as their children, or parents and children prefer the same food but the school serves something incongruous from their preferences. These data provide a glimpse of one pathway by which conflicting food preferences may contribute to food decisions guided by “convenience.” Another important result is that, despite conflicts in food preferences at home, children do appear to experience positive changes in their food preferences due to the charter school’s efforts. In another case, a family that follows a healthy guiding approach to meals struggles because the NSLP serves food that is less healthy than what is served at home.

The following are cases of families in which the food served at schools and the food served at home is dissimilar and conflict arises. Parents and children have different food preferences, but food preferences do not appear to be static. When children refuse certain foods some parents ameliorate the conflict by providing an alternative meal. In some cases the family consists of immigrant Mexican parents with a preference for
traditional Mexican food with older children who have developed a taste for fast food or junk food or American food. The taste for fast or junk food does not necessarily mean a dislike for Mexican food. Some Latino immigrant participants arrived in the United States as children (1.25 generation) or as teens (1.5 generation). Immigrants who arrive before adulthood are then also exposed to American food as low-income students who typically participate in the NSLP. In other cases, U.S. born Latino parents (who themselves participated in the NSLP as low-income students) do not necessarily eat the same kinds of food prepared by the charter school (i.e., “healthy” food).

Rita and her husband no longer eat dinner at a regular time with their children (ages 9, 22, 23, 27, 30 years). Only their nine year old and 22 year old children live with them. One of the main reasons this family does not eat dinner together is because the father works a graveyard shift. Upon further exploration it also becomes apparent that Rita has struggled with her children over conflicting food preferences. The four adult children have all graduated from U.S. high schools and have participated in the traditional NSLP. The one adult child that still lives with the couple prefers frozen and processed meals like Hot Pockets™ rather than his mother’s traditional food:

I: Does he prepare something for himself or do you?
R: He’ll have some of what I have made, or he likes burritos. The ones that are already made or hot pockets, mainly food that is frozen. I don’t like that. I prefer to eat food that is made. He prefers that or going to McDonald’s. I can’t eat those tacos that are frozen. No Hot Pockets or anything.
It also appears that their youngest child is not a fan of the “healthy food” at the charter school. Here the father discusses his youngest son’s abhorrence of the school food:

I: And he does eat the school food?
R Husband: He doesn’t like it very much, when I visit him at school during lunch a lot of the kids don’t like the food. What they eat there is very different from what we eat here. You know, it just doesn’t look good, even if it is good. The kids, well, they are just used to the food we give them. They suffer because of it but, oh well, I guess it’s supposed to be good for them.67

The father’s attitude is that the school must know what is good for his kids. There are several other families just like Rita’s. The children who do not care much for the school food made from scratch tend to have parents who either allow their children to eat a different meal than the one they eat at home (a path of least resistance approach to food at home—see chapter 4) or have a family where one meal is eaten, but the focus is not on health.

Donna (42 years old), an immigrant Mexican mother of three adult children and two elementary school aged daughters (ages 5, 8, 19, 20, 22 years) cites that her older children and especially her oldest daughter have rejected her traditional food:

R: And also the children, here the second generation does not eat like us. We are into the tamales, the enchiladas, and all that, and they no longer know how to make those things...so when they have parties what food do they have?
I: Pizza?
R: Or hamburgers or hot dogs.68

Donna’s adult children were exposed to American-style processed food in school and in the community. So while Donna and her children’s food preferences clash, her routines at home (i.e., path of least resistances approaches to meals described in chapters 4 and 5) as well as the school food environment69 may have also helped to shape those differences. While her children’s preferences for foods were being shaped outside the home, in the
community, and at school, she was only able to insist that her children eat traditional Mexican cuisine until they reached the teen years. In another interview, Donna mentioned that when her older daughter, Karina, did not like the meal she prepared, she would opt for a burger from the local fast food restaurant.

In Maby’s (31 years old) family, her oldest son (9 years old) attended a school with the traditional NSLP for three years and then transferred to the charter school. Two of Maby’s younger children (5 and 7 years old) have since begun to attend the charter school. In the following exchange she reveals how her daughters, both younger, and who have never attended a school that serves the traditional NSLP, have already developed a taste for vegetables, even though their older brother’s food preferences differ. In this family, the oldest son is adamant that he does not like vegetables and he appears to get special privileges by not having to eat them. Maby even said that she would sometimes make him a sandwich when he does not like what she has made for dinner. The other children whose food preferences may have been shaped early on by the charter school still sometimes dislike the vegetables, but they are more willing to eat them now that they attend the charter school. Maby sees her role in shaping her son’s preferences, but she does not know why she did it, and she does not know how to change things now. The younger children have been able to assimilate a traditional approach to food at home and a “health” oriented approach to food at school. The older son has been allowed to have an alternative meal—he has not necessarily assimilated the traditional approach at home and the “health” approach at school.

Amelia (28 years old) and her husband (31 years old) are guided by health in their approach to eating. Amelia is a second generation Mexican American. Eating healthily
has become a way of life for this family. They halted fast food consumption six months before they were interviewed in an attempt to improve their health even more. They eat vegetables with every meal and often as a snack. Amelia describes her older son’s reaction to the vegetables served at his school with a traditional school lunch program.

I: Does you older son like school food?
R: He doesn't like it he ...he will be picky and he will also take snacks. He would rather take a peanut butter sandwich...he doesn't like the vegetables whatsoever. I don’t make them like that, I mean [overcooked]. [Here] 99.9% of the time they are fresh ...here he will eat all the vegetables, a salad. All my kids really like salad and I think that's the hardest thing to get a kid to like.

Amelia also mentioned that her son would prefer that she pack him a lunch every day, but with a family of five children (ages Baby, 2, 7, 9, 12 years) Amelia already feels overburdened. She says, “he would love that, but I haven’t been willing to take on that challenge yet. He would want a full-on meal. He would want spaghetti and vegetables and bread.”

In another case, even a family that prefers to make a lunch for their daughter, who does not have a taste for the school’s vegetable-heavy meals, has seen changes in their daughter’s food preferences. Leonor (27 years old) and her fiancé are U.S. born Latinos. They have both attended college and she is interested in maintaining healthy food decisions. She has a daughter (5 years old) who has only been at the charter school for one year. The school has requirements about home-prepared lunches:

R: So [my husband] usually makes her lunch.
I: What does he usually make her?
R: A bagel with cream cheese, usually a cinnamon raisin bagel. She doesn’t like any other ones. She used to eat the blueberries one; a yogurt, apple slices, orange slices, strawberries, a granola, a honey oat one because she can’t have the chewy ones, the nature’s valley are the harder granola. ummm She’s taken a bologna sandwich. Just bologna and bread, Ritz crackers (the wheat ones) because she was told that everything has to be whole grain and she just got used to eating whole grains. Because before she would always eat white bread. And her doctor
said that she was gaining weight because she was eating full sandwiches. So she told me to give her half a sandwich.

This mother, even though she is not taking advantage of the healthy lunches prepared at the school, still must abide by the school’s policy which requires that all homemade lunches containing grains must utilize whole grains. Leonor’s daughter thus has become accustomed to eating whole wheat bread and whole-wheat crackers. This is an example of a child who has tried to evade the “healthy” school food policy by bringing her own home made lunch, but in having to abide by school’s Wellness Policy, has still expanded her palate. Moreover, now that the family must use whole grains in their daughter’s lunches, they also eat whole grains themselves.

In summary, when the foods served at home are different from the foods served at school various patterns ensue, such as (1) families may adapt and begin to serve more healthful food because their children’s tastes have changed (but not all family members will also adopt the new guiding approach), (2) families may continue serving different guiding approaches that do not challenge children to expand their tastes in food, and/or (3) families continue serving the uniform guiding approach they have been serving for all family members. The most salient factor to whether or not families or family members adopt more healthful foods is the length of time that children have been exposed to the preferred guiding approach. These cases illustrate how the food context at home and school interact. A synergy occurs between the food eaten and family dinnertime routines. Food preferences are shaped by the food choices and practices that take place at school and at home. Schools are powerful in their opportunity for shaping how children and their families eat.
Discussion

This chapter explored how work and school, the institutional environments where family members spend much of their time, influence food decisions. Limited educational attainment and low-income wages limit the access that families have to school and work opportunities. Moreover, certain types of jobs and schools promote less healthy lifestyles and food preferences. Schools that offer the traditional NSLP promote a taste for heavily processed food. Most schools continue to serve a traditional school lunch that is higher in fat and sodium than is recommended (Crepinsek, et al., 2009), with some minimal reductions in sugar (Poti, Slining, & Popkin, 2013). Nevertheless, institutions like the Reed Charter School can be a powerful conduit for change. In Reed, the charter school is the center of a health-focused food socialization movement among the families who attend the school.

Work Schedules and Food Decisions

The work hours of fathers impacted whether fathers eat dinner with the rest of the family. One of the more surprising findings was that some mothers in families with a father who worked a late night or graveyard shift would often stop the practice of maintaining a family dinnertime routine, even though they are housewives. This unexpected finding may add some evidence to the debate about why children with fathers with long or non-standard work hours might have a higher body mass index (Champion, et al., 2012). The influence of a father’s work schedule on children’s BMI has been shown to be more than two times that of the mothers’ in some research (Benson & Mokhtari, 2011). Benson and Mokhtari (2011) have suggested that since women continue to do a disproportionate amount of domestic and child-rearing activities within families,
that the hours provided by mothers in childrearing/unpaid household labor may have diminishing returns in the development of children’s health. That is, even if mothers give additional time to their children, the effect of extra time will stop providing benefits at a certain point.

The current study provides an additional explanation. In some Latino families it is possible that women’s domestic activity (e.g., meal preparation) is driven largely by a gendered expectation that they serve their husbands. For some mothers, when the husband is not around for meals, the incentive to make a single sit down meal may weaken. For example, in the current study Rita (a stay at home mother) stopped making dinner when her husband started a graveyard shift and her children (one elementary school age and one adult) rejected her traditional Mexican foods. For this family, the purpose of the dinnertime (to please her husband or her children) is no longer there since Rita is oriented toward traditional Mexican cooking. The result for Rita’s children’s food decision is a move towards consuming foods following a path of least resistance (i.e., cup of noodles or pizza).

However, if the wife is doing shift work, she will still have an incentive to prepare a meal and leave it for the husband and kids to eat. That is, Maya and Nadine mentioned cooking dinner before leaving for their work shift whereas there were no cases of fathers who worked graveyard/non-standard/long shifts who also cooked dinners for the family before leaving to work. This shows the interaction of gender and work as a force shaping guiding strategies. This is also significant in terms of the population being studied—mostly rural, immigrant first- and second-generation Latino families with traditional gender roles. Marianismo is the cultural pattern observed in which Latina women make
sacrifices and provide care for her children and husband (Barker, et al., 2010). However, when one finds that a mother is no longer preparing a dinner for her family, it would be inexact to assume the mother no longer is willing to make sacrifices or provide care for her family. Instead, as the social and environmental context of the family has changed, so have the meanings behind food and commensality. Preparing food that will not be eaten, but instead rejected, appears to be one factor that contributes to the decline of the dinnertime routine.

The mothers who continue to prepare and sit down for a meal with their children, even when their husband is gone for a graveyard, nonstandard, long, or unstable work shift, have one characteristic in common: all their children are elementary school age. The families with more established patterns of path of least resistance approaches to eating are those with older children, teenagers, or adults. Several cases emerged where mothers allowed one or several of their children (who are also now the oldest in the family) to eat an alternative meal or the child began to find ways to eat an alternative meal (i.e., buying McDonald’s cheeseburgers). This finding suggests that, although families have substantial influence over their children’s food decisions, they cannot fully control the various forces that shape food preferences. Also, the families with two types or more of guiding approaches reveal a separateness that could be expected to continue and eventually contribute to the decline of the family dinner. Thus, in this dissertation I argue that separate guiding approaches are one indicator of the dinnertime routine decline.

With regard to food decisions, analysts have also found relationships between gender and family dynamics. For example, Blake, Bisogni, Jastran, and Devine (2008), in
a study of 32 adults, examined how adults cognitively construct evening meals and identified various patterns including the “Provider” script that fits what was observed in the current study. The evening meal scripts were guided and shaped by dominant values and general expectations about food and eating in that context. The “provider” script was characterized by families in which mothers cooked and fathers and children sat and ate in contrast to other family food scripts that were more Egalitarian (both spouses help each other) or nuanced (the Struggler or Anything Goes script)(C. E. Blake, et al., 2008). However, 75 percent of Blake et al.’s (2008) study participants were white. In the current study of Latino families, 20 mothers cook and husbands and children eat, even if husbands and children provide input and/or influence over food decisions. In the current study, only in one family does the father cook. Given that the families in the current study are all Latino, with at least 75 percent having either one or two immigrant-born parents, it is not entirely surprising that they would primarily follow a food choice script in which the mother is primarily in charge of meals. Of especial interest for this study is how work, gender, and family food decisions may intersect to influence the food behaviors of children.

Role Modeling of Appropriate Food Practices on the Job

In this study, mothers and/or fathers who work are mostly employed in the fields or in other jobs related to agriculture, in warehouses, driving trucks, as receptionists, office staff, service workers, or cleaning houses. For many Latino immigrants with limited education, occupational opportunities tend to fall into the secondary sector that are marked by low wages, lack of benefits, non-standard work hours, and little security (Gentsch & Massey, 2011). To understand family food decisions, it is important to
understand how individual work places influence their workers. The influence on the worker is by extension an influence on the family. About a quarter of Kern County’s jobs are in the agricultural sector, and many agricultural workers work an evening shift. This study’s data highlights how family food behaviors are shaped by work hours. While research has shown the influence on food decisions of the parent that works nonstandard, long, or a graveyard shift (Devine, et al., 2009; Devine, et al., 2006), less has been understood about the children in these families. Placing this study's findings in the literature, children are protected from poor food decisions if one parent works no more than a part-time or regular work shift and can be home in time to make dinner. The evidence from this study shows that if both parents are unavailable, children may participate in path of least resistance meals. Children in which two parents are unavailable may be at most risk for the effects of poor food decisions.

Occupations also reinforce certain behaviors. One farmworker mother drinks sugary beverages during the hot summer months to survive in her line of work. Consumption of soda has been on the rise and recent reports have confirmed that soft drink consumption is significantly linked to overweight, obesity, and diabetes worldwide in low- and middle-income countries. (Basu, et al., 2013). In California from 2003-2009, using California Health Interview Survey data, it has been found that for children ages 6 to 11 years, consumption of two or more servings of 100 percent fruit juice per day remained stable for white children, but increased among Latinos and African Americans (Beck, Patel, & Madsen, 2013). Other analysts have noted that in some Latino populations, sugary drinks and milk make up about 9.6 percent of total caloric intake and thus targeting this consumption may help reduce caloric intake among low income
Latinos (M. L. Wang, Lemon, Olendzki, & Rosal, 2013). The farmworkers in this study commented that they only have two-10 minute breaks and one 30-minute lunch break, yet the work they do is physical and requires more calories. Thus, while we observe a drop in sugary beverage consumption among the mainstream population, the Latino population may continue to see a rise in consumption unless we address the socio-environmental influences that reinforce this non-health promoting behavior.

Other cases highlight the intertwining of food and jobs. There was the case of the father who worked in a fast food restaurant and whose wife attributed his weight gain and onset of diabetes to the food he was eating on the job. While the husband himself did not provide his own subjective report of what went on in the fast food restaurant, his wife noted that she did not prepare lunches for her husband when he worked there because he was able to eat for free, reflecting the time and financial constraints that shape his food access. Other analysts have argued that the agency of fast food workers is difficult to disentangle when the non-healthy food options (i.e. burgers, fries, nuggets) are free and the most accessible option (Mulvaney-Day, et al., 2012). In contrast, the mother who works in the school cafeteria making lunches heavy with vegetables at the charter school then takes those recipes home. A literature review on workplace interventions found that environmental/policy interventions alone were less successful at changing worker health behaviors than those that combined individual level and environmental/policy interventions (Kahn-Marshall & Gallant, 2012). In the current study, the cafeteria work was not intended as an adult intervention, even though workers have benefited. Studies reviewed by Kahn-Marshall et al (2012) are primarily short-term interventions rather than ongoing environmental change as was conducted in the current school context. Thus, in
the current study, the school has had a positive influence on changing food behaviors with its cafeteria that makes lunches from “scratch” and thus workers have the opportunity to learn various techniques and recipes that emphasize consumption of vegetables and limit fat and salt intake. On the other hand, learning to cook healthier in the school kitchen is not an option to all workers at the school. The expansion of hands-on cooking opportunities for employees, as well as parents, could provide the school an added method for advancing its health promotion agenda.

Parents’ occupations influence what they eat at work through time constraints and modeling. In turn, parents’ food behaviors are also influenced at home. From one standpoint, the physical demands of different types of employment will require different caloric intake (Nestle, 2012). On the other hand, implicit and explicit policies at work can influence behavior positively or negatively. Additional research is needed to better understand the modifiable food behaviors of these families and how to best promote healthier food decisions in populations overwhelmed by work obligations and limited resources.

**School Food**

Some immigrant and U.S. born Latino parents complained that the charter school food, with an emphasis on vegetables and whole grains, was quite foreign to their children. Both immigrant and U.S. born Latino parents also criticized the fast food quality of the NSLP meals. Only one family (U.S. born Latino parents) that participated in this study prepares an alternative lunch for their child to take to school. All the other children in the study, regardless of what parents think of the lunch, eat the free lunch. A recent study conducted of 1220 school children in five low-income New Jersey cities
found that kids are more likely to participate in the school lunch program if their parents perceive the lunches to be healthy (Ohri-Vachaspati, 2014).

