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# Social Influences of Suburban Black Residents Food Purchasing Decisions Using SNAP Benefits

Carolyn McCummings  
*Walden University*

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# Walden University

College of Health Sciences

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Carolyn McCummings

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Walden University

2018

Abstract

Social Influences of Suburban Black Residents Food Purchasing Decisions Using SNAP

Benefits

by

Carolyn Viola McCummings

MPH, Walden University, 2012

BS, Hofstra University, 1986

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

May 2018

## Abstract

In low-income, suburban Black communities, the prevalence of diet-related chronic illnesses is alarming. Various influences often increase diet-related illnesses among this population. One influence is the use of SNAP benefits to purchase food. In this study, the influences of SNAP as well as other influences affecting food purchase decisions among the study population was examined. A qualitative multicase study approach was used and, face-to-face interviews were conducted, to understand the experiences of 20 low-income, current recipients of SNAP who were Black and lived in suburban, New York. The data indicated the most significant influences, communicated by the participants, was that children in the household had a great deal of influence over food purchases. This was followed by health issues and concerns of those in the household and, the SNAP benefit amount. The study results shed light on multiple issues faced not just with buying food, but with trying to buy healthy food on a SNAP budget. The findings are consistent with previous studies which suggest food choices are often influenced by personal and cultural ideals, and controlled by present income, family structure, the health of family members. The study findings also support Bandura's conceptual framework which believes before changes in behavior can take place, factors that can possibly influence behavior must be considered. In conclusion, providing guidance for both public health and social service providers on the influences that effect behavior among specific populations may impact social change and lead to greater success in the prevention of diet-related chronic illnesses.

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## Dedication

This work is dedicated to all those who struggle each day to feed themselves and their families, nutritious foods. This work is also dedicated to the young lady who inspired me to look for answers about why some communities continue to be at risk and how continued research can help alleviate health disparities.

## Acknowledgments

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## Table of Contents

List of Figures .....	vii
Chapter 1: Introduction to the Study .....	1
Background.....	2
Statement of the Problem.....	4
Purpose of the Study .....	5
Research Questions.....	5
Theoretical Framework.....	5
Nature of the Study .....	7
Operational Definitions.....	8
Assumptions.....	10
Scope and Delimitations .....	11
Limitations .....	11
Significance of the Study .....	12
Summary.....	12
Chapter 2: Literature Review.....	14
Introduction to the Literature Review.....	14
Literature Search Strategy.....	15
Theoretical and Conceptual Framework.....	16
Dietary Patterns Influencing Black Men and Women’s Health.....	18
Social and Cultural Influences .....	22
Environmental Influences .....	25



The Suburban Environment .....	26
The Public Assistance Program: A Brief History of SNAP .....	28
Influences of SNAP .....	32
Literature Review: SNAP, Blacks, and factors influencing food selection.....	33
Need for Research.....	36
Summary .....	37
Chapter 3: Methodology .....	39
Introduction.....	39
Rationale for Research Design.....	40
Research Questions.....	44
Role of the Researcher .....	44
IRB Approval.....	45
Methodology .....	45
Research Setting.....	45
Participants.....	49
Sample Recruitment.....	50
Data Collection Procedure .....	51
Screening Survey .....	52
Photo Observation.....	52
Semistructured Interviews .....	53
Compensation .....	54
Instrumentation and Materials .....	54

Triangulation.....	55
Issues of Trustworthiness.....	56
Ethical Procedure .....	58
Data Analysis .....	59
Summary.....	60
Chapter 4: Results .....	62
Introduction.....	62
The Research Setting .....	65
Demographics .....	66
Data Collection Process .....	67
Recruitment.....	67
Population and Sample .....	68
Sample Profile Summary .....	69
Data Collection .....	69
Photo Observations .....	71
Participant Profiles.....	73
Data Analysis .....	83
Data Coding .....	83
Triangulation.....	83
Evidence of Trustworthiness.....	86
Credibility .....	86
Transferability.....	86

Dependability .....	87
Confirmability.....	88
Summary of Trustworthiness .....	88
Findings.....	89
Theme 1: Illness and Health Issues Influence Food Selections and Purchases.....	96
Theme 2: Children in the Household Influence Food Selections and Purchases.....	97
Theme 3: SNAP Benefit Amount Influence Food Selections and Purchases.....	98
Theme 4: Illness and Other Health Concerns is the Motivation for Purchasing Healthy Food Items .....	100
Theme 5: Eating Healthy is Important and is a Motivation for Purchasing Healthy Foods .....	101
Summary.....	101
Chapter 5: Discussion, Conclusions, and Recommendations.....	104
Introduction.....	104
Interpretations of Findings .....	105
Theoretical and Conceptual Findings .....	111
Limitations of the Study.....	112
Recommendations.....	113
Implications for Social Change.....	115
Conclusion .....	117

References .....	119
Appendix A: Screening Survey .....	132
Appendix B: Use of Photo for Research Project Release Form .....	133
Appendix C: Interview Questions.....	134
Appendix D: Interview Script.....	135
Appendix F: Information Flyer .....	138

## List of Tables

Table 1. A Comparative Look at County Poverty Levels.....	8
Table 2. Influences Impacting Food Purchasing Decisions.....	95
Table 3. Motivating Factors Guiding Food Purchases.....	96

## List of Figures

Figure 1. Site A. Stop and Shop located at 132 Fulton Ave, Hempstead, NY .....	50
Figure 2. Site B Compare Foods located at 1551 Straight Path Ave, Wyandanch, NY ....	50
Figure 3. Bandura’s social cognitive theory (SCT) .....	65
Figure 4. Social ecological model (SEM).....	66
Figure 7. Photo observation at Stop and Shop.....	75
Figure 6. Photo observation at Compare Foods.....	76
Figure 7. Common influences.....	94

## Chapter 1: Introduction to the Study

In suburban regions such as Long Island, New York, there is often a mistaken belief that all residents experience the protective social influences associated with food choices, diet, and nutrition. Long Island, New York, is considered one of wealthiest places in the United States, as well as one of the most expensive places to live (Nassau County Government, 2014). At the same time, this suburban region, consisting of two counties, Nassau and Suffolk, has areas of low-income communities whose residents have lower socioeconomic status and disproportionately suffer from chronic illness and poor health outcomes (Nassau County Government, 2014; Suffolk County Government, 2014). These low-income communities are predominately communities of color where Black women are considered at highest risk for being overweight or obese (Centers for Disease Control and Prevention, 2013). Within this population, many low-income Black residents receive Supplemental Nutrition Assistance Program (SNAP) benefits, which is a federally funded program that offers nutrition assistance to millions of eligible, low-income individuals and families (United States Department of Agriculture, 2015). These individuals make decisions on food purchases, and their decisions have an impact on diet and eating patterns that may affect health outcomes for them personally and their family members.

Included in Chapter 1 are the background for the study, including aspects of low-income suburban communities, key influences with regards to diet and food purchasing, the problem statement, the purpose of the research study, the theoretical framework, the

nature of the study, key definitions, and the significance of the study including the potential for positive social change.

### **Background**

Research has suggested that if individuals improve their overall diet and eating patterns, it would be considered an important step towards encouraging better health and reduce chronic illness. (Acheampong & Haldeman, 2013). Although this suggestion may be helpful as a general recommendation, it may also be important to consider the social influences that contribute to diet and food selections as well as the population subgroup (Fish, Brown, & Quandt, 2015). It is also wise to consider the region where the subgroup is located and understand the overall impact that might also have on behavior. One early study examined diet and nutrition in the United States more than a 100 years ago and noted there are key influences, both economically and culturally, associated with the development of food habits and among certain individuals or cultures (Dirks, 2003). Today, in an era overwhelmed with chronic illness and morbidity related to poor diet and obesity, especially among minorities, these social influences continue to affect diet related patterns (Swanson, Schoenberg, Davis, Wright, & Dollarhide, 2013). Another study indicated that minorities who live in lower income neighborhoods, often have less healthy eating habits due affordability (Wilcox, Sharpe, Turner-McGrievy, Granner, & Baruth, 2013). This notion may be directly associated with families who rely on a limited monthly SNAP benefit to purchase food and this benefit is not enough to buy what may be considered healthy (Wilcox et al., 2013).



Although researchers have conducted several studies to examine issues related to food access in urban communities, very few researchers have examined suburban communities in areas like Long Island where sufficient access to fresh produce and other healthy options is likely (Patton, 2010). Although urban areas may have some similarities to suburban areas with regards to food choice and diet-related illness, there could be social influences specific to living in a suburb that have not been studied. Specific research on the social influences among Black residents who live in suburban areas, and make food purchase decisions using SNAP benefits, may provide further insight into the decision-making process and particularly how social program benefits affect the decisions made among this group.

The subject of diet-related health outcomes in the United States has become part of a growing national effort to reduce health disparities (Centers for Disease Control and Prevention, 2013). Although concerns exist about the entire U.S. population regarding diet and healthy food choices, members of minority groups are of concern since they are more likely to be subjected to social influences on decisions leading to negative health outcomes (Centers for Disease Control and Prevention, 2013). I conducted this study to expand on prior research by examining the social influences among Black recipients of SNAP who live in suburban communities on Long Island. In this study, I examined how social influences affect decisions to buy food among this group and the role that SNAP might play in decisions on food choices. Previous researchers have not considered these aspects together. Lastly, it is essential to look at the relationship of diet, obesity, and

chronic illness impacting minority groups and consider combining social services and public health efforts to help to impact social change.

### **Statement of the Problem**

In neighborhoods that are considered low-income, including many Black communities, the prevalence of diet-related chronic illnesses, including Type 2 diabetes, various cancers, high blood pressure, heart disease, and obesity, is alarming and the eating habits and diets of the residents do not necessarily meet the recommended dietary guidelines (Sutherland, 2013). Black men and women are considered at highest risk for being overweight or obese in the United States, which is a problem that contributes to numerous health issues (Sutherland, 2013). Furthermore, various multifaceted social influences may increase diet-related disparities among minority populations. These influences include, but are not limited to, individual, environmental, social, cultural, and behavioral characteristics (Fish et al., 2015). One social influence, according to Cannuscio, Tappe, Hillier, Buttenheim, Karpyn, & Glanz (2013), is that low-income neighborhoods frequently have a smaller number of supermarkets or other places to purchase healthy foods. Another social issue in communities of color is that many individuals and families receive SNAP benefits to buy food. This means recipients must make food purchase decisions based on a limited budget and, in some cases, having inadequate access to healthy foods. These decisions and influences may eventually impact health outcomes.

### **Purpose of the Study**

The purpose of this study was to examine how Black residents in two minority communities on Long Island approach the task of selecting foods to buy using their SNAP benefits, the social influences affecting their decisions, and factors affecting buying healthy foods.

### **Research Questions**

The questions guiding this study are twofold:

- What are the social influences impacting food purchasing decisions among suburban Black residents of Long Island, New York who buy food using SNAP benefits?
- What are the motivating factors guiding food purchases when shopping for food with SNAP benefits?

### **Theoretical Framework**

In public health, theories and models support explanations of behavior and suggest how one might develop more effective ways to influence behavior change (Glanz & Bishop, 2010). Growing evidence indicates that public health interventions need to be based on social and behavioral science theories to produce a more effective way of preventing various diseases among groups (Glanz & Bishop, 2010). Certain theories may provide modern-day perspectives which stress the notion that there are multiple causes that determine health behavior and health outcomes (Glanz & Bishop, 2010). These frameworks include the social cognitive theory (SCT) and the ecological model (Glanz & Bishop, 2010). The public health community must include social theories more now than

ever and incorporate information regarding how culture, environment, economic status, and social programs impact behavior.

There is an array of socioeconomic and cultural explanations of what influences food purchases and how individuals ultimately decide on what to eat (Fish et al., 2015). Theoretical frameworks that focus on components within the cognitive, socio-environmental, and behavioral sphere of influence often look at interactions, behaviors, and attitudes toward aspects of an issue such as food selection (Fish et al., 2015). SCT is an example of a theoretical framework that gives emphasis to the importance of elements within the cognitive, socio-environmental, and behavioral sphere of influence (Bandura, 1977). The theory suggests that human functioning is viewed as the product of personal, behavioral, and environmental influences (Bandura, 1977). SCT offers a concept to address issues of the food environment as well as other influences by examining various socioeconomic and cultural impacts within a community (Bandura, 1977). In one study regarding psychological influences on health behaviors, Hardcastle, Thøgersen-Ntoumani, & Chatzisarantis (2015) found that elements such as intentions and perceived behavioral control were linked to healthy behavior. Hardcastle et al. also found evidence to support the idea of social and environmental influences being related to eating patterns. SCT in this study presents a theoretical base for health behavior related to a decision-making process that is influenced by the social environment as experienced by a group. For example, a behavior such as food shopping influenced by the food environment as well as other shared influences like socioeconomic status (SES) or social program benefits. The theory is socially supportive and offers positive encouragement for social

change among individuals (Anderson-Bill, Winett, & Wojcik, 2011); therefore, as the study moved forward, some participants may have thought about how to positively use their influences, within their environment, to make better decisions (Bandura, 1977).

The social ecological model (SEM) helps with an understanding of factors that affect behavior as well as provide direction for developing programs (Glanz & Bishop, 2010). SEMs stress multiple levels of influence with the idea that behaviors are shaped by the social environment (Bronfenbrenner, 1979). The main beliefs of the various SEMs are consistent with SCT concepts, which suggest that creating an environment favorable to change may assist with adopting healthy behaviors (Bronfenbrenner, 1979). The attitude, social norm, self-efficacy model offers the notion that dietary behavior is a function of three cognitive factors: attitudes, social influence, and self-efficacy (Bandura, 1998). An incorporation of these cognitive factors along with the behavioral and environmental aspects that influence behavior is part of the framework for this study (Verstraeten et al., 2014). The combination of these frameworks may assist in understanding aspects of psychosocial elements such as food purchasing and eating patterns, as well as understanding why people may not eat the way standard guidelines for health suggest that they do (Ball et al., 2009).

### **Nature of the Study**

I used a qualitative phenomenological multiple case study approach to provide a viewpoint of the suburban Long Island Black resident who receives SNAP and makes food purchase decisions when using SNAP. The study offers a contextual picture from accounts and opinions collected through discussions and observations focused on

individual experience and actions regarding eating patterns, shopping habits, and food purchases. This approach expands previous research by taking into consideration the social influences of this population and examines how these influences impact decisions when this group shops for food using SNAP benefits. The multiple case study approach supported the exploration of differences within and among the participants with the goal of finding similar experiences among the population (Starman, 2013). Associations were connected regarding healthy eating beliefs, eating patterns, and choices made when the participants shopped. Additionally, observations and decisions made while shopping were triangulated using the data from notes and photographs of the observed intended purchases, final receipts from the purchases, and statements collected during interviews. This approach assisted in providing a conjectural understanding of social influences that may have led to final purchase decisions.

### **Operational Definitions**

For the purposes of this study, the following terms are defined:

*Eating pattern:* represents the totality of all foods and beverages consumed (Office of Disease prevention and Health Promotion, 2015)

*Electronic benefit transfer (EBT):* An electronic method by which SNAP benefits can be accessed using a Common Benefit Identification Card (CBIC) and Personal Identification Number (PIN). The CBIC can be used at EBT participating Automatic Teller Machines (ATMs) and Point of Sale (POS) terminals including grocery stores and supermarkets (New York State Office of Temporary and Disability Assistance, 2016)

*Food desert:* Parts of the country or a community, usually located in low-income areas, lacking fresh fruit, vegetables, and other healthful whole foods. This is mainly due to a lack of full service grocery stores, farmers' markets, and healthy food providers (American Nutrition Association, 2015).

*Healthy diet:* A diet involving consumption of a variety of foods that give one the nutrients needed to preserve health, feel good, and have energy. These nutrients include a balanced portion of proteins, carbohydrates, fat, water, vitamins, and minerals (Breastcancer.org, 2016).

*Minority neighborhood:* An area or neighborhood measured by census tracts in which minorities consist of 50% or more of the census tract population (GIS for Equitable and Sustainable Communities, n.d.).

*Social cognitive theory (SCT):* Theory based on the idea that individuals learn behaviors through observation, modeling, and motivation such as positive reinforcement. Some influential psychologists of this theory were N.E. Miller and Albert Bandura (Bandura, 1998).

*The Social ecological model (SEM):* Theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations (Bronfenbrenner, 1979).

*Socioeconomic status (SES):* An economic and sociological measure of an individual's or family's economic and social position in relation to others, based on

income, education, and occupation (The American Heritage New Dictionary of Cultural Literacy, n.d.).

*Social influence:* The change in behavior that is caused in relationship to the influence caused by other people or societal factors in general. Areas of social influence can include culture, environment, and community; other people or groups influence the actions, reactions, and thoughts of an individual. Social influence may be represented by peer pressure, persuasion, marketing, sales, and conformity (Asch, 1951)

*Suburban area:* An outlying part of a city or town; a smaller community adjacent to or within commuting distance of a city; the residential area on the outskirts of a city or large town (Merriam-Webster, 2016)

*Supplemental Nutrition Assistance Program (SNAP):* A federal entitlement nutrition program that is not a welfare cash assistance program (which is called TAFDC). SNAP is a program that offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities (USDA, 2016).

*Unhealthy (poor) diet:* A diet that puts one at risk of for various chronic diseases, including heart diseases, cancers, diabetes, and conditions which are linked to obesity (World Health Organization, 2016).

### **Assumptions**

The study results are based on the assumptions that the participants (a) were willing to share their personal stories both openly and honestly and without threats from any outside source (b) expressed their experiences from their own worldviews (c) agreed to have photographs taken to observe shopping selections and understood the purpose of



the observation was to gather additional information to be used as part of the research study, and (d) expressed their current shopping practices and perceived social influences, despite the possibility of being unaware how these influences may impact their purchase decisions.

### **Scope and Delimitations**

The targeted population for this study were Black SNAP recipients, ages 18-65, who make food purchasing decisions and shop for food using their SNAP benefits. The participants were residents of Long Island, New York, and lived in Hempstead, located in Nassau County or Wyandanch, located in Suffolk County. These two communities were selected because they represent communities whose residents have lower socioeconomic status and disproportionately suffer from chronic illness and poor health outcomes (Nassau County Government, 2014; Suffolk County Government, 2014). Although other black men and women who live in similar communities may experience similar viewpoints, and may have similar social influences, this study is not generalized to others because of limits to sample size and the communities selected.

### **Limitations**

There are several limitations of the research study. One limitation is the research sample and results are from one specific suburban region located on Long Island, New York. The sample may not fully represent the general population of Black recipients of SNAP who live in similar suburban areas and purchase food using SNAP benefits. Another limitation is that the nature of the qualitative study, sample characteristics, and

the use of a convenience sample creates the inability to generalize to the larger population of Black people.

### **Significance of the Study**

This study is significant because it is important to understand that the social influences of poverty exist in the suburbs (Patton, 2010). Some of the social influences have a distinct set of challenges, which include gaps in social programs and healthcare services (Patton, 2010). These challenges may also affect behaviors related to diet and purchase choices among SNAP recipients. The findings from this study will expand on prior research that has not combined these aspects together. Furthermore, it is essential to study the relationship of diet and nutrition issues affecting minority groups and consider combining social services and public health efforts to impact social change (Office of Disease Prevention and Health Promotion, 2014). Information obtained from this study may assist health and human services agencies with addressing health disparities in suburban communities and thus introduce social change by creating and applying ideas, strategies, and actions from an understanding of factors influencing behavior.

### **Summary**

Certain factors may influence food purchases among individuals who rely on social programs like SNAP (Patton, 2010). Some influences of the social environment can have numerous effects with regards to health among minority populations and among Black men and women (Patton, 2010). Previous researchers have agreed with the idea that social theories offer explanations of human behavior and describe why people choose to accept social conditions and become accustomed to the environment in which they live

(Cannuscio, Hillier, Karpyn, & Glanz, 2014). Similarly, influences such as participating in SNAP also adds a measure of economic limitation, which also impacts food choices. Research has suggested that poverty, inadequate resources, restricted choices, and food insecurity has led to poor diet practices (Cannuscio et al., 2014; DiSantis et al., 2014). Although this may be true, there is a need to further examine subpopulations most at risk for adverse health outcomes due to poor diet and the specific influences on eating patterns and food purchasing choices among the group. Furthermore, it is also important to examine a gap in the literature with regards to research about impoverished suburban communities where individuals also struggle to maintain a healthy diet and suffer from diet-related illnesses, even though they may have better access to healthy food than those who live in urban areas.

