

Barriers and Strategies for Healthy Food Choices among American Indian Tribal College Students: A Qualitative Analysis



Jill F. Keith, PhD, RD; Sherri Stastny, PhD, RD, LRD; Ardith Brunt, PhD, RD; Wanda Agnew, PhD, RD

ARTICLE INFORMATION

Article history:

Submitted 14 September 2016
Accepted 2 August 2017
Available online 20 October 2017

Keywords:

American Indians
Food choices
Qualitative analysis
Barriers and strategies for healthy food choices
Tribal college students

2212-2672/Copyright © 2018 by the Academy of
Nutrition and Dietetics.
<http://dx.doi.org/10.1016/j.jand.2017.08.003>

ABSTRACT

Background American Indian and Alaskan Native individuals experience disproportionate levels of chronic health conditions such as type 2 diabetes and overweight and obesity that are influenced by dietary patterns and food choices. Understanding factors that influence healthy food choices among tribal college students can enrich education and programs that target dietary intake.

Objective To build an understanding of factors that influence healthy food choices among tribal college students at increased risk for college attrition.

Design A nonexperimental cohort design was used for qualitative descriptive analysis. **Participants/setting** Participants (N=20) were purposively sampled, newly enrolled, academically underprepared tribal college students enrolled in a culturally relevant life skills course at an upper Midwest tribal college between September 2013 and May 2015. Participant demographic characteristics included various tribal affiliations, ages, and number of dependents.

Main outcome measures Participant responses to qualitative research questions about dietary intake, food choices, self-efficacy for healthy food choices, psychosocial determinants, and barriers to healthy food choices during telephone interviews were used as measures.

Analysis Qualitative analysis included prestudy identification of researcher bias/assumptions, audiorecording and transcription, initial analysis (coding), secondary analysis (sorting and identifying meaning), and verification (comparative pattern analysis).

Results Qualitative analysis revealed a variety of themes and subthemes about healthy food choices. Main themes related to barriers included taste, food gathering and preparation, and difficulty clarifying healthy food choices. Main themes related to strategies included taste, cultural traditions and practices, and personal motivation factors.

Conclusions Qualitative analysis identified barrier and strategy themes that may assist nutrition and dietetics practitioners working with tribal/indigenous communities, tribal college educators and health specialists, and tribal community health workers who target health and dietary intake of American Indian and Alaskan Native students.

J Acad Nutr Diet. 2018;118(6):1017-1026.

THERE ARE NEARLY 600 FEDERALLY RECOGNIZED American Indian and Alaska Native (AIAN) tribes in the United States.¹ Since 2000, the AIAN and the AIAN mixed-race populations have experienced the highest rate of growth in population.² AIAN individuals experience disproportionate levels of chronic health conditions such as type 2 diabetes and overweight and obesity that are influenced by dietary patterns and food choices.³⁻⁶ In addition, AIAN adults have the highest overweight and obesity rates in the country. Average obesity rates among AIAN adults in the United States were 46.2% in men and 45.5% in women.⁷ Overweight and obesity contribute negatively to overall health, including increased risk for chronic diseases such as type 2 diabetes, sleep apnea, hypertension, and dyslipidemia.^{7,8} Type 2 diabetes is of special concern because the

prevalence is higher (16.1%) among AIAN adults than any other ethnic group (white=5.9%, black=9.3%, and Asian=6.5%).^{4,9} These health challenges are exacerbated by health disparities, poverty, lack of access to care, bias and discrimination, unavailability of culturally competent health services, and underfunded health programs.¹⁰ Low per capita income and level of education also increase risk for a compromised health status.^{10,11}

Health risks for AIAN individuals are increased by poor dietary patterns and physical inactivity.^{5,10,12} The nutrition transition from healthier traditional foods to more processed, energy-dense convenience foods has contributed to higher fat and saturated fat intake and lower fruit and vegetable intake among AIAN adults and children.^{10,13} Additional barriers to healthy food choices include time, finances, access to

food, cooking skills, parental and family influences, community, and personal choice.^{14,15}

Family dynamics and traditions can play a significant role in dietary behaviors of adults. Although parents/caregivers are the primary providers in childhood and adolescence, emerging adults begin to make more independent decisions for life skills such as food procurement and preparation.¹⁶ Transitioning young adults often lack basic skills for food preparation¹⁷; however, those who exhibit food preparation skills demonstrate better diet quality.¹⁸ Because of challenges related to socioeconomic, historical oppression, adverse childhood experiences, and a culture of poverty attributed to historical trauma and relocation, AIAN family structures and home environments do not always promote education, life-long skills, and health.^{10,19}