The current study’s findings show how school food interacts with food served at home, highlighting the complex ways in which families and children adapt, reject, or maintain neutrality to the food that may be similar or different to what is available in the family context. Ohri-Vachaspati (2014) argues that keeping parents informed about changes in nutritional guidelines ensures that more students take advantage of healthier school meals. This study’s findings suggest that schools committed to serving healthier lunches should also be concerned with extending their influence to improve family food behaviors by developing activities that link the school food context with the home food context. Thus schools, like the Reed Charter School, that implement a new school lunch program not only need to keep parents informed, but they may want to build in culturally responsive activities in order to improve the health of their student body population and to contribute to the health of the rest of the community. Some examples of culturally responsive activities could be cooking classes using parents’ favorite recipes. A variety of studies on low-income Latinos with diabetes have shown that demonstrations (Brown & Hanis, 2014) and/or observational learning techniques (Sawyer & Deines, 2013) are more effective for improving food behaviors than didactic activities or written information. Latino parents in other studies have requested classes in which participants can prepare meals that include low-cost and traditional Mexican ingredients using hands-on activities (Evans et al., 2011). If the school is to continue increasing its success in improving children’s food preferences and behaviors, parents and families need to be included in their efforts.
Without a two-way relationship between schools and home, this data may signify how Latino immigrants adopt and maintain unhealthy food behaviors. School food is one of the mechanisms that influence the food preferences of children. Segmented assimilation theory has posited varying qualities of assimilation for the children of post-1965 immigrants (Portes & Zhou, 1993). And while this theory has often been used to understand the educational outcomes of children, this study contributes empirical data that makes a link between school food and children’s food preferences. Segmented assimilation theory argues that the paths of immigrant incorporation are dependent on the quality of the settlement community. “Downward” assimilation occurs when children who are raised in a low-income community adapt the habits that are characteristic of that community; in “upward” assimilation children who are raised in more resourced conditions and adapt the habits of that community. In the case of “Reed” and so many other communities, when low-income Latino children participate in the NSLP, they are exposed to heavily processed food, even if the guiding approach to food at home stresses healthy or traditional foods. Moreover, children of low-income families, even if they attend a more resourced school, are still limited to the free NSLP as was evidenced by the data in this study. The current study highlights that many of the low-income Latino parents did not provide a home lunch, even if the parent and/or child believed the school food to be unacceptable. This makes the school context more important in shaping the food choices of low-income children.

**Community Institutions**

While schools have the ability to shape the nutrition environment positively or negatively in this community, only the charter school in Reed is committed to an explicit
focus on healthy nutrition. Even the children who complain about “healthy food” at the charter school had healthier food consumption habits, as most parents in this study did not prepare a separate lunch for their child, even if the child complained. The children that participate in the standard NSLP who are part of this study also sometimes complained about the food, but again their parents continued to let them eat the heavily processed school lunch. The charter school is an outlier in this community, as it would likely be in any low-income community. This study shows that a positive nutrition environment, such as the one created by the charter school, can make positive inroads towards healthier eating behaviors and attitudes. Nevertheless, given the socioeconomic profile of the community, the majority of children and adults in this community are not likely to be in health promoting food environments most of the time.

In this chapter, I explored how work and schools influence family food decisions. Work has one of the largest influences on whether both parents can eat dinner with their children or not. In many families, even if one parent (due to working nonstandard, long, or a graveyard shift) was not home, the other parent cooked and sat for dinner with the children. In most of these families, the mothers have the greatest responsibility for dinner and while many children do appear to be protected by the dinner routine maintained by one parent, not all families had this benefit. In fact, in the families where the dinner routine was not maintained, almost all had one parent who worked a nonstandard, long, or graveyard shift. In these three families, other factors exacerbated the families’ ability to maintain the routine such as both parents having the same work schedule, or clashing food preferences between parents and children.
This chapter also highlighted the health promotion activities of the Reed Charter School as having had a positive influence on the food attitudes, behaviors, and decisions of children and families in Reed. Food preferences and attitudes of children with siblings who participate in the traditional NSLP and the Reed charter school were compared. Moreover, families are also impacted by what children have a taste for, as was constantly revealed in family after family. While families have at their disposal the guiding approach to meals (chapter 4) and the dinnertime routine (chapter 5) to influence their children, the school also promotes what should be eaten (norms) and shapes exposure to different foods that also influence attitudes and behaviors. In the next chapter, I explore how the Reed nutrition environment also shapes the food decisions of families. In that chapter, I cap-off this dissertation research aimed at understanding how the day-to-day life of Latino families influences their food decisions in this small Central Valley town.
Chapter 7: A Food Swamp Among Fields Aplenty

I have documented the different guiding approaches Latino residents of Reed use to guide their food choices. I have also shown how family factors (e.g. meal format, spousal support) as well as institutional factors (e.g. school and work policies, environment, and context) influence the enactment of those approaches. This chapter caps the analysis by documenting the community-level factors that shape the food decisions of Reed’s residents. I provide an overview of Reed, its history, and the community nutrition environment in Reed and the outlying cities frequented by Reed residents. In my description of the nutrition environment, I analyze the social and cultural contexts of daily life in Reed and the broader region and explain how it relates to the over consumption of certain kinds of foods or under consumption of other foods. I will show that Bakersfield, Reed, and the surrounding communities are what are popularly known as “food swamps.”

Reed: A Small Town

Reed is located about 100 miles north of the Los Angeles urban sprawl. If you approach Reed from the Los Angeles basin via the Interstate 5 (I-5) North, you will eventually reach the Tehachapi Mountains via a mountain pass known as The Grapevine. As you descend through the pass you will have a view of the San Joaquin Valley, with fields and smog aplenty. As you merge from the I-5 freeway onto smaller highways, large swaths of farm fields begin to appear on either side of the road. To get to our small town, the location of this study, one must exit to a side road often used by cargo. As you exit onto the side road, on both of its sides you will find, depending on the time of year, the
growing or harvesting of cotton, citrus, corn, grapes, carrots, alfalfa, or potatoes. There are dairies, goat and sheep farms, a single house here and there, and empty dirt lots scattered around. The dairies provide an uncomfortable view of the lives of cows that spend days and nights atop dirt and manure with not a green pasture in sight. The stench around the dairies is intense. Eventually you will reach the small city of Reed. Although the main roads are paved, many of the sidewalks are not, and numerous side streets are potholed. The main street is four miles long and contains many dilapidated storefronts including but not limited to seven gas stations, two auto parts shops, one nail salon, an Internet café, several carwashes, two Laundromats, and a bicycle repair shop. The only stores that appear to be thriving are the gas stations, the large Rancho Amigos Market grocery store, a discount store, several fast food restaurants, and several carnicerías (Mexican meat markets).

Inside the thriving Rancho Los Amigos market one can get a close-up glimpse of Reed’s residents. Immediately you notice that many of them appear to be overweight. For Kern County, this is not unusual as over 28 percent of the adult population is overweight ("County Health Rankings & Roadmaps, California," 2014). Another characteristic among the women is the appearance of melasma, or skin hyperpigmentation, on the face. Melasma is a common, persistent disorder of hyperpigmentation affecting a significant portion of the population, particularly women with darker skin types living in areas with intense ultraviolet radiation (Pandya et al., 2011). Even women who live or work in the community but who are not agricultural workers have this skin condition. However, for those who are agricultural workers, long exposure to the sun’s rays while working outside may be one of the main causes of the development of this mainly cosmetic condition. The
clothing of both the men and women tends to be casual. Farm workers in their work
clothes are a typical sight in Reed. Generally they wear a hat, a bandana, and/or a scarf;
they also wear long sleeves and long pants and often sunglasses.

The town also contains a post office, a police station, a library, and a Department
of Motor Vehicles office. The library is open Monday through Thursday from 11 a.m. to
7 p.m. The library is very small with 28,000 holdings compared to the 80,000 holdings
available in a more affluent community only a few miles away. The main library in the
county has more than 280,000 holdings. The library smells musty and the books look
outdated and discolored. The library users during school hours are mostly men sitting at
the available computers. An amble through the children’s section, which in some libraries
is the most trafficked area that caters to readers at different reading levels, quickly
conveys a depressed and old feel. While other local communities have multiple events
that occur at their library each day including tax parties, introductory piano classes, and
quilt groups, this library’s only regular programming is a weekly bilingual story time and
yoga and zumba classes (via XBOX) two days each per month.

The houses vary from boarded-up humble dwellings found on the edge of town to
two-story suburban-looking housing developments with homes that resemble small
palaces, complete with fountains and perfectly pruned mini-lawns. As you drive through
Reed, you notice that yards are kept tidy. Many houses have fences around their yard.
Few lawns, outside of the suburban-like housing developments, are bright green and lush,
more often sporting patches of dirt intermingled with grass. An apartment complex run
by the United States Department of Agriculture Rural Development advertises
opportunities for leasing. Most of the houses are humble, but clean, often with peeling paint, discolored stucco, or a roof that needs to be upgraded.

**Overview of the San Joaquin Valley and the Central Valley**

The small town of Reed is located within the San Joaquin Valley, the southern part of the Central Valley. The San Joaquin Valley produces 12 percent of the total agricultural production of California ("California Agricultural statistical review", 2007). Almost any non-tropical fruit or vegetable can be grown in the Valley (Pollan, 2007). Despite being well known for the abundance of vegetables and fruits produced in the region, the area is also known for its high levels of environmental pollution, low levels of education, and high levels of unemployment ("Assessing the Region Via Indicators—The Environment", 2012; "California's Central Valley", 2006; "California's unemployment rate drops to 8.3 percent," 2014).

The San Joaquin Valley contains nine major metropolitan statistical areas with at least 100,000 residents each (Fresno, Bakersfield, Hanford, Stockton, Visalia, Modesto, Merced, Turlock, Porterville), and almost 50 smaller cities with a few thousand to almost 100,000 residents each. The community of Reed has about 20,000 residents.

**Migration History**

The city, like the region, has a long history of migration. In 1937, during the Great Depression, a migratory labor camp was set up in this town. Since then, the town has experienced many ups and downs in relation to agriculture, its primary source of jobs. The community tends to have a high unemployment rate depending on the season. Migrants from all corners of the world have long populated the Central Valley. Swedes, for example, began settling in Kingsburg in the 1870s. Asians, such as Filipinos, began
arriving in the 1900s and still make up a generous portion of Delano, site of the United Farm Workers’ (UFW) and Cesar Chavez’s struggles to obtain raises, contracts, and better working conditions for farmworkers (Ferriss & Sandoval, 1997). Basques began immigrating in large numbers to the United States during the California Gold Rush, which began in 1848 and again in the 1950s. John Steinbeck immortalized the emigration of the “Okies” from the “dustbowl” region to the Central Valley in the 1930s. Many other groups have had similar trajectories to the Central Valley including the Assyrians, Gujarati, Hmong, Sikhs, Yugoslavs, Portuguese, and Yemenis. Mexicans, long residents of California before American Anglos arrived and forcibly took the land from Mexico in 1848 to become part of the United States, have also immigrated into the region in large numbers over the years in search of a better life. By 2000, about 74 percent of immigrants in the Southern San Joaquin portion of the Valley were from Mexico, while less than 15 percent were from a variety of Asian countries including Laos and the Philippines (Johnson & Hayes, 2004). These numbers reflect the immigration patterns that have been in effect since 1965. In the 2010 Census, over 90 percent of the residents of Reed were of Latino origin. While undocumented status is more challenging to identify per city, “recent estimates suggest that 11.2 million undocumented immigrants resided in the United States in 2010; this figure includes 1 million undocumented children;” there are an estimated 2 million in California (Wallace, Torres, Sadegh-Nobari, Pourat, & Brown, 2012). Although Latino immigrants are believed to be healthier when they first arrive in the United States (Antecol & Bedard, 2006), various factors may contribute to the erosion of that advantage including (but not limited to) poor access to
health care (Wallace, et al., 2012) and the proliferation of unhealthy food behaviors (Lara, et al., 2005).

In the next section, I examine the community nutrition environment in Reed to gain a broader perspective the study participant’s access to food.

**The Community Nutrition Environment**

The community nutrition environment in Reed, much like other Central Valley towns, is of special concern due to multiple non-health promoting factors. The retail food environment index (RFEI) for the state and for counties and cities with populations greater than 250,000 shows that Bakersfield, the biggest city closest to Reed, has the highest ratio in California at 6.63 (CCPHA, 2007b). That is, there are 6.63 times more fast food restaurants than supermarkets in Bakersfield. Overall in California, there are 4.18 times more fast food restaurants and convenience stores than there are supermarkets, produce stores, and/or farmer’s markets that sell fresh produce (CCPHA, 2007a). Fresno, the second largest city in Kern County, has the highest RFEI after Bakersfield with 6.23.

Bakersfield is a “fast food test market,” purportedly because it has many qualities that make it ideal for testing. According to a newspaper report, people in the region have a taste for fast food, the ethnic diversity of the region means that companies can simultaneously test a product among different ethnic groups, the television market is small enough that advertising costs are minimal in comparison to promoting a new product in a bigger city, there are fewer restaurants in the city therefore reducing the cost of launching the new product, and finally, because Bakersfield is a hub for transporting goods, the cost of shipping equipment and food to the area is less expensive than to other places (Edelhart, 2011).
Grocery Stores and Other Food Outlets in Reed

The main grocery store in Reed is a smaller scale Mexican grocery store. This grocery store specifically caters to Mexicans and other Latinos. You can find multiple varieties of beans, chilies, and legumes, and Mexican-brand products of soap, shampoo, housecleaners, detergent, yogurt, cereals, gelatins, and maize flours. The store is colorful and brightly lit with Spanish music played loudly on the speaker system. The western most entrance leads directly to the bakery section. The full service bakery produces cakes and pastries as well as an extensive supply of donuts, *pan dulces*, and other baked goods. All of the bread is made with refined sugar and enriched bleached flour, which has a high glycemic index. You will not find any bread products made with whole grains, and the only savory bread available is *pan* with cream cheese and jalapeño.

Next to the bakery section is a deli where homemade-style Mexican food is prepared daily. Many meat-based dishes are available like *chicharon con chile* (pork rinds in chili sauce) and *carnitas* (pork meat simmered in oil or lard). *Chiles rellenos* are traditionally prepared here; a *Pasilla* chili is filled with cheese, then battered with egg and fried in oil and served with a tomato and garlic sauce. Daily soups include beef *albóndiga* as well as chicken *albóndiga*. Workers are often seen purchasing meals and sitting in the seating area. During the Christmas season, *tamales* (corn dough filled with meat, sauce, and/or other additions or fruit and cooked in corn husk) and *champurrado* (chocolate maize hot drink) are sold in a separate stand next to the deli.

The *tortillería* (tortillas and corn/flour product production site) and butcher shop are next to the deli. The *tortillería* has a full-scale maize grinder that is constantly at work. The *tortillería* produces a medley of tortilla styles including: plain corn, plain
flour, corn-flour mix, dark green dyed, red dyed, green dyed, small corn, super small corn, small flour, and extra-large flour. The tortillería also sells other maize products such as tostadas or deep fried tortillas, sopes (maize cakes that are typically topped with beans and/or meat, lettuce, tomato, sour cream, salsa, etc.), huaraches (the word means flip-flop sandal and it is served in a similar fashion to a sope), corn chips, and maize dough for those who like to embark in the time-consuming task of preparing tamales at home.

The butcher shop sells the typical meats used in Mexican cuisine such as pork shoulder and butt, whole chicken as well as chicken legs and thighs, beef cuts such as carne asada, milanesa, and ground beef, in addition to catfish and tilapia. Less prevalent are lower fat cuts of meat like skinless chicken breast and skinless turkey breast; other cuts such as pork tenderloin are not sold. Next to the butcher’s counter a refrigerated area contains large pre-packed family packs of meat containing multiple chicken legs, thighs, or other cuts. In the dairy section, gallons of milk are available in whole, 2%, 1% and nonfat, with whole milk being the most abundant. Alternative milks such as coconut, rice, almond, and soy are only available in half-gallon containers. The half-gallon alternative milks range from $3.49 to $3.89 whereas the half-gallon of cow’s milk is available for $2.50 and the full gallon of cow’s milk is available for $3.50 to $4.39 per gallon. During one visit, two gallons of whole milk were on special at two for $3.50.

The produce section is located on the far right of the grocery store and is bounded on one side by an expansive and refrigerated beer and alcohol section, on the western side by an aisle of chips and snacks. The northern wall has a refrigerated section of packaged salads priced between $1.69 to $2.99/bag as well as less common products (i.e. jujube,
fresh *chile de arbol*, coconuts, fresh ginger, etc.), vegetables, herbs, and other items. Additional items in the produce section include: rice and dried beans; cucumbers, a variety of peppers, a variety of citrus; iceberg lettuce, spinach, and cabbage; a variety of potatoes; *nopales* (cactus) in either a skinned pad or skinned and chopped; tomatoes; a variety of onions; a variety of bananas and other fruits such as cherries. Also notable in August were fresh garbanzo beans.

The aisles in between the store are dedicated to chips, cereals and breads, baby items, household goods, beauty items, gelatins, cookies, packaged rice and legumes, sodas, juices, water, and other drinks. As in other grocery stores, the aisles have a preponderance of processed, calorically dense food. The exceptions are the raw rice and legumes that have the least amount of processing. In some cases, canned vegetables and meats also have minimal processing and contain good nutritional value.

Most of what is sold in this store in the center aisles is highly processed food. Raw foods are sold in the outer edges of the store. Shoppers are seen with a variety of raw proteins and produce in their carts side-by-side with the processed foods that are known to make health worse such as chips, sweetened beverages (e.g., sodas), and cookies. In fact, most of the items with sale signs by the cashiers are either cases of sodas or bags of chips. Many of my respondents shared stories about the many raw ingredients they use in their daily meals—but they also described the weekly sodas, chips, cookies, and other snacks that were purchased without fail.

