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Influences of Nutritional Food Label Understanding in African-American Women with Obesity

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Walden University

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Cynthia Hickman

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2016

Abstract

Influences of Nutritional Food Label Understanding on African American Women with

Obesity

by

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of the Requirements for the Degree of

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Abstract

Nutritional food label understanding (NFLU) in African American Women (AAW) is a philosophy that addresses obesity. Public health efforts have implemented nutritional and caloric information to packaged and restaurant foods to improve nutrient and calorie literacy. Research suggest NFLU might have a minimal effect on reducing obesity. However, it is not known how obese AAW born during the baby-boom era (51 to 64 years of age) perceive NFLU in relation to their dietary behaviors. The purpose of this phenomenological study was to understand the lived experience of obese AAW regarding NFLU from a cognitive and behavioral perspective. Twelve, AAW answered 21-semi-structured questions that were audio recorded and transcribed verbatim. Findings of the study revealed the limited appreciation of NFLU in relation to healthy nutrition behaviors. Reasons for not applying nutritional food label (NFL) information centered on self-help perception, the time to read and understand the content on the NFL, skills required for effective NFL usage (math, organization of content), barriers to overcome while grocery shopping and motivational interest to change their behavior. In addition, the interviews of obese AAW revealed a lack of interest in NFL information while dining out despite understanding the perceived health benefits of knowing such information. Positive social change implications for obese AAW include improved nutrition literacy and nutritional behavior using NFLU as the guide to healthier dietary choice. From an individual, community, societal and nation level, reversing the trajectory of obesity through nutritional health literacy needs further improvement and individual adoption to possibly assist with obesity self-management.

Influences of Nutritional Food Label Understanding on African American Women with

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Dedication

This dissertation is dedicated to my 96-year mother, Shibbolethia B. Lewis. She is a teacher. She taught me that the entry to the world of knowledge started with a curious awareness of one's surroundings, be it individual, community or society. She taught me knowledge that one acquired must be shared with others for its greatest worth. Momma your support, encouragement, and endless love, even in your wonder years have kept me grounded all the way through this arduous, yet incredible journey. Thank you!

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Chapter 1: Introduction to the Study

Introduction

Nutrition food labels have a long history. In 1906, the U.S. House of Representatives passed the Pure Food and Drug Act, which was central to progressive reforms in the early 20th century. President Theodore Roosevelt signed this act into law in 1906 (Pure Food and Drug Act, 1906). This law resulted from unsanitary practices in facilities that produced food, drugs, and medicine. In 1930, the organizational name was changed to U.S. Food and Drug Administration (U.S. Food and Drug Administration [FDA], 2014). The FDA has become the authority on consumer education, protection, policies, and persecution guidelines (FDA, 2014).

Nutritional food label understanding (NFLU) is one way to encourage consumer behavior associated with nutritional health. In addition, nutrition policies should provide information to the public that is meaningful (Roberto & Khandpur, 2014). Although consumers support nutrition policies and have the right to such information, evidence of the perceived effect of nutrition labeling on food choice has been inconsistent (Liu, Wisdom, Roberto, Liu, & Ubel, 2014; Roberto & Khandpur, 2014). Several researchers suggested nutrition education contributes to making healthy food choices and purchasing decisions; however, it is necessary to address the underlying problem of obesity (Chen, Jahns, Gittelsohn, & Wang, 2012a; Fitzgibbon et al., 2012; Velardo, 2015). Also, embracing the use of nutritional food label (NFL) could influence the obesity epidemic if consumers understand their food purchase and consumption decisions. Encouraging behaviors associated with food habits to change implies that a user-friendly grocery

shopping experience includes clear nutrition information (Guthrie, Mancino, & Lin, 2015; Helfer & Shultz, 2014). Not only is NFLU necessary while grocery shopping, but it is important in the restaurant and fast-food industry.

According to Schindler, Kiszko, Abrams, Islam, and Elbel (2013), habitual behaviors, external influences, and price and time constraints are critical determinants of food choices. Hornick et al. (2012), Schindler et al. (2013), and Spronk, Kullen, Burdon, and O'Connor (2014) found common barriers such as confusion and lack of understanding. The gap in the literature I addressed in this study is the lack of attention to NFLU as a single short-term (6 months) intervention for obese African American women (AAW) of the baby-boom era. The term *baby boomer* refers to individuals born in the United States between mid-1946 and mid-1964 (Colby & Ortman, 2014). The gap focused on nutrition literacy and nutrition behavior, which are both constructs to understand the possible benefits of NFLU.

In this study, I used a qualitative interpreted phenomenology analysis (IPA) design. The prerequisite for conducting this study was because of the high rate of obesity in AAW, known to result in adverse diet-related diseases (e.g., some forms of cancer, cardiovascular disease, and diabetes; DiNoia, Furst, Park, & Bredbenner-Byrd, 2013). A better understanding of nutritional health behaviors, which may increase nutritional label literacy, might help slow the obesity rate among AAW (DiNoia et al., 2013; Velardo, 2015). In addition, this understanding could provide tools for AAW to practice prudent nutritional behaviors that stimulate healthy food purchases and eating practices (Boggs, Ban, Palmer, & Rosenburg, 2015). Researchers agree that nutrition behaviors developed

(e.g., monitoring portion control, calorie counting) might stimulate healthy food purchases and eating practices (Salmon & Fennis, 2014). Bridging knowledge and behavior to form positive nutrition concepts may be beneficial in the reversal of unhealthy behaviors (Boggs et al., 2015; Velardo, 2015). According to Boggs et al., the relationship between nutrition quality and mortality in AAW may depend on nutritional health education. Boggs et al. based their findings on the Dietary Approaches to Stop Hypertension (DASH) and Prudent and Western dietary patterns. Boggs et al. showed that practical nutrition information, such as reducing red meat and increasing the intake of whole grain, which are DASH recommendations, was associated with reduced mortality rates in AAW (Boggs et al., 2015). The Western dietary pattern, (e.g., high intake of red and processed meat) was associated with increased mortality rates among AAW (Boggs et al., 2015, p. 524).

The participants for this study were twelve obese AAW born during the baby boom era (1946-1964) who resided in Fort Bend County, Texas at the time of data collection. I used convenience sampling to select the study participants. In this study, I examined and explored if modest changes to nutritional knowledge and nutritional habits introduced and practiced by AAW could produce positive health benefits. For instance, reading food labels with understanding, selecting foods that support healthier dietary intake (e.g., more whole grain foods, fiber, less calories, fat content, and portion size), and preplanning healthy meals may serve as an advantage to the construct of NFLU. These advantages of nutrition education might influence individuals, the community, and society by reducing the potential complications of the chronic diseases in AAW. The

adoption of NFLU from a cognitive and behavioral perspective that may introduce healthier life choices associated with nutritional knowledge were the focus of the study.

Problem Statement

Obesity is one of the greatest problems faced by AAM in the 21st century (Antin & Hunt, 2013; Cranford, 2014; Hatala, 2014; Lagerros & Bossner, 2013). Complicating matters further, AAW have the highest obesity rate of any other group in the United States (Agyemang & Powell-Wiley, 2013; Cranford, 2014). According to the World Health Organization (WHO, 2015), *obesity* occurs when the body mass index (BMI) is 30 kg/m² or greater, overweight is 30 < BMI < 25, and morbid obesity is BMI > 40 (CDC, 2014a; Flegal, Carroll, Kit, & Ogden, 2012; King, Mateson, Chirina, Shankar, & Broman-Fults, 2013; National Center for Health Statistics, 2013; U.S. Department of Health and Human Services, 2010). Statistics on obesity in the United States are plentiful (Chen, Roy, & Crawford, 2013b; Flegal et al., 2012; Hatala, 2014; Healthy People 2020, 2014; National Center for Health Statistics, 2013). The state of obesity among AAW is a public health dilemma with many health risks (Flegal, et al., 2012). It is estimated that between 70% -78% of AAW are overweight or obese (Cranford, 2014; Fitzgibbon et al. 2012). According to King et al. (2013), obesity is more prevalent among AAW baby-boomers than any other group. When comparing AAW in 2010 to AAW from a previous generation, King et al. (2013) found that the obesity rate in AAW climbed statistically significantly to 38.7% from 29.4% in 2007.

The phenomenon of obesity has stimulated many research studies in an aggressive effort to determine possible resolutions in African American communities (Anekwe &

Rahkovsky, 2013; Hatala, 2014). Historically, racial and ethnic populations continue to be disproportionately underrepresented in clinical trials for behavioral weight loss solution (Agyemang & Powell-Wiley, 2013). The concerns about obesity in AAW have heightened in the 21st century because risk factors, should they develop into medical conditions, are likely to place an undue financial strain on families (Walker & Gordon, 2014).

The obesity epidemic in African American communities, especially among AAW, has grown significantly in recent years (Center for Disease Control and Prevention [CDC], 2014a; Cranford, 2014; Flegal et al., 2012; Walker & Gordon, 2014). Obese individuals have tried countless interventions (e.g., bariatric surgery, pharmacotherapy, lifestyle change programs) with limited long-term effects (Fitzgibbon et al., 2012; Hieke & Taylor, 2012; Walker & Gordon, 2014). Moreover, combination interventions geared toward curtailing obesity among AAW have produced limited results (Walker & Gordon, 2014). Research on NFLU to AAW as a strategy could influence the state of obesity in this population. Zachary, Palmer, Beckham, and Surkan (2013) identified both environmental and individual barriers that affected how foods are purchased; however, a lack of understanding remains regarding behavioral influences needed to inform interventions.

At the time of data collection, limited literature existed on NFLU as an initial single short-term (6 months) strategy for combating obesity in AAW. The lack of attention given to AAW about NFLU required a concentrated study that aided to understand better its possible influence on weight-loss approaches (Fitzgibbon et al.,

2012). To understand the lived-experiences of obese AAW, a qualitative, interpretative phenomenological analysis (IPA) was conducted to discover if NFLU was a promising intervention for AAW to purchase and practice healthy eating behaviors.

Purpose of Study

In this qualitative IPA study, my aim was to better understand better the perception of obese AAW of the baby-boomer era (1946-1964) regarding their lived-experiences of NFLU as a single intervention. The justification for this study was based on the gap in the existing literature that did not consider single-short-term, public health approach toward combating obesity as a viable method. A large body of literature identified with a combination of approaches to treating obesity (Hatala, 2014; Mastin, Campo, & Askelson, 2012). The approaches found in the literature included (a) the combination of diet and physical activity, (b) fasting and weight loss medications, (c) physical activity and avoidance of fast foods, (d) meal replacements and skipping meals, (e) structured weight-loss programs and avoiding sweets, and, in extreme cases, and (f) diet counseling and surgery to treat obesity (James, 2013; Mastin et al., 2012; Walker & Gordon, 2014). In opposition, these approaches have shown limited long-term success (Agyemang & Powell-Wiley, 2013; James, 2013). Therefore, in this IPA study I sought to understand whether NFLU as a primary intervention for obesity was a plausible proposal for influencing food habits and behaviors known contributory to obesity.

Significance of the Study

In 2013, several states had seen a dramatic increase in the rate of obesity (Chen et al., 2013b; Hatala, 2014). The significance of this study centered around the reported

obesity rates in AAW in the United States. According to varied research, AAW are 70% more likely to be obese compared to other groups such as Hispanics and European Americans in the United States (CDC, 2014a; Cranford, 2014; National Center for Health Statistics, 2013). Although a leveling off of obesity in AAW has been reported nationally (CDC, 2014b; Chen et al., 2013b; Healthy People 2020, 2014; National Center for Health Statistics, 2013), obesity rates among AAW in the South are significantly higher than other regions. In all, nine out of the 10 states with the highest obesity rates are in the South (Robert Wood Johnson Foundation, 2013). Texas is on the list (State of Obesity, 2014). In 2014, Texas had the 15th highest adult obesity rate in the nation (State of Obesity, 2014). The 2014 adult obesity rate in Texas was 30.9%, up from 25.3% in 2004 and 10.7% in 1990 (State of Obesity, 2014). The prevalence of obesity in AAW in Texas has increased over the past few decades (CDC, 2014a; National Center for Health Statistics, 2013; Robert Wood Johnson Foundation, 2013; State of Obesity, 2014; Trust for America's Health, 2014). In 2014, 36% of baby boomers in Texas were overweight or morbidly obese (State of Obesity, 2014). Many AAW are significantly impacted by these statistics, which may suggest that prudent nutritional practices based on cognition and behavioral skills have the ability to lessen chronic diseases in this populace and improve nutritional health.

In this qualitative IPA study, I explored a single short-term (6-month) intervention that AAW can use to assist them in making healthier meal decisions and to understand healthful dietary principles gained from NFLU (Chen et al., 2012a). Gaining knowledge on how to use nutritional food labels for addressing obesity is a presumptive approach to

altering behavior (Chen et al., 2012a). Finding effective strategies for reducing obesity is critical for AAW (Anekwe & Rahkovsky, 2013; Chen et al., 2012a; Flegal et al., 2012). Hence, conducting an in-depth investigation of the lived-experiences of NFLU by obese AAW as a strategy for promoting healthy dietary choices was the significance of this study and could enable researchers to understand better the impact of the overall *pure* human experience (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Most research conducted in the 21st century addressed nutritional food labeling education in combination with other programs, which resulted in short-term success (James, 2013; Lagerros & Rossner, 2013). The assertion of this study was the importance of a lifestyle change when nutritional literacy of AAW was addressed (understanding nutritional food label information). It could alter behaviors known to cause obesity (James, 2013).

To date, most researchers addressed NFLU in combination with other activities and programs that claim short-term success (James, 2013; Lagerros & Rossner, 2013). The obesity epidemic in AAW requires nutritional interventions that will produce long-term success, possibly achieved through understanding the perception and nutritional literacy of this population (Naghshizadian et al., 2014). According to Webb et al. (2014), intervening with dietary changes is needed because little is known about the healthy eating behaviors of AAW. Establishing conscious behavior essential to nutritional health offers benefits from an individual and societal perspective (Miller & Branscum, 2012; Webb et al., 2014). Arming AAW with NFLU as a tool for choosing foods based on labeling content could reverse unhealthy nutrient intake and decrease diet related diseases (Wahlich, Gardner, & McGowan, 2013).

The focus of this study was that those who received NFLU might practice nutritional accountability that leads to long-term success. Untreated obesity places society at risk; therefore, society needs a preventative solution before health-related problems develop. The impact this might have on an obesogenic society could be far reaching. Expansion of nutritional knowledge on ways to combat obesity for a greater good is critical in a society facing astonishing obesity statistics. This perspective centers on positive social change.

Potential Social Change Implications of Study

While obesity is a global problem, researchers have identified the United States is an obesogenic society (Antin & Hunt, 2013; Pruchno, Genderson-Wilson, & Gupta, 2014). Addressing the dilemma from a nutritional literacy and nutritional behavioral perspective requires a three-tier assessment from an individual, community, and societal sphere. The reality is that the current obesity statistic, even with the estimated ranges of various researchers (60% to 80%), AAW deserve persistent research attention.

In 2014, more than two-thirds of adults in the United States were overweight or obese (Ogden et al., 2014). AAW had the highest obesity rate of any other group in the United States at 70% (Cranford, 2014). Antin and Hunt (2013) stated four out of five AAW were considered obese in the United States. Agyemang and Powell-Wiley (2013) claimed approximately 60% of AAW were considered obese based on the BMI index. In 2010, obesity was more common among AAW baby-boomers at 38.7%, a huge leap from 29.4% from a previous generation of AAW in 2007 (King et al., 2013).

Individual

From the individual perspective, personal nutritional health is essential to the well-being of the mind, body, and spirit. Nutritional literacy and nutritional behaviors may take some time to incorporate into a lifestyle change; nonetheless, increasing self-efficacy and self-regulation on an individual level could be the start of the recognition process of changing behaviors associated with nutritional habits at point-of-purchase and eventually consumed. In summary, researchers have attributed chronic diseases to obesity and poor nutrition habits. Hence, any influence that NFLU can contribute to the health outcome of the individual may be beneficial to the community where they reside.

Community

Nutritional health is not determined by where someone lives, how much money he or she makes, or the availability of grocery stores in his or her community. Nutritional health lies within the communities' understanding of how to operate in their environment and to not let it define their nutritional health. Nutritional health begins when resources are available in the community and accessible to the citizens. For instance, grocery stores and fewer convenience store and fast food chains could shape a community's nutritional health. Nutritional food labels in grocery stores must be easily understood and legible. Communities that embrace and incorporate NFLU may contribute to the cumulative effects of a healthier community that addresses obesity and healthy eating behaviors. Nutritional support in the community is important because it can establish an awareness of how nutrition impacts obesity and its related diseases in AAW. Knowledge becomes behavior in action. Nutritional health will require stakeholders to come together to ensure

grocery stores are available in the community, and nutritional food labels are accurate.

Communities equipped with well-stocked grocery stores engage stakeholders, encourage educational resources, and consider nutritional health worthy, society benefits.

Society. Society is strengthened when nutritional health is promoted and practiced by its citizens. Nutrition barriers can create a public health problem, which would require stakeholders to advocate collectively for stronger nutrition policies such as making nutrition label information clear and explanatory on food items. The value of NFLU will probably need to consider the complexity of AAW physical environment, norms, values, and economic status to lobby for laws that protect society from consumer harms related to nutritional health (Raine, 2014). Poor patterns of eating affect nutritional health and subsequently affect society (Hieke & Taylor, 2012; Sinclair, Cooper, & Mansfield, 2014). The greater good is possible if leaders in society understand the role education could play in policy change initiatives and nutrition regulatory agencies.

The implications for social change with my findings are that AAW will use behaviors that demonstrate healthier food choices by embracing NFLU at the point of purchase and during meal planning. Practicing nutritional health might create life-long health benefits to individuals, family, community, and society. Programs geared toward NFLU offer a broader link to reduce chronic disease and medical cost. Targeted interventions for specific populations potentially can improve society. Further research on NFLU directed toward obese populations should be encouraged in African-American communities.

Background

For the past few decades, a great deal of attention has been directed toward combating obesity and chronic diseases in the United States (Agyemang & Powell-Wiley, 2013; Antin & Hunt, 2013; Murimi, Chrisman, McAllister, & McDonald, 2015; Naghshizadian et al., 2014; Odulana et al., 2014; Sutherland, 2013; Walker & Gordon, 2014). A person is considered obese if the BMI is 30 kg/m² and beyond (CDC, 2014a; U.S. Department of Health and Human Services, 2010; National Center for Health Statistics, 2013). The BMI concept is the anthropometric noninvasive measurement tool that measures obesity and a guide to monitor weight reduction.

Current theoretical and empirical researchers (e.g., Matsin et al., 2012) have focused on weight reduction as a multi-faceted approach, which includes diet and both physical activity (structured and activities of daily living). Walker and Gordon (2014) identified diet and physical activity as ways to resolve obesity; however, assessing cognition may be vital for the most salient strategies that can be adapted to healthier behaviors and outcomes. James, Pobe, Oxidine, Brown, and Joshi (2012) explained that both exercise and a diet buddy at work may be suitable methods for addressing obesity; however, the perceived benefit is lost when work is over. Bariatric surgery and pharmacotherapy are conventional methods suggested for morbidly obese individuals, which offer unrealistic expectations of success (Lagerros & Rossner, 2013). The outcomes of these strategies are limited and have not done much to impact the overall rate of obesity in AAW; in fact, reports show that the population continues to be disproportionately vulnerable (DiNoia et al., 2013; Millender, 2014; Zachary et al.,

2013). Obesity has grown to epidemic proportions in AAW, so much so that avenues to reverse its trajectory must be well thought-out and acted upon (Agyemang & Powell-Wiley; 2013). The collective verdict is AAW have the highest rates of obesity compared to other racial or ethnic groups. Agyemang and Powell-Wiley (2013) cited approximately 60% of AAW were obese compared to Non-Hispanic, White women. Sutherland (2013) found similar statistics and made a recommendation to examine AAW's behavioral long-term changes related to healthy lifestyles. Furthermore, researchers have well documented the host of obesity-related issues, which include elevated cholesterol, and increased risk of heart disease, hypertension, gall bladder disease, sleep apnea, and some cancers, all leading to an increase in mortality (DiNoia et al., 2013; Mastin et al., 2012; Sutherland, 2013; Walker & Gordon, 2014).

According to Roberto and Khandpur (2014), assessing the impact of nutrition with food labels, consumers have trouble understanding the content on food packages. Another concern is front labels panel versus back labels panel, and which design meets the need of consumers. Based on the premise that habits form behaviors, AAW may not embrace front or back labels if reading the information is too complex (Raine, 2014; Sutherland, 2013; Zimmerman, 2013). In addition, according to the Dietary Guidelines for Americans (DGA), there are challenges around consumers' knowledge and dietary behavior changes (Rowe et al., 2011; Sutherland, 2013).

The role of the DGA is to provide science-based nutrition recommendations for the public to build healthy diets and prevent diet-related chronic diseases (Rowe et al., 2011). Diet-related diseases from poor dietary practice are economically and socially

debilitating (Chen et al.; 2013a; Rowe et al., 2011). The underlying prescription for conceivable behavioral change is the promulgating of knowledge that consumers can understand and apply to their lifestyle practices that center around consumer purchase decisions. Webb et al. (2014) acknowledged that an unhealthy diet is a leading contributor to chronic diseases in AAW living in the United States. Stages of change is another construct that may shed light on how eating habits are developed along with sociodemographic factors and a health history that may uncover nutrition health behaviors.

Preventing or reversing chronic diseases may be embodied in the perceptions or influences of life experiences of this population and other blended factors such as a willingness to change, lack of family support, cultural attachments, beliefs, attitudes, and economics that NFLU could have on creating a healthy lifestyle for AAW (Antin & Hunt, 2013). The motivation to change, according to Miller-Soederberg et al. (2015), is based on how individuals judge their dietary decisions. Further, the researchers argued that understanding the food label content demands an adequate description of the reported information.

Nutrition literacy and nutrition behaviors are the aspects this study explored and the role NFLU could provide in healthy dietary performance. Because of the supported evidence, that confirms how obesity affects populations' dietary performance; there lies a perplexing reality that while knowledge may be available, the content of that knowledge may be lacking comprehension (Hornick et al., 2012; Miller-Soederberg & Cassady, 2015). Further, Hieke and Taylor (2012) wrote in their comprehensive overview of the

nutrition labeling literature that no agreement exists on the effectiveness of nutritional labeling. Hieke and Taylor acknowledged many that researchers found the message on food label panels were manipulative with broad claims of nutrition benefits.

Sinclair et al. (2014) noted a marked difference exists in the way various consumers interpret nutrition information; however, it actually did not change dietary habits because of the complexity of steps required to yield behavioral change. Bandura's (2001) research on the theory of human behavior indicated that learning occurs through imitation of behavior once cognition has been acknowledged. Bandura's theory embraces a cognitive approach to the learning process. How AAW construct the knowledge of their nutritional health may lie within the theory which Bandura (2001) called social cognitive therapy (SCT).

Bandura's work has been regarded as influential from the standpoint of learning takes place through imitation of behaviors (Bandura, 2001). The theory of SCT affirms behavior can change if individuals are cognitively competent with the ability to modify a path by making healthier food choices and improved self-efficacy (Bandura, 1998; 2001; Mastin et al., 2012; Walker & Gordon, 2014). Self-efficacy offers belief in achievement when the environment is introduced to change because the environment is a factor in the way people behave (Bandura, 1998). Understanding NFL information can influence the state of obesity and be a plausible reality if AAW embrace the concept.

The genesis of nutritional behaviors of AAW may well be the consequence of food choice at the point of purchase. An important element is understanding that there is a cognitive connection to the perception that influences unhealthy food choices. It is also

essential to know how AAW thinks and talks about healthy eating (Bisogni, Jastran, Seligson, & Thompson, 2012). Healthy eating cannot emerge without an awareness of what constitutes the act. Nutritional literacy has to be challenged to move forward in changing behavior of AAW (Carbone & Zeollner, 2012). According to research, AAW are the primary grocery shoppers and food preparers in the home. Educating AAW with nutritional food labels may be the missing link from keeping this population from selecting and preparing nutritious meals.

Chen et al. (2013b) and James (2013) found it important to consider the insight of nutritional food label knowledge as contributory to healthful dietary practices. Populations who are at risk for obesity require efforts directed toward targeted interventions and programs for changing food behaviors and habits; therefore, in this study, I focused on nutritional behaviors geared toward healthy eating practices and limited comprehensive discussion of obesity. Further, as the researcher, my plan was to discover if a single short-term strategy, such as NFLU, influenced unhealthy nutrition purchases practiced at the point of purchase. Incorporating the use of nutritional food labels to purchase healthy diet items could play a role in reducing potentially life-threatening health threats, such as diseases that could subsequently become chronic and debilitating (Hornick et al., 2012).

Theoretical Framework

The theoretical base for this qualitative IPA study was phenomenology, developed by Husserl in 1990 as an eidetic method (Pietkiewicz & Smith, 2014). The philosophical approach had the aim of isolating unique components of the phenomena by

recognition of the lived experiences or by how the experiences appeared in an individual's world (Husserl, 1970; Pietkiewicz & Smith, 2014; Tuohy et al., 2013). IPA lets the phenomenon speak for itself through the participants' lens and voices while the researcher examines and decodes the rich and detailed descriptions of each experience (Pietkiewicz & Smith, 2014). IPA is a method that addresses the human experience by interpretation or perception of a phenomenon from an individual perspective of life and living (Husserl, 1970; Tuohy et al., 2013). It is referred to as a study of the "lived experience having insight into the experiences of other's phenomenon" (Tuohy et al., 2013, p. 18). In my study, the phenomenon was exploring if NFLU benefited obese AAW. There was equal interest in exploring if there were social and cognitive explanations in the lived experiences that would preclude behavior aimed at healthier choice and consumption. Phenomenology suggests that individuals have some knowledge based on the context of the world they are living in thereby asking for a retrospective account of behaviors learned is a way to gain meaning that can be interpreted (Husserl, 1970; Jacob, 2013).

Bandura's (2001) SCT was considered when exploring the social and cognitive constructs of AAW. Self-efficacy, self-reflection, self-regulation, and forethought were perspectives that were explored for understanding the human capability possible in determining individual destiny (Bandura, 1986). Bandura's SCT theory was integral in the direction of incorporating improved nutritional food choices that could lead to a healthier lifestyle (Walker & Gordon, 2014). Bandura's work has been well established in the social sciences, higher education, and psychology (Bandura, 1986, 1998). Bandura

(2001) posited that behavioral change is possible when the central base of the individual is broadened by knowledge. Knowledge motivates self-belief, self-efficacy, and self-regulation, all of which are all attributes that create desired effects (Bandura, 1977).

