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Nutrition education can improve nutrition and health for refugees. Extension program directors providing nutrition education to refugees were surveyed regarding successful program techniques, program challenges, and both the barriers refugees face and the strengths they possess concerning healthy eating. Researchers used grounded theory to explore the qualitative data. Hands-on, skill-based learning emerged as a main theme of successful programs. Language and cultural issues emerged as main program challenges. It is recommended that future refugee nutrition education programs provide culturally sensitive opportunities for skill-based learning.

Keywords: refugee, nutrition, education, program

Introduction

The term refugee refers to someone who is forced to leave his or her country due to persecution, violence, or war, or due to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a social group (UNHCR, 1951). The United States has resettled more than three million refugees since the passage of the Refugee Act in 1980 (United States Department of State, n.d.). Refugees come to the United States from more than 70 countries, with the top five countries of origin, during the period between 2012 and 2022, being Burma (Myanmar), Iraq, the Democratic Republic of the Congo, Bhutan, and Somalia (Ward & Batalova, 2023). Upon arrival in the United States, refugees resettle in nearly all fifty states, with one-third of all refugees resettling in Texas, California, New York, Michigan, and Ohio between 2012 and 2022 (Ward & Batalova, 2023).

After resettlement, refugees face a variety of challenges, including economic, health, and emotional obstacles (WHO, 2023). Inadequate food and nutrition problems contribute to poor health. Research shows that the rate of malnutrition, anemia, and chronic diseases, such as obesity, hypertension, and diabetes increased as refugees resettled in their host countries (Bhatta et al.,

2014; Dookeran et al., 2010; Gordon-Larsen et al., 2003). Refugees experience higher rates of these conditions, when compared to immigrants and U.S.-born citizens (Yun et al., 2012), and this increase may, in part, be due to a high prevalence of food insecurity commonly seen among refugee populations (Anderson et al., 2014; Hadley et al., 2010). In addition, assimilation to a Western lifestyle and length of stay in the host country are associated with a higher incidence of chronic disease (Centers for Disease Control and Prevention [CDC], 2012). While immigrants desire fresh produce and traditional foods, they generally encounter barriers such as healthier options being unaffordable, easier access to processed foods, and desire from their children to consume less-healthy host-country foods (Berggreen-Clausen et al., 2021). A lack of nutrition education further compounds the effects of food insecurity, diets of low nutritional quality, and high risk of chronic disease (CDC, 2012).

Offering nutrition education may help refugees adjust to their new food environment while still maintaining the healthy practices they often bring from their home country. At the state level, educators from private organizations or government programs, such as the Supplemental Nutrition Education Program (SNAP-Ed) and the Expanded Food and Nutrition Education Program (EFNEP), typically provide nutrition education. The nutrition education delivery strategies commonly used include conducting a needs assessment and providing client-centered education, a collaborative approach in program design, and hands-on activities such as cooking and store visits (Nur et al., 2021). However, there is limited evidence to determine the effectiveness of SNAP-Ed or EFNEP with refugee populations or to determine the gaps or unique needs of refugees when receiving nutrition education. Further, perspectives of staff in agencies providing nutrition education regarding barriers, assets, and challenges related to nutrition for refugees have not been examined.

Purpose

In this study, we examined current Extension programs offering nutrition education to refugees in the United States through surveying SNAP-Ed and EFNEP program directors. Specifically, we determined essential components of successful nutrition education programs and the challenges of providing nutrition education to refugees identified by current providers.

Methods

Utah State University Institutional Review Board reviewed and approved this study under an expedited review process. All participants reviewed an informational letter and provided consent to participate before completing the online survey.

We created a 31-item online (Qualtrics) survey to obtain information about the characteristics and components of nutrition education programs designed for adult refugees. (Survey link: <https://usu.box.com/s/7tt7c07rrva37b33x23c0lcg75530rux>) A panel of six experts reviewed the questions, including the directors of Utah's SNAP-Ed and EFNEP programs. The authors made

small changes to the survey according to these reviewers' suggestions. Three questions were adjusted in response to the expert review. For example, we added a request to "please describe the outcomes measured and evaluation tools used" as a follow-up to question 27, which asked, "How did you evaluate the nutrition education program?" Then, using publicly available websites, we contacted state SNAP-Education and EFNEP directors throughout the United States with an email invitation to complete the survey. Utah SNAP-Education and EFNEP directors made the first participation request, with a follow-up by the project's principal investigator. For states with multiple programs targeting refugee populations, we prompted directors to repeat the survey questions for each additional program.

