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RECOGNIZING RACIAL PUBLICS: AN EXPLORATION OF RACIAL IDENTITY AND COMMUNITY AMONG BLACK WOMEN IN UNDERSTANDING OBESITY AND WEIGHT LOSS MESSAGES

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RECOGNIZING RACIAL PUBLICS: AN EXPLORATION OF RACIAL IDENTITY AND COMMUNITY AMONG BLACK WOMEN IN UNDERSTANDING OBESITY AND WEIGHT LOSS MESSAGES

A DISSERTATION APPROVED FOR THE
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DEDICATION

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ABSTRACT

This dissertation takes a public relations approach and qualitatively explores how Black women understand obesity and weight loss messages based on their racial identity and community. Racial identity is the degree to which a person feels connected to and shares a common racial heritage with a specific racial group. Community is based on a group with a collective identity developed through common experiences who depend on each other for social support. I used the situational theory of publics to explicate the factors involved in communication behavior. I incorporated social identity theory to discuss how Black women use the social identity of race (racial identity) to make meaning of obesity and weight loss messages. I also introduce the Multidimensional Inventory of Black Identity (MIBI) to the public relations field as a framework to understand racial identity and its importance in determining Black women's involvement in, and barriers to, obesity and weight loss messages. I used a survey and focus groups to help answer three research questions: 1) How do racial identity and community influence how Black women make meaning of obesity and weight loss messages? 2) How do racial identity and community influence Black women's involvement and constraint of obesity and weight loss messages? 3) What factors contribute to Black women's information seeking of obesity and weight-loss messages? The survey determined the participants' racial identity scores, or, the strength of their racial identity, and the focus groups were used to determine how women with similar and different racial identity scores understand obesity-related health messages. I also explored how Black women's social ties contribute to their interpretation of these particular health messages. A total of 21 Black women, living in

Oklahoma (the seventh fattest state in the U.S.), who have lost weight, or have tried in the past six months, participated in the study. Findings revealed five major themes that developed from the data. Overall, Black women want to see a reflection of themselves in the messages. They want "relevant" and "empowering" messages they can "connect with" and to which they can relate. Additionally, I found that Black women's shared meaning of language relative to obesity and weight loss may influence how they perceive obesity and weight loss and may greatly influence their involvement and constraints of these messages. It is this revelation that communication scholars need to understand, that language may not be race neutral. Racial identity appeared to play a part in how Black women understood health communication, and this understanding may not align with the sender's definitions of key terms—such as obesity and weight loss—in health messages. I introduce a framework called Racial Message Formulation that will help public relations scholars, public relations practitioners, health campaign planners, and communication scholars understand the factors involved in racialized publics' processing and adhering to health messages. It is through this understanding that scholars and practitioners can improve health messages to create more salient campaigns for racialized publics, meet organizational goals, and ultimately, help save lives.

CHAPTER ONE: Introduction to Black Women and the Obesity Crisis

Approximately 75 million adults in the U.S. are obese, with the highest prevalence among Black women (American Heart Association, 2012; Office of Minority Health, 2012). Obesity is defined as a body mass index (BMI) equal to or greater than 30. Obesity costs the U.S. $190 billion annually, and the growing pandemic has contributed to diabetes, osteoarthritis, cancer and approximately 300,000 deaths per year. Indirect costs include absenteeism in the workplace, increased medical premiums and copays for working citizens, and a less productive society (Dixon, 2010; Jitendra, Courtney, Kathryn, Mithilesh & Bharat, 2011; Science Daily, 2012). Obesity is a national crisis that affects everyone. If not curtailed, the rising trend will deplete the country's financial and health care resources, leaving fewer resources to contribute to important issues such as education, safety, and finding remedies for incurable diseases. Since Black women face the highest prevalence of obesity, addressing this group may be an effective way to decrease the epidemic.

Health communication plays an important role in addressing the obesity epidemic, as women use health messages to help confirm, reject, or accept their beliefs about particular health issues (Johnson & Tindall, 2008). Examining the health messages that Black women encounter, therefore, may contribute to a decrease in obesity-related expenditures and a more productive society. Thus, the purpose of this study is to (a) analyze the concepts of racial identity and community, and determine how Black women use these two factors to make sense of their experiences; (b) explore relevant theory that contribute to Black women's meaning-making process of obesity and weight loss messages; and (c) discuss the need for public relations scholars and

practitioners to include racialized publics in the message-creation process when creating health campaigns, and use the findings from this study to help achieve this goal.

Health Communication

Health communication has been a thriving academic field for over 20 years and continues to be a germane topic in scholarship. Kim, Park, Yoo and Shen (2010) conducted a content analysis in *Health Communication* journal from 1989 to 2010. *Health Communication* is the first academic journal devoted solely to health communication scholarship. In this analysis, the authors noted that published articles came from many disciplines, including medical, pharmacy and communication-related fields ranging from liberal arts to the social sciences. Furthermore, a wide-range of topics have been covered, such as senders, messages, evaluation and narratives of health communication. However, only six of the 642 articles analyzed in the study focused on meaning-making and health communication. Furthermore, meaning-making received the least amount of attention (0.9%) of all topics covered in the 22-year analysis. This may explain why many public health campaigns have reached marginal success because many researchers fail to examine how audiences make sense of messages. This study will fill the gap in literature by examining Black women's meaning-making processes of obesity and weight loss messages based on their racial identity and community.

Health communication is considered any human or mediated communication whose content is health-related for the purpose of health care delivery and promotion (Freimuth & Quinn, 2004; Kreps, Bonaguro, & Query, 1998; Rogers, 1996). Health messages influence people's understanding and knowledge of health-related behaviors, and their ability to make informed decisions about their health outcome. Many people

use mediated health communication to replace health communication they otherwise would receive from doctors and physicians (Vahabi, 2007). For instance, if a person lacks the time or money to visit a doctor, she may turn to health communication in the mass media to understand her symptoms and based on the information, make an informed decision about the diagnosis and treatment of her condition. Rothman and Kiviniemi (1999) said that health communication remains the most valuable intervention when it comes to health behaviors and preventive measures. Therefore, clear, concise communication should be high priority for campaign planners to ensure audiences' comprehension of health messages, and to eliminate miscommunication that may compromise or negatively influence health outcomes.

On the other hand, it is a spurious assumption that when given health information, people will understand it and find it applicable to them (Vahabi, 2007). The mere act of disseminating health messages does not guarantee mutual (sender/receiver) understanding of the definition, severity, treatment and prevention of the health-related behavior in question. This assumption ignores the many factors that influence how people understand and process health information. Kim, Park, Yoo, and Shen (2010) suggest that future research should examine the ways cultural entities influence health communication. Culture is learned, shared, and reflected in a group's practices, beliefs, values and communication patterns. Culture also contributes to a group's lifestyle which may directly and indirectly affect health behaviors and outcomes (Krueter & McClure, 2004). For instance, a Black woman's dietary practices (direct affect) or care-taker responsibilities as a single mother (in-direct) may influence her health outcomes. The purpose of this study, therefore, is to examine the ways

(directly or indirectly) that the cultural entities of racial identity and community influence Black women's meaning-making experiences of obesity-related messages.

Public Health Campaigns and Mass Media

A public health communication campaign is one that uses "media, messaging, and an organized set of communication activities to generate specific outcomes in a large number of individuals and in a specified period of time. They are an attempt to shape behavior toward desirable social outcomes" (Coffman, 2002, p. 2). Public health campaigns have the ability to serve as an intervention tool to address health issues and promote behavior changes across a mass audience. Campaigns use the strategic creation and sharing of communication to promote understanding that will lead to collective action in addressing a health behavior (Kinghorn, 2006). Communication researchers once said that public communication campaigns had very limited success in changing behaviors (McGuire, 1974, Atkin & Freimuth, 1989, Aldoory, 1998). However, the Stanford Heart Disease Prevention Program (SHDPP) in 1971 brought optimism to public health campaigns with the possibility of achieving success. The SHDPP was a health communication campaign implemented in various California communities that aimed to reduce heart disease (Rogers, 1996). Campaign messages targeted high-risk individuals, and emphasized regular exercise, dietary changes, smoking cessation and stress reduction. Evaluative data such as surveys and observations showed that the campaign helped reduce the risk of heart disease. Another successful public health campaign was "Fighting Fat, Fighting Fit", which aimed at reducing obesity among adults. Through surveys, campaign planners found that targeted audience members lowered their fatty food intake, increased their fruit and vegetable

consumption, and lost weight (Miles, Rapoport, Wardle, Afuape, & Duman, 2001). While campaigns have somewhat improved, many researchers have concluded that public health campaigns still have more to do to improve campaign effectiveness (Becker, 1993; Baume, 1989, Hacket, 2007; Leavy, Bull, Rosenberg, Adrian Bauman, 2011, Noar, 2006; Noar, Palmgreen, Chabot, Dobransky, & Zimmerman, 2009). Hacket (2007) said that public health communication campaigns tend to include victim-blaming and stigmatization while ignoring vital cultural issues that influence health behaviors. There is an increased recognition of culture as an essential component of health communication to decrease health disparities such as obesity. However, applying culture to health campaigns has been "more rhetorical than applied" (Kreuter & McClure, 2004, p. 440). Many communicators and health professionals incorporate phrases such as "cultural sensitivity" and "cultural appropriateness" in their language but do not take the time or effort to understand what it means and apply it in their communication.

While some health communication campaigns are successful in disseminating effective messages, as exemplified in the "Fighting Fat, Fighting Fit" campaign, many others are not as effective. For example, Garcia (2007) said that many anti-obesity campaigns are unsuccessful as they usually address individual behaviors to weight loss without considering specific cultural barriers people face. For example, *My Bright Future: Physical Activity and Healthy Eating* is a government campaign targeted to women. The campaign promotes the message that "weight loss is a matter of self-control" and provides information that focuses on individually-based behavioral changes in the effort of weight loss (Garcia, 2007, iii). However, research has shown

that weight loss also has cultural components, particularly for Black women, often ignored by public campaign planners (Fitzgibbons et al., 2008; Harrison, 2000; Johnson & Eaves, 2013; Woods, 2009). The mass media may be glossing over the cultural aspects of weight loss, which could be the missing link to achieving healthy lifestyle changes, because, amid the plethora of weight loss campaigns, there still persists a substantial percentage of Black women who are obese. This particular study will examine racial identity and social community as two cultural factors that may influence how Black women interpret obesity and weight loss messages.

Racial Identity and Community

In this study, I define racial identity as the feelings of closeness and connection to other Blacks based on commonalities of a racial group (Phinney, 1992). Racial identity has been linked to health behaviors among particular racial groups. Many aspects of eating are racially defined. There are particular foods, food preparation practices, and meals commonly used to maintain group identity or solidarity and to preserve traditions (Airhihenbuwa et al., 1996). For the Black community, soul food, a particular type of cuisine, is a central part of many Black people's identity, as it evolved from historical and perpetual slavery, oppression and segregation. "Soul food came out of the need to survive. Our ancestors did not let anything go to waste" (James, 2004, p. 361). Soul food consists of various dishes including fried chicken, chitterlings (pig intestines), hog maws (pig stomach), collard greens, and cornbread (James, 2004). In order to improve health messages, and ultimately health behaviors, researchers need to understand and address the intricate relationship between health behaviors, dietary practices, and racial identity. This study will examine the relationship between racial

identity and health, specifically obesity and weight loss, to see how it impacts Black women's understanding of these particular health messages. I will use the Multidimensional Inventory of Black Identity (MIBI), a tool that examines the quality of meaning that Blacks attach to their racial identity, in my exploration of how racial identity influences the way Black women interpret obesity-related messages.

Grunig (1989) argued for a nested model of segmentation when attempting to pinpoint audiences in which to deliver messages. This segmentation strategy starts with the most general and assessable audience variables (such as race or gender) and then selects more specific variables about the audience to further understand their communication habits based on specific traits. This will create more targeted messages in communication campaigns (Slater, 1996). Along these lines, I wanted to look at racial identity, and inside of the nest of racial identity, I propose to examine participants' social community, and determine how both factors influence women's interpretation of obesity and weight loss messages. In my dissertation, I make a distinction between a woman's racial community (i.e., the Black community) and her social Community (with a capital "C"). As it relates to my dissertation, a racial community would be considered "a community" with a lowercase "c" because it refers to a group of people that identify with each other based on a common association, and in this case a common racial heritage, but not necessarily based on a set of shared attitudes or emotional and social connectedness. Conversely, a woman's community ties, or her "Community with a capital "C" refers to a woman's group membership that provides her empowerment, resources, benefits and social satisfaction. In other words: *a group of people with a collective identity developed through common experiences who*

depend on each other for social support. The latter is primarily how I will use the word "community" throughout this dissertation. For clarification purposes, I will refer to a woman's social support group as "social Community" and refer to a racial group (i.e., Black community) as "racial community" throughout the study.

Previous public relations research has focused on peripheral communities with a small "c" (e.g., ethnic publics, international publics, etc.), but have not paid sufficient enough attention to the social Communities (capital "C") and the factors that foster a sense of belongingness among them. I hope to fill this gap in literature by using a nested segmentation framework and explore how racial identity and social Communities contribute to Black women's interpretation of obesity-related messages.

Communities are self-organizing entities defined by social relationships. A sense of community arises when members feel that they matter to one another. There is a commitment to each other, and there is a shared emotional and social connection among members that constitutes a relational sense of a community (McMillan & Chavis, 1986; Mersey, 2009). Based upon these characteristics, I will use the following definition of community: a group of people with a collective identity developed through common experiences who depend on each other for social support. Social support is "generally dealing with consequences of social relationships for individual health and well-being" (House, Umberson, & Landis, 1988, p. 293). Social relationships may include relationships with spouses, friends, or family members. Scholars have link this type of communal bond and social support to increases in health-promoting behaviors; it has also served as a buffer against the stresses that health issues may cause (Bell, Thorpe, & LaVeist, 2010, Brunt, 1999; Hafner, Rogers & Watts, 1990; Jackson, 2006), but in what

ways does community influence Black women's meaning making experience of obesity-related messages? I will examine this question as part of my study. I will investigate audience characteristics at the racial identity level as well as the community level, to determine how they both impact women's meaning-making experiences of obesity and weight loss messages. The more specific public relations practitioners and scholars can assess audience demographics and psychographics, the more relevant and effective the communication campaign they can create. Neglecting to address specific cultural components is one reason a health campaign may fail.

. The mass media play a pivotal role in public health campaigns, as they are the conduits to disseminating health information to help decrease obesity rates. Mass media provide women with health communication about diseases and their definitions, causes, and treatments. Publics rely on mass media as a primary information source to provide relevant content and help address their health concerns. This paper will explore how to make specific health content, obesity and weight-loss messages, more relevant to Black women to increase involvement in and decrease constraints of these particular messages and ultimately help improve their health status.

Public Relations and Health Communication

Public relations practitioners work with mass media by distributing health communication to various media outlets, and it is through various media outlets that health issues and illnesses are placed at the forefront of public consciousness (Winett & Wallack, 1996). Therefore, public relations practitioners and scholars play an important role in improving the obesity epidemic by helping the media report on issues that are pertinent and accurate to Black women. Facilitation of dialogue with Black women to

better understand their meaning-making process is an effective way to craft messages that will increase involvement and decrease barriers to obesity and weight loss messages.

Public relations is a field that uses strategic and relevant communication to build mutually beneficial relationships between organizations and their publics (PRSA Website, 2012). In other words, public relations practitioners research ways to increase the public's involvement in organizational issues and craft relevant messages that speak to a particular public and mobilize them to a specific action. In this study's context, practitioners need to understand how Black women make meaning of obesity and weight loss to create relevant and effective messages that will increase adherence to, and decrease constraints of, obesity and weight-loss messages.

Despite the importance of understanding target audiences, public relations and health communication scholars have taken little effort to do so, which may contribute to failed attempts to reach and impact intended recipients (Randolph & Viswanath, 2004). To understand their publics, health communicators need to understand the specific factors that influence involvement, recognition and constraints of organizational messages to improve health outcomes (Aldoory, 2001). However, if the audience finds the messages irrelevant, then they will not process the information or be affected by the messages. This dissertation will take an audience-centered approach and explore how the cultural components of racial identity and community influence Black women's perceptions of obesity and weight-loss messages to help create relevant messages to increase Black women's involvement and decrease constraints of obesity-related messages.

Minimal efforts to understand audiences may be evident in the lack of scholarship about the subject. Avery (2010) conducted a search in *Public Relations Review, Public Relations Journal,* and *Journal of Public Relations Research* and found only 12 articles on the general subject of public health promotion. Of those 12, only a handful (Aldoory, 2001; Anderson, 2000; Springston & Champion, 2004; Walters, Walters, Kern-Foxworth, & Priest, 1997) focused on audience-based research. This study, therefore, will contribute to the dearth of audience-centered literature. This work will use the situational theory of publics to understand how a specific audience, Black women, interpret obesity and weight loss messages. The situational theory examines an audience's communication behavior through problem recognition (recognizing an issue as problematic to them); constraint recognition (barriers limiting mobility to solve the issue), and; level of involvement (personally connecting to an issue). Black women have high problem recognition of their need to lose weight. Thus, this study will focus on constraint and involvement variables. These two variables have also been key concepts in many health communication and information-seeking theories as well. In the next section, I will offer relevant connections to health communication and public relations literature, but show how a public relations approach is best suited for this study.

Theories in Health Communication Studies

The Health Belief model (HBM), Theory of Planned Behavior (TPB), Elaboration Likelihood Model (ELM), and Extended Parallel Process Model (EPPM) are four theories commonly used in health communication studies to help explain involvement and constraints of health messages and promote health behavior change

(Askelson et al., 2010; Campo, Askelson, Carter, & Losch, 2012; Catellier & Yang, 2013; Dutta-Bergman, 2005, Freimuth, Massett, & Meltzer, 2006; Kim, Park, Yoo, & Shen, 2010; Sparks & Mittapalli, 2004; Stephenson et al., 2008; Webb, Joseph, Yardley, & Michie, 2010). The Health Belief Model (HBM) and Theory of Planned Behavior (TPB) are both behavior change theories while the ELM and EPPM are information-processing theories. I will provide a brief overview of each theory and explain the variables involved in each theory. Then I will give some examples of how they have been used to explain involvement in and constraints of health-related messages and behaviors. Finally, I will explain their limitations.

The goal of health communication theory is to change health behavior. However, my study focuses on changing communication behavior. Although my study takes a public relations approach and focuses on communication, health behavior cannot be ignored. Public relations practitioners aim to increase information seeking among relevant publics but ultimately desire the audience to take an appropriate action that meets campaign objectives and organizational goals. In the context of this study, my goal is to learn how racial identity and communal connections influence women's communication behavior, so practitioners can apply this information to health campaigns and increase involvement in, and decrease barriers to, adhering to obesity-related messages. This adherence will hopefully increase Black women's health-promotion behaviors. The Health Belief Model is one theory focusing on health behavior adoption and will be discussed in the next section.

Health Belief Model

The Health Belief Model (Rosenstock, 1966) is a framework created to explain how people adopt preventative health behaviors, such as weight loss. The model essentially states that in order for people to change their behavior they first have to perceive they are at risk (Rosenstock, 1974). The six key Health Belief Model (HBM) variables are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy and cues to action. *Perceived susceptibility* focuses on whether or not individuals believe they are vulnerable to the health behavior in question. For example, a person may believe they are susceptible (or inclined) to getting cancer because they have a family history of cancer. This is similar to problem recognition variable in the situational theory of publics. *Perceived severity* deals with the degree of risk a person believes the health question is to them. For instance, if a woman suffers from obesity, she may not feel the disease is severe since it does not immediately affect her health. However, her perceived severity may increase if she developed diabetes because of her obesity. This variable is similar to level of involvement in situational theory of publics. *Perceived barriers* occur when individuals view a preventative behavior as unpleasant or inconvenient. These feelings pose as barriers to performing the health behavior (Catellier, 2012; Janz & Becker, 1984). This is similar to constraint recognition in situational theory of publics. *Perceived benefits* focus on availability and effectiveness of a particular intervention. The person is likely to view the intervention as a benefit if they view it as helpful, achievable, and will improve their current health status. If a person determines that the cost of the benefit outweighs the cost of the barrier, then the individual will mostly likely perform the suggested course of action.

However, if perceived barriers are greater than perceived benefits, than a person most likely will not adopt the suggested health intervention mentioned in a campaign (Catellier, 2012; Janz and Becker, 1984: Rosenstock, 1974) For example, Black women may forgo exercise if they perceive exercising to lose weight (perceived benefit) will mess up their hairstyle (perceived barrier) or take away from family time (perceived barrier). Previous research has explored HBM with such preventative health behaviors such as diet (Chew et al, 1998), physical activity (Juniper et al., 2004) and vaccinations (Gerend & Sheperd, 2011). *Self-efficacy* is confidence that a person has to take action and *cues to action* are strategies that trigger readiness to action (Champion & Skinner, 2008). These studies have shown that the HBM is consistent with predicting preventative behaviors. For example, James, Pobee, Brown, & Joshi (2012) used the Health Belief Model in their focus group of 50 Black women to help develop culturally appropriate weight-management programs. They found that perceived severity of obesity increased if Black women viewed obesity as a life-restricting or life-threatening disease. Barriers included lack of communal support from family and friends, lack of time and lack of will power. Greene and Brinn (2003) conducted a study about the use of tanning beds and found that incorporating statistics and narratives in the messages contributed to an increase in perceived susceptibility (recognition) of skin cancer among college females. In another study, Le, Rahman, and Berenson. (2010) incorporated the Health Belief Model to examine if perceived weight gain served as a cue to action for behavior change in 608 Black, White and Hispanic women. Overall, they found that women's perceived weight gain was not a motivator to encourage them to lose weight.

The Health Belief Model has been a useful framework for predicting preventive behaviors. However, the framework has its limitations. For example, the HBM describes health belief on an individual level. It does not account for group influences. Baranowski, Cullen, Nicklas, Thompson, and Baranowski (2012) said HBM and other behavioral change models may not be helpful in guiding weight loss efforts because they focus on personal characteristics but not environmental influences of eating and physical activity. Therefore, the perceived barriers that are environmentally-related are not addressed which results in low levels of efficacy and little (or no) behavior change. Furthermore, In Noar's (2006) 10 year examination of health campaign literature, he suggested that future research focus more on how interpersonal communication affects health behaviors. Also, there is not much evidence regarding its effectiveness in explaining motivations for healthy eating and exercise. As stated earlier, Black women are communal, meaning that their racial and social communities influence how they interpret the world and make decisions. Therefore, the HBM may be limited in its ability to explain how cultural factors such as racial identity and community influence Black women's understanding of obesity and weight loss. My examination of obesity-related messages among Black women may expand the HBM and fill in the gap in literature by focusing on Black women's meaning making experience based on their socially connected groups and their connection to their racial group. The next section will discuss another behavioral theory, the theory of planned behavior.

Theory of Planned Behavior

Theory of Planned Behavior (TPB) is another theory often used in health communication scholarship (Kim, Park, Yoo, & Shen, 2010). Theory of planned

behavior (TPB) describes the motivation involved in a person's intension to engage in a behavior (Ajzen & Fishbein, 1980; Fishbein, 2000). In the TPB, intentions are determined by attitudes, subjective norms, and perceived behavioral control (PBC). The person's overt action (generally self-reported) is a function of the willingness or *intension* to perform a behavior (e.g., "how likely is it that, in the next week, you will exercise?") (Albarracín, Johnson, Fishbein, & Muellerleile, 2001). For example, one is *likely* to exercise if one *intends* to do it. *Attitude* is determined by a positive or negative evaluation of the behavior (Fishbein & Ajzen, 1975) and is usually measured by semantic differential scales (e.g., *unpleasant-pleasant, bad-good, et*c) *(*Albarracín et al., 2001). The *subjective norm* is a social factor. It looks at the expectations of significant/important others and if they think one should or should not perform the behavior in question (Albarracín et al., 2001; Fishbein & Ajzen, 1975; Nash, 1993). *Perceived behavioral control (PBC)* looks at the ease or difficulty of performing a behavior and the extent to which the performance is within one's control, similar to the construct of self-efficacy (Bandura, 1986). All things equal, a more positive attitude toward a health behavior is correlated with more positive intentions. Likewise, everything else being equal, a more positive subjective norm should be correlated with more positive intentions and behaviors of performing the health intervention.

The TPB has been used to study many health behaviors. For example, researchers have examined condom use (Reinecke, Schmidt, & Ajzen, 1996), sunbathing (Jackson & Aiken 2000), healthy eating (Conner, Norman, & Bell, 2002) and other health-related studies. For example, Payne, Jones, and Harris (2005) used TPB to examine the impact of job demands on healthy eating and exercise decisions

with 286 employees. They found that job strain has the most impact on eating, as more people ate high density food rather than nutritious food, but had no direct relation to exercise intention or behaviors. Schifter and Ajzen (1985) used the TPB to examine 83 female college women's attempt to lose weight over a 6-week period. Participants' race and ethnicity were not reported. Results showed that the women's intentions to lose weight were accurately predicted on the basis of attitudes, subjective norms, and perceived control; they found that 58% of the women lost weight and concluded that "many women are capable of reducing weight on their own" (p. 849).

Like the Health Belief Model, the Theory of Planned Behavior focuses on the individual. While TPB takes into account the thoughts of important others in the individual's life, it does not account for the socialized actions that occur when it comes to health intentions and behaviors. Additionally, the TPB assumes that humans are rational individuals who, as long as people intend to do something, will ultimately do it. However, this is not the case when it comes to Black women and weight loss. Previous studies have shown that Black women recognize the problem and have a desire lose weight but often times do not carry out their intensions. My study will provide a platform for Black women to discuss what processes they encounter when they see obesity-related messages and what may encourage or inhibit them from losing weight based on their racial identity and community.

According to Kim, Park, Yoo and Shen's (2010) analysis of articles from 1989-2010 published in *Health Communication,* Elaboration likelihood model (ELM) and Extended Parallel Process Model (EPPM) were the most widely-used information-

processing theories to explain cognitive processing of messages. The next sections will cover the Elaboration Likelihood Model.

Elaboration Likelihood Model

Petty and Cacioppo's (1986) Elaboration Likelihood Model of Persuasion (ELM) theory states that there are two routes to persuasion: the central route and the peripheral route. The central route involves extensive thought and processing of a message. Messages are processed through the central route when motivation and ability to adhere to issue-relevant arguments are relatively high (Petty & Cacioppo, 1986). The peripheral route activates short-term message processing. Motivation and ability to process the message are relatively low. The ELM explores factors that may increase or decrease the likelihood of a person giving thoughtful consideration to a message which may lead to attitude or behavior change. The central route focuses on the message content itself, as people have the motivation to carefully process it. The peripheral route deals more so with the persuasive factors of the message rather than the cognitive processing of it. For instance, if a person is processing a message through the central route, then the message is the main determinant of attitude change. However, if a message is processed through the peripheral route, then other factors (e.g., source credibility, source attractiveness, memorable slogan) besides message content are more important to increase message persuasion. Individuals, therefore, will be more likely to change attitudes and behaviors when messages are processed through the central route. Motivation and ability are two factors that determine if a message is processed through the central or peripheral route. Motivation is the relevance of the message to the receiver, and ability is how easy it is to process the information. In other words, if the

receiver is neither motivated nor able to process the message content (i.e., centrally processed), the peripheral route will be used.

Elaboration Likelihood Model has been used to examine different communication contexts. For instance, Petty, Harkins and Williams (1980) found that people use less cognitive effort when evaluating a message in a group setting than individually evaluating an argument. Angst and Agarwal (2009) in their study about the adoption of electronic health records found that framing a message in a positive manner with a credible source increased participant's central route processing of the message. Next, I will discuss Extended Parallel Process model.