Combining Husserl's basis of phenomenology and Bandura's SCT, the study assessed the magnitude of the lived experiences of obesity and potential for mastery of using NFLU as a strategy for healthier food choices at the point of purchase and meal preparation. The philosophical approach and theoretical base were contributory in framing the research questions in this study.

Central Research Question

- I. How will NFLU impact meaning to the obese state of AAW in Fort Bend County, Texas?

Subresearch Questions

1. How beneficial will NFLU be to obese AAW?
2. What skills would be helpful for obese AAW to achieve for NFLU to be a plausible intervention for combating obesity?
3. What are some possible reasons NFL may or may not be practiced by AAW who are obese?
4. How would obese AAW interpret NFL relationship to the nutritional behaviors they practice?

Nature of the Study

The nature of this qualitative IPA research focused on NFLU as an approach for dealing with obesity and nutritional knowledge literacy in AAW. Mindful of finding out

ways AAW made sense of NFLU, I related the study of Husserl's philosophy as a way to describe the influences of life and living in the purest form of those who experienced the phenomenon (Jacob, 2013; Roberts, 2013; Tuohy et al., 2013). In this IPA study, my aim was to discover how obese AAW participants made sense of their personal and social surroundings as they related to nutritional behaviors and assessed self-systems for increasing their cognitive capacity toward healthy eating.

This qualitative study employed an IPA perspective setting aside prejudgments (Moustakas, 1994). To bracket out the researcher's biases versus addressing them was acknowledged (Moustakas, 1994; Tuohy et al., 2013). Because of the lack of empirical support for the nutritional behavior of AAW, in this study, I sought to understand how obese AAW experienced their existence using their words in an interpretive phenomenological framework of analysis (Roberts, 2013). The dynamic qualitative process allowed a subjective exploration of an experience from a participants' perspective of phenomenology hermeneutics, which meant interpretation (Roberts, 2013). Gathering in-depth subjective data from AAW on NFLU happened during the face-to-face interview exchanges. The responses of AAW were analyzed for what governed their nutritional behaviors followed by an analysis of data to infer possible causes of obesity. It was hoped these articulated constructs would uncover meaning to the phenomenon of NFLU as a strategy to reverse the trajectory of obesity in AAW and provide a better understanding of nutritional behaviors in this population.

The themes and patterns that evolved from this study were analyzed with the use of NVivo 10 computer software. From entering data into NVivo 10 software, themes and

patterns were extracted based on the open-ended, semi-formal interview questions.

Answering the research question was based on inclusion criteria. For example, potential participants were eligible for this study if they were (a) AAW born in the United States, (b) agreed without coercion to participate in the qualitative study, (c) were between 51-64 years old, (d) lived in Fort Bend County within the zip code of 77477 at the time of data collection, (e) obese past one year with a BMI of 30 kg/m² or greater, and (f) primary grocery shopper of the home.

Definition of Terms

African American women (AAW): The term AAW in this study described women born to African American parents and considered themselves African Americans or Black, which are both acceptable terms because the term describes a region of origin (American Psychological Association [APA], 2010).

Baby-boomer era: A period in the United States that was marked by a substantial rise in birth rates post-World War II between the years of 1946 to 1964 (Colby & Ortman, 2014).

Health (Behavioral) literacy: Health literacy has been defined as the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (Sorensen et al., 2012).

Body mass index (BMI): A calculation of a person's weight in kilograms divided by the square of height in meters (CDC, 2014b). individuals who have a BMI < 30 but > 40 are obese.

Dietary Guidelines for Americans (DGA): DGA provides science-based nutrition recommendations for the public to build healthy diets and prevent diet-related chronic diseases (Rowe et al., 2011).

Epidemic: An abnormally high number of occurrences of a disease within the population (CDC, 2014b).

Interpretative phenomenological analysis (IPA): IPA is concerned with the detailed examination of personal lived experience, the meaning of experience to participants and how participants make sense of that experience (Tuohy et al., 2013).

Nutritional food label understanding (NFLU): NFLU geared toward the identification of nutrients and nutrient values of food items found in front and back food label panels that can be used to assist consumers in the selection of healthy food items (FDA, 2012).

Nutritional literacy: the point at which an individual has the cognition to accept, understand, and recognize basic nutrition information required to make appropriate healthful food choice decisions while grocery shopping and meal preparation (Carbone & Zoellner, 2012).

Obesity: An excess of body fat as expressed by BMI >30 but > 40 (Minority Women Health, 2012).

Phenomenology: a qualitative research approach concerned with understanding certain group behaviors from that group's point of view (Moustakas, 1994).

Self-efficacy: refers to an individuals' confidence in their ability to change behaviors. Self-efficacy affects the amount of energy that a person will extend to individual will persist despite adversity (Bandura, 1977).

Self-regulation: refers to the self-directive process through which learners transform their abilities into task related skills that will assist in managing new behaviors learned from an educational experience. Self-regulation is a continual monitoring so not to repeat behaviors that have been replaced by new ways. (Bandura, 2001).

Social cognitive theory (SCT): A theory based on the assumption that people learn by observing others and eventually learn new behaviors. It is especially useful when applied to interventions aimed at personal development, behavior pathology, and health promotion (Bandura, 1977; 2001).

Assumptions

A universal assumption exists that eating healthy is easy and does not require cognitive ability. This assumption is questionable. The required actions to select healthy foods could be determined by what taste good and how much it cost. Yet, what to purchase at the grocery store involves consistent cognitive or nutritional understanding. The epidemic of obesity in AAW is assumed to be the result of inconsistent calorie monitoring, portion control, and decreased fat intake in an individual's diet. These assumptions suggest the study population understands the importance of behaviors geared toward practices that promote healthy lifestyles. This is a reasonable assumption; however, the evidence is lacking in support of this claim. The evidence may emerge in patterns and theme development to help explain the phenomenon under study associating

nutrition practices with obesity in AAW. What a person believes and how people behave are often contradictions in their reality. In other words, the lack of empirical evidence to support or disprove a claim then must fall to the development of the research process to unravel the unknowns. Without a clear direction to the nature of qualitative research, the assumption is data received from the participants will not be generalizable.

The greatest assumption as the researcher is that the participants were truthful and accurately answered the questions during the interview based on their lived experiences. The second assumption is that the study participants were honest about when they were born. In the baby-boomer era, AAW have the highest obesity rates of any ethnic population. The age between 51 to 64 years old; in addition, they have not agreed to participate in the study based on the gift that will be award after the interview sessions. The third assumption is that AAW are aware of the outcomes that result from the nutritional decisions they make. There is also the assumption that extra body weight (obesity) can be a health issue, and participants know they must shoulder their nutritional behaviors to lose weight. The fourth assumption is that just because nutritional education is offered in the form of instruction, understanding food label content does not suggest the practice will be incorporated while grocery shopping or meal preparation. Finally, I felt the face-to face interview method was a valid way to collect data from the study participants. Verifying these assumptions can only come from the voice of the participants.

Scope and Limitations

The study participants were limited to obese AAW born during the baby-boom era, aged 51 to 64 years of age, who resided in Fort Bend County, Texas within the zip code of 77477 at the time of data collection. NFLU content came from the suggested guidelines used by the U.S. Department of Agriculture (USAD), and the DGA(FDA, 2014). Restrictions of the study may have created limitations based on several factors. One factor could have been that the study findings may not be applicable to other settings or populations without modifiers. Another limitation was the study sample (obese AAW) might not represent the population as a whole. The study took place in an urban setting, which limited rural AAW with similar criteria. Biases of the researcher could have limited the study purpose because human beings cannot be always objective or neutral, possibly because of the passion the research topic. One final limitation was while qualitative methods address the perceptions and experiences of participants, the collection and analysis of the copious amount of data were time intensive and transcription of data expensive. Finally, I explained social change implications and recommendations for future research.

Summary and Transition

In Chapter 1, I introduced the study. The purpose was to explore and examine the lived-experiences that influenced nutritional behavior and the perceptions of obese AAW. The central focus was on NFLU as it related to healthy food selection at the point of purchase. I hoped that NFLU as a single intervention would help to reverse the trajectory of obesity and increase nutrition literacy while grocery shopping and meal preparation in

AAW. Much of the current literature addressed combination strategies for dealing with the obesity epidemic, but these are time-consuming, costly, and short-lived (James et al., 2012; Lagerros & Rossner, 2013; Mastin et al., 2012; Walker & Gordon, 2014). This information is necessary to inform the audience of the complexity of the research problem. NFLU has the potential to promote healthy nutritional behaviors in AAW in Fort Bend County, Texas. The failure to understand and practice prudent dietary behaviors that might reverse the trajectory of obesity suggest valuable information is absent or deficient concerning the necessary components of nutritional health. Knowledge gaps in nutritional health could place AAW in jeopardy of debilitating chronic diseases that have links to obesity, which is considered an important health crisis in AAW in the United States (Flegal et al., 2012; Minority Women Health, 2012; Ogden et al., 2014; Trust for America's Health, 2014).

Nutritional literacy and nutritional behavior as they relate to food-label content at the point of purchase incorporated into food purchases are significant gaps in the literature in AAW within the baby boom era. There is evidence within the literature that found improving nutritional intake could abate many of the debilitation health conditions (Anekwe & Rahkovsky, 2013; Sharma, Sheehy, & Kolonel, 2014). In addition, nutrition literacy and nutritional behavior are identified as societal problems that pose risks to individual, family, community, and societal health (Anekwe & Rahkovsky, 2013; James, 2013; Lagerros & Rossner, 2013). The economic burden, health disparities, and long-term hazard of poor nutrition health among AAW, because of obesity, will affect current and future populations, which makes this study significant.

Chapter 2 is the literature review, a compilation of current research published in peer-reviewed journals that will address the study questions. In Chapter 2, I evaluate mixed-methods, quantitative, and qualitative studies; however, my study only used a qualitative IPA methodology to support the study that addressed NFLU as a single short-term strategy to the obesity crisis in AAW. I focused on themes and patterns that emerged and contributed to the understanding of nutrition literacy, and nutrition behavior experiences in obese AAW at the point of purchase and during meal preparation.

Chapter 3 is the methodology section of the dissertation. The chapter describes a qualitative IPA study along with the sample population and predetermined criteria to participate in the study. In addition, the process to invite participants to the study was discussed as well as the Computer-Assisted Qualitative Data Analysis Software (CAQDAS) for data management and analysis.

Chapter 2: Literature Review

Background

Obesity is one of the greatest problems that AAW in the United States faces in the 21st century. Complicating matters further, AAW have the highest obesity rate of any other group in the United States (Agyemang & Powell-Wiley, 2013; Cranford, 2014). Obesity is defined as a Body Mass Index (BMI) score of 30 kg/m² or greater (Flegal et al., 2012; King et al., 2013; WHO, 2015). Statistics on obesity in the United States are plentiful (Chen et al., 2013b; Flegal et al., 2012; Hatala, 2014; Healthy People 2020, 2014; National Center for Health Statistics, 2013). The alarming state of obesity in AAW is a public health dilemma with many costly health risks (Flegal, et al., 2012). Anekwe and Rahkovsky (2013) cited five health conditions for which poor nutrition can result in poor health (e.g., heart disease, some cancers, stroke, diabetes, and osteoporotic hip fractures).

Approximately four out of five AAW are overweight or obese, and they are 70% more likely to be obese than are non-Hispanic, White women (Cranford, 2014; Fitzgibbon et al., 2012; Minority Women Health, 2012). Obesity is the highest among AAW baby boomers (38.7% obese vs. 29.4%), and when compared to a previous generation of 2007 to 2010, the statistics are alarming because they have continued to escalate (King et al., 2013) despite the lifestyle interventions, therapies and combination approaches aimed at fighting obesity.

Researchers agree the burden of obesity's lack of control in AAW is a foremost concern (Hieke & Taylor, 2012; James, 2012; Naghshizadian et al., 2014; Sutherland,

2013). The rate of obesity's deterioration into a crisis of disproportionation may center on the perception of weight from a subjective stance (Naghshizadian et al., 2014). Although this may be true, the solution may encompass targeted, individual-level approaches on increasing nutrition cognition and behavior modification (Fitzgibbon et al., 2012; Hieke & Taylor, 2012; Millender, 2014; Sutherland, 2013). This research study explored a single, short-term approach based on NFLU to gain an understanding of nutritional health that may influence food choices in AAW.

An analysis of the literature was completed to address the gap identified on NFLU as a single short-term targeted interventional approach with AAW considering their lived-experiences. Nutrition literacy and nutrition behavior were explored and examined in this research study. The framework of the study was based on the perceptions of obese AAW and the interpretation of their lived-experience with nutritional health, point-of-purchase, and meal preparation. Guthine et al. (2015) acknowledged the complexity of nutrition information and the necessity for clear information for individuals to decipher the context. Liu et al. (2014) explained that food labels could be more efficient if they were simplistic; however, he questioned their long-term use without precommitment nudges.

The literature review focused on NFLU as a single short-term (6-month) intervention to addressing obesity in AAW. In addition, the literature review investigated perceptions and influences that might predict ability and behavior that may prevent AAW from embracing NFLU as a lifestyle for nutritional health, point of purchase, and consumption. Empirical peer-reviewed studies covered the vast amount of the literature

reviewed and were used to frame the argument of this study. Because of the scholarly nature of this project, no empirical literature was excluded. Research studies were written in the English and conducted in the United States and globally were the sources in this study.

The literature sources were gathered from various electronic databases and the Internet. The sources included Academic Search Primer, CINAHL, EBSCO, ERIC, Goggle Scholar, MEDLINE Plus, Ovid MEDLINE, ProQuest, PubMed, SAGE, Science Direct, SCOPUS, and World Cat. A combination of many terms was used to search for supportive literature on the research subject. The key terms researched used were African-American women, Bandura, behavior change, black women, body mass index, culture, eating behavior, dietary interventions, dietary quality, ethnic, baby-boomer, food culture, food label(ing), grocery shopping, health behavior, health literacy, health promotion, interpretive phenomenology, lifestyle change, lived-experience, minority health, motivation, nutrition behavior, nutrition health, nutritional facts panel, nutrition literacy, obesity(obese) point-of-purchase, qualitative, self-efficacy, self-regulation, social cognitive theory, and weight loss practices.

The literature review begins with the history of the nutritional food label industry, nutrition literacy, AAW knowledge of food labels literacy, and nutritional behavior. The theoretical framework for this study is applied to Bandura's social cognitive theory (SCT) concentrating on self-regulation and self-efficacy as they apply to NFLU. The summary will conclude chapter 2.

History of Nutritional Food Labels

The history of nutritional food label use in the United States is important.

Nutritional food labels are the genesis for understanding the content and ingredients of the nutrients recommended and subsequently consumed by society (FDA, 2014). The first government bill passed to protect consumers from inferior foods was the U.S. Pure Food and Drugs Act (Pure Food and Drug Act, 1906). This bill was the consequence of unsanitary conditions of factories that manufactured food in the United States. In 1906, President Theodore Roosevelt signed the Pure Food and Drug Act into law. The name later changed to the FDA, which is an agency today housed within the U. S. Department of Health and Human Services (FDA, 2014; Webb et al., 2014). The FDA's role is to ensure facts on processed food labels are accurate and provide product-specific information to the public (FDA, 2014). Nutritional label content has to be convincing; otherwise, consumers will not use them, thus losing the benefit of their intended purpose (Hieke & Taylor, 2012; Sinclair et al., 2014). Another layer of protection was the Nutritional Labeling and Education Act (NLEA), which oversees the labeling process on process food items (FDA, 2014).

Since its publication in 1994, the NLEA requirements have provided nutritional information for consumers to make informed decisions on food items at the point of purchase (Hieke & Taylor, 2012; FDA, 2014). Researchers have shown that the practice of reading the facts on food labels does develop the ability to choose healthy foods (Guthrie et al., 2015; Hieke & Taylor, 2012; Miller-Soederberg & Cassady, 2015).

However, from an individual and societal perspective, nutrition and health benefits can be

difficult to achieve if individuals have nutrition literacy and nutrition behavior circumstances that keep them from being engaged in this process (Barnett & Praetorius, 2015; Cha et al., 2014; Velardo, 2015; Zimmerman, 2013). Critics have described a consumer's reluctance to use nutritional labels because it takes time to process the information (Kiesel, McCluskey, & Billas-Boas, 2011). Educating populations on the importance of serving size, the amount per serving, calories, and the recommended daily value (DV) become a critical element in the fight against obesity and promoting healthful choices (Carbone & Zoellner, 2012; Hornick et al., 2012). Rowe et al. (2012) found it important to consider not only the consumer nutrition knowledge and behavior patterns, but also desires, needs, and choice. Researchers found it important to understand these constructs because they could offer a connection between food labels and dietary choice in populations; however, the gap widens when consumers are perplexed by the inconsistencies found from label to label (Miller-Soederberg et al., 2015). Inconsistencies diminish an individual's ability to overcome barriers associated with reading nutritional food labels, thus making it hard to encourage change in dietary behavior. In general, populations express a desire for eating healthy (Barnett & Praetorius, 2015; DiSantis, Grier, Oakes, & Kumanyika, 2014; Hornick et al., 2012). Amidst efforts to change nutritional behavior, addressing barriers becomes critical to asserting nutrition information suggesting it will benefit a person's daily life. This study attempted to understand better the lived-experiences of AAW to gain an understanding of the influences and perceptions of NFLU, as a single short-term intervention, toward healthy food selection at the point of purchase.

The research study addressed the gap in the literature whereby gaining an understanding of what influences a person's perception to incorporate the reading of food labels at the point of purchase for healthy food choice. This qualitative IPA explored and examined the lived experience of AAW and their perceptions of NFLU on nutritional health behavior to discover if this phenomenon was amendable to altering the trajectory of obesity in this populace. Moustakas (1994) described phenomenology as a drive for finding underlying meanings in the human experience. The deepest currents of meaning and knowledge take place within the individual through senses, perceptions, beliefs, and judgements (Moustakas, 1994). This study sought wholeness and essence of the participants' experiences using first person accounts by formal and informal open-ended questioning during face-to-face interviews. It was furthered hoped this study would assess AAW's readiness to change to positive, healthy habits and nutritional behaviors.

Nutrition Literacy

Nutrition literacy (knowledge) may be the initial ingress to introducing NFLU. Achieving nutrition literacy (food literacy) is concerned with the use of general literacy skills such as reading and writing to understand basic health messages (Velardo, 2015). Spronk et al. (2014) used the definition of nutrition literacy as "the degree to which individuals have the capacity to obtain, process, and understand nutrition information and skills needed to make appropriate nutrition decisions" (p. 1714). Consumers must believe nutritional food label information is genuine and will provide accurate information before they invest the time to read them (Blake, Bell, Freedman, Colabianchi, & Liesa, 2014; Webb et al., 2014). The behavioral patterns AAW develop in life are often seen in their

grocery shopping activity, which has been constructed by their life experiences. This may suggest, according to Velardo (2015), conceptualization of health literacy within nutrition education experiences could be a starting point for understanding nutrition behavior. Encouraging conscious behavior when grocery shopping could generate a cognitive connection to NFLU thereby past behaviors break as new practices develop (Guthrie et al., 2015). Conversely, Williams, Crockett, Harrison, and Thomas (2012) suggested minorities have identity-based motivations for unhealthy eating habits because of their cultural attachment to specific foods, preparation methods, and eating patterns.

Consequently, traditional foods have to be integrated into nutrition literacy. Among other integrated needs, DiSantis et al. (2013) discovered that AAW do not understand marketing practices and often do not take the information they read as reliable. Carson et al. (2015) noted incorporating knowledge on aspects of how foods are marketed might improve adherence to dietary intake and relieve stressors often felt by AAW regarding consumption. The Institute of Medicine (2013) recommended the need for adequate nutrition among particular populations; however, guidelines for nutrient acceptance must be user friendly. The challenge for the adoption of healthful behaviors further validates nutritional education as a strategy that could develop the motivation and skills to eat healthily (Williams et al., 2012) despite the social environment of AAW often plagued by racism, poverty, and ill-equipped grocery stores, which in many cases is their reality. Convenient stores outnumber grocery stores suggesting this barrier could impede AAW from participating in healthy interventions directed to combat obesity (Halbert-Hughes et al., 2013; Sutherland, 2013; Zachary et al., 2013).

The health and social environment of AAW had been connected to their perceptions and lived experiences formed over time about nutrition; that might create barriers to changing behaviors if not addressed (Carson et al., 2015). Walker and Gordon (2014) posited that intergenerational transmission of food habits might add to the obesity crisis without modification to cognitive and behavioral routines. Similar findings were shared about working AAW; they may find it stressful to shift toward shopping behavior specific to healthy food selections without a healthier understanding of the relationship between high intakes of energy dense foods and obesity (Carson et al., 2015; Serper et al., 2014). Available grocery shopping alternatives are needed to improve population health and reduce incongruences (Halbert-Hughes et al., 2013; Zenk et al., 2014).

Despite the fact that food labels documented standard nutritional information designed to directly influence healthful food selections, (e.g., calories, fat, sugar, and sodium), AAW see dietary modifications pricey and a deterrent to healthy food purchases (DiSantis et al., 2014; Miller-Soederberg & Cassady, 2015; Sinclair et al., 2014; Zachary et al., 2013). Although the price of food is a primary concern of many shoppers and particularly AAW, there may be a greater likelihood of purchasing healthier food items if nutrition-conscious behavior grounds decision-making strategies (DiSantis et al., 2014; Miller-Soederberg et al., 2015). The pursuit of behavior modification, be it the acknowledgement of NFLU, obesity management, or nutrition behavior, lies in the progress of self-regulation, which may lead to lasting and sustainable changes (Agyemang & Powell-Wiley, 2013; Miller-Soederberg et al., 2015; Teixeira et al., 2015). Several studies have found that personal responsibility can shape the impact of an

obesogenic population with dietary quality (Ortiz, Zimmerman, & Gillam, 2015; Pruchno et al., 2014), but constructive benefits might need to offset any barriers that may prevent behavior conversion.

Barriers related to cultural values, social norms, and structural factors that may shape aspects to nutrition literacy require attention (Velardo, 2015). According to Blake et al. (2014) and Teixeira et al. (2015), targeting specific audiences shows promising and meaningful advances to healthy dietary behavior, and participants are more receptive to educational interventions that embrace the barriers that affect a population's belief. Another interesting belief, according to Walters and Long (2012), has to do with the effects of nutrition knowledge based on intrinsic and extrinsic cues. The ability to process information is influenced by the knowledge that already existed. For instance, intrinsic cues are attributes associated with the ingredients that make up a food item that cannot be altered without causing harm to the physical properties of the product (Walters & Long, 2012). Conversely, extrinsic cues are health and nutrition labels claims, which suggest the need for cognitive assessment before an action develops into a positive nutrition label reading behavior (Walters & Long, 2012).

Gibbs and Chapman-Novakofski (2013) disclosed that nutritional education was essential for increasing successful outcome. These researchers used two tools, the Rapid Estimate of Adult Literacy in Medicine (REALM) and the Nutrition Literacy Assessment Instrument (NLAI), to assess the content validity and increasing successful outcome around nutritional education (Gibbs & Chapman-Novakofski, 2013). Their study identified a correlation between practitioner's knowledge and nutrition literacy. The

results of their study uncovered the lack of cohesion between nutrition practitioners when surveyed if the REALM and NLAI assessment instruments for general health literacy conformation (Gibbs & Chapman-Novakofski, 2013). The researchers surveyed participants on basic nutritional health information; they found 12% of the survey population demonstrated proficiency with 14% of participants had basic nutritional literacy skills below, and 22% had basic skills (Gibbs & Chapman-Novakofski, 2013). They found the tools useful but inadequate for use in nutrition education encounters with clients because they do not identify nutrition literacy. The authors cited almost one-third (29.5%) of participants believed language/cognitive barriers, readiness to learn, and ability to purchase and prepare food were lacking (Gibbs & Chapman-Novakofski, 2013). These data uncovered that while education is important, little discussion on health literacy within the nutrition literature identified the need for cognitive skills (Gibbs & Chapman-Novakofski, 2013).

Bisogni et al. (2012) found this concept was essential to how well a person would comply with dietary recommendations. Priorities that have been constructed over time require rerouting while shopping, cooking, and eating, but the participants must feel the perceived value within their lived experiences. Moustakas (1994) emphasized not to lose sight of a person being present in perception; inevitably, it may lead to the discovery of meaning. No perception is terminal and conclusive, which means there are avenues for filling the new perceptual gaps (Moustakas, 1994). In other words, using NFLU as a means to an end is plausible when cognition and behaviors are tailored toward nutritional health.

Encouraging behavior change may be hindered by conflicting food manufacturer's decisions on which nutrients to highlight on nutritional labels (Miller-Soederberg & Cassady, 2015; Miller-Soederberg et al., 2015). The layer of mistrust that consumers share could make it challenging to advocate for NFLU based on the lack of consistency in food label reporting (Bisogni et al., 2012). Further, experts expressed deep concern that the public may not be fully aware of how much food labeling and environmental situations undermine personal responsibility by citing food choice are often the result of outside influences (Kegler et al., 2014; Ortiz et al., 2015). This may validate that nutrition literacy, socioeconomic, and environmental circumstance have some degree of reason for population avoidance of incorporating healthy nutritional practices (Carbone & Zoellner, 2012; Cornish & Moraes, 2015; Halbert-Hughes et al., 2013; Velardo, 2015).

Before consumers feel confident to embrace nutritional facts content, expert practitioners must be able to interpret the knowledge for themselves (Ortiz et al., 2015; Zimmerman, 2013). The trajectory of obesity and re-enforcing nutritional health behaviors, in light of this reality, could limit AAW participation in the process if practitioners, and NFL experts are incapable of influencing decision making and behavior considerations with NFLU. Carbone and Zoellner (2012) also noted nutrition and health literacy were overlooked as essential features in helping individuals achieve a level of understanding and decision making. This is in part because of the practitioners' unfamiliarity with how to articulate nutrition and health literacy content (Carbone & Zoellner, 2012; Ortiz et al., 2015; Spronk et al., 2014). Educating consumers on how to

select healthy food items involve practitioner engagement and motivation toward achieving nutritional health in populations with staggering obesity rates.