Five of the survey questions prompted participants to provide open-ended responses, and these responses are the focus of this report. These were questions about techniques producing the biggest program successes and challenges and about barriers refugees face and strengths they possess in eating healthily. Respondents could also provide additional comments or suggestions. Responses were transcribed using Dedoose data analysis software (8.3.17). Two researchers independently gave each response a code, using grounded theory and inductive reasoning (Johansson, 2019; Tie et al., 2019; Ventura et al., 2014). The textual data were broken up into discrete parts to perform open coding. This was followed by axial coding, in which codes were grouped into categories. These categories were then connected into core categories and themes using selective coding. For each of the five open-ended questions, codes were formed by identifying features of the data that were mentioned recurrently or that were considered meaningful regarding the research question. Second, at each stage, the two independent researchers compared codes and discussed discrepancies until reaching an agreement. Two other independent researchers then reviewed codes, code definitions, excerpts, and themes and agreed with the previous independent researchers. Third, themes were then developed based on categories repeatedly mentioned by multiple participants. To ensure trustworthiness, a detailed audit trail was maintained through note-taking of decisions, discussions, theme development, and the refinement of analysis and procedures. Similarly, inter-rater reliability, using several researchers in the study, was used to assure validity and reliability (Cole, 2023). Major themes were defined by characteristics commented on by more than half of the program directors, and minor themes were defined by characteristics stated by less than half and a minimum of three respondents.

Results

Forty-one program directors from 36 states representing all regions of the United States responded to the survey. Thirteen directors from 12 states reported implementing zero programs targeted at refugees in the preceding year (October 2018–October 2019). Twenty-eight directors from 24 states reported implementing at least one program targeted at refugees, with an average of four programs per state. Because the responses represented 72% of the states and all regions

of the mainland United States, we deemed this a sufficient response rate for valid analysis of the results. Several major and minor themes emerged.

Essential Components of Nutrition Education Programs

One major theme (engaging learning activities) and three minor themes (shared experiences, cultural relevance, and community collaboration) emerged as essential components of successful nutrition education programs as identified by the program directors, shown in Table 1.

Engaging Learning Activities. Directors included programs with hands-on, participatory learning opportunities such as grocery store tours, gardening, and food tasting and cooking experiences in programs. Other activities included the use of visual aids and cooking demonstrations.

Shared Experiences. Refugees shared stories, foods, and cultural experiences to benefit and learn from each other. Directors facilitated group discussion and allowed participants to share foods from their home country with the class.

Cultural Relevance. Directors ensured that they were culturally competent and included programs with culturally appropriate curricula and recipes. Cultural competence refers to the ability to understand and communicate effectively across cultures.

Community Collaboration. Directors used programs to team up with their communities in various ways, such as conducting key-informant interviews or working with community leaders to develop lesson plans, using resources provided by the community, and creating local partnerships.

Table 1. Sampling of Extension Program Directors' Written Responses to Survey Question 1: Essential Components of Nutrition Education Programs

Theme	Response
Major theme	
Engaging learning activities	<p><i>“Hands-on activities and a lot of visuals work best for ELL [English Language Learners].”</i></p> <p><i>“Hands-on activities, use of visuals, PowerPoint presentations, and cooking demonstrations.”</i></p>
Minor themes	
Shared experiences	<p><i>“Often several different cultures are in the classes together, so they can learn from each other.”</i></p> <p><i>“Allowing for participants to cook and bring food to the class.”</i></p>

Theme	Response
Cultural relevance	<p><i>“Before the program started, we determined the need to use Halal recipe ingredients. We purchased specific food items from local and known retailers used by the target participants.”</i></p> <p><i>“CMC [Cooking Matters Colorado] will encourage individuals to discuss the foods that are culturally relevant and integrate those recipes into nutrition education.”</i></p>
Community collaboration	<p><i>“Targeting community health workers who are refugees themselves, with the intent that they share the information with the newly arrived refugees they work with.”</i></p> <p><i>“Working with community leaders to develop lessons and assuring cultural relevance.”</i></p>

Challenges to Providing Nutrition Education

Two themes were identified as challenges to providing nutrition education to refugees.

Language Barriers. By far, the biggest challenge that emerged in providing nutrition education to refugees was the language barrier. Hosting participants with multiple languages in the same class, obtaining an adequate number of interpreters, translating materials, and encountering low literacy levels were all mentioned regarding language barriers.

Learning Environment, Program Attendance, and Evaluation. Other prominent but less common barriers included fostering a safe learning environment in which learners felt comfortable sharing, attending the program, and evaluating the program. Program attendance was reportedly low in the winter months in one program, and several programs mentioned refugees’ jobs interfering with attendance. Table 2 displays the challenges.

