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Summary of Findings

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Understanding the Food Choices of Low Income Families

Study Design

Findings from the Analysis of the Survey Data

Key Findings from Focus Group Discussions with Food Stamp Participants

Summary & Reference

Understanding the Food Choices of Low Income Families

The Food Stamp Program is designed to safeguard the health and well-being of low-income Americans by providing them access to a healthy, nutritious diet. Benefits are awarded to participating families in a manner designed to ensure that families have the resources to purchase an adequate supply of nutritious foods. Specifically, food stamp benefit amounts are the difference between 30 percent of a household's net income and the Thrifty Food Plan (TFP) amount for its household size. The TFP is a low-cost food plan designed to provide a nutritionally adequate diet for most households, while conforming as much as possible to the usual diets of low-income households.

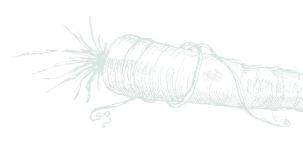
The Food and Consumer Service (FCS) administers the Food Stamp Program at the federal level. Among its other responsibilities, FCS seeks to provide program participants with information that will help them achieve the program's goal of providing their families a nutritionally sound diet. FCS is exploring whether and how the techniques of social marketing can be used to formulate messages that will reach people participating in the Food Stamp Program. Social marketing applies marketing techniques developed in the commercial sector to social problems whose solutions require behavioral change. The goal of FCS is to help Food Stamp Program participants bring their food choices and food preparation practices more in line with broadly accepted recommendations for healthful eating. An important first step in the use of social marketing is understanding the target audience.

This report presents the findings of a study sponsored by FCS that examined the food-choice behavior of low-income families. FCS undertook the study to better understand the food-purchasing and food choice decisions of the population the program serves.

The study pursued two broad goals. First, it examined the characteristics of and foods used by those low-income households in which the foods met goals for healthful eating and food costs were within the TFP budget. This part of the study was designed to identify whether some groups of low-income households were more likely to achieve the objective of acquiring a healthful and low-cost diet and, if so, how they accomplished this. Such information might be helpful in developing nutrition guidance strategies and in determining whether it might be appropriate to design different messages for different segments of the low-income population. Second, it sought information on the attitudes, perceptions, and beliefs about food choices and healthy eating from a group of low-income families.

USDA Nutrition Goals...
The mission of the
Food and
Consumer Service is

"to ensure access
to nutritious, healthy
diets for all Americans.
Its food assistance
and nutrition education
programs provide a
healthful diet for
needy Americans.
Assistance and
education efforts
encourage consumers
to make healthful
food choices."



Study Design

Lisboa Associates, Inc., and its subcontractor, Technical Assessment Systems, Inc., conducted two complementary lines of investigation that corresponded to these two goals. To examine the characteristics of households in which foods met goals for healthy eating and were within the TFP budget, the study team analyzed data from recent surveys sponsored by FCS to identify:

- * Households in which the value of food used from home food supplies was no more than the TFP amount
- * Households in which the value of foods used from home food supplies provided at least the Recommended Dietary Allowance (RDA) for key marker nutrients (calcium, iron, vitamin C) and at least the Recommended Energy Intake
- * Households in which the foods used from home food supplies provided no more than 30 percent of food energy from total fat and less than 10 percent from saturated fat

Analysts then compared the household characteristics, dietary knowledge, and types of foods used by households in which the foods used were both within the TFP budget and met goals for healthful eating with those of households in which spending exceeded the TFP budget or goals for healthful eating were not met. The study used data from the following surveys:

- * 1987 to 1988 Nationwide Food Consumption Survey (NFCS) Basic Survey
- * 1987 to 1988 NFCS Low-Income Survey
- * Alabama Food Stamp Cash-Out Survey
- San Diego Food Stamp Cash-Out Survey
- * 1989 to 1991 Survey of Food Intake by Individuals (CSFII) and its follow up, the Diet and Health Knowledge Survey (DHKS)

Because each of these surveys has important limitations for describing food choices of low-income households, sole reliance on any one of them is unwise. However, similar patterns observed in different surveys indicate important empirical relationships.