Nutrition is a recognized determinant in three (e.g., heart disease, neoplasm, and cerebrovascular diseases) of the top four leading causes of death in the United States (Kris-Etherton et al., 2014). Researchers have underscored practitioners in health professions should be given training in nutritional health to prepare them to educate populations facing health disparities because of nutrition-related conditions. Polak, Pojeknic, and Phillips (2015) identified that physicians did not provide enough behavioral change counseling on concerns of poor nutrition. Conversely, nurses are collaborators and share responsibility for knowledge on nutrition health by providing lifestyle counseling and nutritional assessments (Gibbs & Chapman-Novakofski, 2013). Nutritionists and dietitians, however, carry the majority of weight in transferring knowledge that translates into healthy food choices that can improve nutritional health (Gibbs & Chapman-Novakofski, 2013; Higgs, 2015; Kris-Etherton et al., 2014; Raine, 2014; Vaillancourt, Legare, Lapointe, Deschenes, & Desroches, 2012).

Historically, dietitians have been the provider of nutritional health; all the same, the health profession lacks change agents for promoting nutritional health (Kris-Etherton et al., 2014). The consequences have made the public question the credibility of their knowledge on nutrition health (Kris-Etherton et al., 2014; Raine, 2014). Expanding health and nutritional knowledge to help populations understand the importance of nutritional health and nutritional behaviors of a high-risk group is the challenge of practicing and being engaged in nutritional decision-making (Vaillancourt et al., 2012).

The lack of shared decision making between practitioner and participant may be because of the uncertainty about nutrition treatment knowledge (Higgs, 2015; Kris-Etherton et al., 2014), but nutrition health might be achievable with NFLU. The physical environment where AAW live must provide available and affordable healthy foods, which are obtainable by nutrition practitioners gaining competence that will improve population health.

Various researchers from across the globe have validated the concern of obesity in the United States. Higgs (2015) suggested the social norms of eating and food choice may underlie dietary behaviors that lead to overeating and obesity. The food industry often promotes palatable, unhealthy food choices, so without nutrition education that addresses self-control behavior, the conflict between palatable options and immediately gratifying becomes the dilemma (Salmon, Fennis, DeRidder, Adriaanse, & De Vet, 2014). In addition, deliberate decision making of healthy food choices should consider a cognitive approach to include self-monitoring, perceived self-efficacy, and self-regulation, which is the perspective of Bandura's social cognitive theory (Bandura, 2004; Salmon et al., 2014). Teixeira et al. (2015) reported successful obesity-related lifestyle change interventions were limited on a short-term outcome (<12 months) based on the varied predictors/mediators identified; still, self-regulation skills emerged as the most consistent predictor in weight concerns. Challenges to address obesity among Black women have strong implications for the need of behavioral intervention starting with cognition of nutrition behavior clear from judgement and stereotyping ((Bennett et al., 2013; Fitzgibbon et al., 2012; Higgs, 2015; Salmon et al., 2014). Interventions tailored

specific to AAW may reveal a positive change in dietary improvement if nutritional food label content is understood and can be applied to their social identity.

Several researchers have suggested motivation to behavior change could be based on knowledge inadequacy (Gibbs & Chapman-Novakofski, 2013; King et al., 2012; Miller-Soederberg et al., 2015; Webb et al., 2014). The need to determine the nutrition literacy of consumers is critical as defined by health literacy scholars (Agyemang & Powell-Wiley, 2013; Carbone & Zoellner, 2012; Cornish & Moraes, 2015; Millender, 2014). Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make an appropriate health decision” (Carbone & Zoellner, 2012, p. 254). With health literacy acknowledged, this research study has the potential to contribute to social change by demonstrating that NFLU at the point of purchase and with meal preparation may actually alter habits of eating behavior when integrated into a personal lifestyle.

Webb et al. (2014) found AAW struggle with healthy eating behaviors, although they self-report their motivation in wanting to consume healthy meals. In opposition, Millender (2014) stated changing behavior through education was hampered by external and social factors. Discord between social pressure and health prevention often lack congruence, which may illustrate why nutrition education may be the one key to understanding perceptions of individuals regarding food consumption (Antin & Hunt, 2013). Research shows the importance of cognitive function ability before strategy on the use of food label content could promote healthy eating (Cha et al., 2014; Serper et al., 2014). Because of the lack of discussion on health literacy within the nutrition literature,

it is vital to increase this knowledge to improve nutrition health outcomes (Gibbs & Chapman-Novakofski, 2013). Approaches that are multifaceted make it challenging to comprehend mechanisms behind the change in behavior. Therefore, to improve the health status of a population, identifying effective measure should include nutrition literacy and the habit that have influence individual behavior, keeping in mind the low literacy consumer that may not understand the nutrition label information decreasing the incentive to use them (Cornish & Moraes, 2015; Serper et al., 2014; Temple & Fraser, 2014).

According to Zimmerman (2013), cognitive habits have been known to permit learning, and learning can reduce costs if thoughtful deliberation of decisions made results in positive habit formation of an action such as healthy food choices while grocery shopping. This requires cognition of behavior that could modify the engagement of old habits allowing repetition of new habits until the cognitive habit is formed (Zimmerman, 2013). Zimmerman found most health-related behaviors emerge from cognitive habits: eating behavior was one of those habits, which suggests once the habit is formed, choices associated with nutritional knowledge and positive nutritional behavior may lessen the potential costs of obesity related illnesses (Anekwe & Rahkovsky, 2013). A responsiveness of nutritional panel facts could reduce obesity-related health problems by reducing the use of pharmacotherapy and surgery, which are costly expenditures. The cost has been associated with unhealthy nutritional behavior, which often leads to obesity-related disease (Halbert-Hughes et al., 2013; Millender, 2014; Sutherland, 2013).

The modification in how AAW purchase and prepare their meals can be established after cognitive and behavioral strategies have been taught (Rowe et al., 2011).

The discovery of what influences food selection is anticipated to come from the perceptions AAW share about their nutrition knowledge and any barriers they perceive associated with practicing healthy eating behaviors (Barnett & Praetorius, 2015; Spronk et al., 2014; Velardo, 2015). The transference of NFLU knowledge into behavior modification is to identify the motivational influence on food choice. If support systems, culture factors, environmental circumstances, social, and economics create hindrance toward embracing NFL, these will have to be addressed before behavioral change can potentially impact healthy eating habits (Barnett & Praetorius, 2015; Higgs, 2015; Spronk et al., 2014; Sutherland, 2013; Zimmerman, 2013). A lack of studies focusing on NFLU as a single-short-term intervention that looks at perception and influence of AAW is the gap the study will address.

This topic is important based on the limited success of available interventions directed toward reversing current trends of obesity prevalence. Approaching obesity from a singular approach with the focus on nutrition literacy and nutrition behavior is not widespread (Cha et al., 2014; Cornish & Moraes, 2015; Teixeira et al., 2015). Nutritional health could be dependent upon advancing basic nutritional food labels use in hopes to improve the health and well-being of AAW (Kegler et al., 2014; James, 2013). Dietary excess is an obesity contributor and an economic burden. According to various researchers, nutrition labels could help the understanding of nutrient-dense foods and nutrients to limit calories, fat (saturated and trans fat), and sugar (Anekwe & Rahkovsky,

2013; Antin & Hunt, 2013; Graham & Mohr, 2014; Sinclair et al., 2014). Anekwe and Rahkovsky (2013) found it is conceivable to eat healthy for a low cost. However, nutritional education on nutrient dense foods may require cognitive and behavioral intervention.

Knowledge of Nutritional Food Labels

Cha et al. (2014) found attitude, previous nutrition education, and sociodemographic factors (e.g., age and sex) were significant predictors of nutritional label use behavior. The researchers concluded that improved dietary behaviors require strategies that are geared toward nutrition and health literacy self-efficacy. Teixeira et al. (2015) found behavior change in the obesity intervention lies at the point of nutrition literacy, which moves individuals into self-regulation and is needed to practice healthy behavioral skills. For AAW, nutritional education is known from various advertisement avenues (e.g., media, the Internet, newspapers, and magazines); however, in practice aligning NFLU and point-of-purchase behavior with work/life balance and time scarcity mixed with the current contemporary food environment, the transition from knowledge to practice is a conceptual one (Barnett & Praetorius, 2015; Velardo, 2015). Graham and Mohr (2014) identified a growing consensus that nutritional food panel information is sub optional for guiding consumers toward healthful choices. Even the FDA, which mandates the use of food labels, has indicated that food labels could prove useful, but busy shoppers and low literacy consumers do not understand the information decreasing the incentive to use them (Agyemang & Powell-Wiley, 2013; Graham & Mohr, 2014).

Acheampong and Haldeman (2013) established when AAW are compared to Hispanic women on nutritional knowledge, most demonstrated nutritional knowledge, and yet conceded that target-specific nutrition knowledge could influence nutritional health. Keith, Hemmerlein, and Clark (2015) compared AAW to European American women. The researchers reported AAW considered emotional and social support critical elements of weight interventions; however, in addition, they highlighted health literacy as a significant obstacle when nutritional food labels were presented. The approach to dietary behavior attainment was found to be education; however, this research group did not query its samples' nutritional literacy (educational status) but used a nutrition program called Healthy Me as an intervention tool for changing behavior with a poor result (Keith et al., 2015).

Other studies found AAW demonstrated adaptive potential by going grocery shopping outside of their neighborhoods to buy nutritious foods, but found the adventure inconvenient and time-consuming (Sutherland, 2013). This reality is one indication that self-regulation is plausible if nutrition literacy contributes to reducing poor dietary choices and increases behavioral patterns that promote healthy lifestyle specific to nutritional food label (Acheampong & Haldeman, 2013; Carbone & Zoellner, 2012; Cornish & Moraes, 2015; Lopez et al., 2014; Miller-Soederberg & Cassady, 2015). Beliefs were found to self-regulate nutritional health, which included food preparation (Monin & Szczurek, 2014; Spronk, et al., 2014). Based on some habitual nutrition practices, the ability to understand nutritional knowledge requires a conditioning process and the ability to apply learned knowledge to change behavior. Spronk et al. (2014) noted

that declarative knowledge of nutrition and how foods are selected are not of benefit without considering practical skills and process knowledge. It could further illustrate the need to explore nutrition literacy on a deeper level to understand how nutritional behavior practices are developed and how education could tailor and influence change (Gibbs & Chapman-Novakofski, 2013; Serper et al., 2014).

Some researchers found that probing AAW to disclose their knowledge about nutritional food labels was awkward because of nutrition literacy (Lopez et al., 2014; Summers & Klassen, 2014; Velardo, 2015). The effectiveness of the probe is a critical element that the probability of honest responses from the participants may accurately reflect the lived-experiences of AAW's nutritional health known and nutritional behavior practiced in their past and present, including consuming meals with the family (Summers & Klassen, 2014). Patterns of behavior can have underlined bias; therefore, uncovering these realities will require the researcher to be authentic while encouraging AAW to explore the unconscious to identify its powerful nature to change behavior (Bandura, 1977).

Nutrition Literacy and Nutritional Behavior

Nutrition literacy refers to the individual's capacity to think, reason, and problem solve, which are all important elements of understanding the discipline of nutritional health as well as practicing it as a lifestyle (Cornish & Moraes, 2015; Mathers et al., 2014). Behavior that is associated with nutrition is where the mind meets the body, and the end product is purchasing and consuming healthy foods (Liu et al., 2014). What makes these paradigms viable to the influence of NFLU is revealed in the SCT and

Bandura's beliefs that human behavior interplays between cognition and behavior (Bandura, 1989). An individual's ability to change his or her behavior, according to Bandura, is the uniqueness of the human agent and its habit breaking ability using the power within to shape life experiences when equipped with the knowledge he or she can understand and apply to life circumstances (Bandura, 1977; 1989). When people are contributors and not just spectators of their circumstance, this suggests their nutritional choices can be deliberate to produce behaviors that develop into positive life-changing nutritional habits that can reverse obesity (Bandura, 1977; Liu et al., 2014; Zimmerman, 2013).

The behavior or thought that fosters consuming unhealthy food because of its availability are how Bandura (2001) interjected the strength of self-efficacy and self-regulation on the human potential. My assertion is that circumstance must not be the yardstick for behavior associated with poor eating habits. There is no shortage of research that highlight socioenvironmental factors (circumstances) that impact AAW adoption of an unhealthy behavior (Barnett & Praetorius, 2015; Higgs, 2015; Keith et al., 2015; Pruchno et al., 2014; Sutherland, 2013; Walker & Gordon, 2014). Self-efficacy and self-regulation can monitor decisions that determine dietary intake, which can be taught, and those tools and skills are two key components of SCT.

Social Cognitive Theory and Nutrition

Bandura's SCT delineates the presumed sources and mediators of behavior and behavior change (Anderson, Winett, & Wojcik, 2007). The SCT is widely accepted as the theoretical stance for assessing health behavior and interventions for change (Bandura,

1977). The implications suggest that NFLU might help AAW develop a sense of self-efficacy and self-regulatory behavior such as selecting nutritious foods at point of purchase and preparing meals in the home (Schindler et al., 2013). Nutrition literacy may be the modifier to self-behavior change because it could lead to comprehension of food label content and help AAW determine portion size, high calorie, high fat, and high-sugar foods' essential knowledge for promoting healthier food consumption (Anderson et al., 2007; Bandura, 1977; Barnes & Kimbor, 2012; Cornish & Moraes, 2015). Several researchers have suggested nutritional education is a component of the obesity fight; however, behavioral lifestyle intervention literature underrepresents NFLU. Tussing-Humphreys et al. (2013) highlighted various studies that approached the obesity problem in AAW; nonetheless, the studies lacked specific behavioral strategies that were effective in promoting long-term weight control.

Maintaining long-term behavior change is the challenge of the obesity epidemic. The demonstration of nutritional behavior change, being that behavior change cannot be measured, relies on AAW's perception of self-efficacy and self-regulation attainment related to their lived experiences of past situations (Anderson et al., 2007; Bandura, 1977; Tussing-Humphreys, Fitzgibbon, Kong, & Odom-Young, 2013). Bandura (2001) noted a person must possess the capacity to exercise control over his or her life, and a conscious decision will navigate the pursuit of life. Barnes and Kimbor (2012) identified that identifying the behavior of habit can lead to successful behavior modification such as limiting fat, decreasing fast foods, and weighting. The possibility of improving nutrition

literacy may help with consumer's confusion, which might be a predictor of human behavior not consistent with or directed toward nutritional health.

In one study where the consumer nutritional label knowledge was questionable, the participants' ability to process food label content was attached to their knowledge and understanding (Walters & Long, 2013). Carbone and Zeollner (2012) found similar results in their meta-analysis study by identifying not only comprehension of nutritional label content a contributing factor in their use but readability as well. Behavior changes require levels of self-efficacy and self-regulation, which are two constructs Bandura (1977) identified in the SCT as critical to positive expectations and the ability of an individual to achieve a level of accountability to improve nutritional health (Anderson et al., 2007). Bandura found the behavior change develops from observing others, an aspect incorporated in the cognitive learning ability. In addition, the SCT assumes how behaviors are perceived because cognition is a core ingredient in an individual's construction of reality and behavior (Bandura, 1977). Controls over human health habits are the key to reducing health disparities and living healthier and productive lives (Bandura, 2001).

Humans are capable of avoiding a detrimental path by the detachment of negative eating patterns possibly when education is used to cultivate new behaviors (Anderson et al., 2007; Bandura, 2001). SCT places control of self-efficacy and self-regulatory destinies in the essence of humanness and cognition, which is possible to apply in the direction of nutrition behavior (Bandura, 1977; 2001). However, an individual's thoughts and perceptions are assumed to play a role in actions human take to the engagement of

personal development. The SCT fits this research study in that it provided a framework for understanding behaviors that infer NFLU is a viable model for healthier nutrition choices. Behaviors demonstrated by outside influences, such as watching others' actions, could reinforce information taught.

Bandura revised his initial theory from social learning therapy to SCT based upon the learning approaches he observed. Bandura (2001) found that drive was not a condition of behavior performance. Transformations of behaviors were based on the cognition after explanation regarding personal reality, combined with guided practice and success experiences; the result of modeling individual actions (Bandura, 1977) and the introduction and adoption of self-management skill that can be used consistently and with confidence (Bandura, 1989; Fitzgibbon et al., 2012). Understanding the relationship between cognitive and behavioral change could assist in the process of AAW self-efficacy, strengthening, and maintaining lasting accomplishments such as using the nutritional food labels as a lifestyle practice and self-regulation, the skill of adjusting behaviors at the point of purchase, meal planning, and preparations.

Self-Efficacy

Self-efficacy theorizes change in behavior can produce self-confidence by accomplishing behaviors that exhibit a positive outcome. According to Bandura (1977), the length of behavior continuous in action incorporates a level of efficacy in the individual. Nutrition behavior change requires strategies that can be applied to AAW's nutritional health inclusive of purchasing and preparing healthier foods (Anderson et al., 2007; Bandura, 1977). Anderson et al. concluded that efficacy beliefs influence behavior,

and expectations influence the extent that individuals engage in goal setting, self-monitoring, and other regulatory behaviors. Being mindful of self-perceived capabilities in attempting to encourage alteration in behavior is necessary to guide behavior in a non-stressful manner. According to Bandura (2001) and Anderson et al. (2007), self-efficacy beliefs increases when perceived support from others serve as incentives for behavior modification. The AAW could adopt similar beliefs when selecting healthier food choices, which might likely increase self-efficacy and self-regulation attitudes.

Various researchers have considered Bandura's theory to behaviors could improve self-efficacy. Cha et al. (2014) noted individuals with higher self-efficacy were more attentive in healthier diets than were those with lower self-efficacy. Knowledge and experience played a major role in their performance. Odulana et al. (2014) explained that health promotions in faith-based settings were connected to cognitive, behavioral, and environmental influences and were motivating factors for individuals having the willingness to learn health promotion materials. Zimmerman (2013) noted that cognitive habits were the building blocks that constitute individual thoughts and behavior. When benefits from a behavior change are known, positive behavior replaces the sequence of instruction by undoing habits with education (Cha et al., 2014; Zimmerman, 2013). Bandura (1977) found that as people process and integrate their capability based on the information, it allows them to make behavior choices that render positive results.

Self-Regulation

Behavior that helps AAW enact self-regulatory behavior is essential to purchasing and consuming healthier foods (Anderson et al., 2007; Walker & Gordon, 2014). The

individual must establish the importance of understanding the varying perspectives under which the skill of label reading might be considered (Liu et al., 2014; Schindler et al., 2013). Bandura (2001) posited that the ability to change behavior requires a conscious act of foresight. Self-regulation, as it related to nutrition, has limited space in the literature; however, it does offer a different direction to healthy eating (Anderson et al., 2007). Most individuals go through stages of change; subsequently, they find the tangible motivator that could fuel the incentives to self-direct behavioral change and promote the desired response may be in the understanding of AAW perception of their eating habits and their consequences (Webb et al., 2014). Self-regulation has the influence to move individuals to their destiny; however, the success of this, according to Walker and Gordon (2014), is assessing the triggers that lead to specific behaviors and attempt to understand the experiences of that conditioning. Teixeira et al. (2015) found that success and failure in self-regulation of health behavior were specific to nutrition habits and rooted in values and self-endorsement. These intention-behavior gaps could impede the implementation of self-regulatory skills for nutritional health (Teixeira et al., 2015). In this respect, the skill necessary to process food label information has to be articulated by AAW. Kegler et al. (2014) reported it was important to evaluate the home food environment where possible opportunities may exist to shape shopping habits and skills related to self-regulatory behavior (Anderson et al., 2007). Both cognitive and behavioral motivators that transfer into skill acquisition are the result of knowledge, comprehension, and commitment, which are all constructs of behavior.

Summary and Transition

An analysis of the literature for this research study illustrated multiple and combination therapies for addressing obesity; however, NFLU as a single short-term intervention is understudied in the literature with AAW in the baby boom era as participants. The trajectory of obesity in this population are concerns, as the literature has shown, but long-term results have been disappointing (Fitzgibbon et al., 2012; James, 2013). Research may prove useful if the concentration moves beyond screening for obesity to knowledge and understanding about the behaviors that leads to an obese state. Interventions to improve nutritional practices in AAW are necessary to reduce morbidity and mortality (DiNoia et al., 2013). According to James (2013), AAW are not likely to participate in a weight-loss program. The previous statement does not suggest AAW have not attempted weight programs; research has identified a short-lived process (Teixeria et al., 2015). NFL programs associated with healthier eating patterns might need to include cultural influences (e.g., body image, food preferences) in framing target interventions as a component of nutritional behavior and nutrition literacy (Antin & Hunt, 2013; Cha et al., 2014; Cornish & Moraes, 2015; James, 2013; Webb et al., 2014). Further, for AAW to trust nutritional food labels information, the label content has to be easy to read and understand; otherwise, habits will dictate the items they purchase.

An in-depth examination of the lived experiences of obese AAW's nutrition literacy and nutritional behavior with NFLU is the emphasis on the research study and the gap that was addressed. The aim was to offer obese AAW useful recommendations of the efficacy of food label content to make healthier dietary choices. The purpose of nutrition

labels on foods is to help consumers make healthier food choices. Unfortunately, the lack of attention paid to them may be because of nutrition literacy (Graham & Mohr, 2014) and perception of their usefulness. This research could have the ability to add to existing literature by amplifying the positive aspect of NFLU, and the ability to influence behavioral change that affects nutrition choice and nutritional health.

Chapter 2 began with the introduction and then restated the problem and the purpose of the study. I have identified the literature search strategies and major sections of the chapter. They include (a) the history of the nutritional food label industry, (b) nutrition literacy, (b) AAW's knowledge of food labels, and (c) the constructs of nutrition literacy and nutritional behavior. The theoretical framework for this study was named along with the theorist and theory, which was Bandura's SCT concentrated on self-efficacy and self-regulation as they applied to NFLU as a single short-term strategy that resulted in long-term habits suggestive to promote healthy dietary behaviors.

Chapter 3, the methodology section of the research, begins with an introduction. I restate the purpose of the study and discuss major sections. Major sections include the research design and rationale, a discussion on the role of the researcher, and the rationale for the choice of conducting a qualitative IPA methodology design. The research questions, theoretical framework, and the approach to address the gap in the literature are shared. This chapter also discusses the recruitment, sample size and population, data collection process, and the technique for gaining research data for analysis. Issues of trustworthiness, ethical consideration, the risk of the study to participants, and a summary are addressed.

Chapter 3: Research Method

Introduction

The purpose of this study was to discover the perceptions and lived experiences that influenced AAW in the area of NFLU within the context of a single short-term intervention (6 months). In this chapter, I (a) described the research methodology, (b) explained the target population and research setting, (c) described the method of collecting data and the data analysis tool that was used to identify patterns and themes presented from the research data, (d) addressed the process for verification, (e) covered ethical considerations, and (f) presented a chapter summary.

Qualitative Research Methodology-Phenomenology

In this study, I used a qualitative phenomenological methodology to develop emerging descriptions and themes concerning the perceptions and lived experiences that influenced responses to NFLU on dietary practices for obese AAW born between the years 1946 and 1964. Creswell (2014) recognized five approaches to the qualitative methodology: (a) a case study, (b) ethnography, (c) grounded theory, (d) narrative, and (e) phenomenology. Phenomenology was the approach used to discover the lived experiences and perceptions of the study participants. The inquiry occurred by recruiting participants from two Baptist churches in Fort Bend County, Texas.

This study used Interpretative Phenomenological Analysis (IPA), which involved capturing the experiences of others and reflecting on an analysis that portrayed the essences of these experiences (Moustakas, 1994). It was a deeper exploration to examine how individuals assigned meaning to the situations they faced in their environment

(Moustakas, 1994). Human behavior is powerful, and the outcome of demonstrated actions that surround individual environmental and cultural experiences can affect the decisions and choices made (Kristen, Ivarsson, Parker, & Ziegert, 2015).

During the 20th century, Edmund Husserl developed scholarly work in phenomenology to discover the essence of how nature and meaning inhabit the lived experiences of individuals in the world to include the choices they make (Jacob, 2013; Moustakas, 1994). Researchers who use phenomenology realize that the experiences lived by others are something that has no statistical measure, which indicates that the researcher has a deeper quest for knowledge from essential constituents of the phenomenon (Moustakas, 1994). Further, in studying the phenomenon of interest in this study, I discovered the hidden and diverse perspectives of obese AAW that was useful in understanding whether cognition and behaviors were associated with possible deficiencies regarding information on nutritional health. The aim of the study was to address the gap in the literature on better understanding the experiences of AAW and NFLU as a single, short-term strategy to addressing obesity. The lack of attention given to the phenomenon was examined and explored for effects nutrition understanding had on education changing unhealthy nutritional choices.

The qualitative research paradigm has origins in cultural anthropology and American sociology with a base of formed words framed in personal belief, value, and worldview (Creswell, 2014; Guba & Lincoln, 1994). Understanding is gleaned from the participant's words and actions that form patterns of lived experiences and perceptions (Guba & Lincoln, 1994). As a qualitative researcher, my objectives were to illuminate the

phenomenon that was studied by addressing the humanistic view of the why and how underpinning knowledge about health behaviors (Kristen et al., 2015). These are a determinant of effective health practices, which facilitate a healthy lifestyle (Kristen et al., 2015). To develop knowledge of why it is important to have a healthy way of life, as well as what activities could facilitate positive health behavior, might increase the participants' motivation to practice healthy lifestyles relating to nutritional health choices. I used this method of study as a fact-finding approach to understand better the social and behavioral phenomenon of AAW struggling with obesity. The immersion into the lived experiences of participants' perspectives and meaning of their world established a pathway for current and future research (Creswell, 2014; Miles, Huberman, & Saldana, 2014).

Sample Population and Research Setting

Sample Population

Population sampling is the process of selection from a particular population. Because this study was not quantitative where statistical analysis was typically performed, the sample was gained based on the criterion of the qualitative design (Nachmias & Nachmias, 2008). The convenience sampling approach was the way potential participants were selected. The study inferred understanding and meaning to the phenomenon of NFLU.

Sampling Criteria (Inclusion)

Convenience sampling was the deliberate act of selecting participants to be part of a research study from a specific population. Using an inclusion criterion was an attempt

to understand the perspectives of an obese subset of the population (Brown & Gould, 2013). Established criterion were used in the selection of the sample participants (Creswell, 2014; Miles et al., 2014; Seidman, 2015). For this study, the study participants were extracted from obese AAW (between the age of 51 and 64 years) who resided within the zip code of 77477 in Fort Bend County Texas at the time of data collection. The BMI must have been ≥ 30 kg/m² for all participants. Participants must be able to read and understand English. This final particular criterion was necessary for qualitative validity. In this qualitative inquiry, focusing on the sample population was critical throughout the study and the overall research process to maintain rigor, reliability, and trustworthiness (Burmeister & Aitken, 2012). Conducting qualitative research during the iterative process demanded attention toward the sampling selection process, the recruitment technique, the research problem, and the method to avert the risk of error or bias (Burmeister & Aitken, 2012; Rudestam & Newton, 2015).