Extended Parallel Process Model

The Extended Parallel Process Model (EPPM) is rooted in fear appeal messages. Fear appeal messages are those describing the consequences of not performing a health intervention (Witte, 1992). For instance, an EPPM message would discuss the possibility of cancer in a smoking cessation campaign or the risk of contracting HIV/AIDs in a condom-promotion campaign. It theorizes that level of fear, self-efficacy and beliefs in the benefits will determine whether or not an individual engages in a health behavior (Witte, 1992). The EPPM suggests that when an individual encounters a fear appeal message, s/he will perform two separate evaluations that will lead to one of three potential outcomes. The first evaluation occurs when individuals assess whether or not the behavior in the message is threatening. Individuals evaluate their perceived severity (i.e. seriousness of the threat) and their perceived susceptibility (i.e. their chances of experiencing the threat), similar to problem recognition and level of involvement in the situational theory of publics. If perceived threat is low, they will not

be motivated to process the fear appeal message. However, if perceive threat is high, the individuals will experience fear (Gore & Bracken, 2005; Witte, 1992). Fear will then motivate them to proceed to the second phase of message evaluation. In the second phase, individuals evaluate message efficacy (similar to constraint recognition in situational theory of publics). The individuals assess whether the suggested intervention will prevent the threat and whether they can successfully perform the recommended intervention. When threat and efficacy are high, then individuals will most likely perform the suggested intervention.

Extended Parallel Process model (EPPM) has been used in many health behavior promotion studies (Champion et al., 2004; Roskos-Ewoldsen, Yu & Rhodes, 2004). For example,

Hajian, Shariati, Najmabadi, Yunesian and Ajami (2012) used EPPM to examine caesarean section among Iranian women. They found that using EPPM-based childbirth education effectively lowered the rate of intended and actual caesarean births. Bassett-Gunter, Martin Ginis, and Latimer-Cheung (2012) examined the effectiveness of chronic disease and psychological health risk information among adults. The study found that greater cognitive processing occurred when participants viewed fear appeal messages than those messages without fear appeal.

While these are beneficial theories in examining health attitudes, beliefs and behaviors, limitations exist. For instance, they treat the process of communication, intentions, and behavior as a somewhat linear action and many times ignore mediating cultural factors that may influence behavior. Also, most studies use surveys or experiments to assess message processing and behavior change, which alone, may not

explore the complexity of cultural (specifically racial) factors in which health behavior occurs. This study lends its hand to audience participation, allowing the women to have a voice in the research process and describe the ways they understand obesity-related messages from the vantage point of their racial identity and community. This may contribute to health communication literature by possibly expanding the HBM, TPB, ELM and EPPM to include the interpersonal racial factors involved in health promotion and health behavior.

Major theories of behavior change such as the health belief model, theory of planned behavior, elaboration likelihood model and extended parallel process model identify challenges to healthy behavior adoption and through communication, develop theory-driven persuasive messages to overcome the challenges. The outcome of these health-based theories is *health behavior change*. For example, I would use ELM to determine which route Black women process mediated health messages to determine their intensions and behavior of losing weight, but this is not the focus of my dissertation. The outcome of my study is *communication behavior* of Black women and how racial identity and communal support influence their understanding of health-related messages and their intensions to actively seek obesity and weight loss *information*. Using situational theory of publics, therefore, is an appropriate theory to use in the context of my dissertation.

The prevalence of obesity among Black women, obesity's detrimental consequences to society, the importance of culturally relevant health communication, and the gap in literature on health promotion in public relations scholarship and audience-centered research outlines the need for this dissertation. This study will

examine how Black women make meaning of obesity and weight-loss messages through the lens of racial identity and community.

Target audiences many times are excluded from the message-creation process. By excluding targeted publics from the process, many important factors-- specifically cultural determinants—are ignored, which results in an unsuccessful weight-loss campaign and no message involvement or information seeking from the targeted publics. Researchers have discussed an abundance of issues (e.g., hair, unsafe neighborhoods, dietary practices, support, lack of time, lack of motivation) that Black women consider in the weight loss process. However, it is necessary to provide background literature about the issues most relevant to this study to contextualize the complexity of obesity, weight loss and Black women. In the background literature, I will discuss obesity, weight loss and body image as it pertains to Black women.

Contextualizing Black Women's Meaning-Making Experiences

Obesity

Obesity is defined as a range of weight that is "greater than what is generally considered healthy for a given height" (Centers for Disease Control, 2012). Obesity's main culprits are too much caloric intake and too little physical activity. In the U.S., Black women are 60% more likely to become obese than White women (Befort et al., 2008). The term also identifies ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. For instance, A BMI of 30 is about 30 pounds overweight for someone who is 6'0" and 221 pounds, or, for someone who stands at 5'6" and weighs186 pounds (National Institutes of Health, 1998).

The identification and evaluation of the term "obesity" was determined by 24 health panelists (considered to be experts in the field) who reviewed approximately 394 randomized controlled trials (or trials that depart only minimally from randomization) that provide a consistent pattern of findings in the population under study. Evidence on special populations and situations was provided from the trials when available, but in many cases "such evidence was meager" (National Institutes of Health, 1998). One of the "meager" populations included people of color.

Scholars have challenged the identification and risk factors of obesity in racial groups and how they "vary from group to group, the variations by group in prevalence of risk factors for obesity, the metabolic differences from group to group, and how these differences affect the validity of measurement instruments when applied across populations groups" (McGinnis & Ballard-Barbash, 1991, p. 1512). In other words, obesity has been identified using a majority White population with little examination of racial minorities on which to base the standards of obesity.

This is germane to the study of obesity and weight-loss messages because campaign planners craft messages based on the government's construction and understanding of obesity. However, it is from a vantage point based on a mainstream audience with only miniscule research on racial minorities. This will ultimately affect how campaign planners create messages and how Black women interpret these messages in their weight-loss efforts.

Weight Loss

Black women desire to lose weight but are less likely than other racial/ethnic groups to actually participate in health-promoting behaviors, weight loss interventions,

or weight loss (Befort et al., 2008; Clark et al., 2001; Kumanyika, 1987). Maillet, Melkus and Spollet (1996) note that Black women are cognizant of their need to lose weight but face less social pressure to do so. Also, when losing weight, Black women are motivated to be healthier, not thinner, like White females. Furthermore, Befort, Thomas, Daley, Rhode, and Ahluwalia (2008) said that Black women are attempting to lose weight but their efforts are shorter in duration and less successful than White women. Why is this? Research has shown that barriers exist when it comes to dietary practices and exercise, which contribute to unsuccessful weight-loss attempts among Black women.

Dietary Patterns. Historical and specific cultural factors (i.e., racial affiliation) influence current dietary behaviors of Black women. The dietary habits, food choices, and cooking methods of African Americans evolved from a long history of slavery, persecution, and segregation. Slaves who were brought to the US combined their West African cooking methods with British, Spanish, and Native American (American Indian) techniques with whatever foods were available to produce a distinctive African American cuisine called 'soul food'. Soul food emphasizes fried, roasted, and boiled food dishes using primarily chicken, pork, pork fat, organ meats, sweet potatoes, corn, and green leafy vegetables (James, 2004, p. 251).

Dietary decisions are based on preserved traditions such as cooking and eating soul food, and it is also a way of maintaining group identity. Additionally, Anderson-Loftin et al (2005) said that meals are social events and used for celebratory occasions among Black Americans. Much effort, therefore, is needed to change dietary patterns that are deeply rooted in the Black community. What this study attempts to do is

explore how racial identity and community shape their beliefs about obesity and weight loss messages. This may ultimately improve their health behaviors when it comes to losing weight.

Effective interventions, from information to implementation, are necessary to help achieve lifestyle changes among Black women. This study will address the communication aspect of the process. Efficacious health campaigns incorporate the historical and racial aspects of dietary patterns of Black women to help increase involvement in obesity and weight-loss messages. Furthermore, effective messages will also take into account the cultural factors associated with physical activity as it relates to Black women, which will be discussed in the next section.

Physical Activity. Previous research has shown personal (e.g., lack of time/energy, stress), social (e.g., no friend/family support, family background, racism), environmental (e.g., unsafe neighborhoods), socioeconomic (low income, less education, poverty) and racial (e.g., not wanting to mess up hair) factors are barriers to physical activity for Black women (Blanchard, 2009*;* Blocker & Freudenberg, 2001; Johnson & Eaves, 2013; Kumanyika, 1987; Sobal,1991; Whitt & Kumanyika, 2002; Wolfe, 2004). For example, Thomas et al. (2009) found that time is a critical aspect of weight-loss among Black women. According to the authors, Black women are inclined to "prioritize the needs of peers and extended family networks over independent, self-determined goal setting" (p. 340). This leaves little time for physical activity and healthy meal preparation for themselves. Thus, weight-loss messages that emphasize independent goal setting and exclude social and environmental factors may not be realistic for Black women.

In another study about weight-loss inspiration, Dr. Ian Smith, creator of the 50 Million Pound Challenge program, surveyed approximately 9,000 U.S. Black adults about motivators to losing weight. Participants cited that looking good, free weight-loss interventions, familial, social, and community support, online needs, the importance of fighting back, and being there for grandchildren were factors that encouraged them to lose weight (PRSA, 2008).

Many studies implement surveys in attempting to understand barriers to weight loss for Black women. However, researchers must spend more time engaging in conversation with women to better understand how information affects their behaviors. Additionally, researchers should explore and understand the racial norms, values and lifestyles of women in a participatory manner to understand the meaning they attribute to health information (Neighbors, Braithwaite, & Thompson, 1995). This dissertation will create a participatory environment through focus groups and allow Black women to discuss how the social factors of racial identity and emotional support groups shape their interpretations of obesity and weight-loss messages.

Body Image

Along with diet and physical activity, perceived body image (or body shape) may also be a contributor to obesity, and, a barrier to weight loss. Body image is defined as "the picture of our own body which we form in our mind" (Carter-Edwards et al., 2010, p. 305). Stevens, Kumanyika and Keil (1994) and Rucker and Cash (1992) state that Black women are less likely to perceive themselves as being overweight and less likely to think that being overweight is a problem than White women. Other researchers conducing body image studies have concluded that Black women are more

satisfied with their body image and more satisfied with heavier weight than White women (Balentine & West, 2004; DiLillo, Gore, Jones; Flynn & Fitzgibbon, 1998; Jefferson & Stake, 2009). Furthermore, Black women generally perceive themselves as healthy and beautiful despite being overweight.

Furthermore, Black women usually do not perceive themselves as obese or overweight, neither do they refer to obesity when describing their body shapes (Bennett et al., 2006; Foley et al., 2012; James, Pobee, Brown & Joshi, 2012). However, several weight-loss campaigns commonly use the word "obesity" in their key messages, which may prove to be ineffective for Black women.

If this is the case, then messages that target obesity to an audience that questions the validity of the BMI scale and do not perceive themselves as being obese is problematic and may result in an unsuccessful communication campaign if "obesity" and "BMI" are thematic messages throughout the campaign. Practitioners need to understand the nature of the term "obesity" and that it is based on a "general" formula resulting from studies that utilized mostly mainstream participants with only a small portion of subgroups (i.e., participants of color) included. Communicators also need to understand the words "obese" and "obesity" in weight-loss messages may prove ineffective when targeting Black females, as studies have shown that many do not avow those terms to their body size (Gore, 2012). Instead, the terms are ascribed to them by others. Thus, this dissertation study will help identify key words and messages that resonate with Black women that may increase their involvement in, and decrease their constraints of, obesity and weight-loss information.

Obesity and Weight Loss Communication among Black Women

Many studies exist regarding Black women and weight loss interventions, but a scant of literature exists about obesity and weight loss communication and Black women. A content analysis conducted by Mastin and Campo (2006) examined obesity-related advertisements and articles in three Black magazines. They found that the editorial content focused mainly on preventing and overcoming overweight and obesity issues. However, the most frequent food-related advertisements in the magazines were fast food, fatty foods and sugary drinks, resulting in conflicting messages of pro-health editorials but unhealthy food ads (Wu & Ahn, 2010).

Campo and Mastin (2007) analyzed content in mainstream and ethnic magazines to determine what weight-loss strategies were suggested regarding diet, overweight, and obesity, and which components of social cognitive theory were offered (behavior, person, or environment). They found in both types of magazines that the majority of solutions were behavioral changes with an individual solution focus (Campo & Mastin, 2007).

Grier and Kumanyika (2008) conducted a systematic study of peer-reviewed literature relative to marketing food and beverage products to Black consumers in comparison to White markets. Their results suggested that the more caloric and poor-dietary quality of food and drinks were more often found in Black-targeted marketing environments than White counterpart markets. Kean, Prividera, Boyce, and Curry (2012) surveyed 121 Black women regarding their relationship among media use, media literacy, and food consumption. The results showed a positive association between healthy food choices and the frequency of news consumption and media literacy.

Lumpkins, Cameron and Frisby (2012) found in their magazine content analyses that general population magazines are untapped channels for spreading the gospel of culturally-based weight-loss, and other health messages, to Black women.

Health communication research targeting Black women and weight loss have added to the body of literature in ways that help explain health-related content in print publications. However, more audience-centered research is needed to understand how Black women make sense of messages from different media, which may be more effective than simply analyzing content and inferring how the target audience may interpret the messages. Furthermore, content analysis appears to be the method of choice for most obesity-related communication research focusing on Black women. Analyzing content is limited in scope and focuses only on the production side of the message and not message consumption. Also, current literature emphasizes marketing messages in magazines. However, many low-income women may not purchase magazines and thus would not be exposed to the content discussed in extant studies, so the findings and results overlook a population of Black women who do not read magazines.

Contribution to Current Literature

My goal is to extend existing obesity-related literature by first including qualitative, audience-based research to current findings. Rich data will give practitioners and scholars a first-hand account from participants about how they interpret obesity and weight-loss messages. Next, my study will add a consumer's point of view about how Black women understand the health messages they encounter, rather than suggesting what the messages may mean to them. Finally, I hope to extend current

literature by casting a wide net and exploring obesity and weight-loss messages encountered in all media, rather than limiting it to magazines. This will allow campaign planners to develop messaging strategies for traditional and new media, which creates more options to reach Black women with culturally appropriate messages to achieve successful campaign results. Next, I will discuss health communication literature as it relates to involvement and constraints, the two variables used in the current study.

The Problem as I See It

Obesity is a national crisis that greatly affects Black women. Research has shown that culturally-relevant messages help decrease constraints of and involvement in a health message, and ultimately contributes to improved health outcomes. The problem, however, is that health campaign planners may fail to incorporate relevant cultural factors in messages which fail to impact the target audience. Moreover, public relations scholars have largely ignored racialized publics. Munshi and Edwards (2011) note that scholars have focused on the social and cultural aspects of the public relations field but have not included race as part of the discourse. "PR scholarship has not yet paid sufficient attention to the 'raced' nature of the field" (p. 349). The authors further argue that race has been treated as a static variable only used as demographic data in public relations literature and does not take account for its varying meanings in situational contexts. They conclude that public relations scholars and practitioners need to produce more race and public relations research to shed light on normative practices that have stifled the field. Survey research limits participants' voice in creating messages because participants are usually allowed a limited range of answers in which

to provide, whereas participatory research such as focus groups offer rich, contextual feedback to best understand how the audience make sense of media messages.

The Purpose of Studying Black Women and Obesity-Related Messages

My study will address the problem outlined above by exploring two specific cultural components to determine how they influence Black women's understanding of obesity and weight-loss messages. There are numerous factors that influence message adherence, but I chose to explore racial identity and community. For one, race and group identity "act as powerful filters through which information is received" (Thomas, Fine, & Ibrahim, 2004, p. 2050). Matching cultural (e.g., racialy identity) relevant health messages with Black women may greatly affect the receptivity to, involvement in, and salient of health messages. Furthermore, health and psychology scholars have concluded that racially-specific traditions (e.g., cooking soul food) and social support (e.g., family members, friends) are often cited as factors that influence weight-loss success. The difference between the two components is that *racial identity* is association based on a common racial heritage, while *community* is a group with a collective identity, which may or may not be race, who feel a sense of belonging in that group membership. For instance, participants in the Overeaters Anonymous program are ones who share a history of compulsive eating—a disease which may have affected them mentally and emotionally in common ways over time. Everyone in Overeaters Anonymous may not be the same race, but they do share similar identities and experiences, and depend on each other for support.

The use of the *centrality* and *private regard* scales from the Multidimensional Inventory of Black Identity (MIBI), racial identity, the situational theory of publics,

social identity theory, and the concept of community will be discussed further in this study to better explain how Black women make sense of obesity and weight-loss messages based on their racial identity and community.

I used a survey in the study to explore the Multidimensional Inventory of Black Identity (MIBI) to determine how connected women are to their racial group. Then, I conducted focus groups to provide an audience-centered environment to best understand how Black women, through their racial identity and social support groups, interpret obesity-related messages, and what factors contribute to constraints and involvement when it comes to them processing these messages. The focus groups provided more in-depth information to the survey responses. The research objectives that guided this study will be discussed next.

Research Objectives to Explore the Phenomenon

This research seeks to understand in what ways racial identity and community shape the way Black women interpret obesity and weight-loss messages. Three research questions guided my study: The first question asks, how do racial identity and community influence how Black women make meaning of obesity and weight loss messages? I derived this question from the application of the Multidimensional Inventory of Black Identity (MIBI) and social identity theory, to determine how Black women's racial socialization and connection influence message interpretation. Next, the second question asks, how do racial identity and community influence Black women's involvement and constraint of obesity and weight loss messages? In this question, I incorporated the situational theory of publics to determine what factors influence Black women's involvement in, and barriers to, obesity-related messages in mass media.

Finally, the third question asks, what factors contribute to Black women's information seeking of obesity and weight-loss messages? I also derived this question from the application of the situational theory of publics to determine what factors would motivate Black women to adhere to obesity-related messages.

Contribution to the Public Relations Field

Public Relations Theory

Exploring how Black women understand obesity-related messages has important implications to the public relations field. This study can contribute to public relations theory as it extends the situational theory of publics to include racial identity as a possible precursor to involvement in, and constraints of, health messages. Segmentation strategies that move beyond demographic variables and incorporate the social environment in which health behavior takes place are segmentation strategies that help improve the reach and effectiveness of health messages and interventions (Boslaugh, Kreuter, Nicholson, & Naleid, 2005; Slater & Flora, 1991). Previous studies have used culture, ethnicity and race as segmentation factors. Culture and ethnicity are broad categories that may include race, age, gender, nationality, etc. This does not allow the researcher to pinpoint specific factors that may influence communication behaviors, as a plethora of cultural components are merged into one study. Race has been used as a demographic variable in previous quantitative public relations studies without determining how race influences the public's communication behavior. This study, however, will focus on one specific factor, racial identity, or the strength of a women's connection to her racial group. Examining one specific cultural factor may help public relations scholars and practitioners more effectively influence involvement and

constraints of health messages when communicating to Black women and other minority audiences.

This work also introduced the Multidimensional Inventory of Black Identity (MIBI) as a segmentation measure that is racially-relevant to Blacks, which has never been used in public relations research. It is germane to study racial publics as U.S. Census data is steadily shifting. In 2011, racial and ethnic minorities accounted for more than half (50.4%) of the children born in the country. Furthermore, the time will approach when Whites will become the racial minority. In other words, "It's a sign of how swiftly the USA is becoming a nation of younger minorities and older whites" (Cauchon & Overberg, 2012). It is imperative for public relations practitioners and scholars to move beyond understanding publics in terms of demographics and biological features, and instead, examine racial identity as an important cultural factor that influences many publics' communication behaviors.

Public Relations Practice

This study can also contribute to public relations practice. This study offered information to increase involvement and decrease constraints in obesity-related messages for Black women. Tindall (2007) said: "When one has power in organizations, he or she can get things accomplished and effect outcomes and decisions" (p. 28). Public relations practitioners can obtain organizational power through knowledge of how to more effectively craft health messages that will help improve outcomes of health campaigns and help accomplish organizational goals. The power lies in the understanding of racial identity and how it contributes to the meaning-making process of racial minority audiences.

Finally, the results from this study may eventually lead to attitude and behavior change that would help reduce obesity rates, help increase weight-loss efforts among Black women, and ultimately help save lives.

Exploring the Issues: An Overview of the Dissertation

In chapter two of the dissertation, I will discuss the theoretical and conceptual frameworks used to examine how Black women interpret obesity-related messages from a racial identity and community perspective. The theories and concepts used in this study are the situational theory of publics (Aldoory & Sha, 2006; Grunig, 1997), social identity theory (Tajfel, 1974), racial identity (Cross, 1971; Phinney, 1992), the Multidimensional Inventory of Black Identity (MIBI) (Sellers, Smith, Shelton, Rowley, & Chavous, 1998) and community (Cohen, 1985; Kruckeberg & Stark, 1988). The theories and concepts used in chapter two will be the foundation of my research and will be referenced through the remainder of the study.

The third chapter describes the methodology used in my study. It discusses the rationale for using a mixed-method approach, the recruiting process and the methods used to collect and analyze the data. The study consists of surveys and focus groups with 21 Black women, ages 19-59, living in Oklahoma, the seventh fattest state in the U.S., to explore how racial identity and emotionally connected support groups influence their meaning-making experiences of obesity and weight loss messages. Studying a specific audience and health issue contributes to the broader goal of this study— to better understand how specific cultural factors influence the communication behavior of minority audiences and health issues.

The fourth chapter provides a summary of answers for both the survey and focus group questions. Chapter five discusses the patterns that unearthed while I was coding the data to give insight into how I started to create themes based on my insights. In chapter six, I discuss the five themes that I developed from my qualitative data. In chapter seven, I compare answers from participants of different racial identity scores and in different communities to determine what ways women with certain racial identity scores and women from the same communities make meaning of obesity and weight loss messages. Finally, in chapter eight, I analyze the qualitative and quantitative data and discuss how the findings support, refute or extend the theoretical and conceptual frameworks. I then discuss triangulated findings, and based on the findings, I answer my three research questions. Next, I discuss limitations and implications of the study, how this study can adds to the body of literature in public relations, and finally, I discuss future research and where scholars can go from here.

CHAPTER TWO: Theoretical Framework for Understanding Black Women's Meaning-Making Experiences

The obesity rate among Black women continues to increase. However, racially relevant health campaigns that address obesity and Black women are lacking in mass media. Moreover, audience-centered scholarship that seeks to understand how women interpret health messages is sparse. To address these issues and fill the gap in literature, I chose to explore how Black women's racial identity and community contribute to their meaning making experiences of obesity and weight loss messages. In this chapter, I explicate relevant theories and concepts to explore the topic of Black women and obesity-related messages. I start the discussion with the situational theory of publics (STP) to explain important factors that may influence communication behavior towards health-related issues and the type of audiences that are formed based on different communication practices. Next, I discuss social identity theory and how it influences Black women's sense-making of obesity-related messages. Then, I focus on one particular social identity, racial identity, to explain its complexity and how it contributes to Black women's meaning-making experiences. I discuss The Multidimensional Inventory of Black Identity (MIBI) and its evolution to contextualize and operationalize racial identity. Finally, I discuss the concept of community and how it shapes the way Black women understand mediated messages and how they make sense of their experiences.

Situational Theory of Publics

While many public relation theories exist, situational theory of publics (STP) is a valuable and useful framework for this study because it is the best-fit, audience-

centered public relations theory that addresses my research focus. The situational theory of publics focuses on an organization's audience, issues they face, and factors that may help or hinder their communication behavior regarding the issue. This ties in well with the aim of this study because it explores Black women's communication behaviors towards obesity and weight loss messages based on their racial identity and social ties. While STP has limitations, as discussed later in this section, it take into account the process in which communication takes place and helps to privilege the voice of the audience. Black women have been largely ignored in public relations scholarship. It is my goal, therefore, to create a platform on which they help practitioners and scholars to understand how Black women make meaning of obesity and weight loss messages, and how to translate the findings into strategic and relevant communication when developing health messages.

In the Beginning

Situational theory of publics (STP) originated from James Grunig's dissertation in the 1960s about Colombian farm workers' information-seeking and decision-making behavior (Aldoory & Sha, 2006; Grunig, 1997). Over the years, the theory has been used primarily in quantitative studies to determine how to segment and manage an organization's publics around various issues**.** Segmenting and managing publics helps to bring about desirable relationships between organizations and their stakeholders, according to Grunig (1978).

Grunig (1978) used the situational theory of publics in an early study of a Maryland county hospital to determine publics' communication behavior to assist practitioners in developing a public relations program. In this study, Grunig (1978) uses

"publics" and "community" synonymously in the hospital study, stating that a community is a group of people with "similar behaviors" who may differ from one degree to another around particular issues, similar to publics. However, Hallahan (2003) said that while publics are defined based on their relationship with an issue and an organization, a community is a self-identifying group with no particular ties to a problem or organization, but is connected through social, cultural or economic interests unrelated to a specific problem. Thus, publics are based on "issues" but communities are based on "sociocultural connections." Furthermore, publics disband after the issue is resolved, but communities are stable and not contingent upon the occurrence or resolution of an issue. This dissertation therefore, argues that Black women may respond similarly to obesity and weight loss messages based on their racial identity and social connections in their community.

In Grunig's hospital study, he surveyed 131 residents and found that low-income publics (comprising mostly of Black publics) "perceived constraints, but did not know how to deal with them; thus, they actively sought information" (p. 118). He also found that the younger educated audience were not an active public because they did not perceive that they needed hospitals since they had not encountered medical problems as of yet. Grunig said his study was created from a formative viewpoint, meaning that his study's results would be useful in creating, rather than evaluating, a public relations campaign. Similarly, I will focus on the pre-planning stage of a campaign by examining factors that may help increase involvement and decrease constraints in health messages. The more time and effort spent on formative research will increase the likelihood of impacting the target audience, creating a successful campaign, and reaching

organizational goals, which makes situational theory of publics a useful theory for this study.

Grunig (1978) developed the situational theory of publics (STP) to explain why and when publics are most likely to communicate. Situational theory of publics is based on Dewey's (1927) system of publics, where publics are formed when a group: (a) faces a similar problem; (b) recognizes the issue as problematic; and (c) moves to take action to solve the problem (see also Covaleski, 2007; Grunig, 1978). Members of a public are "affected by the same problem or issue, and behave similarly toward a problem" (Aldoory & Sha, 2006, p. 340). Previous research shows that Black women are affected by obesity in similar ways and have similar view when it comes to weight loss. Guided by Dewey's system of publics, Grunig develop three independent and two dependent variables for STP, which will be discussed in the next sections.

Independent Variables

Situational theory of publics (STP) is used in public relations practice as a tool for segmenting and communicating more effectively with desired and intended audiences. STP predicts communication behavior based on three independent variables of problem recognition, constraint recognition, and level of involvement that determine the outcome of two dependent variables, information seeking and information processing (Grunig, 1978, 1983; Grunig & Hunt, 1984). *Problem recognition* is the extent to which individuals recognize issues as problematic and action is needed to improve the situation. *Constraint recognition* is the extent to which individuals perceive barriers that limit their ability to address problems. *Level of involvement* is the extent to which problems are personally relevant to individuals. "If someone personally

connects to an issue or message, that person will more likely attend to and comprehend it" (Aldoory, 2001, p. 165). *Referent criterion* was a fourth independent variable included in STP but later omitted in the mid-1980s based on its minimal effect on communication behavior (Aldoory & Sha, 2007). A referent criterion is a "solution carried from previous situations to a new situation" (Grunig, 1997, p. 11). When a person has knowledge or experience from a previous situation, he or she may use this knowledge (or solution) to help solve problems in other similar situations when dealing with an issue (Grunig & Ipes, 1983).

Aldoory and VanDyke (2006) conducted a qualitative study to understand how people made meaning of news about food terrorism (terrorist attack of food supply). The authors noted that the three commonly used independent variables of STP—problem recognition, level of involvement, and constraint recognition—are closely related to the same variables that are examined in health information processing and seeking in the health communication field. Those variables are perceived severity, perceived susceptibility, and self-efficacy (respectively), making Grunig's (1983) situational theory of publics an ideal framework to explore health communication from a public relations perspective. According to Aldoory and VanDyke (2006):

> …*perceived severity* is conceptually similar to *problem recognition*—both are defined as a state of awareness about the implications of a problem or issue. *Perceived susceptibility* seems related to *level of involvement*, in that personal involvement seems likely to lead to greater perceived susceptibility. Low *self-efficacy* can be considered a particular *constraint* to action, as can perceived minimal benefits of a requested action. (p. 349)

Although situational theory consists of three commonly used independent variables, my study will focus on two—involvement and constraint. Extant literature has concluded that Black women have high recognition when it comes to weight loss.