Research focused on dietary patterns among AIAN individuals transitioning into adulthood is limited. Knowledge of barriers and strategies for healthy food choices can provide insight into educational interventions targeted to AIAN young adults. The purpose of this qualitative inquiry was to explore influencing factors for healthy food choices as identified by AIAN tribal college students. Current research and theory do not always focus on the cultural knowledge, skills, and abilities of AIAN individuals (as well as other socially marginalized groups and communities of color).²⁰ Researchers endeavored to include the unique and valuable perspectives of AIAN students while exploring factors that influence food choices.

MATERIALS AND METHODS

Researchers from partner land-grant institutions (ie, land grant university or land grant tribal college) explored influencing factors on healthy food choices among AIAN tribal college students at the initiation of a culturally relevant life skills course.

Experiment Design

As part of the Life Skills at a Tribal College (LSTC) curriculum, a nonexperimental cohort design for qualitative descriptive analysis was used to describe and build knowledge of tribal college student experiences with healthy dietary choices.

LSTC

The LSTC curriculum is described in detail elsewhere.²¹ Briefly, the LSTC course was a semester-long curriculum delivered in a home-like setting on the tribal college campus. The curriculum was based on Family and Consumer Science Content Standards (2008), adapted for cultural relevance. Adaptations included the use of Cajete's Learning From Native Science model²² and a humanistic approach to learning as well as a "grandmother-figure" as the primary instructor, which reflected a matriarchal social order (common among the five governing tribes of the tribal college) and the traditional indigenous value of learning from respected elders.²²⁻²⁴

Participants

Participants in the LSTC course were purposively sampled from newly enrolled, academically underprepared tribal college students at an upper Midwest tribal college between September 2013 and May 2015. To best address LSTC course

objectives through a tailored curriculum, participants most at risk for attrition due to academic underpreparation were recruited. Recruitment methods included oral and E-mail invitations, presentations during orientation and preparatory classes, and promotion of the class through housing officers and campus recruiters. Similar to other tribal college students, participant characteristics included various tribal affiliations, ages, and number of dependents. All 20 students enrolled in the LSTC class participated in the research study and completed telephone interviews. Due to the qualitative research intent, a sample size of 15 to 20 was targeted for the project.²⁵

Institutional Review Board Approval

Institutional Review Board approval was granted from North Dakota State University and United Tribes Technical College. Informed consent was obtained upon invitation to participate in the class. Participants were identified by number to the telephone interviewer. Clear introduction of the interviewer and research purpose initiated each interview. Participant telephone interviews were conducted in private rooms to promote open conversation. Postinterview, recorded audio was transcribed verbatim and stored in a secure computer.

Instrument

Qualitative interview questions were written by the first author (a registered dietitian nutritionist), edited, and approved by the research team. Questions were informed by previous research addressing dietary intake,²⁶⁻²⁹ influencing factors for food choices,³⁰⁻³² self-efficacy for healthy food choices,³³ psychosocial determinants,^{34,35} and barriers to healthy food choices among AIAN.^{14,36} LSTC class participants from fall 2013 pilot-tested questions via telephone interview. Subsequent edits minimized yes/no responses and promoted participant input without changing research intent. Definition of terms such as "healthy food choices" was avoided to allow participant interpretation. Telephone interviews were conducted by a single, trained researcher following a set protocol. Final interview questions are presented in [Figure 1](#).

Analysis

Interviews were analyzed for themes and patterns. Predata analysis included identification of researcher bias and assumptions with potential to influence interpretation and description.

Initial Data Analysis

Initial analysis identified large domains or categories of transcribed text. Coded data needed to meet two criteria: a participant response/description necessary for understanding the phenomenon and the ability to abstract and label it. This initial coding allowed for thickly describing information before shortening into themes and patterns, key steps in initial qualitative analysis.²⁵

Secondary Data Analysis and Verification

After coding, data were sorted into categories identifying meaning and depth (ie, textural description).²⁵ Once these categories were sorted into themes and patterns, comparative pattern analysis (to understand how categories were alike/different) was completed to assist with verification.²⁵

Download English Version:

<https://daneshyari.com/en/article/8571551>

Download Persian Version:

<https://daneshyari.com/article/8571551>

[Daneshyari.com](https://daneshyari.com)