**Convenience Stores**

There are a variety of convenience stores around town including gas stations, corner stores, and discount stores. All of these stores sell food but most of it is processed,
calorically-dense food. Few raw proteins or produce are found in these outlets. Corner markets are peppered around the older area of town, and less so around the newer homes built in the subdivision style. The corner markets are thus probably remnants of the old zoning laws that allowed a mix of residential with commercial and/or manufacturing entities. Corner stores tend to sell an array of alcoholic, sweetened, and dairy beverages; tobacco products; snack items like chips, candy, and gum; various household goods like toilet paper, sponges, and soap; and a small selection of produce that is typically of lower quality than what is found in a grocery store. Some corner stores also sell raw protein. The following are descriptions of some of these kinds of stores with the goal of highlighting the nutritional environment of Reed.

**Gas Station LaVue**

This gas station convenience store on the main street in Reed is packed with food. It also is one of the main hubs in town where elementary and high school students pass through, some of them for an afternoon snack, and where many adults can be seen stopping for a morning or afternoon snack. The other gas station is a ten-minute drive from the center of town so this station tends to be busier. This store, although it stocks many of the same items like candy, chips, and beverages that the corner convenience stores do, does not have the same pell-mell feel.

Next to the cashier is a heated display case with “Hot to go” food made by Ruiz Foods (a Central Valley-based food company) under the labels El Monterey and Tornados. One item is the fried burrito or chimichanga. The available varieties are beef and bean, or beef and bean with red chili. Another item that is omnipresent in Reed convenience stores is the Tornado—a deep fried taquito—filled with various foods. From
the Ruiz website: “Tornados are similar to taquitos in that they feature delicious fillings rolled in oven-baked flour tortillas. Then the twist … we dip them in flavored batters and lightly fry them to golden perfection.” Another item available in the “Hot to Go” section is fried chicken. The store clerk mentioned, in both unintelligible English and Spanish, that the chicken was prepared with flour and vegetables like carrot. The “Fastrip” market had several other prepared foods that can be microwaved in the store such as oatmeal out of a dispenser or packaged burritos and other similar items including The Bomb bean and cheese burrito and Hot Pockets.

The store stocks many drinks and includes a large milk section. Regular milk is available, but at a substantially marked-up price. While the main grocery store is less than half a mile away, the price of milk at the gas station store is $6.99 for two gallons, which is $1.74 cents more per gallon than at the main grocery store. A half-gallon of soymilk is available for $5.69. Soymilk and other alternative milks could be found for $3.49 to $3.89, which is between $1.80 and $2.20 more than the price at the main grocery store.

The cereal aisle contains a great share of individually wrapped cereal bars or two Pop Tarts for $.99 cents. The Pop Tart section appears highly trafficked as many of the boxes are more than half empty. Gisela (32 years old) mentioned that her children who attend Reed High School often do not eat the traditional NSLP, but rather eat a Pop Tart for lunch. It is possible that Pop Tarts made with enriched flour and added sugar serve as a meal replacement for children and perhaps adults. Bananas are the only fresh produce available for purchase at this gas station convenience store.
Pepper Corner Market

At the Pepper Corner Market a barbeque smoker sits in the parking lot releasing billows of smoke. Across the street a place of worship stands—it is a small, humble looking edifice like so many other religious buildings found around town. The store stocks the typical things you see in these convenience stores like tobacco products; chips, especially Takis—an award winning Mexican-produced spicy chip snack ("Barcel USA Awarded Nielsen the 2014 U.S. Breakthrough Innovation Award for Takis", 2014) —and other chili-spiced chips and snacks; pastries, candy, and cookies; and the refrigerated cases contain roughly 45 percent sweetened beverages, 45 percent alcohol, and a smaller section of milk, eggs, and other dairy products. On the wall are beer company posters with women sporting bikinis. These beer ads suggest these stores cater to men, especially men returning home from work and who stop at the store for milk, soda, and/or beer. The shelves are packed with many paper products, household cleaners, and boxed or bagged food items like pastas and beans. Pepper Corner Market has a deli in the back that you could miss if you did not venture inward. For sale are meats including milanesa (thinly sliced sirloin steak), carne asada (skirt steak), skinless chicken breasts and thighs, as well as cold cuts. While milanesa originated in Milano, Italy, and refers to thinly sliced and pounded meat, typically beef, in Mexico milanesa is breaded and fried. A display case also contains some attractive roasted chickens. Next to the meat counter area is a small produce section. The produce section contains several cabbages, iceberg lettuces, celery, carrots, and chayotes (a squash)—the kinds of things you might find in a caldo de pollo (chicken soup). The types of produce sold suggest that these may be stocked so that
people can make a dinner “in a pinch.” That is, you would not shop at a store like this if you wanted all your groceries for the week. Several cucumbers in another case look freezer burned. In a separate area apples were stacked, still on their industrial packing liner, and looking old and like they had been refrigerated for a long time. The apples were mealy and spongy-feeling. Potatoes and bulk rice are also sold. Next to the cashier again were the omnipresent “Hot to Go” Tornados and El Monterey chimichangas as well as several freezer cases filled with an incongruous mix of ice cream and old vegetables. The frozen bags of vegetables looked very old, discolored, and freezer burned.

Andale Food Mart

It was about 2:20 p.m. on an August Saturday and many workers were arriving in their work clothes to Andale Food Mart. I went into Andale and an Indian woman in a sari was behind the cashier’s counter. The food market was sweltering. It was 105 degrees outside and there was no central air inside; a fan made a loud whirring sound with little effect on the temperature. I walked around the aisles and found typical convenience store fare like chips, cup-a-noodles, toilet paper, and so forth. There was an aisle that was dedicated to disposable dishware like paper plates, cups, napkins, and so forth. The store also was stocked with 45 percent sweetened beverages, 45 percent alcoholic beverages, some milk and eggs, and many tobacco products.

Convenience stores in town cater to children walking home from school and adults stopping for gas or snacks. As part of the food environment in Reed, observations at these stores reveal the preponderance of food that is available is processed and calorically dense, but of low nutritional value.
Carnicerías

For such a small city, *carnicerías*, or butcher shops, are numerous. In several interviews mothers explained that they prefer to buy their meat at *carnicerías* than at the main grocery store because they felt that the meat was fresher and of better quality. For example, Donna explained that she goes to a *carnicería* in town “*because they don’t dye their meat.*” Below is a description of one *carnicería* in Reed.

One block west of the end of the main street in Reed is Carnicería Guanajuato. The butcher shop is less than 250 feet from another *carnicería* and less than a quarter mile from the town’s main grocery store. *Carnicerías* like this one are much smaller than the main grocery store. Meats sold at this store include pork shoulder and butt, whole chicken as well as chicken legs and thighs, and beef cuts such as *carne asada*, *milanesa*, and ground beef. They also sell tilapia fish. *Carnicerías* also tend to sell much less processed junk food. Carnicería Guanajuato sells a wide variety of fruits and vegetables with an array of raw proteins. This store also has alcohol, soda and sugary drinks. The bakery section includes items such as *bolillos* (rolls) and *pan dulce*. The store has a full service kitchen that is used for special events as well as a *raspado* (shaved ice drink) counter that is open during the summer from May to the end of September. During the summer months, long lines form at the *raspado* counter. The *raspado* counter prepares the shaved ice drink in a typical Mexican fashion with fresh fruit juice, chopped fruit, shaved ice, chili powder, and *chamoy* (Sweet and sour plum sauce). The two fruits available in 2014 were mango or apple. Another treat available at the *raspado* counter includes a granny smith apple completely covered with a chili-*chamoy* paste and then drizzled with *chamoy* sauce. The people in line looked like they had been working in
the fil, yet one customer and the cashier were speaking in English. As I exited I noticed an ad on the door that highlighted multiple kinds of raspados that are made at La Plazita including one with chili sauce, and another with cucumbers and fruit and chili. Overall this store, like other carnicerias in the community, contained less processed junk food in the aisles as well as by the cashiers.

**Discount Store**

The discount store is located caddy-corner to the gas station and behind the Burger King on the main street. While most of what is sold in the discount store includes items like soap, shampoo, and other goods, half of the back wall and at least one aisle is dedicated to food. The food available in the back area is located in freezers or refrigerators. Many of the items include a variety of frozen lunches and/or dinners. There are some raw proteins such as frozen tilapia fillets and chicken breast in addition to the variety of highly processed options such as deli meats, bacon, and hot dogs. No fresh produce is for sale at the Discount Store. There are also displays of other food items placed throughout the store such as Ortega taco shells at the entrance.

**Ice Cream Trucks**

Ice cream trucks also make up the food environment in Reed. When the Reed High School final bell rings there is typically an ice cream truck parked in front of the school. The high school students come out in masses and many saunter over to the truck. Popular food choices at the ice cream truck include tostilocos or a bag of potato chips cut open vertically on the side and flavored with lemon, chili sauce, sometimes pickled pork rinds, and spicy nuts or ham. Customers can also purchase a medley of ice cream or
shaved ice drinks. During one observation I noticed many students buying a bag of tostilocos and soda. The purchasing of tostilocos suggests that children are interested in more than just a plain bag of chips and that they are happy to eat something that has been prepared with a bit more care. Food bloggers have previously noted the tostiloco phenomenon in Mexico (Tellez, 2010). Although additions are made to the bag of chips, the snack offer little nutritional value and is high in fat and sodium.

**Fast Food Outlets and Restaurants in Reed**

Of the eighteen restaurant outlets in Reed, twelve are fast food establishments and five are independent sit-down restaurants (See Figure 2). One third (n=6) of all restaurant outlets serve Mexican food while three are hamburger establishments (See Figure 3). Fast food has been shown to contain a high fat and sodium content (Bowman, et al., 2004).

**Figure 2, Restaurant Cuisines in Reed, CA**

<table>
<thead>
<tr>
<th>Restaurant Cuisines, Reed, CA (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican 31%</td>
</tr>
<tr>
<td>Hamburgers 25%</td>
</tr>
<tr>
<td>Ice Cream 12%</td>
</tr>
<tr>
<td>Sandwiches 13%</td>
</tr>
<tr>
<td>Pizza 13%</td>
</tr>
<tr>
<td>American 6%</td>
</tr>
</tbody>
</table>
In my interview with two staff at the Reed Charter School, I was told that, despite the school’s Wellness Policy, many teachers frequent McDonald’s as well as the popular Familia Burger during lunch. The Subway, McDonald’s, and Burger King in Reed are exactly like they are anywhere else. Fifteen out of twenty-one families eat out regularly on the weekend; while two families also eat out during the week. Table 10 shows some of the locations frequented by the study participants. Some participants stated that they eat out, but did not specify where they go.

**Table 10, Restaurants that Participants Frequent**

<table>
<thead>
<tr>
<th>Fast Food</th>
<th>Sit Down Restaurant</th>
<th>Buffet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pizza</td>
<td>Tahoe Joe’s (American)</td>
<td>Golden Corral</td>
</tr>
<tr>
<td>In n Out</td>
<td>Las Islitas (Mexican)</td>
<td>Hometown Buffet</td>
</tr>
<tr>
<td>McDonald’s</td>
<td>Puerto Vallarta Mariscos (Mexican)</td>
<td>Wayland's Buffet</td>
</tr>
<tr>
<td>Pollo Loco</td>
<td>Molcajetes (Mexican)</td>
<td></td>
</tr>
<tr>
<td>Quiznos</td>
<td>Denny's (American)</td>
<td></td>
</tr>
<tr>
<td>Subway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costco Snack Bar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burger King</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Similarly some respondents stated that they only eat out on special occasions. In the study interviews, participants also mentioned the consumption of pizza—primarily pizza purchased from pizza stores in Reed or when visiting nearby Bakersfield.

**Familia Burger**

This hamburger location is highly frequented by teachers and children in the area because it is convenient to the high school. It is the only family owned burger restaurant—the rest are all chains (i.e., Burger King and McDonald’s). Everything appears to be deep-fried including zucchini, mozzarella sticks, mushrooms, French fries, and onion rings. The place has hamburgers of all types, soft-serve ice cream, nachos, and super large sodas for $1.00. Familia Burger is not unique to Reed. In fact, the Central Valley has many small, family-owned hamburger restaurants that sell many fried items as well as many kinds of burgers.

**Food Shopping Behaviors of Study Respondents**

Only 13 families provided information about their grocery shopping behavior (See Table 11). Several respondents said they shop in Bakersfield at Costco, and at big box discount markets like Walmart, Food for Less, FoodMaxx, and Food Co. Donna (age 42) explained that she always buys canned tomatoes and olive oil at Costco because she uses these items so much that it “does not make sense [financially]” to buy them in the local store.
Carolina (age 48) also commented that she likes to do her shopping at Food Co. because the quality of the produce and meat is better, but she remarked that many residents of Reed cannot go there because they do not have a way to get there or, even worse for those that are undocumented, the risk is too great because they could be caught driving without a license and/or deported. Donna buys her tomatoes and olive oil at Costco; she added that canned tomatoes are always good so you do not need to worry about whether they are ripe. Many others said they shop at both the local Ranch Market in Reed as well as Costco or discount stores in Bakersfield.

**Discussion**

Food of low nutritional value is available in abundance in Reed’s corner stores, gas station convenience stores, discount stores, grocery stores, and fast food restaurants. The Rancho Los Amigos grocery store and a number of *carnicerías* and corner stores sell fresh fruits and vegetables and raw proteins. Still, the main market, like most of the other stores, also features sugary drinks, pastries made with refined sugar and flour, and other

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**Table 11**  
**Grocery Shopping Behaviors, A Food Swamp Among Fields Aplenty, Arvin, CA, 2013-2014 (n=13 families)**

<table>
<thead>
<tr>
<th>Shop at...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Main grocery store, Reed</td>
<td>7</td>
</tr>
<tr>
<td>Carnicerias, Reed</td>
<td>2</td>
</tr>
<tr>
<td>Other stores, Reed</td>
<td>1</td>
</tr>
<tr>
<td>Costco, Bakersfield</td>
<td>6</td>
</tr>
<tr>
<td>Discount grocery stores, Bakersfield</td>
<td>3</td>
</tr>
</tbody>
</table>

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snack foods. According to a recent estimate by the Department of Agriculture, 9.7 percent of the U.S. population, or 29.7 million people, live in low-income areas more than one mile from a supermarket where most convenient options for grocery shopping are convenience stores (Ver Ploeg et al., 2012). While analysts often cite a lack of access to food or long distances from food outlets as a problem, especially in rural areas, in Reed the predominant problem is the low nutritional quality of most of the food available. These conditions have been referred to as food swamps (Fielding & Simon, 2011).

In Reed, options for cheap and quickly made or ready-to-eat food are available at food outlets such as McDonald’s, Burger King, Familia Burger, or the counter at the main market. “Hot to Go” items such as the omnipresent Tornado are available at the various convenience stores (i.e., gas station, corner stores, discount store). For a quick breakfast, the gas station in town has a medley of breakfast items, most of which are made with refined sugar and flour including Pop Tarts and other cereal bars. The one item that might be more healthy is the oatmeal, but it is not clear what ingredients are in this product as the store does not provide a nutritional label on the automatic dispensing machine. The main grocery store in Reed offers plenty of fruits and vegetables (albeit of lower quality based on appearance compared to items found in more affluent communities), but the small convenience stores or carnicerías (meat markets) only have a few produce items and, in many cases, they are of even lower quality. The current study adds qualitative description to research that has documented the rise of food outlets that sell sweets, pizza, or fast food in the Central Valley and the concomitant rise in obesity (M. C. Wang, Cubbin, Ahn, & Winkleby, 2008).
The recent movement in corner stores makeovers may be an important step in addressing the overabundance of junk food. Still, given that convenience stores market and sell food products to children who are hungry when they have emerged from school, it is imperative to consider how these food outlets contribute to community health. How can that void be filled in a way that is conducive to healthy eating? The Tornado trend has much to teach us. Children can purchase one Tornado (small fried taco) for less than two dollars when they emerge from school hungry on their way home from school. While a head of lettuce might have a comparable price, it is not ready to be consumed. The *carnicería* that sells *raspados* capitalizes on the market of hungry children looking for ready-to-eat snacks. “Hot to go” companies like El Monterey and Tornado benefit from ready customers by producing cheap, quick, hot food. El Monterey and Tornado are meeting the needs of children and adults who are attracted to ready-to-eat foods at convenience stores. But companies like El Monterey, Kellogg’s, and so forth, are interested in shelf-stable foods with little attention to nutritional value. From a public health perspective, there is a mismatch between the need for snacks that are healthy and the marketing and provision of those snacks.

The current study also found that almost all participants eat out on the weekend. Given the options available in Reed and in Bakersfield, “the fast food test market,” the food choices of Reed residents are limited to mostly fast foods. In a study of 826 adults in Missouri, Arkansas, and Tennessee, Casey et al. (2008) found that eating out frequently, specifically at buffets, cafeterias, and fast food restaurants was associated with higher rates of obesity. Study participants also mentioned pizza as an item that many children highly covet and that parents purchase. Pizza consumption by low education and Latino
households has been on the rise from 1977-2006 (Piernas & Popkin, 2011). The convenience stores have an abundance of food, but they are limited in fresh produce and have more processed food of low nutritional value.

In this chapter, I have explored the food supply options for families in Reed. I described the foods available in the main Ranch Market, the convenience stores, the discount store, the *carnicerías*, the restaurants, and finally I have described where people shop for their groceries and where and when they typically eat out. While many families shop in Bakersfield, many others do not. For those that purchase all their food in Reed, their options are limited. Even those that do eat out in Bakersfield mostly mentioned eating in fast food restaurants.

