

Meaningful Messages: Adults in the Lower Mississippi Delta Provide Cultural Insight into Strategies for Promoting the MyPyramid

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ABSTRACT

Objective: To explore cultural perceptions of the MyPyramid key messages and identify factors that may impact adoption of these recommendations.

Methods: Systematic content analysis of transcripts from in-depth, structured interviews with 23 adults, primarily African American females, residing in the Lower Mississippi Delta.

Results: When asked to identify good reasons to follow the MyPyramid key messages, nonspecific references to improved health were most prevalent ($n = 130$); however, participants also acknowledged the importance of getting vitamins and nutrients ($n = 81$), and the impact food choices have on health conditions ($n = 77$) and organ systems ($n = 65$). Individual-level factors ($n = 211$), such as dislike for food items and tradition or customs, far outnumbered environmental-level factors ($n = 48$), such as cost and availability, as perceived reasons preventing community members from adhering to the key messages. The most frequently mentioned suggestion for helping community members eat according to the MyPyramid were to raise awareness ($n = 93$), provide information ($n = 65$), and improve the taste of or provide opportunity to taste ($n = 49$).

Conclusions and Implications: This study captured participants' cultural perspectives of the MyPyramid key messages. Results indicate that both social marketing campaigns and intervention efforts focused on individual-level factors are needed to promote the MyPyramid in this disadvantaged Delta region.

Key Words: MyPyramid, qualitative data, African Americans (*J Nutr Educ Behav.* 2010;42:41-50.)

INTRODUCTION

Little is understood about the public's perception of the new recommendations provided in the recently released 2005 Dietary Guidelines for Americans and MyPyramid Food Guidance System (MyPyramid).^{1,2} Development of the education messages for the MyPyramid involved 2 phases of consumer research using 26 focus groups, which included low-income and diverse participants; however, focus groups were limited to three United States (US) cities, Baltimore, Chicago, and Houston.³ Therefore, it is impor-

tant to assess how other populations perceive the MyPyramid, especially rural populations, where nutritional disparities are prevalent and accessibility to health services and health information are limited.

The Lower Mississippi Delta (Delta) is a predominantly rural region including approximately 36 counties and parishes in Mississippi, Arkansas, and Louisiana that border the Mississippi River. Of the 6 Mississippi Delta counties targeted in the research including Bolivar, Washington, Sunflower, Humphreys, Leflore, and Holmes, approximately 70% of resi-

dents are African American. The Delta region is one of the most impoverished areas of the United States, with about 34% living below poverty, a median household income of about \$22,000 per year, and high school and bachelor's degree graduation rates of 61% and 14%, respectively.⁴ Overall health and nutritional disparities are well documented in the Delta region.⁵⁻⁸ When compared to the US population, Delta adults have poorer adherence to recommendations of the MyPyramid, including lower intakes of fruits and vegetables, higher dietary fat, lower dietary fiber, lower calcium, and overall lower Healthy Eating Index scores.^{7,8}

When developing communication and media approaches, including those used to promote the MyPyramid, the messages and communication channels must be viewed as personally and culturally relevant, taking into account cultural perspectives, values, and beliefs. Culture gives meaning to health communication; therefore, messages must be developed and delivered within the context of culture and

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language.⁹ The long-term goal of this research is to develop culturally appropriate nutrition messages pertaining to the 2005 Dietary Guidelines and MyPyramid for dissemination among all adults in the rural Delta region. The primary objective of this qualitative study was to explore perceptions of the MyPyramid and identify factors that may promote or inhibit adoption of these new guidelines by this population.

