

“What I Am Supposed to Eat?”: Nutritional Messaging in an Inner-City Integrative Medicine Clinic

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Introduction

I conducted a four-month ethnographic study to understand ten chronically ill patients' experiences of learning nutritional messaging at the Boston Medical Center's Integrative Medicine Group Visits (IMGVisits).

This poster addresses what shaped the access and barriers to learning and applying the new nutrition knowledge for chronic ally ill patients.

Methodology

SAMPLE POPULATION

- 10 Adults (30 to 79 years of age)
- 5 Females and 5 Males
- 8 U.S. Born, 1 Honduras-Born, 1 Ireland-Born
- 9 Chronic Pain Patients and 1 Pre-Diabetic Patient

RECRUITING METHODS

- IRB Approval
- Clinic Visits
- Convenience Sampling

DATA COLLECTION

Participant Observations

- 16 Sessions over 8 Months
- 10 Grocery Stores

Interviews

- 11 Individual Semi-Structured Interviews
 - 20 minutes to 120 minutes
- Sites
 - Clinic
 - Public Sitting Areas

Results

Learning the Nutrition Knowledge

1. Participant's Position: Readiness to Learn
2. Previous Knowledge: Shaping the New Nutrition Knowledge
3. Shared Experiences and Social Support

After the demonstration kitchen, William, Aleese, and I walked out together. I listened to them chat. They exchanged recipe sheets, while talking about beets, which William commented, he really likes. In the recipe-exchange box outside the Demo Kitchen, Aleese found one for beets. She gave it to him, so he could cook one of his favorites. He told her that he was new to all the foods we had just eaten. Even the beans were new to him. Aleese, in turn, explained that she had been a vegetarian now for 20 years, so she loved beans.

4. Flattening Authority

Physicians actively reduce their authority in their group. The physicians have participants call them by their first name. They are honest in what knowledge they have about a topic and give space for participants to help one another. This atmosphere allows participants to co-create knowledge. In addition, physicians emphasize that individuals are experts on their own bodies. Participants have the choice to pick and choose the nutrition knowledge and other activities presented in class that work best for them.



Applying the Nutrition Knowledge

1. Barriers

- Family Food Preferences
- Lack of Cooking Skills and Recipe Knowledge
- Money
- Time
- Transportation
- Familiarity of Grocery Store

“The time to prepare something. The expense again. I think that you may need a lot of things to make one nice little meal, you know, like a salad. ...If you want to do it the healthy way with the beets, the nuts, and... You probably need eight to ten different things for one little plate.” - William

2. Access with Agency

- Participants actively interact with daily challenges to apply new nutrition knowledge.
- Consciously subverting barriers reinforces new nutrition knowledge, thus making it a daily part of life.

“Well, by now they know me, so they know I am on a special diet. I can't take 75% of the cart they offer. So, I don't feel bad asking, 'Hey, do you guys have brown rice instead of white rice?' And I am surprised most of the time they have the stuff.” -Jamie

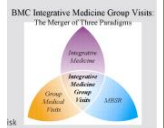
IMGVisits

Nutritional messaging is one aspect of the larger IMGVisits .

8 week program

2.5 hours weekly meeting

- “Doc Talk”
- Mindfulness Meditation
- CAM Practice
- Healthy Lunch/Snack



Discussion

Patients' experiences highlight what factors affect the learning and application of nutrition knowledge in Integrative Medicine Group Visits.

Various theories emerged through the data analysis process, from Bourdieu's concept of habitus with regard to how participants learned new knowledge and Bourdieu's concept of capital in how challenges can be subverted and new knowledge can be reinforced.

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