Chapters 4 and 5 on family food guiding approaches and dinnertime routines combined with information about the Reed food environment suggests that families who aim to follow a health guiding approach may be challenged to maintain such an approach. If these families want to eat out, buy take-out, or purchase quickly-made food their options are limited; those wanting to follow a health-oriented diet may not be able to do so easily given the community nutrition environment unless they primarily cook at home. The community nutrition environment supports the traditional guiding approach, but families do need to cook in order to realize this approach. Cooking at home is more time consuming and may be more expensive. Following a health, traditional, or developmental guiding approach requires cooking, and some families may not be able to follow these approaches. Some of the conditions needed to be able to follow the health, traditional, or developmental guiding approaches described in other chapters of this dissertation include a stay-at-home parent, a regular work schedule, spousal support to maintain the dinner
routine, and/or having followed a routine with dinner that is easier to maintain because it is the norm. The conditions that support the health, traditional, or developmental guiding approaches suggest that families that do not have some or all of those elements will rely on quickly prepared food more often for more meals. In the next chapter, I will provide a summary of this dissertation’s findings, and I will explore implications and recommendations on the theoretical, practical, and research levels.
Chapter 8: Conclusion

The research of this dissertation aims to understand how family food decisions of low-income Latinos are shaped by their daily lives in a small agricultural town, Reed, in California’s Central Valley. The impetus for this research derives from the high rates of overweight and obesity among U.S. Latinos, which is directly related to diet. In this dissertation, I employed a socio-ecological approach to understand how the various forces in the daily lives of the participants interact to influence family food decisions. I conducted open-ended interviews and engaged in participant observation to collect the data for an inductive, qualitative analysis. The study included collaboration with a charter school located in Reed that adheres to a Wellness Policy prohibiting candy or junk food on campus. Breakfast, lunch, and snacks are prepared from scratch each day. The charter school’s health-promoting environment is novel as traditional schools have unwritten policies that allow junk food to be used as a reward, and they also participate in the traditional school lunch program where lunches are often higher in sodium and fat than is recommended (Crepinsek, et al., 2009). Twenty-one families were recruited and followed over the course of one and a half years between February 2013 and September 2014. This chapter provides a summary and synthesis of the dissertation’s findings, followed by a discussion of limitations and implications for theory, practice, and research.

In the following summary, I synthesize the results of this dissertation. I begin with the food environment in Reed as a backdrop for this research. The subsequent section synthesizes how the interactions of family members in the food and school environments influence the home food environment. I then summarize the typology of
guiding approaches I identified in the dissertation and situate these approaches within the literature on food decisions and Latino food behaviors.

**Results Summary**

Many of the families who immigrate to California from Mexico and other parts of Latin America to work in agriculture and other sectors have greater access to calorically dense foods with limited nutritional value than to the whole foods that are cultivated and harvested in the region. The Central Valley, California’s breadbasket, has been a magnet for many vulnerable populations who have sought jobs in agriculture, a sector that feeds California and many other states. John Steinbeck in 1939 immortalized the story of the “Okie” families who came to the Central Valley to escape the Great Depression and to work for a better life. The Joads in The Grapes of Wrath held challenging jobs harvesting peaches, yet they did not have enough to eat themselves. Many of today’s low-income Central Valley families have plenty of food, many of them even work amidst fields of plenty, but the food they have access to is primarily processed, high calorie food.

**When Eating Healthy is a Challenge: The Case of an Obesogenic Environment**

Reed is flanked with fields that abound with the produce of the season. During different times of the year you will find grapes, corn, and carrots bursting from their stalks. A journey into any local food outlet will quickly reveal a great irony: the food outlets are saturated with processed foods of low nutritional value. There are plenty of convenience and liquor stores and an abundance of fast food restaurants, but only one main grocery store to serve a town of about 20,000 people. Besides the grocery store, some *carnicerias* (meat markets), liquor stores, and convenience stores sell fresh produce and/or raw proteins—albeit of lower quality or lesser variety than you find in many major
grocery stores. While the meat markets stock fresh-looking produce, the convenience stores stock less appetizing options like spongy and mealy apples, bags of freezer-burned vegetables next to ice cream tubs, and other vegetables in various states of decline. In contrast, the snack food industry is sovereign in this territory of food outlets with heated cases of deep fried *Tornados* and *chimichangas* and colorful chip platforms that engage the eye away from the dreary store interiors. Food companies provide convenience stores with stands that make selling their products attractive to consumers (Vallianatos, 2009). Missing are flashy, consumer-calling racks and cases that beckon customers to the fruits and vegetables. Thus, while analysts often describe a lack of access to food or long distances from food outlets, especially in rural areas (Ver Ploeg, et al., 2012), in Reed, the predominant problem is the quality and preponderance of unhealthy food available.

In Reed, the only options in retail food outlets for workers, students, and anyone else on the go are snacks or quickly prepared foods at the gas stations, convenience stores, and fast food stores like Jack in the Box or McDonald’s. Bakersfield, the closest large city to Reed and roughly 22 miles away, has the highest ratio of fast food restaurants to food outlets that sell fresh produce in the state of California (CCPHA, 2007a). Bakersfield is a fast food test market that is characterized by the retailing of new products that have not been disseminated into the standard menu in other cities, as well as ongoing media coverage enticing customers to consume new products (Edelhart, 2011). Newspaper reports cite Bakersfield and the Central Valley as an attractive location for fast food testing because, as an agricultural region, it is also a transportation hub that reduces the costs of disseminating new products. The ethnic diversity of the region also allows for testing of food products across various ethnic groups. On weekends, almost all
of the families interviewed eat out in Reed or Bakersfield at local fast food, buffet, or sit down restaurants. Eating out frequently, specifically at buffets, cafeterias, and fast food restaurants has been found to be associated with higher rates of obesity in a study of 826 adults in rural Missouri, Arkansas, and Tennessee. Food outlet propensity has also been linked to health outcomes. For example, a study conducted in four mid-sized cities (Monterey, Salinas, Modesto, and San Luis Obispo) found that large increases in the number and density of neighborhood stores that sell sweets, pizza, or fast food were linked to the concomitant rise in obesity (M. C. Wang, et al., 2008). And, another study observed lower adjusted mortality rates in rural communities with more per capita full-service restaurants and grocery stores (Ahern, et al., 2011), suggesting the protectiveness of these types of outlets versus convenience stores and fast food outlets.

An examination of the day-to-day food decisions made by Reed residents shows how food options shape food access. For example, families in the current study mentioned pizza as a food highly coveted by their children. There are two pizza restaurants (out of 16 total) in Reed. Pizza consumption by low education and Latino households has been on the rise from 1977-2006 (Piernas & Popkin, 2011). Piernas and Popkin (2011) argue that the problem with pizza is not only the density of calories contained in this food, but also the increased portion sizes. The children who walk home from school in Reed are vulnerable in other ways as well. High school students in Reed find an ice cream truck parked daily in front of their school as they exit. The truck throngs with the sales of soda, ice cream, chips, and many other unique concoctions like Tostilocos (Tellez, 2010), a bag of chips cut vertically and its innards garnished with lime and chili juice and other additions. Only a few feet further children have available the
numerous fast food, convenience, and gas station food outlets. Two thirds of the immigrant Mexican parents in this study spoke about the challenges they face when children begin to ask for the food that is common in their food environment like pizza and hamburgers, or when their older children supplant family mealtimes and purchase fast food on the walk home from school as a dinner substitute. Mexican parents in other studies have also voiced concerns about children’s access to unhealthful food in their community (Guarnaccia, et al., 2012). Thus, the most accessible food choices for children and people with limited time in Reed are the options that are calorically dense, cheap, and have low nutritional value. Within this community context, the work and school environments can reinforce, or sometimes buffer the effects of this poor food environment.

**The Role of Institutions in Shaping, Modeling, and Reinforcing Food Decisions**

While many of the Latino families in the current study work in agriculture, others hold employment in clerical, service, or manufacturing capacities. With agriculture and oil as its main industries, the southern San Joaquin Valley is characterized by limited opportunities for socioeconomic mobility, which is evident by the large pool of low skilled jobs, a smaller pool of high skilled jobs, and high unemployment. The agricultural industry has for decades drawn from populations of workers with low educational attainment who work for the lowest average wage in the state, currently $9.50/hour. Undocumented workers may earn even less. This severely limits the economic resources many Reed residents have to spend on food and makes fast food and other similarly cheap, but nutritionally poor options attractive.
Reed residents are also exposed to food modeling on the job. Respondents described how their jobs and other experiences with food at work shaped their food decisions. Farmworker families explained how the breaks at work included just enough time to wash their hands and quickly eat a burrito or some similar easy-to-eat food. Those working in other environments face even worse conditions. The spouse of a fast food worker described her husbands’ weight gain on the job as he ate hamburgers for free and later developed diabetes. Research on low-income workers has shown eating and exercise behaviors to be adversely affected by time pressure, physical fatigue, and low control over workload and scheduling, as well as by limited food options in the workplace (See Crepinsek 2012 in Baron et al., 2013).

In contrast, a college student mother who works at a state park described learning about vegetarian and veganism from coworkers who ate foods like lentils that she was not familiar with. Although the college student did not become a vegetarian, the exposure to new styles of eating did pique her interest in exploring new foods. The mothers who work and volunteer in the charter school’s “healthy food” cafeteria have been exposed to the school’s vegetable-heavy “from scratch” lunches, and one described learning from these techniques to transform her own cooking and family food decisions. Given the nutrition environment and the work opportunities in this rural community, consumption pressures and exposure of residents to poor nutritional choices are likely to be much more common than the relatively rare opportunities to experience healthier patterns at work.

Further, work hours also influence family food decisions. Almost half of the families in this study did not eat dinner together because one spouse had a nonstandard, graveyard, or evening work schedule, and thus could not be home during dinner. Those
who worked these non-standard shifts were employed in agriculture, the food industry, factories, daycares, and oil industries. The families who ate dinner together all had one or two parents with regular work hours.

Among the families who do not eat dinner together two pathways were important in the development of these routines. First, in one family both parents had a nonstandard work shift and thus they exhibited multiple dinner routines. Other research has also linked work hours with the food behaviors of parents. For example, among a multi-ethnic sample of 56 families, a study found that families who used “individualized eating” or “missing meals” as coping strategies were characterized by long work hours, non-standard work hours, having a working partner, single parenthood, family meals away from home, grabbing quick food instead of a meal, using convenience entrées at home, and missing meals, or individualized eating (C. E. Blake, et al., 2011). Other studies have similarly documented Mexican immigrant parents reporting being less able to monitor what children ate because they were away from home working one and often more jobs (Guarnaccia, et al., 2012) making it possible for children to eat calorically dense snack foods on their way home or at home.

In the second pathway, only the father has a graveyard shift and the mother is a homemaker, but in that case an adult child and a younger child in the household refuse their mother’s traditional food, preferring American fast food or quickly prepared or microwaveable options. Eating patterns were formed initially when both were single parents with multiple children. Each parent served their children fast food after work in order to cope with his or her over-burdened schedules. When the father began the graveyard shift, family members devolved back to individualized eating. Although their
resources increased when they were married, the nutrition and work context of the family have supported preexisting food consumption patterns where the children routinely eat convenience foods. The current study suggests that work hours alone do not account for which families maintain a dinner routine of the same meal. A study conducted of middle class families by Ochs, Shohet, Campos, Beck (2010) using ethnographic data from the UCLA Sloan Center on Everyday Lives of Families (CELF) found that flexible work hours did not account for which families ate in unison and which did not.

The current study thus highlights two paths that lead to the phenomenon of separate family dinnertimes when at least one parent works a late night, graveyard, or non-standard shift. The paths include: (1) both parents work non-standard, graveyard, or late night shifts; or (2) the family fails to maintain a routine in which family members eat together as a daily ritual.

The families who eat dinner in unison, despite the other parent being gone due to the work schedule, had two factors in common: (1) the spouse was a homemaker or (2) the spouse had regular work hours that allowed the family to maintain the dinner ritual. In this category there were seven families. Having dinner together was not equal to having the same meal, though fathers in this category typically did consume a home-made dinner upon arrival home from their jobs. This is consistent with Blake, Wethington, Farrell, Bisogni, and Devine (2011), who found that among a multi-ethnic sample of 56 English-speaking families in which one parent works a late night or graveyard shift, but has a spouse that stays at home and cooks, the spouse with the late night job has healthier eating patterns than workers who do not have a stay-at-home spouse who cooks.
In the current study, four conclusions can be drawn from these findings on the influence of work on Latino family food decisions. First, parents obtain a variety of food modeling through their jobs in ways that can translate into family food decisions. Second, families with at least one parent who works a late night, non-standard, or graveyard shift will not eat dinner together as a family. Third, even if one parent is available, the family may still not eat in unison because work hours alone do not account for the family dinner routine.

The other important institutional environment I identify in this dissertation is the schools. Fewer than 500 students attend Reed Charter School; more than 3,000 children are enrolled in Reed’s other public elementary schools. The children who attend the charter school and traditional schools are socioeconomically similar; 90 percent participate in the subsidized school lunch program ("Schools in Arvin, CA" 2013). The schools in Reed that participate in the traditional school lunch include one high school, one middle school, and four elementary schools. There are only six other counties in California with higher percentages of children enrolled in the NSLP, and all but one of them are also in the Central Valley ("County Health Rankings & Roadmaps, California", 2014). In the current study, 15 out of 21 families have a child who participates or has participated in the traditional school lunch program, and all 21 families have at least one child in the charter school who participates in the “from scratch” lunch program at Reed Charter School. Given the high participation in school lunches, the NSLP is a mainstay in shaping food preferences and food modeling of low-income Latino children in Reed.

A salient theme for the families with children who have participated or currently participate in the traditional school lunch is their children’s taste for calorically dense,
processed food. To this day, parents described their adult children who had participated in the traditional school lunch as preferring American fast food like pizza. Parents with children who currently participate in the traditional program said their children often request hamburgers, frozen items that can be quickly heated and eaten, as well as pizza. The children who eat healthier meals at home that are different from what is served at school typically request a homemade lunch to no avail. Analysts have documented that Latino parents, even if they do not think the school lunches are healthy, will allow their children to consume the school lunch (Ohri-Vachaspati, 2014). Ohri-Vachaspati (2014) suggests that because parents allow their children to eat school lunches it should not be assumed that parents think the lunch is healthy. It may be that low income parents rely on nutrition assistance programs like the school lunch because they are already overburdened. Furthermore, in the current study children who participate in the traditional school lunch program overall are likely to request the food that they are exposed to at school when they are at home. As traditional schools continue to serve school lunches that are higher in fat and sodium than is recommended (Crepinsek, et al., 2009), with some minimal reductions in sugar (Poti, et al., 2013), the role of schools in shaping food preferences will continue to be a substantial barrier to reducing overweight and obesity in low income communities.

On the other hand the charter school, with its from “scratch” lunch program and healthy Wellness policy, is attempting to reverse obesogenic drivers. While still following overall NSLP recommendations, all snacks, breakfast, and lunch are made from scratch in the Reed Charter School kitchen by the head chef, her assistant, and various hired and volunteer mothers from the community. With its Wellness Policy, the
Children who attend Reed Charter School are exposed to healthy food modeling on campus via the school lunches and Wellness Policy that prohibits junk/heavily processed food on campus as rewards and at parties/school functions. Several mothers described their children requesting foods available at the school’s salad bar, repeating to siblings that they should always make healthy choices not just while at school, and their new tastes influence parents to change what and how they prepare foods. These findings contribute evidence that policy and environmental strategies to change food behaviors can be effective in the low-income community studied. Other similar research has found interventions aimed at changing food behaviors to be effective in influencing food attitudes of Latino youth. A quasi-experimental, garden-based intervention (LA Sprouts) was piloted and assessed with 104 Latino youth for its influence on behavior associated with dietary intake and psychosocial factors (Gatto, Ventura, Cook, Gyllenhammer, & Davis, 2012). The study found a 16 percent increase in the students’ preference for vegetables compared with control subjects (Gatto, et al., 2012).

The reaction of children to the novel school food also highlights the interplay between the other sources of food intake and modeling in their lives. The children who were more open to the charter school food were those who typically eat the same dinner with their whole family or with at least one parent. This was true of most children despite the range of foods consumed by families who sit down together for dinner. Children who ate individualized meals without a parent were not as amenable to trying the vegetable
heavy cuisine of the charter school. This finding suggests that the food itself may only be part of how the dinner routine may be important in shaping behaviors and health outcomes of children. In other words, children’s attitudes towards food are shaped not just by the food eaten at home, but by the dinner routine itself. These findings resonate with the existing multidisciplinary literature on dinner routine. Fiese (2006), for example, has argued that because dinner is a repetitive routine for the vast majority of American families, there is potential for this behavioral setting to have a significant influence on child behavior and development. From a cultural anthropology perspective, what happens at the family meal may be far more important than the actual content of the family meal (Larson, et al., 2006). For example, one of the principal outcomes one can expect from children’s participation in mealtimes is socialization into their families’ culture; but children also resist and transform cultural practices and meanings to other family members (Larson, et al., 2006). Within this lens, all mealtimes provide opportunities for socialization—including mealtimes at school, home, and elsewhere.

One conclusion that can be drawn from these findings on the influence of school food on low income Latino children and their family’s food decisions is that mealtimes play an important role in shaping children’s food preferences. Children who are socialized to eat the same meal with family members in unison apply the same expectations to food at school—thus, they may try foods because they are used to trying new foods. And, children who are socialized to eat separately and eat different meals than other family members apply the same expectations to school food and thus only consume the items they are willing to try. In other words, these children may not be regularly challenged to try new foods. The same is true regarding school food. The children who
attend Reed charter school are given a medley of vegetable options to choose. Exposure to these foods also influences how children respond to food at home. In contrast, children who attend or have attended traditional schools request foods to which they are exposed in a traditional lunch. In the next section, I include how the home food context further shapes Latino family food decisions.