Overall, scholars have concluded that they desire to lose weight and want to live a healthy lifestyle, which means Black women are very aware when it comes to the issue of weight loss (Cox et al., 2011; Fitzgibbon et al., 2005; Fitzgibbon et al., 2012; Kim et al., 2008; Kumanyika, Wilson, & Guilford-Davenport, 1993; Mastin, Campo & Askelson, 2012; Walsh, Hunter, Sirikul, & Gower, 2004). Therefore, I will only focus on the two variables of involvement and constraint as it pertains to obesity-related messages among Black women. My study takes a public relations approach and focuses on involvement and constraints of health messages based on racial identity and community. In taking a public relations approach, I will discuss how the variables involvement and constraint have been used to examine health messages in public relations scholarship.

Involvement. The level of involvement refers to how personally an issue resonates with a public. Chaffee & Rosser (1986) surveyed publics based on the Stanford Heart Disease prevention program and concluded that high levels of involvement in an issue increases behavior change of the health issue in question. Additionally, they posited that involvement should not be viewed as a single constant variable, as many factors could influence a person's level of involvement. Engelberg, Flora and Nass (1995) through their AIDS attitude and knowledge survey found a positive correlation between women and interpersonal communication. In other words, communication within family, and social support is important to personally connecting women to health communication issues. Pavlik (1988) reviewed the Minnesota Heart Health Program and found that the level of involvement in an issue affects how people will process information. Through his telephone survey, he found that those who are

highly involved in the issue will more actively process campaign information than those who are not connected to the issue. Furthermore, campaign planners should develop formative research before launching campaigns to assess involvement and constraint levels in order to tailor messages to intended recipients. Cameron and Yang (1991) surveyed adults on the issue of AIDS to determine level of involvement. They found that information-based campaigns may be effective for active publics who were involved in the issue for altruistic reasons. Conversely, emotional appeals may be more effective for those who are involved in the issue for personal reasons or who may feel they are more susceptible to the disease. Aldoory (2001) conducted focus groups and interviews with women from various ethnic and cultural backgrounds to understand factors that increase involvement in health communication messages. She found that similar identities (e.g., race, sex, culture), relevant and simple messages, and credible sources were antecedent factors that increase participants' involvement in seeking and processing health information. Jacobs and McCain (1992) distributed self-administered surveys to college students about AIDs communication and found that high levels of involvement were associated with behavior change. Vardeman and Aldoory (2008) conducted focus groups with women about contradicting mediated messages of fish consumption safety. They found that "level of involvement was shown to be contingent on whether participants were proximally close to a risk area, were mothers or pregnant, or were frequent fish eaters" (p. 289). In other words, the women perceived the issue to be personally relevant to them if they perceived they were at risk or potentially at risk, whether they were geographically close to the contaminated fish, if they were a pregnant woman eating possible contaminated fish and affecting the unborn child, or if

they were eating fish on a regular basis. Tindall and Vardeman-Winter (2011), through in-depth interviews with women of color about heart disease messages, found that problem recognition affected level of involvement in different ways based on age. Younger participants were not connected to heart disease messages and felt the issue was not applicable to them. Older women, however, were more involved in heart disease messages, as they felt a personal connection to the problem. Overall, these studies found that publics are invested in messages that are relevant to them to which they can connect.

Exploring involvement from the situational theory of publics has been used to successfully determine factors needed to increase audience's adherence to messages. However, there are some limitations. As Munshi and Edwards (2011) noted, scholars are ignoring racialized publics. About half of the studies included race and ethnicity, but none focused solely on racial identity. My study will focus on one particular race, Black women, their racial identity, and how they understand obesity-related messages. Studying racial identity, and not racial identity and ethnicity, will help scholars and practitioners better segment audiences and develop more tailored messages since race is more narrowly defined than race and ethnicity. Another limitation is the use of survey research. Approximately half of the studies mentioned in this section used surveys while a few used an audience-centered approach to understand how to improve involvement levels among audiences. This dissertation will expand the literature by using both survey and focus groups to examine obesity-related messages. This allows Black women to include their voices in the communication-creation process, allowing them to be co-creators of organization messages that are salient to them. Also, the

studies used one research method (survey, focus group, or interviews). However, my study combines two different research methods (survey and focus groups) which may give a more holistic picture of the factors that influence involvement than just using one research method alone.

Constraints in another variable in situational theory of publics that has been used in public relations research to examine health messages and will be discussed in the next section.

Constraints. Grunig and Ipes (1983) discussed the need for public communication campaign planners to find ways to remove the public's constraints to create active publics. The authors' evaluated a drunk-driving communication campaign through a telephone-administered survey. They concluded that a public communication campaign helps to put an issue on the media's agenda, increase the audience's perceived involvement in an issue, and needs to show how people can personally remove constraints. Additionally, they said, "The study also shows that passive publics frequently perceive constraints that prevent them from acting on an issue, and that constraints must be removed before a communication campaign can do more than make members of a public recognize a problem" (p. 38). They concluded that in addition to communication campaigns, support groups such as "Alcoholics Anonymous or Weight Watchers" play a major role in reducing constraints for publics who need assistance with overcoming bad habits such as alcohol addictions or overeating. Vardeman and Aldoory (2008) found barriers to information seeking based on five factors: "(a) confusion resulting from contradictory information, (b) availability of realistic options

to eating fish, (c) other health threats, (d) low self-efficacy, and (e) lack of enabling resources" (p. 289).

Women of Color. Tindall and Vardeman-Winter (2011) found that constraints persisted for racial minority women when health communication material alone did not mobilize them to information seeking. Other constraints mentioned for avoiding heart disease were lack of time or ability to be physically active; limited finances to purchase healthy food and health insurance, a "severe lack of trust in seeking information from doctors, lack of cultural competency by doctors" and "socio-historical problems with medical encounters" (p. 296). Curry (2007) found in her in-depth interviews to examine how Black women interpret HIV/AIDS health communication, that some women felt the information was not useful to them and the messages inaccurately portrayed their identity as a Black woman.

Overall, the existing literature shows that the situational theory variables are very useful, but alone are not sufficient in understanding the communication behavior of audiences of different races. Furthermore, scholars have argued for more qualitative research and studies that examine racial differences among publics (Aldoory & Sha, 2006; Sha, 2006; Pompper, 2005). Additionally, there are very few studies in public relations scholarship that examine health messages. Vahabi (2007) said that "Effective communication of health information is not an option or a luxury; it is a central component of quality health care that has an extreme impact on people's health" (p. 36). With the U.S. spending approximately $190 billion per year on obesity-related illnesses (Graff, Kappagoda, Wooten, McGowan, & Ashe, 2012) and public health campaigns only reaching marginal success, it is imperative that more public relations scholarship

focus on ways to create effective health messages. My study attempts to fill the gap of understanding racial publics and qualitative communication research by using focus groups to explore factors that will help explain the communication behavior among Black women, particularly how they interpret health messages through the lens of racial identity and community.

Dependent Variables

The dependent variables of situational theory of publics influence if and how much an individual engages in information processing and information seeking. *Information processing* is defined as paying attention to a message, even if it is unintentional, or "unplanned discovery of a message, followed by continued processing of it" (Clark & Kline, 1974, p. 233). Individuals may not seek the information but are exposed to it (Aldoory, 2001). *Information seeking*, on the other hand, is defined as deliberately searching for information, or "planned scanning of the environment for messages about a specific topic" (Major, 1993, p. 253). This active communication may propel individuals to act on a particular issue. Thus, individuals with high problem recognition of an issue, high involvement in an issue, and low constraint recognition to address the issue are active publics and will likely engage in information seeking. Its variables are traditionally measured by questionnaires. However, more qualitative research is emerging as scholars realize the importance of descriptive data to help explain how specific cultural influences affects racial/ethnic publics' understanding of messages to make communication meaningful to this particular group (Aldoory, 2001; Kim & Grunig, 2011; Ni & Kim, 2009; Sha, 2006; Vardeman & Tindall, 2008).

Applying situational theory of publics to Black women and weight-loss messages, one might expect that if Black women recognize obesity and weight loss as a serious problem (high problem recognition) that directly affects them (high levels of involvement) and they can address the problem (low constraint recognition), then they will seek weight-loss information and subsequently lose weight. Conversely, Black women are aware of the issue of weight loss but a disconnect exists between the recognition, involvement and constraints of the issue. Therefore, I will determine how racial identity and community may contribute to involvement and constraints as it pertains to Black women and obesity-related messages to contribute to information-seeking and ultimately weight loss.

Among the three independent variables, different publics exist, based on their level of recognition, involvement and constraint. There are three general publics that arise from the variables in situational theory; these three publics are *latent publics, active publics and aware publics* (Grunig, 1978).

Types of Publics

Publics can be situated along a range of communication behavior based on their levels of problem recognition, involvement and constraint recognition. *Non-publics* or *inactive publics* are those with little-to-no recognition or involvement. Practitioners usually do not target this group, as they possess low information-seeking activity (Hallahan, 2000). *Latent publics* are those with low problem recognition and moderate levels of involvement. Practitioners usually try to increase recognition and involvement to target this group. *Aware publics* have high problem recognition and involvement and high levels of constraint recognition. Practitioners would seek to decrease constraints to

communicate with this group. Finally, *Active publics* have high problem recognition and involvement and low constraint recognition. Practitioners usually address this group, as they possess high levels of information-seeking activity (Aldoory & Sha, 2008; Vardeman & Tindall, 2008).

Research shows that Black women have high problem recognition when it comes to weight loss. However, research has also shown that high recognition many times does not translate into high involvement or low constraints. In my study, I will explore how racial identity and community may influence *involvement* and *constraints* with the goal of creating messages to help move Black women one step closer to being active publics. While some scholars have executed research using the existing variables, others have proposed extensions and revisions to STP, which will be discussed in the next section.

Elaboration of Situational Theory of Publics

Researchers have proposed various modifications and extensions to move past the three independent variables and two dependent variables of Grunig's situational theory of publics (STP) throughout the theory's 40 year existence. This section will highlight some of theoretical suggestions in scholarship and then discuss how the current study will extend the situational theory of publics.

Sha and Lundy (2005) and Lundy (2006) suggested that STP and the Elaboration Likelihood model (Petty & Caciappo, 1981) be combined to better understand how publics process information. The Elaboration Likelihood model is a framework that examines factors that may increase or decrease the likelihood of a person giving thoughtful consideration to a message. Slater, Chipman, Auld, Keefe, and

Kendall (1992) proposed to combine STP and a cognitive response measurement to examine various dimensions of passive communication behavior. Vasquez (1993) suggested that STP be combined with symbolic convergence theory (SCT) to better examine message design. Symbolic convergence theory states that humans are storytellers who share creative interpretation of events (fantasies) which contribute to group consciousness and helps create social realities. Hamilton's (1992) study about a 1990 governor's race in Kansas suggested combining STP with a media-usage variable to segment audiences based on media preferences. Hallahan (2000) argued for more attention to inactive publics in public relations scholarship. He stated that inactive publics can be beneficial in reaching organizational goals once they realize how an issue or problem is relevant and connected to their lives. Grunig, the father of situational theory, has even argued for a modification of STP. He, along with other scholars, have suggested a revised theory called the situational theory of problem solving (STOPS). This will be discussed in the next section.

STOPS. One of the first studies to introduce the situational theory of problem solving (STOPS) was Kim's (2006) dissertation about cognitive actions used in solving problems. Kim & Grunig (2011) later published a scholarly article utilizing STOPS, which is an extended and generalized version of the situational theory of publics (STP). There are four main differences between STP and STOPS. First, STP looks at information processing and information seeking as dependent variables, but STOPS includes information selecting and information sharing as additional dependent variables. Secondly, STP eliminated referent criterion as an independent variable, but STOPS reinstates the variable in its theory. The two also differ because STP examines

problem recognition, but STOPs look at problem solving instead, and defines it as "the extent to which a person stops to think about, is curious about, or wants more understanding of a problem" (p. 132). Finally, STP is generally used to explain public relations practices but STOPS is more of a generalized theory that can be applicable to solving a wide range of communication problems.

Ni (2012) incorporated STOPs in her study about strategic relationship management. Kim, Shen, and Morgan (2012) used STOPS to examine the likelihood of publics actively giving, taking, and selecting information about a shortage of bone marrow donors. They found that motivational and perceptual variables may predict the likelihood of information behaviors and donation-related intentions. Dai (2011) used STOPS to examine if persuasive narrative affected Chinese women's active information acquisition and transmission behaviors. Through her survey research she found first-person narratives were "significantly effective" in predicting active information seeking and sharing while direct health messages from articles predicted passive information seeking and sharing.

The situational theory of problem solving refines and extends the situational theory of publics. It goes past information processing versus information seeking, to a more general conception of communicative behavior that looks at information taking, information giving, and information selecting. While STOPS is developing into a useful general theory of human communication, my study has a public relations focus, which makes situational theory of publics a better fit than STOPS. Also, STOPS is focused on many situational variables involved in communication action. However, I examine two

specific variables, racial identity and social connectedness, to determine how they influence Black women's understanding of obesity-related messages.

Even with the proposed modifications to the theory, researchers have indicated that there has been a gap in the literature about our understanding of the consumption of meaning rather than the production of meaning (Aldoory, 2001; Briones, 2010; Curry, 2007; Moffitt, 1992; Moffitt, 2011; Tindall & Vardeman, 2011; Vardeman & Tindall, 2008). In other words, more audience-centered research that privileges the participants is needed to understand the context of racial connection in how publics make meaning of messages in public relations campaigns. I will fill the gap by putting Black women at the center of my study to explore specific cultural components of racial identity and community and determine how these factors influence participants' understanding of obesity and weight loss messages.

Situational Theory of Publics in Health Communication Literature

A handful of articles published in health communication journals have either mentioned or used the situational theory of publics in their studies. Muturi and Mwangi (2011) used grounded theory to examine how opinions from older adults in rural Kenya contribute to creating culturally-relevant messages for HIV/AIDs prevention health campaigns. Although situational theory is not the prevailing theory in the study, the authors state that STP is a more appropriate theory than current health behavior and information-seeking theories to engage audiences in the discussion of culturally-relevant messages. Polonec, Major, and Atwood (2006) used social comparison theory along with problem recognition from the situation theory to examine a health campaign to reduce binge drinking among college students. Results showed that including

situational theory's problem recognition motivated students to think about the dangers of binge drinking even if behavior did not change. Vardeman and Aldoory (2008) conducted a study about mediated messages of fish consumption safety. Finally, Kim, Shen, and Morgan (2011) used Situational Theory of Problem Solving (STOPS) to segment audiences and determine their likelihood of active information giving, taking, and selecting about organ donor shortage. They found that publics became active in organ donation issues if they perceived similar issues as problematic.

The virtual absence of situational theory of publics in health communication literature demonstrates the applicability of STP in the health behavior process. The health communication field is focused on theories that help explain behavior change. Situational theory of publics, on the other hand, focuses on information seeking behaviors, which makes STP a viable theory to examine Black women's communication behavior towards obesity-related messages based on their racial identity and community. The next section will discuss meaning-making experience and how it shapes communication behavior.

How Do We Make Meaning?

A semiotic framework states that humans make meaning through signs. More specifically, people make meaning through the interaction of signs, objects, and interpretations. A *sign* is anything used to convey meaning. A sign always stands for something (Peirce, 1998). "A sign is always marked by an intention of communicating something meaningful (Guiraud, 1975, p. 22). An *object (or referent)* is what the sign stands for. Often times, people use objects familiar to them when making sense of the sign. The *interpretation* is the meaning made from the sign. "An interpretation is

stimulated by the sign in the mind of the interpreter when the sign refers to an object or referent" (Chung, 2006, p. 17). A sign itself has no inherent meaning. When a person encounters the sign and relates it to something (object), then she can interpret the sign and finally it becomes meaningful to her. For instance, if a Black woman hears a message about obesity (the sign), obesity means nothing to her until she connects obesity to something familiar she can reference obesity to (the object), and based on this reference she can make sense of the message (the interpretation). So, she may encounter an obesity message, associate obesity with fat people, and interpret the message as irrelevant because she does not consider herself to be fat.

Furthermore, when someone decodes a message, she is not giving arbitrary meaning to the communication but interpreting the message in the context of the culture in which she is situated. A person's culture provides context for his/her meaning making (Wu, 2012). So, a sign signifies something when it is placed within a framework that a person uses to "interpret objects and actions in their world, and thus, creating meaning" (Cain, 1985, p. 42). Culture shapes the human mind that gives meaning to all forms of expression. Culture develops signification of communication through accumulated knowledge, norms, values and beliefs (Bruner, 1990; Jensen 1995). In other words, one's sense-making is influenced by the interpretation of meanings derived from memberships in specific cultural groups. For example, A Black woman may possibly make sense of the word obesity based on the values and beliefs through which her racial group has come to make meaning of obesity rather than the medical community's definition of obesity. In the context of this study, the specific culture I am examining is racial identity.

Tannen (1990) went further and said that how one person interprets her experience may be different than others. "The likelihood that individuals will tend to interpret someone else's words as one or the other depends more on the hearer's own focus, concerns, and habits than on the spirit in which the words were intended (p. 37). For instance, when public health campaigns disseminate messages about obesity and weight loss, the recipient of the message will usually make sense of the campaign based on how she makes meaning of obesity and weight loss rather than how the sender interpreted the message. For this reason, it is important to understand how Black women make sense of obesity-related messages based on her racial identity that has helped shape her meaning-making process. Black women's social bonds also help shape her sense-making of health messages and should be explored as well. Public relations practitioners and scholars can use this understanding to help create effective messages that will resonate with Black women and hopefully propel this particular audience into information-seeking action, and ultimately mobilize them into weight-loss action. Next, I will continue the discussion of meaning-making to explain how identity, specifically, racial identity, may impact Black women's understanding of health messages.

Identity and Meaning-Making Experiences

As mentioned earlier, racial identity is one culture that influences women's sense-making abilities. Identity is a multifaceted concept that develops through individual, historical and social experiences. Social identity is one type of identity that plays a critical role in shaping a person's self-concept. Social identity is the importance of social group membership to a person's self-perception and helps individuals understand their experiences based on the meaning and values that their social groups

attach to words, language, and symbols. It is within social groups that help construct meaning to language, symbols and events, and helps members make meaning of situations. For example, in politically-based group memberships, the colors red and blue are constructed to mean a particular political party and ideology which separates the in-group from the out-group. In overweight social groups, a number on a scale or a particular body image may signify healthy/unhealthy or fat/skinny, depending on how the social group defines and makes sense of those categories.

Racial identity is one form of social identity that helps shape identity formation and contributes to individuals' meaning-making experience of social phenomenon. Weight loss is one phenomenon that Black women generally understand through the perspective of meaning that has been attached from experiences within their racial group. However, campaign planners have glossed over important racial identity factors that contribute to Black women's meaning making experiences. Many communication and public relations scholars, unfortunately, have correlated racial identity with surface structures rather than deep structures when examining differences between racial minority and white audiences in creating health campaigns. *Surface structures* refer to material and messages that are on the surface, or face validity, as it relates to the target audience. This includes skin color, people, language, music, food, product brands, clothing or locations familiar to the target audience. *Deep structures*, on the other hand, involve historical, communal, social, environmental, and psychological factors that may influence the target population in health interventions. "This includes understanding how members of the target population perceive the cause, course, and treatment of illnesses as well as perceptions regarding the determinants of specific health behaviors.

Specifically this involves appreciation for how religion, family, society, economics, and the government, both in perception and in fact, influence the target behavior" (Resnicow, Soler, Braithwaite, Ahluwalia & Butler, 2000, p. 274). For example, many Blacks have a mistrust of the U.S. government because of the Tuskegee Syphilis Study, which arguably has had the most impact on Blacks' mistrust of the health care system. The 1932 Tuskegee Syphilis experiment was a clinical study that examined the natural progression of untreated syphilis in approximately 400 Black men who received false communication from the U.S. Public Health Service. The participants were unaware they had syphilis, were not informed they had it, and instead were told they were being treated for "bad blood" through placebo remedies. The unethical and contemptible study continued for 40 years and resulted in death and the spread of disease to participants' wives and children. Consequently, the deceptive health study has contributed to the mistrust of health establishments among Blacks and a reluctance of Blacks to get routine health procedures (Carmack, Bates & Harter, 2008). Including messages that incorporate, or take account for, these beliefs will likely be more effective than those that focus only on surface structures.

In the following sections, I will discuss social identity theory and how Black women make meaning from their social identity. Next, I will discuss one specific social identity, racial identity. I will examine the evolution of racial identity and the measurements that have been used to conceptualize racial development.

Social Identity

Social identity theory helps to explain how people in the same social group make sense of their world, and thus a useful framework in explaining how Black women make sense of obesity and weight-loss messages as it relates to her social identity membership. Social environments contribute to a person's meaning making process by providing shared values, meanings and understanding in which members in social groups use to make sense of their experiences. Therefore, two people with similar social identities would interpret the world and their experiences in broadly similar ways (Briones, 2010; Wenger, 2000). Furthermore, social groups are based on socially constructed categories, such as race, that are developed through society and experience that give meaning to social groups. This study will focus on how racial identity, a particular social identity, gives meaning to how Black women interpret obesity and weight loss messages.

Social identity theory (Tajfel, 1974) is a social psychological theory that helps to understand how people select and form a social identity (Shinnar, 2008). It is a person's definition of his or her self-concept in relation to one's group membership and to others. According to Tajfel (1974), social identity is "part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the emotional significance attached to that membership" (p. 69). A social group consists of two or more people who share a common social identification between themselves, or, "perceive themselves to be members of the same social category" (Park, 2011, p.15). A social category is similar to cultural categories in which

a group of people share some type of commonalities. This could include race, political affiliation, nationality, age or religion.

According to Tajfel, people attempt to maintain fulfilling and rewarding social identities, a drive that ”affects their willingness to either stay a member of a group, adjust their interpretation of the group to better serve their social identities, or ultimately change groups if they can” (Mersey, 2007, p. 33). Park (2011) notes that social identification is not merely a person “falling into” one or more social categories. Instead, people constantly evaluate memberships and may change to ensure they have satisfying and positive social identities.

Social Identity theory asserts that people strive to maintain positive social identities obtained through group memberships. As a member of a particular social group, people evaluate themselves and others in terms of group membership and these groups help to create positive social identities and cognitions, which leads to the formation and distinction of their group (the in-group) from other groups (the out groups) (Harwood, 2006; Tajfel & Turner, 1986). For instance, Black women may compare themselves (in group) to White models (out group) in weight loss commercials and conclude that the model’s (out group) image is too thin and less desirable than the average Black woman’s (in group) image based upon shared values and cognitions of how a healthy body image is perceived within their social group.

Henry Tajfel developed social identity theory in Britain in the early 1970s; he originally focused on social belief aspects of intergroup prejudice and discrimination. For example, Tajfel (1970) conducted a series of experiments with 64 boys, ages 14 and 15, who all knew each other from a suburban school in Bristol. Tajfel divided the boys

into groups and asked the boys to assign rewards and penalties to participants in their in-group and out-group. The boys awarded more rewards to their in-group members and more penalties to out-group members, and thus exemplified discriminatory actions toward the out group. John Turner later joined Tajfel in the late 1970s to focus social identity theory on intergroup behavior and socialization. Currently, social identity theory has now come to explain intergroup relations, group processes and the self-concept (Hoggs, Terry, & White, 1995).

Social Identity and Black Women's Weight

Social identity is associated with three different components: how a person thinks (cognitive processes), associated with categorization; how a person feels (affect processes), this includes internalization; and how a person behaves (behavioral processes), this includes a person's actions taken to reaffirm identification in a specific social group (Asbury, 2011; Deaux, 1996). When all three are enacted, social identity is formed. In the context of this study, overweight Black women may classify themselves as being a healthy weight or "evenly proportioned" and cognitively identify themselves as healthy. Internalizing this belief, they feel they are healthy and at a desired weight, and then act on this notion by choosing unhealthy diets or avoiding physical activity because their body image may be the accepted norm in their social group (Hawkins, 2007; Molloy & Herzberger, 1998). In other words, Fuller figures and high-caloric foods may be acceptable in a Black women's social group, and this acceptance may deter Black women from losing weight. This type of socialized identification may shape how women make sense of obesity and weight loss and the messages that address these topics.

Additionally, Asbury (2011) discusses the concept of weight as a social identity, or a weight identity. "There are certain numbers on a scale that indicate health, but the *interpretation*

of those numbers is culturally bound" (p. 16). If a particular social group (e.g., racial group) labels a particular weight or body image as "fat", then that is how members in the group will make sense of that specific weight. Research has shown that Black women view the body mass index (BMI) as a racially-skewed indicator of one's health, and does not account for the body structure of Black women. Furthermore, Black women are more accepting of fuller figures than women of other social groups. Thus, "people strive to meet that group's definition of what is considered ideal, operating on a group level in terms of [their] weight" (Asbury, p. 16). Therefore, the meaning-making process for obesity and weight loss for Black women is indeed shaped by the values and meanings women in this social group have developed over time.

Social Identity and Communication Research

Communication researchers have used social identity to examine feelings of in-group and out-group members in the media. For example, Coover (2001) conducted an experiment with 175 White college students to examine how race representation influenced perceptions of media content. Her results showed that participants believed there were greater similarities between the white and black commentator when the commentators were in agreement but less similarities between the commentators when they disagreed on a topic. Harwood (1999) used age identity as a form of social identity in his study about television viewing choices among college students. He found that viewers preferred watching characters of their own age, which supports social identity

theory's notion that people will view in-group members more positively than out-group members.

Social identity has been used in media research to quantify viewers' perceptions of media content. However, there is a dearth of literature that uses social identity as a theory to quantitatively and qualitatively explore audience perception of media messages. This study will focus on how a particular social identity, racial identity, is used to make sense of obesity and weight loss messages through group discussions.

Social Identity of Race - Racial Identity

In this study, I will use the term *race* to refer to self-identified racial categories and *racial identity* to refer to the strength of an individual's connection to a particular racial group. Racial identity is one factor that comprises social identity and is developed over time and through social experiences, both personal and mediated interaction with in-group and out-group members (Demo & Hughes, 1990; Oyserman, Harrison, & Bybee, 2001).

Racial identity refers to a person's feelings of involvement, association, and sharing a common racial heritage with a particular social group. Racial identity is most commonly referred to as the racial component of social identity. Penn, Gaines, and Phillips (1993) note that simply knowing the race of a group does not explain the specific social, emotional, and cognitive, health outcomes of belonging to a racial group. Explaining these factors will help effectively target Black women when disseminating health messages. This study suggests that communication scholars need to assess how racial identity and social ties shape the way Black women make meaning of obesity and weight loss messages. The different factors associated with Black racial

identity have been explored through various frameworks and measurements, and will be discussed in the next section. There are copious amounts of literature and measuring instruments about racial development. However, this study will discuss *Black* racial identity development since the focus of the dissertation is specifically on Black women.

Racial Identity Development

Racial identity is one social category that plays a role in identity development. Much of the racial identity research is situated in the psychology field and pre-dates to Cross's (1971) Model of Psychological Nigrescence – nigrescence meaning the process of becoming Black.

Cross's Model of Psychological Nigrescence. Cross's model helps to understand the Black experience in White America and attempts to describe the process involved in developing a psychological connection with one's race rather than a mere connection based on skin color. Cross developed this model under the assumption that historical and perpetual oppression made Blacks lose their sense of racial identity and made them depend on white society to find their sense of self worth. Thus, the model described the steps of a Black person evolving from Black self-hatred to Black self-acceptance and arriving at a healthy racial identity. The process consisted of five stages: Pre-encounter, Encounter, Immersion-Emersion, Internalization, and Internalization-Commitment (Cross, 1978).

Pre-encounter. This focuses on the "old identity that needs to be changed" (Cross, 1978, p. 17). Individuals in this stage hold a Euro-American world view, devalue his/her blackness, and idealize white society. In other words, they hold a pro-White and anti-Black attitude. They devalue their blackness and operate from a White

normative standard (Parham, 1989). For example, a Black woman putting lye on her hair to straighten it as opposed to being satisfied with her hair's natural growth pattern is an example of a Black American in the pre-encounter stage (Cross, 1971).

