

United States Department of Agriculture
Project Initiation

Title: Immigrant women's experiences with health and food access			
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Project No.	MAS00573	Project Status	ACTIVE
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Collaborating Departments

{NO DATA ENTERED}

Collaborating/Partnering States

{NO DATA ENTERED}

Collaborating/Partnering Countries

{NO DATA ENTERED}

Collaborating/Partnering Organizations

{NO DATA ENTERED}

Non-Technical Summary

One out of every six residents in Massachusetts is an immigrant, comprising 17% of the state's population in 2018. Immigrants have a positive impact on economy in the U.S., contributing to business regeneration, entrepreneurship, and homeownership. In fact, refugees exceed other immigrants in their rates for entrepreneurship and homeownership adding to the vitality of local towns and cities. Communities facing economic and population decline, such as Utica, New York and St. Louis, Missouri, credit refugees for reviving the local economy. There is a dearth of research on the nutritional status, maternity and postnatal experiences of immigrant women, particularly with respect to how women adapt to new environments and manage their childbearing years, separated, as they are, from traditional support systems and cultural practices. Immigrant women's engagement within the larger society often involves creativity and resilience that promotes well-being, particularly as many experience food insecurity and poverty. These strategies are understudied and remain marginalized in their host countries. The proposed study aims to examine the nutritional health, food insecurity, and maternity care experiences of immigrant women in Massachusetts and in communities outside of the state. Through community engagement, interviews, and surveys of 10-15 immigrant women, as well as secondary data analysis of data on immigrant and refugee women in Massachusetts, our study hopes to demonstrate the importance of the migration experience, place of residence, and host communities in facilitating optimal health and nutrition outcomes for immigrant women and their families. We work with community partners and Extension Nutrition Education Program (NEP) staff to examine and interpret study findings. This process will increase engagement of our extension educators and community partners in research on their communities and facilitate an accurate interpretation of research findings. Our work is also important for generating ideas for innovative nutrition programming to meet community needs; developing and implementing training for NEP staff and educators; and for formulating policies that prioritize investments in nutrition, food security, and health infrastructure for communities in transition and immigrants in the U.S.

Goals / Objectives

The primary goal of the research is to understand how migration impacts women's health, nutrition, and access to healthy cultural foods. All migration experiences are affected by the circumstances of departure and the migrant's socio-economic capital. This project will include collecting and analyzing data from immigrant women and discussing these findings with community partners and NEP staff who are entrenched in the local communities to improve interpretation and use of results.

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Furthermore, we will use the findings of our literature review, examination of primary and secondary data, and training expertise to hold workshops for NEP staff on immigrant women's health, maternal and child health, and access to health cultural foods.

Methods

1. Immigrant women's health and health equity (secondary data analysis)

This study will examine secondary data collected on Cambodian immigrant and refugee women in Massachusetts to examine how the migration experience affects a woman's ability to reclaim or adapt traditional health practices, including pre- and post-natal practices, as well as their access to healthy cultural foods. This dataset, which is largely untapped, is unique as more than 80% of the immigrant women interviewed had never participated in research in the past and data on Cambodian women in the U.S. is limited.

Multiple factors likely influence persistent food insecurity, its contributors, and health consequences. Refugee/immigrant populations face a changing food environment in the U.S. and make remarkable social adjustments during their initial resettlement period. Long-term refugee/immigrant women and their children make further adjustments, some of which is detrimental to their health and well-being (13). Cambodian mothers in MA experience high rates of food insecurity (14, 15) and face challenges in providing healthy, low-cost meals for themselves and their children (16). They value fresh produce, but limited seasonal availability of traditional produce, economic constraints, lack of knowledge of community resources and healthy American-style options, and the complexity of the U.S. food environment makes providing low-cost, culturally-appropriate, healthy meals difficult (15, 16).

In order to address food insecurity itself and the consequences of food insecurity in any population, we must understand the various effects of these multiple factors. This requires methodologically sound, culturally appropriate measurements of contributors and examining of possible health impacts. When these contributors and health consequences of food insecurity are understood, it is possible to develop interventions that target specific moderators of health outcomes among women and their families, particularly among the food insecure.