Data saturation and content validity were essential elements of the research study to avoid a negative effect on the study (Fusch & Ness, 2015). Data saturation was the guiding determinant over sample size based on the goal to gather thick, rich data that addressed the research topic. In addition, generalization did not occur with this study. This was hard to achieve because the study was not representative of the entire AAW population (Lucas, 2014). Individuals who were excluded may have been left out and possibly could have contributed to the data being skewed could have been obese AAW in other zip codes in Fort Bend County, Texas. Because the convenience sample was not a randomized compilation of participants, calculating the probability of members of the

study's population could not be quantified (Lucas, 2014). Therefore, summary claims were not a part of this study; thus, generalization could not occur because in-depth interviewing could only offer subjective data from study participants.

Sample Selection and Recruitment Process

The research selection process exhibited a convenience sampling process. The AAW residing in the included zip code were invited to participate in the study. Participants were notified about the study by the church bulletin and word of mouth at two Baptist churches in Fort Bend County Texas. If the recruitment process had become stagnant, other strategies would have become necessary to reach potential participants (e.g., additional zip codes or other church denominations). Additionally, methods would have included email blasts by the church secretary and personal appearances at the selected churches to give details about the research project. This mode of communication would have been a feasible alternative as some of the participants might have had low literacy levels and may not have understood the magnitude of the research study. It was also important to note this IPA study deliberately sought participants with a specific set of criteria to address the phenomenon studied with no effort to generalize to a population (Burmeister & Aitken, 2012; Rudestam & Newton, 2015). Fortunately, I secured all study participants by the initial plan.

Research Participant Recruitment Process

Recruitment challenges can occur when conducting qualitative research studies (Namageyo-Funa et al., 2014). Mindful of this reality, the research participants were recruited by flyers, at presentations before the congregations, and printed information in

the church bulletins on each Sunday of the month after an approval number was granted from Walden University Institutional Review Board (IRB). I did not plan to use the communication boards at the churches because the flyers may have been covered up by other announcement flyers, according to Namageyo-Funa et al. (2014), which may have hindered recruitment of participants. Written permission was requested and granted from the senior pastor of the host Baptist church in Fort Bend Country, Texas. I conducted the interview sessions in a securely locked classroom in the church. The participants were asked to read an informed consent that explained the research study, its purpose, and participant expectation, which included their decision to withdrawal from the study at any time. After the interview sessions had concluded, debriefing sessions were conducted. This important step included that the data received from the participants were accurate. The debriefing sessions further allowed participants to ask any additional questions that surfaced after the face-to-face interviews. I did not have any follow-up interactions post-interview sessions by email, phone, or in person.

The aim of the sampling procedure was to identify a subset of a population to use in the research study. This study employed a non-probability convenience sample, which meant the participants were not chosen at random, instead they were chosen based on accessibility and convenience (Creswell, 2014; Nachmias & Nachmias, 2008). This process was practical because the study involved a personal relationship with the study participants understanding the perceptions they had on the research topic that they associated with their lived-experience. My role as the researcher was to absorb the words and interpretations that were described by the AAW during each interview mindful of the

research questions evolved into the interview questions. For questions that were not sufficiently answered from lack of clarity during the face-to-face interview sessions, were rephrased for participants to answer back to the lined questioning.

The selection process included a minimum of 12 and a maximum of 20 participants agreeable to be interviewed. Because of the varying views on sample size in qualitative research, relying on previous qualitative studies was the method used to identify sample size. Multiple researchers debated sample size in qualitative studies making the sample range difficult to gauge. For instance, Robinson (2015) explained most studies required a provisional decision on sample size at the initial design stage. Many studies have followed Robinson's research findings by arbitrarily starting with a number suggested based on other qualitative research studies or by the saturation point, which is determined as the study is progressing during the interview process (Fusch & Ness, 2015; Robinson, 2015).

For IPA studies, Robinson (2015) gave a guideline of 3 to 16 participants for a single study. Fush and Ness (2015) cautioned no one size fits all and cited that having specific numbers of participants decided can sometimes invite missed opportunities to pursue additional data that could add to the depth and breadth of a study. Moreover, a decided upon sample size may not guarantee the questions the researcher is proposing will be answered. According to Fush and Ness (2015), more attention should be given to the rich quality of the data instead of the quantity and size of the sample. Burmeister and Aitken (2012) agreed the number of participants is not necessarily the key, but the depth

of the data and a sample size that have the best opportunity for in-depth answers that will yield a quality research project.

Because qualitative researchers must establish an acceptable starting point for the sample size that will increase the validity and trustworthiness of this study, similar qualitative research studies were evaluated for their sample size as a way to support the decision for this study. Galvez, Valencia, Palaomino, Catalado, and Schwingel (2015) conducted a qualitative study interviewing Chilean women ($n = 15$) on their eating behaviors. Collings and Bogue (2015) carried out in-depth interviews with an ageing population ($n = 16$) facilitating healthy foods acceptance concerned with age related conditions that could result from poor nutrition. Sand, Emaus, and Lian (2015) conducted interviews ($n = 12$) with young adults identifying cultural norms and lifestyle perceptions around appearance. Jervis and Drake (2014) conducted research in the field of food science and considered 10 to 20 participants an acceptable range for interviewing participants, but had interviewed as many as 28 participants; however, the researchers found the data hard to manage. Daivadanam, Wahlstrom, Ravindran, Thankappan, and Ramanathan (2014) conducted 17 individual interviews on dietary behavior change interventions at the household level and reached saturation with that number of participants. Gentles, Charles, Ploeg, and McKibbbon (2015) used a flexible sample size estimation suggested by research tradition and for phenomenology (hermeneutic) of <10 participants based on intensely, < 30 for less intensely. Moreover, sample size attainment was described as data saturation, recognized as redundancy of information received from participants as an additional way to determine participant size (Gentles et al., 2015). For

this study, 12 participants will allow for the gathering of significant data on the phenomena under study using a convenience sample, which is one method a researcher uses with subjects who are available and willing to participate in the research study (Brown & Gould, 2013; Lucas, 2014; Nachmias & Nachmias, 2008; Namageyo-Funa et al., 2014).

Robinson (2015) encouraged monitoring data collection and altering sample size as data are collected because the sample size is unpredictable. From large qualitative project with sample sizes of 700 structured interviews to a small project of eight in a single study. Considerations were given to saturation as it related to recurrent themes and patterns. Based on varied studies, 12 participants could expand to 20 participants. In this study, saturation occurred with the 10th participant of the convenience sample, however to ensure recurrency of words, themes and patterns, two additional participants were interviewed.

Another way to look at convenience sampling is volunteers being accessible and agreeing to participate in the study after informed consent has been explained. Although selections may be unguided, every participant in the study was asked the same questions (Nachmias & Nachmias, 2008) during the interview process. Each research participant was given an equal chance to answer the interview questions based on their lived experiences of the research topic: The influence of NFLU on AAW who were obese and primary grocery shoppers of the residence. The plan was to conduct interviews within a one-month period and then take one to two months to analyze the data drawing inferences from the findings, themes, and patterns of the study.

Data Analysis Plan

Data collected and analyzed in qualitative research are different from quantitative research in that data are not based on numerical measurements. The instrument in a qualitative study is the researcher who collects and analyzes data collected from the inquiry into the lived experiences and perceptions of the study participants. The steps in the process included the methods of collecting data and a description of the computer software used to analyze the interviews and taped-recorded information.

There are various methods of data collection: open-ended questioning using questionnaires, semi-structured interviews, focus groups, participants and case studies. For this study, a face-to-face, semi-structured interview method was employed. Each study participant was asked the same interview questions and the same number of questions in a consistent manner to maintain fairness and impartiality. The goal was to gain as many perspectives possible on nutrition literacy and nutrition behavior likely to have impacted healthy eating in obese AAW based on their individual experiences. A prepared script (list) of questions was used during the interview sessions. The questions were neutral, asked one at a time, articulated clearly, and free from assumptions (Creswell, 2014; Turner, 2010). The list of interview questions is included in Appendix section of this dissertation.

Method of Collecting Data

I conducted the research study using face-to-face semi-structured interviews from May 12, 2016 to May 23, 2016. I asked open-ended questions to allow participants to share their perceptions, understanding, and experiences of NFLU. Research participants

were invited to 45-60-minute interview session to answer the interview questions. Interviewing is used abundantly in qualitative research and often pragmatic to this research methodology, which was designed to gather information from the population under study (Doody & Noonan, 2013; Guba & Lincoln, 1994). Further, face-to-face, semi-structured interviews in qualitative research is a popular approach toward gaining trust from the study participants to attain insight based on the research questions (Seidman, 2015). The probing questions and creating a state of *epoche*' aided in data saturation (Fusch & Ness, 2015).

As the researcher, my role was to give the participants my full attention during the semi-structured, open-ended questioning and to encourage authentic answers. Participants were encouraged to maintain focus on the research topic during each face-to-face interview session. During the interviews, I used a voice-activated recorder to assist with the data collection process. The voice-activated recorder added a layer of protection to safeguard valuable data that were captured during the interview process. The voice-activated recorder enabled me to focus entirely on the interview process. In an interview where open-ended questioning occurs, it was difficult to scribe what the participants were saying and to pay attention; therefore, to avoid losing valuable interview content from the participants, the voice-activated recorder assisted me in capturing the answers to the interview questions. Taking into account the research project involved human participants; the use of a voice-activated recorder required permission from each participant who agreed to participate in the study. In addition, informed consent to conduct the study was required and granted by the participants. It was important to allow

adequate time for each participant to preview the consent form and ask questions. Once all the participant questions were answered, the women verbalized to become part of the study and consented with their signature.

An advantage of the face-to-face interviewing method was the ability to establish relationships with the participants and observe nonverbal expressions during each interview. When interviews were concluded and transcripts polished, follow-up contacts with some participants occurred to validate some of their answers. The member checking technique was a valuable way to ensure true understanding of participant responses, which is also a consider validity strategy. As the primary researcher, member checking was similarly an opportunity for include possibly triangulation, and self-reflection (Creswell, 2014; Robinson, 2015). This helped with the relationships formed by face-to-face interactions. Also, it let the participant know their efforts and voices were heard and documented in a research study. In light of the positive side of face-to-face interviews, there were disadvantages to the interview process.

The disadvantage of the interview method and being close to the topic created the potential for biases and subjective viewpoints to the surface. According to Moustakas (1994) and Chan et al. (2013), it is necessary to remember phenomenology suggests a researcher must step out of ingrained influences, perceptions, understandings, and behaviors (if possible) and become present in the moment of time so that possibly new meaning to the phenomena emerges. According to Fusch and Ness (2015) and Robinson (2015), attaining rich and thick data can yield the research objective of addressing the phenomenon to be studied by discovering themes and patterns that may reflect reaching

the saturation point. Because individuals interpret the world and the circumstances they experience differently, my assumption as the researcher of this project was that behavior changes can occur when AAW's cognitive literacy is heightened regarding nutrition knowledge; as a result, behavior changes could have surfaced from NFLU experience.

Qualitative research was the best approach to address the research problem and research questions of the study. Gained knowledge from the participants in an emerging fashion delivered rich descriptive data that was interpreted into themes and patterns that conveyed meaning on the lived experiences of AAW's nutritional literacy and nutritional behavior. I shared the study results with each participant by way of a one to two-page summary that is a part of the dissertation project. It was important to show each participant the interview questions were instrumental and beneficial to the research project completion.

One central research question and four sub-questions were introduced in this study. Its intent was to allow AAW to identify and articulate the effects the phenomenon had on the behaviors that may have attributed to their obese state. The subresearch questions were probed from a cognitive and behavioral standpoint. For example, the sub-questions were explored from the participants' perceptions and understanding of the benefit of addressing and altering nutritional behavior. In addition, another subquestion was probed from the participants' experience of NFLU being a plausible intervention leading to self-efficacy and self-regulation in nutritional behavior. A third sub-question encouraged the participants to affirm reasons why NFLU may or may not have been considered a worthy practice for their nutritional health. The last sub-question explored

and examined if the study participants formed relationship connections between nutritional knowledge and nutritional behaviors; if so, how was this connection understood and interpreted by the study participants.

The questions proposed for this study were a pursuit into AAW's cognitive and behavior influences toward healthy food choices as a lifestyle accomplishment. Although I did not conduct a focus group interview, the questions asked were specific and flexible to make room for unstructured dialogue between researcher and participants (Fusch & Ness, 2015). Flexibility is essential to receive substantial data. Individual perspective was central to this study and a qualitative IPA approach. The objective was to gain the essences of the AAW's lived- experiences associated with NFLU.

Chan et al. (2013) found the ongoing interactions between researcher and participant could lead to understanding human behavior. The unique perspective of each participant's interaction is a significant piece in a qualitative study. Considering qualitative methodology over quantitative methodology was based on its descriptive tenets (Seidman, 2015). Data received from the study participants were individual's personal account instead of statistical presentations, which are well known by quantitative methods. It was equally important to address strategies to minimize personal beliefs or preconceptions (Chan et al., 2013). The qualitative methodology allowed the researcher to explore in detail each participant's perceptions and to participate in another's experience. The research question and sub-questions follow:

Central Research Question

How does NFLU impact meaning to the obese state of AAW in Fort Bend County, Texas?

Subresearch Questions

1. How beneficial will of NFLU be to obese AAW?
2. What skills would be helpful for obese AAW to achieve for NFLU to be a plausible intervention identified by obese for combating obesity?
3. What are some possible reasons NFL may or may not be practiced by AAW who are obese?
4. How would obese AAW interpret NFL in relationship to the nutritional behaviors they practice?

Before each participant's interview, I prepared a secure vanilla envelope for the signed consent form, interview questions, and contact information. A copy of the signed inform consent was provided to participants for their records. The same secure envelope was used to maintain raw data that were transcribed after each interview. Securing data was my responsibility and an IRB requirement.

Description of the Data Analysis Tool

The computer-assisted qualitative data analysis software CAQDAS was used in this research study is called QSR NVivo-10, which is distributed by QRS International. NVivo software is a widely used tool for data analysis and was the desired software used for this study. NVivo 10 provided support for the data to be analyzed, helped with the development codes and identifiers, and helped identify document themes that may have

had connections to the research participants' interview experiences (Edhlund & McDougall, 2012; Miles et al., 2014; Patton, 2002). CAQDAS programs can help to analyze data, but are not a replacement tool for the researcher to analyze the collected data. In addition, in using CAQDAS programs, such as NVivo-10, flexibility, creativity, and insight from the research project are possible, but the software should never replace the systematic analysis required by the researcher uncovering the realities of qualitative data collected (Edhlund & McDougall, 2012). Regardless of whether a computer program is used in the analysis of data, Onquwuegbuzie et al. (2012) explained researchers are main instruments in the qualitative research process. They are primarily responsible for all aspects of the research project. In addition, the researcher is responsible for addressing biases. According to Chan et al. (2013), biases are inherent human factors and the way to face them is through a bracketing strategy. I used bracketing for mindfulness regarding personal values, assumptions, beliefs, and expectations during the interview experience and captured any self-thoughts by journaling reflections.

Researcher's Role in Qualitative Methodology

The researcher was introduced as a full-time doctorate student and primary researcher of this study; not as a professional, because the researcher did not want to intimidate the participants. Equally important, my role as a researcher, the primary data collection instrument, required a disclosure of any assumptions, personal values, and biases outright before beginning the study. Personal experiences have shaped my perceptions of obesity and its consequences. In March 2011, I was diagnosed with spinal stenosis, which restricted my ability to be physically active; subsequently, I became

obese. After two years of taking medication that made me gain weight, I changed my perspective on obesity. When seeking to correct the situation minus exercise based on the joint and back pain that limited the ability to exercise early on, I started paying closer attention to food label content. The primary focus was on nutrient-dense food while being mindful of calories, portion size, and fat. It is not that the macro and micro-nutrients were not important, but energy efficient foods were the initial concentration. In addition to the previously mentioned label information, I increased protein and fiber in my daily consumption. Within six months of focusing on nutritional food label content, I lost 39 pounds and subsequently lost a total of 50 pounds.

My assertion is that obese AAW, if educated on nutritional food label content, could change the trajectory of their obese state. Granted, that this may be a bias in this study; the intent was will be to ensure every effort is made to remain objective and bracket my experiences and perceptions with journaling and self-reflection as NFLU attempts to initiate change in nutrition literacy and nutritional behavior among the study population. Nutrition literacy may be the culprit to nutritional behavior change. The understanding and awareness NFLU can have on combating obesity may not be well known in this population; however, the knowledge of curtailing energy-dense diets will help me reach the participants in the study who are obese and may lack the information on nutritional labels and how to use them while grocery shopping. As principle investigator of this study, having a leadership presence to encourage behavior change through self-regulation and increase in self-efficacy, nutritional health in AAW will be based on their decision-making ability, willingness to change, and cognitive ability.

My role as the researcher was to make each participant as comfortable as possible, before, during, and after the interview session. The research interviews were conducted in a locked classroom for privacy, comfort, and quiet. During the interview process, I provided light, healthy snacks and bottled water. The restrooms were located in close proximity to the interview classroom for the participants' ease of access. The interview site had comfortable chairs, and I made sure the interview classroom's temperature was comfortable. At the end of each interview, the participants received a 10-dollar gift card for a Starbucks product, and a thank-you card as a gesture of gratitude for their time and participation.

Threats to Validity in Qualitative Research

Validity refers to the degree to which the researcher measures what he or she intends to measure (Nachmias & Nachmias, 2008). Validity is concerned with the question, Am I measuring what I intend to measure? (Nachmias & Nachmias, 2008). In research studies, regardless of them having a qualitative or quantitative path, the data findings must be believable. According to Onquwuegbuzie et al. (2012), the constant comparing of different data allows the researcher to examine their similarities and differences helpful in collecting themes and patterns. Fusch and Ness (2015) explained the study should be done in such a way to ensure outside, irrelevant content is not part of the data to be analyzed. As the researcher and data collection instrument, it was my responsibility to conduct the research study in such a way to ensure the conclusion of the study was credible, made sense, and fit the research trajectory without marginalization content (Maxwell, 2013; Miles et al., 2014; Onquwuegbuzie et al., 2012). The protection

of the raw data gained from the interview processes were essential to avoid interference with validity (Guba & Lincoln, 1994; Miles et al., 2014). Therefore, awareness of less than robust data collection practices and my personal views monitored; otherwise, biases could have influenced results creating unintended consequences of content. For instance, mindfulness is important if the researcher is of the same ethnic background being studied or has familiarity with the phenomenon under study. These situations may convey bias. Consequently, standardizing the process may prevent credibility mishaps. One strategy suggested by Miles et al. (2014) and clarified by Nachmias and Nachmias (2008) is the concept of triangulation, which is the practice of using more than one method of data collection (Fusch & Ness, 2015). The concern of verbal reports and actual behavior may be a finding that indicates the importance of various forms of validation.

Various methods are often considered when discussing threats to validity or trustworthiness in qualitative research. Maxwell (2013) and Miles et al. (2014) recognized the need to validate the word-laden methodology. Judging the goodness of qualitative research is critical to the meaning inference (Miles et al., 2014). As a researcher, it may be necessary to look amid the data and the conclusion to validate the study by the inclusion of multiple perspectives gained from the phenomenon being studied (Moustakas, 1994; Nachmias & Nachmias, 2008). Any researcher, although guided by the research questions, still has an obligation to allow the participants to share information that may be unique (Chan et al., 2013).

The qualitative research process is inductive where patterns or generalizations may represent interconnected flexible thoughts or parts linked to the whole phenomenon

as the study design comes into focus (Creswell, 2014; Maxwell, 2013). Brown and Gould (2013) suggested the interviewer's characteristics should be a consideration in the research process because they may improve acceptance of participation and new habit formation. Consequently, the researcher's immersion into participants' voice of reality is a significant part of the qualitative research experience (Brown & Gould, 2013; Moustakas, 1994; Onquwuegbuzie et al., 2012). The role as the researcher is objectivity, and focused should be on how AAW articulated their reality by perceptions, understanding and experiences. The data to be collected from each participant's view was must be validated for trustworthiness.

The process of data collection is from the emic perspective (participant view); although, as an outsider (etic view), bias could impede the trustworthiness of the study causing a failure to reach data saturation (Fusch & Ness, 2015; Patton, 2002). Strategies to help prepare a bias-free study were a high priority for me. One strategy I employed was to report participant specific words accurately (Chan et al., 2013; Onquwuegbuzie et al., 2012). Another strategy was to consider the triangulation of the results to reinforce the validity of findings (Brown & Gould, 2013; Miles et al., 2014; Onquwuegbuzie et al., 2012). Triangulation validated the methodology by an examination of the results from several perspectives, which included the participant. This is termed member check, which is designed to validate the interview content with each participant and make any corrections needed (Guba & Lincoln, 1994; Patton, 2002). To recap, the benefit of conducting a qualitative study is the opportunity to understand firsthand how potential participant's life circumstances, such as obesity and nutrition, affect the foundation of the

nutrition habits and behaviors that have developed over time. Another benefit is as the researcher, I can take cues from the study participants that could result in deeper, richer data by having the option to encourage a collaborative exchange to what participants are sharing.

Ethical Consideration

Ethical issues are present in any form of research, even with the researcher's desire to do good and prevent harm (APA, 2010; Pozgar, 2010; Sullivan, 2011). Ethical considerations in human research must be a high priority to protect participants and researchers. The principles under constant consideration are respect for the person, beneficence, and justice (Moustakas, 1994; Pozgar, 2010; Sullivan, 2011). Diligence in these areas is essential to reduce bias during the research study. In fact, Moustakas (1994) warned to bury any preconceived assumptions and prejudgments about the population or the research outcomes. The immersion of the individual through the experience to gain the thick data so to understand the perceptions and lived experiences of the participants is the goal along with ensuring the protection of each study participants (Nachmias & Nachmias, 2008; Pozgar, 2010).

Participants' privacy was protected using pseudonyms (e.g., fictitious names, pen names, reverse initials) or a number system. According to Sullivan (2011), potential research participants must not be coerced or influenced to participate in the study. Unethical practices concerning coercion or influential actions occurred during the study. All participants used the research information letter and research flyer and made the decision to be an active participant in the study. The research information also shared

with the participants to withdraw, refuse to answer questions, and change their mind on participating in the study at any time.

I reported the research findings with the utmost care to maintain privacy and confidentiality. Privacy and confidentiality were my ethical responsibility and imperative when conducting research on human subjects. The integrity of participants' data, respectful of timelines, and securing data in locked cabinets in my home office were a high priority. Further, there was no association between researcher and participants that had to do with employment, conflict of interest, or incentives to participate in this voluntary study project.

The population of this study had a cultural heritage; therefore, describing the ethnic group properly to prevent labeling was essential. The term African American women in this study described women born to African American parents and considered themselves African Americans or Black, which are both acceptable terms because the term describes a region of origin (APA, 2010). Respecting people's preferences regarding ethnicity is important. The effort was made to determine the appropriate term to prevent offensive descriptive labeling (APA, 2010). These considerations are vital before the research process began and data were collected.

Before any research data were collected, an authorization from Walden University's IRB was required. Potential risk and benefits were addressed, along with data integrity and confidentiality. Approval from the Walden University IRB to protect the rights of human research participants proved an approval number with an expiration date. Walden University/Institutional Review Board approval number for this study is 05-

09-16-0124156 and it expires on May 8, 2017. Once the research data were collected according to the IRB guidelines, all data obtained from the research project will be maintained on an external storage drive that will have a locked security code within a locked cabinet in my home office for 5 years.

Summary and Transition

Chapter 3 provided the plan and rationale for using a qualitative, IPA approach as the methodology in this research study. The research study explored the lived experiences of obese AAW in an interpretive manner to gain an understanding of nutrition literacy and nutritional behavior as it relates to NFLU. The objective was to encourage an intervention that could develop into a habit whereby the selection of healthy food choices at the point of purchase and dining-out consumption is integrated into the lived experiences of AAW. Moreover, the constructs of concentration were identified as (a) nutritional literacy acknowledgment (cognitive ability) and (b) a nutritional behavior modification tool.

This chapter described (a) the research methodology, (b) the target population and research setting, (c) the method of collecting data, (d) the data analysis tool considered for identification of themes and patterns from the research data, (e) trustworthiness, the process for verification, (f) ethical expectation that complies with the process set in place by Walden University IRB department, and (g) summary. Chapter 4 began with an introduction and a brief review. The purpose and research questions were highlighted. The setting of the study, demographics, a description of the number of study participants, and any factors that created difficulties interpreting the findings was presented in the

chapter. I shared descriptions of the interview questions with details on the method used to collect data. The location for the study, the average duration of the interview sessions, and the recording device used in the study was acknowledged. In Chapter 4, I shared how the interview process progressed, the organization of the interviews, the use of an audio-recorder, and the transcription method used. I discussed the computer software program. Highlights from the themes and patterns emerged from the data collection process were presented. Finally, I shared the data analysis experience, addressed trustworthiness, and ended with an overall descriptive summary of the outcome of participant content exposed from the research questions are revealed.

Chapter 5 reiterated the purpose, nature of the study, and why the study was conducted. Key findings from the research study were summarized in this chapter. I described the interpretative findings by comparing or contrasting the peer-reviewed literature to the study findings. Limitations of the study, recommendations for further research, and implications for positive social change highlighting the potential impact on individuals, families, and society were included. I concluded Chapter 5 with a reflection that encompasses the essence of the study.

Chapter 4: Results

Introduction

In Chapter 4, I briefly summarize the purpose of the study based on the gap found in the literature, the setting, participant demographics ($N = 12$), data collection process, data analysis experience using NVivo 10 software that assisted in the formation of themes and patterns, evidence of trustworthiness, and results of the study grounded by the research questions. In addition, I highlighted discrepant findings discovered from the study. Chapter 4 concluded with a summary and the transition into Chapter 5.

Findings

In this study, I interviewed 12 AAW to gain their perspective on nutritional knowledge and behavior while grocery shopping and dining-out. They shared candid thoughts and realities about the essence and perception to their nutritional food label understanding (NFLU). As a result of coding interviews, using NVivo 10 major themes and minor themes emerged. The emerging themes are presented within the context of the research questions. The analyzed data unfolded into the findings of this study.