## Chapter 2: Literature Review

### **Introduction to the Literature Review**

This literature review is an exploration of prior research and topics relevant to this study including information on SNAP, suburban low-income communities, dietary patterns among Blacks, and the social, cultural, and environmental influences, affecting food choices. Dirks (2003) examined the diet and nutrition habits among individuals in the United States more than a 100 years ago and found key social influences, both economic and cultural, associated with the development of food habits among certain individuals or cultures. Current literature on this same topic has indicated these social influences continue to affect diet related patterns and certain populations are also overcome with chronic illness related to poor diet (Swanson et al., 2013). A review of the literature also revealed that most of the researchers have explored dietary patterns and influences affecting choice among those living in urban areas, but few studies have been conducted on the social influences among Black recipients of SNAP who live in suburban areas. The following literature will focus not only on the social influences which affect diet-related patterns among low-income minorities, but also on the specific social influences among Black residents who live in suburban areas and make food purchase decisions using SNAP benefits. The literature review contains an outline with a detailed alignment of the search strategies from the peer-reviewed articles that specifically focused on the following:

1. Dietary patterns influencing the health of Black men and women.
2. The Public Assistance Program: A Brief History of SNAP

3. The suburban environment
4. The social, cultural, and environmental influences that contribute to diet and food selections
5. Review of prior research on the Supplemental Nutritional Assistance Program (SNAP), Blacks, and factors influencing food selection.

### **Literature Search Strategy**

To identify potential articles, I searched the databases Academic Search Premier, ProQuest, Sage Publications, PubMed, EBSCO, Academic Search Complete, ProQuest Central, Science Direct, and MEDLINE with Full Text with the following keywords: *food stamps, SNAP, suburban, social influences, Bandura, Social Cognitive Theory, Ecological model, and Supplemental Nutrition Assistance Program*. Boolean operators, including “AND” and “OR,” were used to maximize the results of the search terms. In addition, I accessed the United States Department of Agriculture webpages for wide-ranging information about the SNAP program. The full-text electronic journal database list was the source for articles on dietary patterns among Black men and women. The *American Journal of Clinical Nutrition* provided articles pertaining to the subject of dietary patterns and dietary quality among low-income adults. In the journal databases, a basic search using various combinations of terms, such as *dietary patterns among Black men and women, SNAP influence on Black men and women, social influences among Black men and women, Black men and women who live in suburban areas, history of SNAP, social influences that contribute to diet and food selections, urban areas with regards to access, and food choice and diet related illness*, yielded the needed results. I

selected a range of articles based on the parallels in subject matter, the population studied, and the goals of each of the studies. Finally, to retrieve narrative and qualitative research articles, I searched using combinations of terms such as *qualitative research*, *case studies*, and *qualitative approaches*.

### **Theoretical and Conceptual Framework**

Some people believe that SNAP recipients are lazy and refuse to pursue higher paying jobs, thus remaining satisfied with relying on public programs and continuing a culture of poverty. Oscar Lewis (1959) defined the culture of poverty theory, stating poverty is a self-perpetuating cycle that defines the way individuals living in poverty feel, act, think, and behave based on the way the economic system is designed. Low income, the inability to buy enough food, particularly healthy food, and having no cash or other resources are characteristics of those living in poverty (Lewis, 1966). Lewis's theory is frequently taken out of context and explained as the poor choosing to live in poverty and choosing to remain in poverty. This viewpoint on poverty places the blame entirely on the individual and omits any responsibility on society, the economy, or any other influences. However, the concept of the culture of poverty may assist with understanding some behavior patterns of ethnic or regional subgroups as distinctive characteristics. Lewis studied the culture of poverty theory in terms of the relationship between the subculture and the larger society; the nature of the impoverished community; the nature of the family, and the attitudes, values, and character structure of the individual (Lewis, 1966). The theory does not, however, describe human behavior in terms of influences affecting decision making within the society.

This study was influenced by (a) SCT, the cognitive design of social learning theory that explains human behavior in terms of a three-way, dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact (Bandura, 1986); and (b) the SEM (Bronfenbrenner, 1979), which gives emphasis to several levels of influence—individual, interpersonal, organizational, community, and public policy—and the idea that behaviors come from and are formed by the social environment (Glanz & Bishop, 2010). According to Bandura (1977), environments and social systems influence social behavior through psychological mechanisms of the self-system; therefore, SCT suggests that factors such as economic conditions, socioeconomic status, and cultural and family structures do not affect human behavior directly. Instead, there is a certain degree to which these factors influence people's goals, self-efficacy beliefs, and other self-regulatory influences (Bandura, 1977). Brown (2014) examined 15 low-income Black female SNAP recipients to explore factors linked to self-efficacy that affected their dietary habits. The study was framed in SCT and critical race theory. The study findings supported Bandura's belief that before changes in behavioral could take place, factors that can possibly influence behavior must be considered (Brown, 2014). Although the study did not measure self-efficacy, the findings discovered factors that supported or challenged self-efficacy regarding dietary choices (Brown, 2014).

SEM may also assist with recognizing factors affecting behavior and provide guidance for developing theories within and about social environments (Glanz & Bishop, 2010). The model's framework for understanding is multifaceted and interactive and offers both personal and environmental factors to determine how behaviors are

influenced (Bronfenbrenner, 1994). For example, previous research has found that school policies designed to improve the school food environment may lead to improved eating behaviors among children, resulting in better dietary quality of the food eaten during the school day (Glanz & Bishop, 2010).

The purpose of using the frameworks of these social models is to use consistent concepts which suggest creating an environment favorable to change, is needed to assist with an adoption of healthy behaviors (Glanz & Bishop, 2010). Many social, cultural, and environmental influences contribute to how individuals develop patterns (Glanz & Bishop, 2010). No single influence or set of influences sufficiently explains why people eat as they do, but understanding attitudes, responses, and motivation are important individual determinants of behavior (Glanz & Bishop, 2010). Social relationships, socioeconomic status, culture, and geography are important influences that may be some of the key factors for understanding behaviors such as food shopping selections (Glanz & Bishop, 2010). One simple idea of SCT is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions (Glanz & Bishop, 2010). Bandura expanded the notion of people working together using shared beliefs and influences (Glanz & Bishop, 2010). Thus, as we research individuals and behavior, we should view them both as products and as creators of their environments and of their social systems (Bandura, 1977).

### **Dietary Patterns Influencing Black Men and Women's Health**

The subject of diet-related health outcomes in the U. S. has become part of a growing national effort to reduce health disparities (Centers for Disease Control and



Prevention, 2013). Both past and present accounts of poor dietary lifestyles and eating patterns have contributed to poor health outcomes among the U.S. population (Centers for Disease Control and Prevention, 2015). One common problem related to the way people eat is obesity, which has increased in the United States. Blacks suffer disproportionately from obesity (Boggs et al., 2011), and complications of obesity are a common contributing factor in death among Blacks and other racial minorities (Centers for Disease Control and Prevention, 2015). According to the Centers for Disease Control and Prevention (2015) some of the other common causes of death in the United States are chronic or diet-related diseases such as diabetes, cardiovascular disease, and some cancers.

Specifically, among Black men and women, diet-related health conditions are at high levels and trends in food consumption show that the population is not eating healthily (Centers for Disease Control and Prevention, 2015). For example, the number of people who are overweight or obese has grown significantly over the past three decades but the measure of how food choices align with the Dietary Guidelines Healthy Eating Index, have remained low (Centers for Disease Control and Prevention, 2015). Black men and women are likely to have worse diet quality than do whites according to two studies that prospectively looked at a measure of diet quality in relation to weight gain separately among Black participants (Boggs et al., 2015). Both studies found higher Healthy Eating Index scores were connected to those who had lower Body Mass Index (Boggs et al., 2015). This finding is in line with research which points out excessive weight, or obesity, as being recognized as a serious public health challenges even though

many people are aware that improving dietary practices is a main way to reduce the risk of chronic diseases (Centers for Disease Control and Prevention, 2015). Several studies have been done on dietary practices in urban settings where diet trends, issues related to food access, and food choice influences are specific to urban communities, but very little research has looked at suburban communities where access concerns and other influences are specific to the area (Patton, 2010).

While it may be true that urban and suburban communities may have some similarities, addressing issues of diet-related disease requires understanding why individuals have eating patterns, what influences these patterns, and the relationship to the specific environment (Story, Kaphingst, Robinson-O'Brien R & Glanz, 2008). Considerations must also be taken with regards to the role of psychological factors within the decision-making process such as perceived behavioral control and self-efficacy (Hardcastle et al., 2015). For example, examining the way people prioritize elements such as cost, nutrition, taste, and convenience when making food choices is one way to understand how individuals adopt certain eating patterns (Story et al., 2008). Social relationships, food environments, and interactions with others also influences-behavior patterns (Cannuscio et al., 2013). People who live in low-income neighborhoods where the food environment lacks healthy affordable options or nearby stores have limited choices also influence food shopping behaviors that may very well affect health and add to health disparities (Zenk et al., 2014). Cannuscio et al. (2014) studied the social dynamics of residents' health-related food-shopping behaviors in urban Philadelphia. The study revealed most of the participants developed shopping patterns based on their

limited financial resources and shopped at stores where others who seemingly had similar cultural values and income levels (Cannuscio et al., 2014). The participants also expressed they shopped at stores where they had positive experiences with store employees and others who shopped at the same location (Cannuscio et al., 2014).

Adherence to recommended dietary guidelines is a major concern in public health but, healthy eating is a key contributing factor (Pechey & Monsivais, 2016.). The U.S. Dietary Guidelines for Americans (DGA) defines a healthy diet as being associated with lower morbidity and mortality from major chronic diseases (U.S. Department of Health Department of Agriculture, 2015). Some evidence has shown that buying and eating unhealthy foods is strongly patterned by socioeconomic status (Pechey & Monsivais, 2016). A recent study conducted by Yu et al. (2015) investigated health disparities among Blacks in the southeastern region of the United States who were considered low-income and found that those who followed the DGA had lower mortality from chronic diseases, some cancers, and other diseases. The researchers also suggested there are at least two distinctive ideas related to dietary related patterns and outcomes among Blacks (Yu et al., 2015). First, diet quality is linked with certain health-related behaviors along with social and psychological factors (Yu et al., 2015). This link within low-income Black populations may suggest that disease prevention can be achieved with dietary changes, and is critical among this population (Yu et al., 2015). Additionally, the link between eating and social factors could also explain the level of disparity in disease mortality by race and SES (Yu et al., 2015). The second notion is that race, ethnicity, and SES effect food choices and dietary patterns (Yu et al., 2015). Blacks with low-SES,

especially low-income Black men, compared to whites who have high SES, have had some degree of limited access to healthy foods and tend to eat and drink foods that have poor nutrient value (Yu et al., 2015). Similarly, Brown (2014) investigated behavioral factors influencing dietary patterns of low income Black women. The research discovered that dietary practices among this group were influenced mostly by social interactions from family, friends, and the media (Brown, 2014). The participants in the study identified certain personal factors that influenced the eating patterns such as personal food preferences and desires for family or cultural foods that are often prepared using unhealthy ingredients (Brown, 2014). Additionally, only half the participants admitted having thoughts about choosing healthy foods when shopping (Brown, 2014). The findings in the study conducted by Brown (2014) suggested that these cultural and family influences may in fact be the way individuals adopt dietary habits. The study findings also suggest that influence may be passed down through generations as eating patterns, ways to prepare meals, and choices made when dining outside of the home may have been shaped by prior family traditions (Brown, 2014).

### **Social and Cultural Influences**

There are multiple influences interrelated among people with social, economic, and environmental disadvantages (Centers for Disease Control and Prevention, 2013). Social influences are changes in behavior that may be caused in relationship to other people or societal factors in general (Office of Disease Prevention and Health Promotion, 2017). Factors such as culture, the environment in which individuals live, and individual behavioral characteristics may explain, in part, some of the influences of certain

populations in the United States who are not healthy (Centers for Disease Control and Prevention, 2013). The World Health Organization (2016) described some social factors of health as conditions stemming from a person's birth, where they were raised, live, and work. Also, according to the World Health Organization (2016), these conditions and other social factors such as race and ethnicity, are typically responsible for health outcomes and disparities among various populations. Social influence is described as the process by which those adjust their opinion, revise their beliefs, or modify their behavior because of social interactions with others (Moussaïd, Kämmer, Analytis, & Neth, 2013). Food choices are often influenced by personal and cultural ideals, controlled by present income, family structure, the health of family members, and the roles each family member may have regarding food choices (Caswell & Yaktine, 2013). These and other outside influences effect the household's ability to have access to a healthy diet (Caswell & Yaktine, 2013).

Social influence often plays a key role in similar occurrences of societal behavior such diet patterns and the purchasing of products (Moussaïd, Kämmer, Analytis, & Neth, 2013). Moussaïd et al. (2013) reported this idea based on two controlled experiments showing how participants answered factual questions by revising their original judgments after being exposed to the opinions of others. The experiment results demonstrated how strong peer influence could direct or cause “the presence of a critical mass of laypeople sharing similar opinions” (Moussaïd et al., 2013). Christiansen et al. (2013) found participants agreed that their peers had mostly impacted their eating habits due to social support of behaviors and because peers had become more influential in their lives as

much as or more than their parents. Brown (2014) also found when examining factors influencing the dietary habits of low-income Black mothers that family members influenced dietary habits, which coincided with the behavior and personal factors that affected their dietary practices. In fact, the women in the study agreed the influence of their mothers or grandmothers mostly affected their eating habits (Brown, 2014).

Similarly, several studies, have investigated the role of cultural influences and eating behaviors. Culture means the characteristics of a group of people, including their language, food, social practices, religion, customary beliefs, and material traits (Merriam-Webster's collegiate dictionary, 2016). Through culture, people develop a sense of belonging, personal growth, and the capacity to empathize and associate with others (Merriam-Webster's collegiate dictionary, 2016). Among Black culture, eating has remained the focus of social interactions for more than a century and perhaps rooted in times of slavery (Belle, 2009). Foods like fried fish, sweet potatoes, neck bones, fried chicken and cornbread are eaten as part of a Sunday or holiday dinner, which is a time when Black families get together with close and extended family to fellowship while enjoying traditional foods (Belle, 2009). This custom is understood as being an integral part of Black culture.

Blacks have dietary patterns intuitive of historical context, cultural influences, and the preference for a food or ways of preparation has resulted in many health issues that lead to health disparities for the population (Satia, 2009). In some cases, Blacks have been opposed to any efforts to eat healthier foods and for some, suggesting that if they eat a healthier diet, Black culture is destroyed (James, 2010). James (2010) studied how

culture and community impacted the nutrition attitudes, food choices, and dietary intake of a select group of African Americans in north central Florida. Among the study group, there was an overall opinion that eating healthier food meant giving up part of their culture (James, 2010). Relatives of the study group population also expressed that their diet was strongly tied to their culture and may only be driven to make any dietary changes if they were diagnosed with a severe, life-threatening illness (James, 2004; 2010). A more recent study conducted by Hardcastle & Blake (2015) looked at the perceptions and attitudes of mothers from an economically-disadvantaged community regarding food choices, and the impact of a school-based healthy eating. The authors concluded that strong cultural norms with eating had major influences on family diet and on parental decisions on food choices (Hardcastle & Blake, 2015). The participants in the study, who were kids, had adopted eating patterns based on the previous experiences and cultural norms of their parents and the data suggests that participants will continue certain traditional ways of cooking and eating into their adulthood as well (Hardcastle & Blake, 2015).

### **Environmental Influences**

An environmental influence can be described as the conditions that surround someone or something or the conditions and influences that affect the growth, health or, progress at any time (Merriam-Webster collegiate dictionary, n.d.). The environment, in some cases, impacts upon the way individual select foods and continue their dietary patterns (Auestad & Fulgoni III., 2015). Community food environments are believed to be a significant circumstance influencing the way people eat among both young people

and adults, mainly in disadvantaged or low-income neighborhoods (Christiansen et al., 2013). A qualitative study conducted by Christiansen et al. (2013) examined the eating behaviors of African American adolescent in Baltimore City, MD. The home environment was identified as a key finding in the study as being a central influence of the adolescent diet due to the dependence on the family for care and food availability (Christiansen et al., 2013). In the same study, the school environment also appeared as an environmental influence that formed adolescent eating behaviors (Christiansen et al., 2013). The participants in the study frequently cited the physical closeness of their schools to fast food stores was another influence on their eating habits (Christiansen et al., 2013). In addition to the significant aspects of the neighborhood food environment, the adolescents also pointed out that the food options within the school environment were not appealing and were regarded as “nasty” (Christiansen et al., 2013). Both environments had the potential for influencing poor eating behavior. Brown (2014) asked 15 low-income Black mothers what environmental factors were influencing their dietary habits. Some said economic, social, and physical environmental factors all influenced their dietary habits, and 14 of the 15 participants said limited financial resources restricted their ability to buy or eat the foods they wanted (Brown, 2014).

### **The Suburban Environment**

Few studies have indicated that characteristics of the suburban environment, such as neighborhood poverty and limited access to health-promoting resources, play a similar role in disparities like in urban neighborhoods (Hardcastle & Blake, 2015). Some studies however, have suggested that aspects of the environment, such as poverty and limited



access to health-promoting resources, may play a major role in motivating these disparities (Kershaw, 2013). Many studies have looked at disparities in urban environments, but very little research has focused on the suburban community where there is likely the perception that the suburbs offers a better overall living environment than found in the city (Patton, 2010). A suburban community, according to Merriam-Webster (n.d.) is described as a distant part of a city or town or a smaller community next to a city or large urban area. One principle of environmental equality charges society to provide the same access to healthy food opportunities for all residents living in the community regardless of location (Hilmers, Hilmers, & Dave, 2012). Hilmers et al. (2012) found in a review of various neighborhoods, including the suburbs that an injustice exists due to the socioeconomic, and racial disparities in neighborhoods where access to fast-food and small stores promote unhealthy eating.

In suburban locations such as Long Island, New York, there are many neighborhoods where low income Blacks live and like what Hilmers et al. (2012) found, the environment consists of many stores and food outlets that support unhealthy eating. Besides fast food restaurants, grocery stores may be within walking distance or a short bus ride away. Most of these small stores or convenience food markets are SNAP-authorized food retailers but do not offer a full line of product selections that encourage a healthy diet (Laska et al., 2015). Results from a recent study of a suburb near Minnesota indicated that a considerable number of small and mid-sized food stores that participated in SNAP, did not have an assortment of healthy foods, such as fresh or frozen vegetables or whole-grain products (Laska et al., 2015). With the limited varieties of canned fruits

and vegetables and some whole-grain cereals, the results of the study also revealed that the SNAP participants frequently redeemed their benefits at the small stores mainly because of convenience (Laska et al., 2015).

Caswell & Yaktine (2013) examined environmental factors affecting food choices and access and found that depending on the geographic location, food prices vary according to the cost of living and other market conditions. Additionally, evidence showed price differences in urban neighborhoods as opposed to rural areas indicating higher prices in urban often reflected operating costs where smaller stores added those costs into the retail price (Caswell & Yaktine, 2013). For example, data revealed that prices for items like fresh vegetables and low-fat milk in urban areas like New York were 129 percent of the national average and considerably higher than those in non-urban or rural areas like Salt Lake City, Utah at 73 percent of the national average (Caswell & Yaktine, 2013).

### **The Public Assistance Program: A Brief History of SNAP**

The groundwork for SNAP was first introduced in 1933 as part of the Agricultural Adjustment Act (AAA) when a program, at that time referred to as the Federal Surplus Relief Corporation, was created during the Great Depression (United States Department of Agriculture, 2013). Prices during that time for crops fell drastically and farms across the country were struggling to deal with the surplus (United States Department of Agriculture, 2013). To support farmers, the Federal government purchased farm commodities at discounted prices and gave them out as relief in states and local communities (United States Department of Agriculture, 2013). Decades later, in 1961,

the Food Stamp Program, introduced by President John F. Kennedy, by way of food stamp pilot programs in several states (United States Department of Agriculture, 2013), and in 1964, the USDA food stamp program was created to provide food assistance for low-income families by increasing their ability to buy healthier food (United States Department of Agriculture, 2014). Food stamps were for the purchase of food items intended for human consumption excluding alcoholic beverages and imported foods (United States Department of Agriculture, 2014). In April 1964, under President Lyndon B. Johnson, legislation for The Food Stamp Act of 1964 was passed to make the program permanent and under control of Congress (United States Department of Agriculture, 2014). During the first three years, the Federal allocations for the program increased from \$75 million for the first year to \$100 million in the second year and \$200 million in the third (United States Department of Agriculture, 2014). Significant legislative changes to the Food Stamp Act of 1964 happened in 1977 (USDA, 2013). The Food Stamp Act of 1977 reset the existing program guidelines to include an established legislative income eligibility guideline at the poverty line and eliminate a purchase requirement because of the barrier to participation the purchase requirement represented (United States Department of Agriculture, 2013).

