

Mexican American Culture and Foods

DECEMBER 2025

Stereotyping

This is very basic-level information about the culture described; it is meant to offer staff an opportunity to learn in general terms, it cannot account for the diversity within each society or culture, and is not meant, in any way, to imply to all people.

Background

Mexico gained independence from Spain in 1821, leaving the new nation weakened and politically unstable. The country struggled with economic hardship, high death tolls, and multiple leadership changes while also facing difficulties in agriculture, mining, and industrial production. The Mexican Revolution (1910-1920) ended the dictatorship in Mexico and brought social and political change but also caused widespread displacement.

Relations between Mexico and the U.S. have played a major role in migration patterns. After the U.S.—Mexican War (1848), Mexico lost nearly half its territory, including what is now California, New Mexico, Arizona, Nevada, Utah, and Colorado. This dispossessed many Mexicans of their land and fueled long-term tensions. Those who migrated often faced hostility in the U.S. and were accused of "illegally" crossing into what had once been their own land.

Mexican migration to the U.S. can be described in four waves:

- **First wave-** (1900-1930s) Occurred before World War II and mainly consisted of agricultural workers being recruited by private labor contractors. Mexican workers entered the mining, railroad, and agricultural industries, and some women migrated and were employed as domestic workers.
- **Second wave** (1942-1964) Centered around the Bracero program. It consisted mostly of agricultural workers who were given temporary jobs and created migration networks that are still influential to this day. When this program ended, many laborers were displaced, and undocumented migration rose as workers wanted to continue supporting their families.
- Third wave- (1965-1985) Began after the Bracero program ended and changes to U.S. immigration law terminated national origin quotas. The U.S. began limiting immigration from Western Hemisphere countries, which included Mexico. This began a shift in undocumented Mexican migration patterns as many workers were crossing the border to fill labor needs without legal status.
- Fourth wave- (1986-2010s)-Initiated by the Immigration Reform and Control Act (IRCA) of 1986 and increased investments in border security. IRCA legalized around two million unauthorized Mexican migrants while also enforcing more restrictions on American employers who hired unauthorized workers. Crossing the U.S.-Mexico border became more

difficult, but economic changes in the U.S. opened many jobs to low-skilled foreign workers, attracting immigrants to permanently settle in the U.S., bringing their families with them.

Current immigrants

For many Mexicans, U.S. immigration rules make legal entry extremely difficult. Most permanent visas require close family ties to U.S. citizens or residents, or a qualifying job offer from an employer, and these categories are tightly capped, with backlogs for Mexicans often stretching many years or even decades. Many Mexican adults do not have the level of formal education typically needed for higher-skilled work visas, further narrowing options. In this context, economic hardship and exposure to crime or violence in parts of Mexico can push people to migrate despite having no realistic legal pathway, leading some to attempt dangerous, unauthorized routes.

Acceptable terminology

Individuals prefer to identify by their country of origin/heritage before being categorized as Hispanic/Latino.

Latine/Latinx (both are gender neutral): Many folks identify closely with Latino/Latina instead of the gender-neutral term, Latine.

Latino/a describes a person of Latin American origin or descent. When used as an adjective, the "o" ending in Spanish is used to describe a group of people that includes men, or it can be used as a default to describe a group when the gender is not clear. Encompasses non-Spanish-speaking countries such as Brazil.

Chicano/a/x/e is an individual of Mexican origin or descent who was born in the U.S. This word was reclaimed during the Chicano Movement and is a chosen identity by many.

Mexican American is a person of Mexican origin in the United States.

Hispanic: This term describes individuals from Spanish-speaking countries, including Spain. While often used in the United States, this term may not resonate with all Latino individuals.

Language

Language plays a major role in cultural identity among Mexican immigrants and their community. Spanish is the predominant language spoken, with most families using it at home. Other languages spoken include indigenous languages such as Nahuatl, Yucatec Maya, Mixtec, and Zapotec. English proficiency levels vary across generations. "Spanglish" is often spoken in younger generations, which is an informal way of speaking a blend of English and Spanish.

Health disparities

Mexican immigrant communities in Minnesota bring a vibrant cultural heritage built on strong family relations, though they face unique health challenges influenced by many factors.

