Modifying Soul Food for the Dietary Approaches to Stop Hypertension Diet (DASH) Plan: Implications for Metabolic Syndrome (DASH of Soul)

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INTRODUCTION

Metabolic syndrome, a cluster of anomalies centering on insulin resistance with obesity, dyslipidemia, hypertension and type 2 diabetes, is prevalent among African Americans. Dietary Approaches to Stop Hypertension (DASH), a total diet plan based on increased intake of vegetables, fruits, and low-fat dairy foods, and reduced intake of fats and sweets, has convincing implications for lowering diet-related burden in the metabolic syndrome. Frequent consumption of soul food, described by a focus group of African American women as “seductive, satisfying, filling, spicy, high-fat, spiritual, traditional cuisine of Black Americans, especially southern Blacks,” could be a barrier to compliance with the DASH plan. Paradoxically, soul food staples such as greens, sweet potatoes, black-eyed peas, rutabagas, okra, and tomatoes are central to the DASH diet plan. Fortunately, alternative ingredients and cooking methods acceptable to soul food lovers have yielded soul food recipes that are acceptable to populations of low-income African Americans and meet the standards of the DASH diet plan. This article presents a process using a focus group of African American women with a high prevalence of metabolic syndrome to: a) modify traditional soul food; b) integrate the modified soul foods (MSF) into the DASH diet plan; and c) market the plan to the broader target group. Demographic and clinical characteristics of the study group, study participants’ acceptability of the DASH diet plan based on modified soul foods (MS-DASH), and the comparability of MS-DASH to DASH diet nutrient targets are reported.

METHODS

Study protocols were approved by the Florida State University institutional review board. Each participant signed an informed consent form.

Study Participants

There were two study groups, a cooking club peer group and a broader adult population composed of patients from a neighborhood health center (NHC). Twelve low-income African American women receiving health services from the participating NHC were recruited. They were chosen because they were considered to be early adopters based on excellent attendance and participation in a prior DASH intervention. Following a program briefing, 10 of the original 12 women agreed to form the MSF club. Two women declined participation, citing either time constraints or lack of basic cooking skills perceived necessary for participation. Prior to implementation, two of the 10 women withdrew from the study because of health reasons. The remaining 8 women began a 10-week work plan to modify traditional foods to reduce calories, fat, saturated fat and sodium contents. One participant died within the first few weeks of the program.

A total of sixty-five subjects including the founding MSF club members made up the broader MS-DASH intervention population. Nearly all were female (n=64) and African American (n=57). Demographic and clinical measures were available from NHC medical records for 50 of the participants (mean age, 50.4 ± 11.6 years). Based on body mass index ≥30, all except two of the 50 women (96%) were obese. Systolic blood pressure (BP)