Table 2. Sampling of Extension Program Directors’ Written Responses to Survey Question 2: Challenges to Providing Nutrition Education

Theme	Response	Major theme
Language barriers	<p><i>“It is more difficult to work with groups of refugees that come from varied countries where it would be easier to work with one translator for the entire group.”</i></p> <p><i>“Translation with a variety of languages spoken. The partner wanted integration and did not want the classes to be offered to only one ethnic group. This made sense but made communication challenging.”</i></p>	

Theme	Response
Minor themes	
Fostering comfortable learning environment	<p><i>“Establishing initial connection and developing trust [was a challenge].”</i></p> <p><i>“Language barrier, cultural differences, and religious beliefs were somewhat a challenge at the beginning, but we were able to work those out to have a successful program.”</i></p>
Program attendance	<p><i>“Most are working so have little time to attend classes.”</i></p> <p><i>“We dropped the program for lack of enrollment.”</i></p>
Program evaluation by participants	<p><i>“Conducting evaluation using standard EFNEP tools [was difficult].”</i></p> <p><i>“They got jobs, so we were not able to evaluate the series.”</i></p>

Barriers to Healthy Eating

Adjusting to the new food environment, accessing limited food resources, and assimilating to Western eating styles were themes that emerged regarding refugees' barriers to healthy eating (Table 3). Some examples of unfamiliar foods for refugees include cheese, prepackaged foods like cereal, and canned foods.

New Food Environment. Program directors mentioned the following food environment aspects unfamiliar to refugees:

- New cooking equipment
- Food purchasing system
- Foods
- Food preparation methods
- Food safety guidelines
- Eating practices

Limited Food Access. Factors that contributed to poor food access among refugees included:

- Limited financial resources or food resource management skills
- Lack of cultural foods
- Limited or nonexistent transportation
- Difficulty accessing food programs

Language Barriers and Assimilating a Western Diet. Even if refugees have access to food, directors pointed out that language barriers may interfere with refugees' selecting healthy foods. Adopting a Western diet was an additional barrier to healthy eating, especially for children who often prefer American foods.

Table 3. Sampling of Extension Program Directors' Written Responses to Survey Question 3: Barriers to Healthy Eating

Theme	Response
Major theme	
New food environment	<p><i>"Clients are challenged by U.S. grocery stores, where most foods are covered by packaging that makes it difficult to tell what you're buying."</i></p> <p><i>"Understanding of purchasing, storing, and preparing food-related resources that are new to them."</i></p>
Limited food access	<p><i>"The issues include the cost of food, the lack of availability of culturally familiar foods at large stores, along with the poor quality of fruits and veggies."</i></p> <p><i>"Limited income and limited transportation options."</i></p>
Minor themes	
Language barriers affecting food intake	<p><i>"Identifying foods with limited literacy in English and limited literacy with food vocab."</i></p> <p><i>"Many do not read/speak/understand English to read food labels."</i></p>
Assimilation to Western diet	<p><i>"Integration into American diet pattern. Children often prefer American foods; older generations prefer cultural dishes."</i></p> <p><i>"Acculturation to American eating habits."</i></p>

Strengths Supporting Healthy Eating Among Refugees

Strengths that refugees possessed that supported healthy eating were evident in the following themes: cultural food practices, strong support systems, and high receptivity to nutrition education (Table 4).

Cultural Practices and Support Systems. Refugees possess many cultural food practices that support health. For example, refugees often have experience gardening and cooking from scratch, consume meals together as a family, and often prefer whole foods, such as fruits and vegetables. Refugees also have strong support systems within their ethnic community.

Education Receptivity. Finally, refugees are highly receptive to nutrition education, making them an important group for targeted nutrition messages.

Table 4. Sampling of Extension Program Directors' Written Responses to Survey Question 4: Refugee Strengths for Healthy Eating

Theme	Response
Major theme	
Cultural food practices	<p><i>"Most populations enjoy cooking and sharing meals as a family."</i></p> <p><i>"Their traditional foods are often quite healthy if they can continue to prepare and eat them."</i></p>
Minor themes	
High receptivity to nutrition education	<p><i>"Most [refugees] are motivated to learn about healthy eating practices and want to make changes."</i></p> <p><i>"Strong desire to learn and understand."</i></p>
Strong support systems	<p><i>"Strong sense of sharing and support within ethnic groups."</i></p> <p><i>"Strong sense of community."</i></p>

Discussion

The results of this study were derived from a survey of SNAP-Ed and EFNEP program directors experienced in delivering nutrition education with refugee participants. Challenges in delivering nutrition education to refugees reported in the survey included language barriers and cultural issues such as establishing trust and access to culturally familiar foods. In addition, these providers of nutrition education reported that successful approaches included hands-on, skill-based learning. Providers also identified strengths of refugees including cooking experience and strong family and community connections. These results are corroborated by a scoping review on nutrition education delivery strategies that identified needs assessment, client-centered, and hands-on activities as important elements of successful programs (Nur et al., 2021).