During the President William Clinton administration, in the mid-1990s, there was a period of welfare reform (United States Department of Agriculture, 2014). During this time many States sought waivers of the rules for the cash welfare program, before major welfare reform legislation was enacted in 1996 (United States Department of Agriculture, 2014). The legislation included the Personal Responsibility and Work Opportunities

Reconciliation Act of 1996 (PRWORA) and replaced some funding with a new block grant to states called Temporary Assistance to Needy Families (United States Department of Agriculture, 2014).

Prior to 2004, eligible program participants received monthly food stamp allotments in the form of paper booklets and the denominations were varied colors depending on the value (United States Department of Agriculture, 2013). In 2004 however, the paper booklets were replaced by the Electronic Benefits Transfer (EBT) card whereby allocations were loaded onto the EBT card monthly like bankcards (United States Department of Agriculture, 2013). This change to an electronic tracking system allowed for better management of program operations and was believed to have reduced the potential for food stamp fraud (United States Department of Agriculture, 2013). As with the paper coupons, EBT cards cannot be used to buy non-food items, alcohol, tobacco products, vitamins, medicine, and prepared foods (United States Department of Agriculture, 2013). These restrictions are warranted on the basis that these products do not provide food calories or, they are not considered basic food needs by funding standards (Weaver, 2014).

In 2008, the food stamp program name was changed to the SNAP, under the Obama administration. The reason for the name change was to give emphasis to the need for nutrition and to avoid the social stigma that was attached to food stamps (United States Department of Agriculture, 2014). According to The National Council on Aging (NCOA) (2016), the stigma associated with SNAP decreased considerably after the name formally changed from the Food Stamp Program to SNAP. The method of receipt of

benefits can also affect opinions and create stigma (NCOA, 2016). SNAP modernized its distribution of funds four years earlier by changing to an electronic benefit transfer (EBT) system and revamped the funding structure using a benefit card system (United States Department of Agriculture, 2014). The results from one study indicated the change to the electronic system not only reduced theft and fraud by more than 60 %, but also reduced the social stigma attached to the use of the paper coupons because the method of benefit transfer was like using a credit card (Zekeri, 2004). Manchester & Mumford (2012) agreed that the implementation of the EBT system reduced negative psychological stigma related to the observed transactions by neighbors and peers when SNAP participants used food stamps making the use of food stamps unobservable to others at the grocery store.

At the end of 2015, the United States Department of Agriculture (2016) reported more than 46 million families are in receipt of SNAP benefits. The government program budget was nearly \$80 billion a year (United States Department of Agriculture, 2016). Eligible recipients are still required to meet income eligibility based on the federal eligibility guidelines for family size, and assets (United States Department of Agriculture, 2016). According to Hill (2014) SNAP is often the only type of assistance a low-income family receives because their income may otherwise exclude them from qualifying for other programs. SNAP may be the only resource a family can use to make certain at least one basic need is met (Hill, 2014). This may also explain why recipients are forced to make difficult decisions regarding food choices (Hill, 2014).

### **Influences of SNAP**

A diverse population represents SNAP recipients. According to demographic data, 39.8% of SNAP participants are white, 25.5% are Black/African-American, 10.9% are Hispanic, 2.4% are Asian, and 1% are Native American (United States Department of Agriculture, 2012). A 2012 profile of SNAP reported Black recipients having a rate of poverty that was three times greater than Hispanics, and Black SNAP recipients were also at greater risks for chronic health diseases (United States Department of Agriculture, 2012). The USDA profile data also revealed Blacks needed more nutrition education because it seemed their knowledge of healthful dietary habits were lacking compared to that of the public (United States Department of Agriculture, 2012). These findings might suggest that there may be a flaw in the (SNAP) program education component, SNAP-Ed, which may affect both shopping decisions and dietary habits among SNAP participants (Brown, 2014).

Leung et al. (2012) offered the idea that SNAP participation may influence dietary intake because of increased food spending. This idea came about when a series of “cash-out” experiments indicated that food expenses were greater with SNAP benefits than with cash payments (Leung et al., 2012). If this were the case however, one might surmise that recipients of SNAP must also be able to buy quality foods because food expenditures were greater. However, growing evidence has revealed that SNAP benefit allowances are much too low to make certain foods purchases consistent with USDA guidelines (Leung et al., 2012). In fact, SNAP participants find it difficult to buy fresh fruit, vegetables, whole grains, or lean meats, which tend to be more expensive, but

instead find it more cost effective to buy low-cost, canned foods high in added salt, fats and sugars, sugar-sweetened beverages, and processed meats, to make the most of their food budget (Leung et.al., 2012).

**Literature Review: SNAP, Blacks, and factors influencing food selection.**

Public health researchers have conducted several different types of studies to examine the association between chronic illness, unhealthy food consumption SNAP participation, food choice and factors influencing food selection among African Americans and other minority groups. These studies have provided significant considerations for continuing research inquiry. More than two decades ago, Henry (2003) examined food selection, purchasing, and preparation from a small sample of low-income African-American mothers, including many the participants who used food stamps. Henry (2003) conducted the study using the framework of SCT suggesting that human behavior acts together with characteristics of the environment and the individual constantly. As a result, behavior is the product of environmental and personal influences including selection of food items and eating habits. Wilcox et al., (2013) described the environment where African Americans live as places frequently consisting of individuals in low-income, urban areas where there are many fast-food options as opposed to supermarkets and stores offering healthier selections of foods. Additionally, African-Americans, living in low income communities, frequently have less nutritious eating habits because they often depend on their monthly SNAP benefits to buy food for the families (Wilcox et al., 2013). Cannuscio et al., (2013) added that low-income neighborhoods frequently have a smaller number of area supermarkets, more fast-food

chains, and a limited selection of healthful options. Cannuscio et al., (2013) looked at the links between health proximity of food outlets, types of foods available and the social environment influences on food-related behaviors among African American residents living in an urban community. Participants were interviewed and asked how they managed to achieve shopping for groceries under their social and environmental conditions. Most of the participants responded by stating they adapted their shopping patterns to accommodate their personal financial limitations (Cannuscio et al. (2013).

DiSantisa, Grier, Oakes, &. Kumanyikaa (2014) measured the comparative importance of factors such as healthfulness, convenience, and quantity available, to understand the impact of pricing approaches on purchasing behaviors. Potential moderating effects such as age, gender and SNAP participation were assessed. Data suggested that low price may result in certain healthful purchases among nutrition-conscious individuals but least likely to be the case amongst SNAP participants therefore, price markdowns alone may not be enough to change purchase behaviors. Blackwell (2012) noted that the availability of SNAP benefits however, reduced the chances of a household being food insecure by 30% and SNAP benefits may have a positive impact with regards to meeting its goal of decreasing hunger by increasing food security in recipients compared to eligible non-recipients. Hilliard, (2012) however, challenged the idea that SNAP recipients were more food secure. Conducting a qualitative study, Hilliard (2012) looked at challenges faced by individuals attempting to follow the USDA guideline on a \$4.50 daily budget. Results from the study revealed there are many barriers to eating healthy on a SNAP budget including social pressures, budgeting



difficulties, and inconvenience issues (Hilliard, 2012). Hilliard (2012) concluded that the study results had shed light on problems faced not just with buying food, but with trying to buy healthy food on a SNAP budget. Leung et al. (2012) also found in a comprehensive dietary analysis of low-income adults that even though the diets of all low-income adults need improvement, SNAP participants had lower-quality diets than did income-eligible nonparticipants. Study results indicated low-income adults did not meet the recommended guidelines for eating nutritious foods like whole grains, fruit, vegetables, and fish (Leung et al., 2012). Instead, the data showed many low-income adults were eating far too much processed foods, desserts, and sugar-sweetened beverages (Leung et al., 2012). Furthermore, according to Leung et al. (2012), low-income adults who received SNAP benefits had diets were worse than those individuals who were not receiving SNAP benefits, which may be one of the reasons why diet-related illnesses among this population is so prevalent.

Fish et al. (2015) studied the factors influencing the consumption of fresh fruits and vegetables, food shopping habits, and attitudes towards other sources of fresh fruits and vegetables among two groups of minority women. A comparison and contrast of the two groups' shopping behaviors and attitudes toward facets of food shopping, alternative sources of healthy food, and the food environment were made (Fish et al., 2015). Data from the study showed produce shopping was driven by costs and family preferences but for Black women, poor cooking skills limited the types of fruits and vegetables they bought (Fish et al., 2015).

Mc Dermott & Stephens (2010) looked at the financial influences and burden of shopping for foods to evaluate meeting national dietary recommendations in a supermarket compared to eating mostly in a fast food restaurant. The authors found several factors contributed to disparities in healthy eating habits in at risk populations (Mc Dermott & Stephens, 2010). The most significant barrier was the obvious lack of availability of healthy food choice in low income and urban communities (Mc Dermott & Stephens, 2010).

### **Need for Research**

Prior research has suggested that there may be a link between SNAP participation and obesity, particularly among adults (Leung et al., 2012). One study determined the increase of obesity and other chronic conditions is because there is limited access to healthy foods when SNAP participants attempt to use these benefits and are challenged by the concept of urban food deserts (Hilmers et al., 2012). Most of the research has focused on low-income urban neighborhoods and have recommended improving access to healthy foods through various resources like bringing mobile produce markets into communities (Hilmers et al., 2012). However, further research is needed to address the limitations of current studies, which have not identified effective ways to address actions to achieve social change in, low-income suburban communities. Recommendations have been made to promote lifelong healthy eating habits and optimum health in urban and rural communities but in the suburbs, the perception is poverty is a “big-city” problem (Patton, 2010). The reality is social equality no longer has geographic boundaries (Patton, 2010). Further study may demonstrate that stopping at the city line is no longer

the solution towards social justice. To effect positive change is an expectation of sufficient access to healthy food as well as social and health services and, because a growing number of individuals live in suburban communities, where high rates of nutrition-related chronic diseases are present, further study will likely increase the ability to deliver human services contributions and begin to close the gap (Jaskiewicz, Dombrowski, Drummond, Barnett, Mason, & Welter, 2013).

### **Summary**

Rising rates of diet related chronic illness in our nation among low-income communities of color is a serious issue (Sutherland, 2013). Unfortunately, the minority group most associated with unhealthy food consumption is the Black population (Sutherland, 2013). Other factors associated with this group include living within certain geographical locations and the social, cultural, and environmental influences associated with living in a disadvantaged community (Fish et al., 2015). According to Acheampong & Haldeman, (2013) various health and social factors are also related to those who receive social program benefits like SNAP. Drewnowski & Eichelsdoerfer (2010) argued that SNAP benefits are “supposed to offer low-income families with adequate food purchasing power to obtain a nutritious diet”. However, a healthy diet is not only obtained by simply going to the store but rather by a combination of influences affecting the overall decision-making process (Drewnowski & Eichelsdoerfer, 2010). Many studies have suggested there is a need to look further into the environmental, social, and economic impacts of foods and diets (Auestad, & Fulgoni, 2015). Some research has already examined these impacts in urban areas SNAP participation may have the

potential to influence the diets of millions of low-income Americans according to Leung et al. (2012). Fortunately, public health professionals have been making recommendations for more studies regarding food research and policies to clearly address the social dynamics that influence food-shopping behaviors in urban areas (Cannuscio et al., 2013). The problem is however, there is very little research aimed specifically at the combination of suburban poverty, unhealthy food consumption, and the influences affecting the decision-making process. This combination of social and health matter is certainly a public health concern which affects low-income Blacks and other minority populations. The proposed study will help expand the public health paradigm by increasing understanding of diet-related disparities among people of color in suburban communities.

## Chapter 3: Methodology

### **Introduction**

The purpose of this study was to examine the various influences that affect food purchasing decisions among suburban Black residents who use SNAP benefits to purchase food. I used a systematic multiple case study approach which includes using semistructured interviews supported by other sources of data, such as participant information screenings, photo observations, and researcher field notes, memos, and reflections. Multiple sources of data allowed for gathering a wider range of behavioral and historical information needed to assure validity. I used triangulation, which is cross verification from two or more sources, in this study to assist with validation of data through (Yin, 2009). The research is theory based and framed in Bandura's SCT and Bronfenbrenner's SEM. Both frameworks have implications for designing effective interventions for populations living in environments and social systems influenced by social behaviors (Bandura, 1977).

Researcher field notes, recordings, and reflections from journaling were valuable with supporting interview findings and increased the validity of the study. The plan to assure the validity of research began with choosing the method and design. One of the reasons I chose to conduct a qualitative study and to interview individuals most familiar with the phenomenon in question (Leung, 2015) was that it seemed most appropriate to gather information from those who live the experience. The approach of sampling and interviewing the population of Black suburban residents who shop using SNAP benefits allowed me to identify findings that were in the appropriate context (Leung, 2015). With

regards to reliability, it was equally important that the study methods and processes remain consistent. As data was gathered from each participant, I used identical interview questions and conducted each interview in the same manner by using an interview script. This method created a reasonable approach to exact replicability of the processes (Leung, 2015). Accuracy of the information gathered was tested in terms of context using triangulation of two or more data sources (Leung, 2015).

This chapter contains explanations of the research methodology and the basis for the research design, descriptions of the research setting and participants, and the IRB approval procedure. Data collection procedures, data collection methods, and data analysis procedures are also included. The chapter concludes with issues of trustworthiness, the ethical procedure, and a summary.

### **Rationale for Research Design**

A qualitative research design was chosen for several reasons. First, qualitative research allows one to focus on understanding a phenomenon by asking questions related to a group or groups of people. Secondly, the use of qualitative research and information obtained from the study helps contribute to the future development of interventions (Sargeant, 2012). Usually, when research is conducted to describe dietary habits or food purchasing decisions of individuals or groups, quantitative data may be obtained from surveys, but little research has explained what theoretically influenced the dietary behaviors (Mabli et al., 2013). Quantitative research starts with a hypothesis and concentrates on quantity, experimental data, random samples, instruments, reasonable analysis, and precise findings (Patton, 2014). Conversely, qualitative research focuses on

exploration, purposeful samples, inductive analysis, descriptive findings, and the researcher as the instrument (Merriam, 2009). Therefore, a qualitative study produces rich data gathered from the experiences, attitudes, beliefs, and that have shaped behavior. In this study, I addressed how certain influences affect individual behavior in terms of food selection and the experiences attributed to their actions. A qualitative design was suitable because a multicase study approach is most appropriate for exploring real-life, multifaceted social structures. Multicase studies increase internal validity and chances for generalizations (Creswell, 2013). In this study, the purpose of the research questions and data collection methods is to describe the experiences of low-income suburban Black residents' geographic area and the factors that influence their food purchasing decisions when using SNAP benefits.

Creswell (2013) proposed case study inquiry as a qualitative approach where the researcher explores one case or multiple cases over time, using a detailed, in-depth data collection method that involves multiple sources and case-based themes. The theoretical framework of this study is Bandura's SCT, in which perceived self-efficacy is shaped by a three-way dynamic in which personal factors, environmental influences, and behavior continually interact (Bandura, 1977); in this case, I applied SCT to the food purchasing decisions of low-income suburban residents using SNAP. The framework also includes Bronfenbrenner's SEM which gives emphasis to several levels of influence, such as individual, interpersonal, organizational, community, and public policy, and the idea that behaviors come from and are formed by the social environment (Bronfenbrenner, 1979). SEM, together with SCT, helps to understand the factors that may influence the food

purchasing decisions of suburban Black residents. The goal of the semistructured face-to-face interviews, supported by photo observations of participants' shopping carts, final receipts, and supermarket environment was to provide an opportunity for the study participants to describe what they believe influences their perceived self-efficacy and their food purchasing decisions. Incorporating the photo observations provided a visual description of the participants' purchasing decisions as well as the shopping environment where they made their decisions. The researcher recorded notes in a diary to stimulate reflection about the information gathered from the individual interviews. This was useful during the analysis process and assisted with separating my own bias from the study. Journaling was also used as a tool to reflect upon issues during the interview that needed to be adjusted prior to the next interview. I wrote in the journal reflections about the photo observations and electronic recordings of the interviews which provided a way to recall participants' responses and decrease potential researcher assumptions and bias (Merriam, 2009; Yin, 2008).

Photos also added to the understanding of the context of qualitative research (Yin, 2009). Photo observations are a form of data collection that allows the researcher to observe a "snapshot" of a phenomenon (McGuirt, Jilcott, Vu, & Keyserling, 2011). In qualitative research, photographs are sometimes used to illustrate a visual sociology (Kanstrup, 2002). Visual sociology began in the 1960s using visual anthropology and documentary photography on issues related to sociology (Harper, 1997). Harper (1997) gave an example of how photographs are used to observe social practices and engage in dialogue with the participants in a study. Harper combined photographic observations



with field notes and qualitative interviews, a data triangulation which has inspired this study. Collier & Collier (1986) also used photographs to create an initial impression that was later used for questioning and a more detailed investigation, which showed how photos can be useful in an initial study and later presented as part of a collective data review. In this study, a photo observation was designed to obtain information about the foods selected. Photos were taken of shopping carts filled with groceries and the final receipt of those selected purchases. Photos were also taken of the supermarket environment.

The photos were used in a few ways. During recruitment, the photos served as a tool to engage the participant in the research process (Rouse, 2013). Next, the photos were used during the interview as a tool to explore the participant's own understanding of the images and reflect on their behavior in terms of the items purchased with their SNAP benefits (Rouse, 2013). For example, participants were asked to look at the photo of their shopping cart and receipt, choose three items, and talk about what influenced them to buy those items. Photography as a research method in this study was both communicative and generative: communicative because it triggered and conveyed meaning and generative because through discussions and analysis of the photographs, new understandings and deeper insights were generated (Rouse, 2013). Photos of the supermarket environment were taken subjectively, by the researcher, to refer to as various influences inside the store that were believed to potentially have influenced shopping behavior. I also referred to the pictures during analysis to reflect upon whether participants spoke about being influenced by something in the store. Finally, the photo

observation notes added additional information regarding individual observed behavior, practices, and possible social factors as part of the data collection.

### **Research Questions**

The following research questions guided this study:

RQ1: What are the social influences impacting food purchasing decisions among suburban Black residents of Long Island, New York, who buy food using SNAP benefits?

RQ2: What are the motivating factors guiding food purchases when shopping for food with SNAP benefits?

### **Role of the Researcher**

Qualitative inquiry requires the researcher to play a significant role in data collection, evaluation, and interpretation of the information collected. Part of this role, as noted by Creswell (2013), is to be guided by the researcher's background, personal history and assumptions which may or may not influence the analysis of the data. It is therefore, the researcher's role to communicate the facts in a manner that is unbiased and free from including personal experiences or assumptions that would affect the data analysis. The researcher conducted multiple semi-structured face-to face interviews to explore the experiences of Black suburban residents who shop for food using SNAP benefits. This method was the primary instrument for this study. During the interviews, participants were asked about their reasons for buying food products and what they believed influenced or motivated their decisions. Having participants explain their own personal experiences may have potentially made them feel uncomfortable because the use

of SNAP benefits directly connects them to financial struggles and other personal issues. Although Patton (2015) suggests providing personal information related to the study to build rapport, personal information was not provided or requested. Instead, a set of information gathering questions and a few icebreaker questions were designed to engage the participants before asking the first semi-structured interview question. The researcher was the primary instrument used in this phenomenological study. It was necessary to make sure an unbiased data collection and analysis procedure was followed. Therefore, notes from a journal were referred to, and reflections of preconceived ideas, biases, and beliefs about the study topic, was avoided.

### **IRB Approval**

The Institutional Review Board (IRB) at Walden University is required to approve all research conducted with human subjects. A proposal for this study which included the research background, purpose statement, problem statement, research questions, and proposed methodology, was prepared and orally defended prior to the research phase. Upon successful defense, the proposal was submitted to the Walden IRB for review. The IRB formerly grant permission to conduct the study.