The Intersection of Culture, Structure, and Family Food Guiding Approaches

While the community nutrition environment in Reed is characterized by limited options for healthier foods, and Reed Charter School is one of the few schools with a healthy lunch program. The home environment reflects this multitude of influences along with its own particular context. Most of the families in this study do not eat breakfast or lunch together as children or parents need to get ready for their day at different times; but in 17 of the 21 families in this study, at least one parent does sit down with their children for dinner. The dinnertime routines identified include: (1) all members eat together most nights; (2) one parent prepares dinner and eats with children and the other parent eats later; or (3) a staggered dinner routine for all family members. These patterns are in line with what other analysts have previously noted (C. E. Blake, et al., 2008; Ochs, Shohet, Campos, & Beck, 2010).

However, family food decisions were most influenced by their guiding approach to meals or main organizing principle. The four approaches include: health, traditional, developmental, and path of least resistance. Families that make food decisions based on the health approach have a health goal in mind like reducing soft drink intake, increasing vegetable intake, losing weight, or diabetes control. Families that follow a traditional approach eat the types of foods they typically ate growing up in their own family; recipes
may be passed on from generation to generation or may be adopted from friends or family.

Families that follow the developmental approach typically eat traditional foods, but their children eat some variation of the main meal or dish. The developmental approach is intended to “scaffold” children to more complex tastes such as that of spicy foods. Families that maintain a path of least resistance approach tend to allow their children to eat whatever foods they prefer. The guiding approach typology advanced by the current study offers an alternative framework for understanding Latino family food behaviors.

The guiding approaches identified in this dissertation are in line with what other analysts have previously found but also add new directions. Blake and Bisogni (2003), in a study of food schemas among white women in rural New York, identified four food schemas: peacekeeper, healthy provider, struggler, and partnership. Of these patterns, the healthy provider resembles the health approach identified by this study and the peacekeeper approach resembles the path of least resistance approach identified in this study. However, the struggler and the partnership categories found by Blake et al. (2003) were not identified in the current study. The partnership schema was not likely to have been observed as it denotes egalitarianism among the married couple, which was not observed among the current study’s population. Familial recipes and routines in eating characterize both the traditional and developmental approaches. The guiding approaches are an expression of family food goals or approaches, but they are also a reflection of culture and structure within the family context.
With regard to culture, the proposed typology offers some insight. The developmental approach was specifically used by two families of Mexican immigrant mothers who “scaffold” their children’s palates by serving them traditional dishes that are slightly differentiated from the main dish. This approach constitutes more work for mothers, rather than less work. The traditional approach to food decisions identified in this study is akin to what analysts have found among immigrant Mexicans and other Latinos. The diet is rich in beans, tortillas, salsas, and caldos (soups) (Dixon, et al., 2000), but vegetables were used mainly as ingredients in the preparation of soups, rice, pasta, and meat. Salads and vegetable side dishes, less common in Mexico, were consumed more frequently after immigration to the United States (Batis, Hernandez-Barrera, Barquera, Rivera, & Popkin, 2011). Although Mexicans in the United States may consume more salads or vegetable side dishes, overall the diet of Mexicans in Mexico may be thought of as healthier since meals are made (or used to be made) from scratch more often than in the United States where more processed food is consumed. Children in families that follow the traditional approach eat the same meals their parents eat with no “scaffolding” or alternative meals. This finding is in contrast to Guarnaccia et al. (2012) who found that Mexican children in the United States were not being exposed to and learning to eat chilies, as mothers would prepare extra dishes for children or spice-less dishes, and then make salsas for older family members to add on.

While most mothers in the current study who are oriented toward a health guiding approach are U.S. born, some immigrant Latina mothers also fit into this category. Other studies have documented an inclination toward healthier food behaviors among immigrant Latinos. For example, one study noted that immigrant Latino families are
willing to spend extra money on vegetables if they know their children like them (Slusser et al., 2011), and Latino parents who eat more vegetables also seem to feed their children more vegetables (Slusser et al., 2012). The linkage between fruit and vegetable intake of parents and children has also been systematically studied. For example, a cross-sectional study examined mothers and their 5-6 year olds and found that children’s dietary intake of 13 different fruits and 21 different vegetables was significantly associated with their mother’s daily intake of those fruits and vegetables when assessed by maternal report (P. Miller, Moore, & Kral, 2011). However, in the current study, the factors that were necessary for families to follow a health approach include having spousal support and how children are socialized to the approach. Most of the families with a health approach routinely institute one family meal—but that was less true for immigrant mothers. More immigrant mothers who follow a health approach themselves had at least one child who follows a path of least resistance approach. For these mothers, this discrepancy had less to do with their nativity and more to do with various conditions that, over time, had reinforced non-health promoting family food behaviors. Three main mechanisms lead to the path to least resistance dinner routines in the current study.

First, work hours often prevent both parents from being home with children to eat the same meal. In these cases, children eat what is available at home, what is easy to make, or what they can purchase in a local food outlet, which is typically high calorie, processed food of low nutritional value. Secondly, children begin to gain new tastes that are different from what is served at home (especially for “fast food”), and they begin to resist food served at home; when children develop a path of least resistance approach, the response by parents to the resistance is to give children the food they prefer. The food
socialization experience of children who follow a “path of least resistance” is one in which eating what is expedient or preferred is the norm. As noted earlier, these children are also the least open to the “scratch” lunches served at the charter school.

The phenomenon of providing children with expedient meals among Latinos has been previously documented. Latino parents in various studies have remarked that they feed children alternative meals rather than the regular family meal (Kerber, Kessler, Wallace, & Burns-Whitmore, 2014); allow their children to decide what they will eat at home and outside of the home often allowing them to have less healthy choices (Turner, Navuluri, Winkler, Vale, & Finley, 2014); or permit children to eat at different times from each other and their parents, often while watching TV (Lindsay, et al., 2009). In all of these cases, as in the current study, children eat an expedient meal not necessarily because of food adversity, but simply because it is an available option and/or because families choose the easier option despite the other options available to them.

In contrast, in some families children were offered alternative foods specifically because they refused the main meal or a certain food. Other researchers in different populations have found that sometimes parents stop offering new foods when their children react negatively to them (Carruth & Skinner, 2000; Carruth, et al., 2004), or that parents who respond to their picky child’s limited diet and who worry about their overall energy intake may give up and offer the child favorite foods and thus further reinforce the child’s avoidance of unfamiliar foods (Scaglioni, et al., 2011). As other analysts have argued, there is no daily activity that families share as a group that is practiced with the same regularity as is the family dinner routine (Fiese & Schwartz, 2008). Thus, the current study’s findings suggest that allowing children to eat what they prefer as part of
the daily dinner routine deteriorates the family’s ability to socialize children to healthier eating behaviors.

The development of a path of least resistance approach to food decisions represents not an individual behavior, but a process over time that reflects multiple non-health promoting forces. Families are at risk for the path of least resistance if the food they eat at home resembles the expedient food found in the low income community in which they live, which is characterized by an abundance of processed food and the NSLP, a federally subsidized nutrition assistance program.

Utilizing a socioecological approach to investigate low-income Latino family food decisions, this study has explored how the community nutrition environment, food modeling at work and at school, work hours, dinnertime routines, and family organizing principles influence food decisions. Key contributions of this dissertation include identification of a typology of guiding approaches to Latino family food decisions; an analysis of the link between the food context at home and at school (both NSLP and Reed Charter School’s “scratch lunch program”); and an examination of structural, cultural, and behavioral forces that support or hinder the various guiding approaches and thus family food decisions. Most of the ecological levels examined in the current study encourage a path of least resistance guiding approach to food decisions, which is the least healthy option. The current study’s theoretical contribution includes a conceptual model of Latino guiding approaches and how various environments influence the guiding approaches. This dissertation also includes implications for practice and research—these are discussed after the limitations of the study.
Limitations

One of the major limitations of this study is that the patterns observed in the families may not be fully representative of other Latinos in the Central Valley town as well as other low-income communities. Only twenty-one families participated in this study, thus, it is not possible to conclude that all Latinos in Reed have the same experiences as this small sample. Some types of respondents were much more easily recruited than others. It was very challenging to recruit families with one parent who works a nonstandard, long, or graveyard work schedule. Potential respondents that sleep during the day because they work a late night shift could not be reached. For others with the lowest incomes, phones would get disconnected or participation in school events might be difficult, thus limiting opportunities for recruitment. While I encountered many families in this category, I successfully recruited ten families (out of 21) in which at least one parent had nonstandard, long, or graveyard shift hours. It is possible that those parents who participated in this study were managing better than some others because they could find the time to talk. If that is the case, then it could be that those parents who had greater challenges for participating in the current study had additional pressures that impacted their time and also their ability to make healthier food decisions.

Another limitation is that dietary intake data was not systematically collected from participants. Participants shared information about their eating routines, typical meals, family food preferences, and in some cases allowed observations in their homes, but dietary intake data was not collected systematically and this may affect the validity of details about dietary quality. Validity refers to the ability of the questionnaire to estimate the dietary intake during the appropriate time period with relative accuracy (Hankin &
Wilkens, 1994). Standard methods for collecting dietary intake data include food records/diaries, dietary recalls, and food frequency questionnaires. The food record or food diary method consists of a detailed listing of all foods consumed by an individual on one or more days (Buzzard, 1998). While it is a standard practice to utilize one of these or a variation of one of these methods to obtain dietary intake data, all of these methods have pros and cons related to their validity among Latinos. The issue of validity for a specific population is most problematic for methods such as the Food Frequency Questionnaire and Brief History Methods because they both rely on a food database that needs to be updated to specific foods eaten by the target population (Thompson & Subar, 2007).

Although many observations make up the data set for this study, most of the data was collected from interviews. And although interviews can elicit considerable information, observations are useful for clarifying or disconfirming the statements of respondents. Observation data can also reveal additional information to the analyst which the respondents may sometimes not know is important. Thus, while some triangulation was possible with the study data, additional observations would have increased the completeness of the study’s findings.

An additional limitation is that there was only one coder for the data. It is recommended that with qualitative data that there be two to three coders in order to increase the rigor of the analysis. Thus, had other coders assisted in the analysis, they may have found different themes than those put forward by the current analysis.

Finally, some strengths of this study should be highlighted. First, interviews were conducted in both English and Spanish, which made possible a wider sampling frame of
respondents. Secondly, my background as a second-generation Mexican American woman gave me an insider’s perspective. An insider’s perspective has been lauded as useful in terms of gaining access, observing phenomenon that outsiders may not see, and gaining the confidence of various actors. On the other hand, an insider’s perspective can lead the analyst to dismiss important factors that may seem ordinary or may feel uncomfortable and thus will not press participants to answer certain questions.

Implications for Theory

The current study expands the use of the food choice process model (Furst, et al., 1996; Sobal & Bisogni, 2009) in conjunction with a socio-ecological approach to investigate the day-to-day lives and food decisions of low income Latinos. As the prevalence of obesity is poorly explained by individual-level psychological and social correlates of diet and other behaviors (Glanz, et al., 2008; Glanz, et al., 2005), I utilized a model of community nutrition environments (Glanz, et al., 2005) to augment the food choice process model. While the food choice process model posits a relationship between various influences, including the present context, investigating the contexts in which family members spend their time provided insights about how the different environments influence family members and, in turn, how these influences interact to impact food decisions. Public health research that addresses only parental or children’s food motivations, beliefs, or attitudes (intrapersonal level), but do not address the way work, school, and home life is organized (organizational level), or the interactions that take place between home-school-and-work (inter-organizational level), are unlikely to identify the full range of modifiable factors that lead to overweight and obesity in some of the most impacted communities. The results of this study support the use of socio-
ecological approaches to the examination of food decisions in low-income Latino communities in multiple environments.

The guiding approaches typology to Latino family food decisions is the primary original contribution of this dissertation. Previous studies have identified an assortment of Latino family food behaviors, and this study is the first to advance a unified typology of some of these behaviors. From a theoretical standpoint, the guiding approaches typology can be used as a conceptual framework of how Latino families organize mealtimes. The proposed typology unifies disparate food behaviors observed among the current study’s participants and that other interdisciplinary scholars have observed among Latinos and other populations including (1) families in which children do not consume Mexican salsa—in other words, traditional Mexican food (Guarnaccia et al., 2012), (2) sometimes parents stop offering new foods to children when their children exhibit food neophobia or a fear of the new food (Carruth & Skinner, 2000; Carruth et al., 2004), (3) the diet is rich in beans, tortillas, salsas, caldos (soups), but vegetables are used mainly as ingredients in the preparation of soups, rice, pasta, and meat (Dixon et al., 2000), (4) parents feed children alternative meals rather than the regular family meal (Kerber et al., 2014) or allow their children to decide what they will eat at home and outside of the home, often allowing them to have less healthy choices (Turner et al., 2014), and (5) some Latino households no longer maintain a regular family dinner, but instead engage in individualized eating (Lindsay et al., 2009; Sussner et al., 2008). Figure 4 represents the “Guiding Approaches.”
Figure 5 represents the relationship between the multiple ecological levels and the guiding approaches to Latino family food decisions. It also highlights the feedback loops between multiple environments and Latino family food decisions. While various studies have provided empirical data to link individual environments with health indicators, such as density and type of food outlets with obesity (M. C. Wang, et al., 2008), proximity of fast food outlets with likelihood of consuming fast food (Boone-Heinonen et al., 2014; Boone-Heinonen et al., 2011), or work environment/ hours with ability to choose healthier food options (See Crepinsek 2012 in Baron, et al., 2013; Devine, et al., 2009), few studies elucidate the feedback loops between environments to influence Latino family food decisions in a low income community.
Figure 5, Relationship Between Ecological Levels and Guiding Approaches to Latino Family Food Decisions

Low income communities characterized by an abundance of non-health promoting food sources and modeling may support non-health promoting food behaviors more than they support health promoting food behaviors. Researchers and practitioners who seek to address the modifiable factors that influence Latino family food decisions can use the proposed conceptual model.

**Implications for Practice**

The constructivist approach and the in-depth nature of the current study’s research design allowed for the discovery of guiding approaches used by low-income Latino families in their day-to-day lives to manage food choices in the light of conflicting demands. These findings are likely to be useful in understanding the experiences of other low-income Latino parents. It is possible that those parents who participated in this study were managing better than some others because they could find the time to participate in interviews.
This dissertation’s finding that a synergy between home and school food influences family food decisions among low income Latinos suggests that expanding “from scratch” lunch programs and Wellness Policies that prevent the use of candy and junk food as a reward in schools located in low-income communities could support improvements in the home diet among Latinos. The macro-level forces, which fostered the obesity epidemic in the United States and other countries, appear even starker in a low-income community. Some of the macro-level forces that currently shape the U.S. overweight and obesity context include the development and aggressive marketing of convenient, low cost, and often highly caloric foods; agricultural subsidies favoring inexpensive, high calorie foods; and large-scale secular changes in work, lifestyles, and transportation (Nestle, 2007). School food, although researched intensively, has been slow to change and improve dramatically. The politics of school lunch reform were recently evident when the original proposal for reformed school lunch standards put forth by the USDA was dashed in Congress. The original reformed standards limited starchy vegetables like French fries to two servings a week and made it difficult for a slice of pizza with tomato paste to count as a vegetable. But, Congress, pushed by industry groups, weakened the final rules by allowing many schools to continue to offer French fries almost daily and allowing pizza to count as a serving of vegetable (French & Story, 2013).

Families in the current study sustain multiple levels of influence on their food decisions; however, most of these influences support a path of least resistance where children pick their meals and often their mealtimes. Most parents interviewed in the current study do not participate in jobs with health promoting environments except for
the Reed Charter School. The charter school, with a health promoting vision, has impacted attitudes about health in ways that currently may not exist elsewhere in Reed. In Reed, an educational foundation with ties to agriculture has shown stewardship in launching the Reed charter school with an aim at improving school and health outcomes of the Latino children in the community. With the greater leeway afforded to charter schools to install a kitchen, hire a chef and an assistant chef, a new way of feeding lunch to children in the Central Valley has emerged. If more schools were to launch lunch programs with an onsite cafeteria, a Wellness Policy that supports healthful food modeling, and opportunities for parents to learn health promoting recipes and tips, this model could have a positive impact on the food decisions of the school children, their parents, and school employees. Moreover, schools (and other institutions working with Latinos) can utilize the guiding approaches typology to tailor programming for the food context that is most common in the home environment.

The overabundance of fast food, processed food, and convenience food, and the shortage of healthy options in the low-income community studied signals a need for policies and regulations to transform the community nutrition environment. As other studies have also established, the main problem is not access to food per se, but access to healthful food (Scherezade, Soltero, Ledouz, Gallagher, & Lee, 2014). Debates are centered on whether a moratorium on fast food restaurants (Sturm & Cohen, 2009; Boone-Heinonen, et al., 2011; Sturm & Hattori, 2015), menu labeling (Sebastian-Ponce, Sanz-Valero, & Wanden-Berghe, 2011; Vadiveloo, Dixon, & Elbel, 2011), or increasing access to healthy foods can have greater impact on improving healthy food decisions. While some research documents the benefits of each, zoning restrictions of the placement
of fast food outlets in conjunction with increasing access to healthier options would improve the diet in this and similar communities. The California Wellness Plan (CWP) (2014) proposes that by 2015 there should be an increase in the number of corner stores that sell healthier food options in underserved areas (p.28, objective 1.42I). This dissertation recommends that Reed’s governmental agencies restrict the expansion of more fast food restaurants into the community, while at the same time instituting measures and allocating funding to increase access to healthy foods (specifically the number of measures backed by the CWP) in its community food outlets, including a farmer’s market and a “Double Bucks” program (in conjunction with a community-based organization) that incentivizes the purchasing of fresh produce. Governments have largely placed the responsibility for addressing nutrition and obesity to individuals, the private sector, and non-governmental organizations, yet the poor nutrition led obesity epidemic will not be reversed without government leadership, regulation, and investment in programs, monitoring, and research (Swinburn et al., 2011).