METHODS

This project was approved by The University of Southern Mississippi's Institutional Review Board. In-depth structured interviews were conducted using a semistructured interview guide. An expert panel consisting of 3 doctoral-level registered dietitians and 1 health communication expert developed and established content validity of the interview guide. Based on previous consumer research, it was anticipated that participants would have limited understanding of some MyPyramid terminology and concepts, such as whole grains, vegetable subgroups, types of fat, and others.³ Therefore, consumer information posted on the MyPyramid.gov Web site was used to develop a brief explanation of each key message for the interview guide. For each food group, the explanation was limited to reading the key message, providing examples of food items included within each group and subgroup, and discussing the amount recommended in a 2,000-calorie diet. Visual aid handcards, which included pictorial representations of the MyPyramid as well as numerous examples of food, were also developed to illustrate key message concepts. Prior to use in this study, the interview guide and handcards underwent cognitive testing among 4 individuals representative of the target population with a broad range of educational achievement. Appropriate changes were then made. This report details participants' responses to 3 questions that were asked for 10 key messages of the MyPyramid, including (1) "What are some good reasons for people in your community to eat ___?" (2) "What keeps people in your community from eating ___?" and (3) "What would make or help people in your community want to eat ___?" The 10

key messages are illustrated in Tables 1–3. A few examples include more whole grains, a variety of fruit, and more vegetable oil and less solid fats.

The target population for this research included adults residing in the rural Lower Mississippi Delta. A purposeful, quota sampling plan based on educational achievement was developed with the goal to interview approximately 3 respondents from 7 different educational strata, as defined by the US Census Bureau.⁴ A purposeful sampling can be justified in this research because the investigators were interested in achieving an in-depth understanding of culturally appropriate nutrition messages from selected "information-rich" respondents. A quota sampling plan was developed to ensure a reasonable range of represented viewpoints from the target population and to allow for analysis by education level. Community Health Advisors as Research Partners (CHARP) helped identify, recruit, and schedule participants to meet the sampling plan. The CHARPs are volunteer community members who serve as a vital link between their communities and the health care system and have successfully helped recruit subjects for several research projects.¹⁰ The CHARPs attended a training session, which provided an overview of the research objectives, key concepts of MyPyramid, and examples of the qualitative survey questions. The training stressed the importance of carefully recruiting participants who could provide information related to the research objectives. Two African American graduate research assistants with a bachelor of science degree in dietetics were trained to conduct individual interviews with the participants. The graduate research assistants also tape recorded the interviews and took field notes. Each interview lasted approximately 1 hour. The CHARPs received \$10 for each participant they recruited, and the participants received a \$25 gift card for their time.

All of the audiotapes were transcribed verbatim. Systematic content analysis was used to evaluate the transcripts.¹¹ Two researchers independently reviewed the transcripts and met to identify major themes and develop a distinct coding system. Three researchers then independently coded the transcripts and subsequently met

to review assigned codes and reconcile disagreements. For each question, if the participant made several comments that all related to the same code, these comments were coded and counted only once; however, if the participant made several statements that fit multiple codes, the response was coded and counted under multiple codes. The number of participants who made a comment related to the distinct codes was tallied. Counts were tallied according to education level to examine potential socioeconomic response differences among participants. Finally, conclusions were drawn, and the qualitative report was verified by the 2 interviewers involved in collecting the qualitative data.

Sample Population

The sample included 23 adults, 19 females and 4 males, residing in the Mississippi Delta. Twenty-two participants were African Americans, and 1 was Caucasian. Six participants were 19–40 years of age, 8 participants were 41–60 years of age, and 9 participants were > 60 years of age. These age categories are respectively referred to as young, middle-aged, and older in the qualitative quotes below. In agreement with the quota sampling plan, an adequate distribution of education levels was sampled, including 3 with less than a ninth-grade education, 3 with a ninth- to twelfth-grade education, 3 with a high school diploma or equivalent, 3 with some college (no degree), 2 with an associate's degree, 5 with a bachelor's degree, and 4 with some graduate school. These 23 participants contributed a sufficient amount of in-depth data to establish major themes within each question.¹²

RESULTS

Reasons to Adhere to MyPyramid Key Messages

Participants were asked about good reasons for community members to eat according to MyPyramid principles. Table 1 illustrates these emerging themes and frequencies of their responses.

Across all key messages, nonspecific, general suggestions to improve health were most common (n = 132):

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