### **Methodology**

#### **Research Setting**

The population for this research study were low-income, current recipients of SNAP who are Black and live in Hempstead and Wyandanch, N.Y. Both communities are suburban areas of approximately 54,000 people in Hempstead and 11,650 people in Wyandanch (U.S. Census Bureau, 2010). According to the U.S. Census (2010), the two

communities had a people of color as the majority, with Blacks counted as 48% in Hempstead and 65% in Wyandanch, of the population. For the period 2011-2015, the estimated median annual income for a household in Nassau County (Hempstead community located in Nassau County) was \$99,465 (U.S. Census, 2016). During the same period, the median income for a household in the residents of Hempstead was \$45,234 and the per capita income was \$15,735. About 14.4% of families and 17.7% of the population were below the poverty line, including 20.7% of those under age 18 (U.S. Census, 2016). According to these statistics, on average, a Hempstead resident's household income was more than 50 % less than the respective county average, with about 18% of the residents living below the poverty level and approximately 35% of the residents receiving monthly SNAP benefits (U.S. Census, 2016; USDA, 2015). Similarly, during the period 2011-2015, the estimated median annual income for a household in Suffolk County (Wyandanch community located in Suffolk County) was \$88,663 and the per capita income for the census-designated place (CDP) was \$37,634 (U.S. Census, 2016). About 11.4% of families and 15.3% of the population were below the poverty line, including 21.9% of those under age 18 (U.S. Census, 2016). According to these statistics, on average, a Wyandanch resident's household income was also more than 50 % less than the respective county average, with about 15% of the residents living below the poverty level and approximately 42% of the residents receiving monthly SNAP benefits (U.S. Census, 2016; USDA, 2015). The USDA (2010) Food Environment Atlas reported that almost 31% of the Wyandanch residents lived more than a mile from the one supermarket in the town, placing residents in food desert (U.S. Department of

Agriculture, n.d). On the other hand, in the village of Hempstead, there were five (5) supermarkets within a 3.7 square mile area (U.S. Census, 2016).

In addition to the socioeconomic disparities in both Hempstead and Wyandanch, the U.S. Census Bureau's American Communities Survey report (2015) ranked Nassau County 9<sup>th</sup> and Suffolk County 7<sup>th</sup> of the ten New York State counties with the greatest number of people living in poverty. The ten New York State counties with the greatest number of people living in poverty, from highest to lowest and percentages for the rankings are presented below in Table 1.

Table 1.

*A Comparative Look at County Poverty Levels*

County	# in Poverty	Rank	% in Poverty
Kings	595,531	1	23.4%
Bronx	419,580	2	30.5%
Queens	344,920	3	15.3%
New York	278,958	4	17.7%
Erie	131,644	5	14.7%
Monroe	111,713	6	15.4%
<b>Suffolk</b>	<b>100,432</b>	<b>7</b>	<b>6.8%</b>
Westchester	89,813	8	9.6%
<b>Nassau</b>	<b>83,615</b>	<b>9</b>	<b>6.3%</b>
Onondaga	68,554	10	15.2%

*Note.* Adapted from Census Bureau American Communities Survey (2015)

The selection of the study communities resulted from several factors including the percentage of Black residents who live in the two communities and the contrast between the communities in terms of the number of supermarkets located within one mile from where residents live. Recruitment for the study sample for Hempstead (Site A) (Figure

1.), was conducted at Stop and Shop supermarket located at 132 Fulton Ave, Hempstead, NY. This store is the largest of the five supermarkets located within one mile of Hempstead Village. Recruitment of the study sample for Wyandanch (Site B) (Figure 2), was conducted at Compare Foods located at 1551 Straight Path Ave, Wyandanch, NY.



*Figure 1.* Site A. Stop and Shop Hempstead, NY



*Figure 2.* Site B. Compare Foods Wyandanch, NY

## **Participants**

The participants for this study were Black residents who lived in Hempstead and Wyandanch and were currently using SNAP benefits to buy groceries. All participants were recruited from two specific towns on Long Island, Hempstead, and Wyandanch. The selection of participants was based on three criteria: (1) race (2) residence and (3) receipt of SNAP benefits. A purposeful convenience sample method was used for this case study research because it is said to produce rich data (Patton, 2015). Purposeful sampling is a method commonly used in qualitative research to identify and select “information-rich” cases for the most effective use of limited resources (Patton, 2002). This process involves identifying and selecting individuals who are particularly knowledgeable about or have experience with a phenomenon of interest (Creswell & Plano Clark, 2011). In this study, a purposeful convenience sampling of 20 Black residents who were in receipt of SNAP benefits, ten from each community supermarket site, were recruited. Flyers were posted in both supermarket sites advertising the research project and how residents could inquire about participating. The flyer briefly described how participants would receive a \$20 gift card for participating in a research project about food shopping on Long Island as well as the dates the researcher was to table at each supermarket site.

Criterion sampling is used to set a condition and select cases that meet the criteria. This way of sampling is strong in quality assurance (Patton, 2015). Due to limited resources and time, conducting up to twenty interviews is usually a sufficient number as the law of diminishing returns often shows more interviews produce less new information

each time (Kvale & Brinkmann, 2009). Participants selected are from Hempstead and Wyandanch because they represent residents who have lower socioeconomic status and disproportionately suffer from chronic illness and poor health outcomes (Nassau County Government, 2014; Suffolk County Government, 2014). For this study, selecting low-income individuals in receipt of SNAP benefits was key because they are primarily responsible for food purchasing decisions and establish the standards for the dietary habits of the family.

### **Sample Recruitment**

An ideal sample size for this study was 20 total participants. However, this sample size varied and depended on the achievement of saturation or when no new data emerged from the interviews (Creswell, 2013). Recruitment began immediately after the IRB approval for the study. A letter was mailed to the respective supermarket managers to request permission to recruit participants from the selected supermarkets (Appendix F. and Appendix G.). Before the recruitment process began, a meeting with each store manager in person commenced to discuss the overall logistics of the recruitment process and select appropriate days of the week to conduct recruitment, as suggested by the respective store managers. On the selected days, I set up a table near the main entrance of the store. As patrons entered the store, they were invited to the table for an explanation of my study. A sign was displayed on the table advertising how residents would receive a \$20 gift card for participating in a research project about food shopping on Long Island (Appendix J.) Those who expressed initial interest were asked four (4) criterion questions (Appendix A.). If the study criteria were met, a flyer with information



on how to contact the researcher was given to them. Interested participants were also given the opportunity to sign consent to participate in the study during the recruitment process. At that time, they received the background information about the study. The participant was also able to set up an appointment to be interviewed within the next 7-10 business days. Consent was obtained during the photo observation or at the beginning of the face-to face interview. Obtaining consent depended on the time the participant decided to participate. Participant contact information such as their phone number was obtained to confirm the scheduled interview prior to meeting. The researcher also gave the recruited participant my phone number in case he/she had questions or concerns prior to the interview. Most interviews took place in a nearby public space or local library. Most of the interviews took place on a weekday during business hours. When necessary, some interviews were conducted on the weekends.

### **Data Collection Procedure**

Semi-structured face-to-face interviewing was the primary method of collecting information for this study. The interviews were supported by other data sources including the photo observations. The photo observation of participants shopping cart was designed to obtain information about the foods selected without having to follow the participant around the store as they shopped. Observing food shopping may have the potential of making one feel uncomfortable as they make decisions. Traditional observation might also disrupt or change normal behavior and compromise the data (Patton, 2015). A photo observation of food items already selected and placed in the shopping cart involved less interaction, and the presence of the researcher had little or no

impact with the decision-making process. Finally, obtaining a photo or copy of the final receipt of the purchases in the shopping cart provided additional data with regards what participants purchased. The following is a description of each data source in the order of collection.

### **Screening Survey**

A Screening Survey was given to residents who express initial interest in the study during the supermarket free recipe and health information table display or respond to recruitment flyers. The four-question screening survey will quickly determine if residents met the study population criteria. The complete survey can be found in Appendix A.

### **Photo Observation**

Photographs are often used to observe practices of participants in a study (Kanstrup, 2002). Photo observation of the potential environmental influences provide information about the factors that may affect the participants' food selections. For this study, photo observations were conducted instead of observing each participant as they shopped for groceries. Harper (1987) used photographic observations in combination with field notes and qualitative interviews, and data triangulation in a visual ethnography study of the practices of a car mechanic. Photographs were only taken with the consent of the participant after researcher informed participants the photographs would be used as part of a research study. Photos were taken of the individuals' shopping carts who expressed initial interest in the study upon entering the store and met the participant criteria based on the screening survey. There was no additional information collected

from the participant. After the photo was taken, the researcher asked for consent from the participant to take a photo of the final receipt at the end of their shopping. A copy of the final receipt of the purchases in the photo provided additional data with regards to what participants purchased. The receipt also offered a method to compare what the participants said in their interview regarding what they typically purchase when shopping compared to what they purchased. Notes from the photo observations were also compared to the final receipts in terms of the observed effects of the noted environmental factors which may have influenced final purchase decisions. The photos were also used in a few ways to assist with answering the research questions which was described previously in this chapter.

### **Semistructured Interviews**

Interviews are the most widely used data collection technique in qualitative research and is the way in which the researcher engages the participant in a conversation focused on questions associated to the research study (Patton, 2015). The advantage of interviewing is to hear another person's perspective about a topic. Prior to participating in the face-to-face semistructured interview, the researcher reviewed the consent form and ask the participant if they had any questions. The participant then signs the consent to proceed. Upon signing the consent form, the first questions asked collected basic information about each participant prior to the interview. The questions helped to support data to answer the research questions. The information collected included first name, age, and number of people in the household, marital status, educational background, race/ethnicity, employment status, and monthly SNAP benefit amount.

Participants were also asked to identify the person at home most responsible for food shopping decisions. Recording participant answers included writing responses directly on the form and recording responses with an audio recording device.

In this study, the semistructured face-to face interviews provided a contextual picture from the statements and opinions gathered, and from discussions about the current social environment with regards to shopping using SNAP benefits. The interviews include sixteen (16) open-ended questions but, allow the participant to expand on their response according to their worldview or new ideas about the topic (Merriam, 2009). Probing questions were used to gather additional context and details to gain more depth in the participant experience. Transition questions assisted with moving the interview along when necessary. Permission to record interviews was requested from participants to minimize the possibility of losing information from notes. Some participants did not consent to the audio recording. I also recoded in a journal additional notes, memos, and reflections after each interview. Appendix E illustrates the open-ended questions.

### **Compensation**

All participants receive a \$20 grocery gift card for the photo observations (cart and receipts) and their time to complete the interview.

### **Instrumentation and Materials**

Qualitative studies use various instruments and materials to explore topics and examine phenomena from the knowledgeable viewpoint of those who have experienced the phenomenon (Creswell, 2013). The researcher of this qualitative study was the primary instrument used to gather data. Open-ended questions were used while

conducting the semi-structured face-to-face interviews to explore the phenomena of influences affecting food purchase decisions. Creswell (2013) emphasized the importance of examining a phenomenon by involving those who have experienced it and having them describe the experiences in their own words. This is the reason why open-ended questions was the most appropriate way to explore this topic. Selecting open-ended questions allows the participants to explain his or her choices and influences which may affect their food purchase decisions. For this study, the researcher prepared an interview outline of the questions asked and decided on the order of the questions. Preliminary questions were asked at the beginning of each interview using a questionnaire. Two open-ended icebreaker questions began the exchange before asking the first semi-structured question about his or her experiences. Permission was granted to record each interview, so the researcher would be able to later play back the interview for additional clarification. Finally, it was very important that participant confidentiality was safeguarded and kept their information secure. All questionnaires, surveys, and transcribed interview notes were kept secure and protected. Transcribed notes were kept on a secure, password protected computer. All participants were assigned pseudo names. Participants were identified by pseudo names on all materials. No participant information or materials was shared with anyone outside of this study's analysis and discussion.

### **Triangulation**

In this study, semistructured interviews, photo observations, final receipts, and researcher journal and notes provided multiple sources for data collection. Triangulation

of these sources involved comparing the consistency of the data at different times and using different qualitative methods (Patton, 2015). This required checking for consistency of the statements made during the interview compared to the photo of the shopping cart and the final receipt. By cross-checking what the interviewee stated he or she normally purchased using SNAP with photo and final receipts, accuracy of the data was ensured. The second triangulation method in this study is known as the theory/perspective method. This method measured the data using more than one theoretical approach to interpret and support the data (Patton, 2015). Looking at the issue through multiple perspectives increased validity and highlighted various characteristics of the topic. SCT suggests there are various socioeconomic and cultural impacts within a community which may affect the food environment and food selections (Bandura, 1977). The ASE-model (Attitude, Social norm, Self-efficacy) offers the notion that dietary behavior is a function within three cognitive factors: attitudes, social influence and self-efficacy (Bandura, 1998). The combination of these theories may offer an understanding of the elements associated with food purchasing and eating patterns collected within the data. Implementing the above-mentioned triangulation measures may increase the validity of the study. Moreover, by addressing personal assumptions, a greater level of credibility was maintained by way of addressing researcher bias before the start of the analysis process.

### **Issues of Trustworthiness**

Qualitative researchers depend on different ways to measure the reliability and credibility of their studies which may perhaps be different than what quantitative

researchers use (Patton, 2015). Qualitative research in general, does not rely on statistics to increase validity but rather the methods of fieldwork and the credibility of the researcher plays a huge role in increasing the credibility of the study (Patton, 2015). Creswell (2013) recommended qualitative researchers use at minimum, two approaches to validate their study. This recommendation helps to avoid compromising the integrity of the research design (Creswell, 2013). In this study, the application of several strategies addressed issues of validity, credibility, and reliability, and trustworthiness. First, personal beliefs and biases about the study subject were addressed. The researcher also thought about the possible implications of the study to the participants and communicated how the purpose and their participation would support quality and trustworthiness of the research. According to Patton (2015), there are more than a few measures, or triangulation methods, a researcher can use to increase the validity of a proposed study. The types of methods include methods triangulation, triangulation of sources, and theory/perspective triangulation (Patton, 2015). Methods triangulation involves the use of multiple methods to check the accuracy of the findings. Next, the notes and transcriptions ensure the accuracy of participant's statements. Prior to the interviews, additional information about participants shopping behaviors was offered through photo observations which added more information where necessary. Employing this method of triangulation increases the trustworthiness of the study, as participants shopping behaviors and influences were acknowledged and confirmed their interview statements

### **Ethical Procedure**

Conducting research on a sensitive group can pose an ethical risk. One requirement which determines whether all provisions of protection were considered for this study population was the IRB (Walden University, 2017). The IRB committee determined there were acceptable safeguards in place to protect the privacy of the study participants and provisions were made to preserve confidentiality of all data (Walden University, 2017). Once the IRB has determined participants would be protected, .it was essential to adhere to ethical procedures and ensure confidentiality throughout the study (Walden University, 2017). This included, but was not limited to, treating individuals with respect, and ensuring the right to privacy and the right to have private information kept confidential (Walden University, 2017). Maintaining privacy and confidentiality throughout the study helped to protect participants from possible harms including psychological harm or distress; social harms such as loss of public benefits and criminal or civil liability (Walden University, 2017). Particularly in research about social issues or behavior, the main risk to subjects is often a breach of confidentiality (Walden University, 2017).

Because social program benefits such as SNAP may be a personal and delicate matter, all face-to-face interviews were conducted in a manner to ensure each participant felt protected from judgment about their low-income status and that any information they shared would be kept in confidence. Conversations about the study as well as face-to-face interviews were discussed in a discreet manner and in a private and confidential location. All participants were asked to give nonverbal consent to have photos taken of



their grocery cart and, receipt. A separate written informed consent to participate in the complete study took place prior to the interview. In Chapters 4 and 5, participants are referred to by pseudo name. Participants were assigned a fictitious identification for complete anonymity. Prior to collecting data, the proposal was evaluated and approved by the researcher's dissertation committee as well as the Institutional Review Board (IRB) of Walden University. The IRB confirmed the study met the terms of the university's ethical standards to protect the participants, the researcher, and the university. A commitment to protect the trustworthiness and validity of the data was made by maintaining the interview procedure, asking only questions that were relevant to the study, maintaining professionalism, and asking for clarification to ensure mutual understanding.

### **Data Analysis**

Data analysis begins the process of answering the research questions. The responses within the themes, and findings from the data collected form and create meaning to the original inquiry. To answer the research questions of this study, a phenomenological data analysis approach was most useful (Waters, 2016). This approach helped to identify common themes and describe a "lived experience" of a phenomenon (Waters, 2016). The organization of phenomena is the key finding of any descriptive phenomenological inquiry (Waters, 2016). The structure is based on the basic meanings that are present in the descriptions of the participants and is determined both by analysis and researcher insights (Waters, 2016). The purpose of this study was to gain an understanding of how suburban Black residents approach the task of selecting foods to

buy using their SNAP benefits, the social influences affecting their decisions, and what foods purchased by Black residents are considered healthy when shopping for food with SNAP benefits. It was essential to implement a data collection plan prior to the beginning of the study to maintain the validity of the study. This was done by interviewing all the participants using the same questions in the same format and organizing the information in the same manner each time to maintain researcher consistency. This uniformity before data collection, during the interviews, and during analysis helps maintain the integrity of the study. The semi-structured interviews, supported by photo observations, researcher notes, memos, and reflections were all appropriate for this data analysis strategy. Attention to data organization and management was vital for this qualitative research project. The database established for this study consisted of audio recorded transcribed interviews, field notes, supporting documents, and researcher journal. The organization techniques included manual color-coding of files, to identify shared themes, for easy access and to simplify locating specific common data during the research process.

### **Summary**

For this qualitative study SCT and SEM were the theoretical frameworks to understand how potential social influences affect the decisions of suburban Black residents while shopping for food with SNAP benefits. 20 Black residents who were recipients of SNAP benefits, made up a purposeful convenience sample. Participants were selected from two low-income communities on Long Island. The study proposed semi-structured, face-to-face interviews and subsequent transcripts supported by several

data resources: screening interviews, photo observations of shopping carts and final receipts, and the researcher notes, recordings, and journal. The research method was a theory-driven case study using a phenomenological data analysis approach that included identifying themes and patterns as they answered the research questions and aligned with the theoretical frameworks. Several strategies including triangulation, journaling, and clarifying researcher bias addressed issues of trustworthiness. The purpose of the study findings is to provide guidance for both public health and social service providers on the relationship of diet and nutrition issues affecting minority groups who live in specific geographic locations and consider the social influences that impact behavior. Because qualitative research gives focus toward an understanding of a phenomenon related to a group of people, public health and social health professionals may be able to understand the various influences affecting these groups and agree to combine efforts to address disparities so that social change can be achieved (Office of Disease Prevention and Health Promotion, 2014). The intent of qualitative research is to contribute to the future development of interventions (Patton, 2002). Information obtained from this study may assist with addressing health disparities in suburban communities and thus, introduce social change by creating and applying new ideas, strategies, and actions from an understanding of factors influencing behavior.

## Chapter 4: Results

### Introduction

Data analysis is how researchers make sense of the data by developing themes and categories that interpret the meaning of the data (Merriam, 2009). The purpose of this study was to understand the influences affecting food purchases among suburban Black residents who buy food using their SNAP benefits. The study focused on the participants' experience with food purchases using SNAP benefits and their perspective about the influences on their food purchasing decisions. The study was based on the theoretical frameworks of Bandura's SCT (Figure 3) and Bronfenbrenner's SEM (Figure 4). Recognizing SNAP benefits as a major factor influencing behavior, I explored how SNAP and other influences interfaced with SCT and SEM to understand the food purchasing decisions made by the sample. Triangulation of the data helped identify the study's emergent themes and categories presented in this chapter. Answers to the research questions are in the voices of the participants. The results of the findings are consistent with the theoretical frameworks.

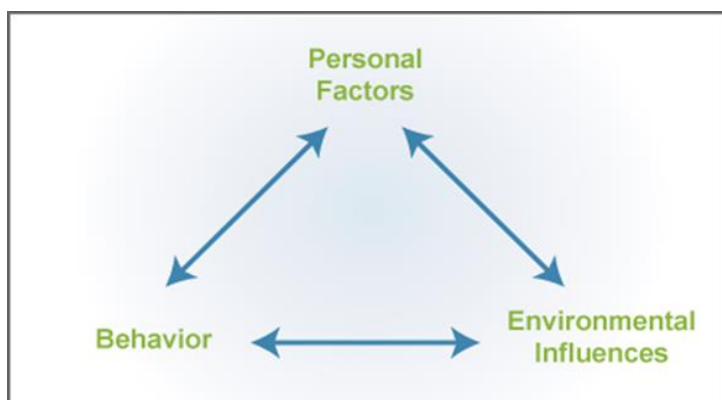


Figure 3. Bandura's social cognitive theory (SCT) Adapted from *Social Foundations of Thought & Action: A Social Cognitive Theory*, 1st Edition, by A. Bandura, 1986.