Socioeconomic factors, cultural and language barriers, systemic inequities, discrimination, and fear of deportation all manifest in physical, emotional, and mental health issues. These are often exacerbated by limited access to affordable healthcare, a lack of culturally competent healthcare providers, and limited access to traditional foods.

Access to healthcare and health insurance

Accessing healthcare can be difficult for Mexican immigrants due to language barriers, health literacy, culturally relevant services, and immigration status. Data shows that one in three Mexican immigrants are uninsured (Mexican immigrants). Many immigrants are afraid of the repercussions of seeking health care or assistance from the government due to their legal status. Additionally, a lack of culturally competent health services may prevent immigrants from seeking healthcare.

Poverty and socioeconomic status

Economic challenges disproportionately affect Mexican immigrants and are an important determinant of health to consider. While household income has recently risen, around 10% of Mexican immigrant families remain in poverty (Mexican immigrants). Housing is a particular area of concern, and families experience high housing costs due to barriers such as limited credit history, immigration status, and difficulty in finding safe and affordable housing. Almost 40 percent of immigrant households in the Twin Cities metropolitan area are "cost burdened", meaning they are spending more than 30 percent of their income on housing (Mexican immigrants). This financial strain leaves immigrant families struggling to choose where to allocate the rest of their income, thus sacrificing other essentials such as food, healthcare, or education. When communities have welcoming environments and accessible spaces, residents can safely engage in physical activity, access healthy foods, foster social connections, and improve access to community resources.

Physical health: diabetes, obesity, and hypertension

Mexican immigrants experience high rates of chronic diseases, including diabetes, hypertension, and obesity. The change in diet from traditional foods to more processed and calorie-dense foods, which are more common in the U.S., plays a major role in the development of these diseases. The shift in diet, alongside barriers such as access to cultural foods, access to healthier food options, affordability, limited time, and safe spaces for recreation, increases the risk of chronic health conditions. Hypertension is often undiagnosed in Mexican communities, but high sodium intake, stress related to socioeconomic challenges, and limited access to healthcare contribute to the elevated rates of hypertension.

Education and language

Education levels among Mexican immigrants in Minnesota remain lower than the state averages. Almost 47% have not completed high school, and only 11.5 % have a bachelor's

degree or higher (<u>Mexican immigrants</u>). Health literacy can be impacted by education levels, making it harder for Mexican immigrants to navigate healthcare and social services. Language adds another barrier; around 31 % of Mexican immigrants have limited English proficiency (speaking English not well or not at all) (<u>Mexican immigrants</u>). The combination of these two factors creates many challenges for immigrants, affecting their ability to access resources, understand medical language, and advocate for their health needs.

Occupational health

Mexican immigrants often work in physically demanding and labor-intensive jobs with variable schedules. Due to the nature of these jobs, Mexican immigrants are at risk for stress-related health issues, injuries on the job, respiratory conditions, exposure to harmful chemicals, and unsafe working conditions, further affecting their overall health. Furthermore, this population experiences higher exposure to disease during outbreaks because of crowded and hazardous working conditions. The COVID-19 pandemic underscored this inequity, as Mexican immigrants in meat processing plants faced some of the highest infection rates due to limited protective measures and close working conditions.

Lactose intolerance

Many Mexican immigrants, along with other Latino populations, are more likely to experience lactose intolerance due to genetic predispositions. This often makes it hard to meet calcium and vitamin D needs. It is important to provide and educate this population about culturally appropriate alternatives such as lactose-free milk, fortified soy beverages, and other calciumrich foods.

Traditions, customs, and taboos

- Concerns or challenges when talking about household size or income: Some Mexican
 immigrants may be hesitant or worried about sharing their household size, income, or
 employment status due to the fear of affecting their immigration status or government
 services.
- Virgen de Guadalupe: The Virgen de Guadalupe is an important symbol to many immigrants who view her as a protector and a symbol of hope and resilience. She provides a sense of cultural identity and spiritual connection to their homeland as they navigate life in a new country.
- Family-centric life: Family comes first with many Mexican immigrants, and strong familial bonds include extended family. Healthcare decisions are often made by the family, and patients may place their family's needs over their own.
- **Respect:** Showing respect is critical when interacting with patients. Formal titles such as Señor or Señora and using "usted" (the formal form of the pronoun 'you') when speaking Spanish are important. When interacting with elderly populations, respect is of the utmost importance, and failing to use polite forms of address can be seen as offensive.