**Implications for Research**

While overweight and obesity trends among the general U.S. population are plateauing, certain groups like Latino children (C. Ogden, et al., 2014, p. 808) and Mexican American women (Flegal, Carroll, Kit, & Ogden, 2012) continue to see increases. Given the disparities in overweight and obesity, it is a critical time to understand the modifiable factors that influence food behaviors among the Latino population. If we are to reduce overweight and obesity among the most affected populations, we need to understand the underlying social forces that lead to disparities in those communities (Rosas & Stafford, 2012).
The current study has three key recommendations for research. First, the findings of this dissertation need to be quantitatively assessed in a larger population to determine the prevalence of the guiding approaches. That is, are the guiding approaches found in this study the extent of family patterns that may be found among Latinos? Are these patterns also found among other Latinos in other contexts? Understanding the prevalence of these patterns may provide a baseline with which to then further analyze structural or cultural forces that may interact to render certain families more vulnerable to poor food decisions.

Second, the relationship between the guiding approaches and other factors (i.e., work hours, food modeling at work, school food, community nutrition environment, dinner routines) that may contribute to poor food decisions needs to be further explored. What are the main contributing factors to these patterns? What is the relationship between the guiding approaches and food decisions in the school and work contexts of other low-income Latino families in other communities? Understanding how different communities are affected can signify whether the phenomenon seen in Reed is particular to that context or rather that the same mechanisms are in play in other low-income communities. If the latter is the case, findings could indicate the need for multi-level group efforts by government, social services, and schools to implement interventions that are suitable for the specific needs of families.

Third, while much research has debated the pros and cons of the traditional school lunch program, more research is needed to understand how school lunch innovations in low-income communities impact family food patterns. Traditional schools, bounded by a number of factors such as regulations regarding parent involvement and a lack of
kitchens, have been slower to innovate with regard to school lunches. Charter schools, like Reed Charter School, have worked to shape food attitudes and behaviors with their Wellness Policy and healthier school lunches. More research is needed to document and analyze how schools that utilize an ecological approach to food modeling influence the food behaviors of children and their communities.

This dissertation has explored the role of multiple environments in shaping food decisions among working Latino families in the Central Valley. The main contribution of this dissertation is the guiding approaches typology—a set of patterns that describe how families organize their mealtimes including traditional, developmental, health, and path of least resistance approaches. An analysis of food modeling and food context in the schools children attend, the workplaces where family members spend their day, and the community nutrition environment reveal that most environments in Reed support a path of least resistance approach to food decisions. On the other hand, some environments like the Reed Charter School have a health promoting influence on both students and workers, highlighting the role of an institution in transforming attitudes and behaviors in a community saturated with processed foods of low nutritional value.
Appendices
Appendix I: Interview Guide

Interview Guide
Food Decisions Among Working Latino Families:
The Central Valley, California

The analytic categories for this project are routines and rituals, family structure, food decisions, coping and family adaptive strategies, and food insecurity. I will also bring in constructs from the social cognitive theory to explore how different factors reciprocate within the family system to impact food decisions.

Demographics

Demographics
Age
Gender
Marital Status
Age of your spouse/partner
Years married or together
Number of children:
Number of children that do not live with you or live with you sometimes
Who lives in your home?
Occupation
  • Hours of work per week
  • How long have you worked that many hours?
  • When were your hours different how old was your child?
  • How old was your child when you began to work?
  • Have there been periods without work? When? How long?
Spouse or partner’s occupation
  • Hours of work per week
  • How long has he/she worked that many hours?
  • When were her/his hours different? how old was your child?
  • How old was your child when he/she began to work?
  • Has he/she been without work? When? How long?

Self-reported weight and height of participant, spouse/partner and children

Routines and rituals

How often do you eat dinner together as a family? If not certain times why?
“Speeding up”( From Blake et al 2011)
On workdays your family’s main meal?
How often do you eat out or get take out for the dinner meal? Why? Which restaurants do you tend to choose? Why?

Individualized meals
On workdays? Probe about these categories. Maybe they aren’t relevant.
- Does anybody watch television during meals?
- Does anybody make an alternative meal? Do you make an alternative meal for yourself or someone else?

Who cooks? Do your kids cook? Since when? Who taught them? Which child likes to cook the most?

- ¿Cuántos días cenan juntos toda la familia? Si no comen juntos ¿porque?¿Por qué
- ¿Quién mira la televisión durante la cena?
- ¿Quién cena algo diferente que los demás? ¿Usted hace una comida alternativa para usted o para alguien?

¿Quién cocina? ¿Sus niños cocinan? ¿Desde cuando? ¿Quien les enseño? ¿A cuáles niños mas les gusta cocinar?

Family Structure
Are you married, divorced, single?
For the married/partnered: How long have you been married? How many kids?

For the divorced/single: Tell me about your relationship with your child’s other parent. How does that impact your child? Any other kids that you have living elsewhere? That he/she has?

Food decisions
1 parent at home/1 working
What do you and your family eat on a typical week for dinner? M-Sunday? Who cooks? Who helps cook? How do you choose what’s you will have for dinner?
What happens when somebody can’t make it to cook on time? Who does most of the cooking? If your partner has to work late what do you do? [How often does this happen] When do you eat out? Which restaurants/food outlets are your favorites? Who buys groceries?

¿Que comen ustedes en una semana típica? ¿De lunes a domingo? ¿Quién cocina? ¿Quién ayuda a cocinar? ¿Cómo deciden lo que se va comer para la cena? ¿Qué pasa en su familia cuando alguien no puede llegar a tiempo a cocinar? ¿A quien le toca cocinar a menudo? ¿Si su pareja tiene que trabajar
¿Cuántos días por semana compran comida afuera de casa? ¿Y cuales restaurantes frecuentan? ¿Quién compra el mandado?

2 workers
What is your daily work week like? How do you do it with 2 workers? How do you decide who will do what? While you do that, what does your partner do?

¿Cómo es su horario de trabajo típico por semana? ¿Como le hacen? ¿Cómo deciden quien hará que? ¿Mientras usted hace eso, que hace su pareja?

No workers
How do you decide who will do what? While you do that, what does your partner do?

¿Como le hacen? ¿Cómo deciden quien hará que? ¿Mientras usted hace eso, que hace su pareja?

Coping & Family adaptive strategies
Who cooks? When and why? Who decides what’s going to be eaten? What do your kids like to eat? What about your partner—what does he/she like to eat? What do you guys eat every week? Who does the grocery shopping?

¿Quién cocina? ¿Cuales días y porque? ¿Quién decide que se va comer? ¿Qué les gusta comer a sus niños? ¿Qué cosas comen cada semana? ¿Qué le gusta comer a su marido/esposa? ¿Quién compra la comida cada semana? ¿Por qué?

Food insecurity
How many times a month do you worry about having enough money to buy food? What happens that makes you feel that way?
How many times a month do you worry about having enough time to cook food? What happens that makes you feel that way?
What do you/your partner during those times?

¿Cuántas veces por mes se preocupa por tener bastante dinero para comprar comida? ¿Qué es lo que causa esta situación?
¿Cuántas veces por se me preocupa que va tener bastante tiempo para cocinar? ¿Qué es lo que causa esta situación?
¿Qué hace usted/su pareja en estas situaciones?

Additional Issues:
1. Although my study is not on exercise, it would be good for me to know how active a family is. What attitudes are held toward exercise? What exercise behaviors do people have? How much? How often? Do people know about BMI? Do people seem concerned about their weight?
Appendix II: Observation Protocol

*Food Decisions Among Working Latino Families: The Central Valley, California*

*Students in the Lunch Room*

While students are at lunch, observe what they are eating. Did they bring a home lunch? How do they react to the food produced at their school cafeteria?

*In home Observations*

How does the family decide what food will be purchased? How often do they shop for food? When do they shop food? Who shops?

Can I observe the dinner time? Can I come for dinner?
Appendix III: Foods Eaten by Families

Examples of Foods Eaten by Families

Mother

Health

Guiding Approach

1. Amelia Dinners: Baked chicken, chicken noodle soup, chicken with Shake 'n Bake ™, chicken stuffed with spinach and mozzarella, two dozen eggs per week, kids the whole egg, mom on occasion a whole egg with egg whites), yogurt, milk, and almond milk, cinnamon toast crunch and fruit loops, beef two times per week, chicken 3X per week and salmon/fish 1 x week, whole wheat pasta (2-3 x per month), quinoa, vegetables (salad, celery, carrots, broccoli, Brussels sprouts, cauliflower, zucchini, summer squash, tomatoes ). Snacks (cheese sticks, yogurt, nuts, microwave popcorn, fruit). No soda but do buy hot dogs, turkey dogs. Do not eat fast food anymore. Instead of rice, dinners are made with potatoes or with quinoa. Husband loves Italian sausage. Desserts: "we always try to monitor them drinking soda when we are out, or candy or whatever they are being offered"

Dinners: bowtie pasta (wheat ) with eggplant, zucchini, bell peppers, onions and ground turkey and spaghetti sauce (sauté everything in a little bit of oil). Salmon and oil garlic and garlic, salt, lemon and black pepper in a pan, brown rice, sautéed vegetables or broccoli. Tri tip steak. On Preparing Vegetables: "Six months earlier (I was using olive oil with my vegetables and meats but I was still frying a lot taquitos with papa like 2 times a week (fried, rolled tacos) and now I don’t even buy potatoes anymore.” Now: “I have a little container that you put in the microwave with water and I make the broccoli in there [steam bucket].” Gets ideas for healthy eating from Instagram and Pinterest--she follows people who are bodybuilders, who eat healthy, and who are vegan. Enchiladas (fried tortilla in chili sauce stuffed with cheese and onions) with fried potatoes on top, chiles rellenos (Battered and fried Pasilla chili stuffed with cheese and served in tomato and garlic sauce), tortas de carne asada (a steak sandwich), caldo de pollo (chicken soup prepared with vegetables), tostadas de ceviche (fish and/or shellfish prepared with lemon juice, and chopped tomatoes, onions, cilantro and served on a fried tortilla), pollo al horno (roasted chicken), lentejas (lentil soup during Lent), salsa de molcajete (tomato salsa prepared in a molcajete, or volcanic rock mortar and pestle), frijoles (beans, in broth or refried), pan de migas (a bread pudding,) red meat once a week, fried cauliflower; white rice with frozen peas, carrots. She drinks soda every day. Her daughter used to buy hamburgers on her way from school instead of having the family meal. Said her young daughter wants chicken nuggets when they are out and about, and older daughter used to buy hamburgers after school.

Health

2. Andrea

Traditional, developmental

Dinners: Baked chicken, chicken noodle soup, chicken with Shake 'n Bake ™, chicken stuffed with spinach and mozzarella, two dozen eggs per week, kids the whole egg, mom on occasion a whole egg with egg whites), yogurt, milk, and almond milk, cinnamon toast crunch and fruit loops, beef two times per week, chicken 3X per week and salmon/fish 1 x week, whole wheat pasta (2-3 x per month), quinoa, vegetables (salad, celery, carrots, broccoli, Brussels sprouts, cauliflower, zucchini, summer squash, tomatoes ). Snacks (cheese sticks, yogurt, nuts, microwave popcorn, fruit). No soda but do buy hot dogs, turkey dogs. Do not eat fast food anymore. Instead of rice, dinners are made with potatoes or with quinoa. Husband loves Italian sausage. Desserts: "we always try to monitor them drinking soda when we are out, or candy or whatever they are being offered"

Dinners: bowtie pasta (wheat ) with eggplant, zucchini, bell peppers, onions and ground turkey and spaghetti sauce (sauté everything in a little bit of oil). Salmon and oil garlic and garlic, salt, lemon and black pepper in a pan, brown rice, sautéed vegetables or broccoli. Tri tip steak. On Preparing Vegetables: "Six months earlier (I was using olive oil with my vegetables and meats but I was still frying a lot taquitos with papa like 2 times a week (fried, rolled tacos) and now I don’t even buy potatoes anymore.” Now: “I have a little container that you put in the microwave with water and I make the broccoli in there [steam bucket].” Gets ideas for healthy eating from Instagram and Pinterest--she follows people who are bodybuilders, who eat healthy, and who are vegan. Enchiladas (fried tortilla in chili sauce stuffed with cheese and onions) with fried potatoes on top, chiles rellenos (Battered and fried Pasilla chili stuffed with cheese and served in tomato and garlic sauce), tortas de carne asada (a steak sandwich), caldo de pollo (chicken soup prepared with vegetables), tostadas de ceviche (fish and/or shellfish prepared with lemon juice, and chopped tomatoes, onions, cilantro and served on a fried tortilla), pollo al horno (roasted chicken), lentejas (lentil soup during Lent), salsa de molcajete (tomato salsa prepared in a molcajete, or volcanic rock mortar and pestle), frijoles (beans, in broth or refried), pan de migas (a bread pudding,) red meat once a week, fried cauliflower; white rice with frozen peas, carrots. She drinks soda every day. Her daughter used to buy hamburgers on her way from school instead of having the family meal. Said her young daughter wants chicken nuggets when they are out and about, and older daughter used to buy hamburgers after school.

3. Donna

Traditional, developmental

Dinners: Baked chicken, chicken noodle soup, chicken with Shake 'n Bake ™, chicken stuffed with spinach and mozzarella, two dozen eggs per week, kids the whole egg, mom on occasion a whole egg with egg whites), yogurt, milk, and almond milk, cinnamon toast crunch and fruit loops, beef two times per week, chicken 3X per week and salmon/fish 1 x week, whole wheat pasta (2-3 x per month), quinoa, vegetables (salad, celery, carrots, broccoli, Brussels sprouts, cauliflower, zucchini, summer squash, tomatoes ). Snacks (cheese sticks, yogurt, nuts, microwave popcorn, fruit). No soda but do buy hot dogs, turkey dogs. Do not eat fast food anymore. Instead of rice, dinners are made with potatoes or with quinoa. Husband loves Italian sausage. Desserts: "we always try to monitor them drinking soda when we are out, or candy or whatever they are being offered"

Dinners: bowtie pasta (wheat ) with eggplant, zucchini, bell peppers, onions and ground turkey and spaghetti sauce (sauté everything in a little bit of oil). Salmon and oil garlic and garlic, salt, lemon and black pepper in a pan, brown rice, sautéed vegetables or broccoli. Tri tip steak. On Preparing Vegetables: "Six months earlier (I was using olive oil with my vegetables and meats but I was still frying a lot taquitos with papa like 2 times a week (fried, rolled tacos) and now I don’t even buy potatoes anymore.” Now: “I have a little container that you put in the microwave with water and I make the broccoli in there [steam bucket].” Gets ideas for healthy eating from Instagram and Pinterest--she follows people who are bodybuilders, who eat healthy, and who are vegan. Enchiladas (fried tortilla in chili sauce stuffed with cheese and onions) with fried potatoes on top, chiles rellenos (Battered and fried Pasilla chili stuffed with cheese and served in tomato and garlic sauce), tortas de carne asada (a steak sandwich), caldo de pollo (chicken soup prepared with vegetables), tostadas de ceviche (fish and/or shellfish prepared with lemon juice, and chopped tomatoes, onions, cilantro and served on a fried tortilla), pollo al horno (roasted chicken), lentejas (lentil soup during Lent), salsa de molcajete (tomato salsa prepared in a molcajete, or volcanic rock mortar and pestle), frijoles (beans, in broth or refried), pan de migas (a bread pudding,) red meat once a week, fried cauliflower; white rice with frozen peas, carrots. She drinks soda every day. Her daughter used to buy hamburgers on her way from school instead of having the family meal. Said her young daughter wants chicken nuggets when they are out and about, and older daughter used to buy hamburgers after school.
Examples of Foods Eaten by Families

Dinners: *fideo* (angel hair pasta dish cooked in chicken and tomato broth) with chicken and potatoes, fried chicken, baked fish, *caldo de pollo*, rice with meat with salad on the side, or rice beans and potato salad, spaghetti (just the carne molida, buy the sauce, and noodles), *quesadillas with Monterey jack* (cheese melted within a tortilla), beans once a month, corn tortillas, *albondigas* (beef meatball soup, flavored with mint leaves, vegetables), *lentejas* (lentil soup), *enchiladas*. Pork: “we don’t eat pork at all.” Chicken: “We could eat chicken like 4 [times] a week (the chicken breast or the whole chicken, or the legs).” Red meat: “I will make like *dieznillo* [think sliced beef steak], tacos, taquitos. How she chooses a meal: “one day I do [beef] then the next day I will do chicken or fish.” Just recently we started that, reducing red meat intake. Eating out: Pizza, or taco bell. Dessert: every 2 weeks popsicles, *arroz con leche* (rice pudding), ice cream tubs that last one day and “then [she] won’t buy again until 2-3 weeks later.” On sugary drinks: One Gatorade for each person and “you finish it and that’s it” and “we mostly have Koolaid.” Other snacks: Chips. Preparation: “I don’t like to fry the meat, I like to boil it, y ya que se le cae el caldito (once some of grease melts off), with that same oil that it has I will fry it, and then I will just drain it on the side and then I will do the tortillas on the comal [instead of frying then].” Red meat: “We used to eat it like every single day. [But then] my husband would be like, ‘you know the red meat is really bad and we eat it almost every day’ so I was like you know that’s true so let’s just cut it out a little bit and lets put like more fish or chicken out. Now tilapia.” Other traditional foods from her culture: *arroz con gandules*, makes her own sofrito, “Sofrito you have to put bell pepper, the onion, you have to put garlic and cilantro and a little water in the *licuadora* (the blender).” How to prepare *arroz con gandules*: “First you have to get the ham hock, and then for that you buy the bacon and hem hock and you cut the bacon in little little pieces and then you fry it a little, and you add the sofrito, the one you made in the licuadora. Then the tomato sauce, and the rice, and a little bit of water, tomato paste, and gandules, they’re like little green peas. For the tomato sauce *yo no mas le hecho* (I just put in) tomatoes in the licuadora..but I have noticed that if you boil them they taste better, it gives it a little bit of flavor than just throwing it in.” How often does she eat Puerto Rican dishes and she responds: honestly never unless I’m going with my family in [nearby town] and we eat it and that’s when I enjoy it too. If I make *arroz con gandules* then I know that I will make something else on the side for the kids. because my oldest the 14 year old he is really picky, really really picky ese will not eat huevos, nothing with beans, he’s too too picky. This family thus eats traditional food that family members like but if she wants to make traditional Puerto Rican foods then her kids reject the food and she must make them a separate meal. Me: If you make *arroz con gandules* what will you make for the other kids? Her: Whatever that day ..*whatever que salga* (translates to whatever comes out). Her: If I have to make chicken, then I will make chicken and *pollo rojo* or with rice. It just depends a little but, Me: Is he the only one who eats a separate meal? Her: “No, the other kids [too]. it depends on what mood they are in too.” The children get to decide if they want or don’t want foods.
A vegan or vegetarian staples: textured vegetable protein (TVP), nutritional yeast, morning star bacon, soy chorizo, Lactaid for one daughter, almond milk for the other family members, and Monterey Jack cheese. Dinners or dinner items: sopitas con frijoles (bean soups), ceviche de soya (soy ceviche in place of fish served with lettuce and other vegetables,) enchiladas con verduritas (enchiladas topped with vegetables,) whole wheat tortillas made by hand, arroz con leche (rice pudding), whole grain rice, black beans, hamburgers, pizza purchased twice a month, vegetarian pizza made at home, chiles rellenos con elote, crema, queso and whole grain rice (Pasilla chili served with tofu cream, cheese, carrot, lettuce, tomato, avocado), mole con arroz (mole, a chili sauce that is often sweetened with chocolate and other spices. She makes with chicken or TVP;) vegan posole (Posole is a soup made with hominy and a chili based broth. She makes with TVP instead of pork or chicken and onion, cilantro, carrots, tomato, lemon juice, and salt), lentejas (lentils), beans (Peruvian, Black, or garbanzo), zucchini cream, tofu cream (Chopped zucchini, sautéed in water, then garlic and onions, and sliced chiles, once cooked mix with corn and tofu cream). Her whole-wheat tortilla recipe: 2 cups of flour and 1/2 cup of olive oil. Total: 894 calories.