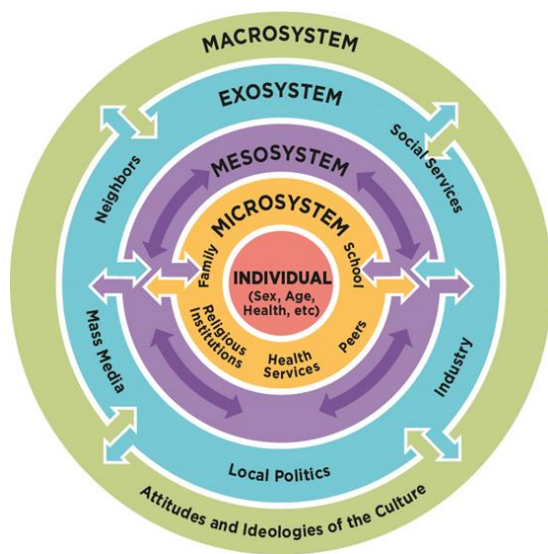


Figure 4. Social ecological model (SEM). From Bronfenbrenner's ecological theory of development. SOURCE: Adapted from Bronfenbrenner (1979).

The SNAP recipients in this study participated in a face-to-face semistructured interview and photo observation that addressed these research questions:

RQ1: What are the social influences impacting food purchasing decisions among suburban Black residents of Long Island, New York, who buy food using SNAP benefits?

RQ2: What are the motivating factors guiding food purchases when shopping for food with SNAP benefits?

I used purposeful sampling to choose the participants. Purposeful sampling is frequently used in qualitative research to identify and select “information-rich” cases for the most effective use of limited resources (Patton, 2002). The participants chosen were SNAP recipients and had primary responsibility for the dietary habits of themselves and their family. This sampling process involves identifying and selecting individuals who are particularly knowledgeable about or have experience with a phenomenon of interest

(Creswell & Plano Clark, 2011). The participants' experience was apparent by their ability to provide detailed descriptions of their food purchases and certain elements which they believed influenced their purchase decisions. The experiences of the participants were examined using a phenomenological approach. Phenomenological research is an attempt to understand people's perceptions, perspectives, and understandings of a situation, or *phenomenon* (Patton, 2015). After receiving IRB approval to begin the study, recruitment flyers with my phone contact information (Appendix J) were posted in Stop and Shop in Hempstead and Compare Foods in Wyandanch. In addition to posting flyers, recruitment for participants was initiated onsite at both supermarkets. People who were interested in the study either contacted me via phone call or expressed interest during onsite recruitment. All participants were prescreened using the questions from Appendix A. The criteria for participant selection included their being Black residents who lived in either Hempstead or Wyandanch and were currently in receipt of SNAP. Participants also had to be 18 years or older. There were 36 residents who were interested in participating in the study. Twenty of those who were interested met the criteria. The other 16 residents either lived in a community other than the study area or were not currently in receipt of SNAP. The selected sample size of 20 participants all signed a consent form before being interviewed. Although the original participation criteria included agreeing to a photo observation, only 15 participants agreed to the photo observation. In place of the photo observation, the five participants were asked to name three items they normally purchase each month with SNAP and describe what they believe influenced the purchase. Each participant was interviewed individually using the

list of 16 semi structured questions (Appendix H) to facilitate in-depth discussion on each participant's experience buying food using their SNAP benefit. After 16 interviews, a point of information saturation became evident. The researcher continued to interview an additional four participants. The results highlighted the elements which influenced participants' food purchase decisions and their motivation towards making healthy food choices.

In Chapter 4, I describe the research setting, participant demographic information, the data collection process, analysis of interview data, evidence of trustworthiness, results of the study, and summary of ideas. The results of the study are a detailed description of the participant experiences with buying food using SNAP and their ideas about purchasing healthy foods. The fundamental nature of the participant experience was based on each person's food shopping behaviors. Discussion of the results will be presented in Chapter 5.

### **The Research Setting**

This study was conducted in Hempstead and Wyandanch on Long Island, New York, because both areas have sizeable populations of low-income individuals in receipt of SNAP. In 2016, an average of 12.9% of families and 16.5% of the population in both communities were below the poverty line, including an average of 21.3% of those under age 18 (U.S. Census, 2016). In addition to the socioeconomic disparities in both Hempstead and Wyandanch, the U.S. Census Bureau's American Communities Survey report (2015) ranked Nassau County ninth and Suffolk County seventh of the 10 New York State counties with the greatest number of people living in poverty. The selection

of the study communities resulted from several factors including the percentage of Black residents who live in the two communities and the difference between the communities in terms of the number of supermarkets located within 1 mile from where residents live. I conducted recruitment for the study sample for Hempstead at Stop and Shop supermarket (Site A). This store is the largest of the five supermarkets located within 1 mile of Hempstead Village. Recruitment of the study sample for Wyandanch (Site B) was conducted at the only community supermarket, Compare Foods.

### **Demographics**

The 20 adult Black residents who participated were from Hempstead and Wyandanch. This was a purposeful sample of people who volunteered to participate in the study and agreed to discuss their food shopping and purchase decisions. There were eight men and 12 women who participated in the face-to-face, semistructured interviews. Fifteen agreed to the photo observation. All participants shopped at Stop and Shop in Hempstead or Compare Foods in Wyandanch. The youngest participant was 18 years old and the oldest was 68 years old. There were four participants aged 20–29, three participants aged 30–39, two participants aged 40–49, eight participants aged 50–59, and two participants aged 60–69. Six participants had completed high school, 10 participants had some college, and four participants had graduated college. Fourteen participants were single, and two participants were either married or living with their partner. One participant was a widower. Fifty percent of the participants were working (nine part-time and one full-time), and 50% were not working at all. Twelve participants had one or



more children living in the household. Eight participants had no children living in the household.

## **Data Collection Process**

### **Recruitment**

Before the initial recruitment was to begin, a Letter of Permission was sent to the two supermarkets identified along with a Letter of Cooperation, which were both signed by store managers prior to seeking participants. The actual recruiting process began with meeting the Stop and Shop (Hempstead) and Compare Foods (Wyandanch) supermarket managers to decide on dates for in-store recruitment. Both store managers allowed several dates to choose from. Three dates in September were chosen at Stop and Shop and three dates in October at Compare Foods. After each meeting with the managers, information flyers, with contact information (Appendix F), were posted on the supermarkets public bulletin boards. The participants in both locations were unknown to me. On the days of the in-store recruitment, I set up a small table near the store entrance with information about the study. Potential participants were greeted with a flyer upon entering the store. Each potential participant received an explanation of the research design which was to recruit adult Black residents who received SNAP benefits. I also provided verbal background about the information on the flyer and an invitation, to those who expressed interest, to proceed with completing the Screening Survey (Appendix A). In some cases, I was contacted by interested residents who saw the flyer on the bulletins. I also received phone calls and text messages from six of the 20 total participants. For all who were interested, the researcher confirmed eligibility of inclusion criteria: at least 18

years old, receiving SNAP benefits, ethnicity, and residence zip code, either in person or when I initially spoke to them on the phone. Twenty participants were eligible to be interviewed. After I conducted the criteria survey, an interview date including place and time was agreed upon with each participant. Each participant determined a private, convenient location for the interview that ensured the participants' personal privacy and safety. Some interview locations included quiet sections of the local library, an isolated room at the local community center, and the community park. One participant agreed to interview in the community room located in her apartment building and two agreed to meet at Burger King which was in the same parking lot as Stop and Shop. Participants were interviewed separately. Each acknowledged and signed consent before being interviewed. Confidentiality was explained to each participant before the consent form was signed. They were told there would be no identifying information recorded that may reveal their individual identity. After each completed the interview, all the participants were thanked for their time with a \$20 gift card.

### **Population and Sample**

The sample for this research study was from a population of low-income suburban Black recipients of SNAP. Both men and women were included the sample. The demographic description of the sample emerged from the screening survey and information obtained from specific questions which, was part of the face-to-face interview. There were multiple data sources, including the participant screening survey, semi- structured interviews, photo observation, and researcher notes. The next section contains a summary of the participant information from the screening surveys and

interview data. It also contains individual profiles of each participant based on these multiple data sources.

### **Sample Profile Summary**

The twenty Black residents in this study had all been in receipt of SNAP for more than five years. Fourteen were single, one was separated, one was widowed, and four were married or living with a partner. The average age of the sample for this study was 43.3. Only four of the residents interviewed were younger than 30 years-old. An average of two other family members lived in the household. Six of the participants had completed high school and four had completed college. Ten participants reported having some college, including one participant with an associate degree and one with her certified nursing certificate (LPN). Fifty percent of the participants were unemployed; (1) had full-time employment, (9) had part-time employment, and (1) reported having a disability. All twenty participants were responsible for grocery shopping. On average, they reported shopping two times a month. In addition to shopping at Stop and Shop in Hempstead and Compare Foods in Wyandanch, nineteen participants named more than one other store they shopped in for groceries. Four participants named said they also shopped at Western Beef supermarket and, three named a bulk shopping store like B. J's.

### **Data Collection**

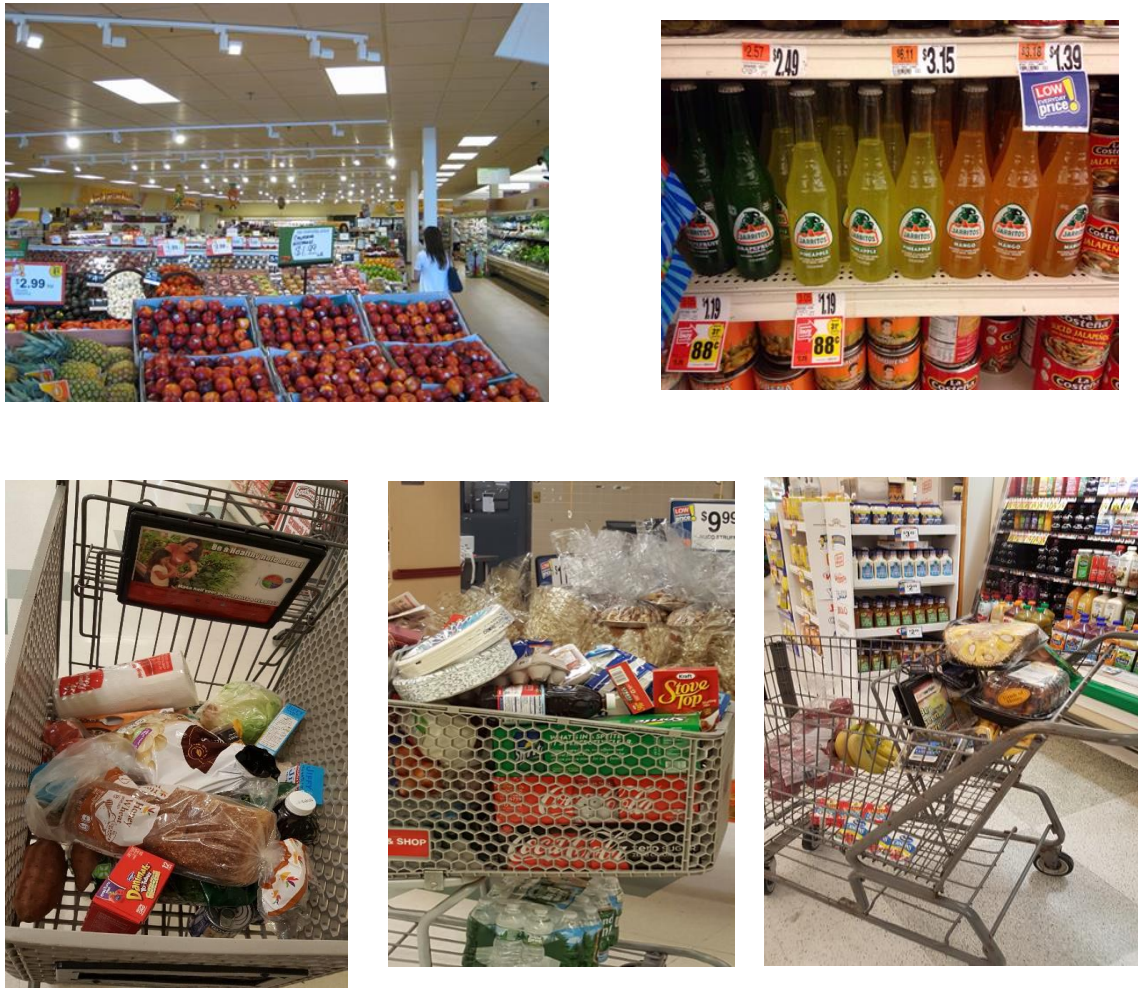
Approximately thirty minutes was needed to complete the face-to-face, and approximately ten minutes was needed to review the information, after the interview, to obtain clarification of participant interpretations. The timeframe of the data collection process was 6 weeks. The time included posting flyers, conducting in-store recruitment,

setting up each interview, and completing all interviews. The activity of in-store flyer distribution and organizing interviews occurred at the same time. Flyers were posted each week, in-store recruitment occurred six times, three at each site, separately and interviews were arranged and conducted when each participant agreed to the process. Each person who agreed to participate in the study was interviewed in person using the Semi-Structured Interview Script (Appendix D). The data was documented using audio and written recording with permission from each participant. The written and audio data were stored in a locked secured location. The audio and written notes from each interview were transcribed to electronic data in Microsoft Word and stored in a password protected computer. Each transcribed interview was assigned a unique letter and number combination based on the order of each interview.

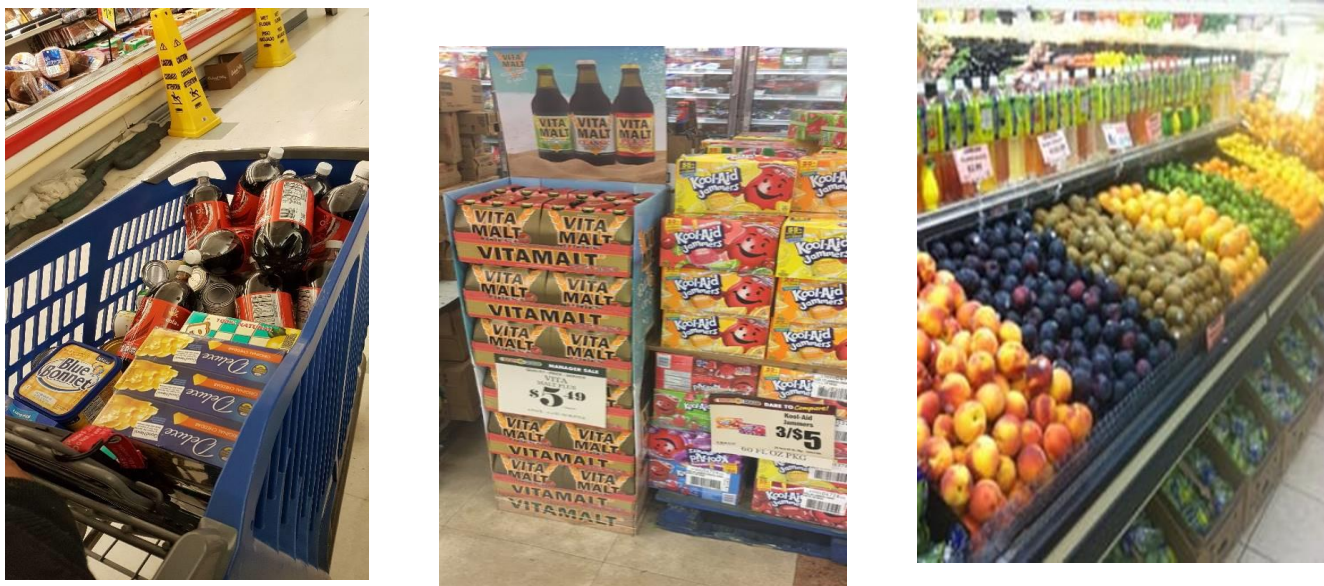
The actual data collection was based on the plan outlined in chapter three which included flyer distribution/posting, in-store recruitment and/or phone/text contact with participants, prescreening process, interviews and reviewing notes from participant interviews. The average interview time was thirty-five minutes. The longest interview time was forty-five minutes and the shortest was twenty minutes. The longer interviews were based on participants who spoke in detail about past family related experiences and shorter interviews were straightforward with their responses to the questions. Each participant was able to communicate their experience and respond to each interview question. The data collection process was conducted as intended and there were no unusual situations.

### **Photo Observations**

Photo observations of participant's shopping carts, receipt and, supermarket environment served as data source for the researcher to reflect upon the visual purchases and the shopping environment during the analysis. The photos were also used during the face-to-face interview. The participants were asked to describe three items from the photographs and state what they believed influenced them to purchase the item chosen. Incorporating the photo observations also provided a visual image of the participants purchasing decisions and the shopping environment where they made their decisions. The receipts were used to offer additional information in the form of verification of other items purchased which were not captured in the photo. An interesting note regarding the photos was the snapshot revealed items which the participants did not talk too much about during the interview. Some of those items were soda, margarine, and boxed pre-packaged foods like Stove Top Stuffing and macaroni and cheese. On the other hand, many of the carts did have items mentioned in the interview such as wheat bread, yogurt and produce. On the other hand, many of the carts did have items mentioned in the interview such as wheat bread, yogurt and produce. Figures 5 and 6 are photos taken prior to the face-to-face interviews. The photos are pictures of participant shopping carts and, the store environment at Stop and Shop and at Compare Foods.



*Figure 5. Photo Observation at Stop and Shop. McCummings, C. (2017, September 30). Photo [Jpeg]. Hempstead.*



*Figure 6. Photo Observation at Compare Foods. McCummings, C. (2017, October 14). Photo [Jpeg]. Wyandanch.*

### **Participant Profiles**

The profiles emerged from several the data sources: participant screening surveys, the semi-structured interviews, and researcher notes. The profile narratives include key social influences, personal, and other factors that the participants' perceived as influencing their food purchasing decisions. To maintain participant confidentiality, each participant was assigned interview codes starting with either A for Site A or B for site B, followed by a number, to disguise all identifying information.

Participant A1, a 34-year-old female, lived in Hempstead with her two children ages 5 years old and 16 years old. She was single and had lived in Hempstead for one year. She had completed college and works full-time in the health field. Participant has received SNAP benefits for at least five years. Her monthly benefit amount is \$489. She

receives her SNAP benefit on the 12<sup>th</sup> day of the month. Participant A1 shops for groceries twice per month at either site A, Western Beef or, BJ's. She prepares for shopping by looking in the weekly store circular for sales and occasionally cuts and uses coupons. Her 5-year-old daughter has Type 1 Diabetes. She described her children as very picky eaters. "I know my daughter has the biggest influence on the foods I buy and cook, more than my son. I think because I get almost \$500 a month SNAP, I am able to buy foods that everyone in the house will eat and I can buy large quantities of certain foods from BJ's," she explained. She said eating healthy was very important, even though she did not always buy "healthy products."

Participant A2, a 30-year-old male, lived alone in Hempstead. He was single and had lived in Hempstead for 19 years. He had completed some college and works part-time. Participant has received SNAP benefits for 10 years. He shops for groceries twice per month at either site A, Western Beef or, Associated Foods. He said he receives \$150 per month SNAP benefits, on the 5<sup>th</sup>. He prepares for shopping by looking in his refrigerator and looks at the circular for sales upon entering the store. He was sure that "cost is the only thing influencing his food choices". "I know I'm eating bad stuff and it's terrible that I consciously make bad choices based on the prices". Although he stated that eating healthy is very important, he said, "I only get \$150 a month SNAP benefits and, I am unable to buy any healthy foods. The only time I feel like I am buying healthy food is when I shop at the local butcher and buy the \$60 meal plan because I know the meat is a better grade than what's in the supermarket".