This secondary data analysis will focus on examining data on Cambodian immigrant women of living in Massachusetts (N=352). Cambodians reside throughout MA, with well-established populations in the Gateway cities of Lowell (2nd largest Cambodian population in the U.S. (19)) and Fall River, as well as in Lynn, Revere, and East Boston. Resettled in these cities since the early 1980s, the Cambodian population now consists of aging refugees, their refugee camp-born and American-born children and grandchildren, and new immigrants from Cambodia. Within these communities exists a rich mix of cultural markets, heritage-focused events, and agencies that serve Cambodians, Southeast Asians, and new refugees. These resettlement communities have long-standing concerns about health, poverty, and food security, and the intersection of these issues raise concerns about health and economic disparities facing immigrant populations. Hence, these communities provide an ideal environment to research long-term causes and consequences of health and food security. Such research may be broadly generalizable to newer and established refugee and immigrant communities in the U.S., (40,000-70,000 refugees resettled annually in the U.S. (20)), and about 1.2 million immigrants residing in Massachusetts .

Data to be considered for analyses include food security status, discrimination, acculturation, self-reported health, number of children, number of household members, educational attainment, income, pre- and postnatal visits, health insurance coverage, experiences with health care providers, dietary diversity, access to health cultural foods, nutrition knowledge, and other risk factors for poor maternal and child health outcomes. Data analysis will examine individual, household, and community-level factors of women's health and food security experiences. We will employ regression analyses to identify determinants of women's health, food insecurity, and to identify variables associated with higher levels of nutrition knowledge on various foods. This data will be shared with NEP staff (See Part 3) in order to interpret the findings, determine research gaps, and identify new research questions for immigrant women and in the area of maternal and child health.

2. Assessment of the impact of migration on maternal and child health experience of immigrant women (primary data collection and analysis)

Based on the research gaps identified through the secondary analysis of data on immigrant women, as well as through discussions with NEP staff (See Part 3), the research team will interview 10-15 immigrant women using a purposive sampling approach.

Participants and Data collection

Participants for this study will be over women who are 60 years of age, immigrants to the U.S. from a developing country (with most currently living in New England), have been pregnant and/or have had children through the migration experience, and are able to speak some English. Recruitment will take place through purposeful sampling using social networks and social media connections to build the sample.

Data collection will involve the use of an in-depth semi-structured interview conducted in English, with the use of an interpreter

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when needed. Research instruments will be designed through the examination of secondary data identified in Part 1, and in close collaboration with community representatives, NEP staff, and academic researchers, thus implementing principles of Community Based Participatory Research (CBPR) (Dunkel Schetter et al., 2013; Ramey et al., 2014). In brief, the CBPR principles include 1) recognizing the community formally at all stages of research, 2) identifying community strengths and resources, 3) promoting co-learning for the mutual benefit of all partners, 4) considering ecological contexts that contribute to health including positive aspects providing strength and resilience, 5) supporting transparency, resource-sharing, and long-term commitments in partnerships, 6) rapidly disseminating findings and knowledge gained to all partners (Ramey et al., 2014). Data analysis will occur alongside data collection to ground the research and develop new avenues for inquiry. The interview transcripts will be coded line-by-line and analyzed using NVivo within and between interviews. The codes will be clustered according to themes.

This study will assess the current prevalence of food insecurity, as well as previous experiences with food insecurity. Furthermore, we will collect new data to probe on the short- and long-term impact of migration on health outcomes and maternity care, as well as investigate the associations between current and past experiences with food insecurity and these variables. Additionally, cross-sectional data will be used to identify potential moderators of positive health in this immigrant population, with attention to pre- and post-natal visits, access to lactation consultants, experiences with health care providers, and self-management of health during the migration experience. We will collect self-reported data on health issues, height, weight, blood pressure, and physical activity as current indicators of health status. Food security will be assessed using the U.S. Core Food Security Module short questionnaire.

Narrative research analysis will be used to examine the data gathered from this study. Narratives provide insights into identities (Lieblich, 1998) which is central to investigations of how migration transforms identity and influences health, nutrition, and maternal experiences. Bryman (2012) notes that narrative analysis seeks to identify and clarify life events and the connections between these events. Narrative analysis fosters a holistic-content perspective in the interviews, where themes emerge by examining words, feelings or experiences that are expressed by the interviewees (Lieblich, 1998).