Survey data can reveal broad differences across population groups, and these differences might help to target nutrition messages. This type of data, however, is not capable of providing insights on the diverse attitudes, beliefs, and perceptions that shape food stamp participants' actual shopping behaviors and food choices. To better understand low-income shoppers' attitudes and perceptions, the study conducted focus groups with FSP participants across the country. The focus group discussions covered perceptions and attitudes about food shopping and food selection, meal preparation practices, and family eating practices. A total of 28 focus groups

'The 1987–1988 NFCS was selected to be a nationally representative sample. However, the low survey response rates placed in question the representatives of the sample interviewed. The Alabama and San Diego Cash-Out Surveys were representative of Food Stamp Program participants in two regions, the state of Alabama and San Diego, California. The CSFII does not include food expenditure information and does not cover food used by the entire household.

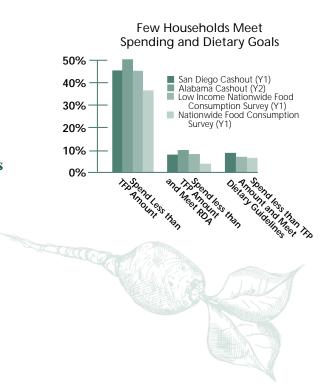
were held in six cities: New York, NY; Miami, FL; Birmingham, AL; Dallas, TX; Detroit, MI; and Los Angeles, CA. Each group included members of only one ethnic group (white non-Hispanics, African Americans, or Hispanics), but the study design ensured ethnic as well as regional diversity. Of the 28 groups, 9 were made up of white non-Hispanic Food Stamp Program participants, 11 of African Americans, and 8 of Hispanics. Focus group members were primarily women with children who received food stamps, although some of the Hispanic groups also included men. The groups were designed to include people who work outside the home and people who do not, as well as people from both urban and suburban settings.

Findings from the Analysis of Survey Data

Few low-income households meet the twin objectives of using foods that provide a healthful diet and spending less than the TFP amount. Approximately half of low-income households spend less than the TFP amount on food for home consumption. The estimated percentage who spend less than the TFP amount ranges from 36 to 50 percent, depending on the survey. Similarly, approximately half of low-income households use foods that provide an ample supply of key nutrients. Very few low-income households, however, use foods from home food supplies that meet *Dietary Guidelines for Americans* recommendations for total fat and saturated fat.

Few households spend less than the TFP and have available an adequate supply of key nutrients--the percentage varies from 4 to 10 percent, depending on the survey. Similarly, very few low-income households spend less than the TFP amount and acquire foods that meet the *Dietary Guidelines for Americans* recommendations for fat--the percentage varies from three to eight percent.

Characteristics, such as household size and ethnicity, are not related to the likelihood that a household meets the twin objectives of spending less than the TFP amount and having available foods that provide a healthful diet. Small and large households are equally likely to be successful along both dimensions, although large households are more likely to keep within the TFP amount but not provide the RDA of the marker nutrients. Similarly, white non-Hispanic, African American, and Hispanic households were about equally likely to keep within the TFP budget and to use foods that provide the



RDA for marker nutrients. Members of other ethnic groups, however, were somewhat more likely than white non-Hispanic households to keep within the TFP budget while using foods that provide less than the RDA for marker nutrients. No differences were evident for groups defined by education level or gender of the household head.

Food use patterns of households that both kept within the TFP budget and provided at least the RDA were quite different from the food use patterns of other households. In broad categories of foods, this small group spent a larger share of its food dollar on grains, fruit, vegetables, and milk and a smaller share on meat and the "other foods" category (which includes sweets, fats, soft drinks, and alcoholic beverages). The most notable differences are that the successful group spent more of its food dollar on whole and low-fat fluid milk, flour, white bread, cake, cookies, and cooked and ready-to-eat cereals and spent less on soft drinks, alcoholic beverages, fish, beef other than ground, and pork (NFCS Low-Income Survey).