- **Compadrazgo (Godparenthood):** Godparents hold significance in Mexican culture and are very integrated into the family and the child's life. They are an extension of the family and act as role models who are involved in many of the godchild's major life events, such as baptisms, first communions, and quinceañeras.
- **Greetings:** Greetings rooted in Mexican culture involve physical touch, such as a handshake, hug, or a singular kiss on the cheek.
- **Time:** It's important to understand that Mexican culture often has a more flexible view of time. Social gatherings may begin later than planned, reflecting the importance of relationships and being present without the pressure of time. In a clinical setting, this may mean that a participant may show up outside of their appointment time and anticipate that they will still be seen.
- Curanderismo (Traditional healing): Mexican immigrants often seek traditional healers to provide linguistic and culturally appropriate care. Curanderismo is a holistic healing practice that uses methods such as herbal remedies, spiritual cleansing, prayer, and counseling to treat individuals for spiritual, emotional, or physical ailments. Some Mexican immigrants may prefer this care or a combination of these practices with Western medicine. Respecting these beliefs helps build rapport and allows healthcare providers to better understand a patient's perspective.

Culture and foods

Mexican cuisine is built around staple ingredients that vary by region but are rooted in cultural significance. Food serves as a connection to heritage and identity. The meaning behind food is more than nutrition; it is a way to express love and foster community.

Staple ingredients

- Corn (Maíz): A staple grain in many dishes that is sacred in Indigenous traditions. It is used
 in a variety of foods such as tortillas, pozole (a soup or stew made from hominy and meat),
 and tamales.
 - Nixtamalization, an indigenous process that is still used today, involves soaking and cooking corn in an alkaline solution, like limewater, to make masa (the dough for tortillas), which increases corn's nutritional value by making niacin available. This process helped prevent nutritional deficiencies like pellagra, which were common in other communities that relied on corn.
- Beans: Black beans and pinto beans are the most common kinds of beans in Mexican meals.
 They are often served as a side dish or mixed into main dishes. Indigenous peoples of Mexico relied on beans, which served as a main source of protein.
- Rice: Introduced during colonization, rice became an integral pairing to beans.

- Fruits and Vegetables: Squash, tomatoes, onions, and cactus (nopal) are frequently used in traditional dishes. Avocados are also culturally and historically significant, with ancient origins, and are a staple in the Mexican diet.
- **Chilies:** Chilies can be found in many forms fresh, dried, or smoked. They are an essential part of adding flavor to Mexican foods and salsas.
- Meat: Chicken, pork, and beef are regularly consumed.
- **Herbs and Spices**: Cilantro, epazote, oregano, bay leaves, and cinnamon are used in a variety of dishes and are common in soups and sauces.

Regional variations

Food varies by region and reflects the geography, agricultural practices, and Indigenous traditions.

- Northern Mexico: This part of Mexico is known for its meat, particularly beef, due to
 extensive cattle ranching. Flour tortillas are common in this part of the country. Dairy
 culture is important in this region, and popular cheeses include queso fresco (farmer's
 cheese).
- **Central Mexico:** A blend of Indigenous and Spanish influence. In this region, it's more common to find mole, a dish made from chiles, spices, and chocolate (Mole poblano and Chile rellenos are well known).
- **Southern Mexico:** More seafood is found in this region, and it's known for its variety of tamales along with Mayan and Zapotec influences (Tlayudas, Oaxacan cheese).

Emotional and social roles of food

- Food and family: Preparing and eating meals together is a main priority in many households, emphasizing the belief that mealtime is about connection, not only about food. Traditional dishes are prepared for certain holidays, creating a space for families to celebrate and spend time together. Recipes are passed down from generation to generation and serve as a reminder of home.
- Expression through food: Parents and grandparents' express affection and love by cooking food for their loved ones despite busy schedules. In some families, children are included in kitchen activities early on to learn about cooking and family values.
- Celebrations: Food is a central part of many celebrations and milestones such as baptisms, holidays, weddings, and religious events. Many dishes are tied to both family and spiritual traditions (Pan de Muerto/Bread of the Dead, Rosca de Reyes/ Three Kings' Day, Bacalao, etc.)
- Hospitality: Offering food to expected or unexpected guests is common in Mexican households.

