

CHAPTER ONE

INTRODUCTION

Overview

Results of the Healthy Eating Index published by the United States Department of Agriculture¹ indicate that certain groups in the U.S. population are less likely to conform to recommendations of the Dietary Guidelines for Americans and the USDA's Food Guide Pyramid serving suggestions. These groups include those from low-income households, those with less formal education, and those between the ages of 15 and 39 years. Many members of food stamp households fit into one or more of these groups. Thus, members of food stamp households are believed to be at high risk for poor nutrition and chronic diseases, such as cardiovascular disease, diabetes mellitus, some forms of cancer, and high blood pressure.¹ These risks have been shown to be reduced through effective nutrition education programs that facilitate change in food, nutrition, and lifestyle practices.² However, few of the programs reported in the literature have focused specifically on food stamp clients.

Cox et al.³ stated that the majority of nutrition education currently available to food stamp recipients in Virginia is provided by either the Cooperative Extension Service's Expanded Food and Nutrition Education Program (EFNEP) or the Supplemental Food Program for Women, Infants, and Children (WIC) administered through health departments. In January of 1996, two new programs funded by the Food and Consumer Service, USDA, were implemented in Virginia to provide nutrition education to food stamp recipients.⁴ One is the Smart Choices Nutrition Education Program (SCNEP) which is administered by the Virginia Cooperative Extension and uses paraprofessionals (program assistants) to teach nutrition education to members of food stamp households. The second program is the Smart Food Choices Network which is a collaborative effort of over 23 agencies who work to increase the referral of food stamp recipients to existing nutrition education programs of member agencies and to develop new media education efforts. The Network media nutrition education efforts will incorporate social marketing techniques and will focus on the motivation of clients. Both of these new programs will focus on perceived and identified food and nutrition needs of food stamp recipients and other low income families and individuals and will address their "stage of change."

According to Wallack,⁵ the use of social marketing techniques to solve social and/or health problems assumes that they involve individual behaviors, that these behaviors can be changed on a large-scale basis, and that the new behaviors can be maintained over time. These are controversial assumptions, but are supported by the nutrition education initiatives of the USDA. When using social marketing to bring about change in behavior, the first step must be to assess the real and perceived needs and motivational factors of the potential consumer. The perceived needs of food stamp recipients, factors that may influence them to change their food practices and choices, and their desired means for receiving nutritional information and guidance must be identified.

To be successful, an education program must be based on the readiness of participants to make changes in their behaviors or lifestyles. Prochaska et al.⁶ defined various stages of behavior change and emphasized the importance of designing programs that are tailored to the appropriate stage of change. The stages of change in Prochaska's model are pre-contemplation, contemplation, preparation, action, and maintenance. Some action-oriented programs may have underserved or missed populations that were in the precontemplation and contemplation stages. Therefore, a majority of self-help programs with an action-oriented focus may have had limited success due to the fact that about fifty percent of any at risk population is in the precontemplation stage.⁷

In addition to determining the stages of change in order to develop successful education interventions, the real and perceived food, nutrition, and health needs of clients must be identified. Among low-income EFNEP clients, needs have traditionally been identified through computerized analysis of 24-hour recalls and reported food behaviors.⁴ This method has not dealt with the "perceived" needs of low-income clients. Furthermore, assessment methods of EFNEP and other programs have focused mainly on number of servings from the food groups of the Food Guide Pyramid or of selected nutrients. They have not addressed specific food choices within food groups and what specific foods are being purchased by low-income individuals and families. To develop effective educational programs, there is a need for information on specific foods (within food groups) being selected/purchased, how these foods are prepared, and whether appropriate food purchases are being made by food stamp clients (either in the grocery store or elsewhere.)