Encounter. The encounter stage is when an individual re-evaluates his/her Blackness based on a salient personal or social event that disengages the person from his/her pre-encounter stage and opens the person up to be more receptive of his/her Black identity. There are two steps involved in the encounter stage: a person must have an encounter, and two, the person must be receptive to re-evaluating his/her identity. According to Cross, "at the end of the encounter stage the person is not Black yet, but he/she has made the decision to become Black" (Cross, 1978, p. 17).

Immersion-Emersion. The third stage is the most transformative and intense process where the "struggle to destroy all vestiges of the old perspective occurs simultaneously with an equally intense concern to clarify the personal implications of the new frame of reference "(Cross, 1978, p. 17). The person in this stage attempts to disassociate oneself from the old identity and takes on a new identity, which is characterized by the adoption of black dress, hair styles, and "Blacker-than-thou" attitudes, even to the point of criticizing White culture. While the person has a high regard for Black identity, this new identity has not yet been fully internalized.

Internalization. In the fourth stage, the person's intense actions are replaced by a more calm demeanor. A person is more confident and secure about one's Black identity and will eventually become the new identity (i.e., become Black). The person has internalized his/her black identity that results in feelings of "Black pride, self-love and a deep sense of Black communalism" (Cross, 1978, p. 18). The person has shifted his/her

feelings of denigration of Whites and channels those feelings to racist and oppressive institutions. In this stage, a person has less hatred for, and is now open to making friends with, White Americans.

Internalization-Commitment. In this stage, a person has internalized and accepted his/her Black identity and translates this self-acceptance into activism to improve the Black community. The person is committed to the progression of Blacks. Cross mentions that all Blacks may not achieve this stage. Those who do, however, must be committed to continue in the resolution of shared problems among Blacks.

Parham and Helms (1981) developed the Racial Identity Attitude Scale (RIAS) to operationalize Cross's nigrescence theory, which made it more practical to examine for research purposes. The Racial Identity Attitude Scale (RIAS) is a 30-item scale that measures attitudes associated with Cross's (1971) model of racial identity development. The RIAS uses the person's attitudes regarding the meaning he/she attaches to being Black in this society to measure the individual's identity development.

Cross helped set the foundation for Black racial identity research, but the model is not without shortcomings. Cokley (2007) opines that the RIAS is a minimally reliable and valid scale. Furthermore, it is outdated since it is based on a theory developed in the 1970s. Sellers, Chavous, and Cooke (1998) said the subscales of the RIAS are skewed towards a particular racial philosophy where a strong racial identification is ideal without taking into consideration that race may not be a significant identity to a person's self-concept. For example, a Black woman may believe her gender identity or religious identity is more important than her racial identity. However, the RIAS does not account for such views. Therefore, further attention was needed towards racial

identity research. Cross revised the Nigrescence theory in 1991. The revised model represented four (instead of five) stages of Black racial identity. The four stages are Pre-Encounter, Encounter, Immersion–Emersion, and Internalization.

Pre-Encounter. This stage consists of two identities. Assimilation and Anti-Black. A person with assimilation identity has no racial salience and values the beliefs and views of White culture. A person with an Anti-Black identity is characterized by self-hatred and miseducation of Black identity while internalizing negative stereotypes about being Black (e.g.., being lazy or criminal) (Cokley, 2002).

Encounter. The encounter stage describes the process of Blacks re-evaluating their Black identity based on an encounter with discrimination or racism. For example, a Black man may encounter social rejection for dating a White woman. This event would cause him to reexamine his racial identity. If the internalized discomfort of a discriminatory experience is intense enough, an individual would move to the next stage (Vandiver, Cross, Worley, & Fhagen-Smith, 2002).

Immersion–Emersion stage. Two identities exist in the Immersion–Emersion stage: Intense Black Involvement and Anti-White. The Intense Black Involvement identity is heavily involved in the Black experience and has a positive view of everything Afrocentric. The Anti-White identity renounces everything White and views White culture as evil. This stage is conceptualized as two separate identities rather than a single identity with two components, as

exemplified in the original model. This stage explains the two identities during the Black immersion process.

Internalization stage. A person has a pro-Black, nonreactionary identity in this stage. The person has high racial salience and acceptance and finds ways to empower the Black community. In this revised model, the internalization stage integrates stage four and five (internalization and internalization-commitment) from the original model. Cross (1991) said current theory suggests little difference in the psychology of Blacks between stages four and five in the previous model, which resulted in the combination of the two in the revised version.

Cross and Vandiver (2001) introduced the Cross Racial Identity Scale (CRIS) to operationalize Cross's revised nigrescence theory. The CRIS is a 40-item scale used to assess attitudes that correspond to the revised model. The revised nigrescence theory and corresponding measurement (CRIS) is more reliable in measuring racial identity than the original model (Cokley, 2007) since researchers failed to undergo a rigorous scale development process for the racial identity attitude scale (RIAS) used to test Cross's original nigrescence theory. Most studies use RIAS and the CRIS measurements among college students in the discipline of psychology. However, Cokley (2007) said that knowledge from the measuring instruments will be limited if researchers continue to only study college students and only utilize it in the psychology discipline. Taking Cokley's suggestion, I will examine how racial identity influences perceptions of obesity and weight loss messages among Black women. Thus, I hope to

extend racial identity studies by applying it to the field of public relations and examining Black women rather than just college students.

Baldwin's African Self-Consciousness Scale

After Cross's original nigrescence theory, Joseph Baldwin (1981) developed a Black personality theory. It explains the influence of psychological Blackness (or Black consciousness) on the behavior of individuals of African descent. This Afrocentric framework posits that Black consciousness is central to healthy and normal functioning of Black personality.

Baldwin believes that a substantial amount of variance in the behaviors of Blacks (or African Americans) can be accounted through the use of the African Self Consciousness Scale (ACS). Baldwin and Bell (1982) created the African Self Consciousness (ACS) scale to conceptualize Bell's Black personality theory and assess Black consciousness. The ACS is a 42-item instrument consisting of four dimensions: awareness and recognition of one's African identity and heritage; priority placed on Black values, customs and institutions that affirm Black life; priority placed on participation in movements that contribute to the liberation, survival, and development of Black people; and the recognition of, opposition to, and elimination of racial oppression (Baldwin & Bell, 1982; Horsey, 2009). While Baldwin's ACS measurement emphasizes the meaning that racial identity plays in the lives of Black Americans, there has been little empirical evidence that supports the internal processes proposed in Baldwin's conceptual model (Sellers, Smith, Shelton, Rowley, & Chaveous, 1998). Therefore, more work was needed in the development of the conceptualization of racial identity development.

Multidimensional Model of Racial Identity (MMRI)

Prior to the Multidimensional Model of Racial Identity (MMRI), previous Black racial identity measures (i.e., Cross's (1971, 1991) Nigrescence model; Parham and Helms' (1981) Racial Identity Attitudes Scale (RIAS); and Baldwin's (1981) African Self-Consciousness (ASC) model) provided strong evidence for the qualitative meaning attached to racial identity but lacked empirical evidence to support the conceptual models of racial identity (Sellers, Smith, Shelton, Rowley, & Chaveous, 1998). Thus, Sellers and his colleagues developed the Multidimensional Model of Racial Identity (MMRI) theory to provide a more comprehensive understanding of racial identity than the previous frameworks offered in existing literature.

The MMRI defines racial identity as "the significance and qualitative meaning that individuals attribute to their membership within the Black racial group within their self-concepts" (Sellers, Shelton, Rowley, & Chavous, 1998, p. 23). The MMRI attempts to address two questions: "How important is race in the individual's perception of self?", and "What does it mean to be a member of this racial group?"

There are four assumptions underlining the Multidimensional Model of Racial Identity (MMRI). Unlike previous racial identity models, all four assumptions of the MMRI are testable, providing a means to test the validity of each assumption. The *first assumption* is that identity is not only influenced by stable properties (e.g., self-perception) but also situational factors as well. For example, a woman may describe herself as a dedicated employee if she is at work, a concerned parent if she is attending a PTA meeting, or a Black female if she is completing a U.S. Census form. "Some situations encourage you to describe yourself with respect to your membership in one

group and others with respect to your membership in a different group" (Shelton & Sellers, 2000, p. 27). The belief a person has about each identity does not change, but the identity that is most relevant to the self-concept in the context of the situation changes.

A *second assumption* is that Blacks have several hierarchically-ordered identities, of which race is one. The MMRI particularly focuses on the importance that people place on racial identity, in relationship to other identities (gender, religion, etc.) when defining themselves. In other words, what importance does a person place on race in context to other identities when defining him or herself? Would a Black woman place more emphasis on her gender or her race when defining her identity? Sellers et al., (1998) believe that the importance of race has important implications attached to the meaning that a person ascribes to being Black.

A *third assumption* of the Multidimensional Model of Racial Identity (MMRI) is that individuals' perception of their racial identity is more valid and salient than perceptions that others ascribe to their identity. "Although the MMRI recognizes the role that societal forces plays in shaping the self, the emphasis is clearly on the individual's construction of his or her identity" (Sellers et al., 1998, p. 23). The MMRI provides no prior definition of what it means to be Black, nor does it assess healthy versus unhealthy, good versus bad racial identity, as exemplified in earlier racial identity frameworks. It only focuses on how the individual defines, perceives, and places value on, being Black.

A *final premise* is that the Multidimensional Model of Racial Identity (MMRI) focuses on the status of an individual's racial identity rather than the development, as

exemplified in previous (Cross, 1971, 1991) racial identity models. The other frameworks focus on the process of racial identity development. The MMRI focuses on the significance and meaning an individual places on race at various points over time. The previous frameworks described a person's Black identity development as they developed through a series of stages. However, Multidimensional Model of Racial Identity (MMRI) focuses on the meaning that a person attaches to his/her race through a person's life. For example, the Racial Identity Attitude Scale (RIAS) and the Cross Racial Identity Scale (CRIS) look at a person's evolution from an Anti-Black to a Pro-Black identity. The MMRI looks at the general development of a person's identity and assesses what race means to them as they develop their racial identity, without offering any predetermined labels or definitions of the meaning of race, only assessing the degree of significance (or dimensions) of race, which will be discussed in the next section.

Four-Dimensions of MMRI

With MMRI's assumptions that there are stable, situational, hierarchal, salient and significant factors that underline racial identity, Sellers et al. (1998) developed four dimensions of how racial identity is manifested through the four assumptions of racial identity. The four dimensions are: *Salience, Centrality, Regard, and Ideology.* Salience and centrality are stand-alone scales while regard and ideology consist of subscales, which will be discussed in the next section.

Racial *salience* refers to the extent to which a person's race is significant to the self-concept at a particular moment. It looks at the particular event as the unit of analysis. Salience is the only dimension of the four that is influenced by the situation

and considered most relevant in predicting behavior to situations. For example, being the only Black at an all-White church may affect some Blacks but not others in the same situation. More stable dimensions, such as racial centrality (how central race is to your self-concept) would account for how two Blacks may be affected differently in the situation. The person with higher racial centrality may feel isolated as the only Black in an all-white church, while a person with lower race centrality may feel comfortable in the same church.

However, some situations may make race salient for almost all Blacks in the same situation, such as attending a Klu Klux Klan meeting (Sellers et al., 1998). In other words, "the context in which the individual is operating determines whether race is more or less salient" (Simmons, Worrell, & Berry, p. 261).

The *centrality* of identity refers to the extent to which a person normally defines him or herself with regard to race in a general context of a person's multiple identities, and is not based on a particular situation. How important is race to the core self? For example, one Black woman may believe race is at the core of who she is but another may believe her gender is more essential to who she is than her race. Whereas salience is situational, centrality is normative and relatively stable across situations.

Regard refers to the perception of self and others about their race and being a member of this particular racial group. Regard has both a private and public subscales. *Private* regard refers to the extent to which individuals feel positively or negatively towards other Blacks as well as how positively or negatively they feel about being Black. *Public* regard is the extent to which individuals feel that others view Blacks positively or negatively. "It is the individual's assessment of how his group is viewed

(or valued) by the broader society" (Sellers et al, 1998, p. 26). For example, does society as a whole view Blacks as honest/dishonest, good/bad, etc.? According to Sellers et al., (1997), society's view of Blacks may influence how some Black Americans view their own race.

The *Ideology* associated with identity comprises an individual's beliefs and attitudes with respect to the way she or he feels that the members of the race should live and interact with others in society. There are four ideological philosophies (and thus four subscales) that exist under ideology: The *Nationalist* ideology is a viewpoint that emphasizes the importance and uniqueness of being Black. The *Oppressed Minority* ideology emphasizes the commonalities between Black and other oppressed groups. The *Assimilationist* ideology focuses on the commonalities between Blacks and the rest of American society. Finally, the *Humanist* ideology emphasizes the commonalities among all humans. It is possible for many Blacks to have a variety of philosophies among these four ideologies. For instance, a woman may support the integration of predominately White schools (assimilationist) and at the same time believe that Blacks should mainly patronize other Black-owned businesses (nationalist) (Sellers et al., 1998). The authors note that Black racial identity is a complex multi-layered concept, and the four dimensions of the Multidimensional Model of Racial Identity (MMRI) offer ways in which racial identity can be manifested, but is not the end-all representation of Black racial identity. Furthermore, different dimensions of the MMRI will result in different behavioral outcomes, and thus, researchers should choose the MMRI dimensions that best meet the needs of their study (Sellers et al., 1998).

My particular study will look at the centrality scale and private regard subscale to understand how important race is to the self-concept and the feelings Black women have about being Black and examine how women use these dimensions of racial identity to make meaning of health messages. These two dimensions are at the heart of my examination of racial identity as it pertains to the meaning-making process of obesity and weight loss messages.

The Multidimensional Inventory of Black Identity (MIBI)

To operationalize the Multidimensional Model of Racial Identity (MMRI), Sellers et al., (1997) created the Multidimensional Inventory of Black Identity (MMBI) (see Appendix A). The Multidimensional Inventory of Black Identity (MIBI) measures Black racial identity, uses the three stable dimensions (centrality, ideology, regard) of the MMRI and omits the MMRI's salience dimension because the situationally-dynamic nature of the *salience* scale would be difficult to measure. The MIBI has evolved from a 71-item scale to its current 56-item measurement. The MIBI scale is primarily used in survey research where participants indicate their agreement with different statements on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). The negatively-worded items are reverse scored, and then all scores are averaged across all items within a particular scale.

In the present study, I will quantitatively and qualitatively use MIBI variables by incorporating questions from the MIBI into my survey and focus group. I will also use a condensed (5-point) Likert scale to help shed light on the relationship between racial identity and perceptions of weight-loss and obesity messages.

The first version of the MIBI was a 71-item measure with three dimensions (Centrality, Regard, and Ideology) and divided into seven subscales. Sellers et al. (1997) initially tested the measure with a sample of 474 Black college students attending college in the Mid-Atlantic region. The results revealed that some of the MIBI items were not factorable, meaning, some of subscale items were weak predictors of the dimensions they represented. Based on the results, Sellers and his colleagues revised the measure to create a 69-item scale, then to a 51-item version of the MIBI. Subsequently, they realized that many of MIBI's scales still needed revisions. After more revisions, Sellers and his peers developed the current 56-item measure of the MIBI (Appendix A). The entire measure will not be used in the current study. Instead, components of the *centrality* and *private regard* scales will be used for data analysis. This study seeks to determine how significant race is to the participants' self-concept and their feelings about being Black as it relates to the meaning-making process. The *centrality* and *private regard* items will best capture these particular attitudes and perceptions that are sought in this study.

The MIBI was conceptualized from the MMRI which looks at the *quality* of meaning people attach to their identity. However, the authors posit that testing the validity of these measures should develop through quantitative measures. This study will contribute to the development of the MIBI because it will actually use a *qualitative* study design to explore what meaning women attach to their racial identity. This may be useful to accompany a quantitative study design as qualitative studies allows for rich and in-depth data to help contribute to the quality of meaning people attach to their racial identity.

MIBI and Existing Literature

The MIBI has been used several times in extant literature (e.g., Bernard, 2005; Cokley, 1999; Cokley & Helm, 2001; Das, 2012; Martin, 2004; Rowley, 2000; Sellers et al., 1998; Vandiver, Worrell & Delgado-Romero, 2009). For example, Cokley and Helm (2001) examined the factors of MIBI in a study using 279 Black undergraduate students from three predominantly White colleges/universities (PWCU) in the Midwest and Southeast and from four historically Black colleges/universities (HBCU) in the southeast as a sample. Results showed partial support for MIBI's validity.

Simmons et al. (2008) examined the MIBI measures with a sample of 225 Black college students from the southeast and also found partial support for the MIBI. The authors reported estimated reliability levels of .59 to .78 for MIBI's seven subscales.

Das (2012) found the MIBI to be reliable in her study that examined whether racial identification, body dissatisfaction and disordered eating varied depending on a students' enrollment in a predominately Black or White College. The author used the private regard scale from the MIBI in her study. Results showed that Black women at historically Black colleges had higher prevalence of racial identification and lower levels of body dissatisfaction than their peers at predominately White colleges.

Many of the studies using the MIBI examined the relationship between racial identity and a psychological function (e.g., attitudes about college, beliefs about body satisfaction, etc.). This study may expand current literature by examining racial identity from a communication standpoint to determine how women's racial identity and socially connected groups influence the way they understand obesity and weight loss messages. This study will also add qualitative data to the previous quantitative findings

of previous literature, which may help to improve the MIBI by providing in-depth answers to one of the questions MIBI attempts to address: What does it mean to be a member of this racial group?"

Racial Identity and Health-Related Studies

Many racial identity studies exist. They explore the relationship between racial identity and various factors such as well-being, life satisfaction, self-esteem, and racial discrimination (Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous & Zimmerman, 2004; Cokley, 1999; Hughes & Demo, 1989; Parham & Helms, 1985; Rowley, 2000; Rowley, Sellers, Chavous, & Smith, 1998; Sellers, Rowley, Chavous, Shelton, & Smith; Shelton & Sellers, 2000; Yap, Settles, & Pratt-Hyatt, 2011). There are also studies that have examined health-related behaviors and racial identity. Analogous to situational theory of publics studies, racial identity and health-related studies also focus predominately on surveys as the research method of choice. For instance, Oparanozie, Sales, DiClemente, and Braxton (2012) examined the relationship between racial identity and risky sexual behaviors among Black heterosexual men to better inform HIV prevention interventions. A total of 80 self-identified Black men ages 18 to 29 years old were surveyed. The authors used the private regard subscale and centrality scale (the same two scales used in this study) from the MIBI to measure racial identity. Results showed that more positive feelings toward Black racial identity correlated with fewer sexual partners. The authors suggested that HIV interventions should seek to strengthen young Black men's racial identity.

Howard, Sellers, Bernat, and Zimmerman (2004) used the racial centrality and private regard dimensions of the MIBI to examine racial identity and parental support as

predictors of alcohol use among 488 Black 12th-grade adolescents. The authors found that private regard and father support were associated with less alcohol use. Also, the private regard dimension was associated with less alcohol use for adolescents who reported that race was a more central part of their identity. The authors suggested that researchers examine not just the individual but also the environmental factors that affect health behaviors of adolescents. They concluded that looking at more than one dimension of racial identity is beneficial when examining health-related behaviors. Following the suggestion of the authors, the current study will look at two dimensions of racial identity: racial centrality and private regard.

Hair-pulling was the focus of Neal-Barnett and Stadulis's (2006) study about racial identity and feelings associated with trichotillomania before, during, and after a pulling episode. Trichotillomania is the "recurrent pulling out of one's own hair that results in noticeable hair loss" (p. 753). MIBI's centrality, regard and ideology scales were used in this study. The results showed that racial identity was not significantly linked to trichotillomania. However, the authors conclude that the study "sheds light on the role racial identity may play in the affective experience of African-American females with trichotillomania" (p. 757).

Harvey and Afful (2011) argued for culturally sensitive health interventions to help eliminate health disparities among Blacks in their research about health behaviors, health promotion and racial identity and racial typicality. Racial typicality is defined in their study as a tendency to view health behaviors as relatively more typical of Blacks or Whites. They used the Nationalist subscale of the MIBI to survey 86 Black adults. The authors reported that health behaviors viewed as more Black (e.g., eating pork) than

White (e.g., donating blood) were subsequently rated as more often practiced for both health-compromising (e.g., group sex, red meat) and health-promoting (e.g., running, stress management) behaviors. In other words, "viewing a behavior as more or less typical of one's own [racial] group is an important determinant of the degree to which that behavior will be valued and practiced" (p. 176). Results indicated that the endorsement of a strong nationalist identity was not necessary for racializing the importance of a behavior, but it was important for racializing the engagement of the behavior. They also concluded that Blacks are likely to "perceive and react to phenomena" as a collective group more so than reacting as individuals when it comes to health practices. Given this information, the current study will focus on Black women as a collective group to understand how racial identity and community shapes the way they process obesity and weight loss messages.

Sly (2012) explored the relationship between racial identity and health behaviors among 200 Black adults between 18-28 years old; half of the participants were female. Sly found moderate results for the correlation of racial identity and positive health behaviors. She concluded that racial identity alone does not predict why people do not adopt positive health behaviors and other factors should be explored.

This study, therefore, will not only explore racial identity but also community to understand how Black women make sense of obesity and weight-loss messages. Given the mixed results of racial identity and health behaviors in survey research, the current study aims to add more qualitative, rich description to the current literature and possibly give more clarity to the complex topic of racial identity as it relates to health messages.

Racial Identity and Communication Studies

Along with health-related behaviors, health-related communication beliefs are also influenced by historical and racial experience among Blacks. The Tuskegee Syphilis experiment, along with U.S. media's long history of stereotyping Blacks as law-breakers, brutes, and deviants are regarded as significant events in the Black cultural experience that shapes racial identity and have led to past and present mistrust of the health and news industries (Dixon, 2008; Dixon and Azocar, 2007; Schulman et al., 1999). Thus, Blacks may view health-related communication with a great deal of skepticism. For example, Brodie, Kjellson, Hoff, and Parker's (1999) study found that although Blacks reported a heavy reliance on general mass media as a source for health information, only a third of respondents trusted mass media as a health information source. Those surveyed reported lack of coverage about Black health issues and imbalanced coverage of health and social issues as "Black problems" as reasons for the mistrust (p. 164). Instead, the participants turned to religious leaders and family or friends in their social circles for credible information on important topics such as health.

Few communication studies have examined racial identity and its relationship to media messages. Two points of clarification are needed before reviewing the existing literature. First, this section will focus on "racial identity" and communication studies and not "race" and communication studies, since the dissertation focuses on racial identity. The difference is that race is a demographic variable, in the context of academic studies, that refers to a nominal measurement based on narrowly-defined predictors of physical characteristics and an identity ascribed to a group based on common racial heritage. Whereas racial identity refers to the beliefs and ideas that a

person avows to his/her racial group and the degree a person attributes to define the self. In other words, race is more of an ascribed identity (i.e., set of demographic and descriptions that *others* give to you) and racial identity is more so an avowed identity (i.e., group affiliations that one self-defines and perceive important to his/her self-concept) (Sha, 2006).

Secondly, the authors in the racial identity and communication studies use the phrase "ethnic identity" but are more so referring to "racial identity." Race has more to do with physical characteristics and racial heritage while ethnicity encompasses race along with other subgroups of commonalities such as language, place of birth, and religion. However, the studies were not attempting to learn how ethnicity factors affected communication behaviors but how race was related to communication. To bring about culturally competent communication studies and health campaigns, it is imperative that researchers use correct terminology and measurements in their studies. Audience-centered research will help correct the problem by allowing participants to give meaning to their perceptions and beliefs of racial identity and communication phenomena. This study attempts to achieve this goal and explore how racial identity and community influence how Black women make meaning of obesity and weight-loss messages. This study places Black women at the center of the investigation to add to the audience-focused research that is lacking in public relations and communication studies.

Abrams and Giles (2007) reported that Black college students with high Ethnic identity were more likely to select television content with positive images of Blacks and more likely to avoid content that did not foster Black community. To measure racial identity, the authors took an age identity scale and converted it into an ethnic identity

scale. Appiah (2004) found that individuals with high Black identifiers spent more time on Web sites with Black endorsers than did low Black identifiers. In Appiah's study, he differentiated the Black-targeted website from the White-targeted one by changing the name from "Community in Motion: The Essence of America online" to "Community in Motion: The Essence of Black America online." Also, images on the websites were changed from White to Black images. Phinney's (1992) Multigroup Measure of Ethnic Identity was used to measure racial and ethnic identity in this study.

Unlike Appiah's (2004) study, the moderating role of racial identity had no impact in some research, particularly in survey-based media effects studies. For example, a study that examined racial identity effects on people's evaluation of the same-race source (White or Black spokesperson) in a health message failed to find differences between low and high racial identifiers (Wang & Arpan, 2008). My study will use both survey and focus groups to explore the influence of racial identity on communication behaviors. Including the participants' voice in the research, and not just their survey responses, may shed light on how racial identity impacts their involvement and constraints of messages, specifically obesity-related messages. Along with racial identity, community is another social factor that may influence Black women's communication behaviors. This will be discussed in the next section.

Community and the Meaning-Making Process

Definition of Community

Many social scientists have studied the word community, but there is very little agreement about a shared definition. Most studies refer to it as a geographical location, but the term has evolved over the years. The term dates back to the 14th century, and

scholars in the anthropology and sociology fields have attributed many definitions and characteristics to it since then. For example, philosopher Josiah Royce (1908, 1913) purports that people can achieve happiness when individuals and groups identify with the common goals of their community. Sociologists at the University of Chicago in the early 1900s discussed community as particular locations. Burgess argued that individuals can only belong to one physical group but many social communities. Park (1926) defined it as the collection of individuals and social institutions that allow neighborhoods to function as self-contained villages. Grunig and Hunt (1984) state that most public relations programs are designed for geographically-situated communities. This study will expand the public relations body of literature by using community in a different context, one that may account for emotional and social connectedness that women experience in a group.

Carey (1989) noted the difficulty in limiting community to spatial boundaries and argued for a more global definition, as communication and transportation has afforded society a broader view of the word. Later, scholars shifted from geographic to cultural communities. Cohen (1985) argues that communities are not geographically based but are socially and symbolically constructed. A community, he argues, consists of members who are bound together psychologically through some cultural aspect—regardless of geographic location. Cohen purports that it is necessary to understand the experiences of group memberships to really understand the group. Therefore, it is important for public relations practitioners to understand the experiences that encompass Black women's meaning-making process when it comes to obesity and weight loss to effectively communicate with this particular community.

Kruckeberg and Stark (1988) define community as a group that shares "common interests developed through common experience" (p. 21). Similarly, Poplin (1972), a cultural theorist, focused on a moral community. This particular group is connected through a commonality of goals and a sense of identification. Park (1938) also emphasized the cultural aspects of the word. He states that communal societies develop out of the need of individuals to survive and look out for one another. This particular definition resonates with those in marginalized groups such as the Black community, who has endured constant struggle over political voice, place and identity (Hallahan, 2003).

Although there are many definitions of community, this study's primary meaning of community is situated along the lines of Kruckeberg and Stark, Poplin, and Hallahan's definitions. Therefore, the following definition of community will be used in the context of this study: *a group of people with a collective identity developed through common experiences who depend on each other for social support*.

Big C Community vs. Little C Community

Although a person associates herself with a community, it does not necessarily mean that she has accepted the values and attitudes of that group. So, in essence, a person can "identify with a community, yet, not experience a sense of community" (Warner, 2010, p. 3). For instance, a person can identify with a group of people based on residency (e.g., Oklahoman), activities (basketball player) or race (Black), and consequently associate herself with this group based on these commonalities. However, the person may not share a sense of belonging to any of these communities. Lee (1993) said that specific purposes, structures or ideals encompass this type membership, which

may or may not have a *sense* of community attached. This would be known as a community with a lowercase "c."

On the other hand, a *sense* of community (i.e. Community) involves influence, fulfillment of needs and shared emotional connections (McMillan & Chavis, 1986). *Influence* entails group members being empowered and feeling empowered through group membership. *Fulfillment of needs* includes available resources for individuals in the group so that everyone can provide each other with some benefit. Finally, *emotional connections* are where group members share common experiences which help them to form social bonds, and they use these bonds to provide social support for one another (Warner, 2010). This would be known as Community with a capital "C."

