



Use of the Nominal Group Technique (NGT) to understand the perceptions of the healthiness of foods associated with African Americans

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ABSTRACT

Purpose: To determine the degree of overlap between foods considered part of African American (AA) culture and those considered to be healthy.

Methods: A total of 44 AA men and women were recruited from the Birmingham, AL area, 25 years of age and older to participate in four Nominal Group Technique (NGT) meetings. Participants from the first two groups generated 90 unique food items in response to the question “What are the foods you associate with being African American?” Participants individually ranked their top three most unhealthy foods. The next two groups generated 116 unique food items in response to the question “What foods do you consider to be healthy?” Participants individually ranked their top three foods that were considered most associated with AA.

Results: The top five foods associated with AA were chitterlings, fried chicken, pig parts, greens prepared with ham hock, and pork ribs. Of the foods associated with AA, chitterlings, pig parts, fatback, fried chicken, and greens prepared with ham hocks were ranked as the unhealthiest. The top five healthy foods were broccoli, boiled greens, baked fish, grapefruit, and broiled fish. From these top five healthy foods, only boiled greens were considered to be associated with AA.

Conclusions: Many of the foods AA consider as traditional foods are also perceived as unhealthy. On the contrary, foods perceived to have the most health value may not be a routine part of AA food patterns. Understanding AA perceptions of the healthfulness of foods can be informative for culturally appropriate nutrition intervention development.

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1. Introduction

Many African Americans face major health challenges. Rates of heart disease, stroke, end-stage renal disease, diabetes and hypertension are higher in African Americans than in European Americans, and obesity and physical inactivity, which are known to worsen the impact of other major risk factors, show a higher prevalence in African American populations (AHA, 2005; Chobanian et al., 2003; Douglas et al., 2003). Behavioral interventions for overweight and obesity can produce improvements in associated

risk factors for disease such as cholesterol, blood pressure and blood glucose, but subgroup analyses have demonstrated decreased weight loss for African Americans compared to European Americans, resulting in diminished risk reduction (Kumanyika, Obarzanek, Stevens, Hebert, & Whelton, 1991; Wing & Anglin, 1996). While there may be many causes for the poorer health status of African Americans, nutrition and eating habits are likely to be contributing factors (Adrogue & Wesson, 1996; Miller et al., 1996). Excessive consumption of foods high in calories, fat, cholesterol and sodium, along with too little consumption of fruits, vegetables, and other high fiber foods, may contribute to an excess risk of chronic disease in this population (Ascherio et al., 1992, 1996; Glore, Van Treeck, Knehans, & Guild, 1994; Krauss et al., 1996).

A variety of behaviors—influenced by the personal, cultural, and environmental context—place African Americans at high risk for chronic disease. There are attempts to eat ‘healthy’, but these were

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often overcome by traditions, social influences, habits and price. It is important to study the perceptions that African Americans have about their diets to determine how these eating patterns may be contributing to chronic disease. In the past, focus groups or interviews have provided descriptions of health perceptions, health practices, and health needs, and while each of these studies contributes to an understanding of dietary practices of African Americans, other factors need to be explored.

The purpose of this study was to better understand the perception that African Americans have of the healthfulness of their dietary choices as a cultural group. We utilized the Nominal Group Technique to elicit information from a group of African American volunteers to determine what foods African Americans most associate with their culture and if they consider these foods as healthy or unhealthy.

2. Methods

The sample consisted of 44 African American men and women recruited from advertisements in and around the metro-Birmingham, AL area. To be eligible, participants had to self-identify as African American and be at least 25 years of age. All participants provided informed consent and received \$25 for taking part in the study. This study was approved by the University of Alabama at Birmingham (UAB) institutional review board.

The Nominal Group Technique (NGT), which is a qualitative method of data collection, was used to guide the group meetings (Van de Ven & Delbecq, 1972). The NGT format is useful for promoting creative and meaningful interpersonal disclosures among participants by gathering equally weighted responses that have a tendency to offer valid representation of group views (Elliott & Shewchuk, 2000; Miller, Shewchuk, Elliot, & Richards, 2000; Shewchuk et al., 2001). Similar to focus groups, an ideal number of approximately 10 participants may be considered a good-size for NGT sessions. The NGT sessions may be thought of as highly structured focus groups.

Each group was comprised of 9–14 individuals. Two of the groups were of women only. Using the NGT, sessions lasted approximately 60 min. During this time span, participants were asked to work individually to generate written responses to a given question, share their answers with the group in a round-robin fashion, and finally rank the top three items that were most relevant to them. Each session was conducted on the UAB campus.

The multi-step NGT format is useful for systematically eliciting meaningful interpersonal disclosures among participants by gathering equally weighted responses to a specific question and tends to offer valid representation of group views (Elliott & Shewchuk, 2002). The highly structured format of NGT meetings promotes an equal level of participation and reduces extraneous discussions that frequently occur in less structured focus group settings when emotionally charged issues are addressed. In addition, the need for audio recording and transcription is unnecessary given that the verbatim responses are written on a flip chart, thereby providing a concise summary of the session. Prior to conducting the NGT meetings the investigative team articulated two questions which were then pilot tested to assure that they would elicit the responses as intended.

The first step of the NGT process was to have the participants address a specific question, which was read by the facilitator and printed on worksheets that the participants received. Participants were asked to work independently for 5 min and write down as many words or short phrases as possible that represented their individual perspectives.

Participants of the first two groups were asked to generate responses to the following question: “What are the foods you associate with being African American?”

After answering the question individually on a piece of paper, the participants proceeded to share their answers with the group in a round-robin fashion as the group moderator wrote the responses verbatim on a flipchart. Following a round of clarification of submitted responses, participants ranked the top three items from the generated list that were *most* associated with African Americans by instructing the participants to select the three responses from the generated list that they perceived as most salient to them and wrote each response on a separate note card. Then the participants systematically ranked the cards by assigning three votes to the most salient of those selected one vote to the least salient, and two votes to the remaining card. This ranking process was repeated in a separate task where participants were then asked to rank the top three items that were considered to be the *unhealthiest*.

In two additional groups participants were asked to generate responses to the question: “What foods do you consider to be healthy?” Similar to the previous NGT group participants answered the question individually on a piece of paper and then shared their responses, which were recorded on a flip chart. As follow-up questions, participants were asked to rank the top three items from the generated list of healthy foods that were considered to be the *healthiest* and the top three foods that were *most* associated with African Americans. The investigative team discussed the responses and through consensus, combined similar food items when no distinction was provided by participants with regards to preparation techniques used that might substantially change the nature of the food. Votes were tallied and tables presented in the results show the food items that were ranked in the top 10 items. A complete list of food responses is available from the authors. Basic demographics were obtained by self-report using a study questionnaire.

3. Results

A total of 44 African American men and women participated in the four NGT groups. The majority of participants were women with a mean age less than 40 years old. Most of the participants were employed full time and had some college education. Complete demographic characteristics of the group are indicated in Table 1.

In response to the first question, “What are the foods you associate with being African American?” participants provided a

Table 1
Demographic characteristics of NGT participants ($n=44$).

Characteristics	Mean (SD)
Age (years)	37.22 (10.9)
Self-reported weight (lbs)	185.2 (53.4)
Female	84%
Self-Reported General Health Status	Excellent 20%
	Very good 41%
	Good 35%
	Fair 4%
Employment Status	Full time 78%
	Homemaker 4%
	Part time 4%
	Retired 4%
	Student 6%
	Unemployed 4%
Household Income	<29k 24%
	30–59 59%
	60+ 16%
Education	High School 8%
	College 59%
	Grad School 33%

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