



Juggling the five dimensions of food access: Perceptions of rural low income residents



Lauri Address ^{a,*}, Cindy Fitch ^b

^a Health Policy, Management & Leadership, School of Public Health, West Virginia University, Robert C. Byrd Health Sciences Center, PO Box 9190, 1 Medical Center Dr., Morgantown, WV 26506-9190, USA

^b Programs and Research, Extension Service West Virginia University, PO Box 6031, Morgantown, WV 26506-6031, USA

ARTICLE INFO

Article history:

Received 5 December 2015

Received in revised form

4 April 2016

Accepted 13 May 2016

Available online 18 May 2016

Keywords:

Qualitative

Food access

Low income

Rural

Social change

Policy

ABSTRACT

Using focus groups (n = 6) from six West Virginia counties we assessed how low income, rural women (n = 30) enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program perceived the food environment and the ability to access healthy food.

For WIC clients who are at risk for nutrition problems and live at or below 185% of poverty, challenges with food access threaten the positive aspects and impacts of the WIC program.

We undertook a qualitative analysis by coding the focus group data on rural food access, into three themes. Our analysis demonstrated how the three major themes interact with five dimensions of food access and underscores the issues with food access that decrease the effectiveness of the food packages and nutrition education that low income WIC participants receive. To increase food access we recommend creating a formal structure where vendors and low income clients may discuss concerns; encouraging greater investment in rural communities through state issued incentives to build full service grocery stores or informal transportation networks; and additional research on the status of low income clients as social change agents capable of addressing issues that act as barriers to their shopping experiences. However, even with the data and prior literature, the pathways by which these environmental factors shape nutrition remain unclear-entangled - much like the issues that low income, rural residents must juggle when they make grocery shopping and nutrition decisions.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

It is widely recognized that residence in a rural community means limited access to food resources due to the food system infrastructure available in that region (Liese, Weis, Pluto, Smith, & Lawson, 2007; Pitts, Whetstone, Wilkerson, Smith, & Ammerman, 2012; Smith & Morton, 2009). Well-designed interventions intended to improve the overall health and wellbeing of rural residents must examine the individual, structural, and community characteristics that may facilitate or impede healthful eating (Caspi, Sorensen, Subramanian, & Kawachi, 2012; McGee et al., 2008; McKinnon, Reedy, Morrisette, Lytle, & Yaroch, 2009). Problems with access to food based on the social and structural conditions of

a geographic location can undermine and lessen the effects of important benefits delivered by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). For WIC clients who are already at risk for nutrition problems and live at or below 185% of poverty, problems with food access threaten the nutrition education and subsidized food packages delivered by the WIC program. As such, the aim of this study was to explore how low income, rural residents enrolled in the WIC program perceived the food environment and the ability to access healthy food using a framework based on five dimensions of food access (Caspi et al., 2012).

1.1. Dimensions of food access

The conceptualization of the food environment including the different features of food access have evolved over time to now include factors related to the availability, accessibility, affordability, accommodation and acceptability of food (Caspi et al., 2012). Briefly (Table 1), *availability* is conceived as the adequacy of the supply of

Abbreviations: WIC, Special Supplemental Nutrition Program for Women, Infants and Children.

* Corresponding author.

E-mail addresses: laaddress@hsc.wvu.edu (L. Address), cfitch@wvu.edu (C. Fitch).

Table 1
Dimensions of food access.

Dimensions of food Access	Definitions
Availability Are there sources for food?	The adequacy of the supply of healthy food (e.g. presence of certain types of restaurants near people's homes, or the number of places to buy produce).
Accessibility Can individuals get to or make use of the food that is available?	The geographic location of the food supply and ease of getting to that location.
Affordability Are individuals able to pay for the food that is available?	Food prices and people's perceptions of worth relative to food cost.
Accommodation Do food sources respond to needs?	How well local food sources accept and adapt to local residents' needs (i.e. store hours or types of payment accepted).
Acceptability Does the food available meet community standards?	An individual's attitude regarding the attributes of their local food environment and whether or not the given supply of products meets their personal standards.

healthy food (e.g. presence of certain types of restaurants near people's homes, or the number of places to buy produce). *Accessibility* refers to the geographic location of the food supply and ease of getting to that location.