As it relates to my dissertation, a racial community (i.e., Black community) would use a lowercase "c" because it refers to a group of people that identify with each other based on a common racial heritage, but not necessarily based on a set of shared emotional and social connectedness, or a *sense* of community. Conversely, a woman's socially connected ties, or her Community with a capital "C" refers to a woman's group membership that provides her empowerment, resources, benefits and social satisfaction. In other words: *a group of people with a collective identity developed through common experiences who depend on each other for social support*. This is primarily how I will use the word "community" throughout this dissertation.

For clarification purposes, I will refer to a woman's social support community as "social Community" and refer to a racial group (i.e., Black community) as "racial community" throughout the study.

Community and Health

Given the definition of social Community for this study, it is the collectiveness, common experiences and support that provide the necessary environment that brings about health behavior changes for Blacks. According to Eng, Hatch and Callan (1985):

> The expectation is that through their social networks, members will not only be able to persuade one another to effect change but will also be able to offer social support for sustaining change. In short, a great deal of importance is assigned to the capacity of members of these various social units of practice to influence one another. However, we suspect that the quality, rather than just the quantity, of social support that is given and received within families, networks, neighborhoods, and organizations influences their ability to deal with problems. (p. 83)

The authors further note that a sense of collective identity should be a priori to implementing a health intervention. "First, members need to see that what the collectivity does and what happens to it has a vital impact on their lives and values before they will participate" (p. 84). In other words, the participants need to have a cognitive reference of how the community's positive support has improved their lives in previous situations in order to trust and be comfortable with the group in health-promoting situations. This is somewhat similar to Grunig's referent criterion discussed in the public relations literature. Referent criterion is when a person uses previous knowledge or experience to apply to a current situation. With this in mind, the current study will attempt to learn how Community A impacts Black women's understanding of obesity and weight-loss messages.

Social Support. The social support that Community A provides is an essential element relative to health-related activities and Black women. Women's support within their social ties usually consists of family, friends, significant others and churches (Bowen-Reid & Smalls, 2004; Demark-Wahnefried et al., 2009; Williams, 2011). Social support of health-related activities can be rewarding in health-promotion situations. Miles and Panton (2006) conducted in-depth interviews with 29 women to examine the quality of their community and its impact on physical activity. They found that support from family and friends, along with safe communities, increased physical activity among Black women.

On the other hand, social support can be costly to Black women's health. In the Black community, food has been one costly health-related activity that has affected the obesity rate among Black women. The food is often times fried, prepared with copious amounts of butter or sugar, and served in large quantities. Liburd (2003) said that there is a "historical and gendered relationship between food and African-American women" and that "Black women take pride in their 'performance of cooking'" (p. 162), just as musicians appreciate their music and artists appreciates their paintings. It is also part of a ritual experience of preparing food for the gathering of community members—those who share a collective identity developed through common experiences who depend on each other for support. They come together, eat high-caloric food, and enjoy each other's company. Smith, Kromm, Brown and Classen (2012) conducted a focus group of 43 women to explore what frame of reference women use to shape their thoughts, beliefs and practices about dietary patterns. How women ate growing up and what their social and racial groups deem as healthy were two overarching themes that appeared to

shape the women's current beliefs and behaviors. This dissertation will focus on the ways in which food, social support and other factors encompassing racial identity and community are used in Black women's interpretation of obesity and weight loss messages.

Communication studies have examined surface factors that may increase involvement in messages among communities of color without examining historical, environmental and social factors that affect communication behavior. This study will fill the gap in literature through the examination of racial identity and social connectedness as possible reasons that influence the meaning-making process in obesity and weight-loss messages among Black women. The next section will give an overview of the research questions I explored based on previous literature and the methodology I chose to reach the goals of my study.

Research Objectives to Explore Black Women and Obesity-Related Messages

I will use three research questions to explore the problem and guide my study. Each reference to the word community in the research questions will refer to social Community a group that depends on each other for benefits, empowerment and social support. The first question asks, how do racial identity and community influence how Black women make meaning of obesity and weight loss messages? I derived this question from the application of the Multidimensional Inventory of Black Identity (MIBI) and social identity theory, to determine how Black women's racial socialization and connection influence message interpretation. Next, the second question asks, how do racial identity and community influence Black women's involvement and constraint of obesity and weight loss messages? In this question, I incorporated the situational

theory of publics to determine what factors influence Black women's involvement in, and barriers to, obesity-related messages in mass media. Finally, the third question asks, what factors contribute to Black women's information seeking of obesity and weight-loss messages? I also derived this question from the application of the situational theory of publics to determine what factors would motivate Black women to adhere to obesity-related messages.

The exploration of these research questions will help public relations practitioners and scholars unravel the nuances in communicating health information to non-majority audiences. It will shed light on what factors are most relevant when communicating obesity-related messages to Black women that will hopefully contribute to the competency of racial health communication, Black women's information-seeking of weight-loss messages, and the improvement of Black women's health status. The next chapter will outline the methods I used to execute my study.

CHAPTER THREE: Methodology to Interpret Participants' Experiences

Two Sides to Every story: Rationale for Triangulation

The purpose of my research is to understand how racial identity and social membership influence Black women's meaning-making experience of obesity and weight-loss messages. To explore this topic, I chose a mixed-method design of survey and focus groups to help triangulate my study. A mixed-method design is the best approach for this study, given the nuances of racial identity, community, health messages and the meaning-making process, and given the various frameworks of Multidimensional Inventory of Black Identity (MIBI) and situational theory of publics to guide this study. Through triangulation, I can explore patterns of convergence to develop a comprehensive understanding of my study (Mays & Pope, 2000). Triangulation gives my study a more holistic view of the phenomenon than using one method alone (Berg, 2009). Each research method will reveal different facets of the same phenomenon which will allow me to obtain a richer and more complete picture of this study.

The intent of the study is to provide an in-depth qualitative analysis on Black women's meaning-making experiences of obesity and weight loss messages based on their race and community. The next section will discuss in what ways I used my survey and focus group questionnaire to examine racial identity and community among the participants.

Exploring Racial Identity and Community

I wanted to examine racial identity (i.e., the strength of participants' connection to their racial group) and how it influences interpretation of obesity-related messages. I explored racial identity in two ways: I administered a survey that incorporated the private regard subscale and the centrality scale from the Multidimensional Inventory of Black Identity (MIBI), which will be discussed later in detail. I also included two questions from the MIBI in my focus group protocol to qualitatively explore the participants' opinions about their racial identity, which will also be discussed later in detail.

In addition to racial identity, I also sought to examine how social Community plays a part in interpreting obesity and weight loss messages. To do this, I incorporated questions about recognition of obesity and weight loss in the Black community (racial community) in the survey. I also asked participants to invite women they consider to be a part of their social/support network to join the study. From there, I scheduled participants from the same social membership in the same focus group session to see what type of common experiences community members shared relative to interpreting obesity-related messages. Another way I explored community was asking the following questions during the focus groups: (a) What do you think keeps others in the Black community (racial community) from seeking information about obesity; and, (b) What do you think keeps others in the Black community (racial community) from seeking information about weight loss?

Rationale for Surveys and Focus Groups

Scholars have concluded that cultural factors such as racial identity play a major role in audience reception and retention of mediated messages. Public relations research has mainly used race as a demographic variable. This fails to explore a person's racial identity and how it plays a factor in information–seeking behavior. My study expands current literature by examining race as part of a person's identity, and determining the strength of this identity to a person's self-concept. I used a survey to determine the strength of participants' racial identity (i.e., connection to a racial group), and then assigned women to specific focus groups based on their racial identity scores. I discuss this stratification later in the chapter.

The survey was used to examine relationships among variables but does not involve forming random assignments, manipulating variables, or generalizing the data to a population. Instead, I used the survey to mainly determine participants' racial identity scores. I also examined relationships between racial identity and involvement and constraints, as well as perceptions of obesity and weight loss recognition in the Black community. For this reason, a small number of participants sufficed for my study. Additionally, this is one of the first public relations study that has utilized the Multidimensional Inventory of Black Identity (MIBI) scale, making this both an unprecedented and exploratory study. Therefore, it was best to use a small sample given the exploratory nature of the design.

I incorporated focus groups to explore the women's views of racial identity, their general thoughts of obesity and weight loss, and what involvement or barriers they have to adhering to mediated obesity and weight loss messages. I also wanted to

determine if women with racial identity scores talked about their blackness in different ways and how these differences may influence message perception. The focus group was also designed to assess the impact of those findings on the survey results and use data from both research methods to unearth findings that will help public relations practitioners and health campaign planners develop effective health messages that will resonate with racialized audiences.

I used the racial identity scores from each woman's survey as a means to stratify focus groups into high and low racial identifiers (i.e., women with stronger connections to her racial group, or high racial identifiers, and women with weaker connections to her racial group, or low racial identifiers). I stratified the focus groups to add dimension to the opinions about racial identity, obesity, weight loss, involvement and constraints among the focus groups. Focus groups triangulated well with the survey by giving more context to answers given in the survey. For instance, the survey asks participants their level of agreement (ranging from *strongly agree to strongly disagree*) to the question, "I feel personally connected to the issue of obesity." While the survey provided their level of agreement, focus group answers told me why women do or do not feel connected to the issue of obesity, in what ways they feel connected, and their general perceptions of obesity. This afforded me more insight and revealed different aspects of the participants' meaning-making experiences with obesity and weight loss messages.
I used the survey to primarily determine racial identity scores and used focus groups to primarily determine how higher and lower racial identifiers (i.e., connection with racial group) differ in their understanding of obesity and weight loss messages, involvement and constraints of messages. In addition to racial identity scores, the survey also

allowed me to explore associations between racial identity scores and involvement, constraint, obesity and weight loss perceptions. I used group discussions to explore differences how participants' racial identity scores and community influence perceptions of obesity and weight loss messages. Focus groups also allowed me to gather insight into survey answers.

I executed the study in two phases: Phase I (survey) and Phase 2 (focus group). The remainder of this chapter will describe the recruiting methods, participant parameters, instrument design, pre-testing the instruments, the two-phase data collection process, data analysis, and validity and reliability within the study.

Recruiting Strategy

The population for my study was self-identified Black women, between 18-60 years old who have lost weight, or have tried, in the past six months and lived in Oklahoma. I used a purposive convenient sample for this study. It was purposive because I targeted self-reported Black females, between 18-60 years old who are Oklahoma residents and who have lost weight, or have tried, in the past six months. This particular age range was selected to allow as many participants as possible in the given time of data collection, February 28 – March 7, 2012. I selected weight-loss attempts within the past six months so the participants would not have to recall too far back about their weight-loss attempts. Anything past six months may have posed as a challenge for the participants' memory. I chose Oklahoma because of its high national obesity ranking as the seventh fattest state in the United States. I used a snowball sampling technique (Potter, 1996) by sending an e-mail (Appendix B) to friends,

acquaintances, and former students to spread the word to potential participants they may know, which made it a convenient sample.

The generalization of the results to a larger population is limited because this study is both convenient and purposive. However, the value and implications of this study will provide a model for future researchers who want to explore antecedents that influence health communication geared towards historically underserved populations. Although this study focuses particularly on Black women and obesity-related messages, it can serve as a framework to extend to other health messages (e.g., breast feeding, wellness exams, dental check ups, etc.) among different racial minorities (e.g., Native Americans, Asian Americans, etc.).

In addition to the snowball technique, I also e-mailed the University of Oklahoma's Black Student Association to post an announcement on its listserv. In the e-mail, I described the purpose of the study, the procedures involved in the research, the approximate time frame for the survey and the incentive. Once women contacted me, I asked if they would recruit others in their social circles (e.g., those they considered part of their social and support network) who met the criteria for the study.

Designing the Research Tools

Survey Design and Measures

The survey (Appendix C) consisted of 21 likert-scale questions and four open-ended questions (25 questions total). The survey focused on racial identity, involvement and constraint of obesity and weight loss. I will discuss the questions I used for each measure in the survey, as well as the reliability levels for the measures.

Racial Identity. The Multidimensional Inventory of Black Identity (MIBI) was used to operationalize racial identity. The MIBI is a 56-item scale that measures Black racial identity and consists of Likert scale items ranging from 1 (strongly disagree) to 7 (strongly agree). For my study, I used a five-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree) instead of a seven-point Likert scale. I felt having seven options would overwhelm participants and possibly deter the women from completing the survey. I also reversed my scale from how the scale has been previously used in existing literature. For my study, 1 = strongly "agree" instead of strongly "disagree." It was easier for me to conceptually think about 1 as a stronger indicator of racial connection than a 5. In other words, 1(one) means that the participant was "strongly agreeing" that she is connected to her racial identity.

I used two scales from the Multidimensional Inventory of Black Identity (MIBI)—private regard subscale (i.e., how a person feels about being Black) and centrality scale (i.e., how central Black is to a person's self-concept) to determine the strength of the women's racial identity. Using a scale from 1 – 5, a score closer to 1 indicates a stronger connection to a person's racial group, and a score closer to 5 indicates someone with a lower racial identity score. I chose three of six statements from the private regard subscale to measure how positively or negatively participants feel about being Black:

1. Being Black is an important reflection of who I am
2. I have a strong sense of belonging to Black people
3. I have a strong attachment to other Black people

I chose three of eight statements from the MIBI centrality scale to measure the extent to which Black women define themselves with regard to race:

1. I feel good about Black people
2. I am happy that I am Black
3. I feel that the Black community has made valuable contributions to this society

These six selected statements best represent the concept of racial identity as it relates to this study. I used these six items to measure racial identity. The reliability of the six items was .858.

Involvement

I adapted involvement measures in this survey from previous research on situational theory of publics (Aldoory, Kim, & Tindall, 2010; Austin & Halvorson, 2008; Grunig, 1997; Weberling, 2011). Previous studies used involvement questions such as, "To what extent do you believe this problem could involve you or someone close to you at some point?" "How likely are you to seek information about UNC Relay For Life?", and "I believe the news event in the story above could involve me or someone close to me." I modified questions to focus on involvement in obesity and weight loss as it pertains to the participants.

Involvement in Obesity. Originally, questions 8, 9, 10 represented the involvement scale for obesity:

8. I am personally connected to the issue of obesity.
9. I frequently think about the issue of obesity.
10. I actively seek out information about obesity.

Cronbach's alpha for all three questions was .059 (see table 1). After revisiting the literature, I realized that question 9 focuses more on recognition rather than involvement, so I decided to omit question 9, and kept questions 8 and 10 as my "involvement in obesity" measure to ensure I collected meaningful valid data. Cronbach's alpha for questions 8 and 10 was .034. However, I decided to keep the

measurement since previous studies have used these measures, and because of the secondary nature of these survey measures for my study.

Involvement in Weight Loss. Originally, the measure for "involvement in weight loss" consisted of questions 15, 16, and 17. The reliability for these three questions was .889. The questions are:

15. To what extent are you personally concerned about losing weight?
16. I frequently think about the issue of weight loss.
17. I actively seek out information about weight loss.

Although Cronbach's alpha was reliable, I revisited survey measures in previous studies and realized that question 16 (I frequently think about the issue of weight loss) was more associated with recognition than involvement. So, I deleted question 16 and used questions 15 and 17 as my "involvement in weight loss" measure. The reliability for the two questions was .842.

Constraints

Constraint variables of the situational theory of publics were also adapted from previous research on the situational theory of publics (Grunig, 1997; Hamilton,1992; Weberling, 2011). Previous studies used constraint questions such as, ""Do you feel voting takes too much of your time?" "To what extent do you believe this issue is a problem that you can do something about?" and "To what extent do you think this problem is too complicated for you to do anything about?" I modified the questions to focus on constraints of obesity and weight loss as it pertains to the women.

Constraints of Obesity. I used questions 11 and 12 for the constraints of obesity measure:

11. I can personally do something about obesity if it affected me
12. Whether or not I seek information about obesity is entirely up to me

The reliability score was .519. I decided to keep both questions since this measure was ancillary in nature to survey results, as the study mainly focuses on the qualitative meaning behind the data.

Constraints of Weight Loss. I used questions 18, 19, and 20 for the "constraints of weight loss" variable:

18. I can personally do something about losing weight
19. Whether or not I seek information about weight loss is entirely up to me
20. How much control do you have over seeking information about weight loss?

Cronbach's alpha for these three questions was .656. I decided to keep all three questions since this measure was ancillary in nature for my survey results, and also previous studies have used variations of these same questions to represent constraint variables.

Table 1. Original Cronbach's Alpha for survey measures from 21 surveys collected for this study.

Racial identity (questions 1-6)	$\alpha = .858$
Involvement in obesity (questions 8-10)	$\alpha = .059$
Involvement in weight loss (questions 15-17)	$\alpha = .889$
Constraint of obesity (questions 11-12)	$\alpha = .519$
Constraint of weight loss (questions 18-20)	$\alpha = .656$

Table 2. Updated Cronbach's Alpha for survey measures after dropping questions to increase Validity

Racial Identity (questions 1-6)	$\alpha = .858$	
Involvement in obesity (questions 8 & 10)	$\alpha = .034$	Dropped question 9
Involvement in weight loss (questions 15 & 17)	$\alpha = .842$	Dropped question 16

Constraint of obesity (questions 11-12)	α = .519
Constraint of weight loss (questions 18- 20)	α = .656

Other Measures

I included two questions about the Black community:

7. I recognize that obesity is prevalent in the Black community.
13. I recognize that weight loss is needed in the Black community.

Extant literature concluded that Black women recognize their need to lose weight. So, I decided to focus recognition questions on their perception of weight loss and obesity in the Black community since "community" is a concept I am exploring in my study. I did not combine the questions to create a "community" measure since one question focuses on obesity and the other on weight loss.

The end of the survey contained the following open-ended questions: (1) What is your *ideal* weight; (2) *Why* is this your ideal weight; (3) What is your age; and (4) In what city do you reside. I asked about ideal weight to determine what referent or sources they use to determine their own personal weight. I requested age to give more defining characteristics to the participants and asked about city location to ensure that all participants were residing somewhere in Oklahoma. The next section will talk about racial identity scores among the four focus groups.

I chose three of six statements from the private regard subscale to measure how positively or negatively participants feel about being Black and three of eight statements from the MIBI centrality scale to measure the extent to which Black women define themselves with regard to race. The six selected statements best represent the concept of racial identity as it relates to this study. I used a five-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*) to get a general sense of the women's racial

identity scores. The main goal of the survey was to determine the participants' strength of racial identity so I could then stratify focus groups by racial identity scores. All of the women's scores ranged fairly high (between 1 – 3) where 1 is a stronger racial connection and 5 is a weaker racial connection, so there were no significant differences in the scores.

Focus Group Questionnaire

The focus group data provided rich contextual detail to survey results to understand how women felt about their racial affiliation and social support in their communities, and in what ways these factors influenced their understanding of obesity and weight-loss communication. It also gave me insight into how involvement and constraints influenced the women's interpretation of obesity-related messages.

The focus group questions were designed according to the situational theory of publics and Multidimensional Inventory of Black Identity (MIBI) variables. The protocol consisted of 44 questions divided into five sections to help guide the discussion. The first section discussed racial identity. I chose one of six questions from the private regard subscale and one of eight questions from the centrality scale of the MIBI. I worded these two specific questions in a way that encompasses all statements from both scales. For example, I used the question "how do you feel about being Black" in the focus group questionnaire to represent all six statements (e.g., I feel good about being Black, "I am happy that I am Black", "I often regret that I am Black," etc.) from the private regard subscale. I began the discussion with racial identity as a primer for the rest of the questions.

Next, I posed questions about general health information. Thirdly, obesity messages were discussed and then weight-loss messages in the next section. Obesity and weight loss were purposely separated to determine the women's awareness and constraints of each since obesity is a disease while weight loss in an action. In the discussions about obesity and weight loss, I incorporated the involvement variable from the situational theory of publics by asking questions about how involved participants are in discussing obesity and weight loss with family and friends, and later asking participants to describe the content from obesity-related messages they have encountered; this helped me determine if they were involved enough in the message to recall specific aspects of it. I inquired about whether or not the women could comply with the obesity-related messages they have encountered. This allowed me to touch on the constraint variable of situational theory of publics. The final section of the questionnaire asked women to design their own weight-loss campaign. This gave women an opportunity to discuss effective obesity and weight-loss messages from their perspective. Finally, I gave an oral summary of the women's comments from the focus group discussion to confirm that I understood their comments and to ensure credibility of my data. Then, if the women seemed engaged enough, I asked for any last-minute comments. However, if they appeared restless or ready to leave, I omitted the question.

Preliminary Test Run

I pretested my survey questionnaire and focus group protocol to ensure my research instruments were clear and valid. I wanted to make sure the participants understood the questions, the survey measured what I wanted it to measure, and the focus group protocol was worded in a way that focused on the variables from the

situational theory of publics and the MIBI. I pre-tested the survey and focus group questionnaires on a group of women that closely matched my sample. The only difference is that the pre-test group of women did not live in Oklahoma.

Survey. I worked at a historically Black university on the east coast during the time of the study. I requested the assistance of my colleagues and former students at the university to help pretest my survey and questionnaire. I received 11 completed surveys. After coding the information in SPSS 20.0, I ran a reliability analysis on the racial identity construct. Cronbach's alpha was .69 which is below the .70 recommended score for reliable measures (Streiner, 2003). The small sample size may have affected the reliability level. Despite the low reliability score, I decided to keep the racial identity measures for two reasons: the reliability score was extremely close to the acceptable score; and, the variables have been measured, tested, and retested in the psychology literature and found to be valid and reliable (Sellers, 1997; Yap, Settles, & Pratt-Hyatt, 2011). I did not run pre-test scores on the involvement and constraint measures since they were secondary measurements for the purpose of my survey.

The participants understood the survey questions, but indicated that the layout was a challenge. They believed the layout was too cluttered, and there needed to be some indication of when the answer choices changed (e.g., strongly agree-strongly disagree, much control-no control, etc.). Based on the feedback, I discussed various options with another doctoral student skilled at survey design, and I developed a more user-friendly instrument. I pre-tested the new layout with five women and they concluded the instrument was clear and cogent.

Focus Group Questionnaire. I tested my focus group questionnaire (Appendix D) on two of my former students who agreed to participate. I asked the questions in a structured manner to ensure timeliness of the process. After reading each question, I first asked if the question was clear, and if not, asked for suggested changes. Then, I asked the women to answer some of the questions. Here is the feedback I received:

a. Reverse the first and second question in the "racial identity" section of the protocol to begin the discussion with a more generalized question. This aligns with Steward and Shamdasani's (1990) funnel approach, which starts with general questions and then moves to more specific questions about attitudes and feelings.
b. Delete "as a Black woman" in some of the questions, as the participants can only answer it from this particular viewpoint since they have been a Black female their entire lives.
c. Use the phrase "connection to a racial group" more than "racial identity", as the former phrase is more clearly understood in the context of questions than the latter.

I also continued to slightly alter the focus group protocol after each focus group discussion based on participants' verbal and non-verbal feedback. For example, when there were long pauses after particular questions, questions that participants asked me to repeat two or three times, or when more than one person requested clarity for a question were reasons why I modified the questionnaire to increase reliability and clarity of the questionnaire.

Gathering the Information

Phase I: Surveys. I administered consent forms and surveys via e-mail. I sent each participant a consent form that included participants' rights, the voluntary and confidential nature of the study, the ability of participants to withdraw from the study at any time, and my contact information. The consent form also explained the two-step process of the study (survey and focus groups), and the incentive for participants, consisting of a meal served during focus group sessions and a chance to win a $50 gift certificate to Target. I collected a signed consent form from each participant before sending the survey. The survey requested a name and number for the purpose of focus group assignments. Once I received a survey, I entered the data into SPSS, and then computed participants' racial identity score. After entering all survey responses, I tested the reliability of the racial identity construct, and Cronbach's alpha was .85. Racial identity scores ranged from 1 – 3, with 1.6 being the average score (where 1 = strongly agree and 5 = strongly disagree). Thus, most participants had fairly high racial identity scores, meaning they have a strong connection to their racial group. I divided participants' scores into high (1-1.5) and moderately high (1.6-3) racial identity scores. There were 8 women with high racial identity scores (1-1.5) and 13 women with moderately high racial identity scores (1.6-3). In this chapter and in subsequent chapters, I will qualitatively use the terms "high" and "moderately high" to refer to women with high or moderately high racial identity scores among all participant scores in the study. For example, a woman with a 1.17 racial identity score has a high score and a woman with a 2.5 has a moderately high score. The terms "high" and "moderately high" do not imply any statistical differences in scores.

I received 30 completed surveys. However, nine women did not attend the focus groups. Since this study is a two-part process, I used only the surveys of participants who completed both phases of the study. I used the same participants for both my survey and focus groups.

After I input the data in SPSS and determined the participant's racial identity level, I then assigned the participant to a focus group based on her racial identity score. The challenge I faced with this process was assigning participants to focus groups based on racial identity scores and community members' (those in the same social/support network) availability, and participant's individual availability. In the end, community members' availability had more influence in focus group formation than individual participant availability and racial identity scores because the women wanted to attend the same sessions as women in their social circles. However, I was able to have at least two women with high and two women with moderately high racial identity scores in three of the four groups. I was also able to have community members in three of the four groups, while accommodating everyone's busy schedules. This allowed me to touch on each goal of my research design—to stratify focus groups based on racial identity scores and have social membership (those they consider in their same social/support network) in each focus group (see Table 1).

Table 1. Participants' racial identity scores (strength of connection to racial group) and community member (participants from the same social support networks) affiliation for each focus group

Focus Groups	Number of Participants	MIBI Score	Community Member Affiliation
Group 1	6	2.17 1.00 1.00 1.67 1.83 1.17 AVG: 1.47	Friends
Group 2	5	1.33 2.00 1.17 2.17 1.00 AVG: 1.53	none
Group 3	5	3.0 1.83 1.33 1.17 2.5 AVG: 1.96	Church members

Group 4	5	2.33 1.67 1.83 1.67 2.83 AVG: 2.06	Friends and cousins

Phase II: Focus Groups. Most of the participants scored rather high on their racial identity scores. So, I placed women with both high and moderately high racial identity scores in the focus groups (except for master degree groups) to ensure the groups were somewhat stratified by strength of racial identity. For example, group one consisted of two high racial identifiers (both with 1.0 MIBI scores), and two moderately high scores (1.83 and 2.17) among the participants, and group three consisted of two participants with moderately high identity scores (2.5 and 3), and two high (1.17 and 1.33) scores among the participants. I also attempted to stratify the groups based on the women's community, another factor that was explored in this study. For example, I attempted to include community (e.g., women who they considered part of their social support), such as parents, friends, cousins, church members, etc. Community members in focus group one consisted of friends, none in group two, church members from the same congregation in group three, and friends and cousins in group four. Thus, I was able to slightly stratify the focus groups by racial identity scores and community networks (see Table 1). I conducted the focus groups in a semi-structured format. A semi-structured interview consists of a series of predetermined questions, but still allows the interviewer to slightly stray from those questions depending on participant

feedback. The interviewer may also alter interview questions as necessary (Berg, 2009; Fry, 2012). This allowed me to explore participants' answers to give clarity and understanding when reporting the results. For instance, in focus group one, participants said many times that "looking good" was a standard they used to determine if they needed to lose weight. I posed an unscripted follow up question and asked "what do you mean by 'looking good' as you have described in your previous answers?" This allowed the women to give definition to their answers in their own words.

Researchers suggest that thematic saturation, or redundancy of ideas, is the main principle that guides sample sizes in group interview research. Furthermore, researchers have suggested that the saturation point for focus groups is usually reached at approximately four to six focus groups sessions with 7-12 participants in each session (Borrero et al., 2008). However, I believe that given the complex nature of racial identity, smaller groups were more beneficial to allow everyone to participate in the conversation in the allotted time given for each group. Additionally, the exploratory nature of using the MIBI in public relations research lends its hand to uncertainty of the number of focus groups needed for thematic saturation and uncertainty of how participants would rank on the MIBI scale.

I ended up conducting four focus groups with 5-6 participants in each group with a total of 21 participants. I followed up with participants via e-mail three days before, and, a phone call one day before each focus group session to prevent high attrition rates. Of the 30 women who agreed to participate, 21 actually completed the study. I conducted a focus group on March 9

(5 - 7 p.m.), in a conference room on the University of Oklahoma's campus, where I provided dinner for the participants. I held the next two focus groups on Saturday, March 10 (1 – 3 p.m. and 6 – 8 p.m.) in a private seating area at an Oklahoma City restaurant. I provided lunch for the afternoon group and dinner for the evening group. I conducted my final focus group on Sunday, March 11 (2:15 – 4:15 p.m.). in a private seating area at an Oklahoma City restaurant and provided lunch for the participants. I audio taped all discussions with two digital tape recorders in the event one malfunctioned.