Most low-income meal preparers are aware of some but not all key relationships between diet and health. For example, more than three-fourths of low-income women are aware of health problems related to overweight and excess salt intake, according to the 1989 - 1991 DHKS. Between two-thirds and three-fourths are aware of health problems related to fat intake and cholesterol. Half or less, however, said they knew about health problems relating to insufficient fiber, calcium, iron, or excess saturated fats. Higherincome women (those with incomes above 130 percent of poverty) were better informed than low-income women about the relationships between dietary components and health. Women with lower education levels are also less well informed about diet and health relationships than those with more education.

Among low-income households, knowledge and attitudes concerning the relationship between diet and health are not related to the likelihood that a household spends more or less than the TFP amount. Across a broad range of knowledge measures gathered in the 1989 - 1991 CSFII, knowledge was very similar among low-income people whose expenditures for food at home were less than the TFP amount and those whose food expenditures exceeded the TFP amount. For example, both self-reported awareness of diet and health relationships and the importance attributed to nutrition guidelines were similar. These data suggest that attitudes toward and awareness of diet and health relationships are not major factors influencing whether a low-income household purchases a low-cost or higher-cost diet.

More than Two-Thirds of FSP Households said, YES, they had heard

of health problems related to

"how much salt or sodium a person eats,"

"how much cholesterol a person eats,"

"how much sugar a person eats,"

and

"being overweight."

Less than 40%
expressed awareness
of health relationships
for fiber and iron in
the diet.

Key Findings from Focus Group Discussions with Food Stamp Participants

The findings from the analysis of survey data show that personal and family characteristics and dietary knowledge, as measured by surveys, do not identify groups that are able to purchase low-cost, healthful supplies of food. The focus groups provided a way to investigate other less readily observable and quantifiable factors that might shape food-purchasing patterns and food choices.

As a whole, food stamp recipients are savvy shoppers. The focus group discussions show that they are attentive food shoppers who have developed preferred and economically sound methods of shopping, and who follow a specific shopping routine. They often make shopping lists or work from longstanding "mental" lists, check newspaper advertisements and store circulars to compare food prices, and shop at several stores to obtain the best food prices for various food items. Many also arrange for child care while shopping, to conduct their shopping without interference from children.

The frequency of food shopping varies across different ethnic groups. African American focus group participants were most likely to report doing their major shopping once a month at major supermarkets, usually right after receiving their food stamp allotment. They go to the store between major trips only to replace perishable food items. Hispanic and white non-Hispanic respondents shop more frequently. Many respondents who are employed, particularly white females, mentioned they do not plan meals more than a day or two ahead and will shop several times a week.

Respondents in all groups reported food price as the most important consideration in making food choices. Focus group participants use many strategies to reduce the food cost for the household. They clip and use both store and manufacturers' coupons and often mentioned shopping in large chain stores offering double coupon redemption and "two-for-one" specials. They often purchase items in large quantities and store them, especially more expensive items (such as meat). They reported purchasing generic products, or the least expensive name brands, if these are adequate and there is not a discernible difference in quality.

Food stamp recipients with a large number of children said that, to make sure there is enough food in the home to satisfy all family members, they often purchase less expensive foods in bulk amounts. Many food stamp recipients spoke about food quantity, with a large number remarking that the most important factor in choosing and preparing foods is to ensure that no one will complain they are still hungry. To this end, they are willing to make concessions regarding food texture and flavor.

"It takes at least two days to shop if you check for sales, use coupons, and go to different stores."

"I'm a nut for coupons. It's just free money."

"If you don't shop for the month, 9 out of 10 times your stamps won't carry you."



"On food stamp day the food prices go up."

"It seems like they put out all the sales when nobody ain't got no stamps left."





"If you're feeling really tired after returning from work you don't want to fix a meal that takes thirty pans. You just want something quick and easy and as simple as possible."

"I look for anything that I can stick in the microwave."



"I make sure my kids eat right, even if I don't"

"You cater to your kid.

If it's something
they don't care for,
it will just sit."

"Kids are the biggest influence on what is bought and cooked."

"It's hard to look at your kids and not buy what they want."