Food practices

- Meal timing: The largest and main meal of the day in Mexican culture is "la comida," which
 is eaten around 2-5 p.m. For immigrants, the timing of this meal may be affected by work
 and school schedules.
- Sugar-sweetened beverages: Drinks including aguas frescas, soda, and sweetened juices are common beverages in Mexican culture and are popular among immigrants. Consumption of these drinks is linked to obesity and type 2 diabetes. Children are at particular risk of developing negative health outcomes when consuming significant amounts of sugar-sweetened beverages. It's important to encourage healthier alternatives and educate about the effects of sugary beverages.

Barriers to maintaining traditional food practices

- Access to ingredients/food: Many Mexican immigrants live in food deserts and face food insecurity. Corner stores offer a convenient option but often lack fresh or culturally diverse foods.
- **Work schedules:** Due to the occupation of many immigrants, traditional foods that are time-intensive are difficult to prepare.
- **Economic barriers:** Rising costs of food can make Mexican staple foods expensive, influencing families to rely on cheaper processed foods.
- Acculturation: Children of immigrants may prefer American food over traditional foods, contributing to an intergenerational shift in diet. Foods available at school can influence this change as well.

Note: It's important to remember that when looking at the eating patterns of these populations, many vegetables are included as seasonings and garnishes! Examples include toppings such as salsa, shredded cabbage, diced onion, and radish.

Breastfeeding

Mexican immigrant mothers in Minnesota often navigate a combination of cultural expectations, economic pressures, and health systems that shape their feeding choices. Studies show that the more time mothers spend living in the U.S., the less likely they are to initiate breastfeeding (<u>Duration of Breastfeeding in Women of Mexican Descent</u>).

Acculturation pressures: In 2024, Hispanic infants had high rates of initiating breastfeeding (90.6%), but family and friends, employment, and health providers can impact the decision to breastfeed and affect a mother's willingness to adopt U.S. norms. It's important to note that initiating breastfeeding rates in Hispanic populations vary greatly between regions of Minnesota; in 2024, Metro had the highest rate at 93.4% and South Central was the lowest with 77.0% (Breastfeeding Among Infants Born in Minnesota).

Workplace constraints: Many mothers work in industries with limited maternity leave policies or minimal workplace accommodations for breastfeeding. Studies show that mothers often feel as if their native countries promoted breastfeeding more than the U.S., and the demands of their work here influence their decision to stop breastfeeding.

Healthcare system: Lactation consultants can help when available, but often mothers aren't offered lactation help and rely on doctors.

Pregnancy and postpartum

Cultural Practices and Diet: La Cuarentena is a 40-day period where a woman is in postpartum recovery. This term encompasses traditional behaviors, customs, and specific health beliefs. Social isolation during this period can be difficult for immigrant women (<u>La Cuarentena during Postpartum Recovery</u>)

 Women may follow practices such as avoiding the cold, staying warm, resting, consuming caldo (broth), oats, atole (a hot corn masa-based beverage), and teas (manzanilla, mate).

Mental health disorders: Immigrant mothers may face postpartum mental health challenges linked to immigration challenges, barriers to reproductive care, and past trauma.

Stressors: Mothers may face pressure to return to work, limited familial support compared to their households in their home counties, and difficulties navigating postpartum food practices.

Formula feeding

Confusing messages around formula: Confusing information from healthcare providers can increase doubts about breastfeeding. When mothers don't ask about the differences between breastfeeding and formula, they tend to rely on formula. Providers play a major role in supporting parents' decision-making by sharing clear information about the benefits of breastfeeding vs formula.

Cultural barriers and marketing: There is extensive marketing for formula and sugar-sweetened toddler milk targeted toward Latino families. These products can lead to poor diet and obesity issues for these children. Parents need to be educated on the added sugars in these drinks and how a child can receive sufficient nutrients by consuming breast milk and complementary foods.

Starting solids

Adjusting to feeding recommendations in the U.S. can be difficult for mothers, especially when initiating solid foods. Many parents have never been advised on feeding their child by a health professional. Mothers sometimes express hesitation about waiting too long to introduce solids in fear that their child would reject foods (<u>Feeding practices</u>). It's important to ask about feeding norms in their culture and what plans they have for feeding their child.