Statement of the Problem

The high rate of disease risks among limited income groups has been recognized and documented. According to Cox et al.,³ death rates among low-income people are double that of people above the poverty level. A contributing factor is unbalanced or inadequate nutrition due to poor dietary practices. Although several government programs to promote better nutrition are being implemented, food stamp recipients have not previously been a target population in Virginia. During any one month, there are approximately 238,000 households receiving food stamps in Virginia.³ Members of these households need to be engaged in effective nutrition education programs that will help them utilize their limited food resources to obtain a healthy, balanced food supply.

In order to develop effective nutrition education programs, the real and perceived needs, eating and food buying practices, and attitudes of food stamp recipients must be identified. Program developers must also obtain information on the learning methods and settings that would be appealing to the target audience. Once results of these investigations are available, existing educational techniques can be revised and new ones developed. Gaining insight on the opinions and needs of any population targeted for a specific educational program is essential to the development of program methods and strategies. This must be a component of an ongoing process to ensure the effectiveness of such a program.

Purpose

The purpose of this study is to gain insight regarding the opinions, attitudes, stages of change, real and perceived needs, and preferred channels of nutrition information of food stamp recipients for use in developing or redesigning nutrition education programs and activities conducted by EFNEP, SCNEP, and the Smart Choices Network.

Objectives

1. To identify some “perceived needs” related to healthy food and nutrition practices of homemakers in food stamp households.
2. To identify some beliefs and attitudes among homemakers of food stamp households in Virginia regarding the need and willingness to change their families dietary practices and their “perceived need” for new skills and information in this process.
3. To identify the current stage of change for the majority of these homemakers regarding improvement of eating habits and food buying practices, based on Prochaska's change model.
4. To ascertain the channels of information and learning methods through which homemakers would prefer or be willing to receive nutrition information and guidance.
5. To determine what trends exist among food stamp households in the consumption of specific foods, preparation methods, and sources of food.
6. To identify the levels of agreement and/or discrepancy between the perceived needs identified by objectives 1-4 and the apparent needs identified by objective 5.

Definition of Terms

Expanded Food and Nutrition Education Program (EFNEP):

EFNEP is funded by the U.S. Department of Agriculture (USDA) and is administered through land grant universities in all 50 states and some U.S. territories. EFNEP conducts food and nutrition education programs for people with limited resources using trained Extension Nutrition Program Assistants or Paraprofessionals.⁸

Extension Nutrition Program Assistants:

Non-college graduates who are indigenous to the client population and specifically trained to conduct the EFNEP Program.⁴ They will serve as recruiters for the purposes of this investigation. Program Assistant is abbreviated throughout as PA.

Focus group interview OR meeting:

A carefully planned discussion with clients designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment. Normally conducted with approximately seven to ten people by a skilled interviewer.⁹

Healthy Eating Index:

An assessment conducted and reported by the USDA to measure how well the diets of all Americans conform to the recommendations of the Dietary Guidelines for Americans and the Food Guide Pyramid.¹

Homemaker:

Refers to the individual in a family who is primarily responsible for food budgeting, purchasing of groceries, meal planning, and/or meal preparation.

Smart Choices Nutrition Education Program (SCNEP):

An educational program funded through food stamp administrative funds from the Food and Consumer Service (FCS), USDA. This program is being implemented by Cooperative Extension throughout Virginia.⁴

Smart Food Choices Network:

A network of public and private non-profit agencies in Virginia working together to enhance the efforts of all agencies doing food and nutrition education for low-income individuals and families. The network's goals will be achieved through improved coordination, communication, sharing of ideas and materials, increased referrals, joint programming, and the implementation of a mass media educational effort.³

Social marketing:

An educational approach which applies traditional marketing methods to the promotion of ideas and services related to social needs such as health and nutrition.

Stages of behavior change:

A change model which postulates that both the cessation of high-risk behaviors and the acquisition of healthier alternatives involve progression through five stages of change: precontemplation, contemplation, preparation, action, and maintenance.¹⁰

Women, Infants, and Children (WIC):

National nutrition education programs to improve the nutritional status of pregnant, breastfeeding and postpartum women, infants, and children through individualized and group contacts.³