

# Nutrition for the Underserved: The Implications

UNIVERSITY OF MINNESOTA

EXTENSION

## Focus Group Results: Low-Income Working Caucasian

### Introduction

In Minnesota and across the nation, the majority of the poor are working. They work as many hours as people in non-poor families. Despite such efforts, there remain significant obstacles to further improvements in workforce participation and economic success for the working poor.

Minnesota's parents are among the most industrious in the country; more than three-fourths of our state's families have parents in the workforce. While full-time work may raise a family above the federal poverty line, it does not guarantee economic security. Widely considered an outdated measure, the poverty guidelines don't reflect today's high cost of housing, child care, health insurance, food and other basic needs.

This group of working low-income is best described as a combination of situational poverty and victims of generational poverty. In today's world "*where everybody wants to be healthy*", low-income Caucasian individuals are not an exception. The majority want to move forward. They could be more successful if they had the skills and impetus to do so.

There is a stigma felt by low-income people, including Caucasians. Discrimination makes it difficult to develop a sense of belonging within mainstream society:

Relative to other households, the working low-income:

- Earn less money
- Work in lower status jobs
- Receive fewer benefits
- Have less stable jobs
- Have more single adult households

Demographic studies also show that the working low-income also are more likely to:

- Have children
- Have more and younger children
- Have less education, which limits earnings
- Have a younger head-of-household
- Have more female headed households
- Be single

### Rationale

The University of Minnesota Extension Nutrition Education Program conducted focus groups with limited resource individuals throughout Minnesota to assess the quality and effectiveness of the Nutrition Education Programs. It was important to learn more about the target populations (i.e. the poor and their communities). The goal was to capture

their personal experiences and views on nutrition. This understanding assists the Health and Nutrition Educators in assessing the quality and effectiveness of current programming efforts.

Focus group questions were developed to explore the:

- Strengths and assets of the participants
- Barriers to participation
- Preferred methods of learning
- Improved methods for program design and delivery
- Alternative ways to encourage program participation

### Methods

The populations specifically targeted for this study were low-income African American mothers, low-income working Caucasians, low-income Latino and Somali families whose monthly income is below 150% of the federal poverty line.

In the fall of 2007, thirteen focus groups were conducted, of which 10 were with our targeted populations. The remaining three were with agencies from within and around the selected cities that directly provide services to our targeted population. Minnesota cities were pre-selected by the Health and Nutrition program staff. Focus groups were conducted in Minneapolis, St. Paul, Rochester (SE Minnesota), Hibbing (NE Minnesota), and Moorhead (NW Minnesota). A total of 80 people, including 16 males, participated in the 10 focus groups. Of the 21 service providers, 10 were from Moorhead, 6 from Hibbing, one from Rochester, and 4 from Minneapolis/St. Paul.

### Results

This paper shares the results of the low-income working Caucasians.

#### **Concept of nutrition/Attitudes towards food**

- Consuming a nutritious diet is viewed as expensive.
- Eating nutritiously is viewed as hard work; it involves change and planning.
- Learning about healthy foods versus individual nutrient components is preferred.
- Organic, whole and fresh foods are valued
- Quality of food and food safety were concerns.

#### **Barriers to good nutrition**

There are several barriers that prevent low-income Caucasians from accomplishing adequate nutrition. Although some individuals indicated a willingness to try new foods, a lack of food preparation skills prevented them

from taking the chance of spending money on food they might not know how to prepare or may not eat.

Low-income Caucasians look for the best buy, but not always the most nutritious choice. Choosing affordable food results in increased levels of obesity. More affordable food tends to be high in fat, sodium and sugar.

Those in poverty tend to take one challenge at a time, even if that challenge is preparing a meal. There is a lack of skill in the ability to plan ahead, even to other meals in the day. Eating together as a family at mealtimes is an issue, perceived or not by participants.

The feeling of discrimination and lack of respect that the poor feel from mainstream society cause them to act in ways that make them feel socially acceptable but may be self-destructive. They make food choices that are less nutritious by selecting chips, candy, pop and fast food to feel like they "fit-in." Their feeling of being judged for their situation, weight or children's health issues may cause embarrassment that prevents participation in nutrition programs. The low-income Caucasians is a group that is discriminated against because of their economic standing and not their ethnicity.

Mental health issues resulting from or contributing to their low-income status may cause a lack of motivation to make decisions that result in better nutrition.

Lack of childcare, lack of transportation and conflicts with work schedules are barriers to participation in nutrition education programs.

### ***Preferences for Receiving Education***

There is concern that food traditions that have been passed on are limiting, so participants indicated an interest in learning about other nationalities' food dishes, *"For me, it would be very interesting to be in a nutrition class where I was offered the opportunity to hear from other nationalities and what is healthy in their diet and what's not."*

Poverty leads to isolation, so a chance to learn in a social setting is attractive to many. The terms "nutrition" and "education" denote boredom and complexity, so participants prefer that offerings focus on "fun, food and friends." *"We need a way to make it fun...and having teachers not feel so much like they have to be teachers but just be real and use regular words and have fun with us when they're teaching."*

Involving food in teaching may increase participation as it will be one less meal for the participants to plan that day. Potential participants would like to be involved in the planning of what they are to receive. They like to learn from each other, from someone who is familiar.

Preferred teaching methods are oral and sharing, less paper and lecture, and definitely interactive and hands-on.

*"Tell me. Just tell me or give me something - sometimes if something is in writing I don't read it...you know, show me and tell me."*

Family is important, so participants prefer that learning be family centered, especially inclusive of children using simple recipes. As Caucasian men are as likely to prepare meals, participants would like men/spouses to be included but viewed childcare and work schedules as barriers.

Since transportation is a major issue, sessions that occur in neighborhoods are preferred. Learning needs to occur in a location that allows participants to feel safe, respected, and part of a group.

### **Recommendations**

- 1) Offer fun, experiential sessions that use cooking as a means to teach nutrition information. Preparing a meal as part of an educational session may increase participation.
- 2) Cooking skills should be featured, particularly using fresh and whole ingredients.
- 3) Explore gardening and farmers' markets.
- 4) Treat participants respectfully; use co-learner and learner-driven models to prevent incorrect assumptions of target audience needs and perceptions.
- 5) Create a safe, respectful and nurturing environment for learning. Reevaluate effectiveness or perception of collaborative recruitments through existing agencies.
- 6) Train educators to use experiential learning and facilitated learning models. Staff need to be willing to be flexible with work hours.
- 7) Pilot classes that involve the whole family, particularly parents with children using simple recipes.
- 8) Offer neighborhood sessions in small groups in safe environments offered at flexible times versus individual sessions.
- 9) Explore transportation and childcare options to assist in attendance.
- 10) Address conflict between the need to 'fit in' and providing/eating nutritiously at family meals, school lunches, work situations, etc.
- 11) Evaluate marketing materials – test messages to men, families, & couples; include fun, descriptive names for course offerings that avoid the terms "nutrition" and "education."

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*Sources for Introduction are from the Urban Institute Study, Hennepin County Office of Planning and Development; and Kids Count Minnesota, Children's Defense Fund, 2007.*

This summary is from a larger focus group study, "Health & Nutrition Final Evaluation Report", Arthur Brown and Mary Marczak, 2007. Compiled by Jill Kokkonen May (mayxx011@umn.edu), Extension Educator for Health & Nutrition, University of Minnesota Extension, Family Development Center, July 2008.