Participant A3, a 27-year-old female, lived with her two children ages 6 years-old and 9 years-old. She was single and had lived in Hempstead for twenty-five years. She had completed some college and was currently unemployed. Participant has received SNAP benefits for eight years. She prepares for shopping by first making a list and then checks the weekly store circular for sales. She shops for groceries four times per month at site A. She sometimes shops at Walmart for snack foods only. She said she received \$400 per month SNAP benefits and usually shops each week spending around \$100. She was convinced that her kids were the ones that influenced her food purchase. She explained, "I have to buy the school recommended healthy snacks and they are picky eaters and usually want what they see on television." Although she stated that eating healthy is somewhat important, she said, "I end up being forced to buy healthy stuff for school snacks because they send a list of allowed snacks to send with the kids." She also said she bought sugary cereals for herself and her 9-year-old but her 6-year-old liked oatmeal. "I myself don't always eat healthy foods, except for salad".

Participant A4, a 22-year-old female, lived with boyfriend and fourteen-month old baby boy. Her boyfriend worked full time and was not included on her SNAP benefit. She was unemployed but planning to begin part time work in a few weeks. She had completed some college (Associates degree) and was planning to return to school soon. She said she received \$290 per month SNAP benefits. She also receives WIC benefits. She usually shops at Stop and Shop three times a month but also shops at Associated for sale items and fresh produce. She prepares for shopping by looking in the weekly store circular which come in the mail and occasionally makes a list. "I try to make my SNAP

money stretch by buying most sale items.” She said she believed her dieting influenced her purchases. “I am also trying to lose 10 pounds, she explained, so I buy some healthy stuff like almond milk and yogurt.”

Participant A5, a 57-year-old female, lived with partner for more than twenty years. She was single and worked part-time at a community-based organization. She completed high school but never attended college. She and her partner shop together at Site A occasionally but, prefer shopping at Associated which is within walking distance from where they live. “Stop and Shop is very pricey, and you know shopping with SNAP means you have to shop where the prices are cheap”. “Location is real important too,” she stated. She said she received \$110 per month SNAP benefits on the 9<sup>th</sup> of the month. Every week, she said she prepared the same five meals declaring that she shops and cooks the way her mother did when she was growing up. “Every Wednesday we always have spaghetti and Friday we always eat fish, fried fish.” [Laugh]. She believed eating healthy was “somewhat important” since she and her partner have the same illness but, she admitted she did not really eat a lot of healthy foods. She did however, say that regular milk did not agree with her, so she was buying 2% milk because it has less lactose. She said she is a “lazy” cook, and she made deli sandwiches for dinner most weekends.

Participant A6, a 62-year-old male, lives with A5. He also works part-time. He also graduated high school and never attended college. He said both he and his girlfriend of almost thirty years both receive social security disability and SNAP benefits. He said they always go shopping together and he usually picks out some of the items he likes but,

she did all the cooking. Unlike his girlfriend, participant A6 said eating healthy was “extremely important” because of their illnesses. “We buy salad stuff all the time and we drink a lot of water”, he explained. “I’m trying to live as long as I can. She does not really buy too much healthy stuff but, we do not eat a lot of junk either. “When it is hot, we really don’t eat that much. We just eat the same things every week, and only buy sweets like ice cream or cake occasionally.”

Participant A7, a 54-year-old female, lived with her two sons, ages 16 years old and 10 years old. She was single and employed part-time in the health field. Her monthly SNAP benefit was \$489 per month and she received the benefit on the 8<sup>th</sup>. She prepared for shopping by looking at the weekly circular and cut coupons from the Sunday newspaper. She said she shopped three times a month. She also stated there were no family health issues and eating healthy was “very, very” important. “Even though my 16-year-old has the most influence with what I buy, I look at labels for high fiber and protein and, we do not eat pork, just fish and chicken and a little beef.” She admitted the store displays often influenced her purchases and on occasion she bought snacks like chips and ice cream. She sounded frustrated when she spoke about the amount of SNAP she received every month. “Four hundred eighty-nine sounds like a lot, she laughed, but the boys eat so much food and, it (benefits) goes really fast”.

Participant A8, a 51-year-old female, was the mother of a 21-year-old, 17-year-old, and 10-year-old. Her twenty-seven-year old son, who was disabled, also lived in the household. He received a separate SNAP benefit each month. She was single and was employed part-time. She had graduated high school and had completed one year of

college. She believed her part-time income had reduced her monthly benefit amount and therefore she was further restricted with what she could buy. Her current SNAP benefit was \$245 per month. She prepared for shopping by checking the weekly circular for sales and she also used coupons. She described that she used her friend's unused WIC checks to supplement her food needs. As she explained, "You gotta do what you gotta do to feed the family" [laugh] She said she bought healthy foods with the WIC benefits. "They make you buy certain foods and they all healthy."

Participant A9, a 43-year-old female, was the mother of an 8-year-old and 3-year-old. She was separated from her husband and was not employed. She had completed high school. She was currently receiving both SNAP benefits and WIC benefits. She was, at the time of the interview, homeless and living at a family shelter which she described as a four-family house where each family lived separately but all shared one kitchen. Her monthly SNAP benefit was only \$116 which she expressed was "in no way enough to feed me and my kids for the whole month. I'm doing everything, I can to make ends meet, but it's so hard." She said eating healthy was very important. She did not eat red meat or pork. While she said she wanted to work on eating healthier foods, she did not identify any health issues.

Participant A10, a 41-year-old female, lived with her three children ages 21 years-old, 14 years-old, and 5 years-old. She was not working but she said she was actively looking for a job. In the past, she received WIC but, it ended when her youngest turned five. She said she received \$511 SNAP benefit every month on the 1<sup>st</sup> and, had learned how to make it last. "Now that I do not get WIC, I'm gonna have to probably go to the

food pantry when I use up all my benefits.” She said the biggest influence in terms of what she purchased was her kids. “They all eat differently so I have to really budget and be careful not to buy name brand foods.”

Participant B11, 29, male, lived alone. He was a college graduate and was working part-time. His monthly SNAP benefit was \$157, which he received on the 3<sup>rd</sup> of each month. He said he had some health issues and was taking medication. He said eating healthy was very important because his illness restricted him from eating any type of pre-made packaged foods because of the sodium content. He said he shopped twice a month at Compare Foods and, Stop and Shop when he visited his mom who lives in Hempstead. He explained that Compare Foods sold a lot of ethnic foods and processed foods. “These types of foods are high in fat, sugar, and sodium which are bad for me. I just stick to the basics like produce, chicken, bread, and eggs. I don’t buy much junk food except for maybe once a month just to treat myself.”

Participant B12, 53-year-old female, lived with her 12-year-old and 22-year-old children. Her oldest, although 22, was included in her SNAP benefit of \$175 per month. She was disabled and was receiving worker’s compensation. Participant B12 explained that she grew up eating soul foods like fried chicken, collards and, pigs’ feet. She also said she currently had both high blood pressure and diabetes. “Eating healthy is really important and I am always trying to lose weight. My issue with my benefits is that it is not enough to buy the foods I need to eat for my conditions and I definitely can’t buy any name brands.” High blood pressure and heart disease ran in her family and she wanted to avoid passing bad eating habits to her kids.

Participant B13, 68, widowed and lived alone. He said he at one time received almost two hundred dollars SNAP benefit but now, he was only receiving \$16 in SNAP benefits each month because he recently received an increase in his social security benefit. “I work as a caddy at least once a week to make up the difference.” He also said he was on a very strict diet because he had diabetes, arthritis, and gout. “I eat mostly fresh foods and I shop every three or four days.” He explained, “I also switched to non-brand items. Now I save me money and the taste are the same.”

Participant B14, 21, female, lived with her parents. She was single and unemployed. She had completed high school and was considering going to college. She explained that she was the one who shopped for herself and family members and the monthly SNAP benefit was \$150. She said no one in the family had any illness. She also said she and her parents were into eating healthy. “I have spending limits with SNAP and, so I can only buy a limited number of organic products.” We don’t really eat that much, that’s probably why we are all thin and in good health.”

Participant B15, 53, married and lived with her husband and 14-year-old. She had just started back to work part time after a two-year layoff. Because she was working again, her monthly SNAP benefit had been reduced from \$350 to \$150. She prepared for shopping by checking the weekly circular for sales and she also used coupons. She said her husband had high blood pressure and they were both overweight. She explained how the doctor had advised her to lose weight and try to eat more fresh fruits and vegetables. “I know we have to eat better. That’s why I buy low sodium products and a lot of chicken.”

Participant B16, 18-year-old male, lived in a rented room in Wyandanch. He was single and had just graduated from high school. He was working part-time and received \$125 SNAP benefit. He said he shopped twice a month at Compare Foods. He explained that he learned about reading labels on foods from his mother. “I know about GMO’s and I try to eat foods that are not processed or in cans. At the end of the month though, when I run out of my SNAP, I sometimes end up eating fast foods.” He did not have any health issues He said nutritional value often influenced his food purchases.

Participant B17, 57-year-old female, lived with her grandson who was 8 years-old. She completed college and works part-time. Participant received SNAP for herself and her grandson and she said she gets about \$279 each month. She shops for groceries once per week and is mostly influenced by weekly circular and the items on sale. She said her doctor told her to eat a healthier diet. “My doctor said I should eat salads and lean meats and he said I have to read the labels and foods low in salt.” She also said eating healthy had become a priority for her grandson because she felt the sugar was making him hyper. “I know my health has the biggest influence on my food purchases and it’s a good thing I like healthy foods like collard greens and beans.”

Participant: B18, 57-year-old male, had completed some college and worked part-time. He was single and said he had been a vegetarian for thirty years. Participant has received SNAP benefits for the last five years. The amount he was receiving during the time of the interview was \$178. He shops for groceries twice per month but only shopped at site B for fruits and vegetables. He had to travel to specialty markets for other products because of his strict vegetarian diet. “I only eat one large meal a day and for breakfast I

make a smoothie, or I eat nuts.” He said the biggest influence on the foods he buys, and cooks has to do with his thirty years of eating organic products. “With SNAP, I can buy foods at the specialty stores too, which is a good thing,” he explained.

Participant B19, 58-year-old male, lived with his son who was 15 years-old. He was single and said he was a veteran of the armed services. He had completed high school and was not employed. Participant received \$150 SNAP benefit for himself and his son. He shopped for groceries twice or three times per month at either site B or, Stop and Shop in the neighboring community. He said eating healthy was very, very important because he was teaching his son how to eat the right way. “We eat a lot of beans, seafood and vegetables. I think because I get my veteran’s benefit and SNAP, I am able to buy foods that are healthy but, I do have to watch my budget,” he explained.

Participant B20, 33-year-old female, lived in Wyandanch with her two children ages 5 years-old and 3 years-old. She was single and was living with her mother in a basement apartment. She had completed two years of college and was working part-time.

Participant B20 was taking additional college courses towards a degree in accounting. She had been receiving SNAP and WIC benefits for five years. Her current SNAP benefit was \$489. She shops for groceries twice per month at site B, and sometimes at Western Beef. She said both of her children were “terrible eaters”. “My mom has the biggest influence on the foods I buy because she mostly takes care of my kids and cooks for them.” She explained. “I usually get the WIC stuff and she uses my SNAP to buy the food for me and the kids.”



## **Data Analysis**

### **Data Coding**

The data collected was transcribed from the handwritten and audio data to computer notes and an Excel spreadsheet. A manual color coding approach was used to categorize related raw data that was applicable to the research study. The manual color coding process was done on both the transcribed notes and the spreadsheet. The analysis also included reviewing the transcripts numerous times for similarities, differences, frequently occurring ideas, patterns, and themes that emerged from the transcript. Ideas and statements that were repeated was highlighted using a computer-based text highlight color. Codes or labels were attached to blocks of information to identify recurring ideas. The data was separated into groups to form themes. After the manual color coding was completed the data was then separated into three categories. One category was ideas and statements that indicated what influenced food purchases. The second category was the statements indicating the motivation for purchasing healthy foods and the final category was those foods the participants considered healthy and said they bought. An initial list was completed to identify frequently occurring words in each category. A specific parameter was set to include the words that appeared a minimum of three times in the data. Next, a chart was created using the frequently occurring words in the transcript and spreadsheet. Another chart was completed to identify recurring ideas and statements.

### **Triangulation**

As themes began to develop, triangulation for each theme involved comparing the consistency of the data collected compared to different qualitative methods (Patton,

2015). In this study, the theory/perspective triangulation method compared the data to SCT which suggests there are various socioeconomic and cultural impacts within a community which may affect the food environment and food selections (Bandura, 1977). Additionally, the same triangulation method compared the data to the ASE-model offering the idea that dietary behavior is a function within three cognitive factors: attitudes, social influence and self-efficacy (Bandura, 1998). During the interview, the participants were asked how they prepared for their shopping prior to going to the supermarket. Sixty-five percent said they relied on the weekly store circular because the sale items made their SNAP benefit stretch. Many also expressed their financial situation caused them to be more mindful of their spending. Some said because they were also receiving other social benefits like WIC, they did not have to spend their SNAP benefits on some items. The participants were also asked to talk about the foods they ate growing up. Eighty percent said they grew up eating “soul foods” like collards, fried chicken, macaroni and cheese and varied pork dishes. Many of the photos reflected the same types of ‘soul food items’. Seventy percent said they still purchased and ate many of the foods they grew up on. Participant A5 said she currently purchases most of the same products her mother bought years ago and, indicated that the way she prepared meals was based on what she learned from her mother. In terms of a family tradition or cultural impact, Participant A5 also said her food selections are based on a staple weekly menu which included pasta on Wednesdays, fried fish on Fridays and a southern style Sunday dinner. “At holiday time, my shopping cart is filled with all soul food products. The

only healthy thing is collards, but you know I use me some fatback as my seasoning.”

(Laugh) That is how my momma made them [collards]. [Laugh]

In terms of the ASE model and self-efficacy, several participants said sometimes the store environment influenced their food selections purchasing. One of the interview probing questions asked, “Is there anything inside the store that may influence your food purchases?” Participant A10 said she would sometimes buy the name brand products the store displayed at the beginning of each isle even though she intended to buy the cheaper store brand.

As soon as the kids see the name brand stuff, they start begging me to buy it, especially the cereals. If I don't bring them I buy the store brand and they still eat it but soon as they see the name brands they say they don't like the store brands.

[Sigh]

A combination of these theories and the photographs of participants shopping carts and receipts offered further understanding of the origins associated with food purchasing and eating patterns collected within the data. When participants were asked to pick three items from the photos and describe what influence them to buy the item, there was evidence of consistency among the data. Seventy percent of participants choose to talk about three healthy items in the photo. Thirteen participants chose items like low fat milk, oatmeal, water and, whole wheat bread said they were influenced or motivated to buy the items for health reasons or because the kids liked the products. Seven participants picked a combination of items that were considered not healthy along with one or two healthy items. Some influences for choosing to buy these items also

included the kids and health reasons but, price, and SNAP benefit amount was an influence as well.

### **Evidence of Trustworthiness**

Several measures were taken to ensure the validity of this study. First, triangulation was used to verify participants' behaviors and historical accounts. After completing each interview, participants were given a chance to clarify their responses and confirm their accounts by adding details to previous statements. Participants were also asked if there was anything else they would like to add. This process is known as member checking and ensures participants' answers are reported accurately. Participants did not have a time limit for responses.

### **Creditability**

The data collected was reviewed at the end of the interview with each participant to ensure the responses of the participants were accurately documented. Each participants' experience and views were compared against statements made about their behavior for consistency. Creditability was established by discussing with participants all that was documented to ensure the data consistently represented the experience of the participants.

### **Transferability**

Qualitative results may be depicted as experiences that are specific to a small group of individuals who were in a specific environment. This often means other groups of people may not relate to the issues expressed in the study. A researcher often provides a detailed description of the participant experiences to show generalization of the

research ideas (Merriam, 2009). This was a purposeful study that involved suburban Black residents sharing their experiences about food selections while shopping with SNAP. The participants explained that shopping with SNAP benefits often limited and affected food selections because the amount they received was not enough to last the entire month. Most of them said they paid close attention to the weekly store circular to ensure they were buying foods that were on sale. Food selections were also influenced by the children in the home and other family members. Food shopping is an activity that most, if not all, people engage in, so it is probable that people from other regions may relate to the experiences shared by the residents who shopped using SNAP.

### **Dependability**

Flyers were posted on public bulletin boards in the Stop and Shop and Compare Foods to recruit participants for the study and participants voluntarily agreed to a photo observation and be interviewed for the study. The photo observation and interview provided data that described each participant experience regarding shopping using SNAP and their food purchases. Each participant was asked the same questions in the same order to facilitate consistency in the interview process. Two icebreaker questions were used to engage the participant prior to asking the research interview questions (Appendix H). Both written notes and audio were used to document the responses from the interview. The recorded data was on hand to review during the transcribing, coding, and analyzing phase. Written and audio data provided a reliable account of the data collected. The notes were transcribed word for word no more than 48 hours after the data was collected. The transcripts were reviewed multiple times to ensure the data were

transcribed accurately. The data was color coded and analyzed manually. Themes which emerged from the analyzed data included, family illness influences purchases and motivates certain purchases, SNAP benefit amount influences purchases, and eating healthy is very important and motivates certain purchases.

### **Confirmability**

The process of confirmability was implemented in the study by asking each participant the same questions, in the same order and, documenting a detail description of each participant experiences. The data was transcribed word for word from the interview notes and analyzed using a manual coding matrix on an Excel spreadsheet. The themes that emerged from the study were highlighted and further analyzed to look for sub-categories, data relationships and cause and effect. A detailed description of participants' experiences and viewpoint were documented. Researcher biases were monitored by following the process of reflexivity which provided further effective and impartial analysis. The researcher was able to isolate personal experiences from participant experiences using a personal journal to record personal thoughts to manage personal and subjective biases.

### **Summary of Trustworthiness**

This study was a phenomenological study that documented the shopping and food selection practices of suburban Black SNAP recipients who shared their views about influences affecting food selections. The participants voluntarily shared their experiences. Trustworthiness was dependent on the quality of the data collected, data analysis, and substantiation of results. Trustworthiness of the study was assessed by using

written and audio notes to record the responses of the participants as they shared their experiences. The audio and written notes were reviewed numerous times during the transcribing stage. The interview notes were reviewed with the participants to make sure the data represented each participant experience. Reviewing the interview notes with participants was useful to clarify accuracy and any ideas that were unclear, and to make certain the data clearly represented the participant views. A review of the literature was used to compare previous studies with current study data. The researcher monitored and managed potential biases by keeping a record personal feeling in a journal. The results are an analytic representation of the participant viewpoints. The researcher's personal feelings, ideas, and biases were isolated. The approach to maintain the quality and trustworthiness of the study included a thorough review of the information collected from participants for consistency. This was done to make certain the data represented the ideas of the participants and to ensure the results were an analytic account of participant experiences.

### **Findings**

This qualitative study explored the social influences impacting food purchasing decisions among suburban Black residents who buy food using SNAP benefits. Sixteen interview questions were systematically used to present the data collected for the study. The interview data was manually coded and analyzed to create the themes that emerged from the study data. The themes were an analytical explanation of the participant experiences with using SNAP benefits to buy food. The responses from the research questions provided the data for the themes that emerged in the study.

Research Question 1: What are the social influences impacting food purchasing decisions among suburban Black residents of Long Island, New York, who buy food using SNAP benefits?

All the participants indicated in some way that their SNAP benefit amount influenced food purchases. Twenty suburban Black residents in receipt of SNAP benefits participated in individual interviews and individual photo observation to explore their experiences with shopping for food using SNAP benefits. Three quarters of the participants' described how their SNAP benefit amount influenced purchases in many ways. Twelve participants, including those who worked part-time, described how their SNAP benefit was not enough to last an entire month and sometimes their benefit ran out way before the end of the month. There were three participants who explained how they had to supplement their SNAP benefit with cash from working part-time, from their disability benefit or, by borrowing money from a family member. Three participants said their WIC benefit supplemented food purchases. One participant said he was a strict vegetarian and purchased mostly plant products, nuts, and other organic products. He explained that he mainly purchased his foods from specialty organic food markets and whole food stores. He also said he was able to stretch his SNAP benefits each month because he only ate one meal a day. The only participant who was working full-time admitted that her SNAP benefit was like having extra money to buy foods she would not normally buy such as steak, shrimp, and other high-priced food items.