Purpose and Research Questions

This study examined and explored the lived-experiences of AAW living with obesity concerning NFLU. The intended objectives of this study were to offer an interpretative understanding into how AAW, in a given situation, makes sense of a phenomenon (Moustakas, 1994) like NFLU. Nutritional literacy and nutritional behavior were two constructs in this study that the five research questions guided resulting in rich, thick data that rendered abundant insight from the participants' lens. The questions

were(a) How does NFLU impact meaning to the obese state of AAW in FBC, Texas? (b) How beneficial will NFLU be to obese AAW? (c) What skills would be helpful for obese AAW to achieve for NFLU to be a plausible intervention for combating obesity? (d) What are some possible reasons NFL may or may not be practice by AAW who are obese? (e) How would obese AAW interpret NFL in relation to the nutritional behaviors they practice? With the assistance of NVivo computer software, the data collected from the face-to-face interviews, themes were established, organized, coded, and analyzed. The themes uncovered in this study were communicated many times by the AAW that was interviewed(Appendix F).

Data Collection Process Overview

Setting and Recruitment

Several Baptist churches were the intended recruitment avenue to identify AAW in Fort Bend, Texas. The designated interview site was also a Baptist church in Fort Bend County, Texas within the zip code of 77477. The participants were pleased that the church setting as the interview site. Comments made by several participants was about the location of the church which was nearby most participants' residence. The interview site, according to various women, was an excellent location for it made them feel safe. Once participants were identified, invitation letters (Appendix B) and flyers (Appendix C) were provided with information on the purpose of the study and the inclusion criteria. AAW that had committed to participate in the study shared letters and flyers with other church goers. Word of mouth was instrumental and aided in identifying other participants that agreed to participate in the study. One participant did not meet the inclusion criteria

due to the zip code criteria and therefore excluded. An acknowledgment for her interest in participating in the study was offered. By the end of the recruitment process, 12 AAW were identified who participated in the study.

Interview Process

The initial phase of the data collection process was the introduction of the informed consent. The document was explained and subsequently signed by the 12 AAW that contacted the principal investigator in the research study (Appendix A). A copy of the consent form was given to the women, and I retained a copy for my record. The participants stated they enjoyed talking about NFLU and answering the interview questions (Appendix F). They stated feeling comfortable, and they enjoyed the experience. One participant (P6) stated, “ I am 10 minutes from my home...I’m just down the street from my house.” The 12 interviews ($n = 12$) were conducted in the educational wing of the church behind a locked door with good lighting and comfortable chairs. Bottled water was available during the interview sessions. All participants were asked the same number of interview questions in the same order (Appendix F). At the end of each interview, a debriefing period followed. For member checking, I wanted to make sure the participants had answered all the questions, as they understood them and addressed any follow-up question. The women participated in approximately a 45-60-minute session (Appendix F). For accuracy, interviews were transcribed and were evaluated by each study participant. There were no changes made to the initial data collected. Participant interviews were conducted between the second and third week of May 2016 after IRB approval, which occurred on May 9, 2016. Walden

University/Institutional Review Board approval number for this study is 05-09-16-0124156 and expires on May 8, 2017.

Demographics

The participants recruited in the study were from Fort Bend County, Texas. Fort Bend County is in the southeast region of Texas. Fort Bend County has been one of the fastest growing counties in the United States ("Fort Bend County," 2014). The total population reported as of 2010 was 585,375 (United States Census Bureau [USC], 2010). African Americans account for 27% of the total population in the 77477 zip code (USC, 2010). The participants were residents and or members of area Baptist churches in the 77477 zip code.

All 12 of the participants were AAW and self-reported that they had been obese past one year. Participants ranged between 51 to 64 years of age. They all were born during the baby-boom era (1946-1964). The average age of the participants were 57.7 years ($M = 57.7$). The average weight were 221.3 pounds ($M = 221.3$ lbs.). The average number of days participants dined-out were 3.7 days/week ($M = 3.7$). All participants could read, write, understand, and speak fluent English. All of the AAW were the primary grocery shoppers of their residence and ate out at least three or more times a week. Table 1 depicts participant ages, self-reported weights, and their dining-out practices.

Table 1

Participant Data

Participants	Age	Self-report weight	Dining- out/week
Participant 1	64	215	3
Participant 2	61	235	3
Participant 3	51	200	5
Participant 4	59	240	3
Participant 5	52	210	5
Participant 6	64	230	6
Participant 7	54	225	6
Participant 8	60	220	5
Participant 9	51	230	3
Participant 10	59	225	4
Participant 11	57	211	2
Participant 12	61	215	5

Participant Profiles

- Participant 1 (P1): 64-year-old AAW, who self-reported that she has been obese for five years. She reported her weight at 215 pounds. P1 is the primary grocery shopper of her resident and states she shops at least three times a month. She lives with her adult son who also is obese. She grocery shops

because it is a necessity. P1 maintains getting in and out of the grocery store is her primary objective on most occasions. She dines out about three times a week.

- Participant 2 (P2): 61-year-old AAW, who self-reported her weight as 235 pounds. She is a divorced schoolteacher with one adult son. She stated being a healthy weight would be a “dream come true.” She stated she had been obese for over three years. Eating out occurs at least three times during the week due to her work schedule.
- Participant 3 (P3): 51-year old AAW, who has been obese most of her adult years. She reports her weight at 200 pounds and made mention that her height is too short to carry her current weight. She lives with her mother and has three adult children in the home. She dines out at least five times a week.
- Participant 4 (P4): 59-year old AAW, who has been obese for many years. She reports her weight at 240 pounds. She stated doctors are not her best friends and hate to admit it, but does not go to the doctor unless she is sick. “Thank God, I don’t get sick often.” She owns a day-care, and her husband is a pastor, both with very busy and demanding schedules. She admits to eating out too much and cooking quick meals are usually not healthy. She dines out at least six times a week.
- Participant 5 (P5): 52-year old AAW, who has been obese most of her adult years. She describes her nutritional health as “not the best...not the worst.” She reported her weight at 210 pounds. She stated having many failed

attempts with diets, citing not eating vegetables as a reason. She does not like to cook. She calls it “a necessary evil.” She dines out between 5-7 times weekly.

- Participant 6 (P6): 64-year-old AAW, who has been obese most of her adult life. She reported her weight at 230 pounds. P6 is a middle school counselor and loves her job to the point of always eating on the run. Healthier food habits is consistently a mindset, but by the end of a week, “became easier to grab something to eat on the way home.” She dines out at least six times a week.
- Participant 7 (P7): 54-year old AAW, who has been obese most of her adult years. She reports her weight at 225 pounds and is mad at herself that she cannot get a handle on her weight. She states because of a sedentary occupation and work long hours; it has a lot to do with the source of her obesity. She called herself a fast-food junky. She dines out at least six times a week.
- Participant 8 (P8): 60-year old AAW, who has been obese most of her adult years. She reported her weight at 220 pounds. She goes to the grocery store often during the month because she had boys; however, the kitchen is not her favorite place. She states it a necessary place. She dines out at least five times a week mostly because of her work schedule as a small business owner.

- Participant 9 (P9): 51-year old AAW, who has been obese most of her adult years. She reports her weight at 230 pounds. She goes to the grocery store at least the three times a week and dines out at least three times a week.
- Participant 10 (P10): 59-year old AAW, who has been obese for many years. She reports her weight at 225 pounds. She recently started “juicing” for losing weight and hopes she can do it for at least a month. She goes to the grocery store once a week because she keeps her grandchildren several days a week. She states she eats out at least four times weeks at various eateries.
- Participant 11 (P11): 57- year old AAW that reported her weight to be 211 pounds. She has been obese most of her adult life. She states as she has gotten older becoming more serious about her health and nutrition is a goal. She visits the grocery store two to three times a week and eats out two couple time a week.
- Participant 12 (P12): 61-year old AAW, which reported her weight at 215 pounds. She works outside the home juggling life and ways to better take care of herself. She feels that working long hours sets herself up for her obesity...“At the end of the day, all I want to do is eat, sit down, and go to bed. I’ve been told going to bed after eating is not good.” She dines out at least five times a week.

Data Collection Discussion

As discussed in Chapter 3, I collected data from participants using a face-to-face interview approach with the aid of an audio recorder in Fort Bend County, Texas, zip

code 77477. After the data collection process, interviews were transcribed verbatim into a Microsoft Word document. I transferred all data materials onto a secured flash drive. Data from the study participant were secured, and passcode protected, then placed in the locked cabinet in the researcher's home office. I hired a transcriber after obtaining prior approval from Walden University IRB department before starting data collection. Participant data was de-identified before the transcriptist worked with the raw data.

During the data collection process, I encountered no unusual circumstances. The participants were very courteous, kind, and spoke freely about their lived-experiences that included sharing perceptions about their nutritional knowledge, behaviors, and habits. One participant stated she felt safe having her interview sessions at the church. She felt at peace to open up and be honest when asked the interview questions. As with many two-way conversations, I expected to clarify some of the interview questions because some questions sounded similar, though their concentration sought dissimilar knowledge and behavioral data points.

Data Analysis

The technique for data analysis shadows Goldberg and Allen (2013) and Miles, Huberman, and Saldana (2014) strategy of the first cycle to the second cycle coding design. The cycles helped in uncovering the emergent themes and patterns of this study by following a multi-step technique (Moustakas, 1994). Moustakas (1994) stated these steps were necessary to a qualitative study to ensure rigor of the analysis stage in synthesizing the data.

First Cycle Open Coding

The data analysis phase began with the voices of 12 AAW that answered 21-questions during face-to-face interview sessions at the Baptist church in Fort Bend County, Texas. The interview questions were open-ended, in-depth, and semi-structured for the purpose of obtaining thick, rich data (Miles et al., 2014; Robinson, 2015). The beginning steps of data analysis involved reading every word on the transcripts as a way to enter into the world of each AAW and experience what the data uncovered. During the initial process of open coding, the participant words and phrases were read many times. Analyzing the raw data (interview transcripts) started with open coding with the second cycle coding for thematic analysis, commonly used in qualitative research to isolate themes and patterns in the study (Elo, Kaaiainen, Kanste, Utiainen, & Kyngas, 2014; Miles et al., 2014).

Second Cycle Coding

The second step involved a deeper exploration of themes and patterns, highlighting key words, and statement that shared insight to the lived-experiences of the AAW of the study. Each AAW shared their interpretative perceptions on their understanding of NFL as a strategy for nutritional health. For extra protection of the raw data that was collected from each participant, interviews were audio-recorded with participants' permission. During the data analysis process, transcripts were read many times, underlining reoccurring words and patterns that subsequently were uploaded into NVivo software. Lastly, themes were developed and grouped in a hierarchical manner showing major themes. Exposing the themes in the study was an important step in

identifying the “the essence or meaning of data” (Goldberg & Allen, 2013, p. 10). The raw data of the participant interviews emerged into five major themes. Further, the AAW defined the consciousness of their nutritional health with descriptive words (Table 2).

Major Themes of Research Study

Adjectives (descriptors) used by the participants to describe their nutritional health were a part of the themes that evolved from the study are listed in Table 2. The major themes from this study were: (a) appreciation of NFLU, (b) skills required to enable NFLU, (c), hurdles in following NFL, (d) usefulness of NFLU, and (e) time constraint. Figure 1, displays the major themes discovered from the participant responses.

An appreciation of NFLU, time constraint, and skills for NFL use were predominant themes that reoccurred during the interview sessions. The finding suggested that NFL use depended upon participants appreciating their usefulness, the design of NFL is consumer friendly, and easy in read because time was a valuable asset to their lived-experiences. All the participants stated time was a significant hurdle in their usefulness ($N=12$). The AAW who stated they compared food labels when shopping on rare occasions (P4, P8, and P12), found that NFL had too much “unnecessary” information on the panel. The women further explained the print was too small to spend the time to read them. Most of the study participants articulated benefits to NFLU; however, there were barriers to their actual use and appreciation of their potential.

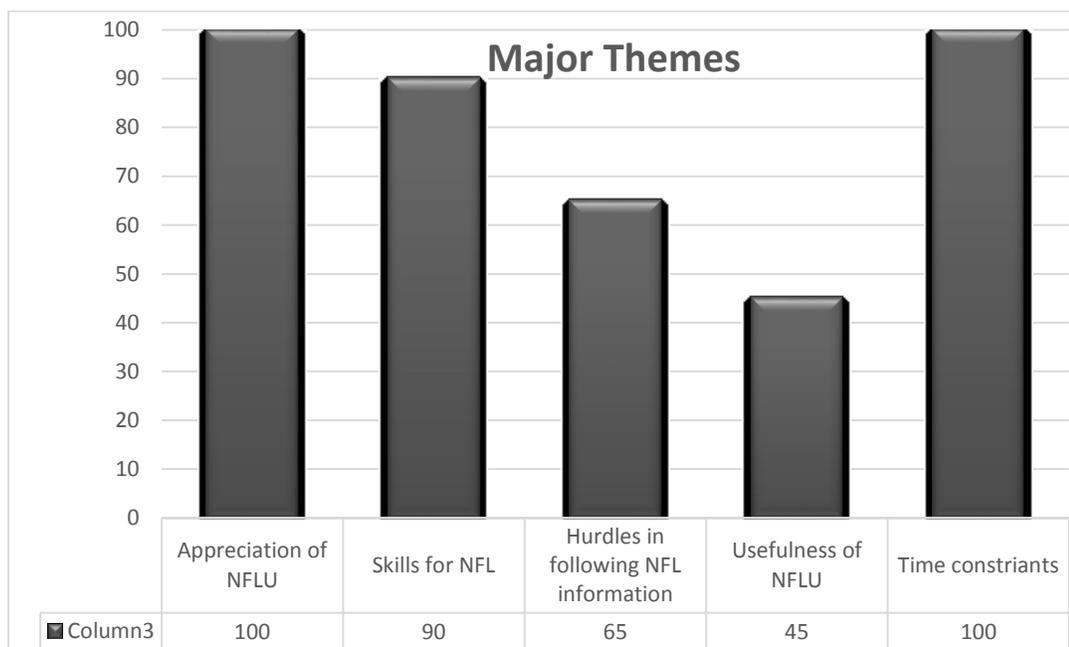


Figure 1. Major themes from participant interviews.

Descriptors of Central Research Question

The Central Research Question (CRQ) of this study asked AAW to describe their understanding of NFL, and the impact that understanding might have had to their obese state. The participants gave various descriptors about their nutritional health as it has related to obesity. Table 2 displays the descriptors by the 12 participants.

Table 2

Descriptors Associated with Research Questions

Participants (N=12)	CRQ Descriptors of Nutritional health	RQ1 Benefit of NFL	RQ2 Skills helpful for NFL Use	RQ3 Why NFL not used	RQ4 NFL while dining- out
Participant 1	Moderate	Know calorie	Willpower	Ingrained habits	Rather enjoy meal
Participant 2	Medium rare	Weight loss	Math	Time/Confusion	Limited
Participant 3	Poor	Food values	Know-how	Time	No
Participant 4	Pretty good	Healthy eating	Preparation	Hard to understand	Not really
Participant 5	Not good or bad	Healthy	Mindset	Print too small	Sometimes
Participant 6	Bad	Help family	Motivation	Time	No
Participant 7	Mediocre	Help to eat better	Preplanning	Time consuming	Not often
Participant 8	Bad	Know calorie/fat	Organization	Busy lifestyle	A few times
Participant 9	Very low	Food information	Commitment	Time/confusing	Rather enjoy food
Participant 10	Sporadic	Calorie alertness	Self-control	Lack understanding	Sometimes
Participant 11	Okay	Nutrition details	Planning	Busy/time	No
Participant 12	Fair	Informed shopper	Math savvy	Confusing/time	Seldom

Bracketing

The experiences and assumptions of the researcher were set aside or “bracketed” as a way to decrease preconceptions that consciously or unconsciously can occur during the data collection process. According to Chan et al. (2013), it was important that any assumption about the research topic, as the principal investigator, be contained; which allowed the emergent interpretation shared by each AAW regarding their lived-experiences on NFLU flourish. Bracketing occurred as the way to protect the study findings from my personal influences regarding the study topic. The voices of 12 AAW were the dominant authority of this study. The development of major themes and patterns resulted from AAW sharing the lived-experiences, as they understood their nutritional knowledge and nutritional, behavioral practices.

Bracketing permitted the engagement with the participants and their data to take on a deeper and more meaningful way to gain perspective on the essence of their experiences. The phenomenological process helped me to share the study results in such a way that provoked deeper insight and emersion into the data content causing thoughtful appreciation for the subjectivity of each participant (Chen et al., 2013; Moustakas, 1994). Last, bracketing introduced me to a new appreciation for the lived-experiences of the study participants. The ability to practice self-reflection and self-awareness during the data collection and data analysis allowed the construction of a trustworthy research study.

Evidence of Trustworthiness

As described in Chapter 3, the aim of trustworthiness in a qualitative inquiry is to support the internal validity that the inquiry’s findings are “worth paying attention to”

and free from bias (Lincoln & Guba, 1985, p. 290). Establishing trustworthiness was a fundamental priority during the data analysis phase of this research study. The findings of this study are worth paying attention too since understanding the essence of one's nutritional experience is to embrace their interpretative perception to the phenomenon and learn from that experience (Elo, Kaaiainen, Kanste, Utiainen, & Kyngas, 2014; Lincoln & Guba, 1985; Patton, 2002).

In this study, the voices of AAW were interpreted based on nutrition literacy and nutrition behavior constructs. The contributions of AAW lived-experiences to the benefit of NFLU as a single short-term intervention for changing nutritional habits, increasing self-efficacy and self-regulation. When judging qualitative work, Strauss and Corbin (1990) believe that the "usual canons of 'good science'...require redefinition to fit the realities of qualitative research" (p. 250).

The foundation of trustworthiness in this study was by member-checking. At completing each interview, participants asked about the clarity of the questioning to ensure understanding of the responses they gave for authenticity (Elo et al., 2014; Patton, 2002). The participants were asked to validate if this researcher heard their voice concerning the perceptions of their lived-experiences about NFL. Member-checking neutralizes the researcher's imprint on the phenomenon of nutritional health by relying on criteria that give justice to the integrity of participants (Elo et al., 2014). Credibility, transferability, dependability, and confirmability were an additional consideration in this study as a way to increase the merit of the study (Elo et al., 2014; Lincoln & Guba,

1985). Figure 2 demonstrates the important link of four fundamental elements of trustworthiness used in this study.

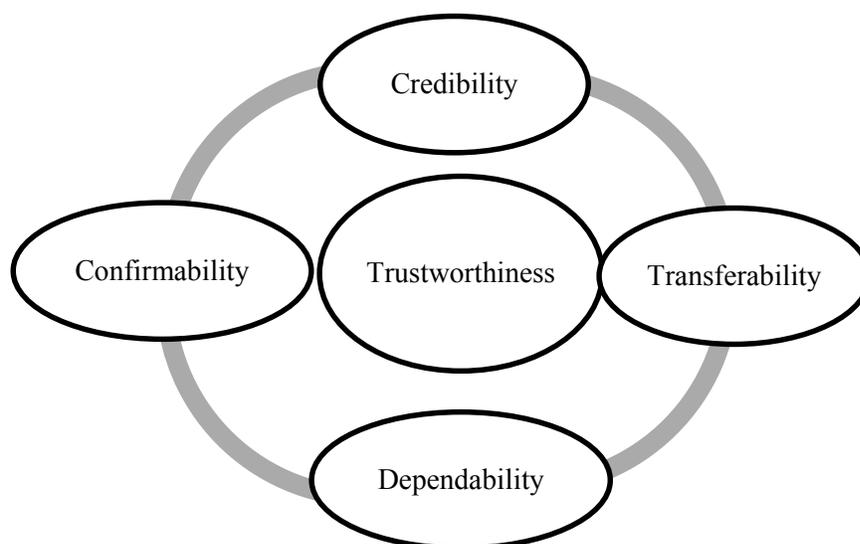


Figure 2. Trustworthiness depiction that demonstrates the important link of four fundamental constructs used in this study (Elo et al., 2014; Lincoln & Guba, 1985).

Credibility

Adopting a stance of self-awareness and neutrality was my position interpreting the research findings of this study. Further, establishing credibility for my study considered adhering to the strict inclusion criteria, transcribing and interpreting verbatim the raw data (Elo et al., 2014; Lincoln & Guba, 1985). There are debates about the credibility of a study when using non-random sampling methods (Elo et al., 2014; Lincoln & Guba, 1985; Patton, 2002). I would argue the credibility of this study lies in the voices of the AAW, who agreed to participate in the interview process and share their lived experiences of nutritional health. The goal was not to prove or disprove the phenomenon under study or manipulate the data for personal gain but to offer insight into the gap in the literature on the nutritional literacy and nutritional behavior not well

addressed in AAW (born in baby-boom era) with obesity. Respecting and embracing the perceptions and lived experiences as they emerge from each AAW exposes new knowledge through the lenses of another.

Transferability

Transferability refers to the potential for extrapolation (Elo et al., 2014; Lincoln & Guba, 1985; Polit & Beck, 2012). Often transferability is the decision of the one reading the research study. This study is an invitation for researchers and scholars to concern themselves with the findings to the point of considering future research studies on the topic of nutritional health of other populations. The findings of this study are not generalizable; however, with a larger sample population the more the study can generalize the results. It is conceivable a different methodology (quantitative) the findings of this study could be transferred to other populations or groups for comparative evaluations (Elo et al., 2014; Lincoln & Guba, 1985; Polit & Beck, 2012).

Dependability

The dependability of this qualitative study was grounded in the knowledge and skill required for conducting and completing a qualitative study. Putting those skills in practice demonstrated the stability of this research study. This step was critical in the articulating the participant's lived-experience on NFLU. The continued drive while conducting the study was focused on the gap found in the literature. Concentration to the gap was the driver in formulating this study. The method of collecting my data, which ensured participant privacy and confidentiality, interpretation of the findings and reporting the findings as presented was done and without bias. In Chapter 3, I disclosed

the process for selecting the AAW participants, the method for the collected data (face-to-face interview method), and using a computer assisted data software (NVivo 10) designed to assist in the data analysis phase for coding, theme, and pattern formation for study results were disclosed.

Confirmability

Confirmability refers to the objectivity, the potential for the investigator to bring a perspective to the study topic by way of the participants (Lincoln & Guba, 1985). A personal reflective journey was helpful while data collection and data analysis process unfolded. Data accuracy, relevance, and meaning in this study was confirmed by the AAW, who participated in the study by taking advantage of the time spent with each lengthy interview. Participants were encouraged to speak open and candid so they could express themselves on their live-experiences of NFL. There were several times often during the interview sessions as a researcher; I repeated back participant's responses for clarity and validation and the avoidance of distorted data (Elo et al., 2014). I also incorporated the technique of audit trail as emphasized by Miles et al. (2014), which aided in the management of the large amounts of data unfolds into discovery. It also became a method of synthesizing data as the research data took form.

Each AAW were given an opportunity to add any additional information at the completion of the face-to face interview session. Comments made were added to the data collected for a deeper understanding of the AAW viewpoints. The findings reflected the participants' voice and not the researcher's biases, motivations, or perspectives (Lincoln & Guba, 1985; Polit & Beck, 2012). In Chapter 3, it was important that my biases early

in the research process were acknowledged which allowed me to have a reflective analysis of the research topic and still maintained reserve as the data from the research participants were provided.

Study Results

The theme exposed in this research study were based on the compilation of 12 in-depth interviews from AAW living with obesity and their understanding and perception of NFL and dining-out practices. The findings of this research study were guided by one central research question (CRQ) and four subquestions (SQR) detailed in Chapters 1 and 3(Appendix F). Five major themes were discovered during the data analysis phase along with minor themes.

Research Questions Revisited

Major and minor themes exposed during the analysis of the data for each research question offered insight into the perception and essences of the participant's reality. Subthemes exposed from participant responses on nutritional health were validation for the nutrition communities to develop material that consumers will appreciate and incorporate into lifelong practices. NFL must enhance believability and comprehension.

Major Theme: CRQ- Self-Health Perception

How does NFLU impact meaning to the obese state of AAW in Fort Bend County, Texas? This question became the foundation for which themes emerged. Participants were asked to describe nutritional health. The major theme that emerged from the question aligned with current perceptions of the meanings placed on nutrition in AAW of this study. The major theme was Self-Health Perception. Based on the

descriptors used by the AAW that explained their nutritional health conveyed opportunity to evaluate label reading as a practitioner for possible motivators for nutritional change.

All of the women had their own descriptors of their nutritional health. Data analyzed showed the women's view of nutritional health were intermingled and described based on internal and external influences that had attributed to nutritional practices they articulated. A few were very interesting. P2 said, "My nutritional health is medium rare." P3 stated, "My nutritional health is not the best actually, it is poor." P9 explained, "My nutrition health is very low." P10 exclaimed, "Sporadic. My health is a factor in how I eat, but I'm off track more than not." These comments identified the women were self-aware of the problems with their nutritional health. Table 2 has more examples.

The depiction of subthemes that evolved from asking participants their perceptions about their nutritional health stirred an inward examination of the nutritional behaviors (See Figure 3).

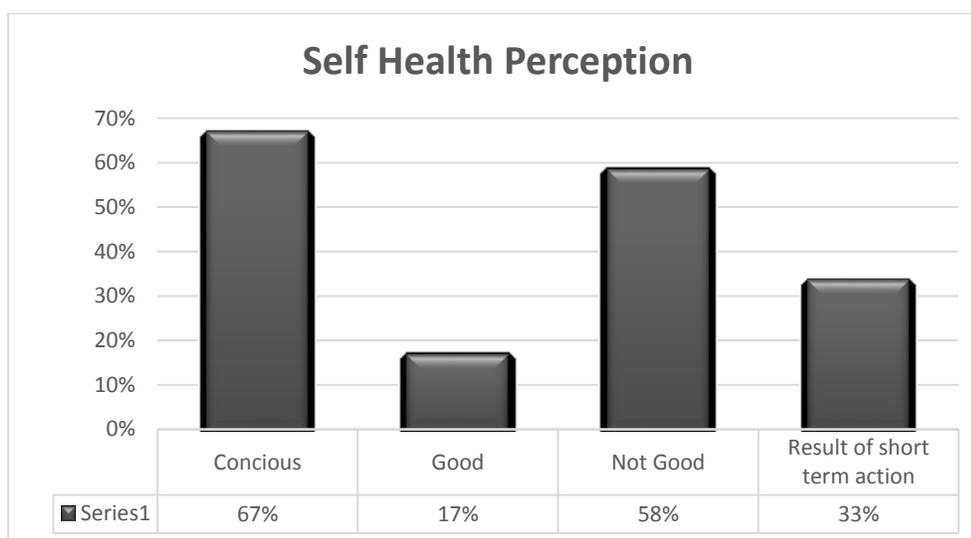


Figure 3. Subthemes1 of CRQ Self Health Perception.

