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What Factors Influence Consumption of Food Away From Home by African-Americans?

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In 2005, spending by American families on Food Away From Home (FAFH) was 48.5 percent of the total food expenditures of \$1,023 billion (USDA 2007). There are a number of studies on FAFH pertaining to the general population (Byrne, Capps, and Saher 1996; Stewart et al. 2004; Bhuyan 2005; Kyureghian et al. 2007). While some studies pertain to minorities in general (see for instance Paulin 2000), there are only a few that specifically focus on consumption of FAFH by African-Americans.

A recent work by Pert and Bhuyan (2007) is one such study. It deals with FAFH consumption of African-Americans in selected counties in New Jersey. It is based on primary data collected using a mix of personal and telephone interviews and a mail survey. FAFH has higher caloric density compared to Food at Home (FAH) (see for instance Lin, Guthrie, and Frazao 1999; Variyam 2005). Moreover, its impact on health issues such as obesity, diabetes, and heart disease in the African-American population is significant. Work by Hamman (2002) also shows that African-Americans are twice as likely as Caucasians to develop type-2 diabetes, which is linked to diet.

Table 1 provides a summary of the distribution of BMI categories among adults in the south. It shows that obesity among African-Americans is much higher than among Caucasians. The effects of being overweight and obese on premature death and the significant estimated economic costs to society are well-documented.

This paper documents consumption of Food Away From Home (FAFH) by selected African-Americans residing in Nashville, Tennessee, and identifies factors that influence the decision of African-Americans to consume FAFH.

Data and Methodology

Data for this study were collected using face-to-face surveys of 130 Nashville residents. The survey covered diverse issues ranging from socio-demographic and economic issues including age, education, income, and gender to frequency of eating FAFH by type of eating place and meal occasion (i.e., breakfast, lunch and dinner). Factors that influence eating FAFH are also identified. The respondents also were asked if they were aware of the effect of FAFH on health and about their willingness to change their current food-consumption habits. The number of respondents to some questions was less than 130. While the survey was useful in getting responses from the participants, the sample size is not large enough to conduct quantitative analysis. Thus it is limited to a descriptive analysis.

Results and Discussion

Table 2 shows that about 69 percent of the respondents are female. Twenty-nine percent are in the 18-30 age range, 15 percent are between 31 and 42 years, 23 percent are between 31 and 42 years, and 32 percent are 55 years and older. The vast majority (79 percent) are employed full-time while 13 percent and eight percent are employed part-time and unemployed, respectively. Approximately 59 percent of the respondents have a college degree and 35 percent have some college education. Annual household income was distributed as follows: 22 percent had income of less than \$25,000, 22 percent had income of \$25,000-\$34,000, ten percent had income of \$35,000-\$44,000, 12 percent had income between \$45,000 and \$54,000, and 35 percent of the respondents had income of \$55,000 and above. Household size and composition also varied, with two to our people in the household constituting the largest category (64 percent). Thirty-two percent of respondents had one or two children living at home, and 22 percent lived alone. The balance (13

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Table 1. Prevalence of Each BMI Category Among Adults in the South by Population Group.

Table 1. 1	Underweight	Normal	Overweight	Obese
Body mass index (BMI)	<18.5	18.5–24.9	25.0–29.9	<u>≥</u> 30.0
Age:				
19-44	3.1%	46.4%	32.4%	18.1%
45–64	1.4%	36.9%	39.9%	21.8%
>65	2.4%	42.3%	37.8%	17.4%
Gender:				
Male	0.8%	36.9%	44.2%	18.2%
Female	4.0%	48.2%	27.9%	20.0%
Race/ethnicity:				
White	2.7%	44.8%	35.2%	17.3%
Black	1.8%	34.7%	37.8%	25.7%
Hispanic	0.9%	36.8%	39.5%	22.8%

Source: Kolbo et al. (2007), p.3.

percent) had more than five people living in the household.

The survey focused on why and how often respondents eat FAFH. The main reasons for eating out are lack of time to cook at home (30.8 percent), leisure/socialize (20 percent), and cost (13.8 percent). Approximately 58 percent of the respondents indicated that they eat away from home at least two to three times a week; 23 percent eat away from home once a week; and about 19 percent eat away from home once or twice a month. The average spending on FAFH by individuals who eat out frequently is about \$117.99 per week. American fast food restaurants are the most common places for breakfast and lunch, while dinner/family style restaurants are the most common type for dinner (Table 3).

The more people there are in a household, the less often they eat out. Individuals who are employed full-time eat out more frequently (43.8 percent) than do those who are employed part-time (7.7 percent). Households with income of \$55,000 and above eat out more often than do those with less income. This is consistent with earlier studies, such as Lee and Brown (1986). Singles (30.8 percent) eat out more

often than do married couples (20.8 percent) and divorced individuals (5.4 percent). Respondents 18-30 years old and those 55 years and above eat out more often than do other age groups.