Affordability refers to food prices and people's perceptions of worth relative to food cost. *Acceptability* is about an individual's attitude regarding the attributes of their local food environment and whether or not the given supply of products meets their personal standards. Lastly, *accommodation* refers to how well local food sources accept and adapt to local residents' needs (i.e. store hours or types of payment accepted).

2. Methods

2.1. Study design, location and procedures

This research was approved by West Virginia University IRB Protocol 1405301733. In Spring 2014, the West Virginia Helping Appalachian Parents and Infants (HAPI) project assisted in recruiting participants for the study. Funded by Health Resources and Services Administration (HRSA), HAPI is one of 96 Healthy Start Projects in the United States established to improve maternal well-being during pregnancy, postpartum and the interconceptional period. HAPI recruited participants using a flyer at the sites where they met with clients in six West Virginia counties (i.e. Marion, Harrison, Preston, Taylor, Doddridge and, Monongalia). Eligibility criteria for this study included being female, a current WIC beneficiary, age 21 years of age or older, living in one of the six counties, and not currently pregnant. During the recruitment process participants were informed that childcare services and a snack would be provided in addition to a \$50 gift card incentive.

The moderator's guide used in the focus groups was developed based on a literature review of similar research and was evaluated by the West Virginia WIC program (Christaldi & Cuy Castellanos, 2014; Jilcott, Hurwitz, Moore, & Blake, 2010; Jilcott, Laraia, Evenson, Lowenstein, & Ammerman, 2007; Johnson et al., 2014; Lucan, Gustafson, & Jilcott Pitts, 2012). Topic areas included grocery shopping habits, travel time and distance, food sources in the community, influences on eating and shopping behavior, physical activity, cooking habits, use of food assistance programs, and perceptions of healthful food.

In late summer and fall of 2014, teams of three individuals, one public health researcher and an inter-professional pair of students in public health and human nutrition conducted the focus groups. All 6 sessions were audiotaped and transcribed by professional transcriptionists. Each session averaged 4–6 women for a total of 30 participants.

2.2. Qualitative data analysis

Three research staff members independently read through the

transcripts to identify common themes. They reviewed their findings and came to an agreement on a set of themes listed as topical categories to use to code the data. Next, using the themes, the researchers independently coded the transcripts. Interview transcripts were broken down as quote segments that were as small as possible while still remaining meaningful (Miles & Huberman, 1994; Tesch, 1990). After coding, the researchers worked as a group with the coded data to identify commonalities, reconcile differences, and determine whether subcategories were needed for a theme (e.g., interactions with store staff and/or other customers). Finally, analysis of quote segments and the major themes from the transcripts was undertaken using the five dimensions of food access based on the principles of directed content analysis which are appropriate if a concept or theory could benefit from further description leading to validation or an extension of that theoretical framework (Hsieh & Shannon, 2005; Krippendorff, 2012).

3. Results

Overall three dominant themes with an impact on the five dimensions of food access were identified based on the analysis of focus group data representing perceptions of low income, rural WIC participants: (1) Structure of place, external food environment; (2) Personal household determinants of food; and (3) Social cultural environment.

Table 2 summarizes how the three key themes on food access interacted with the five dimensions of food access.

3.1. Theme 1: Structure of place, external food environment

Focus group data demonstrated that the topography and rural features of the region compromised the accessibility of food sources creating problems with getting to locations where food was available. Participants frequently mentioned how the geography of place created barriers getting to and from grocery stores and other sources of food. Because many participants did not own cars or lived where there was no public transportation they were forced to confront the geography of where they lived.

- *Preston County Participant*: "It's [grocery store] probably what, 45 min? About a half an hour, 45 min just one way."
- *Marion County*: "You've got to run over there [to the grocery store] and get it and come back out so you can catch that bus back."
- *Doddridge County*: "I had to walk. I lived down at Central Station and I had to walk to town and get my groceries and put it in a backpack."

Not all communities had sidewalks and the quality varied between communities that did have sidewalks. Some participants expressed the fear of being a victim of a crime due to nearby illicit

Download English Version:

<https://daneshyari.com/en/article/7306829>

Download Persian Version:

<https://daneshyari.com/article/7306829>

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