Only 17% of the participants perceived their nutritional health to be balanced. The overwhelming majority of 67% expressed that they were concerned of conscious about their nutritional health, or considered to be not in good health nutritionally. P6 stated, “I consider my nutritional health to be bad...and I know that it is. I’m not eating the way I should.” P7 said, “...we have certain habits that we enjoy and certain foods that we like to eat that we can’t seem to give up and make them go fast away.”

Major Theme: SRQ 1-Usefulness of NFLU

How beneficial will NFLU be to obese AAW? The major theme discovered from this question was the Usefulness of NFLU. Although participants stated they had some understanding of the benefit NFL, several responses were contrary to their portrayal of nutritional behavior at the grocery store experiences and when dining-out. The interview questions sought to determine if participant understanding of NFL was useful to healthy eating, and if so, what would motivate them to practice food labels use based on current relationship to food decisions. None of the participants ($N=12$) voiced an association between food labels and preparing meals, and nutritional information while dining-out. Participants expressed mixed views. Most of the comments were associated with enjoying meals versus knowing nutritional values (See Figure 3). P9 decided, “I deserve to splurge when I am eating out. I eat to get full and left overs maybe lunch at work.” P11 talked about a specific eatery, “love pasta and bread at Italian restaurants, surely that is not the time to count calories. I want to enjoy my food. You would think with my weight; I would have more motivation.” It was apparent from the interview sessions; the struggle to do better with nutrition practices was something that would require time and patience.

Even with the reality of being obese, habits and patterns to how one processes eating behaviors were unsettling for the women. Sub-themes were (a) awareness with education, (b) boring, and (c) good understand would be the incentive to read NFL, (d) impacts physique, (e) specific foods(juicing), and (g) vague understanding. The subthemes in these categories are discussed next.

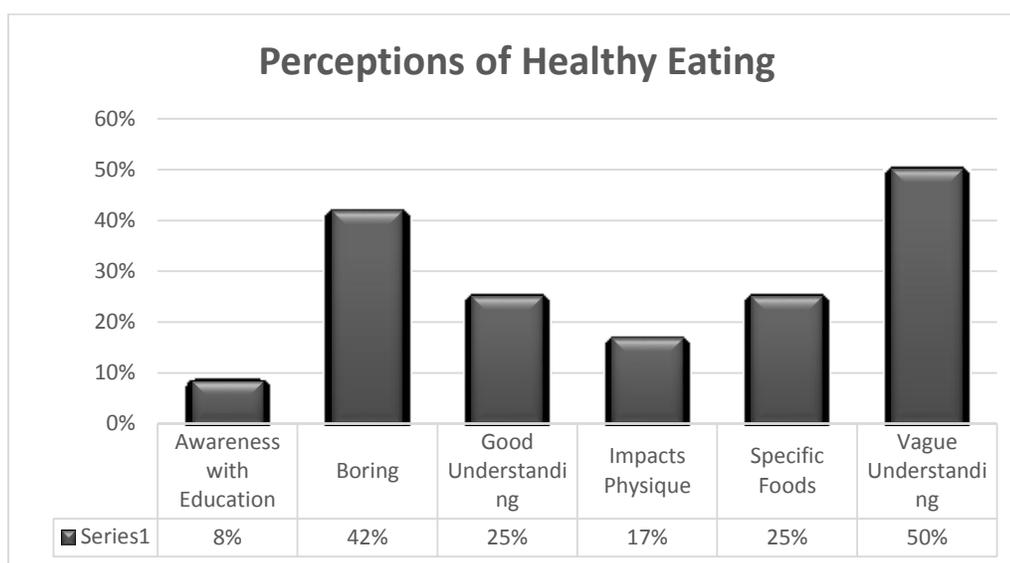


Figure 4. Subthemes 1 SRQ 1: Perceptions of Healthy Eating.

The most dominant subthemes were “boring” and “vague understanding”, while only 25% people expressed to have a good understanding of the value of healthy eating. Another 25% of the participants related healthy eating to restrictive food selection.

Boring

Healthy eating was considered boring by 42% of the participants (Figure 4). The underlying perception seemed to be that watching for dietary labels, and monitoring type of food a person is eating is restrictive in nature and takes away the recreational aspect of food and dining.

P8 said:

“Boring... Boring ‘cause whenever I try to do it, I second guess my cooking skills that don’t match up, so then I would get bored with whatever I was eating although it may not have been working.” While P1 expressed, “I understanding that healthy eating is good for you because all of my life before I got grown we ate healthy. After I got grown, I started eating like I wanted to eat.”

Understanding Food Labels



Figure 5. Subthemes 2 SRQ 1: Understanding Food Labels.

Concern was demonstrated about deciphering the food labels. Where some participants complained about food labels being too confusing, others simply admitted that food labels do not have any value to them personally, and therefore they pay no attention to NFLU (Figure 5). Half of the participants demonstrated a vague understanding about healthy eating that seemed to be based on certain stereotypes. Expressed views that were collected under this subtheme demonstrated that participants

attached their understanding of healthy eating with types of foods as opposed to the actual content of the food. Towards maintaining a healthy diet, P5 expressed, “Um... Maybe fruit, I use one percent milk, toast. Every now and then I’ll eat a piece of egg or a piece of sausage.” “I don’t think it’s difficult.” P11 covered the concept of healthy eating as “Uh, I know about the vegetables and the portions and the starch and um, the cholesterol and stuff that’s high in cholesterol and stuff like that.”

Specific Foods

A group of participants expressed their concept of healthy eating in term of specific food items as opposed to the nutritional values. These participants expressed their views in greater detail than the vague expressions discussed in the previous subtheme. P10 as an example stated, “healthy meal would be, to me, probably some baked Salmon fish, um, some rice, brown rice, and maybe some broccoli.” P11 explained, “I guess my vegetables and my meat if it’s not fried or pretty much if it’s grilled or something like that, I know I’m doing a healthy meal.”

Good Understanding

Participants who demonstrated a good understanding of a balanced diet were more specific in explaining their approach towards healthy eating. P4 explained, “There was always a pyramid of foods. I can see it clearly in my mind right now... the cereals and breads and the proteins, the meats and the fruits and the vegetables and the dairy.” P2 provided similar details and explained that “a balanced level of the nutritional components that make up a healthy diet... for example, having your vegetables, your fruits, your meats, your snacks, and your beverages.”

Influence of NFLU in Daily Living

Towards understanding the influence of NFLU on a person's daily living a series of questions were asked to explore to what extent food labels impact some of the decision-making processes of individuals. Two decision-making points that were explored in particular were meal planning and ordering food at a restaurant.

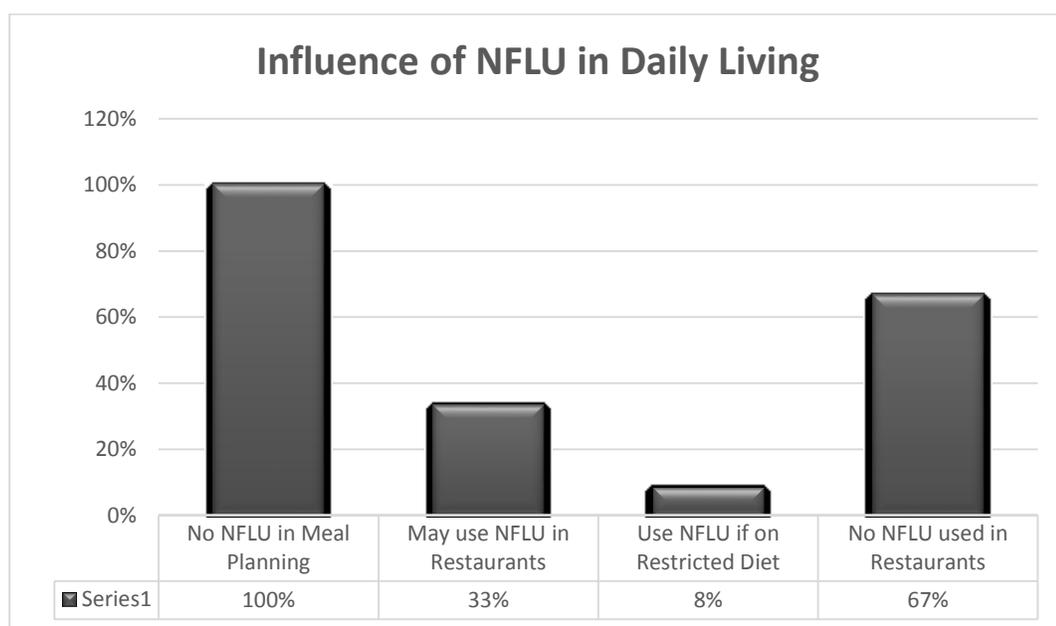


Figure 6. Subthemes 3 for SQR 1: Influence of NFLU in Daily Living.

Meal Planning

Responses demonstrated that none of the participants considered information provided on the food labels while planning their daily or weekly meals (Figure 6).

Response from Participant 11 summed up similar responses collected from all participants. P11 stated, “Um, not too good. Uh, I can plan a meal, but as far as it being all good and healthy- not so much...rarely would I turn over a box and look at the label to plan or cook a meal... because I’m going to add a little this, this, and a little of that.”

Dining Out

More than half the participants (67%) expressed that they do not consider asking for food labels or nutrient information about the meal while ordering food at a restaurant. Among the rest, 33% indicated that they may consider looking into nutrients if the food was particularly very unhealthy for their personal consumption. Another 8% of the responses suggested the only possibility of looking into nutrient information ordering food at a restaurant would be where the participant had a dietary or medical restriction. In the words of P4, “I will ask them in a minute, ‘How is this prepared? Is there any extra... I’m lactose intolerant, so I don’t do the milk, and I don’t do dairy a lot, so I need to know... It’s probably a challenge for a lot of us. Knowing what to eat and buy.”

Major Theme: SRQ2: Skills Required To Enable NFLU

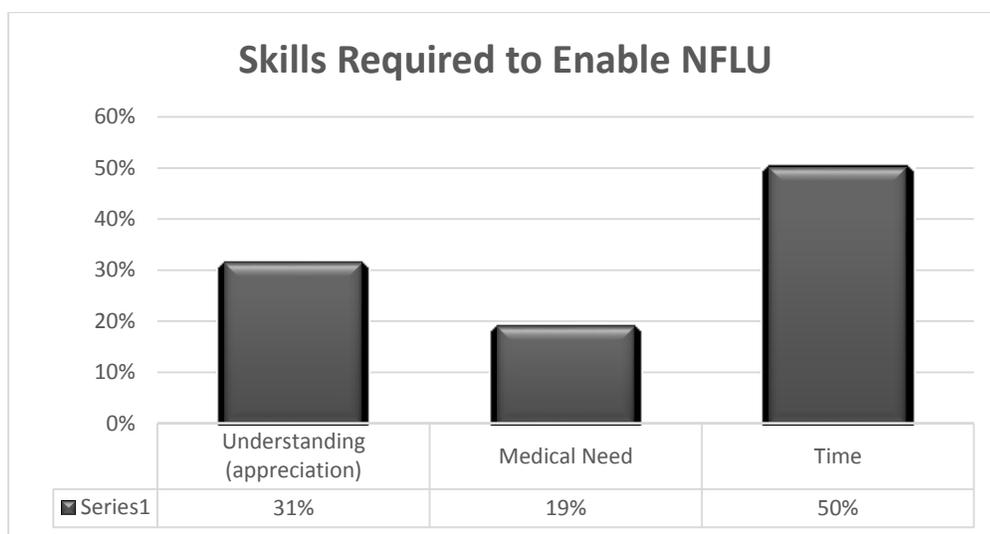


Figure 7. Major Themes for SRQ2.

What skills would be helpful for obese AAW to achieve for NFLU to be a plausible intervention for treating obesity? The second research question aimed to

explore what were some of the perceived skills that the participants considered were required to make good use of NFLU while making dietary decisions in the daily lives. I developed four interview questions for the participants to answer. The lines of questioning were to stimulate dialogue about skills associated with behavioral practices AAW felt were required for NFLU.

Many of the women had deep-rooted habits they felt would require sincere effort to change. Busy schedules and foods they had enjoyed for years would be difficult to give up. Not knowing how many calories in a meal, especially when dining-out would not necessarily deter them from consuming a meal, like Whataburger meal, for instance. Skills necessary to achieve a level of understanding for participants to determine if the use of NFL was plausible are identified in Table 1. The major theme of RQ2 was the importance of skills required to enable NFLU. Some women, P1, P7, P8, and P10, had concerns with eating habits and a medical condition. They felt understanding NFL were important for their obese state. P7 and P8 were concerned with blood pressure and cholesterol issues, but admitted to the struggles of following a restricted diet. P8 stated, “Healthy eating is boring even knowing I have to watch my blood pressure.” P6 says, “It requires much patience to learn new eating habits after years of bad habits.”

P2: shared similar thoughts:

“Healthy eating is always a goal I set for myself. I have to take into consideration what food I buy even at the restaurant and try to understand how the breakdown of what the food has in it in order to make better food choices.”

The findings uncovered that taking control of nutritional habits were an aspect most women realized was key to eating behaviors they currently practiced. Mindfulness for preparing meals or eating out was evident but not necessary a control factor to eating habits for most women. P4 was the only participant that felt she had a handle on proper eating. P4 said, “I know the food pyramid is what I cook by and when dining out. I am keen on watching salt and especially sugar mostly because of my husband’s health.”

Three minor themes were dominant in SRQ2. They were (a) understanding with appreciation, (b) medical needs, and (c) time to embrace the acquired skill required for self-discipline (Figure 7). Time to learn the skill and understanding the food label content were shared the most.

Time to Embrace the Acquired Skill

Half of the participants mentioned time as a major factor related to their ability to make use of NFLU information. The predominant context of time was in term of making a commitment to develop a personal skill habits around referencing NFLU. “Frankly, changing habits at my age would really take some committed effort” expressed by P1.

P9 stated:

“Changing the way I do things takes a lot of energy that I don’t have most time. Getting up early for work, working with teenagers all day and adding extra time to read labels at a grocery store would really take a lot of work for me. I could do it Um...but the effort would be the hardest part especially with the extra weight I’m carrying. Effort and a lot of practice and time.”

Understanding the Need

Developing a good understanding for the need to use NFLU was also considered as a required skill set by 31% of the participants. Understanding seemed to be connected with both time and medical needs, the other subthemes identified under RQ2. Participants conveyed a concept that understanding the need to use food labels is not only time consuming but is better suited for those who are bound to use the food labels due to dietary restrictions. P10 stated, “Um, I just need to know the importance of reading them.” P3 explained, “know I wouldn’t do it every time I went to the grocery store, I know that, but, like, if my doctor said, you know, ‘you’re going to die’ and such and such, I would put more effort into it. So based on circumstance or situation, someone saying something to trigger bad eating habits, I’d try to do better that time, for that moment.”

Major Theme: SRQ3- Hurdles In Following NFL

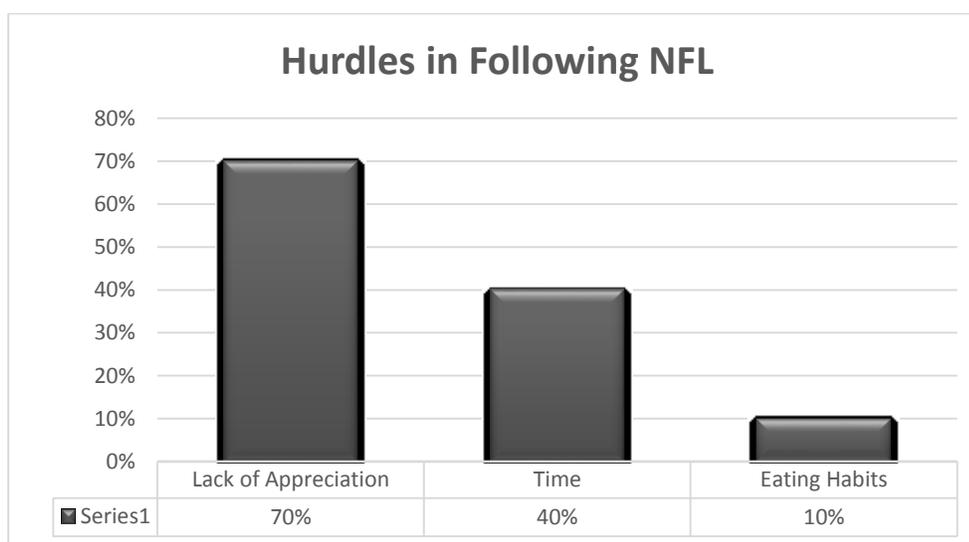


Figure 8. Hurdles in following NFL-SRQ3.

The third research question was designed to probe at the perceived confounding or enabling reasons behind utilizing food label information while making routine dietary decisions. What are some possible reasons NFL may or may not be a practice by AAW who are obese? For SRQ-3, I asked five interview questions. The questions were directed toward nutritional practices (past and present). Participants were asked to articulate if NFL information was important to incorporate into grocery shopping, meal preparation, and dining-out experiences. The major theme of SRQ3 was the hurdle to overcome in following NFL as a lifestyle practice (Figure 8). Lack of understanding and lack of time re-emerged as the underlying themes for RQ 3 as well.

Several perspectives of the women were articulated regarding their nutritional behaviors associated with NFL. For most, incorporating NFL meant accountability of facing truths that may have resulted in their gaining weight. The majority of the participants (70%) related their lack of utilizing NFLU information to lack of understanding the need of the practice (Figure 8). Others related to the lack time to focus on such details. A new theme that emerged in this context was eating habits. Eating habits were considered an obstacle by 10% of the women in considering to read food labels.

P1 exclaimed:

I use coupons sometimes. Mixing the reading of coupons and food labels for me would be difficult. Too much to think about at the same time, not to mention the small print. I would really need an understanding of what the labels means, and how the information on the label improves my eating habits.

P3 talked about loving sweets:

I have diabetes. The amount of sugar that is in food I am supposed to control.

That is why I will make a list, but if its food I like and the grandchildren like pizza rolls and Chex Mix, I'm going to grab a bag because we love them.

Other women felt eating healthy all the time would deprive or restrict them to foods that taste good. P9 stated, "I am going to make a better effort to improve my eating habits. However, if I use food labels, I have to understand the information." P9 goes on to say, "If there's something that I really like at this particular restaurant, cause I'm kind of a creature of habit...I'm not really good at changing my choices." The finding uncovered hurdles to overcome regarding nutritional habits practiced at the current stage in the AAW life. Several women expressed NFL might restrict the meals and foods they enjoyed. Also, busy lifestyles kept them from a dedicated relationship with the use of NFL. Making time to attain the skills and practice NFL use was not articulated like an urgent task even with participants' being obese.

P5 shared:

I think knowing ahead of time this is not fattening, and then sometimes you find out the calories in something and you're like, WOW, not what I thought. I would have to sit back and tell myself that this is what I'm going to do; buy the meal I want versus letting the information change my mind. I haven't gotten to that point yet. If I'm getting a burger and some fries, then I already know that it's loaded. P5 mentioned, "I am concerned about the weight that I have gained over the

years...It is an issue I need to face. I just have to get myself into the practice of doing something about it.

P6 described similar thoughts:

“I eat out a lot. I try to be mindful of what I eat, but not being a menu planner. I don’t know how to incorporate nutrition information I know is helpful to losing weight. Mm, that a hard one. I can check the food labels and look at menu information, but I would have to do research to see what is in the food I’m eating, so I can see if the calories are low.” I don’t know what would motivate me...I hate to say that.”

Major Theme: SRQ4: Avoidance of NFLU

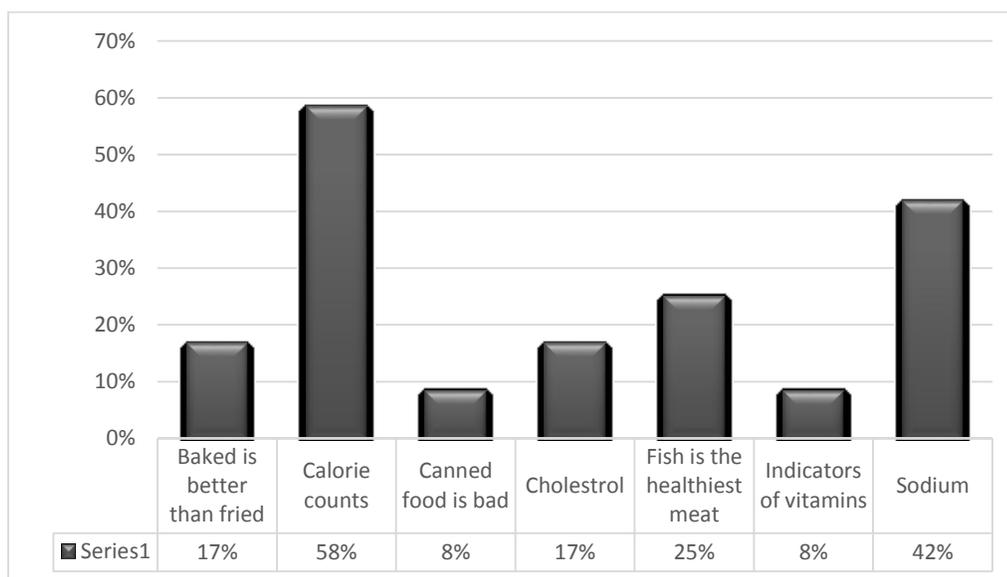


Figure 9. Avoidance of NFLU.

The fourth research question was aimed at exploring how the participants would approach reading food labels if they were asked to do so. How would obese AAW interpret NFL relationship to the nutritional behaviors they practice? Participants

answered six interview questions. The questioning explored the perception of AAW regarding their dining-out practices considering NFL information on dining out menus. Several studies identified the association between nutrition, obesity, and the chronic diseases that subsequently can adversely affect one's health and livelihood (Hieke & Taylor, 2012; Millender, 2014; Velardo, 2015). The dynamics of AAW interpretation of nutrition fact on the menu were critical elements in the study. As the study unfolded, it was clear that major areas of disconnect centered around understanding how to make sense of the facts printed on food or menu labels(Figure 9). The lack of appreciation for the benefit of NFLU was noticeable from the comments gained during the interviews. Almost 60% of the participants focused on calorie count without understanding the information in context with the serving size (see Figure 9). The nutrition knowledge and nutrition behaviors the women had acquired over the years revealed some personal responsibility to their obesity.

Four participants, P2, P5, P8, and P10, stated they would look at nutritional values before ordering a meal, however using the information as a reason to select a low fat, low calorie, low sugar, and low sodium meal would not be a purchase detriment.

P2 explained:

“Label reading does offer a way to know if certain foods are low in calories...at some point, I did read labels and was able to determine the calorie count, but the other information on the label, I'm sure has a purpose that I might not know how to use. The label.. fish meal looks healthy, but the hamburger meal is scary to think one meal can have that many calories and fat. Based on the information you

provided, I could be missing important information...we either don't know, but surely need to learn.”

Another perspective came from P5:

Food labels are so different; the size of them, the information on them makes it hard to want to use them all the time. The food labels would really have to improve to the point where the information is easy to determine if a food item is healthy.

P8 indicated that her busy lifestyle was her excuse for not having better eating practices:

If I eat badly for lunch, I'll eat badly for dinner because of the leftovers I bring home. I would love to be more focused, more structured, but using food labels to do it requires understanding percentages and what that means to my diet. At least I learned from you that I could actually eat another piece of fish looking at these labels. I need to take what the label say to heart, but during the normal week, it would be difficult.

An upward of 40% of the participants demonstrated a similar approach toward the sodium component of the food labels provided (Figure 9). According to P10, “anytime you have canned stuff, they have to put a lot of sodium in it to keep it.” P1, P4, P6, and P9 shared sodium concerns. P9 shared, “It doesn't surprise me that the fish dinner sodium is much lower...I know the hamburger and fries is full of salt.”

To gain further insight into the avoidance of NFL, P10 talked about juicing as a way to avoid using food label information although she indicated she had knowledge

about them because she had to watch her sugar. Only a few participants had something to say about the sugar content in the menu labels. P2 exclaimed, “I think carbs are sugar and the hamburger meal has a total of 61 grams...way too much.” P8 said, “I see that coke. I would drink it knowing it has a lot of sugar in it.”

P10:

I’m aware of the labels, but I don’t plan a meal based on a food label. I would need more information on the facts of why I need to read the food labels because I know a little bit about nutrition from years ago, and um, everyday living, learning what’s good for me and what’s not good for me. The label examples you showed me was helpful cause as a pastor’s wife church members are always baking cakes and cookies, and I never know how much sugar and fat they have...even though they are usually so good.

The minor theme from this question centered on “not knowing.” About 25% of participants described the fish meal as a better meal choice, however, the enjoyment of dining-out was the priority. Even through some participants ate out up to six times a week, nutritional values when dining-out meals was acknowledged as an awareness that some foods are not as nutritious as others, but not as much a concern for the participants in this study.

Not Knowing

When participants were asked about dining-out practices, most, except one P4, waived about menu labels in context with their predetermined mindset about the

healthiness of dietary practices. Almost 15% of the responses demonstrated a concern about the cholesterol indicators. Over 40% felt sodium was a potential health concern.

Effects of Nutritional Health Awareness

The structure of the interview questions in the study were framed around nutrition literacy and nutrition behavior associated with the rise in obesity within the baby boom population of AAW. Appreciative to the courageous AAW, who examined their lived experiences in a personal way and shared their perceptions about the positive and negative aspects of NFL in their grocery shopping experiences, during meal preparation, and nutritional attentiveness while dining out. The benefit of this study was strengthened by the use of a qualitative methodology whereby the voice of the participants provided the building blocks for the themes that emerged on NFLU as one strategy to cultivate change in practice on nutritional health in this populace. Also, the study findings underscored there is an urgency for nutritional facts to display clear nutritional information so all consumers that read them understand their foundation (Collings & Bogue, 2015; Velardo, 2015). All the participants were aware of food labels attached to grocery items. Most of the AAW had noticed nutritional information while dining out, but the majority stated because of their busy lifestyles, paying attention to the NFL would not be a priority unless the content of the fact panels were easily viewed at the shelf level. Taking food items on and off the grocery shelves to read the labels were too time consuming and likely would not happen on a regular basis without obvious changes to the current design.

When the question was asked about dining out, P1 stated, “I just want to enjoy my meal and not worry about how many calories and how big the serving size is or how much fat is in the meal.” P5 stated, “ I enjoy eating out. It is something I do a lot, so let me enjoy my food without counting calories or fat.” When participants were asked about the three meal label examples shown, every AAW were surprised at the amount of calories and fat, sugar and sodium in the Whataburger meal (Appendix K). Participants mentioned other dining-out eateries. However, all the participant stated they would enjoy their meal away from home and not monitor the nutritional values of the items they ordered.