Ten participants interviewed said health issues influenced food purchases. When asked about health issues in the family, the participants described several illnesses or



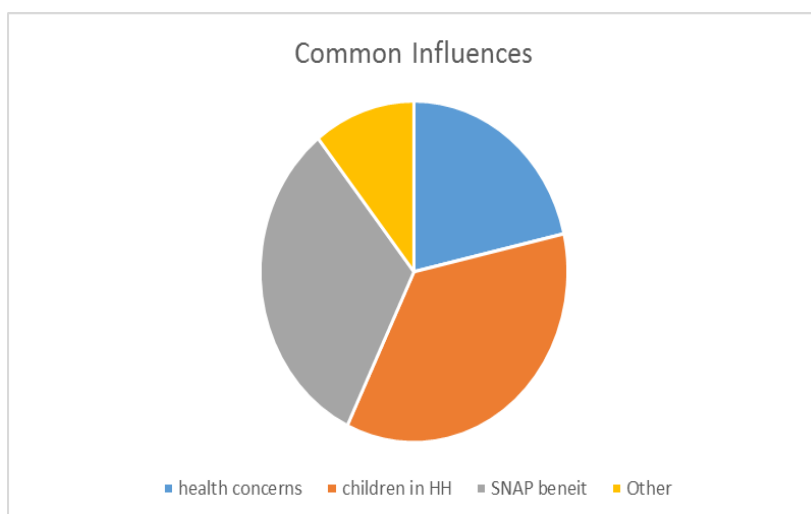
health concerns which forced them to purchase foods that contained less salt, sugar, or fat. Five participants said their healthcare provider instructed them to change their current diet by eating more foods that were rich in nutrients which included protein, carbohydrates, good fats, and drink only water. One participant explained that she was lactose intolerant, so she changed from whole milk to substitute milk products made from coconut or almonds. One participant had a five-year-old who has diabetes and she was buying mostly sugar-free food items and beverages. She also said the entire family was eating as if they all had diabetes. Four participants said they has high blood pressure and six said they were obese. These participants had to buy foods that accommodated their health personal needs to include low sodium products, low fat foods and more produce. The participants explained that a changing to a healthier diet was important. There were also a few participants who had no immediate health concerns but said they wanted to maintain their current good health. These participants described how they were purchasing a lot of vegetables, fruit, and foods such as brown rice, sweet potatoes, and low-fat milk. All the participants indicated that they prepared meals at home but only four said they sometimes ate fast foods.

Family traditions also influenced the type of foods the participants purchased. The participants said they bought many of the same foods that were purchased when they were kids themselves. Soul food style cooking was taught by mothers and grandmothers and influenced the types of foods bought into the home. One participant indicated that every meal she made was from recipes she learned from her mother. She also said she shopped the same way her mom did and therefore, the foods she buys are mostly

considered soul foods. Several participants indicated that soul food dishes were mainly prepared on the weekend and on all traditional holidays. These foods included fried chicken, fried fish, collard greens with pork, smothered pork chops, macaroni and cheese, cakes, and pies. Many of these foods were purchased each time they shopped and prepared during the week as well.

All the participants who had children living in the household said the kids influenced food purchases in some way. In general, participants with kids said they always bought foods that the kids would eat however, some foods were not healthy. Participant A1 explained how her 5-year-old daughter was recently diagnosed with diabetes and because of the associated food restrictions, her food selections had drastically change. She said her daughter was always a picky eater but now with diabetes, her eating habits have worsened. Most of the food purchased with her SNAP benefits were low or no sugar products, she explained. Participants A3 and A8 both said the children's school influenced the snack foods purchased. Participant A3 explained that the school sent home a list of recommended healthy snacks to buy and, send to school with the kids. The list had items like pretzels, yogurt, granola bars and fruit, both fresh and fruit cups. She said the children had become use to eating these types of snacks and were now asking for the same snacks at home. Similarly, Participant A8 said her children played sports after school and the school suggested that they bring certain snacks to eat before practice. Some of the suggested snacks were fruit, pretzels, protein bars and water.

As shown in Figure 7, among the most common factors influencing participants to purchase foods with SNAP, 45% of the participants noted their SNAP benefit amount influenced food purchases, 30% participants interviewed said health issues influenced food purchases, and 50% of participants believed the children in the household had the most influence. Other participants (15%) mentioned vegetarian or no meat diet and wanting to lose ten pounds or more as influences.



*Figure 7.* Common influences. “Common” refers to at least three participants noting the influence.

Research Question 2: What are the motivating factors guiding food purchases when shopping for food with SNAP benefits?

The motivating factors guiding food purchases were in direct association to those factors influencing purchases. Eighty percent of the participants expressed that eating healthy was very important and was the main reason why they were buying certain foods. Although six participants said health reasons influenced purchase decisions. Ten participants in total named some type of health issue as the motivation to purchase more

healthful foods. The participants spoke about current and family medical history which included obesity, high cholesterol, diabetes, gout, arthritis, and hypertension, and said they were making conscious efforts to purchase foods that were lower in salt and sugar. Six participants stated their medical doctor told them to lose weight by changing what they ate. Two of them said their doctor gave them strict orders to stop eating fatty and salty foods. Participants B14 and B18 said their food selections were based on their personal habits and lifestyle as a vegetarian and the desire to maintain current good health. B14 conveyed the need to continue to eat and live a healthy lifestyle even though the foods she purchased were very expensive, especially on a SNAP budget. B18 said he did not eat much and so he was able to stretch his food stamps to buy mostly organic products.

In addition to health reasons, many of the participants also said teaching their children to eat better was the motivation to purchase certain foods. Two participants gave details about their kid's school suggestion that they buy certain foods. They explained they were also motivated to make healthy food purchases because they did not want their kids to develop chronic illnesses associated with eating unhealthy foods. The participants explained that they were more conscious of salt and sugar amounts and calories in foods and they were reading labels to manage the amount of salt and sugar intake. The participants indicated that generally, they were trying as much as possible to make better food purchases but, it was challenging on a SNAP budget.

Health concerns also motivated the study participants to either purchase foods, and/or not purchase them. For example, participant B12 had several health issues

including high blood pressure and diabetes. Her doctor told her if she changed her diet to low and no sodium foods and eliminated sugar as much as possible, many of her health concerns would be addressed. Participant B12 said she was motivated to change most of the unhealthy foods she purchased with SNAP to items like salad, low fat dressing, wheat bread and whole grain foods no matter the cost. Participant A4 explained how she was trying to lose 10 pounds and was also motivated to change the foods she had purchased with SNAP to foods that would help her lose weight. She said just recently she started buying almond milk, in place of whole milk, yogurt, whole wheat bread, instead of white, salad ingredients and, canned tuna. She felt these items might be a little more expensive but, would help her lose weight. Shown below in Table 2, are the number of participants stating the influencing factors guiding food purchases and in Table 3, the factors motivating purchases

Table 2

*Influences Impacting Food Purchasing Decisions*

	1-5 participants	6-10 participants	10 or more
Children in HH			X
Health Concerns		X	
Cost of Food	X		
Other	X		

Table 3

*Motivating Factors Guiding Food Purchases*

	1-5 participants	6-10 participants	10 or more
Children in HH	X		
Health Concerns			X
Benefit Amount	X		
Other	X		

An interpretive phenomenological analysis method was used to frame an academic interpretation of the viewpoints and experiences communicated by participants concerning buying food using their SNAP benefits. The main ideas generated from the themes were used to determine the meaning of the study. This section an analysis of the themes and patterns that emerged from the findings and addressed the two research questions. The following five themes emerged from the data collected:

**Theme 1: Illness and Health Issues Influence Food Selections and Purchases**

The participants described various reasons certain products were purchased and why other products were not due to a health concern or chronic condition. Some participants who did not have any current family health concerns expressed concerns of other family history of disease. These conditions were not limited to the adults. At least two participants described illnesses that their children were diagnosed with. The health concerns were identified as diabetes, high blood pressure, obesity, HIV/AIDS, ADHD,

gout and, physical disability. Several participants indicated that their medical doctor had suggested either they lose weight and/or change their diet to include fresh produce and lean meats.

Interview Question 10 asked, “What do you think influences your food purchases?” Six participants perceived their purchase was influenced mostly by current health conditions of themselves or someone in the household and subsequently, influenced their dietary lifestyles. As participant A1 explained, “My 5-year-old daughter was diagnosed with diabetes two years ago so now the whole family mostly eats what she eats.” Other responses included Participant B13, “I have diabetes, arthritis and gout and my doctor told me I need to eat better to get better”; Participant B17, “my doctor said I have to eat healthy”; or Participant A4, “[I] know I’m obese and have to lose like thirty pounds.”

## **Theme 2: Children in the Household Influence Food Selections and Purchases**

Interview question 8 asked, who in the family had the most influence in terms of what foods are purchased? Ten participants said the children in the household influenced what foods were purchased. The participants gave various reasons why they felt the kids had the most influence. Participant A1 said, “I know my 5-year-old daughter influences what I buy because I can’t really afford to buy one cereal or juice without sugar for and, so I just buy mostly sugar-free stuff.” Another response was:

“A trip to the store with my kids is crazy even after I already told them not to ask for anything, they see the cereals on display in the front and right away they are asking for

that and then something else like cookies, or chips. Usually I buy the no name brands, but when they come they want the expensive stuff they saw on TV”.

One participant, A9 said. “Well, I just ask the kids first usually before I make the list and if they come with me they end up asking for other things not on the list.” A3 described how her kids’ school influences the snack purchases:

“I have to buy the school recommended healthy snacks and they are picky eaters and usually want what they see on television. The first week of school the teacher sent home this list of the only snacks I could send to school with them. The list had yogurt, pretzels, water, sports drinks, ummm, oh and those cheesy crackers and fruit cups. At first my kids were saying no to all those except the fruit cups. Then they saw friends was bringing the stuff on the list and then they wanted it, so now those snacks are all they ask for”.

Four of the participants reported planning, ahead of the trip to the store, together with the kids. One said she stopped buying anything with sugar added because her grandson had ADHD and was more hyper when he ate foods with sugar. Participant B12 explained her management strategies based on her SNAP benefit. “If it’s on sale. That is what I tell them. [Laugh] then I go over the circular with then, and whatever’s on sale, they can pick from that”

### **Theme 3: SNAP Benefit Amount Influence Food Selections and Purchases**

There are certain aspects that may influence food purchases among individuals who rely on social programs like SNAP (Patton, 2010). Similarly, the actual influence may just be simply participating in SNAP which adds a degree of financial limitation



thus, impacts food purchases. Several participants made some type of reference indicating the amount of their SNAP benefit dictated what they bought. For example, Participant A2 stated that his SNAP benefit was not enough to buy certain items like fresh fruit and other healthy foods.

First of all, it's all about cost. I only get one hundred forty-five dollars a month in food stamps which gotta last me. There is no way I can afford healthy stuff.

Sadly, I buy most of my food from the dollar isle, you know, like everything is a dollar. I know I am eating bad stuff and it is terrible that I consciously make bad choices based on the cost” The only time I feel like I am buying healthy food is when I shop at the local butcher and buy the sixty-dollar meal plan because I know the meat is a better grade than what's in the supermarket. (Participant A2)

Eleven participants reported looking at weekly sale circulars to compare prices before going food shopping and seven of the participants shopped with a grocery list most of the time. Participant A4: “If it doesn't fit my weekly budget, I don't buy it.” Participant A5 stated, “Stop and Shop is very pricey, and you know shopping with SNAP means you have to shop where the prices are cheap. Location is real important too.” stated. Some (6) shared attitudes of frustrations regarding the inability to obtain more benefits. Two participants said they had to do other things like work off the books or borrow money to supplement their benefit. Participant A5: “There's really not much I can do about the amount. I'm just grateful for what I get.” On the other hand, one participant said the amount of SNAP benefit she was receiving allowed her to buy expensive items she would not normally buy. Participant B12 explained, “My issue with

my benefits is that it is not enough to buy the foods I need to eat for my conditions and I definitely can't buy any name brands.” Participant A1 also explained

Because I work full time and get more than four hundred dollars in SNAP, I am able to buy the expensive foods or the name brand foods. I buy Kraft macaroni and cheese or Velveeta because that is all she eats. I buy myself steak and shrimp and sometimes lobster. It is like having extra money. Oh, and I also get WIC, so I do not have to buy milk and cheese and bread with SNAP. I guess if I had to just use my own money, I would be buying store brands and no steak and lobster [Laugh].

#### **Theme 4: Illness and Other Health Concerns is the Motivation for Purchasing Healthy Food Items**

Like the factors which influence food purchases, illnesses and health concerns that motivate individuals to make food purchases. The participants explained that they have either been diagnosed with a chronic condition or have other health concerns which has forced them, in some cases, to make changes in the foods they eat. All of them believed health issues was the key motivation to change their dietary habits. One participant, A1, named a specific condition, “My daughter is a diabetic, so I have to watch what she eats.” Others shared participant A1’s belief about the relationship between their health condition and having to watch what they ate. Participant B12 said she had high blood pressure and diabetes. She also said her doctor instructed her to eat specific foods to control her conditions and that she should try to change her entire eating habits if she wanted to live longer. Participant A4 said she wanted to lose weight and

said, “I have cut down on my servings and I stopped buying processed unhealthy food.”

Although some of the participants interviewed said they had no current health issues, they too were motivated to buy healthful foods to remain in good health. Participant A4 summed up how even on a SNAP budget, she was willing to stop buying cheap unhealthy foods, and so she could lose the pounds: “In the last couple of months, I’ve been buying more salad ingredients, more fresh fruits and water instead of a whole bunch of juices, chips and cookies.”

### **Theme 5: Eating Healthy is Important and is a Motivation for Purchasing Healthy Foods**

All except four participants said eating healthy was very important and the main reason was because of current health concerns which demanded they purchase foods that were either low fat, low or no salt and, limited amounts of sugar. Sixteen said eating healthy was very important, two said important and, two said two said somewhat important. Sixteen participants said they ate foods that were healthy, and two participants said they did not eat meat and were vegetarians. Only two participants said they did not think about healthy foods when purchasing foods with SNAP and seven participants said they did think about healthy food, even with their limited SNAP benefit. Three participants spoke about family traditions like eating soul foods, although not healthy. All three said complete soul food meals were only eaten on major holidays.

#### Summary

Suburban regions such as Long Island, New York, have areas of low-income communities whose residents have lower socioeconomic and are receiving SNAP. These

individuals make decisions on food purchases and their decisions have impacted diet and eating patterns. In some cases, certain food selected may have affected health outcomes for them personally as well as their family members. The Black residents in this study were able to share their experiences while shopping for foods using SNAP. They were just as willing to share information, both visual and verbal, about what they believed influences purchases and motivates them to make both healthy and unhealthy food purchases

According to the concepts of the theory of social cognitive theory, human functioning is viewed as the product of personal, behavioral, and environmental influences (Bandura, 1977). Behaviors like food shopping is likely influenced by the food environment as well as other shared influences like SES or social program benefits.). Social ecological models also evoke levels of influence with the idea that behaviors are shaped by the social environment (Bronfenbrenner, 1979). The Black residents who participated in the study shared similar experiences when shopping with SNAP in terms of influences related to health conditions, the children in the household and, the amount of SNAP benefits received. The findings suggest that in general, low-income suburban Black resident's food purchases are influenced by a combination of elements including personal, social, and environmental factors. The participant's experiences further supported parallels between the influencing factors with elements that also motivated food purchases. This connection regarding healthy eating beliefs, eating patterns and choices made when they shop. The research question focused on the influences that affect food purchases of the suburban Black population and the elements

motivating healthy food purchases. The ideas from the SCT and SEM have assisted the academic foundation that supports the idea that individual behavior is driven by varied social influences. Twenty Black SNAP recipients participated in the study to discuss their shopping experiences. The common experience is that there are several influences likely drive individual food purchases and subsequently, their dietary choices.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

A review of several databases revealed a gap in the literature about social influences affecting suburban Black residents' food purchasing decisions using SNAP. I conducted a qualitative study using a phenomenological approach to study Black residents living on Long Island who were current SNAP recipients. With this study, I attempted to close the gap in the literature by offering an examination of the influences affecting food purchases among the selected population. Twenty eligible residents participated. All participants had to be an adult, 18 years or older, Black, currently in receipt of SNAP, and live in Hempstead or Wyandanch, New York. The participants were asked to share their experiences and their views about shopping using SNAP benefits through face-to-face, in-depth interviews and photo observations. The expressive thoughts and discussion from the open-ended questions were used to develop this study's recommendations. After I transcribed the audio-recorded interview statements into a word document and uploaded the photos into individual word documents, I created a color-coded excel spreadsheet and used it to assist with the data analysis. The information I collected provided a description of the influences participants believed affected food purchases using SNAP benefits. In addition to describing the influences, participants explained aspects of motivating factors guiding purchases of healthy foods. Although each participant's experience was distinctive, five basic themes emerged: illness and health concerns, children in the household, SNAP benefit amount,

illness, and other health concerns motivating healthy food purchases, and the belief that eating healthy is important.

### **Interpretations of Findings**

Two questions guided this study. First, what are the social influences impacting food purchasing decisions among suburban Black residents who buy food using SNAP benefits? Second, what are the motivating factors guiding food purchases when shopping for food with SNAP benefits. Data analysis revealed five emerging themes, all listed in the previous paragraph. It should be noted that the small sample may not fully represent the general population of Black recipients of SNAP who live in similar suburban areas and purchase food using SNAP benefits.

The findings from the first research question indicated several influences that affected food purchase decisions using SNAP benefits. Some participants expressed more than one influence. Patton (2010) noted that certain factors influence food purchases among individuals who rely on social programs like SNAP. In this study, among the most common factors influencing food purchases using SNAP, 50% of the participants believed the children in the household had the most influence. Forty-five percent of the participants said their SNAP benefit amount influenced food purchases, and 30% said health issues influenced food purchases. Fifteen percent said a no meat diet and trying to lose weight also influenced purchases. According to Caswell & Yaktine (2013), food choices are often influenced by personal and cultural ideals, and controlled by present income, family structure, the health of family members, and the roles each family member may have regarding food selections. These findings verify previous

accounts that support the idea of outside influences affecting a household's ability to consume a healthy diet (Caswell & Yaktine, 2013).

The leading influence, communicated by the participants, was that children in the household had a great deal of influence over food purchases. This is like Dachner, Ricciuto, Kirkpatrick, & Tarasuk (2010), who also found that children and/or other family members, who influence the food decisions of the person responsible for buying food, were likely to influence the amount spent and the nutritional value as well. All the participants who had children in the home said the children had a significant role in food purchases. The influence occurred in several ways including assisting in the planning process, requesting certain foods, influencing direct buying while in the store, having medical reasons, and following school policies. Previous research has found that school policies designed to improve the school food environment have led to improved eating behaviors among children, resulting in better dietary quality of the food eaten during the school day (Glanz & Bishop, 2010). In my study, two participants said the leading influence came from the school teachers and sports coaches who sent home lists of appropriate healthy snacks for parents to send to school with their children. The same two participants said the products that were considered appropriate had led to significant behavior changes in the foods purchased with SNAP benefits. The children started incorporating the listed school snacks with regular snack requests. Furthermore, the children were requesting healthy snacks even when they were not in school, such as during the summer vacation, thereby changing the participant's overall purchase decisions when shopping using SNAP. SCT frameworks support basic interventions to



promote behaviors such as healthy eating and prevent obesity (Rolling & Hong, 2016).

In recent research, Rolling & Hong (2016) suggested that personal factors are key influences and the school environment provides an ideal setting to promote healthy eating behaviors, ultimately influencing children's' risk for obesity and other diet related illness. Because good nutrition is the foundation for good health and academic success, requiring healthy snacks from home complements healthy eating values for the entire family (USDA, 2010).

The second perceived influence was associated with chronic illness and other health concerns such as losing weight, eating better, and continuing good health and wellness. Half of the twenty participants talked about themselves or another family member as having health concerns. Participants described some illnesses that required them to eat foods containing little or no salt, sugar, or fat. At least twenty-five percent of those sampled said their healthcare provider instructed them to change their current diet by eating more foods that were rich in nutrients. They were also instructed to eliminate foods that were processed or prepackaged. In most cases however, participants said it was difficult to adhere to the instructions because of costs. Some were given a scripted diet plan. As noted by Leung et al. (2012), low-income adults who received SNAP benefits had diets worse than those individuals who were not receiving SNAP benefits, which may be one of the reasons why diet-related illnesses are so prevalent among this population. In a comprehensive dietary analysis of low-income adults, Leung et al. (2012) also found that even though the diets of all low-income adults need improvement, SNAP participants had lower-quality diets than did income-eligible nonparticipants.