Dinner: Frijoles, Huevos, Arroz, Caldos, Sopas, Camarones, Enchiladas de todos tipos, Posole, Tamales (maize con carne chile rojo), chicken breast prepared with spices and olive oil, pre-prepared frozen items such as breaded tilapia, sandwiches for oldest son, spaghetti, with butter fried tomatoes, onion, ham and broccoli. Corn on the cob with mayonnaise. Drinks: Minute Maid™ orange juice every two weeks. Desserts: Her husband sometimes buys a box of cookies or treats but she doesn't let her kids eat these items without restriction.

Dinner: Bistec (beef steak,) asada (beef steak also typically referred to as carne asada and it means grilled meat,) albóndigas (beef meatball soup,) milanesa (beef steak that is thinly sliced and tenderized with a mallet and then breaded and fried,) chicken (sautéed with spinach, onions or with mole or bell pepper, with fettuccine pasta), fish cooked in foil, breaded fish (but not as often,) rajas de chile (roasted strips of chili,) calabasitas (zucchini), and lots of salads (lettuce, spinach, tomato, cucumber, and not all members will eat it but she puts it out). After the birth of her baby (less than 40 days ago) she does not consume: frijoles (Beans. Very difficult for her but idea is that baby will get gas since she is breastfeeding,) soda (growing up she only drank natural water or agua de fruta so this is not so difficult even though for a long time it felt like she wasn't eating if she wasn't having soda with her meal,) pan (bread), hamburgers, fries, and currently only eats Subway when eating out.
8. Lilly

Traditional at first interview. Now Health Dinners: *Caldos* (chicken or beef soups with vegetables), *Chicken with rice, fresh lettuce; quesadilla con jamon* (melted cheese and ham inside a tortilla), *sopita de fideo; fish sticks* (*my kids call them chicken nuggets but they’re more like fish sticks what I do is a bread the fish and I bake it. But what I do is I make a lot like on a weekend I make a lot and I freeze them already breaded I freeze them and then all I have to do is throw them in a baking sheet and that’s a quick one.*)

**Food Preparation:** (1) Uses the **grill** a lot it’s fast, “it’s healthier its just an easy way to do something. (2) On making **fish sticks/chicken nuggets**: I use milk, egg. When I buy my tilapia and I find it on sale like one afternoon on a Saturday I make it all and I freeze. I have a chest freezer I have all my baking sheets and I line them with foil so I line them up and I put them in the freezer for a little bit and I pile all the trains one on top of the other once they are frozen and not all stuck together then I throw them in Ziplock bags. My kids like chicken nuggets a lot and the McDonald’s stuff is just... I watched those videos, On the weekend from 4-6 hours when I do bulk but I don’t just do that if Im going to do my fish I also do my chicken so I do a lot for a while and what I haven’t done as often and the reason I say I take that long is because what I was doing for a while is freezing my own prepped chicken. I don’t know if you’re a Pinterest person but there’s lady that does all the frozen meals and she tells you ok you have your chop your potatoes. Chop all this and if you buy all your chicken with your marinades lemon pepper whatever and once that’s all marinades you put it in Ziploc bags and then you throw your onion in there and you have your crock pot dinners. I have done it twice. Not this year but last time but I realized that that saves money and time because all I would is the night before I would take it out of the fridge and then the next morning it was defrosted so I would throw it in the crock pot... So it was like do you guys want ‘teriyaki or this?’ ha ha ha that I haven’t done it so often but it’s a real money and time saver ” “I did a lot of caldos so I bought the whole chicken and chopped it up so I had 4 caldos so many of this and so many of that, I tried the frozen burritos as well same idea you make your own.”

**Cereals:** corn flakes, Kix, and Chex.

Parents eat traditional Mexican dishes: *chile en carne, frijoles con huevos, mole, frijoles, caldo de pollo, caldo de res, posole, chilaquiles, nopales*. The kids eat: *quesadillas, huevos, carne asada, and fruit*. For lunch the kids sometimes take a Pop Tart to school. After school snack for kids when parents aren’t going to be home (used to buy cookies): *milk and cereal*. For lunch for themselves, parents who are farmworkers, make: *huevos con frijoles*, or other foods with tortillas (they have a propane stove at work where they can heat tortillas.) Junk food: Her kids are “like Little rats” when it comes to junk food.
Dinners: Breaded chicken steak (with store bought bread crumbs, milk, egg, pepper.) Taquitos dorados (fried tacos) Bistec con chile con frijoles (beef steak cooked in chili sauce with beans). Soup twice a week typically contain all these vegetables: la papa, la zanahoria, el brócoli, el coliflor, el chayote; in English potato, carrots, brocoli, cauliflower, and chayote squash. The specific soups include caldo de albóndigas (beef meatball soup with pepper, chopped tomato, parsley or cilantro, mint, egg whites to keep the meatballs intact and also potato and carrots,) caldo de res (beef soup with the same vegetables above but also garbanzos), caldo de camarón (shrimp), and caldo de pollo. She also makes a variety of tacos including: Tacos de papa (potato,) de pollo (chicken,) de carne molida (ground beef,) de frijoles y con lechuga (frijoles, lechuga, una rebanadita de aguacate, una rebanaditas de tomate, sus papas y zanahorias, crema, queso y una salsita. In English: beans, lettuce, slices of avocado, slices of tomato, potatoes, carrots, cream, cheese, and salsa). Enchiladas (de queso y las verdes de pollo). Red meat 4 x week because her husband demands it.

Lunches: During grape season she makes enough that she can pack lunches for the next day or she prepares the following: Papas con huevo, papas con verdura, un bistec con chile, unos tacos de frijoles con arroz, camarones para tostadas, una ensalada de pollo, cosas que mas que nada se puedan comer rápido porque le dan a uno 10 minutos pues que se alcanza echar uno en la mañana. In English: potatoes with eggs; potatoes with vegetables, steak in chili sauce, bean tacos with rice, tostadas with shrimp, a salad with chicken, foods that can be eaten easily and quickly since [as a farmworker] you only get 10 minute breaks for eating. When her husband works and she doesn't, he gets up early to make himself his lunch. During that period of time he will prepare: tortas de jamon (ham sandwich) or something easy. Before she migrated to the U.S. he had migrated alone and he used to cook for a household of six men; but he now insists that his wife do the cooking.

Dinners for she and husband: enchiladas de puerco [cerdo] (pork enchiladas kids also eat), caldo de pollo, pollo asado, ensaladas con pollo, tostadas con cueritos o con verduras y frijoles (fried tortilla with pork rinds in vinegar or with beans and vegetables) Kids: enfrigoladas (bean sándwich), fideo con pollo, enchiladas, grilled cheese sándwich. She has plenty of spousal support. Her husband has also been wanting to lose weight so he supports the healthier chicken and salads they have been eating.
## Examples of Foods Eaten by Families

### 12. Leonor
- **Traditional and Path of Least Resistance, now just Traditional Dinners:** spaghetti, salad, French bread; lemon pepper chicken, rice; **pork chops; chile verde** (pork stew in tomatillo salsa). When their child used to have path of least resistance meals: **papas and eggs** (potatoes and eggs), **chicken nuggets, or fruit** (i.e. apple, banana). Her husband doesn’t eat vegetables. Eat out/take out several days a week: McDonald’s, pizza.

### 13. Silvia
- **Traditional Mexican (flautas, caldos with an emphasis on cutting back on red meat, lard, pork, and frying).** Older son obese and typically ate a separate meal often fast food and soda.

### 14. Rita
- **Traditional & Path of Least Resistance Dinners:** Everyone eats separately. Sometimes parents have traditional **caldos, tacos, frijoles.** Husband likes **caldo de mariscos** (That’s a seafood soup. He’s from fishing village in Mexico) but complains his wife does not know how to prepare. Kids follow path of least resistance meals: Cup o Noodles, HotPockets, pizza, quesadilla, sandwiches. Both parents were single parents before they met and they relied a lot on fast food to feed their children so it’s challenging to change tastes now.

### 15. Carolina
- **Traditional Dinners, traditional Mexican:** Enchiladas, tamales, caldos, flautas, tacos, caldillo de nopales (cactus stew), frijoles. Children eat all foods parents eat but husband takes younger son to McDonald’s after school (child is obese) and/or often buys snacks/junk food. Conflict between parents over these food behaviors.

### 16. Alejandra
- **Health & Path of Least Resistance Her new dinners:** Sopas con vegetales (noodles, carrots, peas, potato, and chicken broth,) pastas (with mushroom cream or tomato puree,) pollo al horno, pescado al horno. She used to prepare three dinners. She would make a salad or something healthier for herself. Her husband always wanted something traditional like **carne con chile** (steak in chili sauce,) and her kids wanted a sandwich, eggs or something easy to prepare. Since working at the Reed Charter School she now prepares meals she learned at the school. The meals now contain more vegetables, salads, fruits, and less oils.

### 17. Nadine
- **Traditional/Developmental Dinners:** sopa de fideo; calabasitas con queso; tacos; caldo; lentejas; frijoles; pollo empanizado (breaded and fried chicken); carne con chile con frijoles, arroz y poquita verdura o una ensalada; brócoli al vapor (steamed broccoli); el pepino y lechuga con limón (cucumbers and lettuce with chili powder and lemon); **handmade tortillas on the weekend that they make.**

Junk/Fast food: Only recently did her children begin to be interested in **pizza or sandwiches.**
Dinners, traditional Mexican: *Enchiladas, tamales, caldos, flautas, tacos, frijoles.* Children eat everything but daughter additionally eats McDonald's after school.

Dinners, traditional Mexican: *Caldos* (chicken soup with veggies) husband and kids both eat. If she makes *carne con chile* or *something with onions* she will do the “short order” cooking for kids because they don’t want what’s for dinners. She fears that the spices will be too much for them. Kids’ alternative dinners: *macaroni with cheese, sandwich with chicken nuggets and ketchup, not too many frozen meals (hot pockets) and hamburgers.* Husbands’ lunches (he’s a farmworker): *tacos* (burritos) with *rice and beans, rice and meat, nopales* and *huevos,* and *chile con carne.* Drinks: She and her husband drink water, her kids have water, juice or they like capri sun.

Dinners, traditional Mexican and Puerto Rican: a *lot of fried food* fried chicken, pork chops, *chicken in the oven, beans with chili, arroz con gandules,* beans sandwiches, hot dogs. Snacks for kids: *fruit snacks, Cheezits, Capri Sun, chips on the weekend like hot Cheetos.* On her own snacking behaviors: “I had my candy, I had my ding dongs, junk food I would just eat junk food and Pepsi.” And then she decided to cut back on junk food and soda, “Then I was like why was I buying this stuff, it wasn’t even filling me up.” And, “and they would pass by and I see the shopping carts full of processed food .now I am making more money than I used to make and I can afford that stuff but I don’t need that, they don’t need that. They don’t need the fast food, they don’t need the junk food.”
On vegetables: “[my] five year old…would never eat anything green. Nothing red or nothing green.” “So then I remember that day that I saw Oprah with the banana smoothie with some spinach leaves…it sounded like maybe it wasn’t going to taste good but it worked so I would put strawberries banana ice milk, 4-5 leaves of spinach, chia seeds or flax seeds. Another day I would make them egg whites. Well now especially since they are going to [Reed Charter School they are open to trying these smoothies]… For dinner: *caldos de pollo or de res (beef or chicken soup with vegetables)*, spaghetti; grilled chicken, beans, brown rice, enchiladas, tacos, try to add more vegetables, always use olive oil if I ever do have to fry them like the enchiladas I will use olive oil. Beans: “out of the pot” (i.e. in broth), or will mash them up with olive oil. Hamburgers: will buy chicken patties like the little *milanesa* (meat that has been tenderized via pounding), will grill, wheat buns, lettuce, tomato, and chicken breast. Red meat: once a week or none. Chicken: 3 days a week: “I'll buy the chicken legs or if I buy a whole chicken I will do like the caldo de pollo or I will do the whole chicken and do it shredded in a salad.” On pork: I don’t cook pork just because my mom would always say que hace daño [it’s bad for you] and too much pork is bad for you and I never go for it [I will have] either beef or chicken. Other meats: Turkey bacon, fish, and shrimp (prepares with chopped and fried bell peppers and onions).
There are additional cut-off points for obesity beginning with a BMI $\geq 30 \frac{kg}{m^2}$, or by the WHO standards obese class 1 BMI 30-34.9 $\frac{kg}{m^2}$, obese class 2 BMI 35-39.9 $\frac{kg}{m^2}$, and obese class 3 BMI $\geq 40 \frac{kg}{m^2}$.

Nonstandard work schedule has been defined as always or often working a shift schedule that is after 9-5pm or overnight, or on weekends (adopted from Champion et al. 2012).

Overtime work schedule is working greater than or equal to 45 hours per week (Blake et al, 2011).

There are additional cut-off points for obesity beginning with a BMI $\geq 30 \frac{kg}{m^2}$, or by the WHO standards obese class 1 BMI 30-34.9 $\frac{kg}{m^2}$, obese class 2 BMI 35-39.9 $\frac{kg}{m^2}$, and obese class 3 BMI $\geq 40 \frac{kg}{m^2}$.

Girls and boys 6-11 years old 15.2% both, no numbers for children 12-17.

Girls 6-11 years old 22.7% and Boys 6-11 years old 22.3%, Girls and Boys 12-17 between 21.2-21.7%.

The SMI formalized standards for minimum levels of food energy, protein, vitamins A and C, calcium, and iron in school meals, based on the 1989 RDAs and established new standards for fat and saturated fat based on the 1995 Dietary Guidelines. Program regulations also encouraged a reduction of sodium and cholesterol and an increase in the fiber content of the meals, but quantitative standards were not specified (Crepinsek, et al. 2009).

Work family Spillover: defined as feelings, attitudes, behaviors carried over from one role to another.

Individualized meals: the children eat first and adults eat later; or, your family watches tv during the main meal; or, everyone in your family fixes something different for a main meal; or, you eat your main meal with all or most of your immediate family together.

Missing meals: because of your job you miss eating meals with your family; or, between work and family you miss eating breakfast; or because of your job you miss eating lunch; or you overeat later because of missing a meal.

Home cooking: highest frequency of home-cooked family meals and the lowest frequency of family meals away from home.

Assimilation is a term more commonly used by sociologists to refer to the overall process whereby immigrants integrate into their new environment. From Milton Gordon’s (1964) Assimilation in American life: the role of race, religion, and national origins.

Home economics is the profession and field of study that deals with the economics and management of the home and community. The New Home Economics has extended in the 21st century to include the wider living environments and the capacities, choices, and priorities of individuals and families that have an impact at all levels, ranging from the household to the local and the global community.

Reed is a fictitious name. The fictitious name is being used to protect the identity of the families in the study.

Self-reevaluation: One of the processes of change in the Transtheretical Model of Change. It involves both cognitive and affective assessments of one’s self-image with a without a particularly unhealthy habit.

Zapoteco:

Fil: Fields and is the colloquial term for working as a farmworker.

