RURAL AFRICAN AMERICANS’ DIETARY KNOWLEDGE, PERCEPTIONS, AND BEHAVIOR IN RELATION TO CARDIOVASCULAR DISEASE

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INTRODUCTION

CVD is a major health problem especially in the African American community in the rural Black Belt counties of Alabama. In Macon and Bullock Counties (contiguous Black Belt counties), for example, the death rate from CVD in 2005 was 561 per 100,000 and 461 per 100,000, respectively. These rates exceeded the state and national averages.1 CVD prevalence in Macon and Bullock Counties is compounded by a high prevalence of many other CVD risk factors, such as high blood pressure and overweight/obesity. These statistics show the need for educational interventions in these communities.

Generally, low socioeconomic status, coupled with rural residency, contributes to greater disparities in nutritional adequacy and overall health. Often, knowledge of heart healthy diets, perception of the quality of one’s diet, and actual dietary behavior and quality do not always agree. Assessing one’s nutritional knowledge, food selection, and eating behavior are tools used to develop nutrition intervention programs. The gap is often wide between one’s perceptions, opinions, and knowledge about CVD (and other chronic diseases) and actual dietary practices.2–6

The gap is often wide between one’s perceptions, opinions, and knowledge about CVD (and other chronic diseases) and actual dietary practices.2–6 Data on knowledge, perceptions, and behavior regarding CVD and obesity among African Americans are limited. Therefore, to inform community interventions aimed at reducing CVD risk in this population, the purpose of this study was to determine the relationship of demographics to opinions and knowledge of CVD, hypertension, obesity, and dietary intake and to evaluate the relationship of dietary knowledge and dietary behaviors in rural African American adults.

METHODS

Setting and Sample

All eligibility criteria were self-reported. Participants had to be African Americans 21–75 years of age with a history of high blood pressure or high cholesterol. Participants had to report an interest in health and nutrition education programs and generally good health. Persons who were current smokers or who drank alcohol were excluded. These groups (smokers and drinkers) were excluded because their behavior may have overtly influenced their food choices. The taste perceptions of these groups may have been impaired.7–8 A total of 127 participants were recruited.