The AAW felt that if they had a deeper understanding of how to incorporate food and menu content information into their lifestyle routine for improved nutritional health. They could visualize their self-efficacy increased based on their acknowledgment of self-regulatory behavior engrained from deep-rooted nutrition practices. When the understanding of cognitive concerns and nutritional behavior that center on unhealthy nutrition practices are assessed. All but one participant stated they planned to incorporate what they understood from this study experience.

The women shared many reasons why their nutritional health was difficult to maintain even if it were established. New nutritional practices to include NFL were challenging based on confusion, time, habit, knowledge, and mindset. Each women used descriptors to describe their nutritional health. Words articulated were poor (P1, P3), medium rare (P2), not the best, not the worse (P5), bad (P6, P8,); very low (P9), sporadic (P10), okay (P11), and fair (P12). P4 was the only participant that declared her nutritional

health was pretty good (See Table 2). Over half of the participants voiced the lack of NFL use was mostly related to the confusing panel verbiage and congested food label with small print.

Most of the AAW felt that their dining-out experiences should be enjoyed and not determined by nutritional facts. While some women stated they might have glanced at the nutritional values, if it was available on the menu, asserted their taste buds determined their menu item ordered and not how many calories, fat, sugar, and sodium was a part of the meal. They considered nutritional fact information healthful, but the urge to enjoy a meal away from home superseded nutritional value. Most concerning, regardless of the themes exposed in this study, consuming high caloric, high fat, high sugar, and high salt meals are the foundation for chronic health issues. It is worth mentioning that although understanding NFL is a step toward healthier eating practices, some of the AAW had limited self-regulation skills embedded to increase self-efficacy qualities.

Altering current nutrition practices to address the lack of knowledge and behavior practices concerning their year's lived-experiences was uncovered by the ambivalence of wanting to do better, but lifestyles and busy schedules were often hindrances. Figure 10 depicts the connection between the SCT (self-efficacy and self-regulation) and NFLU. Self-efficacy and self-regulation were key constructs gleaned from Bandura's SCT theory (Bandura, 2001). Bandura elaborated that when knowledge is attained, it equals behavior realized (Bandura, 2001). According to Bandura (2001), the understanding of knowledge gained by an individual is the stimulus for behavior adaptation, which over time increases self-efficacy and self-regulation skills and actions.

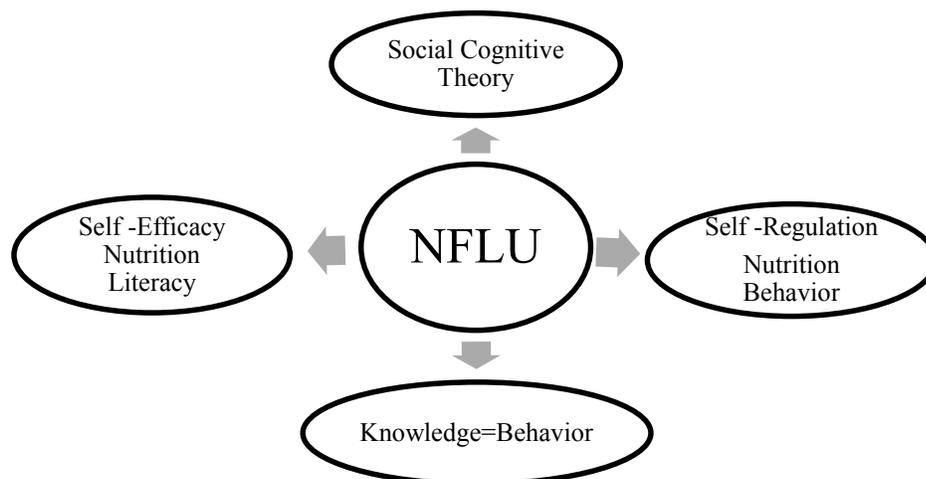


Figure 10. The connection between the SCT (self-efficacy and self-regulation) and NFLU.

As a final point, all discoveries gained from the study participants were assumed to have contributed to their obese state. Discoveries from this study also illuminated that nutritional health is not necessarily associated with participants understanding NFL content, although most found the knowledge eye opening specifically when they compared the label information on the three meals, Whataburger, Wolf Chili, and Fish dinner meals. They were astounded by the high calorie and fat content on the serving size of the food label examples. Despite the information on the meal examples, dining out was considered necessary, especially after long working days, but admitted careful considerations would be given to the fast food menus with high calorie and fat content. Cultural southern eating patterns can affect AAW with obesity. How behavioral patterns are shaped associated with meal planning had to be considered during this study. Nutritional practices in African-American communities have developed over generations, which could breed future obesity problems to the future generation. Finding nutritional

health practices that tie into southern eating was a high priority for the majority of AAW that participated in the study. Dealing with the reversal of obesity in AAW lacked attention within the literature; including nutrition literacy and nutrition behavior as constructs to understand NFL benefits' to nutritional health. The research study, "*The Influences of Nutritional Food Label Understanding in AAW with Obesity*" was conducted to gain a retrospective and current interpretation from AAW to the essence of the lived-experience on the practicality NFLU.

Discrepant Findings

This study uncovered several discrepant findings. Some AAW admitted their embarrassment on the knowledge they thought they knew concerning NFL content. What some considered misunderstood information of food labels was their knowledge deficit. I shared discrepant findings from P1, P4, P7, P10, and P11.

P1 talked about her aspiration to eat better. She explains, "Eating better would improve my health and weight." However, when asked to describe healthy eating and the benefits associated with healthy eating, she felt that the greatest benefit occurred during her childhood because someone else was responsible for preparing her meals. She stated, "I understand that healthy eating is good for me because all of my life before I got grown, I ate healthily."

P4 was the only participant who declared her nutritional health was very good. P4 explained:

My understanding of healthy eating is eating from the four basic food groups three times a day, and if you need to snack, snack within boundaries, don't overdo it at any point... I avoid sweets and half the time I don't eat what I cook.

P4 talked about her knowledge on the four basic food groups but did not eat most of the things she cooks. P7 verbalized the importance of calorie counting.

P7 explained:

But to do it as a lifestyle would be based on a health problem that would force me to make strict changes. I have high cholesterol. If we (talking about her husband) decide to try to lose some weight, that's when we would focus on trying to eat nutritious meals.

During the interview session, P7 talked about her high cholesterol. It was hard to pinpoint if she considered hypercholesterolemia a health problem. Heike and Taylor (2013) linked low literacy skills with knowledge deficits of nutrition labels and health problems. Constructing healthy food choice behaviors requires self-ownership to attain skills attributed to nutritional health and subsequently leads to self-efficacy and self-regulation actions (Bandura, 2001; Hieke & Taylor, 2012).

P10 indicated she was very knowledgeable about nutrition and healthy eating, but when asked about her nutritional health she stated, "I'm half-way where I want to be...I'm juicing, just started today." She further stated, "I don't do food labels...never paid much attention to the labels because what I eat is usually repeated many times."

There appeared to be disconnected understanding to her current nutritional practices and

her state of obesity. “Avoiding fried stuff“and not reading food labels was contrary to her perceptions of understanding of healthy eating.

P11 discussed her busy schedule as the reason it was difficult for her to read food labels while grocery shopping and paying attention to calorie information while dining out. Her health conditions, she mentioned, “because of my high blood pressure and borderline high cholesterol, I have to watch my sodium.” To know the sodium amount in food items, this participant would have to consult the nutritional label, which was not a result during the interview session.

Summary of Findings

In summary, Chapter 4 presented the findings based on the qualitative analysis from 12-face-to face interviews from AAW born during the baby-boom era. The findings were exposed, and themes were discovered by a concentrated exploration of the data. The data was analyzed using a deductive and iterative process, which Miles et al. (2014) consider being essential for making inferences and drawing conclusions. The responses to the interview questions and an analysis of the data obtained in this research study highlighted a significant need for the study population to embrace an overall appreciation for NFL into their nutritional practices. The understanding could yield long-term nutritional health outcomes because their knowledge and behavior will match their actions while grocery shopping and dining-out.

Minor themes that emerged about NFL use during the analysis of data were (a) boring, (b) medical need, (c) impacts looks, (d) restricted diet, (e) have a reason to break a habit. The participants did not feel that the time involved reading NFL equated to

healthy eating. Counting calories instead of enjoying a meal, especially when dining out was not something most of the participant were willing to consider.

Chapter 4 reported the findings of the study using themes derived from the AAW in-depth interview sessions. NVivo software was a productive way to analyze the data and form patterns and theme presented in this study. I utilized the data to address the research questions, using many quotes from the participant interviews. Further, I found it important to share discrepant findings based on how participants articulated their perceptions on NFLU; some of their comments were contrary to how they answered some of the interview questions. I felt it was important to highlight these comments, which corroborated that although some AAW stated they understood the importance of NFL information, their years living with obesity and eating behaviors, revealed a different reality recognized during the data collection phase. Chapter 5 will offer an interpretation of these findings, report on the limitation of the study, discuss the implications for positive social change and conclude with recommendations for future research and the importance of the research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to understand the influence of NFLU on AAW with obesity. A qualitative interpretative phenomenological analysis(IPA) approach supported the fulfillment of in-depth, rich and thick data that uncovered the phenomenon of nutrition literacy and nutrition behavior regarding healthier food choice at the grocery store and while dining-out. The research study was motivated by the necessity to examine and explore NFLU connectedness to nutritional literacy and nutritional behavioral with AAW. In the literature, the obesity rates are alarmingly higher in the baby-boom era of AAW (Adult obesity, 2013; Colby & Ortman, 2014; Ogden, Carroll, Kit, & Flegal, 2013).

The knowledge gained from 12 AAW on NFLU offered an insightful view on the nutritional practices that might had potentially influenced their obese state. Nutritional literacy and that might translate understanding into nutritional behavior engagements played a role in the lived-experiences of their nutritional health. One woman in the study had additional concerns of as she aged; her vision and lack of their ability to comprehend and process NFL information were realities of the baby-boomer generation. P1 was concerned about her vision. One observation made during the interview sessions were 7 of 12 women wore glasses. The participants that wore glasses may not have voiced the concern regarding their vision, but it could potentially be a factor in the avoidance of NFL use. NFL is written in varied sizes based on the item size. Efforts to read the fine print and challenged by the calculations to determine nutritional worth might also deter

food label use for the AAW. The overall findings from the study brought a realization that a holistic approach to nutritional health is essential.

The perspective Bandura's SCT brought into this study centered on the thought that individuals possess a self-system that occupies the whole being (Bandura, 1986). When cognition and behavior efforts are challenged and then recognized, the outcome can be increased self-efficacy and ground self-regulation skills (Bandura, 1986, 2001). The research questions were intended to trigger a retrospective and current awareness of nutrition practices. The awareness provided the AAW insight into their nutritional health behaviors. Bandura (2001) explained that how individuals become self-regulated had a lot to do with the ability to control and reinforce behaviors that influenced their level of self-confidence to succeed.

Research has acknowledged the importance nutritional health had on reducing various risk factors associated with obesity. Life-altering conditions have affected many lives. Elevated cholesterol, heart disease, hypertension; gall bladder disease, sleep apnea, and some cancers are problematical (CDC, 2014b; DiNoia et al., 2013; Mastin et al., 2012; Rowe et al., 2011; Sutherland, 2013; Walker & Gordon, 2014). Nutrition knowledge has been associated with health literacy, which suggests education is essential to positive and lasting behavior changes (Gills & Chapman-Novakofski, 2014; Spronk et al., 2014). This study highlighted the important role that nutrition literacy and nutrition behaviors may influence dietary risk factors associated with obesity in AAW. The study further suggests that regular use of nutritional facts at the grocery store and while dining-out for nutritional health effectiveness is multi-layered (Dimitri & Rogus, 2014).

New Changes to Nutrition Facts Label

The blended conversation about making healthy food choices from consumers within communities and nutritional health experts have brought an awareness to NFL content. Attention around nutritional health has received increased attention over the past few years. The FDA has recently reported on the new facelift of NFL, after 20 years (FDA, 2015). Changes include (a) refreshed design, (b) updated information about nutrition science, (c) serving size requirement and (d) compliance date requirements (FDA, 2015). Manufacturers will have until July 2018 to comply with NFL requirements (FDA, 2015). This is helpful information for AAW in that the new food label look may encourage the population of this study and other consumers to view NFL as a routine practice. The refreshed design includes font size increase and bolding text for calories and serving size wording. The decision to enhance NFL was based on information consumers felt would help them visualize nutritional information and how foods are consumed. Further, serving size will display a realistic reflection of how much an individual eats in one setting (FDA, 2015).

Nutrition science researchers have addressed added sugar and actual amount of vitamin D, calcium, iron, and potassium and the removal of Vitamin A and C will occur. The type of fat, which is more important for monitoring obesity and risk factors (FDA, 2015), replaces calories from fat. Footnotes will explain how much nutrients contribute to a daily intake (FDA, 2015). Serving size and labeling requirements of what people eat is the new rule. Multiple labels will be required if manufacturers produce items for “per serving” and “per package”/ “per unit” basis (FDA, 2015). According to the FDA (2015),

these changes positively affect the public health concerning nutrition practices. In this study, many of the new changes in the refreshed food label design were concerns of the AAW with the current design of NFL of this study.

P1 said, “Trying to understand the information takes extra effort. You can’t pronounce half of the information, but you set there, and you try, but it’s just not understandable.” P5 stated, “The main ingredient information in food items should be visible...that would be the motivation to use food labels.” P7 goes on to say, “since time is a factor for me, it would be helpful to see all the information at a glance...that would be helpful for me.” P12 expounded, “Most of the labels I think the general populous is not clear about what labeling is, and the nutrition value mean on labels.”

Interpretation of the Findings

The five research questions introduced into this study addressed the influence NFLU had on AAW who are obese and how nutritional literacy and nutritional behavior can guide the decisions AAW made concerning a nutritional choice (See Table 2). In comparing this study to existing literature, the findings found that having an appreciation and the time to invest in NFL were hurdles to long-term use of NFL. Although the aspiration to address their obese state was consistent, without a simplified, user-friendly fact panel, most AAW would avoid their use versus consulting them.

The lack of attention given to NFL as a short-term strategy documented in Chapter 2 demanded exploration that examined ways of reversing obesity. Nutrition literacy and nutrition behaviors were two perspectives possible in optimizing nutritional health in this population. It became obvious after interviewing the AAW the benefit of

NFLU was clouded by what they thought they understood (cognition) and how that understanding operationalized on nutritional health behavior. All the women based on their responses valued their nutritional health; however, individual demonstration of actual practices (the past and present), affected their dietary choices.

One participant shared her healthy eating was linked to her childhood. The literature has documented that healthy eating is important across the lifespan and practiced would be seen in adulthood with identified self-regulation skills, such as self-monitoring (Collings & Bogue, 2015; Flegal, Carroll, Kit, & Ogden, 2012; Teixeira et al., 2015). Her current nutritional behaviors and habits that developed as an adult appeared to supersede her upbringing.

Nutritional information has been available to AAW to make healthy food choices. In a society where obesity is a continual problem in AAW, NFL information, according to the participants in this study, stressed that food labels need clear content and visually assessable. Reading the NFL information from the shelf would encourage their use.

The FDA has echoed the same thought. As of May 2016, the FDA concerning NFL announced recent changes to food label panels ("Nutritional Facts Label, 2016). Recently, the new nutrition facts' label resulted from the updated scientific information that linked obesity and chronic disease to nutrition ("Nutritional Facts Label," 2016, p. 1). This important element was an attempt to help consumers, like AAW in this study, to make better-informed and healthier food choices.

Participant Realization of NFL

Several AAW admitted their embarrassment on the knowledge they thought they knew regarding the written information on NFL in the grocery store. Misunderstood information on NFL was connected to the knowledge deficits AAW verbalized. How to calculate the amount of calories, fat, sugar and sodium in relation to portion size was confusing. The study discovered that P1, P3, P4, P9, P10, and P12 indicated they had some knowledge about food labels content; however, when questioned about how they would determine the number of calories per serving; they failed to look at the total serving size to determine total calories. Several AAW, P5, P6, P9, and P11 did not link portion size to the calorie information with the food labels provided (Appendix, I, J, K) during the interview sessions. Also, when preparing a nutritious meal, a few AAW stated they would use NFL facts as a guide.

As P5 reported, “I understand healthy eating. I do not think it is difficult; but when you cook for the family, it’sis to make enough food for everyone.” P6 stated, “I would prepare what was readily available in my home. Chances are, I have made the meal before. It is more important to have enough food to feed my family than what a label reads.” P10 explained, “I know about nutrition, so um; I would know what to prepare for everyday living because I have learned what is good and what is not good for me.”

The importance of portion size when viewing NFL is one method to control calories, fat, sugar, and sodium (Zhang, Kantor, & WenYen, 2016). It was evident that participants were not focused on that section of the food label. According to Zhang et al.

(2016), there is widespread misunderstanding about serving size, suggesting the need for clearer NFL or enhanced education efforts (p.181). When the NFL examples were provided, none of the participants referred to the portion size to calorie amount. Portions size are directly related to the caloric value of a complete food item packaged (Hieke & Taylor, 2012; Velardo, 2015). One of the food labels had six servings in the package with 250 calories per serving. Many participants failed to verbalize the calories /portion ratio on the food label shown during the interview session. With six servings at 250 calories per serving, had the food item been consumed, the participant would have eaten 1,500 calories in one meal (See Appendix I).

Participant Realization of Dining-Out

Several of the AAW indicated no real interest of caloric values or portion size information when dining out. Dining-out was considered a time to enjoy their meal with family and friends. It was not a time to worry about calories or how much food they consumed. Dining-out was a break away from the kitchen; a time of enjoyment, eating meals that they would not normally had purchased grocery shopping. P1 mentioned, “Honestly, I would rather just enjoy my meal...sometimes I just want to eat without worrying about how many calories are in the food.”

P2 beamed:

I may try to keep a healthy eating framework. My mind thinks healthy when I am out eating, but my eyes and taste buds are on a different page when I see the menu. I will usually go for what I like versus the things that are just low in calories, so the use is limited.

In a study conducted by Hammond, Lillico, Vanderlee, White, and Reid (2015) participants reported looking at nutritional information, and some reported nutritional information influenced the choice they made in their meal which validates the NFL information is helpful for individuals with poor eating habits. P3 and P10 emphasize NFL information is good to know, however when dining-out, the focus would not be on nutritional information as much as enjoying a good meal.

P 3 articulated:

I have no relationship to calories and the nutritional value at the restaurant; I usually order what I want to eat...and I don't think about calories or the nutritional value if I order something, my goal is to eat half of it and try to take half with me.

Participant 10 explained:

When I go out to eat, calories or what is in the food is not a priority. Enjoying my meal is what I set out to do. This is not to say I would not pay attention to the calorie information; I have looked at the information on occasion, but when I go out to eat or 'whatever' I plan to eat it full of calories or not. Eating out should be fun, not full of pressure to eat the lowest calorie meal in the restaurant.

The reality of the above comments highlighted the importance of introducing healthy dietary patterns early in the life cycle like NFL that may limit poor dietary habits later in life (Hammond, Lillico, Vanderlee, White, & Reid, 2015; Zhang et al., 2016). Understanding decisions about nutrition behavioral suggested they were ingrained; although from a personal perspective, most AAW desired to benefit from understanding

nutritional health information. The availability of nutrition information while dining-out may be marginalized based on the lived-experiences and the struggles AAW had to incorporate lifestyle changes attributed toward defeating obesity. Bandura states (2001) change does require mindfulness and motivation to alter human behavior; however, an essential reality is that latent action causes a retreat to old ways if external behaviors do not monitor inner forces. Nutritional practices that would govern decisions concerning NFL need commitment and sacrifice that involved self-efficacy and self-regulation connection (Bandura, 2001; Hieke & Taylor, 2012; Velardo, 2015). Increased awareness about nutritional health will likely be a lifelong journey that affects every consumer in some way (Hammond et al., 2015). Moustakas (1994) stated the approach needed to arrive at new realities of lived-experiences is ongoing and slowly achieved.

Summary

In summary, key findings revealed AAW expressed a limited appreciation for the use of NFL. The appreciation declined even further when associated with dining-out experiences. The study exposed a realization that linked nutrition literacy and nutrition behavior influenced nutritional practices. The study revealed that food purchased at the grocery store or consumed while dining-out, AAW in this study shared very similar perspectives; NFL were rarely considered while grocery shopping and hardly considered while dining-out. The lack of NFL use was the norm in this study. Participants shared many reasons nutritional information use was inconsequential. One participant discussed dining-out on a special occasion (Mother's Day) however; nutritional information was not a consideration. For a large majority of participants in this study a deliberate effort is

crucial for NFLU. Nutritional information at any juncture (i.e., grocery shopping or dining-out) should embrace the lived-experiences of all. Parenting our nutritional health over time invites a consciousness on understanding nutrition content.

The study further uncovered the AAW had vague understanding and short term behaviors that impacted NFL compliance. Most of the women verbalized the development of long-term dietary practices that, by their own admission, may prove challenging to overcome. Even for the women who talked about health needs fell short of a commitment to embrace NFL as a lifestyle. The women considered the use of NFL restricted to food choice. P8 stated, “ the practice is easier said than done.” Even with the information shared about the prevalence of obesity in AAW, self-efficacy and self-regulation affirmation was limited. This point was consistent with previous findings in the literature that suggested to change ingrained nutritional habits targeted strategies are needed for successful outcomes (Dimitri & Rogus, 2014; James, 2013). It was apparent from the conversations with the women; it would take continual encouragement to appreciate NFL use for the identification of nutrient-dense foods. Stressing the benefits provided to nutritional health may influence foods purchased and consumed over time. All 12 AAW had some understanding of NFL; however, understanding was unsuccessful in its translation into an oath directed toward the use of NFL for obesity awareness and current habits and behaviors.

With the update from the FDA on NFL information, the new design and panel facts will have more effects on purchase intentions while grocery shopping, meal planning, and dining-out. Due to the complexity of human behavior, it may continue to

be a challenge to change behavior based on knowledge attainment. Providing the understanding of NFL is one factor in breaking habits associated with nutrition. However, this study has many important features that provide an opportunity for growth and development in nutrition perception.

Limitations of the Study

The study had several limitations that merit mentioning based on possible influences that affected how the findings were interpreted (Huberman & Miles, 1994; Simon, 2011). First, a purposeful approach was used to obtain study participants. By using this method, also called a convenience sampling approach, recruitment was age-specific, culturally limited, and geographically detailed. The study only considered AAW, who were obese, born during the baby-boom era (1946-1964), residents and churchgoers within a specific zip code (77477) that self-reported their weight. Such specifics could have created a level of prejudice due to the lack of randomization (Brown & Gould, 2013; Miller-Soederberg & Cassady, 2015; Robinson, 2015). Interpretations of results are limited to the study group during this research venture.

Second, the methodology could be considered a limitation. Nachmias and Nachmias (2008) suggested that although quantitative studies can achieve statistical significance and use power of analysis to determine an adequate sample size (Rudestam & Newton, 2015), the qualitative method used in the study invited participants to express their perceptions of their lived-experiences on understanding NFL in words. Qualitative methods search for understanding about the phenomenon under study. Subjective responses in qualitative methods is a limitation that could bias the outcome of the study.

Nutritional health and obesity topics can often arouse sensitive feelings, including guilt and shame, especially if past attempts at weight loss had failed.

The hesitancy to offer honest responses on nutritional habits and behavioral experiences might be withheld during face-to-face interviews (Agyemang & Powell-Wiley, 2013; James, 2013). Hence, the advantage of a quantitative study over qualitative study is that it removes the researcher from personal contact, and the study population can be generalizable (Robinson, 2015). Research studies done in the natural setting create replication dilemmas over which control is limited.

The third limitation was the size of the sample used for the study. The study was limited to 12 AAW. The sample used for this study is a small percentage to the AAW population in Fort Bend County, Texas, and not representative of the total AAW population of this county. Because of this, transferability of the findings are subject to individual interpretation of the study to link the study to lived-experiences on nutritional literacy and nutritional behaviors.

Fourth, the acknowledgment of the researcher's perceptions was essential to the study finding. In a qualitative study, biases can influence the conclusions of the study. Bracketing was an important piece of this study to maintain a cognitive awareness of personal reflections. Without this step in the study process, trustworthiness might be questioned with qualitative approaches (Strauss & Corbin, 1990). Despite the limitations to the study, it is important to help AAW understand the implications of cognitive and behavior pursuit of nutritional healthiness.

Overcoming the limitations above through future research could be achieved by approaching the study using a different design or methodology. Instead of using a convenience sampling approach, conducting a quantitative study with population randomization using a blind survey with a larger populace categorized by statistical outcomes of trends or impact of an intervention. Whereas saturation is the benchmark for a qualitative study, blind survey responses would lessen biases and perhaps yield a numerical justification about nutritional literacy and nutritional behavioral.

Many researchers have noted there are no rules for sample size in qualitative studies; however, it remains a topic of conversation among the scholars (Patton, 2002; Robinson, 2015). For the credibility, the trade-off might be based on conducting a quantitative study randomly assigning groups for a specific intervention to be tested. This type of method can isolate whether an assigned treatment was effective or influenced by internal or external factors. Last, the researcher's experiences with the topic of nutritional understanding and nutritional behaviors needed addressing because of personal struggles with obesity and some insight into other that struggle with nutritional health choices. Without this acknowledgment, the propensity for this study to be worthwhile would have been limited. Personal experiences on nutritional health and the struggle with obesity as the researcher were important to acknowledge. By participating in a phenomenological research methodology, it afforded the opportunity to be present in another's experience and capture the essence of AAW. In conclusion, by offering a basic understanding of perceptions of AAW as it related to NFLU, the findings offer some insight into how AAW with obesity perceived their lived-experiences.

Recommendations for Further Research

Although prior research inquiry produced worthwhile approaches, much more needs to be discovered about the effectiveness of nutritional literacy and nutritional behavior related to NFLU. The findings from this study addressed the gap found in the literature to the lack of attention given to NFLU for as a strategy for confronting the epidemic of obesity in AAW of the baby-boom generation. The study revealed the need for further research to explore ways to engage AAW to marry NFL when grocery shopping and when dining-out. The complexity of human behavior and habit will require years of study to expose a better understanding of how built-in behaviors are changed. NFLU can be part of the resolution to healthy food selection; however, food labels must offer clear interpretation, larger print, and shelf level views of multiple items for comparative shopping. These avenues must be explored deeper for the consumers' sake and public health.