The time of month food stamp recipients choose to shop, the frequency of their shopping, and their use of "convenience" foods limit their ability to purchase a low-cost diet. Focus group participants in different geographic regions often reported that they felt supermarkets maintain their highest food prices during the time immediately after food stamps are distributed. The best food prices, according to focus group participants, occur shortly after the middle of the month. While some have been able to alter their shopping to take advantage of these lower prices, others are "locked into" a buying cycle in which they must purchase food immediately after receiving their stamp allotment, to ensure food will be available at home.

As noted, white food stamp recipients reported more frequent trips to the supermarket, while African American recipients shop less frequently, often completing most of their monthly food purchases in a single shopping trip. These data suggest frequent shopping may lead to impulse buying and higher food expenditures. Information from the survey data indicated that African American food stamp recipients are more able than their white counterparts to keep food expenditures at or below the TFP.

Focus group participants, particularly those who are employed, often purchase convenience foods because they can be prepared quickly and easily. These foods often are more expensive than other food items that have greater nutritional value and require only slightly more preparation time. Participants acknowledge that convenience foods are more expensive. They insist that these foods are advantageous, however, because of their ease of preparation and their taste appeal to family members. Interestingly, when asked how they would alter their food purchases if their stamp allotment was cut by 20 percent, focus group participants often said they would purchase fewer convenience food items.

Focus group respondents reported that their families often do not have regular meals together. Often, dinner is the only meal prepared by the family's main meal preparer. Some food stamp recipients said they prepared dinner only on weekdays and viewed the weekends as "time off" from meal preparation responsibilities. Others, especially those who are employed, do little cooking during the week and rely heavily on easy-to-prepare convenience foods for weekday dinners, preferring to prepare larger, multicourse dinners on the weekend. Many focus group respondents said that family members do not routinely eat the dinner meal together, but may eat in different locations in the house or at different times. In most homes, family members are expected to prepare food for themselves at breakfast and lunch.

Focus group participants rely heavily on their children's food preferences and their "special" food requests in choosing foods. Respondents were adamant about the role children have in selecting foods for the household. Respondents in all ethnic groups agreed it does not make sense to purchase food that children will not eat. Many said they will purchase certain more expensive name

brand products if the children want them. Other focus group members commented that, when children like the food choices in the home, they are more likely to express appreciation, satisfaction, and caring toward their parents. This, in turn, reinforces the parents' feelings of self-worth and satisfies their "need to be needed." Respondents also acknowledged, however, that children's requests influenced them to purchase "junk foods," which are expensive and provide salt, sugar, and fat but fewer nutrients. Married female Hispanic respondents noted that their food choices are dictated by husband and children. Female respondents in all groups said their own taste and product preferences had less influence on food choices than those of other family members.

Ethnic and cultural traditions are strong factors in food choice and meal preparation, particularly for African American and Hispanic food stamp recipients. Many focus group participants in these two ethnic groups said that they learned how to shop and cook from their mothers while growing up. They continue to buy and prepare culturally familiar foods and take great pride in their cooking skills. They also remarked that family members enjoy traditional meals and often react negatively when new foods or cooking methods are introduced to the household.

For the most part, Hispanic women express a tremendous amount of joy, satisfaction, and pride in their cooking. They value the importance of their cultural tradition in food choices and meal preparation, often indicating that they cook the same foods their mothers and grandmothers cooked. They report that their spouses and children often react to their cooking with great enthusiasm.

Cultural tradition and the preferences of family members influence food stamp participants to continue serving high-fat meat products and other traditional foods. Focus group members reported spending a large percentage of their food stamp allotment on meat, although meat often is high in cholesterol, high in fat, and expensive. These reports confirm a pattern found in the survey data that shows that low-income families devote just over one-third of their food expenditures to meat. Food stamp recipients in all ethnic groups emphasized the importance of serving meat as a part of dinner. They indicate that meat is essential for dinner, that it is the food they "grew up with," and that it implies success and status.

African American food stamp recipients in particular emphasized the need to have meat as a staple for all dinners. Survey data confirm the importance of meat to African American families: over 40 percent of food spending among African Americans is devoted to meat, compared with about one-third for other ethnic groups. Some African Americans said that eliminating meat is not an option, stating that meat is the essential component of dinner in an African American household. They associate purchasing and serving meat with pleasant meal memories, affluence, tradition, and feeding their families the "right" way. Some African American respondents suggested that, while white people can eat meatless meals and be satisfied, this is not true in African American households.