• Feeding beliefs: Mothers often perceive their child's weight status as an indicator of successful nourishment and having a healthy baby. A "chunky" baby is seen as a healthy

baby, and feeding is a form a love and a way to soothe infants. This can lead to permissive feeding or offering foods outside of regular meals or snacks. Common beliefs include adding cereal to bottles or using toddler milk.

Parenting

Culture and traditions: Parents tend to favor raising bicultural children and combine aspects of their traditional culture with American parenting ideals. This includes raising bilingual children. Mothers who recently arrived in the U.S. seem to maintain stronger cultural traditions.

Familismo (Familism): Family plays a central role in decision-making. Relatives often influence healthcare choices, and extended family members may also shape feeding decisions in both positive and negative ways.

Parenting roles: In Mexican families, parenting roles are influenced by strong cultural values. In some traditional family structures, fathers have often been viewed as providers and authority figures, while mothers have typically taken on nurturing and caregiving roles. Parental roles are evolving as parents increasingly share responsibilities and blend traditional Mexican values with American parenting practices. Parents are greatly invested in their children's futures.

Extended Holidays and celebrations

- **Día de los Reyes Magos (January 6):** Also known as Three Kings Day, it celebrates the day the Three Wise Men gave gifts to baby Jesus after his birth. Many families have "Los Nacimientos" in their homes where figurines are set up to recreate Jesus' birth. This celebration involves children leaving their shoes out the night before for the Three Kings to leave them gifts. Rosca de Reyes is eaten on this holiday, and inside a small figurine of baby Jesus is hidden. Whoever finds the figurine in their slice of the Rosca is responsible for hosting a get-together with tamales on February second.
- Dia de Candelaria (February 2): This is a cultural and religious event in Mexico that many people celebrate. This event is tied to the Christmas season and Epiphany. Many families eat tamales and atole.
- Semana Santa- Holy Week: A very important time in the Catholic culture, Holy Week takes
 place the full week before Easter. Processions, church services, and special events often
 take place.
- **El Día del Niño (April 30):** This is a day dedicated to celebrating children. Special activities are organized for kids, and often schools, communities, and families hold events.
- Cinco de Mayo (May 5): This day remembers the Battle of Puebla in 1862 when Mexican
 forces defeated the French army. Although this holiday is minor in Mexico, it's often
 celebrated in the United States, symbolizing Mexican pride and heritage.
- **Día de la Independencia (Independence Day, September 16):** This day marks the beginning of Mexico's Independence from Spanish rule. On the eve of this day, Mexico's president

reenacts "El Grito" from the balcony of the National Palace in Mexico City. It is a reenactment of Father Hidalgo's call for his followers to rise up against the Spanish.

- **Día de la Revolución (Revolution Day, Nov 20):** This day commemorates the start of the Mexican Revolution in 1910, which sought to end the dictatorship of Porfirio Díaz.
- Día de los Muertos (Day of the Dead, November 1-2): A celebration to honor deceased loved ones. Altars are set up to honor loved ones and include offerings such as food, photos, candles, sugar skulls, and marigolds. Pan de Muerto, champurrado (a warm chocolate drink thickened with corn flour), and hot chocolate are enjoyed.
- Day of the Virgin of Guadalupe (December 12): This day honors the Virgin of Guadalupe (the patron saint of Mexico), who is a spiritual and cultural symbol in Mexico representing faith and protection. Millions of people walk in in large processions to the Basilica of Guadalupe each year to express their faith and give thanks.
- Las Posadas (December 16-24): A nine-day celebration reenacting Mary and Joseph's search for shelter. This tradition involves caroling and processions with music and food. Traditional songs are sung, and one of the main highlights includes the breaking of a piñata. Tamales, ponche (warm spiced punch), buñuelos (a crispy fritter dessert), and pozole are eaten during these celebrations.
- Christmas (Dec 25): A major religious and cultural celebration in Mexico that honors the birth of Jesus Christ. Festivities often begin with Las Posadas, family gatherings, traditional foods, and community celebrations.

Thank you for taking the time to learn about Mexican culture and ways that you may offer support and encouragement to all our WIC families.

