

Ken Resnicow, Ph.D.

Ken Resnicow, Ph.D., is a Professor in the Department of Health Behavior and Health Education at University of Michigan School of Public Health. His research interests include: the design and evaluation of health promotion programs for special populations, particularly cardiovascular and cancer prevention interventions for African Americans; understanding the relationship between ethnicity and health behaviors; motivational interviewing for prevention and treatment of chronic diseases; obesity prevention; substance use prevention and harm reduction; Type II diabetes prevention, and comprehensive school health programs. Current studies include: An NIH-funded project to develop and evaluate two smoking prevention programs for South African Youth; an NIH-funded project to test the impact of ethnic and novel motivational tailoring of dietary intervention materials for African Americans; Two Department of Transplantation studies to increase organ donation rates among African Americans working in Michigan hair salons and churches; A CDC-funded study to improve colorectal screening rates working in Black churches; and an NIH-funded study to reduce obesity using Motivational Interviewing working in AAP pediatric practices. He has published over 150 peer-reviewed articles and book chapters and has served on numerous advisory panels and review groups.

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Abstract

Cultural Tailoring for African Americans: The Eat for Life Study

Many targeted health interventions have been developed and tested with African American (AA) populations; however, AAs are a highly heterogeneous group. One characteristic that varies across AAs is Ethnic Identity (EI). Despite the recognition that AAs are heterogeneous with regard to EI, little research has been conducted on how to incorporate EI into the design of health messages and programs. This talk will present a randomized trial that tested whether tailoring a print-based fruit and vegetable (F & V) intervention based on individual EI would enhance program impact beyond that of social cognitive tailoring alone.

African American adults were recruited from two integrated healthcare delivery systems, one based in the Detroit Metro area and the other in the Atlanta Metro area, and then randomized to receive three newsletters focused on F & V behavior change over three months. One set of newsletters was tailored only on demographic, behavioral, and social cognitive variables (control condition) whereas the other (experimental condition) was also tailored on EI. The primary outcome for the study was F & V intake, which was assessed at baseline and three months later using the composite of two brief self-report frequency measures.

A total of 560 eligible participants were enrolled, of which 468 provided complete 3-month follow-up data. The experimental group increased their daily mean F & V intake by 1.1 servings compared to .8 servings in the control group ($p = .13$). Several variables were found to interact with intervention group. Experimental group participants classified as Afrocentric showed a 1.4 increase in F & V servings per day compared to a .43 servings per day increase among Afrocentric controls ($p < .05$). And, among participants characterized as both Afrocentric and Cultural Mistrust, F & V increased 1.3 servings in the experimental group compared to a decrease of .7 servings in the control group ($p = .07$). This study confirms that African Americans are a highly diverse population and that tailoring dietary messages on ethnic identity may improve intervention impact for some African American subgroups.