Guajillo: a dried red chili

Caldillo: Diminutive for soup/stew.
Habas: Fava bean

Epazote: The herb is used fresh in soups, salads and meat dishes and appears in the recipe for mole verde, a Mexican herb sauce. The most common usage is in bean dishes, where the strong antiflatulent powers of epazote are an additional motivation for its use. The most commonly epazote flavored food is the Mexican refried bean dish frijoles refritos, in which the beans are first cooked in water with epazote and other spices (garlic, onion, cumin, dried Mexican chilli or paprika) and when softened fried with additional epazote and other spices in pig lard until they become a smooth puree.

Original quote: I: Y luego como se lo comen? Arriba de una tostada?
R: No se hecha agua, se muele, guajillo, ajo, comino, lleva un clavo porque es muy fuerte el clavo, se muele con ajo, y luego ya se cuela y se hecha allí y se llama caldillo..pero si quiere se le hecha muchas habas porque sabe muy rico
I: cuantos guajillos se le hechan?
R: Como 4-5
I: Comino en polvo? O?
R: En polvo o ya se muele [in whole form]
I: ya no mas eso
R: y oja de aguacate...allá en la tienda de [regional] venden
I: y entonces eso lo licua
R: se ponen dos ojitas, y luego se licua y se pone allí, ya se llerve y ponle sal y luego se baten 5 o 6 huevos se baten bien bien y le pone allí hasta que este bien hervido, yo le pongo chiles verdes..y allí se cosen , Serrano o Jalapeño y ya este sabe bien rico..y se pone una rama de epazote..bien rico! Y asi con un pedacito de queso o así no mas
I: la rama de epazote se pone cuando ya esta todo revuelto
R: aha si y el huevo ya batido ya cuando ya este hirviendo y ya no mas lo pone y se hace asi ..se coce el huevo allí con las verduras y ya no mas se sirve y ya se apaga

Original quote:
R esposo: pues cuando estamos los dos ella ya se acostumbro yo anda sirviendo mientras ella esta calentando, y les sirvo y les arrimo agua y ellas comen primero, pues y cuando ya están comiendo ya después nosotros para no estar pare y pare y pare
I: trabajan en equipo
R: Si les servimos a ellas primero y ellas también ya están comiendo y no piden nada ya nos sentamos
R esposo: Ellas acaban primero también

Caldo de fideo: tomato based soup with vermicelli pasta, chicken broth

Original quote:
I: y tus niñas si comen chile relleno?
R: A veces comen un pedacito. Pero a veces lo que hago yo es con el huevo que quedo agarro y les pongo el tomate en cima. Porque yo lo que hago es que el arroz que quedo de los chiles les pongo tortilla en pedacitos y luego lo guiso allí en poquito aceite. y ellas como no les gusta el chile pues les hago eso a ellas
I: Y tu mama también hacia esto?
R: Si

Papas con huevos: Fried potatoes and eggs

Cueritos and patas: Pork skin and feet in vinegar. Often cueritos and patas are eaten on a tostada with cabbage, salsa and cheese or sour cream.

Original quote:
R: Tipicamente hago algo para mi y me esposo. Y hago algo mas para mis niños.
La niña es la que es más delicada según ella porque dice que no le gusta el pollo pero come chicken nuggets en Denny’s. Y dice que no le gustan los frijoles pero cuando les hago enfrijoladas a los niños y sí se las come. Y entonces por eso hago algo que sí se vayan a comer. Les gustan las enfrijoladas, fideo con pollo, enchiladas, les gusta mucho ... a la niña lo que le doy, cuando a llegado de la escuela con mucha hambre es grilled cheese.

I: y para ti y tu esposo?
R: lo que hemos estado comiendo, últimamente como te digo que ya nos hemos estado cuidando, es ensaladas con pollo y lo que he hecho es tostadas, pero no le pongo ya que cueritos y patas, ya no, ya no más tostadas con frijoles y verduras

I: Como cuantas veces por semana comen pollo?
R: 3 veces. Ya estamos dejando la carne, ya no mas 1 vez por semana

30  Enfrijolada: A sandwich made with “torta” bread and refried or mashed beans and sometimes slices of avocado and mayonnaise.

31  Original quote:
Desde que llego [mi hijo más chico] de México ya dejamos todo eso...porque no voy a negar, cuando anda uno trabajando se le hacía lo mas fácil, se me hacía .. “Los teníamos acostumbrados a lo mas fácil”

32  Original quote: “Me duele también por la salud de ellos. “

33  Original quote: Aveces no mas se llevan un Pop Tart

34  Original quote: Aquí las muchachas no cocinan se van a McDonald’s y valen un dólar las hamburguesas

35  Original quote: Come poquito, no mas prueba las cosas, o se hace un sándwich

36  Sopa: pasta or rice dish, sometimes a soup

37  Enchilada: a fried tortilla filled with cheese or other fillings and covered in red or green chili sauce

38  Pozole: a stew made with either chicken or pork meat and hominy and either a red or green chili sauce or in broth with herbs and no chili sauce

39  Tamales: Corn dough filled with pork meat braised in red chili sauce or green chili sauce and wrapped in a corn husk and steamed.  This is a dish made by any indigenous Americans and varies from Southern to North America in the style.

40  Original quote:
R: no if like one day I do meat, then the next day I will do chicken or fish [in order words, she won’t use these words but she will rotate foods and it sounds like part of the underlying reason is for variety but later she says that they have cut out red meat opting for it only once every 2 weeks] or on the 3rd day I will do fish

I: How many days a week do you eat red meat?
R: You know we’re cutting down on red meat now.

41  Fideo: Tomato broth based angel-hair-pasta-style soup

42  Original quote:
R: Just recently we started that, cutting out the red meat. And the pork especially, we don’t eat pork at all
I: and chicken?
R: Yeah we do eat chicken a lot
I: how many days?
R: we could eat chicken like 4 days in a week
I: and what kind of chicken do you make?
R: the chicken breast or the whole chicken, or the legs
I: and then the red meat what kinds of dishes do you make with red meat?
R: I will make like diezmillo, like tacos, taquitos
R: I don’t like to fry the meat, I like to boil it, y ya que se le cae el caldito, with that same oil that it has I will fry it, and then iv il just drain it on the side and then I will do the tortillas on the comal [instead of frying then]  
I: and then you will put stuff on top?
R: Yeah pico de gallo  
I: Do you fry the tortilla?

43 Carne asada: A thin cut of beef often marinated with spices and sometimes the juice of oranges or other citrus.

44 Original quote:  
R: Le gusta la comida allá, pero cuando regresa de la escuela pues este...pues ahorita ya no lo acostumbro, pero antes pues mi esposo, “no le compres nada” [como diciéndole a el] que tiene mucha hambre y le compra McDonald’s, “Aquí tengo, frijolitos o lo que sea” la comida que le gusta a el o sea,  
I: Ya cuanto tiempo tienes que ya no le compran?
R: No ya tiene rato de eso, desde julio cuando empezaron la escuela, porque no antes que problema con mi esposo, Le digo vas a echar a perder a mi niño, esta mal eso, pero ahorita ya se mira, pero mi otro niño, lo lleva al parque  

45 Original quote: No, no le gusta, no le gusta tomar tantas pastillas.  

46 Original quote:
I: Y de todo lo que hiciste fue todo de un jalón o fue poco a poco?
R: No, poco a poco
I: Como por ejemplo?
R: Pues empecé con quitarles la soda, las galletas y todo eso
I: Cuanto duraste haciendo eso?
R: Como unas tres semanas, de primero no quieren comer casi y ahora ya se acostumbraste
I: Y que les dijiste cuando hiciste eso de las galletas y las sodas?
R: De las galletas si les gustaba porque ya tenia tiempo haciéndolo y me decían ahora haz galletas de estas y ya les empezaba hacer de unas y de otras [so the change was to no longer buy the packaged cookies but from scratch]
I: Y ahorita que seguido haces?
R: Como una vez por semana
I: Y de las sodas duraste tres semanas? Y lo remplazaste con algo
R: Con agua, la mas chiquita no toma nada no mas agua natural no le gusta nada al otro chiquito el lo que le des se toma,
I: Pero duraste tres semanas que ya no? Y se adaptaron?
R: Si  
I: Y luego que otro cambio después?
R: Pues te ponerle mas verduras en la comida, de primero no querían y ya como las pastas no querían pero les ponía queso parmesana y solo así se lo iban comiendo
I: Y hay verduras que no les gustaba que poco a poco ahora si les gusta?
R: Si ahora la mayoría si les gustan  
I: Pero eso también es porque acá están probando todo, y el niño mayor si come todo?
R: Casi no
I: El que come entonces?
R: Come poquito, no mas prueba las cosas, o se hace un sándwich
I: Pero no le haces algo separado?
R: No tiene que comer lo que haiga
I: Pero antes sí?
R: Antes si les hacía aparte a los niños y mi esposo
I: Entonces el ya tiene 13 años con ese sistema, no se ha adaptado
R: Casi no le gustan los vegetales a él pero ya se los empieza a comer
I: Tu tienes una oportunidad que otros papas no tienen
R: Si estoy aprendiendo mucho como el otro día hicimos nachos y les pusieron calabazas y zanahorias y todos los niños se lo comieron sin dejar nada
I: Wow, y entonces tu también vas a hacer eso?
R: Antes les ponía el puro queso amarillo y ellas no les molían calabazas y zanahoria con el queso

47 The mother has explained that previous to the changes she began to implement she prepared three meals: one for her husband, one for the children, and one for herself.
48 By the time their oldest who was seven years old at the time would have finished her seconds she would have been eating approximately the same portion as her adult parents.
49 The fil: It is common in this community, for Latinos speaking in English or Spanish, to call the fields the fil or el fil.
50 Comer lo que sea/Eat whatever: This was a phrase commonly mentioned when people eat based on convenience.
51 Original quote:
como ahorita y al rato no estoy disciplinada..y ya como mi esposo no esta...como antes cuando el trabaja en el fil yo ya sabia que iba llegar y que ibamos a comer...
52 Original quote:
Yo prefiero una tortilla con frijoles que un pedazo de pizza y ellos no "Vamos a comprar pizza" "no pues coman pizza ustedes pero yo busco aquí haber que hay" y caliente mi tortilla y lo que quedó allí y prefiero eso. Me saborea mas
53 These dishes include the typical caldo de pollo (chicken soup), posole (pork with hominy soup in a red chili broth), frijoles (beans), arroz (rice). There is a lack of emphasis on vegetables in Rosa’s cooking repertoire.
54 Original Quote: I: y usted a que hora come?
R: a la misma hora [que los niños] pero no mas cualquier cosa como una fruta o una tortilla integral
I: ¿Y si tiene una comida pesada en el día? ¿o todo el día no mas así chiquitas comidas?
R: Si en la tarde a las 4 cuando llegan, como ahorita ya tengo arroz integral, frijol negro y voy a picar lechuga, jitomate, como un chipotle si ha oído de ese?
55 Original quote:
I: como son los horarios del trabajo?
R: ahorita estamos entrando a las 7 y salimos a las 3:30 ya son 8 horas
I: y ya salen cuando salen los niños
R: anda, o a veces nos dan 9 horas, pues ya 4:30, 5:30
I: y cuando eso pasa como le hacen con los niños?
R Husband: Mis hijos vienen a recoger [al niño mas chico]?
I: porque están más grandes
56 Original quote:
Ya dejamos todo eso también. Desde que llego de México [nuestro hijo mas chico] dejamos todo eso porque no le voy a negar, cuando anda uno trabajando se le hace mas fácil se me hacía
Original quote: No, porque si le hago no puede porque si le hago 4 tacos y si van más personas no le alcanza, entonces se van mejor a comer.

Original quote:
R: cuando yo trabajaba veía que la gente llevaba su caja congelada ya preparada esas frozen y ya no mas la echan al microondas y se la comen bien saludable y he tratado y no
I: yo creo que no es muy saludable porque tiene mucha sal
R esposo: no tiene amor puro negocio
R: he tratado y no puedo, el dice que con que hayan frijoles yo estoy feliz
I: y si no hay carne esta bien para usted?
R esposo: Sí, yo creo que en una casa, de una familia Hispana Mexicana los frijolitos no deberían de faltar. Porque los frijoles los pueden acompañar con cualquier cosa

Original quote: R: cuando trabajó en el Burger King ooooo
I: a las hamburguesas
R: ni ponía su lonche, les regalaban y le daban, y dije no, es el tiempo cuando le detectaron [diabetes]
R: No las hamburguesas a mis niños ya no los llevo a comer muchas hamburguesas, y el sabe también [refiriéndose a su esposo]. Ellos ya saben mas comida en la casa que en la calle pero cuando andamos en la calle pues ni modo

Original quote: Hay uno patrones que son muy puntuales.. Te dicen a la mera hora, y para mientras que te sales de alla y te lavas las manos ya son 3-4 minutos. Pero hay unos patrones que te dicen 3-4 minutos antes del tiempo para darte tiempo, ellos le calculan, para que llegas y te laves las manos. Y ya cuando llegas tienes tus 10 minutos para comer agusto. Hay diferentes patrones que son unos malos y hay otros que ..

Espreyando is a Spanglish word that combines the English word “spraying” with the Spanish action suffix “ando.”

Original quote:
I: ¿Y antes que comías?
R: De lo que me encontraba
I: Como que
R: De todo mucha grasa, casi nunca comíamos vegetales ni frutas
I: Y que tal, cuales vegetales usa ahora?
R: Todos
I: Como cuáles?
R: Como brócoli, espárragos, lechuga, zanahorias, calabazas,
I: Y donde compra sus vegetales?
R: Aquí en [el mercado]
I: Y ha aprendido a cocinar las verduras diferente?
R: Como meterlas al horno, aquí todo cocinan en el horno, nada de grasas ni nada
I: No les ponen poquito aceite de oliva?

Original quote:
I: Y ha aprendido a cocinar las verduras diferente?
R: Como meterlas al horno, aquí todo cocinan en el horno, nada de grasas ni nada
I: No les ponen poquito aceite de oliva?
R: No
I: Nada Ni spray?
R: Spray si pero casi no
I: Me puede dar un ejemplo?
R: Como hoy hicieron las papas las sazonaron y le pusieron poquito aceite de oliva..
I: No lo revolvieron con [las manos] el sazonador, paprika, ajo, y una hierbita que parece cilantro
I: Perejil
R: sí
I: Y luego cucharadas de aceite?
R: Poquito nada mas, y lo revolvimos con las manos y al horno
I: Y cuantos minutos lo cocinaron?
R: Como 15 minutos, Las cortaron como en trozos
I: Gruesos
R: No tanto
I: Y así hacen otras verduras?
R: Como el brócoli el asparago, asi ponen otras verduras
I: Con sazonador?
R: No esas no mas con aceite poquito a veces no

Wellness Policy:

An item that is standard in the school’s salad bar

Original quote:
I: y se prepara el algo o usted?
R: El agarrar de la comida que yo hago o le gustan los burritos que ya estan hechos o hot pockets para comida que ya viene congelada y a mi no me gusta y a el si, el prefiere comer eso que de la comida de que hay. El prefiere eso o a ir a McDonald's. Yo no me puedo comer esos tacos que vienen congelados. Que hot pocket ni nada.

Original quote:
I: Y el si come la comida allá en la escuela?
R Esposo: No le gusta mucho, mas bien yo he visto que a los niños no les gusta mucho la comida
R: No están acostumbrados
R Esposo: Es bien diferente lo que comen allá a lo que comen aquí y de hecho ven que no se ve bueno, aunque si este bueno, pero los niños no mas ya están acostumbrados a lo que uno les da que sufrimiento para ellos pero ni modo es por su bien

Original quote:
R: Pero esas eran nuestras comidas y es que mi mama por mas que quisiera cuidarnos la nutrición en México esta muy caro todo, en México hasta el lápiz para escribir te cuesta, la goma con que borras y aquí son gratis..dime tu cual es la diferencia en la nutrición, es lo económico. Y también los hijos, ya la segunda generación aquí no son como nosotros. Nosotros que los tamales, las enchiladas y todas esas cosas, y ellas ya no saben hacer esas cosas..entonces cuando hacen parties cual es la comida de ellos?
I: pizza
R: o hamburguesas o hot dogs
I: y por ejemplo tu hija mayor si le enseñabas a cocinar?
R: a ella no le interesaba porque no le gustaba. Aveces yo cocinaba esto y ella buscaba monedas para irse a comprar una hamburguesa
I: pero en México tu dijiste que tu no tenias opción porque no estudiabas
R: y porque no habia lo económico. Lo que pasa es que yo a los 15/16 deje de estudiar pero mi madre desde que nosotros teníamos 12 años nos empezó a enseñar a cocinar, cuando nosotros teníamos 6 años que era la edad de mi hija mas chica
I: y si les gustaba a uds?
R: pues no te voy a decir que ..pues mirábamos a la vecina que no tenia que porque estaba mejor económicamente..no es cuestión que si quieres es que te tienes que adaptar a la manera de la economía, como imaginate que si estas aqui tu vas a ir a comprar un lavadero para lavar a mano podiendo comprar una lavadora
Donna’s three older children attended schools with the traditional school lunch program whereas her younger daughters attend the Reed Charter School.

The Provider script: husband and wife shop together but mother does cooking, setting up and serving and the family sits together, everyone gets their own seconds, and sometimes kids or husband help with cleaning but not always (from Blake et al. 2008)

The Struggler script: the parent who cooks asks everyone what they want and then decides what to make. The dinner routine changes: sometimes the family eats together, sometimes mom eats with child, sometimes one parent alone (from Blake et al. 2008)

Anything Goes script in which there may be even three different cooking routines such as preparing dinner alone, preparing dinner together, husband prepares dinner before wife gets home. The dinnertime routine is also varied from eating together or separately (from Blake et al. 2008)

A pseudonym

Anglos had been in California since around the 1820s. They were trappers and settlers. The California Gold Rush that begun in 1848 swelled the number of Anglos in the area.

with 290 calories, and 14 grams of fat per burrito

Chamoy: Sweet and sour plum sauce

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