Prior to conducting the focus groups, I gave participants a consent form to read and sign. The form was similar to the survey consent form but this one described the focus group set up, including approximate time frame, number of participants, and example questions for the focus group. After reading and signing the consent form, the participants were instructed to sign their names on the sign-in sheet. A color was listed next to each name, and I asked the women to wear the colored name tag that corresponded with her name. The color system allowed me to refer to participants by colors instead of names during the focus groups to provide anonymity since I taped focus group sessions and knew that a graduate student was going to help me transcribe the data. I later converted the colored names to aliases (see Table 2). I developed aliases by taking the first letter of each participant's last name and developing an alias based on the letter. For example, if I had a participant with the last name of Harden, I would take the "H" and create "Haley" as an alias.

Table 2. Colors and Aliases used for focus group participants

Focus Groups	Color	Alias
Group 1	Red 1	Diane
	Orange 1	Rochelle
	Green 1	Misty
	Purple 1	Ina
	Gray 1	Elise
	Pink 1	Hazel
Group 2	Brown 2	Leslie
	Yellow 2	Whitney
	Purple 2	Brenda
	Red 2	Winona
	Pink 2	Tanya
Group 3	Gray 3	Tameka
	Orange 3	Candace
	Green 3	Brandy
	Blue 3	Willow
	Red 3	Denise

Group 4	Brown 4	Nicole
	Yellow 4	Alexis
	Purple 4	Ciara
	Green 4	Sharon
	Pink 4	Dana

Unlike other studies that examined the meaning-making process (Curry, 2007; Tindall, 2008; Vardeman & Tindall, 2010), I decided not to use a stimulus (i.e., campaign material) in the discussion based on the exploratory and formative nature of the research design. I felt women would be limited to answers related solely to the stimulus no matter how broad or specific the discussion question. My goal was to explore any and all messages that would encourage or impede information seeking, based on the women's perceptions, and not just messages based on a pre-determined campaign. Also, the use of established campaign material is generally used for evaluative research conducted as a campaign posttest, which contradicts the formative nature of this study.

Assessing the Data

Survey. I used SPSS 20.0 to run all survey analyses. The six variables comprising the construct of racial identity produced a .85 Cronbach's alpha. Once reliability was established, I compared the average racial identifiers among the four groups. Focus group number four (master degreers) had the lowest mean (M = 2.06) or felt the least connected to their racial group, and focus group one (college students) had the highest mean (M =1.47). All scores, however, were generally high racial identifiers, meaning that participants overall felt strongly connected to their racial group.

Focus Group. I debriefed after each discussion by reviewing my notes, highlighting my feelings and thoughts, and interesting participant comments. I also listened to a segment of the audio recording to ensure the recorder did its job, made comments about rewording questions, room logistics, and other observations that I needed to modify for the next discussion. These *reflective* moments helped me put aside my personal prejudices and focus more on understanding the interviewees while increasing the study's credibility (Reinharz, 1992). This contributed to the credibility of the data I collected throughout the group discussions.

I transcribed three of the audio files and enlisted the assistance of a graduate student to help transcribe the last file. Before transcribing data from the study, the graduate student and I transcribed the file from my pretest focus group to ensure consistency of transcription between the two of us. We transcribed an hour of audio recording and there were seven discrepancies from the approximately 1,500 words typed in the transcription. All files were transcribed verbatim, and the focus groups produced 186 pages of transcribed data.

Pre-Coding. Before I started coding the data, I took a copy of my focus group questionnaire and created a master document. I cut and pasted answers for each question, from each focus group, into the master document. For example, my first question is, "Do you feel like being Black is central to your identity?" I copied answers from each focus group transcript under question one and pasted them into the master document (see table 3). I color-coded each focus group so I would know from which group an answer derived when I placed it in the master document. For instance, focus group one = yellow, focus group two = blue, focus group three = green, and focus group

four = purple. After I copied-and-pasted answers to a question, I then reviewed all answers to the question to make note of any reoccurring words/key phrases as well as develop a preliminary theme from all of the answers. Then I pulled a quote or two to represent the preliminary theme(s) I found (see Table 3). For instance, referencing question one again (Do you feel like being Black is central to your identity?), all of the women answered yes to the question. So, I noted in the "keywords/themes" section that "Yes, it's central to their identity" and then pulled this quote to represent the women's answers: "I think it is central to my identity just because it is something you can't hide on the outside everyone sees skin color and unlike other things." The master document totaled 107 pages. I used this master document to help complete chapter four in the dissertation, where I provide a summary of answers for each focus group question.

Table 3. Example of master document for focus group question number one. Pre-coding Phase.

1. Do you feel like being Black is central to your identity?
Pink; Me, myself, I'm proud to be Black. There's a lot going on with Black people, and as far as obesity is going to be the discussion. I lose weight just cutting back. I'm proud to be Black, always have been.
Green: Certainly, I'll jump right in. This was just something that happened last week to our trip to NY. We were having a discussion with our cab driver, he's from Africa. We were discussing how we identify ourselves racially. And so, I told him, I prefer to be called Black instead of being called African American becuz I feel like I have no connection or no direct, you know, direct connection to Africa, and I feel it's almost not insulting their culture, but, they're completely different cultures, being Black and being African American. Um, and, also in this conversation I was just saying over a period of time, we developed a new culture, um, that's separate from everybody else, when we were brought here, we had to make do with what we had, and that's what we, how I, what I identify with, making it with what I have. So, that's what being black means to me. C: alright. We have nods (laughter).
I'm [Pink]. For me, it's really important, I grew up in a very diverse community, in parochial schools as a kid.

Pink: what I was saying, was, for me, it is very important, and a lot of that has to do with me growing up in a racially diverse community. And growing up in parochial schools, I think there was a yearning for a lot of black kids to know what it was like, just to have a difference experience to go to all black schools, you know, to know what was different. Then I went to Booker T in High school. For me, that was a huge culture shock. It was as different as going to a predominately white school to a predominately black, it was a huge culture shock. And just my experience. And ultimately graduating from an HBCU, um, even though I attended a lot of different other higher education institutions. And for me, that really gave me a sense of who I was. It really grounded my identity and answered a lot of questions and filled a lot of voids, but for that experience, I don't know that, um, the black experience would as important to me, and I would value it as much.

Orange: Oh, yeah. Yes.

Green: Yes, I do believe that being black is central to my identity, mostly because I think that you have to know who you are in order to know where you're going and to be able to make contributions to others.

Yellow: I think it is central to my identity just because it is something you can't hide on the outside everyone sees skin color and unlike other things: maybe a disability or there are things something you can't see you or you can hide it you know race is something you can see. That is kind of the first things people see.

Keywords/Themes

Yes, it's central to their identity

I think it is central to my identity just because it is something you can't hide on the outside everyone sees skin color and unlike other things.

Next, I manually coded the focus group data, incorporating two levels of coding and then created themes. I followed instructions set forth by Saldaña (2009) when coding qualitative research, in which I will describe in the next sections.

First Level Coding. I used *In Vivo* coding as my initial coding process. In vivo means "in that which is alive" (p. 74). As a coding concept, it refers to words or phrases used from the actual language found in the data. I started with the transcript for focus group one. As I read through the participants' answers to each question, I pulled out (or coded) keys word or phrases from the answer that seemed to represent the totality of the

answer. The key words and phrases were taken verbatim from what the participant said. For example, in the first question, I asked, "Do you feel like being black is central to your identity?" From the first respondent's answer, I coded phrases such as "Proud to be Black", "A lot going on with Black people" and "Cut back to lose weight." The last coded phrase "Cut back to lose weight" did not directly answer the question, but I still coded it because she briefly discussed weight loss while answering the question, and my goal was to code words that represented the person's answer. Table 4 is an example of my first level coding for all focus groups. In all, I coded 674 key words or phrases.

Table 4. Example of keywords/phrases I coded for the first question during First Level Coding

FOCUS GROUP 1-COLLEGE STUDENTS	**Words or Key phrases I coded for level-one coding from focus group 1 (college students)**
My Question Do you feel like being Black is central to your identity?	
Participant's Answer Me, myself, I'm proud to be Black. There's a lot going on with Black people, and as far as obesity is going to be the discussion, I lose weight just cutting back. I'm proud to be Black, always have been.	Proud to be Black A lot going on with Black people Lose weight just cutting back. Proud to be Black
FOCUS GROUP 2-SINGLE MOTHERS	**Words or Key phrases I coded for level-one coding from focus group 2 (single mothers)**
My Question Do you feel like being black is central to your identity? Anyone may start the discussion.	
Participant's Answer for me, it is very important, and a lot of	Very important

that has to do with me growing up in a racially diverse community. And growing up in parochial schools, I think there was a yearning for a lot of black kids to know what it was like, just to have a difference experience to go to all black schools, you know, to know what was different. Then I went to Booker T in High school. For me, that was a huge culture shock. It was as different as going to a predominately white school to a predominately black; it was a huge culture shock. And just my experience. And ultimately graduating from an HBCU, um, even though I attended a lot of different other higher education institutions. And for me, that really gave me a sense of who I was. It really grounded my identity and answered a lot of questions and filled a lot of voids, but for that experience, I don't know that, um, the black experience would as important to me, and I would value it as much.	Grounded my identity Filled a lot of voids
FOCUS GROUP 3-CHURCH MEMBERS **My Question** Now, do you feel like being black is part of who you are, being central to your identity? **Participant's Answer** Oh, yeah. Yes.	**Words or Key phrases I coded for level-one coding for focus group 3 (church members)** Yes
FOCUS GROUP 4-MASTER DEGREERS **My Question** Do you feel like being black is central to your identity? **Participant's Answer** Yes, I do believe that being black is central to my identity, mostly because I think that	**Words or Key phrases I coded for level-one coding for focus group 4 (master degreers)** Yes

you have to know who you are in order to know where you're going and to be able to make contributions to others.	You have to know who you are in order to know where you're going

Second Level Coding. My second-level coding was axial coding, which means to reassemble initially-coded data that was originally split into separate parts, and center them around categories. Here is where I took the 674 keywords and phrases from first-level coding and started assigning them to categories. This was a two-part process. First, I cut and pasted all 674 keywords into one document. From the list of 674 keywords/phrases, I went down the list, looking for similarly coded keywords/phrases and started grouping those similarly coded data together. For example, any keywords/phrases that talked about participants' perception of their racial identity in a positive manner, I placed in one group (see Table 4). On the other hand, any keywords/phrases that talked about participants' perception of their racial identity in a negative manner, I placed in another group (see Table 5). If you notice the number "2" next to the phrase "We're worse off now" in Table 5, I did this for keywords that may have been a challenge for me to decipher from which question the keyword/phrase answered. So, I placed the number "2" next to the phrase "We're worse off now" so I would know it answered question number two from the focus group protocol. In all, I developed 129 groups of similarly associated keywords and phrases.

Table 4. Example of step 1 in second-level coding for keywords/phrases associated with participants' positive opinions of their racial identity

Proud to be Black
I like being Black
I like being Black
I love being black

Black is beautiful, it's awesome Love being black I love being black too Love being Black. Proud of being Black Proud of being black

Table 5. Example of step 1 in second-level coding for keywords/phrases associated with participants' negative opinions of their racial identity.

Hate where we are as a community right now *2. We're worse off now We're just disadvantaged right now *The number "2" means this particular phrase was extracted from an answer in response to question number 2 (How do you feel about being Black?).

As Saldaña (2009) noted, there can be more than one step involved in axial coding. Sometimes re-labeling and regrouping is needed to find the best fit for all keywords. Along these lines, I started the second step of my second-level axial coding. I reviewed the 129 groups of associated keywords and phrases, and begin reassembling and merging them into more focused groups in order to create conceptual categories. For instance, I took the group of keywords/phrases that talked about participants' perception of their racial identity in a *positive* manner (Table 4) and keywords/phrases that talked about participants' perception of their racial identity in a *negative* manner (Table 5) and merged them into one category and labeled it "Racial Identity" since both group of words were referring conceptually to the participants' racial identity (see Table 6).

Table 6. Example of two groups from tables 4 & 5 (step 1 in 2nd level coding) merged into one conceptual group and labeled "Racial Identity" (step 2 in second level coding).

Conceptual Category: Racial Identity	
Proud to be Black I like being Black I like being Black I love being black Black is beautiful, it's awesome Love being black I love being black too Love being Black. Proud of being Black Proud of being black A lot of pride Proud of the accomplishments A lot to be proud of Hate where we are as a community right now We're worse off now We're just disadvantaged right now	

After arranging all keywords/phrases into conceptual categories, I reviewed the conceptual categories again to ensure that all key phrases were in the best-fit category, rearranging keywords in different categories, and sub categories if needed. For example, I took the "Racial Identity" category and divided it into sub-categories of "racial pride" and "racial dissatisfaction" (see Table 7). The sub-category labels helped give description to the keywords/phrases underneath each conceptual category. I developed a total of 21 conceptual categories and 45 sub categories in all.

Table 7. Example of dividing the conceptual category "Racial Identity" into sub categories (step 2 in second level coding).

Conceptual Category: Racial Identity **Sub-Category: Racial Pride**	
Proud to be Black I like being Black I like being Black I love being black Black is beautiful, it's awesome	

Love being black I love being black too Love being Black. Proud of being Black Proud of being black A lot of pride Proud of the accomplishments A lot to be proud of **Sub-Category: Racial dissatisfaction** Hate where we are as a community right now We're worse off now We're just disadvantaged right now	

Creating Themes. My final step in analyzing my focus group data was to take my 21 conceptual categories and create themes. Themes are "interpretive, insightful discoveries – written attempts to get at the 'notions' of data to make sense of them and give them shape" (Saldaña, 2009, p. 140). In other words, a theme is an outcome of coding; it uses a phrase to summarize the coded data. I first examined the 21 conceptual categories (and 45 descriptive sub-categories) to see if I could connect the categories and create a narrative about Black women and obesity-related messages. I asked myself: how do these categories tell a story about my participants? After careful examination and repeated analysis of the 21 conceptual categories, I placed the conceptual categories in thematic order based on the narrative I developed (see Table 8).

Table 8. Example of 21 Conceptual Categories from 2nd level coding placed in order of the narrative of the data (1st step in creating themes)

Conceptual Categories in Thematic Order
Conceptual Category: RACIAL IDENTITY **Sub-Category: Racial Pride** Proud to be Black I like being Black I love being black

Black is beautiful, it's awesome
Proud of being Black

Conceptual Category: DISEASE

Sub-Category: Family and Disease

Every family member I have has high blood pressure. It's kinda like a ticking time bomb
High blood pressure, diabetes, and I guess, obesity. Cuz all three, and cancer, all three are in my family.
high blood pressure, high cholesterol and breast cancer are on both sides of my family.
A lot of obesity in my family
Diabetes. My dad had diabetes
A lot of overweight family members
Overweight family members
Cancer, high blood pressure, or diabetes
Runs, you know, in your family

Conceptual Category: BODY IMAGE

Sub-Category: Justification of Body Image

We are tolerable of being overweight
Some of our ideas of beauty
Our culture
Our definition of obesity
Body structure is different
Our scale is different
Black people are built totally different
we are shaped differently
black people are built different
Black people just run bigger.
I think if you're a little bigger in the black community, you may not be obese, you'd be thick
Little thicker, a little bigger
Figure that's most desired
Fuller figure

I then developed five themes or overarching phrases that succinctly represented the coded data in all 21 categories. For example, I noticed the seven conceptual categories of "racial identity," "disease," "body image description," "justification of

body image," "BMI standards," "self-definition of obesity," and "self-acceptance" focused on racial identity, specifically, how particular diseases persist in the participants' social groups and how body image perceptions, justification, BMI standards and self-definition of obesity and perceptions of self-acceptance are constructed based on shared meaning in the Black community. From there, I decided to group these seven conceptual categories together. Next, I analyzed the three conceptual categories to look for commonalities among the coded data, and finally developed the theme "Racial Kinship" (see Table 9).

Table 9. Example of collapsing seven conceptual categories of "racial identity," "disease," "body image description," "justification of body image," "BMI standards," "self-definition of obesity," and "self-acceptance" into a theme entitled "Racial Kinship."

Conceptual Category: Racial Identity	**THEME:** Racial Kinship
Sub-Category: Racial Pride Proud to be Black I like being Black I like being Black I love being black Black is beautiful, it's awesome Love being black I love being black too Love being Black. Proud of being Black Proud of being black A lot of pride Proud of the accomplishments A lot to be proud of	
Sub-Category: Racial dissatisfaction Hate where we are as a community right now We're worse off now We're just disadvantaged right now (comparing self to BMI) My height and my size According to your height and weight	

Height and weight When you go to the doctor they go by your body mass BMI…use that definition **Conceptual Category: Disease** **Sub-category: Family and Disease** Every family member I have has high blood pressure. It's kinda like a ticking time bomb High blood pressure, diabetes, and I guess, obesity. Cuz all three, and cancer, all three are in my family. high blood pressure, high cholesterol and breast cancer are on both sides of my family. A lot of obesity in my family Diabetes. My dad had diabetes A lot of overweight family members Overweight family members Cancer, high blood pressure, or diabetes Runs, you know, in your family mental health Depression. More mental just like, my mom and aunt and grandma, they are overweight **Sub-category: Family Death and Disease** My brother committed suicide when he was 20 Grandmother died of high blood pressure Aunt passed away from cancer My aunt, she died from cancer My mom's mom died of cancer **Conceptual Category: Body Image** **Sub-category; Validation from external sources**	

although you get messages about everyone wants the shape that I kinda have and use to have Other cultures mocking to be like African Americans (body image, obesity, you see others trying to get the butt that black people have) Don't want to be skinny Not looking like a stick Wouldn't have them look like stick figures Not like a stick Not even a dog wants a bone But in my head, I'm like, a, ewww, that's like skinny. But now that I've lost the weight, my family thinks I'm too skinny. Not really for me. My family's pretty much tall and skinny Small probably in their waist Waist is thin **Sub-category: Negative perceptions of body image** People say oh you cute to be a big girl Women who are full figured…are always targeted. **Sub-category: Conflicting body image messages** I think it's crazy that everyone's getting like, the butt injections, and breast implants, features that are associated with being black Butt implants, butt injections	

I then extracted significant quotes from the participant's answers to illustrate each theme, which is exemplified in the next chapter, the results section.

Legitimacy of the Study

I took different approaches to ensure the trustworthiness of my survey (quantitative research) and focus group (qualitative research), which will be explained in the next section.

Reliability. Reliability is concerned with how dependable a research instrument is in yielding similar results when applied to different studies over time (Frey, Botan & Kreps, 2000). In other words, it examines the instrument's trustworthiness. A study is deemed reliable if it "yields the same answer however and whenever it is carried out" (Kirk & Miller, 1986, p. 19). I established reliability of my survey measures through a reliability test in SPSS. My racial identity constructs (questions 1 – 6) were reliable (α = .85).

While reliability is a criterion for addressing rigor (or trustworthinesss) in quantitative research, consistency is used to establish trustworthiness is qualitative research (Morse, Barrett, Mayan, Olson & Spiers, 2008). I established consistency for the focus groups by interviewing only self-labeled Black women between the ages of 18-60 residing in Oklahoma who have tried to lose weight in the past six months. I stated these criteria in my recruiting information, consent forms, verbal conversations with the participants, and in the focus groups to ensure I was only getting participants that met the parameters of the study. Furthermore, I consistently asked questions in each focus group that would yield responses that answered my research questions. To achieve this, I pre-tested the focus group protocol to ensure the wording of the questions were such that the participants understood them. I compared research notes after each focus group to see how I asked a question and the answers I received to ensure the

answers were addressing the questions asked. I continued to review, check and question the interpretation of my findings as a means of quality control throughout the data collection process and during the data analysis phase.

Validity. Internal validity refers to the extent in which a research instrument accurately measures what it is supposed to measure (Wolcott, 1995), and external validity refers to the generalizability of the research study findings (Frey, Botan & Kreps, 2000). As mentioned earlier, MIBI variables have been retested in the psychology scholarship since 1998 and found to be valid. Additionally, my racial identity constructs yielded a .85 cronbach's alpha, which means the constructs are internally valid. On the other hand, I was not attempting to achieve external validity because my study was a small, purposive and convenient sample. Validity for focus groups, on the other hand, has been contested and debated (Briones, 2010). It is a challenge for qualitative researchers to attain a representative sample of participants whose realities could be generalized to the entire population (Briones, 2010; Maxwell, 1992). However, many qualitative researchers reject generalizable results; they believe that all research is purely subjective; thus, research results can never be universal. In other words, there cannot be a set of truths that apply to everyone in a particular population, group or community. *Credibility*, therefore is used for focus groups and is similar to validity of surveys. Credibility is the belief that research findings are accurately and truthfully recorded by the researcher (Niekerk & Savin-Baden, 2010). To ensure credibility, I recorded the focus group discussions, transcribed them verbatim, gave an oral summary at the end of each discussion to ensure I understood the participants' answers, and reviewed my data with my committee chair as another

method to ensure credibility. For this study, I wanted to find out how community and racial identity influence Black women's meaning-making experiences with obesity and weight-loss messages from their point of view. It is not my goal to apply these answers to the entire population of Black women, but to use the information as a starting point to help create more effective campaigns for Black women in different communities, be it racial, ethnic, or sociocultural communities.

In my study, I examined how racial identity and social and emotional connectedness shape the way Black women make meaning of obesity and weight loss messages. I used a survey and focus groups to discover different aspects of the same phenomena and create a more realistic picture of the women's experiences. I took measures to ensure I executed a reliable and valid study to answer my research questions. I designed my study to reveal results that would illuminate the issue of creating more effective health campaigns for Black women. The next chapter will summarize results from my survey and focus group questions.

CHAPTER FOUR: A Numerical Analysis and Qualitative Synopsis of Black Women's Perceptions of Obesity and Weight Loss

The goal of my study was to determine how Black women make sense of obesity and weight-loss messages based on their racial identity and community ties. This information may help scholars and practitioners more effectively target racialized publics to create more effective and successful public health campaigns. I define racial identity as the feelings of closeness and connection to other Blacks, while I define community as a group of people with a collective identity developed through common experiences who depend on each other for social support. My study incorporated a survey to gather racial identity scores, as well as explore the relationship between racial identity scores and involvement and constraints of obesity and weight loss. I also conducted focus groups to add in-depth data to my study to determine how data from both research methods could give a comprehensive viewpoint for this study.

The purpose of this chapter, therefore, is two-fold: to present findings from the survey data, and, to provide a summary of answers for each focus group question. This chapter begins with an examination of participants' MIBI scores, and then explores the relationship between MIBI scores and involvement, and MIBI scores and constraints. Next, I will explore the relationship between MIBI scores and the open-ended questions at the end of the survey. Thirdly, I will present focus group data by giving a description of the participants, and then offering a summary of participants' answers for each of the 44 focus group questions.

Racial Identity Scores

Generally speaking, participants had high racial identity scores, ranging from 1-3 on a 5-point scale (where 1 indicates a stronger connection to a person's racial group, and 5 is a weaker connection to a person's racial group). The highest score was a 1.0, which were college students' Rochelle and Misty's scores, and single mother Tanya's score. The lowest score among participants was Tameka in the church members group. She scored a 3 (see Table 1).

Table 1. Participants' Racial Identity (i.e., MIBI) scores.

Focus Groups	Number of Participants	MIBI Score
Group 1 (college students)	6	2.17 1.00 1.00 1.67 1.83 1.17 AVG: 1.47
Group 2 (single mothers)	5	1.33 2.00 1.17 2.17 1.00 AVG: 1.53
Group 3 (church members)	5	3.0 1.83 1.33 1.17 2.5 AVG: 1.96

Group 4 (master degreers)	5	2.33 1.67 1.83 1.67 2.83 AVG: 2.06

The college students' mean was 1.47. The mean for the single mothers was 1.53. The church members group was 1.96, and the master's degree group had the lowest group mean of 2.06.

In the next sections, I will discuss my analysis of the data, including survey results and how these informed focus group results. I will analyze the following topics in my survey: racial identity, obesity and involvement; racial identity, obesity and constraints; racial identity, weight loss and involvement; and racial identity, weight loss and constraints. This will allow for side-by-side comparison when discussing the triangulation of both the quantitative and qualitative data in the discussion chapter. Next, I will report data from the body image questions and open-ended questions from the survey and finally offer a summary of findings.

Analysis of the Survey Data

Racial Identity and Involvement in Obesity

I posed two statements for my "obesity involvement" measurement: "I am personally connected to the issue of obesity" and "I actively seek out information about obesity." Participants were asked the extent to which they agree or disagree with the statement, using a 1-5 scale where 1= strongly agree and 5= strongly disagree. Involvement scores ranged from 1 – 5, and approximately half of the participants

ranked high in their involvement score. Eleven women ranked between 1-2 on the involvement measurement, where 1 = stronger involvement in the issue of obesity and 5 = weaker involvement in the issue of obesity. Eight women ranked between 3-5 on the involvement scale, with the remaining two women ranking the median score (2.5) on the involvement scale. Women with *moderately high* racial identity scores ranked *higher* on the obesity involvement measurement than women with *high* racial identity scores. Approximately 61.5% (8 of 13) women with *moderately high* racial identity scores (1.6-3) ranked between 1-2 on involvement, and approximately 37.5% (3 of 8) women with *high* racial identity scores ranked between 1-2 on the involvement measure. This means women who are more connected to their racial identity tend to be less connected to the issue of obesity, while women with less of a racial connection appear to be more connected to obesity.

Obesity and Community. I asked participants if they recognize that obesity is prevalent in the Black community. "Strongly agree" and "agree" were the only two options selected. Approximately 66.7% (14) of the 21 participants selected "strongly agree" to the statement about recognizing the prevalence of obesity in the Black community (see Table 2). Racial identity scores did not seem to influence whether they strongly agreed or disagreed with the statement.

Table 2. Participants' answers to the statement "I recognize that obesity is prevalent in the Black community" based on racial identity scores. For racial identity, a score closer to 1 is a stronger racial identity connection

		Racial_Identity_Score										
		1.00	1.17	1.33	1.67	1.83	2.00	2.17	2.33	2.50	2.83	3.0
Recognize Obesity in Black Community	Strongly Agree	3	3	1	2	1	0	2	1	0	1	0
	Agree	0	0	1	1	2	1	0	0	1	0	1
Total		3	3	2	3	3	1	2	1	1	1	1

Racial Identity and Constraints of Obesity

I asked the women to respond to the statements " I can personally do something about obesity if it affected me" and "Whether or not I seek information about obesity is entirely up to me" to determine their barriers when it came to the issue of obesity. Participants were asked the extent to which they agree or disagree with the two statements using a 1-5 scale where 1= strongly agree and 5= strongly disagree. With this scale, a score closer to 1 = higher efficacy and lower constraints, and a score closer to 5 = lower efficacy and higher constraints. These two statements comprised my "constraint of obesity" measurement. I ran a crosstab on constraint scores and racial identity scores. Obesity constraint scores ranged from 1 (lower constraints) to 3.50 (higher constraints to obesity). Racial identity scores did not influence obesity constraint scores. However, 28.6% of the women scored a 1 on the obesity constraint scale and 38.1% of the women scored a 2 on the obesity constraint scale, which means, the majority of the women perceived having few constraints when it came to the issue of obesity. I also analyzed the statement "I can personally do something about obesity if it affected me" by itself since it is a slightly different action than seeking information, just to see what the data would reveal. The results showed that 17 of the 21 participants

selected “strongly agree” or “agree” to the statement. Overall, the women perceived they had little constraints when it came to seeking obesity information and doing something personally about obesity.