Resources

Mexican Immigrants - Minnesota Compass (US Census Bureau, American Community Survey)

<u>The impact of violence on the dynamics of migration: Evidence from the Mexican Revolution</u> (September 2025)

Key Housing Issues Facing Immigrant Communities in the Twin Cities (November 2017)

<u>Sugar-Sweetened Beverages Are the Main Sources of Added Sugar Intake in the Mexican Population</u> (September 2016)

<u>The Effect of Time in the U.S. on the Duration of Breastfeeding in Women of Mexican Descent</u> (February 2007)

Breastfeeding Among Infants Born in Minnesota (2023)

<u>The Influence of Immigrant Status and Acculturation on the Development of Overweight in Latino Families</u> (May 2011)

<u>Toddler-feeding practices among Mexican American mothers</u> (February 2011)

<u>Understanding Latino Children and Families' Well-being Requires Data Disaggregated by Birth Within or Outside the United States</u> (February 2024)

References- complete listing of hyperlinks

Mexican Immigrants - Minnesota Compass

(https://www.mncompass.org/topics/demographics/immigration/mexican-immigrants)

The impact of violence on the dynamics of migration: Evidence from the Mexican Revolution (https://www.sciencedirect.com/science/article/pii/S0304387825000665)

Key Housing Issues Facing Immigrant Communities in the Twin Cities

(https://www.mhponline.org/wp-content/uploads/joomla-images/Immigrant-research-final.pdf)

<u>Sugar-Sweetened Beverages Are the Main Sources of Added Sugar Intake in the Mexican Population (https://www.sciencedirect.com/science/article/pii/S0022316623007216)</u>

<u>Sugar-Sweetened Beverage Consumption</u> (https:\pmc.ncbi.nlm.nih.gov\articles\PMC8754574)

<u>The Effect of Time in the U.S. on the Duration of Breastfeeding in Women of Mexican Descent</u> (https://pmc.ncbi.nlm.nih.gov/articles/PMC3957412)

Breastfeeding Among Infants Born in Minnesota

(https://www.health.state.mn.us/people/wic/localagency/reports/tableau/bf/infantsborn.html)

<u>Understanding feeding practices of Latinx mothers of infants and toddlers at risk for childhood obesity</u> (https://pmc.ncbi.nlm.nih.gov/articles/PMC7296808/)

Toddler-feeding practices among Mexican American mothers

(https://ucanr.edu/sites/default/files/2011-07/113739.pdf)

<u>The Influence of Immigrant Status and Acculturation on the Development of Overweight in Latino Families</u> (https://pmc.ncbi.nlm.nih.gov/articles/PMC3090681/)

Beliefs, values, and practices of Mexican immigrant families

(https://www.sciencedirect.com/science/article/abs/pii/S0885200617301710)

Latinx Families' Strengths and Resilience Contribute to Their Well-being

(https://www.hispanicresearchcenter.org/wp-content/uploads/2022/09/PDF-Latinx-Families-Strengths-and-Resilience-Contribute-to-Their-Well-being.pdf)

The Effect of Time in the U.S. on the Duration of Breastfeeding in Women of Mexican Descent (https://pmc.ncbi.nlm.nih.gov/articles/PMC3957412/)

<u>Understanding Latino Children and Families' Well-being Requires Data Disaggregated by Birth Within or Outside the United States (https://www.hispanicresearchcenter.org/wp-content/uploads/2024/02/HC-Nativity-brief-2.8.pdf)</u>

<u>Mexico's Social and Political Process</u> (https://www.indigenousmexico.org/articles/a-century-of-turmoil-mexicos-social-and-political-process)

<u>Hispanic/Latino Health (https://minorityhealth.hhs.gov/hispaniclatino-health)</u>

<u>Mexican Immigrants in the United States</u> (https://www.migrationpolicy.org/article/mexican-immigrants-united-states-2024#distribution)

<u>Health Disparities in Hispanic or Latino People</u> (https://www.cdc.gov/health-disparities-hiv-std-tb-hepatitis/populations/hispanic-latino.html)

<u>Study shows Latino families more likely to have purchased toddler milk</u> (https://sph.unc.edu/sph-news/study-shows-latino-families-more-likely-to-have-purchased-toddler-milk/)

Review of Disparities in Mode of Birth and Related Complications among Mexican American Women (https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.13288)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; To obtain this information in a different format, call: 1-800-657-3942

This institution is an equal opportunity provider.