Resettled refugees are a unique population. As a result, nutrition education programs should be tailored to meet their specific needs. Because internal motivation is high among refugees and many already possess healthy cultural food practices, education should focus on skill development to help refugees adjust to their new food environment and overcome food access barriers (Offelen et al., 2011; Sastre & Haldeman, 2015). Our findings suggest that these skills are best taught through engaging learning activities. Equally important is fostering an environment conducive to skill development. Programs should cultivate a safe learning environment that encourages sharing information and ensures culturally appropriate curriculum. Likewise, addressing and minimizing language barriers is essential. Involving refugee community partners in program development and implementation may help directors develop programs to meet the previously mentioned objectives.

Previous research on nutrition education for refugees is consistent with the findings of our study. For example, engaging learning activities, such as cooking demonstrations, visuals, and other participatory activities, have been shown to increase nutrition knowledge and skills among refugee populations (Gold et al., 2014; Kruseman et al., 2003). Although challenges specific to refugee nutrition education programs have not been previously examined, studies exploring barriers to healthcare among refugees have commonly cited language barriers as a major issue (Lane & Vatanparast, 2022; Morris et al., 2009; Sastre & Haldeman, 2015). Our findings add to these findings and reinforce the importance of practical, skill-based learning that has been foundational and is an ongoing focus with EFNEP and SNAP-Ed.

Similarly, refugees' strengths and barriers to healthy eating found in this study are congruent with current literature. Limitations, including transportation, financial resources, and culturally relevant foods, were reported in several studies as the major barriers for refugees in gaining access to healthy foods (Gichunge et al., 2016; Mannion et al., 2014; McElrone et al., 2019; Rondinelli et al., 2011). Challenges regarding navigating a new food environment was another commonly cited barrier (Hadley et al., 2010; Mannion et al., 2014). Furthermore, two studies found acculturation to American eating habits, which are often less healthy than refugees' traditional diets, as a barrier to healthy eating (Rondeinelli et al., 2011; Tiedje et al., 2014). Other barriers to healthy eating identified in the literature for this group include individuals' taste and cravings, easy access to junk food, role of the family, some cultural foods and traditions, and lack of time and affordability of healthy food (Tiedje et al., 2014). Our work also shows findings similar to those of a recent scoping review assessing immigrants who moved from low- to high-income countries, which indicated that immigrants desired fresh healthy foods, but faced challenges fulfilling these food preferences (Berggreen-Clausen et al., 2021).

The same three themes that emerged in our data for refugees' strengths in healthy eating; namely, cultural food practices, strong support systems, and high receptivity to nutrition education, were also found in a study of Somali refugees (Offelen et al., 2011). Another study reported that refugees possessed prior gardening skills and preferences for healthy eating (Sastre & Haldeman, 2015). One contradictory study found that refugees may come to the United States with poor food habits due to eating styles developed from hardships of the refugee experience (Rondinelli et al., 2011). However, overall, most research shows refugees come to the United States with some nutrition-related skills (Offelen et al., 2011; Sastre & Haldeman, 2015). Often, a primary focus when developing nutrition education are the barriers that the population at risk faces. However, capitalizing on and leveraging the strengths of refugees provides a positive focus and could foster pride and self-efficacy in participants.

This is the first study to our knowledge to examine the factors associated with successes and challenges of providing nutrition education to refugees among SNAP-Ed and EFNEP programs. This study's other strengths include its wide scope as a nationwide survey with representation from 36 states and the use of open-ended questions to capture a diversity of responses and

contextual details. Limitations of the study include that it was a convenience sample and may have missed nutrition education programs in some states that are being conducted with refugees. It also does not include programs being conducted by other community-based organizations not funded through EFNEP or SNAP-Ed. In addition, the format of data collection did not allow for additional follow-up or prompting questions.

Conclusion

Results of this study show that EFNEP and SNAP-Ed are providing nutrition education to refugees in many states. The perspectives of staff delivering the education indicate they have developed strategies to meet the needs of this population and are familiar with their barriers and strengths related to healthy eating. Our research and previous studies indicate that providing nutrition education to refugees may help them adjust to new food environments while maintaining their healthy cultural practices. Education programs targeting refugees should implement engaging learning activities using participatory approaches and instructional strategies that account for participants' literacy levels, learning styles, and goals. Programs should include culturally relevant pedagogy and cultural sensitivity in order to create open and safe learning environments where refugees feel comfortable sharing their unique experiences. Future programs, policies, and research should focus on improving the success of nutrition education delivered to refugees by addressing barriers to food access and implementing innovative strategies to address language barriers.

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