Racial Identity and Involvement in Weight Loss

My “involvement in weight loss” measurement consisted of two items, I asked one question “to what extent are you personally concerned about losing weight”, with the answer choices of 1= very much to 5 = not at all, and posed one statement: “I actively seek out information about weight loss,” where 1= strongly agree and 5= strongly disagree. There appeared to be no relationship between racial identity score and involvement in weight loss (see Table 3). However, most (57.1%) of the women scored between 1-1.50 on the involvement scale, where a score closer to 1 equals more involvement in the issue of weight loss and 5 = less involvement in the issue of weight loss. Which means, overall, women appeared to be highly involved when it comes to the issue of weight loss.

Table 3. Participants' weight loss involvement scores based on their racial identity. For racial identity, a score closer to 1 is a stronger racial identity connection. For weight loss involvement, a score closer to 1 = more involvement.

		Racial_Identity_Score											Total
		1.0	1.1	1.3	1.6	1.8	2.0	2.1	2.3	2.5	2.8	3.0	
Weight Loss Involvement	1.0	2	0	0	1	0	0	1	1	0	1	1	7
	1.5	0	1	0	2	1	0	1	0	0	0	0	5
	2.0	1	0	0	0	0	0	0	0	0	0	0	1
	2.5	0	0	0	0	0	0	0	0	1	0	0	1
	3.0	0	1	0	0	0	1	0	0	0	0	0	2
	3.5	0	1	1	0	1	0	0	0	0	0	0	3
	4.0	0	0	0	0	1	0	0	0	0	0	0	1
	4.5	0	0	1	0	0	0	0	0	0	0	0	1
Total		3	3	2	3	3	1	2	1	1	1	1	21

Racial Identity and Constraint of Weight Loss

I asked the women to respond to the statements " I can personally do something about weight loss if it affected me" and "Whether or not I seek information about weight loss is entirely up to me" where 1 = strongly agree and 5= strongly disagree. I also asked a question, "How much control do you have over seeking information about weight loss" where 1 = complete control and 5 = no control. These three items comprised the "constraints of weight loss" measure. For this measurement, a score closer to 1 = higher efficacy and lower constraints, and a score closer to 5 = lower efficacy and higher constraints. I ran a crosstab on constraint scores and racial identity scores. Weight loss constraint scores overall were high (1-3), where a score closer to 1 = lower constraints and 5 = higher constraints. The majority (66.6%) of the women scored between a 1 – 1.67 on the weight loss constraint scale. Slightly more women with *moderately high* racial identity scores ranked *higher* (less constraints) on the

involvement scale than women with *high* racial identity scores (see table 4), which means women with a stronger connection to their racial group perceived a bit more constraints than those with less connection to their racial group. Overall, however, the women may have felt they had high efficacy and little constraints when it comes to the issue of weight loss.

Table 4. Participants' constraints in weight loss based on their racial identity scores. A constraint score closer to 1 = less constraints. For racial identity, a score closer to 1 = a stronger racial identity connection

		Racial_Identity_Score											Total
		1.0	1.17	1.33	1.67	1.83	2.00	2.17	2.33	2.50	2.83	3.00	
Weight Loss Constraint	1.00	1	1	0	0	0	0	1	0	1	0	1	5
	1.33	0	1	0	1	0	0	1	1	0	1	0	5
	1.67	1	1	0	1	1	0	0	0	0	0	0	4
	2.00	1	0	2	0	0	1	0	0	0	0	0	4
	2.33	0	0	0	0	1	0	0	0	0	0	0	1
	3.00	0	0	0	0	1	0	0	0	0	0	0	1
	3.33	0	0	0	1	0	0	0	0	0	0	0	1
Total		3	3	2	3	3	1	2	1	1	1	1	21

Weight Loss and Community. I asked the question about perceived weight loss needed in the Black community with this statement, "I recognize that weight loss is needed in the Black community" with answer choices ranging from 1= strongly agree to 5= strongly disagree. Strongly agree and agree were the only two answers selected. Additionally, 75% of the women with *high* racial identity scores strongly agreed with this statement, and 61.5% of the women with *moderately high* racial identity scores strongly agreed with this statement. Although small in difference, women with a stronger connection to her racial group agreed slightly more to recognizing the need for weight loss among Blacks (see Table 5).

Table 5. Recognition of weight loss needed in the Black community based on racial identity scores. For racial identity, a score closer to 1 is a stronger racial identity connection. For weight loss recognition, a score closer to 1 represents higher recognition of weight loss needed in the Black community.

		Racial_Identity_Score											Total
		1.0	1.1	1.3	1.6	1.8	2.0	2.1	2.3	2.5	2.8	3.0	
Recognize Wght Ls Needed in Blk Community		3	3	2	3	3	1	2	1	1	1	1	21
	Strongly Agree	3	2	1	2	1	0	2	1	0	1	1	14
	Agree	0	1	1	1	2	1	0	0	1	0	0	7

Body Image

The final likert statement on the survey said, "based on my height and weight, I believe I am" and the answer choices were: underweight, average weight, overweight, obese, and severely obese. Four women with higher racial identity scores reported being under or average weight. The other four women with higher racial identity scores reported being overweight (2 participants) or obese (2 participants). Two women with moderately high racial identity scores believed they were under or average weight. The remaining 11 women with moderately high racial identity scores perceived that they were overweight (6 participants), obese (2 participants) or severely obese (3 participants).

Overall, most of the women believed that they were "overweight," with "obese" as the second highest response (see Table 6).

Table 6. Participants' Reported Body Size Based on their Height and Weight

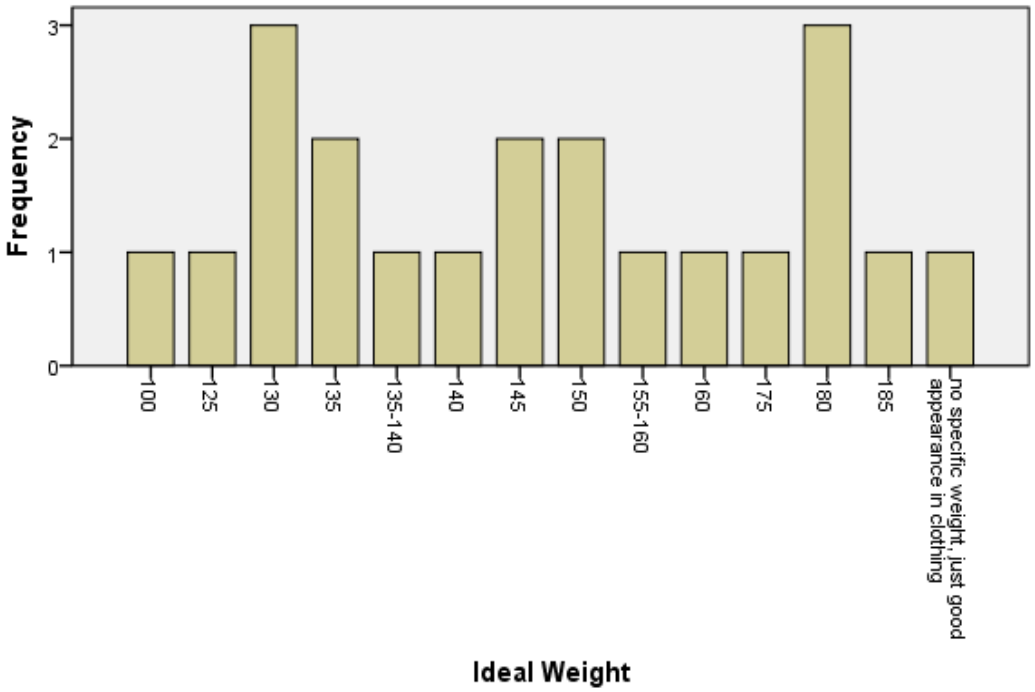
	Frequency	Percent	Valid Percent	Cumulative Percent
Under Weight	3	14.3	14.3	14.3
Average Weight	3	14.3	14.3	28.6
Overweight	8	38.1	38.1	66.7
Obese	4	19.0	19.0	85.7
Severely Obese	3	14.3	14.3	100.0
Total	21	100.0	100.0	

Open-Ended Questions

I asked the women their ideal weight and the reason for their ideal weight. I ran a frequency table on the reasons for their ideal weight. I did not compare answers to racial identity scores because I was seeking to find out reasons for their ideal weight as opposed to racial identity connections and ideal weight. Also, I knew it would be too many answers to compare them to racial identity scores.

Ideal weight answers ranged from 100-185. One participant gave an explanation instead of a number: "no specific weight, just good appearance in my clothing." Graph 1 shows the ranges of answers reported for this question.

Graph 1. Reported answers to the question, "what is your ideal weight?"



The women gave over 15 different answers when asked, "why is this your ideal weight?" However, some of the responses were similar to each other. For example, three women mentioned the Body Mass Index (BMI). However, one of the three women said 30 pounds over BMI standards is her ideal weight. Four women talked about how they feel or look good at their ideal weight. Three women talked about their appearance and feeling comfortable in their clothes based on their ideal weight. Other answers included "not too fat, not too thin," "because I'm big boned and tall" and "natural size."

I ran a crosstab on age and reasons for their ideal weight. The age range for women who mentioned BMI in their responses to ideal weight were 31 – 45. Of the women who mentioned feeling/looking good, two were in their 20s, and the other two in their 30s. The age range was 19-24 for the women who based their ideal weight on

feeling comfortable or fitting right in their clothes. The next section will discuss focus group answers.

Analysis of the Focus Group Data

In next section of this chapter, I provide answers to each focus group question, present major themes and representative quotes from focus group participants, and then discuss findings as they pertain to each research question. The findings presented in this chapter are the participants' words developed into meaningful themes by me, the researcher. Direct quotes are used in this section to express the participants' meaning in their own words and support the emerging themes and major patterns that were discovered through qualitative analysis. Before I review answers to the focus group questions, however, I will provide descriptive information about the participants.

Participants

A brief description of focus group participants is given to provide background information that may allow insights into the women's responses and reactions, and give the reader a sense of who the women are. I gave the women pseudonyms to protect their anonymity. All 21 participants in the study completed a survey and then participated in a focus group. The women were divided into four focus groups. I collected minimal personal data from participants so the study would not appear too intrusive, given the history of the scientific community's mistreatment of Blacks, and the Black community's mistrust of health-related institutions and studies, as noted in chapter two. I wanted participants to feel as comfortable as possible in signing up to participate in my study. On the survey, I collected the women's names, phone numbers, ages, residing

cities, and, ideal weight preferences, which I discussed in the methodology section for the survey. In the focus groups, I only collected names.

College Student Group (Group 1)

Group one consisted of five University of Oklahoma (OU) college students and one older woman who worked on OU's campus; three of the six women were friends in this particular group, and the women ranged in age from 19-59. Diane, Rochelle, Misty, Ina, Elise and Hazel participated in this group. The college students talked a lot (during and after the focus group) about how they discuss weight-loss with their respective roommates and are always trying a new weight-loss plan to look good for a particular time, such as spring break or for the summer. Everyone ate dinner during the focus group except for Hazel, she was on a diet. Hazel was also the oldest member of the group. Many times during the discussion, she would give the young women advice, encouragement and offer weight-loss tips to address the students' barriers, such as lack of time and money. For example, Hazel said that the younger participants could purchase canned vegetables and wash the salt off, or purchase chicken and bake it as solutions to eating healthy on a budget.

Single Mother's Group (Group 2)

In the second focus group, most participants were single mothers ranging in age from 28-45 years old. Leslie, Whitney, Brenda, Winona, and Tanya participated in this group. Although Brenda had the smallest-frame and probably weighed less than the other women, she mentioned a couple of times during the focus group that the other ladies looked fine, and did not appear to need to lose weight. This group appeared to connect instantly although no one knew each other prior to the focus group. Once the

ladies signed-in and found a seat, they began conversing, and even after the focus group ended, they continued to talk, laugh, and enjoy each other's fellowship.

Church Members' Group (Group 3)

The women in group three were 34-43 years old, and the majority of participants attended the same church in Oklahoma City. This was the least responsive group during the discussion. The women did not offer many answers to my questions. It was not until Willow mentioned her skepticism of Jennifer Hudson's weight loss at the very end of the discussion that the women began interacting and really conversing with each other, offering their opinions as to how Jennifer may have really lost her weight. Tameka, Candace, Brandy, Willow and Denise participated in group three's discussion.

Master Degreer Group (Group 4)

The fourth group consisted of Nicole, Alexis, Ciara, Sharon, and Dana. They ranged in age from 29-43 years old, and most of the women earned master degrees. Two of the participants were cousins and three participants were friends. After the group discussion, the women continued to chat about their social groups and realized that they knew mutual acquaintances. The women appeared to have other things in common as they continued to chat for approximately 30 minutes after the focus group ended until we had to leave because another group was scheduled to occupy the private sitting area where we were seated.

The focus group participants overall scored high on the Multidimensional Inventory of Black Identity (MIBI) scale. On a scale of 1 to 5, where a score closer to 1 indicates a stronger connection to a person's racial group, and a score closer to 5 indicates someone with a lower racial identity score, the women scored high overall on

the MIBI scale. All of the women's scores ranged between 1 – 3 (where 1 is a strong racial connection and 5 is a weak racial connection), so there were no significant differences in the scores. However, from the 1 - 3 range of scores, I somewhat stratified the focus groups by racial identity scores (Table 5).This was an attempt to adhere to the design of the study, which was to stratify the women based on racial identity scores as well as social group membership. Additionally, through my keen and thorough analysis of the participants, I noticed that particular characteristics dominated each focus group. For example, college students comprised the majority of focus group one. In focus group two, most of the women were single mothers. Focus group three comprised of church members. In focus group four, most of the women had earned a master degree. I will periodically refer to the focus groups based on these characteristics: college students (focus group one); single mothers (focus group two); church members (focus group three); and master degreers (focus group four). I decided to use these labels to describe the groups to help humanize the women rather than constantly referring to them as numbers (i.e., focus group one, two, three, and four).

Table 5. Focus Group Participants' Ages, Community Attributes, and MIBI Scores

Focus Groups	**Number of participants**	**Age Range**	**Community Attributes**	MIBI Score
Focus Group 1 (College Students)	6	19-59	Friends	2.17 1.00 1.00 1.67 1.83 1.17

				AVG: 1.47
Focus Group 2 (Single Mothers)	5	28-45	None	1.33 2.00 1.17 2.17 1.00 AVG: 1.53
Focus Group 3 (Church Members)	5	34-43	Church Members	3.0 1.83 1.33 1.17 2.5 AVG: 1.96
Focus Group 4 (Master Degreers)	5	29-43	Family Members & Friends	2.33 1.67 1.83 1.67 2.83 AVG: 2.06

Focus group participants were identified by colors and numbers during the transcription and coding process to provide anonymity of the women since I had a graduate student assisting me. Later, I converted the participants from colors to aliases (see Table 6), referring to them as people rather than colors, which aligns with the audience-centered nature of this study, which examines how Black women interpret

obesity and weight-loss messages through their racial identity and community experiences. The next section will provide summarized answers to each focus group questions.

Table 6. Colors and Aliases used for focus group participants

Focus Groups	Color	Alias
Group 1	Red 1	Diane
	Orange 1	Rochelle
	Green 1	Misty
	Purple 1	Ina
	Gray 1	Elise
	Pink 1	Hazel
Group 2	Brown 2	Leslie
	Yellow 2	Whitney
	Purple 2	Brenda
	Red 2	Winona
	Pink 2	Tanya
Group 3	Gray 3	Tameka
	Orange 3	Candace
	Green 3	Brandy
	Blue 3	Willow
	Red 3	Denise

Group 4	Brown 4	Nicole
	Yellow 4	Alexis
	Purple 4	Ciara
	Green 4	Sharon
	Pink 4	Dana

Answers from Focus Group Questions

Questions about Race and Health.

1. *Do you feel like being Black is central to your identity?*

   All of the respondents agreed that Black is central to their identity. Misty from the college students expounded on her answer, stating that she prefers the term "Black" over "African American" because she has no "direct connection to Africa."

2. *How do you feel about being Black?*

   Pride and love were reoccurring themes in the respondents' answers, as most women expressed how they were proud to be Black or loved being Black. On the other hand, Ina in the college student group was ambivalent about her feelings of blackness. Ina said she had "no strong feelings either way" and was not "super, super into it," with Elise, another college student, agreeing with her. Although the college students were not as adamant about their feelings of being Black as the other participants, the students seemed to have strong feelings about the association they share with others in their racial group. Reoccurring words among the students' answers were "bond", "connection", and "community."

3. *What are your major health concerns?*

I asked the women "what are your major health concerns" as a way of posing a question with unaided recall of the word "obesity". Of the 12 respondents, seven said high blood pressure, four diabetes, three cancer, and two said obesity (with one saying "obesity, I guess"). Some of the respondents gave multiple answers. The women mentioned other health concerns such as high cholesterol, polycystic ovarian syndrome, and depression. The college students and single mothers referenced family members' experiences with a particular disease when answering this question. For instance, one woman referenced her father who has diabetes and another participant referenced her aunt who died of cancer when answering this particular question.

3a. Why do you believe these are your biggest health concerns?

Family medical history and problems within the Black community served as the overarching reasons for the participants' answers.

4. *How do you think your racial identity (i.e., connection to a particular racial group) influences your health* concerns?

The participants offered different answers to this question. A few women discussed the type of food eaten among Blacks and the way Black women are taught to cook. One participant said that Blacks celebrate everything, which meant eating a lot of food. The college students discussed the perceptions that Black women run bigger than women of other races and that the BMI was not created with Black women in mind. The single mothers perceived that Black women tolerate being overweight and their ideas of beauty are different from European women.

5. *Where would you turn for information about your major health concerns?*

Most women said they would turn to the Internet, with "doctor" as the second most popular answer. More specifically, nine women said the Internet, seven said doctor. I noticed that "Internet" and "doctor" were reoccurring answers throughout the focus groups. So, I asked in the fourth focus group which would the ladies turn to first. All of the women said Internet first and doctor second. Nicole, Alexis and Sharon agreed that they can educate themselves about their condition via Internet before going to the doctor. Additionally, the Internet allows them to save money in case they can find a cure for their symptoms via Internet for free versus paying a co-pay to visit the doctor. Other places women turned to were family, friends, community, sororities, a health fair, and Jesus.

Questions about Obesity

6. *Would you consider obesity as one of your major health concerns?*

Although two participants mentioned obesity as a health concern when asked about their general health concerns, nine of the 13 respondents said "yes" when asked specifically if "obesity is one of your major health concerns." One participant said she is "in denial at times" about her obesity.

7. *How do you define obesity?*

Most women rejected the notion of the BMI as a determinant of obesity. Four women believed obesity is tied to health issues (e.g., shortness of breath) from being overweight, and your quality of life. Ciara in the master degree group said that "anything over 175 pounds" is obese.

8. *As a Black woman, what are you feelings about obesity?*

The women gave a variety of answers to this question. The single mothers focused on accepting and loving yourself as you are. The master degreers focused on the BMI needing adjustments and how Black women's body structures are different. The college students talked about how obesity is viewed as a negative trait to have, and one of the church members said she does not believe her racial identity affects her feelings of obesity.

8a. *How often do think about obesity in a typical day?*

Most women said they think about obesity on a daily basis. Specific moments they think about obesity include when they are deciding on what to eat and when shopping for clothes. However, the women seemed to be answering this question in terms of weight loss, instead of obesity. For example, Rochelle in the college students group said she and a group of friend are all trying to lose weight. Tanya in the single mothers group answered this question and said she wants to be healthy and lose weight and wonders why she is not using her Pilates machine, but she does not think about obesity. For the third and fourth focus groups. I posed the question as such, "How often do you think about obesity in a typical day? If you think about it at all?" to ensure they understood I was talking about obesity. It seemed to work, as Ciara in group four answered, "I try to find healthy choices whenever I go, but I think about obesity a lot."

9. *Does your racial identity affect your perception of obesity?*

The majority of the women believed racial identity influenced their perceptions of obesity. Most of the women believed this based upon Black women's body structure and how it differs from White women. Also, the participants referenced

how they were taught while growing up that Black women's bodies run bigger, and that the Black community's definition and tolerance of obesity is different than the White community.

10. What messages have you seen in the media about obesity?

The women gave several answers to this question. For example, two women talked about obesity stories in the news. One story was about Department of Human Services taking a child from a home because of the child's obesity. Another news story was cameras zooming in on body parts while discussing obesity. Two women talked about Jennifer Hudson and the Weight Watchers commercial. One respondent mentioned Jenny Craig, another master degreer discussed Michelle Obama's anti-obesity campaign, and Whitney in the single mother's group said she "can't recall" seeing any mediated obesity messages.

10a. Can you describe the content?

I only posed this question to the first group, the college students because the other groups either described the content in question 10, or there was not enough obesity message recall among the women to ask this question. The college students veered off topic when answering this question. They began discussing Black celebrities before and after their weight loss. For instance, they talked about singer Luther Vandross, and actress/comedian Monique. Later, Hazel mentioned a commercial she encountered where a child was eating a plethora of food at McDonald's, which contributed to his obesity, and the mother sued McDonalds for it. I skipped questions 10 b, 10 c, and 10 d in the college group

focus group, because I felt there was not sufficient enough recall of obesity messages to warrant asking these three subsequent questions.

10b. What did they communicate to you?

I only posed this question to the master degreers. The other groups that encountered obesity messages already addressed this question previously in the discussion. The master degreers talked about the negative connotation attached to the mediated stories about obesity, obesity messages evoke fear, and how the media tend to look down on obese celebrities.

10c. Did you believe any of the messages?

I posed this question to the church members and master degree groups. Willow in the church members group said "yes" and nothing more. Ciara in the master degree group said she did not believe the messages because the media conveys the message that obese people as lazy, but sometimes obesity is associated with factors that are out of someone's control.

10d. *To what extent did the messages target you as a Black woman?*

I posed this question as well to the church members and master degree groups. Ciara, a master degree responded, "…I guess more healthy?", and Tameka and Brandy, two church members did not believe the messages targeted them as a Black women.

10 e. *To what extent do you think these messages targeted other women in the Black community?*

Since most women said they do not believe the messages targeted them as a black woman, I skipped this question. I inferred that if the

messages did not target the participants as a black woman, they did not target other black women.

PROBE: If they are not, how would you change the messages so that they are geared towards you and other women in the Black community?

The women believed that messages need to acknowledge Black women's experiences, and show the women on their journey to weight loss. I inadvertently omitted this question from the master degreer's discussion.

11. Do you feel that you can comply with one message more than the others?

The single mothers believed that all the weight loss messages are the same and they cannot comply with any of them. I did not pose the questions to the other focus group participants.

12. Does seeing these messages make you want to change any of your behaviors?

Tanya in the single mothers group said she was "already frustrated and discouraged" about her weight-loss attempts, and the messages did not make her want to change her behavior. The other women agreed that the messages were irrelevant.

13. Do you think your racial identity plays a factor in whether or not you seek information?

The only group that answered "yes" to this question was the college students. Rochelle said it plays a role when she is trying to decide what to eat and what weight is best for her body image. Later the group discussed how Black women are built differently and how they believe there is a systematic conspiracy

against Blacks to keep this particular group from being healthy. For example, Misty believed that healthy food is expensively priced to prevent Blacks from purchasing it. Furthermore, Rochelle believed that Blacks are being forced to move out of neighborhoods where whole food and organic food stores are being developed.

14. What do you think keeps others in the Black community from seeking information about obesity?

In response to this question, Brandy from the church members group stated that she has not encountered any messages that indicated obesity is a problem among Black women. Single mothers and master degreers varied in their answers. Black media's messages about bigger sizes are more acceptable, fear and low self-esteem as factors that may prevent other women from acquiring obesity information, Black women are more tolerable of heavier weight than women of other races, and a lack of time were answers women gave for this question. I inadvertently skipped this question in the college student group.

Questions about Weight Loss

15. When someone mentions weight loss, what comes to mind?

The college students sighed simultaneously when I asked this question. Responses from this group included "extra burden", "something extra I have to think about", and "the struggle." Single mothers had thoughts of "work", "giving up the stuff I love" "giving up sugar", "it's like, here we go", and "it's not positive". Two church members said they think "I have to lose weight" when someone mentions weight loss. Thoughts that emerged in the master degreers' minds are "it's a fight again", "motivated to do it and then lose the motivation" , "I'm tired of going

around in circles", and "how soon do I start to see some results?" Alexis in the master degreers group had the only positive response, stating that "Let's do it. Let's try it!" is the first thing that comes to her mind.

15a. PROBE: How do you think other Black women feel about weight loss?

Three reoccurring answers developed from the women's responses. The first answer focused on developing the will power for weight loss and it becoming a habit. The second answer focused on how other Black women probably think negative thoughts similar to the focus group participants. The third reoccurring answer was that not just Black women, but other women may have the same view that the process of weight loss is not positive but they are always thinking about their body image. Tanya, however, noted that Black women are "diverse as any other ethnic group" and their opinions and perspectives about weight loss are diverse as well.

16. How often does the subject of weight loss come up in your daily conversations between you and your family or friends?

Overall, participants discussed weight-loss everyday with family, friends, roommates and coworkers. Tanya in the single mothers group and Candace in the church members group said that weight loss is becoming a consistent topic of conversation as they become older, knowing their bodies are changing which contributes to their awareness of weight loss. College students mentioned that their mothers and grandmothers make a habit of pointing out when the students have lost or gained

weight. For instance, Rochelle said her mom gives her constant reminders of weight loss:

> …every time I see her, which is various times throughout the year, it's always, you know your shape would be way nicer if you lost weight. It's the subtle comments, she's like, you know, the gym up the street, now that you're 18, you can go there by yourself, and it's like little comments.

Hazel responded, "that's a mother thing, believe me."

Sharon of the master degreers said she consistently discusses it with her friends. She shared how most of her weight-loss conversations end up: "I've had these conversations with friends and then we kind of come to a stale mate and it's like ok girl let's go out to eat then. Let's have one last meal before we start."

17. How do you think your racial identity influences your weight?

The women were divided on this question. Participants in the college student group believed racial identity influences weight and frequently referred to the acceptable shape in the Black community, where curves and "thickness" are accepted and even encouraged. Elise said she is tall and skinny but her "racial identity is to be a little thicker, a little bigger" and "a little more voluptuous". One participant in the single mothers group did not believe racial identity influenced weight but another single mother disagreed. The church members believed it did not influence weight. Most of the master degreers believed it did influence their weight. Alexis of the master degreers explained how she perceived racial identity influencing Black women's weight: "How we eat, and physical activity we don't really care for cause of our hair." She later explained what she meant about the relationship between hair and physical activity

among Black women. She believes many Black women have this thought process: "As soon as I get my hair braided, then I'll start walking and then when you take the braids out, probably a good month, maybe, if we do that a month is good, and then you get that fresh perm you can't go out for at least two weeks and by then you know the habit is kicked and I'm just sitting on the couch again. So the physical activity I know for me is the hardest thing."

18. How do you feel about losing weight?

Participants gave a variation of answers to this question. I skipped this question in the first focus group, as I believed they gave sufficient enough answers in question 15 (*When someone mentions weight loss, what comes to mind?)* to answer this question.

In the second group, two women responded that they feel good about losing weight because they have recently lost weight. However, one single mother said she felt "discouraged" and "frustrated" because she has tried so many weight loss plans but to no avail. The church members gave a range of answers from wanting to find a fun way to lose weight, wanting weight loss to become a way of life, to wishing they learned to live a healthy lifestyle at a young age. Among the master degreers, one participant said her weight loss is tied to her emotional state while another participant, Ciara, said she has mixed emotions about weight loss because she feels motivated to lose weight but dislikes exercising.

19. *What messages have you seen in the media about weight loss?*

The answers ran the gamut from Jennifer Hudson, Janet Jackson, to Jenny Craig, Weight Watchers, Nutrisystem, P90X, Insanity, and Sensa. Jennifer Hudson and Jenny Craig were equally the most repeated answers among the groups. College students felt

inundated with messages as they responded "too many to name" and "it's everywhere." Tanya in the single mothers group discussed Jennifer Hudson's Weight Watchers commercial and how they perceived deception with the campaign. She said, "I don't know any people, that you know, who were overweight their whole lives and dropped down like this, and everything is perfect overnight. It just feels that way. Something about it feels fraudulent." Winona in the same group perceived the Nutrisystem campaign with Janet Jackson as ineffective because, to Winona, she did not see Janet Jackson as "obese or overweight." Willow in the church members group agreed with Winona's sentiments: "when you see that commercial [Tameka] was talking about, you be like fa real Janet? Janet has been thin for a minute, so that commercial has no weight." The master degreers perceived that mediated weight-loss messages conveyed the narrative that weight loss is easy and "effortless," and that "…you can't be happy unless you lose weight or if you're skinny."