Target Audience

The target audience for this project includes Extension Nutrition Education Program Staff and Administrators in Massachusetts and nationally. Another key audience are the community of scholars in a variety of disciplines who seek to understand issues and experiences related to the nutritional health and well-being of migrant women and other groups that have been underrepresented in community based nutrition and health research.

Products

This project will generate the following products and activities:

1. Literature Review
2. Survey tools and in-depth interview protocol.
3. Data collection (demographic information, migration information, maternal and child health, dietary patterns, food security, socioeconomic status).
4. Analyses of primary and secondary data on immigrant women's health, maternal and child health experiences.
5. Convene 2-3 discussions with community partners in Lowell, MA to gather feedback and interpretation of data on immigrant women, situate that data in the context of women's lived environments, and gain knowledge on how these environments influence women's access to healthy cultural food.
6. Create and distribute reports to stakeholders and Extension Nutrition Education Program Staff.
7. Provide a series of workshops for Extension Nutrition Education Program Staff staff on topics related to the research presented in this proposal, with particular emphasis on areas identified by NEP staff including immigrant health, maternal and child health, breastfeeding recommendations, healthy cultural foods.
8. Presentations at academic conferences.

Expected Outcomes

We expect several important outcomes from the research:

1. Raise awareness for community members and policymakers about immigrant women's health, the impact of migration on health experiences and food access.
2. Increase engagement and knowledge of Extension Nutrition Education Program staff through the provision of training sessions and discussions on study results.
3. Raise awareness in academia on the impact migration on women's health and food access.
4. This work will be used by community partners for planning, programming and to initiate policies that will ensure public

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health benefits. Benefits include healthier communities, progress in maternal and child health outcomes, and improved quality of life for immigrant women in Massachusetts.

In the final part of our work we will apply what we have learned from our data /analysis. What are the most pressing issues/challenges? Which subgroups of immigrant women are most vulnerable to poor health and food insecurity? What policy recommendations can be generated based on discussions of study findings with community partners and NEP staff? How can these recommendations be prioritized based on community need? The conclusions and recommendations will be presented in a final report to be shared with community partners and NEP staff.

Keywords

Nutrition ~Food insecurity ~maternal and child health ~immigrants ~healthy cultural foods

Estimated Project FTEs For The Project Duration

Role	Non-Students or Faculty	Students with Staffing Roles			Computed Total by Role
		Undergraduate	Graduate	Post-Doctorate	
Scientist	0.3	0.0	1.0	0.0	1.3
Professional	0.0	0.0	0.0	0.0	0.0
Technical	0.0	0.0	0.0	0.0	0.0
Administrative	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Computed Total	0.3	0.0	1.0	0.0	1.3

Animal Health Component 0 %

Is this an AREERA Section 204 Integrated Activity? Yes

Activities

Research 67 %
Extension 33 %
Education 0 %

Research Effort Categories

Basic 0 %
Applied 100 %
Developmental 0 %

Classification

Knowledge Area (KA)	Subject of Investigation (SOI)	Field of Science (FOS)	Percent
703	6010	3080	50
704	6010	3080	50

Knowledge Area

703 - Nutrition Education and Behavior; 704 - Nutrition and Hunger in the Population

Subject Of Investigation

6010 - Individuals (as workers, consumers, members of society)

Field Of Science

3080 - Sociology

Primary Critical Issue

Child and Family Nutrition

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Assurance Statements

1. Are Human Subjects Involved? No Yes

If YES to Human Subjects
Is the Project Exempt from Federal regulations?

Yes

If yes, select the appropriate exemption number.

No

If no, is the IRB review Pending?

Yes

No IRB Approval Date

Human Subject Assurance Number FWA00003909

2. Are Vertebrate Animals Used? No Yes

If YES to Vertebrate Animals
Is the IACUC review Pending?

Yes

No IACUC Approval Date

Animal Welfare Assurance Number

Project Proposal:

Filename	Size	Type
Cordeiro_Immigrant_women'	171471	application/pdf

Project Signature Panel

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