"Nothing comes before my meat. It's more filling then anything else."

"I was raised here eating red meat.
It's gone on for generations. If you're sitting down for a meal, red meat is it."

"When you plan a meal
you start with the meat.
I never had a meal
without meat
while I was
growing up."

"60-75% of my food budget goes for meat."





Members of all ethnic groups frequently mentioned steaks, beef roasts, and seafood as preferred foods; however, they purchased these items infrequently because of their high price. If they purchase these items at all, it is most often shortly after receiving their monthly allotment of stamps.

In Hispanic households, traditional food choices also have special significance. Hispanic focus group participants often said that they are reluctant to depart from traditional food choices and recipes and that they encounter family resistance if they attempt to change their food choices or preparation.

Many focus group participants said they are aware of current guidelines for healthy eating, uncertain about the healthfulness of their own diet, and open to trying new ways to feed their families healthier meals. Yet many said they believe these changes are difficult. Some focus group participants indicated that their food purchases have been influenced by media attention, physician advice, and increased knowledge about the relationship of diet to obesity and disease. Many spoke about trying to purchase low-calorie foods and more low-fat, low-sugar, high-fiber foods. Some participants said they have tried some new ideas in their cooking. These individuals are reading food labels, experimenting with ingredient substitutions, and trying to prepare more healthful meals for their families. Often, they are not supported in their efforts; many report that children and other family members complain about recipe changes or new foods.

Others said they are aware of the need to serve more low-fat, high-fiber foods but are uncertain how this translates to specific food choices. Many also believe that healthy eating costs more money, and this presents a major obstacle because of their very limited budgets. In addition, while some respondents said they use the nutritional information on food labels, others said they do not understand the information on the labels or know how to use it. Many participants said they would like help with menu planning and using information on nutrition labels, with the focus on planning appealing, nutritious meals at low cost. Others said their cooking was "in a rut" and they would benefit from information on how to plan low-cost meals that will appeal to their ethnic/cultural group.

For many of the focus group participants, a tension was apparent between what they believe they "should" do--as revealed in their expressed intention to purchase more nutritious foods--and their food preferences and actual food choices. This tension was most obvious in their choice of snack foods for their children, which they described as "junk foods" that the children want. This tension was also apparent when discussions about the importance of preparing healthier meals turned into discussions of favorite foods consisting of high-fat, high-salt meat items.

Summary

About half of low-income households spend within the TFP amount for foods at home, less than half used foods which provide the RDA for key nutrients, and even fewer meet *Dietary Guidelines for Americans* recommendations for fat and saturated fat. Thus the percentage spending less than the TFP and meeting recommendations for healthful eating is very small. Household characteristics (ethnicity, household size, and education or gender of the household head) and knowledge of relationships between diet and disease do not enable us to identify groups of households whose food supply will meet health recommendations and cost less than the TFP amount. The analysis thus suggests that factors other than these broad household characteristics may be more useful for targeting nutrition education messages.

Focus groups revealed that food stamp participants are savvy shoppers who take care to get the most for their food dollar. Even so, time pressures lead these shoppers to purchase convenience foods. Time pressures also limit the ability of working women to prepare family meals every day. Budgeting constraints lock many into frequent shopping trips or major trips at times of the month when many report prices are higher. Ethnic traditions and the preferences of family members, especially children, exert a large influence on households' food choices. Both the survey data and the focus groups show that many low-income households are aware of key dietary guidance. Yet many women perceive that their ethnic traditions, preferences of family members, and lack of time limit their ability to provide healthier, lower-cost meals to their families. Indeed, many expressed uncertainty about specific steps to modify food choices and food preparation in ways that would be both more healthful for and acceptable to their families. Together, these findings suggest that initiatives aimed at assisting low-income meal preparers to adapt culturally familiar foods and initiatives aimed at educating children may be especially fruitful avenues for providing nutritional guidance to low-income families.

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