Nutrition for the Underserved: The Implications

African American Focus Group Results

Introduction

In 1999, The National Institute of Health (NIH) defined health disparity as differences in the incidence, prevalence, mortality and burden of diseases that exist among specific populations groups in the United States[1]. Minnesota has a wide gap in health disparities between whites and persons of color:

- African American infant mortality rates are two to three times higher than Whites[2]
- One in 20 Minnesotans does not have insurance, while one in five African Americans Minnesotans are without health insurance[2]
- African American women in Minnesota have a breast cancer mortality rate that is 50 percent higher than that of white non -Hispanic/Latina women, despite similar incidence rates[3]
- Compared to non-Hispanic whites, diabetes-related deaths in Minnesota were between 1.5 and 5 times higher more common in African Americans[3].
- Approximately four out of five African American women are overweight or obese compared to other groups in the U.S.[4]

The shocking rates of the less than "poor" health status in the African American community does not lend to the overall beliefs, perceptions, and self-report knowledge as is relates food, nutrition, and health. Historically, when asked about their diet, African Americans will repeatedly state that they *"just know" how to eat healthy because it was "passed down"*. However, an increase in the prevalence of nutrition related diseases in African American communities lead one to conclude that "knowing" about the importance of nutrition is not enough to encourage positive behavior changes that may lead to a reduction in nutrition related diseases such as hypertension, heart disease, and those related to obesity. In an attempt to enhance program participation in Nutrition Education Programs provided by the University of Minnesota Extension, focus groups were conducted with African American participants in Minnesota.

Rationale

The University of Minnesota Extension Nutrition Education Program conducted focus groups with limited resource individuals throughout Minnesota to assess the quality and effectiveness of the Nutrition Education Programs. It was important to learn more about the target populations (i.e. the poor and their communities). The goal was to capture their personal experiences and views on nutrition. This understanding assists the Health and Nutrition Educators in assessing the quality and effectiveness of current programming efforts.

Focus group questions were developed to explore the:

- Strengths and assets of the participants
- Barriers to participation
- Preferred methods of learning
- Improved methods for program design and delivery
- Alternative ways to encourage program participation

Methods

The populations specifically targeted for this study were low-income African American mothers, low-income working Caucasians, low-income Latino and Somali families whose monthly income is below 150% of the federal poverty line.

In the fall of 2007, thirteen focus groups were conducted, of which 10 were with our targeted populations. The remaining three were with agencies from within and around the selected cities that directly provide services to our targeted population. Minnesota cities were pre-selected by the Health and Nutrition program staff.

Focus groups were conducted in Minneapolis, St. Paul, Rochester (SE Minnesota), Hibbing (NE Minnesota), and Moorhead (NW Minnesota). A total of 80 people, including 16 males, participated in the 10 focus groups. Of the 21 service providers, 10 were from Moorhead, 6 from Hibbing, one from Rochester, and four from Minneapolis/St. Paul.

Results

This paper shares the results of the low-income African Americans.

Concept of Nutrition/Attitudes towards food

- Eating nutritiously is viewed as hard work; it is directly related to survival.
- Nutrition is sacred: family tradition that it is passed on from generation to generation

The majority of the families had a basic understanding of nutrition as "being healthy" and "getting all of the nutrients and vitamins that your body needs to work on a day to day basis". Nutrition was consistently viewed as being a "good thing" because nutrition is directly connected to "feeling good". The interesting point is that although there is a strong belief that nutrition is needed to maintain a "healthy lifestyle", it is viewed as being "hard work" for them to comply with it. The "lack of

resources, money, and poor quality food in local grocery stores" were viewed as common barriers to program participation and maintaining good health.

African American communities want to learn nutrition and believe that it is important for their children. Information is plentiful and education can be beneficial for the primary caregiver and their families.

Barriers to good nutrition

African Americans with limited food resources are just as concerned about the healthy developments of their families as other groups and are willing to make personal scarifies to ensure their children eat healthy. Furthermore, food is viewed as necessary for "survival" and important for disease prevention or control. However, due to the lack of resources, one participant stated that *"a lot of people don't buy healthy food that they know is healthy for them because it's more expensive, so they'd rather buy junk food they know ain't healthy for them because it's cheaper and they can afford it."*

Food is holistic and traditions are sacred

Learning about nutrition from a holistic perspective is important because food "is good for the body, mind, and soul." This approach encompasses everything from nutrition to the traditions that were passed on from generation to generation as stated by one participant, *"I learned all of my values about food from my grandmother which still holds true*".
Food is also considered sacred in African American communities. Deliberate efforts are made to ensure that cultural practices are continued: "*because of my history, my grandmother was a slave so there were certain foods they had to eat because they couldn't afford it… the wisdom of what to put in our mouths comes from us being raised"*. Common beliefs in how food is viewed and past traditions are important factors that influence whether one will participant in training sessions.

Current assets

The African American participants had many assets even though they are impoverished! Most of them had either taken a nutrition class via the community center, University of Minnesota Extension Nutrition Education Program, Women Infant and Children Program, their nutritionist, physician, and formal education or with an on-the-job-training program.
A strong asset was related to their ability to stretch their food dollar by feeding their families things that would last when selecting the type of food to purchase*: "you know, the more of the products that you find such as milk, the noodles, the beans and stuff like that, we try to get that because of our culture, we grew up on all of that…so to us it's food that's gonna stick to us…and not just run through my children and the next ten minutes they're going to be hungry again."* The ability to stretch the food dollars is an asset that is believed to be critical in provided "good nutrition" for their children.

Preferences for Receiving Education

Participants were suspicious of educators coming into the community to conduct research or provide nutrition education. They stated that the information *"will be eventually utilized against us…even if we may say one thing… it might get published another way"*. Recommendations to enhance positive communication and increase program participation are for community educators to "be patient, to be kind, and to be open" when they are educating in the community. They also believed that relying on existing community leaders to recruit and train participants in a social environment would enhance participation.

Program delivery

Focus group participants identified *the "lack of time and transportation"* as huge barriers to program participation. They also stated that the sessions must be *"relevant to life"* and this can be done by getting "ideas from the community." It is believed that if classes are offered during the "evenings and various times throughout the day" participation will also increase.

Recommendations

1) Offer fun, experiential sessions that use cooking as a means to teach nutrition information and provide relevant incentives such as gift cards and certificates that will help secure employment
2) Hire and train staff members that are culturally competent and understand the "culture of poverty".
3) Create a safe, respectful and nurturing environment for learning. Reevaluate effectiveness or perception of collaborative recruitments through existing agencies.
4) Train educators to use experiential learning and facilitated learning models. Staff needs to be willing to be flexible with work hours.
5) Offer neighborhood sessions in small groups in safe environments offered at flexible times.
6) Explore transportation and childcare options to assist in attendance.
7) Evaluate marketing materials – test messages; include fun, descriptive names for course offerings that avoid the terms "nutrition" and "education."

Sources for Introduction are from the National Cancer Institute: Center to Reduce Health Disparites[1]·City of Minneapolis Official Website[2], Minnesota department of Health[3], Minneapolis Foundation: Racial Disparities Fact Sheet, 2006[4], U.S. Department of Health and Human Service: Office of Minority Health[5]

This summary is from a larger focus group study, "Health & Nutrition Final Evaluation Report", Arthur Brown and Mary Marczak, 2007. Compiled by Felisha Rhodes (rhode006@umn.edu), Extension Educator for Health & Nutrition, University of Minnesota Extension, Family Development Center, July 2008.