Reasons why respondents choose the type of food and restaurant are taste-quality combination (30.8 percent), good service (16.9 percent), convenience (10 percent), and low price (7.7 percent). The type of food they most commonly eat for breakfast is sausage, bacon, and eggs, while burgers/sandwiches and southern-style dishes are the top choice for lunch and dinner, respectively (Table 4).

A majority of the respondents believe that there is a strong relationship between diet and high blood pressure, heart disease, and diabetes. Approximately 55.4 percent of the respondents who eat out frequently seem to be aware that some food away from home contains excessive fat, calories, sodium etc. The mean BMI of the respondents is 28.35, indicating that the respondents are overweight on average. Seventy-nine percent of the respondents indicated the desire to change their eating and exercise habits. They indentified the importance of the following to realize the above change: nutrition education, tips and exercise facilities, and food portion size.

Table 2. Characteristics of Respondents (N = 130).

	Number of respondents	Respondents (%)
Gender		
Male	41	31.5
Female	89	68.5
Age		
18-30 years	38	29.2
31–42 years	20	15.4
43-54 years	30	23.1
55 years and above	42	32.3
Employment status		
Full-time	103	79.2
Part-time	17	13.1
Currently unemployed	10	7.7
Education		
High school diploma/GED	9	6.9
Some college	45	34.6
College degree	76	58.5
Annual household income		
Less than \$25,000	29	22.3
\$25,000-\$34,000	28	21.5
\$35,000-\$44,000	13	10.0
\$45,000–\$54,000	15	11.5
\$55,000 and Above	45	34.6
Household size and composition		
Live alone	29	22.3
With 2 to 4 people in the household	83	63.8
With more than 5 people in the household	17	13.1
With 1 to 2 children living at home	42	32.3

Consumption of FAFH in the United States has grown over time. Given the health concerns associated with consumption of such food, there is need to intensify studies on the subject, especially in relation to minorities. This study is based on limited data involving 130 people of African-American descent in the metro Nashville area, and the results cannot be used to make generalizations. Future research should cover more participants and greater

geographic areas, and should compare the results with those derived from national studies involving the general population.

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Table 3. Most Common Restaurant Type by Meal Occasion (N=130).

The state of the s	Number of respondents	Respondents (%)
Breakfast		
Fast food (American)	36	27.7
Cafeteria type	15	11.5
Other (HOP, home)	11	8.5
Dinner/family-style	5	3.8
Chicken type	4	3.1
Ethnic	3	2.3
Fine dining	2	1.5
Pizza type	1	0.8
Grill buffet	1	0.8
Fast food (Mexican)	1	0.8
Lunch		
Fast food (American)	68	52.3
Cafeteria type	56	43.1
Fast food (Mexican)	52	40.0
Chicken type	45	34.6
Pizza type	39	30.0
Ethnic	28	21.5
Grill buffet	26	20.0
Dinner/family-style	18	13.8
Fine dining	11	8.5
Other (Greek, Home)	4	3.1
Dinner		
Dinning/family-style	77	59.2
Fine dining	75	57.7
Chicken type	51	39.2
Pizza type	49	37.7
Ethnic	47	36.2
Grill buffet	43	33.1
Cafeteria type	34	26.2
Fast food (Mexican)	33	25.4
Fast Food (American)	25	19.2
Other (Red Lobster, home)	3	2.3

Table 4. Most Common Food Type by Meal Occasion (N=130).

	Number of Respondents	Respondents (in %)
Breakfast		1 (11 /0)
Sausage, bacon, and eggs	85	65.4
Pancake	80	61.5
Other (fruits, oatmeal, cereal, yogurt)	33	25.4
Southern	11	8.5
Fried chicken	4	3.1
Deli	3	2.3
Burger sandwich	3	2.3
Ethnic	3	2.3
European	2	1.5
Seafood	2	
Steak	1	1.5
Lunch	1	0.8
Burger sandwich		
Deli Deli	82	63.1
Mexican	66	50.8
	37	28.5
Fried chicken	34	26.2
Southern	33	25.4
Asian	32	24.6
American seafood	30	23.1
Ethnic	27	20.8
Middle Eastern	17	13.1
Cajun	16	12.3
European	14	10.8
Other (fruits, salad, baked chicken and vegetables)	12	9.2
Steak	11	8.5
Sausage, bacon, and eggs	5	3.8
Pancake	3	2.3
Dinner		Steamly times
Southern	67	51.5
Fried chicken	66	50.8
American seafood	64	49.2
Steak	54	
Italian	50	41.5
Ethnic	47	38.5
Mexican		36.2
Burger sandwich	46	35.4
Asian Asian	40	30.8
Cajun	35	26.9
European	34	26.2
Middle Eastern	23	17.7
	19	14.6
Other (fruits, salad, baked chicken and vegetables, pizza, brown rice, home-cooked) Deli	14	10.8
	11	8.5
Sausage, bacon, and eggs Pancake	8	6.2
rancake	4	3.1

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