The dining-out nutrition labeling that was implemented by the enactment of the Patient Protection and Affordable Care Act(PPACA) attempted to address obesity rates for all population levels (Dimitri & Rogus, 2014; Edwards-Corby, 2012). The nutritional clause on nutrition labeling in dining-out restaurants can be found in Section 4205 of the PPACA; its enactment was a forward move to inform consumers for the perceived potential benefit by providing caloric and nutrition information supportive of fighting obesity (Edwards-Corby, 2012). This area of study has become increasingly important, as the busy lifestyles of consumers have resulted in dining-out more, and prepared meals at home have lessened. Despite persons eating out more, ($N=4.4$) times a week in this

study) nutritional health does not have to be compromised. For consumers to notice and take advantage of nutritional information that could ultimately influence meal choice, it has to be easy to comprehend and readily available (Hammond et al., 2015). This statement was contrary to the population of this study. The role nutrition information may had played with AAW dining out was ineffective. Nutritional information were mostly disregarded. Edwards-Corby (2012) argued the purpose of providing information is to assist consumers in maintaining healthy dietary practices (p. 7). Despite the current behaviors and habits of the study population, Guthrie et al. (2015) encouraging behavior change is the approach that is important to develop and promote healthful practices; realizing nutritional information may not always be the deterrent to changing or improving food choices. Nutrition behavior will always be about choice; influenced lifestyle and lived-experiences. Greater allegiance to improved nutritional practices while dining-out will likely build from the individual level as motivation increases, nutritional information will effect decision-making about healthy food choice and obesity rates in AAW of this study.

The rate of obesity in the AAW baby-boom population is critical and requires a stiffer analysis into ways to influence nutritional accountability for life-long results (Edwards-Corby, 2012; Hammond et al., 2015; Hieke & Taylor, 2012). The AAW, who agreed to participate in this study, demonstrated a desire to improve their nutrition health.

P5 stated:

I know eating a lot of fat is not a good thing. When you showed me the menu label examples, right away I knew the fish dinner meal was the better choice; I

have to practice picking more choices with fewer fats and calories. P8 talked about her fight within herself about meal choices. She mentioned:

If I start off eating bad for lunch and save some of my meals, then I eat bad for dinner. I try to start off making healthy food choices, but falling back on old habits happened so quickly. I guess that is why I'm fat.

P12 explained in her words:

A lot of foods I eat have just too many empty calories, no nutritional value at all, so if I want to work on a healthy weight and lifestyle longevity, those are important facts I have to consider since I know I have high cholesterol. I need to work on getting it down.

AAW on nutritional health forms deeper analyses into how the attainment of commitment is activated based on behavioral awareness would be a topic for future research. A quantitative methodology and possibly a dissimilar age group of other populations may share a statistical perspective data for strengths and weakness in nutritional health. With this in mind, it may be possible to change a population's nutritional health by understanding the role literacy plays with behavioral aspects that influence the obstacles they may perhaps face.

Implications Positive Social Change

The potential for positive social change within the AAW populace concerning nutritional health is great. Due to the lack of substantial literature, available regarding the understanding of the cognitive and behavioral association of NFL content is the contribution this study will add to the current body of literature. Nutritional health is

essential for social change because it can affect real-life experiences associated with healthy nutritional practices. The health of AAW living with obesity in our society should have the opportunity to gain an awareness to the importance of NFL. Portion size, calorie amount, fat, sugar, and sodium are all key components of nutritional health. Practitioners are social change agents and expected to break down obstacles that impede positive nutrition and health outcomes.

The impact of positive social change commands a transformation from various avenues. Individual, community or society are not exempt from influencing or participating in opportunities that improve nutrition health outcomes. The advantage of understanding nutritional knowledge attached to NFL is decision-making choices about the direction of healthier food selections when grocery shopping and dining-out. As an agent of change, engagement into social change actions starts with sharing information that is essential to empower and bridge gaps that might help to improve nutrition practices near and far. Further, stakeholders must be willing to go into their communities and help to ensure consumers understand NF content and how it applies to nutritional health. They should also lobby for grocery stores to have clear and concise NFL that identifies healthful food items for the encouraging nutrient-dense foods. Identifying behaviors associated with nutritional habits can support AAW in new ways of nutrition decision-making. An individual's motivation to change their nutritional practices because of knowledge attainment can fuel social change action in communities and ultimately influence nutritional health globally. This study has shown that human behavior is learned overtime and challenging to modify, however, change to the nutritional practice

of individual behavior could eventually change the trajectory of obesity rates in AAW. The understanding of NFL has the propensity to improved nutritional health, and this becomes a benefit to society. The desire to use the knowledge gained from this research project is for the greater good of humanity and as a social change agent within society.

Conclusion

This qualitative study was conducted to heighten and bring awareness of the essence of NFLU in AAW with obesity. Understanding the importance of NFL is an essential component of nutritional health in society. Phenomenology was the framework in the study and served as the rationale to understanding the lived-experiences of AAW and the emphasis they placed to those experiences. Food labels have a long history. The United States have been required nutritional facts on packaged foods for several decades (FDA, 2015). The purpose of NFL has been to inform consumers about the nutritional value of the food they purchased at the grocery store and consumed while dining-out. AAW appropriately shown how to understand NFL facts could be the motivation necessary to achieve nutritional health and weight reduction.

Participants in this study verbalized the skills they felt would assist them to concentrate on healthy eating practices using NFL as a guide. Skills that the participants felt essential were willpower(P1), math(P2), know-how(P3), preparation(P4), mind-set(P5), motivation(P6), preplanning(P7), organization(P8), commitment(P9), self-control(P10), planning(P11), and math savvy(P12). Behavioral effects might not take place without acknowledging the realities of these perspectives. Many AAW from this study acknowledged the need to improve their nutritional habits. They further admitted

nutrition information was a helpful way for making healthy food choices. Their biggest hurdle was the decisions to put NFL into practice. The women had limited motivation to incorporate NFL into their lived-experiences although there was perceived interest to change nutrition behaviors.

The purpose of this study was to determine if NFLU is a plausible strategy to combat obesity in AAW. It is documented throughout the literature how obesity threatens the future of Americans. As a population, AAW must become motivated to improve their nutritional health for the prevention of obesity-related risk factors. The AAW validated self-discipline was an important element to reverse long-term behaviors. The route that led to unhealthy eating behaviors contributing to obesity is not impassable for any person. The literature has produced vast amounts of research on the factors that influence behavior and food choice (e.g.; price, supermarket location, culture, time restraints), but decisions based on habits need circumventing and replaced with purposeful nutritional choices (Dimitri & Rogus, 2014). Changing nutritional practices could be considered enormous but not an impossible achievement if understanding NFL grows into a self-conscious effort.

This study argues that the valuation of nutritional cognition and nutritional behavior be a necessary step to understand the essence of AAW living with obesity. This study uncovered NFL use were connected to cognitive and behavioral constructs. Self-efficacy and self-regulation operate best when decision-making capacities are realized and attached to lifestyle shift toward the selection of healthier foods at the point-of-purchase and while dining-out. The findings from this study established that maximizing

lifestyle modification skills for AAW required cognition to increase self-efficacy and ground self-regulation behaviors related to understanding NFL content. Some participants suggested label information had to be identifiable with the shelf level. Taking various food items off the shelves to compare calories or fat content, for example, was too time-consuming.

The reality is reversing the trajectory of obesity in AAW of the baby-boom era will require diligence on an individual, community, and societal level. Nutritional literacy and nutritional behavior as constructs to improving eating patterns may be less complex and lead to a positive lifestyle and behavioral modification if explained in an understandable fashion. The theoretical foundations of the study were significant to Bandura's SCT, which focused on self-efficacy, and self-regulatory performance. The efforts that address nutritional health will continue to be vital in African-American communities and especially AAW. There are dietary behavior paradigms can be reconditioned one AAW at a time. Change is possible if individuals have a cognitive awareness for the importance of nutritional health. Self-efficacy and self-regulatory behavior will increase because AAW would have acquired the skills to implement new behaviors.

The study aimed to understand NFL use in AAW and what motivated them to develop long-term healthy consumption practices. Eating behaviors develops over time, and in general; most are not taught to use NFL while grocery shopping or evaluate a menu with nutrient values content while dining out. The latter, menu labeling on dining-out menus is a fairly new phenomenon since the Patient Protection and Affordable Care

Act (PPACA) of 2010 mandated that calorie content be added to menu boards of dining-out establishments. Since starting this project, the FDA has revealed the new nutrition label guidelines from scientific information that may assist in new practices for society.

The implications for the advancement toward social change were demonstrated by the findings of this study. The lack of appreciation and awareness of what one understands about nutritional health grocery shopping or dining-out based on ingrained behaviors dictates actions associated with nutritional health practices. Removing the veil of time restraints and busy lifestyles to help AAW understand it takes time and effort to attain healthy eating practices. It will be the responsibility of AAW to modify their behaviors suggestive of nutritional health accomplishments. Further, it will take individuals, community activists, political leaders, nutritionist, and nutrition agencies uniting to keep the emphasis on obesity resolutions and lasting nutritional health interventions (Dimitri & Rogus, 2014; Hieke & Taylor, 2012; Miller-Soederberg & Cassady, 2015). The effort will take time, but the cost savings that are possible from the decline in obesity-related complications are worth the challenge.

Many life-long nutritional habits were shared during this study. Many participants stated their nutritional habits they would be hard to break. The importance of the study centers on the AAW in this study and their acknowledgment of poor eating behaviors that led to obesity. This acknowledgment starts the conversation toward change processes necessary to focus on improved nutritional habits. When self-behaviors are identified, time is needed to nurture new behaviors and put them into practice, grocery shopping and while dining-out. Healthy nutritional practices become the investments against obesity-

related health conditions. Going forward, the impact of NFLU hinges on nutritional literacy and nutritional behavior addressing purchasing decisions.

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Appendix A: Consent Form

CONSENT FORM

Dear Prospective Participant:

You are invited to participate in a research study about “*The Influence of Nutritional Food Label Understanding (NFLU) in African American Women with Obesity*” born during the baby boom era. I am inviting African-American women between the ages of 51-64 years of age who have been obese for at least 1 year and live in Fort Bend Country, Texas. I am seeking participants that residence in the zip code of 77477 for the study. You must be able to speak, read, and write in English and be the primary grocery shopper of the resident. This form is part of a process called “informed consent” to allow you to understand the study before deciding whether to take part.

A researcher named **Cynthia J. Hickman**, who is a doctoral candidate at Walden University, will conduct this study.

Background Information:

The purpose of this study is to understand the perceptions obese African-American women may have on the “*Influences of Nutritional Food Label Understanding*” as an approach to help obese African-American women make healthier food choices while grocery shopping and meal preparation. African-American women in the baby boom era have the highest obesity rates in the United States.

Procedures:

If you agree to be in this study, you will be asked to:

- Sign a form called “Informed Consent.”
- Participate in face to face interview sessions lasting between 45 minutes to an hour
- Agree to allow the interview session to be audio recorded to transcribing purposes only
- Participate in the interview session at Willowridge Missionary Baptist Church, 2302 S. Main St. Stafford, Texas
- Self-report year of birth

Here are some sample questions:

How might you describe your perception (understanding) of healthy eating?

How would you incorporate food labels in your grocery shopping experience?

What information on the nutrition food label do you feel is important and why?

Once interviews are transcribed, the data will be provided to the participants for any clarification or correction. The data collected will be reported in a 1 to 2 page summary of the dissertation which this researcher will make easier available to you, either in the church bulletin or on the church website. A link to the website will be made available to you to read the summary.

Voluntary Nature of the Study:

This study is strictly voluntary. Everyone will respect your decision of whether or not you choose to be in the study. If you agree to be a part of the study, you can change your mind at any time. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later and withdraw at any time without any negative impact on you as a volunteer participant. I am recruiting for a minimum of 12 volunteer participants and a maximum of 20 volunteer participants on a first come selection process; however, please note that not all volunteer participants that show an interest in the study will not be selected or contacted.

Risks and Benefits of Being in the Study:

There is minimal risk to participate in this study. As with activities of daily living, the interview process may be tiring, cause fatigue, or some questions may be upsetting; however it is important that you let the researcher know if you need to take a break or want to stop the interview completely. Note that this study involves a two-way conversation and would not pose risk to your safety or wellbeing. The benefits of the study will likely have no direct individual benefit. However, benefits to society can be life changing with nutritional food label understanding. The citizens within the society making healthier food selections can improve nutrition health overtime.

Payment:

I will award a thank you gift to the volunteer participants. Potential participants will get a \$10.00 Starbucks gift card as a thank you for their participation. I will give out the gift card before each interview. Volunteer participants that agree to participate and later withdrawal during the interview process from the study will be able to keep their gift card.

Privacy:

All face-to-face interviews will take place behind a locked door. All information you provide for the study will be confidential and passcode-secured. All equipment used during the study, the laptop computer, audio-recorder, and external storage will be maintained in a secured locked cabinet in my home office. As researcher, there is no conflict of interest as a Walden student. I will be the only person with access to the research information and equipment. This researcher will not use or share with any personal information. This researcher will not include your name or anything else that could identify you in the study reports (pseudonym only). Participants are never asked to waive any legal rights. Walden University requires all data kept for a period of 5 years; after which all data associated with this study, I will destroy at a secure waste recycle licensed agency.

Contacts and Questions:

The principal researcher of this study is **Cynthia J. Hickman**. My contact information is cynthia.hickman@waldenu.edu or (713) 569-5294. You are encouraged to ask any questions you have before, during or after the interview. Should you have any additional questions regarding how this research is being conducted or if you want to talk privately about your rights as a participant, you are encouraged to contact The Walden University's Research Department and speak with Leilani Endicott, Ph.D., Director, Office of Research Integrity and Compliance Chair, Institutional Review Board; leilani.endicott@waldenu.edu (612-312-1210) concerning more on your rights. You will receive a copy of this form to keep for your records.

University Approval Number:

Walden University/Institutional Review Board approval number for this study is 05-09-16-0124156 and it expires on May 8, 2017.

Thank you in advance for your participation. It is my hope that this study will improve the nutritional health of African American women as well as other populations and communities.

Conflict of Interest:

None

Obtaining Your Consent:

If you feel you understand the study well enough to make a decision to participate, indicate that you have read the above information. I have asked questions and received answers. I consent to participate in the study called “Influences of Nutritional Food Label Understanding on Obese African American women” conducted by Cynthia J. Hickman.

Printed Name of Participant _____ Date _____

Signature of Participant _____ Date _____

Signature of Investigator _____ Date _____



Please return consent form via electronically after signing and **placing initials in the box**. Thanks

Appendix B: Doctoral Research Study Participant Search

Doctoral Research Study Participant Search

Dear Prospective Research Participants,

My name is Cynthia J. Hickman. I am a Ph.D. candidate in the College of Health Services at Walden University. I will be conducting a research study on “*The Influence of Nutritional Food Label Understanding (NFLU) in African American Women with Obesity*” in Fort Bend County, Texas. I am seeking obese African-American women to interview face-to-face.

Requirements are:

- African-American Women
- Reside in Fort Bend County, Texas; Zip code 77477
- Obese past one year
- Born in the baby-boom era (1946-1964)
- Primary grocery shopper of the resident
- Speak and read fluent English

Participation in the study is strictly voluntary. At any time during the interview, you (the participant) can withdraw if you feel uncomfortable with the research study at any time without penalty. The interview will last between 45 minutes to one hour. Participants identify will be confidential when the research results are reported.

I have permission to conduct this study by the Institutional Review Board of Walden University. The approval number is **05-09-16-0124156** and it expires on **May 8, 2017**.

If you agree that, you meet the requirements listed above and want to become a participant, please contact me using the information below.

Thank you,

Cynthia J. Hickman, Ph.D. Candidate
Walden University: College of Health Services
cynthia.hickman@waldenu.edu
Mobile: 713-569-5294

Appendix C: Research Study Flyer

**Doctoral Research Study-Seeking Potential Participants****The Influence of Nutritional Food Label Understanding (NFLU) in African American Women with Obesity****Criteria:**

<i>African-American Women</i>	<i>Residence of Fort Bend County, Texas Zip 77477</i>
<i>Obese past one year</i>	<i>Born in the baby boom era(1946- 1964)</i>
<i>Primary grocery shopper of the resident</i>	<i>Speak, read, and write in English</i>

If interested in participating in this study:

Contact: Cynthia J Hickman, Ph.D. Candidate
cynthia.hickman@waldenu.edu
713-569-XXXX

**Institutional Review Board Authorization is 05-09-16-0124156 and expires on
 May 8, 2017.**

Appendix D: Letter of Cooperation

Letter of Cooperation from a Research Partner

April 1, 2016
Willowridge Missionary Baptist Church
2803 S Main St.
Stafford, Texas 77477

Dear Cynthia J. Hickman, Doctorate Candidate of Walden University,

Based on our conversation and review of your research proposal, I give my permission as senior pastor for you to conduct your participant interviews on the study entitled “The Influence of Nutritional Food Label Understanding (NFLU) in African American Women with Obesity” at Willowridge Missionary Baptist Church.

Thank you for sharing the University Approval Number:

Walden University/Institutional Review Board approval number for your study -05-09-16-0124156 and it expires on May 8, 2017.

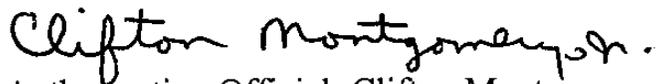
I understand that you will be collecting raw data for research purposes associated with your dissertation project. I understand that the data collected will remain entirely confidential and in your possession. At the completion of your participant’s interviews, you as the researcher (Cynthia J. Hickman) will be responsible for the raw data of your participants. I understand that potential participants will be informed that their willingness to be a part of your study is voluntary and without coercion. You mentioned flyers would be available to introduce your study. I will allow you to place the flyers in the church bulletin for recruitment purposes.

You have my permission to use the church building for your research interviews. You may have access to any classroom on the educational wing. They will have tables and chairs for your use. They all have door locks to maintain the privacy you need during interview sessions. I understand no church personnel will be necessary because you plan to hold interviews during hours of operation. You and the participants will have access to the ladies' restroom. You are welcome to bring snacks and bottled water for your participants. I understand you will give your participant a \$10.00 Starbucks gift card with a thank-you note.

I understand that you will make available to the study participants a 1-2 page summary of the research results that will make up the final dissertation project. I will also allow you to post a web link on the church web page so study results will be readily available to all study participants.

I am authorized to approve for you to conduct your research interviews at the Willowridge Baptist Church. I trust that you will comply with your university's institutional review board IRB policies.

Sincerely,

A handwritten signature in black ink that reads "Clifton Montgomery, Jr." with a stylized flourish at the end.

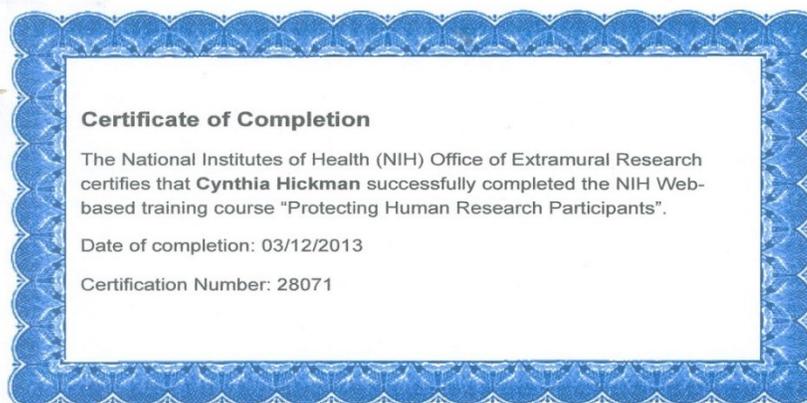
Authorization Official: Clifton Montgomery, Jr., D. Min., Senior Pastor

Contact Information: Phone (708) 522-4715 E-Mail pastorclift@gmail.com

Appendix E: National Institutes of Health Certificate

Protecting Human Subject Research Participants

Page 1 of 1



Appendix F: Central Research Question and Interview Questions

CRQ: How does NFLU impact meaning to the obese state of AAW in FBC, Texas?

1. How would you describe your nutritional health?

Interview Questions

Subquestions

RQ1: How beneficial will NFLU be to obese AAW?

1. How might you describe your perceptions/ understanding of healthy eating?
2. How might you describe your perception/understanding of food labels at the grocery store?
3. What would it take to read food labels while shopping for a period of six-months?
4. How would you describe your relationship between meal planning and using food labels?
5. How would you describe your relationship between point of purchase (PoP) at restaurants and calorie information on menus?

RQ2: What skills would be helpful for obese AAW to achieve for NFLU to be a plausible intervention for combating obesity?

1. What steps might you take to change your nutritional habits to include taking the time to read food labels?
2. How would you incorporate food labels in your grocery shopping experience?
3. How would you incorporate calorie information in your restaurant experience?
4. What would motivate you to read food labels while grocery shopping?

RQ3: What are some possible reasons NFL may or may not be practice by AAW who are obese?

1. What information on food labels do you feel is important and why?
2. How do you prepare for grocery shopping? Please describe a shopping experience in as much detail as you can remember.
3. How do you prepare for restaurant eating? Please describe a restaurant selection and eating experience in as much detail as you can remember.
4. Think about a day where you had to grocery shop to prepare a quick meal. Did you read any food labels? Why or why not?
5. What skills do you perceive as important to incorporating food labels as a lifestyle behavior?

RQ4: How would obese AAW interpret NFL in relationship to the nutritional behaviors they practice?

1. How would you determine if you are preparing a nutritious meal? Please, explain your response?
2. What are your perceptions on the NFL on the three items provided?
3. What are your perceptions on the calorie content for the three items provided?
4. What are your perceptions on the fat content for the three items provided?
5. What are your perceptions on the sugar content for the three items provided?
6. What are your perceptions on the sodium (salt) content for the three items provided?

Appendix G: Obesity Support

Obesity Support

National Center for Chronic Disease Prevention
and Health Promotion
Health information and resources

Address

1600 Clifton Road Atlanta, GA 30329-4027
800-CDC-INFO (800-232-4636)
TTY: (888)232-6348

Nutrition & Food Hotline

Web <http://www.eatright.org>

Toll-free (800) 877-1600
Hours 24 hours a day, every day ONLINE

Address

Academy of Nutrition and Dietetics
120 S. Riverside Plaza, Suite 2000
Chicago, IL 60606-6995

Supplemental Nutrition Assistance Program (SNAP) Nutrition Education

Texas

Toll-Free:(877)541-7905 or (877)787-8999

Mental Health America of Fort Bend County:

Behavioral Health Resource Guide
Call Crisis Hotline 713-HOTLINE
Texas 24-Hour Community Center Crisis Hotline
(800)633-5686

Self Help Resources If You Are Not In Crisis

Family Services Fort Bend County
Fort Bend County, TX
Telephone: 281-238-3502

Fort Bend County Women's Center (281)342-4357
www.fortbendcouncil.org - 281-207-2400

Eating Disorders

National Eating Disorders Association
Information on eating disorders and referrals for
treatment.
Toll-free Hotline:(800) 931-2237

Nutrition Hotline

The free Nutrition Hotline connects you directly to
our registered dietitians.

Toll-free Hotline: (800)843-8114

Note: This list of resources will be provided to any
participant who expresses anxiety or concern with the
topic matter from the beginning, during, or end of the
interview session of this research project.

Appendix H: Confidentiality Agreement

Confidentiality Agreement

Name of Signer: Bayliss Consulting Services

During the course of my activity in collecting raw data from the audio-recorder and transcribing raw data for the research entitled: “The Influence of Nutritional Food Label Understanding(NFLU) in African American Women with Obesity” for the principal researcher, Cynthia J. Hickman, a Ph.D. Health Services student attending Walden University; I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential and that improper disclosure of sensitive information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement, and I agree to comply with all the terms and conditions stated above.

Signature:

Date:

Appendix I: Wolf Brand Chili Meal Facts

Wolf Brand Chili Nutrition Facts

Serving Size 1/2 cups



Servings Per Container 6

Calories	250	Sodium	240 mg
Total Fat	8 g	Potassium	0 mg
Saturated	10g	Total Carbs	35 g
Polyunsaturated	0 g	Dietary Fiber	5 g
Monounsaturated	0 g	Sugars	5 g
Trans	0 g	Protein	10 g
Cholesterol	10 mg		
Vitamin A	50%	Calcium	15%
Vitamin C	70%	Iron	8%

*Percent Daily Values are based on a 2000-calorie diet. Your daily values may be higher or lower depending on your calorie needs

Appendix J: Fish Dinner Nutritional Facts

Fish Dinner Nutritional Facts



Serving Size 1 Pouch

Serving Per

Container 1

Calories	200	Sodium	115 mg
Total Fat	3 g	Potassium	0 mg
Saturated	1g	Total Carbs	35 g
Polyunsaturated	0 g	Dietary Fiber	3 g
Monounsaturated	0 g	Sugars	1 g
Trans	0 g	Protein	37 g
Cholesterol	85 mg		
Vitamin A	10%	Calcium	6 %
Vitamin C	100%	Iron	8%

*Percent Daily Values are based on a 2000-calorie diet. Your daily values may be higher or lower depending on your calorie needs

Appendix K: Whataburger Meal Facts

Whataburger Meal Nutrition Facts



Serving Size 1

Serving Per Meal 1

Calories	1,330	Sodium	1,820 mg
Total Fat	52 g	Potassium	0 mg
Saturated	14 g	Total Carbs	61 g
Polyunsaturated	0 g	Dietary Fiber	5 g
Monounsaturated	0 g	Sugars	8 g
Trans	1 g	Protein	30 g
Cholesterol	65 mg		
<hr/>			
Vitamin A	0%	Calcium	0%
Vitamin C	0%	Iron	0%

*Percent Daily Values are based on a 2000-calorie diet. Your daily values may be higher or lower depending on your calorie needs

Appendix L: Member Checking Letter

Member Checking Letter

Dear (Participant),

Once again, I want to express my appreciation for the time you have taken to participate in the research study for my dissertation. I appreciate your willingness to share your lived-experience regarding "*The Influences of Nutritional Food Label Understanding in African American Women with Obesity.*" Walden University/Institutional Review Board **approval number for your study -05-09-16-0124156 and it expires on May 8, 2017.**

I hope your experience with participating in the study was enjoyable.

Enclosed is a written copy of the interview transcription. Please review the entire transcription. Please check to see if I, during our time together, captured your voice and experiences on the research topic. Please contact me by phone, or email to confirm whether you find the transcription to be an accurate account of our interview. If I left out anything, please feel free to add comments and further elaborate on your experience in the email or call back to me.

If I do not hear back from you after 3 days, I will assume the transcription is satisfactory. Again, thank you for sharing your experience.

Respectfully,

Cynthia J. Hickman
Walden University
Email: xxxxxx.xxxxxxx@waldenu.edu
Cell Phone: 713-xxx-xxxx