Results of Leung et al.'s study indicated that low-income adults did not meet the recommended guidelines for eating nutritious foods like whole grains, fruit, vegetables, and fish. Instead, the data showed that many low-income adults were eating far too many processed foods, desserts, and sugar-sweetened beverages (Leung et al., 2012). In my study, several participants who had health concerns said shopping with SNAP benefits prohibited the ability to buy certain healthy products because of the cost.

The data in this study showed that chronic illnesses and obesity among the sample were most likely related to poor diet. Most of the participants admitted to eating foods such as proteins that were fried, starches and, sugary drinks but, some were also changing their current eating behaviors by purchasing healthier products. This change prompted changes in overall SNAP purchases. One participant said she was lactose intolerant and she had recently switched from whole milk to substitute milk products made from coconut or almonds. One participant had a 5-year-old who had diabetes, and she was buying mostly sugar-free foods and beverages. She also said the entire family was eating as if they all had diabetes. Four participants said they had high blood pressure, and six said they were obese. These participants were all buying foods that accommodated their personal health needs including low-sodium products, low-fat foods and more produce. The participants explained that shifting to a healthier diet was important. A few participants had no immediate health concerns but said they wanted to maintain their current eating habits. These participants described how they were purchasing a lot of vegetables, fruit, and foods such as brown rice, sweet potatoes, and low-fat milk. Among the sample, those who had health problems said they were starting to read labels for

calorie, sodium, and sugar content and had altered some of their usual SNAP purchases.

Two participants said they were already eating healthy and wished to continue their vegetarian lifestyle to maintain good health.

The third influence most communicated by the study sample was about the limited SNAP benefit amount received monthly. Given that SNAP participation increases the degree of economic limitation, which correspondingly impacts food purchases, participants in this study said their SNAP benefit amount influenced their food purchases decisions. This stated influence reflects the 2010 report by the DGA which indicated very few people, in general, have diets that meet the DGA recommendations because the food environment is challenges a shopper's ability to improve their dietary patterns (USDA, 2010). Thus, SNAP participants need to be particularly skillful when shopping due to the limitations of their SNAP benefits. Several participants said there were many barriers to eating healthy on a SNAP budget including budgeting difficulties. Other benefit programs such as WIC increased the likelihood of participant's ability to meet the needs of the family and eat nutritious foods. The participants who were employed, either part-time or full-time however, were not able to cover all their food costs for the entire month consequently, decreasing their chances of selecting the more expensive healthy foods. A few participants had to make allowances for the reduction in SNAP when employment or other social benefits changed their eligibility. Many participants stated they tried not to use all the benefits before the end of the month. Some participants depended on asking family members and friends for assistance. One participant relied on the local food pantries to provide additional groceries. This

qualitative study's results paralleled Hilliard (2012), who challenged the idea that SNAP recipients were more food secure. Results from Hilliard (2012) revealed there are many barriers to eating healthy on a SNAP budget including budgeting difficulties.

Additionally, the researcher looked at challenges faced by individuals attempting to follow the USDA guidelines on a \$4.50 daily budget. The study results shed light on multiple issues faced not just with buying food, but with trying to buy healthy food on a SNAP budget.

The second research question explored the motivating factors guiding food purchases when shopping for using SNAP benefits. The findings from this question revealed the motivating factors were like those factors influencing purchases. First, it is important to note that most of the participants stated eating healthy was very important and was one of the main reasons why they were buying healthy foods. While many of the participants said eating healthy was important, many also said they were motivated to eat healthy foods because of their current health concerns. These findings are like results from Caswell & Yaktine (2013), suggesting some food choices are often motivated or influenced by the health of family members, and other outside influences such as medical advice resulting in the household's need to consume a healthy diet. In addition to health reasons, many of the participants also said teaching their children to eat better was the motivation to purchase certain foods. This was because they expressed they did not want their kids to develop chronic illnesses associated diet patterns. Evans et al. (2011) found children to have a positive influence on the entire family regarding eating healthy foods and often motivated the purchasing of nutritious foods. These findings were somewhat in

contrast to James (2010), who found some Black families to be opposed to any efforts to eat healthier foods implying eating a healthier diet was trying to destroy Black culture. On the other hand, James (2010) also found among the study group, that although their diet was strongly tied to their culture, they were motivated to change what they ate if they were diagnosed with a severe, life-threatening illness.

### **Theoretical and Conceptual Findings**

Participants in this study expressed concerns about not having enough SNAP benefit to last the entire month. A major concern was benefit reduction due to employment or increases in other social benefits. Any decrease in SNAP posed a serious problem for participants and consequently, greatly influenced purchase decisions when they shopped for food. The ASE-model supports the notion that behavior and cognitive factors such as attitudes, social influence and self-efficacy play a role in the shopping behaviors among the study population. Because self-efficacy often plays a major role in how one approaches tasks and challenges (Bandura, 1977), participants who depended on SNAP benefits to buy an entire month's worth of food, expressed having difficulty with this task. One participant said she was grateful she was also receiving WIC benefits to supplement the decrease in SNAP due to her employment. Another said he relied on borrowing money from family members or he worked off the books. Among the entire study population, forty-five percent expressed some type of hardship when attempting to make SNAP benefits last the entire month. These concerns expressed helped increase understanding about aspects of self-efficacy among SNAP recipients. SCT suggests factors such as economic conditions, socioeconomic status, and culture do not affect

human behavior directly. Instead, there is a certain degree to which these factors influence people's goals, self-efficacy beliefs, and other self-regulatory influences (Bandura, 1977). The sample population believed eating a healthy diet, full of fruits and vegetables was important, but this belief did not translate into certainty that they were making healthful choices. This suggests a possible lack of skills needed to translate concrete nutrition knowledge and budgeting in to practice. Some of the participants demonstrated certain basic management skills of planning prior to shopping but, they also recognized influences that contradicted pre-planning because of the store environment, displays and, children's reactions at the store. The study findings support Bandura's belief that before changes in behavior can take place, factors that can possibly influence behavior must be considered (Brown, 2014).

### **Limitations of the Study**

This was a qualitative study with a phenomenological approach that examined the experiences of twenty suburban Black residents. One limitation was the data only represented the experiences of a small group of people. The use of a purposeful sample meant the individuals had knowledge about their own personal shopping influences and were selected based on characteristics of a population and the objective of the study (Patton, 2015). Consequently, the data was limited and may not be representative of the larger population of suburban Black SNAP recipients. Another limitation was the geographic location which may have potentially been limiting as well. Interviewing participants living in just two of several low-income communities may not accurately reflect the general population of SNAP recipients. Further, one grocery store was chosen

randomly and the other because it was the only one in the area. With that in mind, experiences from Black SNAP recipients shopping at other store locations are unknown. Finally, although 20 participants originally agreed to a photo observation, only 15 participants participated in the photo observation. This also may impact the study because five participants did not have a photo to refer to when the questions relating to the photo observation was asked. Instead, they were asked to visualize three items they normally buy. With these limitations in mind, further research is needed to confirm these results are consistent with the larger SNAP population.

### **Recommendations**

This study provided valuable information regarding the experiences of low-income residents and their efforts using SNAP benefits to purchase food. There is no single solution that can solve the problems of poor diet among Americans particularly, Black Americans. Based on the results of this study, there are several recommendations. More research is needed to explore this phenomenon further; more research is needed to determine if the results of this study are relevant to the larger SNAP population; the SNAP- program should seek to improve current SNAP-Ed and EFNEP resources including conducting qualitative studies; policy makers should take account of recipients' opinions prior to forming legislation regarding social programs. SNAP benefits are intended to support low-income individuals and families (USDA, 2017). Unfortunately, structured benefit amounts and reductions negatively impact recipients when benefit amounts are insufficient, or recipients receive increased earnings or obtains more social support. Currently, the USDA provides funding for several programs dedicated on

improving nutrition knowledge and skills. The Expanded Food and Nutrition Education Program (EFNEP) and SNAP-Education (SNAP-Ed) are educational initiatives aimed to improve participants' ability to meet the recommendations of the DGA (USDA, 2017). Both programs use theory-based interventions to build skills in meal preparation and shopping for food (Koszewski et. al, 2011). Food shopping skills are included, as part of the education, to teach participants how to buy food on a budget. SNAP-Ed and EFNEP are two examples of programs that record behavior change in the cognitive and social factors. Koszewski et. al, (2011) studied graduates from both SNAP-Ed and EFNEP to confirm behavioral changes six months after completing the program. Thirteen of the 15 behavior survey questions showed significant improvements from pre-test to posttest as well as pretest to follow-up (Koszewski et. al, 2011). However, the reporting system was quantitative and did not capture perceptions and experiences that can affect behavior change (Koszewski et. al. 2011). Further research, like the one conducted by Koszewski et al., (2011), needs to examine the perceptions and experiences documented by EFNEP and SNAP-Ed. The information combined with a large-scale qualitative study could provide more complete data on those who use SNAP benefits. With a more comprehensive view additional impact on recipient behavior change could be determined because the use of individual interviews may offer information about other influences impacting behavior. Moreover, in addition to the scope of this study, experiences with nutrition education and food shopping skills could further assist this population with purchasing healthier foods.



### **Implications for Social Change**

The information gathered has the potential to create social change in several ways. For example, this study will potentially be circulated in publication form to local stakeholders and policy makers and, in an abbreviated format to local community and antipoverty advocacy groups. By doing so, the information can then be used to develop strategies to address concerns and issues expressed by SNAP recipients. By sharing important elements revealed by the sample population, the community at large can gain knowledge and social awareness about issues related to food purchasing and food selections among SNAP recipients and reasons why some individuals and groups develop certain food purchasing habits.

The concepts from the ecological model and the social cognitive theory supports individuals as being responsible for their behavior. These theories explore factors of behavior from various levels including individual, interpersonal and community level response. The combination of these theoretical ideas can be used as the groundwork to develop community specific educational programs that encourage and teach low income residents how to shop on a limited budget and incorporate healthy food purchases. Community health educators can use this information to encourage and support discussions related to healthy lifestyles, healthy eating, and tips on shopping on a budget. Chronic diseases like high blood pressure, diabetes and obesity may be reduced as people learn to incorporate healthy food choices into their lifestyles. The local health and other social benefit programs can consider combining social services and public health efforts to help to impact social change related to food selections and eating habits.

As previously noted, SNAP is designed to reduce food insecurity and reduce disrupted eating patterns in a household due to lack of money or other resources (USDA, 2013). One implication for social change is to redesign the SNAP and SNAP-Ed programs by increasing the number of participants who know about the program and the associated resources. Additionally, policy makers should create a SNAP participant advisory board that allows individuals who are receiving SNAP benefits to be the voice of the community. The information from the advisory board, in addition to further research, could aid in assisting policy makers when amending the current welfare policies such as the SNAP program. Another implication for positive social change relates to the fact that most of the study participants said eating healthy was very important. Common misunderstandings about people receiving social benefits like SNAP assume they are lazy or irresponsible (Trappen, 2013). Elements of this research could educate the public about issues related to poverty and health disparities and perhaps, change the notion that SNAP recipients are not interested in their health and only eat unhealthy foods. According to Block & Subramanian (2015), changing public opinion about those living in low-income communities and receiving SNAP, will help guide the change in public policies and programs. As far as recommendations for the economic environment (and benefits) and its impact on healthy eating behaviors, collective efforts of social programs and community-based advocates need to be established. There needs to be support from both to assist people with taking some measures of control over their health. Residents need to be given the necessary resources and guidance to help themselves. Once people understand how their eating habits affect their health, they may be able understand the

importance of changing their poor eating habits. Although additional self-influences are needed to overcome the sacrifices required to adopt new food purchasing patterns, and maintaining them, a community effort to reduce chronic illnesses resulting from unhealthy food selections can provide useful and collective empowerment and bring about social change.

### **Conclusion**

This study confirms the idea that various influences affect food purchasing decisions among suburban Black recipients of SNAP. Black residents making such food purchasing are most certainly impacted by several elements that may be affecting health outcomes for themselves and their family members. This study has provided a great opportunity to examine the food purchasing experiences of a specific population however, it is imperative that more studies seek to combine both qualitative and quantitative data to be more informed on a holistic level.

As poverty rates rise each year, more families are applying for and receiving SNAP benefits (USDA, 2016). As more individuals receive assistance, policy makers and public health officials should not only acknowledge an increase in the number of people who are receiving SNAP but, make note of those recipients who are reported to have poor health as well. One suggestion for social change is to redesign the SNAP and SNAP-Ed programs to expand educational components and develop specific interventions directly aimed at minority populations living in suburban communities. While some may argue that increasing SNAP benefits is the answer, it is probably better to develop population specific interventions and education and combined, may impact

social change and lead to greater success in the prevention of diet related chronic illnesses.

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## Appendix A: Screening Survey

Thank you for your interest to take part in a research study about food purchasing decisions. The researcher is inviting Hempstead and Wyandanch Black residents, ages 18 and over who purchase foods in their community supermarket using SNAP to be in the study. The following four (4) questions determine if you meet the study participation criteria requirements.

1. What is your address ZIP Code?

\_\_\_\_\_

2. What is your approximate age?

18 - 24

25 - 34

35 - 44

45 - 54

55 - 65

Over 65

3. What is your ethnicity (circle)?

White

Hispanic or Latino

Black or African American

Native American or American Indian

Asian / Pacific Islander

Other

4. Do you currently receive Supplemental Nutrition Assistance Program (SNAP) benefits? (circle)

Yes

No

### Appendix B: Use of Photo for Research Project Release Form

As part of this project and, your participation in the research, we will take photographs your shopping cart filled with groceries and photographs of your shopping receipt. We are asking your permission to share those photographs/recordings with people who are not part of this research team, in the ways described below. Please indicate below by initialing what uses of these records you consent to. This is completely up to you. We will only use the records in the way(s) that you agree to. In any use of these records, your name will **not** be included.

1. The photographs can be included in publications and presentations about this research study that are seen by other researchers and by the public.

Photos \_\_\_\_\_ initials

2. The photographs can be stored indefinitely in an archive/stimulus set that will be available to other researchers for use in their research studies, including showing the photographs to participants in other research studies.

Photos \_\_\_\_\_ initials

3. The records can be shown in classrooms to students.

Photos \_\_\_\_\_ initials

I have read this form and give my consent for use of the records as indicated above.

Signature \_\_\_\_\_ Date

\_\_\_\_\_

## Appendix C: Interview Questions

### Social Influences of Suburban Black Residents Food Purchasing Decisions Using SNAP Benefits

The following research question are guiding the following Interview questions: (research questions will not be asked during interview)

RQ1: What are the social influences impacting food purchasing decisions among suburban Black residents of Long Island, New York, who buy food using SNAP benefits?

RQ2: What are the motivating factors guiding food purchases when shopping for food with SNAP benefits?

### Semi-structured Interview Questions:

#### Introduction

1. (Icebreaker) what types of food did you grow up eating?
2. What is your favorite food now and why?  
Let us now talk about meeting at (Supermarket A or B).
3. How long have you been shopping there?
4. How often do you shop there?
5. What other grocery stores or supermarkets do you shop at using your SNAP benefits?
6. Who is usually does the food shopping?
7. How does he/she prepare for the shopping trip? Ads, coupons, consult with other family members...?
8. Who in the family has the most influence in terms of what foods are purchased?
9. How does the person shopping decide what to buy?
10. Besides family members, what do you think influences your food purchases: taste, convenience, nutritional value, cost, etc.?
11. How important is eating healthy to you??
12. What do you think motivates you to purchase healthy food items?
13. What types of foods do you consider healthy?
14. What types of foods do you usually buy that are healthy?
15. (Show photos) From the photos taken at the supermarket, pick three food items and describe what influenced you to buy them.
16. Overall, what do you think influences you the most when shopping for food with SNAP benefits and why?

Closure: Before we end this session, is there anything that you would like to tell me about that you did not have a chance to mention?

## Appendix D: Interview Script

Name:	
Date:	
Start Time:	
End Time:	
Site:	
Participant Code:	

## Introduction to interview

Thank you for agreeing to take part in a research study about food purchasing decisions using SNAP benefits. I am the researcher and I have invited Hempstead and Wyandanch residents, ages 18 and over who purchase foods in their community supermarket to be in this study.

The purpose of this study is to examine how Black residents in two minority communities on Long Island approach the task of selecting foods to buy using their SNAP benefits and what they think influences their decisions.

The information you share with me today will be confidential. I will not share your name with anyone else. Your comments and statements will be referred to as a unique code and not your name. Only I will know your name.

Before we begin the interview, which may take about 30 minutes, do you have any questions or concerns?

I will begin the recording now.

The first few questions are general information questions.

1. Your participant code for this study is:

\_\_\_\_\_

2. What is your age?

\_\_\_\_\_

3. Including yourself, how many persons are in your household?

\_\_\_\_\_

4. Educational background?

Some high school

High school graduate  
 Some college  
 College graduate  
 Postgraduate/professional

5. Are you  
 Married  
 Single  
 Divorced  
 Living with partner
6. Are you employed?  
 Full-time  
 Part-time  
 Not at all
7. What is your ethnicity?  
 White  
 Hispanic or Latino  
 Black or African American  
 Native American or American Indian  
 Asian / Pacific Islander  
 Other \_\_\_\_\_
8. Who in your household is responsible for food purchase decisions?  
 \_\_\_\_\_
9. What is your monthly SNAP benefit amount?  
 \_\_\_\_\_
10. On what day of the month do you receive Supplemental Nutrition Assistance Program (SNAP) benefits \_\_\_\_\_  
 (Icebreaker)
1. What types of food did you grow up eating?
  2. What is your favorite food now and why?
- Let us now talk about meeting at (Supermarket A or B).
3. How long have you been shopping there?
  4. How often do you shop there?
  5. What other grocery stores or supermarkets do you shop at using your SNAP benefits?

Keep in mind, the remaining questions all pertain to your SNAP benefits.

6. Who is usually does the food shopping?

7. How does he/she prepare for the shopping trip? Ads, coupons, consult with other family members...?

Probe: Tell me more. Give examples of how that person prepares for shopping. How do they decide which store to go to if they go to more than one?

Describe for me how the person who shops for food prepares for the shopping trip. Do they plan? Do they make a list? Is there a typical day of the week designated to shop?

8. Who in the family has the most influence in terms of what foods are purchased?

9. How does the person shopping decide what to buy?

10. Besides family members, what do you think influences your food purchases: taste, convenience, nutritional value, cost, etc.?

Probe: Is there anything inside the store that may influence your food purchases?

Probe: ask for Examples?

Probe: Tell me more. What else?

11. How important is eating healthy to you?? Do you buy healthy foods?

12. What do you think motivates you to purchase healthy food items?

13. What types of foods do you consider healthy?

Probe: Ask them to describe the types of foods they consider to be healthy.

Probe: Give examples of healthy foods

14. What types of foods do you usually buy that are healthy?

O.K., we are almost done with the interview. I want to ask you a question about the photos you allowed me to take in the supermarket. (Show photos) (Look at them together) ask if he/she remembers the photo.

I want you to pick three food items from the photos of either the receipt or the cart and I want you to tell me what influenced you to buy each of those items

15. (Show photos) from the photos taken at the supermarket, pick three food items and describe what influenced you to buy them.

16. Overall, what do you think influences you the most when shopping for food with SNAP benefits and why?

Closure: Before we end this session, is there anything that you would like to tell me about that you did not have a chance to mention?

Thank you for your time.

## Appendix F: Information Flyer

## YOUR HELP IS NEEDED!!!!!!

**Who:** Black, Residents who live in Hempstead or Wyandanch and currently receive SNAP.

**What:** To participate in a research study about factors that influence your food selections

**When:** September - October 2017

**Why:** help to provide insight about influences affecting food choices in suburban areas

This is a research study conducted by a graduate student at Walden University to learn about the various influences that affect food purchasing decisions among suburban Black residents who shop using SNAP benefits. This is an opportunity for residents to give details about what influences the food choices they make. Results will be used to provide insight for interventions aimed at making better food choices. Participants are needed to complete a 45-minute interview about their shopping habits, have a photo taken of their shopping cart filled and a photo of their grocery receipt to the researcher. **Those participating will receive \$20 in grocery gift cards.** If you are interested and think you qualify, please contact me, or leave your name and contact information with the store manager.

For more information, contact:  
Carolyn McCummings  
XXX-XXX-XXXX