19a. *Can you describe the content?*

The college students said the content focused on dull, unhappy, and unpleasant looking images in the pre-weight photos and post-weight loss images focused on happy people with hair done and makeup applied. Misty said, "They are always sad when they're like overweight, and then they're happy when they're in shape, and I feel like that's the opposite because when you're doing a diet you feel like you're dying. You're not happy at all." Tanya in the single mothers group said she receives correspondence from Weight Watchers and it focuses on healthy eating, reading labels and holistic things that women should do to eat healthy. Candace in the church members group described a commercial where the people

were “dancing and shaking” and the premise of the weight loss product was sprinkling a little salt on your food. Brandy talked about a P90X commercial and it being high intensity workout. Willow talked about a Weight Watchers commercial featuring Jennifer Hudson, and based on this particular campaign, she said, “They’re putting Weight Watchers centers inside of Black communities.” The master degreers focused on infomercials. Dana believed that messages show the “fattest [woman] they can find”, the woman uses the advertised weight loss product and then she becomes a “size two or a zero…” Ciara mentioned how the before images in weight loss infomercials are depressed, unhappy looking women but the after pictures show the woman looking happy with make up on and highlights in her hair. However, Ciara said even if you lost weight, you still have “the same problems at home, the same mouthy husband, the same no good kids, nothing changes.”

19b. What did they communicate to you?

I skipped this for the college students and master degree group because I felt they had sufficiently answered this question previously in the discussion (answers for 19 and 19a). Winona in the single mothers group believed the message is that if you are thin, then you are better and more accepted in the media. Brenda followed up with an example from a Tyra Banks show where people dressed up in fat suits, walked around the neighborhood, and found it to be really difficult for them. Tanya believed the messages convey that “you have choices” and can “empower yourself.” One of the participants in the church

members group believed the messages communicated that "there's a fast way to lose weight."

19c. *Did you believe any of the messages?*

Diane and Rochelle in the college students group said they believed the P90X and Insanity commercials because they are common sense plans where you work out 4-5 times a week and eat healthy meals. However, neither lady believed the messages about weight-loss pills. Winona in the single mothers group said she does not believe the message that "thin is in" and she believes that women should "love themselves." Tanya said she believes the messages about having choices and making healthy lifestyle decisions. In the church members group, Willow said she only believed the Weight Watchers messages. Tameka and Brandy did not believe the weight-loss messages they have encountered in the media. The participants were veering off subject a bit in the master degreers groups, so I reiterated the question by saying "thumbs up if you believe the messages and thumbs down if you don't believe them." One woman gave thumbs up and the other four gave thumbs down.

19 d. *To what extent did the messages target you as a Black woman?*

Misty in the college students group did not believe the messages. Elise said she only believes the Jennifer Hudson commercial. Then the students began discussing if there were any Black spokes models in the weight-loss mediated messages they have seen. Brenda in the same group said she believed the Jennifer Hudson weight-loss commercial for "Jenny Craig", stating that it was one of the "best marketing strategies." Leslie said she does not believe the

messages target her as a Black woman. Tameka in the church members group did not believe the messages either. Ciara and Dana believed the only message that communicators are trying to convey is green, or economic gain. Alexis said she believed the Weight Watchers message and considered the program when she saw the Jennifer Hudson Weight Watchers commercial. Ciara said she doubted if Jennifer Hudson lost weight solely from Weight Watchers and believed she may have had a personal chef and personal trainer, and further suggested she may have had weight-loss surgery.

19e. *To what extent do you think these messages targeted other women in the Black community?*

I only asked this for the college student group. The participants gave a consensus, non-verbal answer by shaking their heads "no." In groups two-four, I decided to take cues from the previous question. Since most of the women did not believe the messages targeted them as a Black women, then it would not target other Black women, hence my reasoning for skipping this question for the last three focus groups.

19ei. *If they are not, how would you change the messages so that they are geared more towards you and other Black women who are in the Black community?*

Although the women offered several answers to this question, the women mainly focused on three main themes. The first was using relatable people in weight loss messages, discussed in the college students group. Hazel said that current messages use celebrities that have a lot of money to spend towards weight-loss efforts, but

she would rather see someone who is "mediocre." Rochelle referenced Jared from Subway as an example of a campaign that showed a "regular" person that people can relate to who lost weight. The second theme was acknowledging Black women's experiences, discussed mainly in the single mother's group. Winona and Tanya talked about solutions that take into account their limited budgets, limited time, and as Tanya said, Black women have "different stresses in their lives." The third theme is to show the process of weight loss, discussed mainly among the master degreers. Sharon said it would build trust if the messages showed the weight-loss process from start to finish. Ciara further mentioned that messages need to convey that weight-loss is not a "quick fix" and messages need to incorporate the sacrifice and patience that comes along with the weight loss process. Along these lines, a college student said she wants to see the "blood, sweat, and tears" that accompanies the weight loss process.

I did not ask this question to the church members because I did not feel it was applicable at the time since the respondent who answered question 19d. said the messages targeted not just Black women, but all women trying to lose weight.

20. Do you feel that you can comply with one message more than the others?

Elise said she could comply with messages that are geared more towards living a healthy lifestyle rather than simply weight loss. Two women in the single

mothers group believed that they cannot comply with one more than the other because the diet and weight loss messages are all the same. Willow in the church members group said she can comply with Weight Watchers message because if she does it, then "it works." Ciara, a master degreer, also agreed that she probably could comply with Weight Watchers' message because "they use real food. They use what you have at home." Dana, another master degreer, said that she needs messages that show a process and she needs to "see the process."

21. *Does seeing these messages make you want to change any of your behaviors? If so, what behaviors?*

    The messages make them want to change their behaviors in the college student group, but Ina asked "will I" change my behavior? She further said she wants to lose weight but needs the motivation to actually do it. Tanya, a single mother said the messages are nothing new and do not influence her to change her behavior. Winona said the messages are "good messages" but she wants to be healthy. Gray, a church member, said the messages do not encourage her to change her behaviors. The master degreers gave me a non-verbal answer by nodding their heads "yes" in response to this question. Sharon then said the messages are "very motivating" when first viewing it and she may start out with good intensions, but then barriers arise, such as her hair, lack of variety in the weight loss routine or getting bored with the process. "It's just easy to revert back to what you've always known" she concluded.

22. What about your racial identity keeps you from losing weight?

College students Rochelle and Elise believed the "fuller figure" desired in the Black community keeps them from losing weight. Single mother Tanya believed the different things competing for her time and resources as a Black woman keeps her from losing weight. Winona believed on one hand, no, her racial identity did not influence her weight loss, but on the other hand, it did because of the habits she grew up with in her racial group such as soul food and female family members who are "thick," so finds it acceptable to be thick as well. Church members simultaneously answered "no" to this question. In other words, they perceived that nothing about their racial identity kept them from losing weight. Ciara in the master degree group said "a lot of people in the African American culture, they like thickness." She referenced the lyrics "please don't lose that butt" from a Black rapper named Sir Mix A Lot. She further said that Black men like "cushion for the pushin.'" Alexis agreed and added "not even a dog wants a bone" and that Black women's curves are "something for him to hold on to."

23. What would keep you from seeking information about losing weight?

College student Rochelle said information overload keeps her from seeking further information. The amount of time she spends talking about it with others is constant, so seeking more information would be an overload for her. In the single mother's group, Brenda said nothing would keep her from seeking information. However, Winona said she first thought she would fail at weight loss so it stopped her from seeking information. However, she has now been successful at weight loss. Church members said only you would stop yourself

from seeking information. Master degreers perceived no barriers would keep them from seeking weight loss information.

23a. How does racial identity play a factor in you not seeking information?

I did not ask this question as I felt it was irrelevant based on the answers from question 23.

24. What do you think keeps others in the Black community from seeking information about weight loss?

College students overall said that other Black women may be set in their ways, do not care about losing weight, and that Black women take cues from other family members, and if other family members are overweight, then they would believe it is ok to be overweight, which would deter them from seeking weight loss information. Whitney and Tanya in the single mothers group said self-esteem may keep other women from seeking information. Tanya further explained that what others tell them, wanting to please their man, and other messages received from those close to them may serve as barriers for other Black women. Later, Winona and Tanya talked about fear of failure may also prevent others from seeking weight loss information. Church member Tameka said other Black women may think they do not need to lose weight or may be ashamed to seek information because of the negative stigma attached to weight loss. Master degreers responded with lack of access to resources such as Internet, finances and safe neighborhoods, lack of knowledge, and lack of time outside of work. Sharon and Dana then talked about finding ways for companies

to encourage weight loss through subsidized wellness programs. Alexis then asked "but would we use it?" Sharon answered, "with an incentive" followed by participants' laughter.

Questions about Improving Obesity and Weight Loss Campaigns

25. *If you could change the way you and other Black women receive information about obesity & weight loss, what would you change?*

    The college students need more Black non-celebrity women in the media with empowering messages and showing how other Black women can lose weight with the resources available to them. Single mothers suggested more cultural messages on television as well as face-to-face communication in support groups, specifically with accountability partners. Brandy in the church members group said there needs to be more Black women delivering obesity and weight loss messages. The master degreers want to see more Black non-celebrity females to which they can relate. Sharon said she wants to see the "average" Black woman in the messages, a woman who is "working", "raising her family" and has her "plate full" but still showing that she can improve her health and her family's health as well.

26. *If you could design your own weight-loss campaign, what would it look like?*

    College student Rochelle reiterated answers from question 25, stating that she would like a Black woman that is "regular", relatable, have experience with weight loss and empower other Black women to lose weight. Rochelle also stated that she would design a campaign that showed different family structures losing weight (e.g., single mothers, husband and wives, etc.). Single mothers

gave a myriad of answers, which included free weight loss solutions, showing "real life" people losing weight and who are successful at it, having body images that are more relevant to Black women's shape instead of "stick figures." Other answers included transparency about weight loss challenges and implementing support groups. Brandy said she would raise the level of awareness of Black women and the obesity epidemic because she is not aware of the problem. She suggested going to communities and talking about the issue as well as including more Black women in the messages. The master degreers offered various answers as well. Dana would include messages that made her feel accepted. She also wants to see more Black females that look like her. Alexis wants messages that stress the point that "you're ok big but we want to do better" and living a healthy lifestyle. Ciara agreed and added that her campaign would focus on being healthy rather than just weight loss. She also wants a holistic campaign that focuses on physical, mental and spiritual health.

27. *If you could design a weight-loss campaign for Black women who are connected to the Black community, what would it look like?*

College students' campaign would include emphasis on a healthy lifestyle and showing realistic body structures for Black women, as well as showing how to lose weight in problem areas such as the stomach and the back. Single mothers' campaigns for other Black women would include messages that incorporated support groups, messages delivered via digital media, use empowering transparent messages, and that provide a wealth of information to help other Black women reach their weight-loss goals. Church member Willow would

incorporate “real women” with “real issues” and have “real struggles with body image or with weight loss…” Brandy would find ways to raise awareness by wearing a particular color similar to wearing pink for breast cancer and wearing red for heart disease. She would also provide information such as pamphlets to women about obesity and weight loss. Candace and Willow later discussed that they would like to see real, compelling stories, real menus that used ingredients that the women can afford, and suggest fun ways of losing weight, such as dancing and Zumba. I inadvertently skipped this question for the master degreers.

28. *How well does that capture what was discussed today?*

    I asked question 28 after I gave a short oral summary of common themes, key phrases, and acknowledged various points of view to ensure I accurately captured the women’s discussion.

29. *I am trying to encourage communicators to use relevant messages to help encourage Black women to lose weight and live healthy lives. What suggestions do you have for them?*

College student Misty said she would have a curvy animated woman in her message with the caption “shake whatcha mamma gave you.” Pink would include messages that would offer solutions to women who are trying to quit smoking and lose weight. I asked question 29 in a slightly different way to the single mothers group because it was linked to an earlier discussion in the focus group. I asked: “What are some key phrases and messages that would get you to, not listen to the message, but adhere to it?” Winona said messages that focus on being healthy versus obesity and weight loss messages

would get her to pay attention. Tanya suggests messages that are tied to "disease modification." For instance, how to prevent diabetes or hypertension would be attention-grabbing messages for her. Brenda said shock factors would work for her. I did not pose this question to the church members. Before I could ask this question, church member Willow asked the group a question, wanting to know why no one believes that Jennifer Hudson lost her weight solely through Weight Watchers. The women then engaged in a lengthy discussion in response to Willow's question. Thus, I omitted this question from the church members group. I also omitted this question for the master degree group. Dana added an additional comment after I presented an oral summary, and based on answers from question 28 and Dana's final comment, I decided I had sufficient information and decided not to pose this question.

CHAPTER FIVE: Coding Revelations

In chapter four, I provided a summary of answers to all 44 focus group questions. In doing so, I incorporated quotes from focus group participants to amplify the summary of answers provided. Chapter four represented results from the pre-coding analysis I conducted before I began my first-level coding. Overall, I learned from the pre-coding analysis that my participants are proud of their racial identity, but in many instances, it affects their perceptions of weight loss and motivation to lose weight. Additionally, media messages did not appear to incite them to seek more weight-loss information and ultimately lose weight. The pre-coding analysis also painted the picture that Black women are not fond of mediated messages, as they generally promote the white ideal body type, which does not resonate with my participants.

In this chapter, I will discuss the steps I took to code and analyze my data to eventually create five themes. Throughout my discussion, I will explain what I learned through each step of coding and analysis. After the pre-coding analysis, I started with first-level coding, then second-level coding (two-part process), and finally created themes (two-part process). The next section will describe my coding analysis in greater detail.

First-Level Coding

For first-level coding, I reviewed 186 transcribed pages from all four groups and extracted (or coded) key words or phrases from the participants' answers that seemed to represent the totality of the answer. Table 1 is an example of my first level coding for all focus groups. In all, I coded 674 key words or phrases.

Table 1. Example of keywords/phrases I coded for the first question during First Level Coding

FOCUS GROUP 1-COLLEGE STUDENTS	**Words or Key phrases I coded for level-one coding from focus group 1 (college students)**
My Question Do you feel like being Black is central to your identity?	
Participant's Answer Me, myself, I'm proud to be Black. There's a lot going on with Black people, and as far as obesity is going to be the discussion. I lose weight just cutting back. I'm proud to be Black, always have been.	Proud to be Black A lot going on with Black people Lose weight just cutting back. Proud to be Black
FOCUS GROUP 2-SINGLE MOTHERS	**Words or Key phrases I coded for level-one coding from focus group 2 (single mothers)**
My Question Do you feel like being black is central to your identity? Anyone may start the discussion.	
Participant's Answer for me, it is very important, and a lot of that has to do with me growing up in a racially diverse community. And growing up in parochial schools, I think there was a yearning for a lot of black kids to know what it was like, just to have a difference experience to go to all black schools, you know, to know what was different. Then I went to Booker T in High school. For me, that was a huge culture shock. It was as different as going to a predominately white school to a predominately black; it was a huge culture shock. And just my experience. And ultimately graduating from an HBCU, um, even though I attended a lot of different other higher education institutions. And for me, that really gave me a sense of who I was. It really grounded my identity and answered	Very important Grounded my identity Filled a lot of voids

a lot of questions and filled a lot of voids, but for that experience, I don't know that, um, the black experience would as important to me, and I would value it as much.	
FOCUS GROUP 3-CHURCH MEMBERS **My Question** Now, do you feel like being black is part of who you are, being central to your identity? **Participant's Answer** Oh, yeah. Yes.	**Words or Key phrases I coded for level-one coding for focus group 3 (church members)** Yes
FOCUS GROUP 4-MASTER DEGREERS **My Question** Do you feel like being black is central to your identity? **Participant's Answer** Yes, I do believe that being black is central to my identity, mostly because I think that you have to know who you are in order to know where you're going and to be able to make contributions to others.	**Words or Key phrases I coded for level-one coding for focus group 4 (master degreers)** Yes You have to know who you are in order to know where you're going

In first-level coding, I pulled keywords from each focus group transcript, which gave me an opportunity to compare answers and see what patterns emerged from each group. This allowed me to create a mental profile of the group based on reoccurring words and patterns from their answers. For the college students, the community aspect of their racial identity appeared to be significant in their lives. Also, looking good, having the

desired shape that is acceptable in the Black community, and feeling good were generally their measurement tools to gauge whether or not they decided if they should lose weight. The single mother's group seemed to focus on psychological factors of the subject of weight-loss, and also focus on family. Their measurement to gauge whether or not they needed to lose weight appeared to start with an introspective look at themselves to ensure they were loving themselves for who they are, and then deciding to lose weight to live a healthier life and not so much to please others, but because of a personal goal. Whereas the college students talked about physical traits of weight loss, the single mothers' group seemed to talk about more internal factors such as fear, stress and self-esteem as barriers to weight loss. On the other hand, the church members' seemed to take more personal responsibility for their actions. Furthermore, they did not seem to attribute obesity and weight-loss perceptions to racial identity as much as the previous focus group participants. For example, they answered "no" when asked if their racial identity would keep them from seeking obesity or weight-loss information, and answered "yourself" when asked what would keep them from seeking obesity and weight loss information. The master degreers seemed to make more specific racial references when talking about how racial identity affects their perceptions of obesity and weight loss. For instance, they mentioned a Black rapper's song, Black men wanting "meat" on their woman's bones, and hairstyles when discussing racial identity and weight loss.

Second-Level Coding

My second-level coding was a two-part process. First, I cut and pasted all 674 keywords from first-level coding into one document. From the list of 674

keywords/phrases, I went down the list, and started grouping similarly coded data together. For instance, I grouped phrases that focused on positive perceptions of racial identity (e.g., proud to be Black, I love being Black) together, and grouped negative phrases about racial identity (e.g., I hate where we are as a community right now, we're worse off now) together. Table 2 is an example of step 1 in my second-level coding. I created a total of 129 groups of associated keywords and phrases.

Table 2. Example of step 1 in Second-Level Coding for keywords/phrases associated with participants' positive and negative opinions of their racial identity.

Keywords/phrases I grouped together associated with positive feelings about racial identity
Proud to be Black I like being Black I love being black Black is beautiful, it's awesome Proud of being Black
Keywords/phrases I grouped together associated with negative feelings about racial identity
Hate where we are as a community right now *2. We're worse off now We're just disadvantaged right now
*The number "2" means this particular phrase was extracted from an answer in response to question number 2 (How do you feel about being Black?).

Next, I started part two of my second-level coding. I reviewed the 129 groups of associated keywords and phrases, and begin merging groups together that were conceptually similar to each other and developed conceptual categories. For instance, I took the group of keywords/phrases that talked about participants' perception of racial identity in a *positive* manner (Table 2) and keywords/phrases that talked about participants' perception of their racial identity in a *negative* manner (Table 2) and merged them into one category and labeled it "Racial Identity" since both group of words were referring to the participants racial identity (see Table 3). I created a total of 21 conceptual categories.

Table 3. Example of two groups from table 2 (step 1 in 2nd level coding) merged into one conceptual group and labeled "Racial Identity" (step 2 in second level coding).

Conceptual Category: Racial Identity
Proud to be Black
I like being Black
I love being black
Black is beautiful, it's awesome
Proud of being Black
Hate where we are as a community right now
We're worse off now
We're just disadvantaged right now

After arranging all keywords/phrases into conceptual categories, I reviewed the conceptual categories again to ensure that all key phrases were in the best-fit category, rearranging keywords in different categories, and creating sub categories if needed. For example, I took the "Racial Identity" category and divided it into sub-categories of "racial pride" and "racial dissatisfaction" (see Table 4). The sub-category labels helped

give description to the keywords/phrases underneath each conceptual category. I developed a total of 21 conceptual categories and 45 sub categories in all.

Table 4. Example of dividing the conceptual category "Racial Identity" into sub categories (step 2 in second level coding).

Conceptual Category: Racial Identity **Sub-Category: Racial Pride** Proud to be Black I like being Black I love being black Black is beautiful, it's awesome Proud of being Black **Sub-Category: Racial dissatisfaction** Hate where we are as a community right now We're worse off now We're just disadvantaged right now	

There are two emerging patterns that appeared salient to me as I completed both steps in my second-level coding, patterns which I had not detected in previous coding steps. First I recognized that obesity is not generally a recognized word in the Black community, based on the women's answers. The women talked more in terms of body images (e.g., thick, curvy) and number.

Secondly, I recognized the negative thoughts that the weight loss process evokes for the women. Keywords/phrases such as struggle, a fight, and here we go again were words that came to women's mind when they thought about weight loss.

Creating Themes

Creating themes from my 21 conceptual categories was the final step in analyzing my focus group data. I examined the 21 conceptual categories (and 45 descriptive sub-categories) to see if I could connect the categories and create a narrative

about Black women and obesity-related messages. After a thorough analysis, I noticed the data painted the following picture: My participants overall feel a connection to their racial group, and within this group are common diseases that are prevalent among family members, such as high blood pressure, diabetes and cancer. There also seemed to be shared beliefs in the Black community about the body mass index (BMI) and body image. They do not believe the BMI is culturally relevant to Black women, and in lieu of the BMI, have developed their own perceptions of what constitutes overweight and obesity body images. They believe that shapely curves and full figures are desired in the Black community. The participants are aware of their need to lose weight and live a healthy lifestyle, and they have sought weight-loss information and continue to discuss it on a regular basis with others. As they seek information, they are also exposed to a barrage of media messages about weight loss. The women perceive that the mediated messages overall are painting a picture that thinness enhances their inner and outer beauty, which conflicts with their racial group's shared beliefs that curves and "thickness" are acceptable and desirable. Thus, the women are skeptical of mediated weight-loss messages because the messages are incongruent with their racial group's beliefs. The women also believe the messages are irrelevant because they rarely see Black female images and rarely see women with lifestyles, budgets, and body images that are representative of the participants. It is here where public relations practitioners and health communication planners are missing the mark and need to develop messages that address cultural values and practices when creating obesity and weight loss campaigns.

I arranged the 21 conceptual categories outlining this narrative as the first step in creating themes. Table 5 shows an example of the first three conceptual categories that follow the narrative I developed from the data.

Table 5. Example of 21 conceptual Categories from 2nd level coding placed in order of the narrative of the data (1st step in creating themes)

Conceptual Categories in Thematic Order
Conceptual Category: RACIAL IDENTITY
Sub-Category: Racial Pride
Proud to be Black
I like being Black
I love being black
Black is beautiful, it's awesome
Proud of being Black
Conceptual Category: DISEASE
Sub-Category: Family and Disease
Every family member I have has high blood pressure. It's kinda like a ticking time bomb
High blood pressure, diabetes, and I guess, obesity. Cuz all three, and cancer, all three are in my family.
high blood pressure, high cholesterol and breast cancer are on both sides of my family.
A lot of obesity in my family
Diabetes. My dad had diabetes
A lot of overweight family members
Overweight family members
Cancer, high blood pressure, or diabetes
Runs, you know, in your family
Conceptual Category: BODY IMAGE
Sub-Category: Justification of Body Image

We are tolerable of being overweight
Some of our ideas of beauty
Our culture
Our definition of obesity
Body structure is different
Our scale is different
Black people are built totally different
we are shaped differently.
black people are built different
Black people just run bigger.
I think if you're a little bigger in the black community, you may not be obese, you'd be thick
Little thicker, a little bigger
Figure that's most desired
Fuller figure

I then completed part two of my analysis in creating themes. I looked at the 21 conceptual categories and divided them into segments that corresponded to the narrative which emerged from the women's answers. For example, I noticed the seven conceptual categories of "racial identity," "disease," "body image description," "justification of body image," "BMI standards," "self-definition of obesity," and "self-acceptance" focused on racial identity, specifically, how particular diseases persist in the participants' community and how body image perceptions are constructed based on shared meanings in the Black community. From there, I decided to group these seven categories together. Next, I analyzed the seven conceptual categories to look for commonalities among the coded data, and finally developed the theme "Racial Kinship" (see Table 6).

Table 6. Example of collapsing seven conceptual categories of "racial identity," "disease," "body image description," "justification of body image," "BMI standards," "self-definition of obesity," and "self-acceptance" into a theme entitled "Racial Kinship."

Conceptual Category: RACIAL IDENTITY	**THEME:** Racial Kinship"
Sub-Category: Racial Pride Proud to be Black I like being Black I love being black Black is beautiful, it's awesome Proud of being Black **Sub-Category: Racial dissatisfaction** Hate where we are as a community right now We're worse off now We're just disadvantaged right now **Conceptual Category: DISEASE** **Sub-category: Family and Disease** Every family member I have has high blood pressure. It's kinda like a ticking time bomb High blood pressure, diabetes, and I guess, obesity. Cuz all three, and cancer, all three are in my family. high blood pressure, high cholesterol and breast cancer are on both sides of my family. A lot of obesity in my family Diabetes. My dad had diabetes A lot of overweight family members Overweight family members Cancer, high blood pressure, or diabetes Runs, you know, in your family mental health Depression. More mental just like, my mom and aunt and grandma, they are overweight	

Conceptual Category: BODY IMAGE **Sub-Category: Justification of Body Image** We are tolerable of being overweight Some of our ideas of beauty Our culture Our definition of obesity Body structure is different Our scale is different Black people are built totally different we are shaped differently. black people are built different Black people just run bigger. I think if you're a little bigger in the black community, you may not be obese, you'd be thick Little thicker, a little bigger Figure that's most desired Fuller figure	

In total, I developed five themes:

- Racial Kinship
- Weight-Loss Dissonance
- Information Seeking and Processing
- Message Skepticism
- Racially Resonant Message

The next chapter will give a detailed account of each theme.

CHAPTER SIX: From Coding to Conceptual Themes

For this study, I collected data in the form of a survey and focus groups from 21 participants. I analyzed the data and developed 674 keyword and phrases, 129 groups of associated keywords, 21 conceptual categories (see Table 1), and 45-sub categories.

Table 1. 21 conceptual categories I developed from second-level coding.

- Racial identity
- Self-acceptance
- Disease
- Body image description
- Justification of body image
- BMI Standards
- Self-definition of obesity
- Negative obesity stigma
- Self-recognition of weight loss needed
- Frequency of weight loss discussion
- Positive reinforcement from family
- How to lose weight
- Barriers to weight loss
- Health information sources
- Weight-loss message frequency
- Recognition of mediated solutions/information
- Mass media messages
- Interpretation of mediated messages
- Skepticism of mediated messages
- Credible weight loss messages
- Advice on creating weight loss messages

After reviewing the 21 conceptual categories, and carefully analyzing the data, I realized that the information told a story in the following way:

- Black women are connected to their racial group on many levels.
- They know they should lose weight and desire to do so.
- They frequently discuss the subject with important others in their lives.
- Despite their desire to lose weight and discussions of weight loss, they perceive internal and external barriers that inhibit them from losing weight.

- They encounter many weight-loss messages from the mass media. However, these messages often conflict with normative beliefs in their racial community.

- The messages fail to resonate with the women, as they are unrealistic to the participants' lifestyles and do not address barriers they face when losing weight.

- The women suggest that obesity and weight-loss messages focus more on similar characteristics that are racially relevant to them.

Based on this narrative and my conceptual, I developed five themes (see Table 2).

Table 2. Five themes along with the corresponding conceptual categories from which I created the themes.

Five Themes

1. **Racial Kinship**
   (conceptual categories: racial identity, disease, body image description, justification of body image, BMI standards, self-definition of obesity, self-acceptance)

2. **Weight-Loss Dissonance**
   (conceptual categories: negative obesity stigma, self-recognition of weight-loss needed, frequency of weight loss discussion, positive reinforcement from family, how to lose weight, barriers to weight loss)

3. **Information Seeking and Processing**
   (conceptual categories: health information sources, weight-loss message frequency, recognition of mediated solutions/information, mass media messages)

4. **Message Skepticism**
   (conceptual categories: interpretation of mediated messages, skepticism of mediated messages)

5. **Racially Resonant Messages**
   (conceptual categories: credible messages, advice on creating weight loss messages)

In this chapter, I will discuss each theme in detail the data that contribute to the construction of the themes, and quotes to exemplify the theme.

Racial Kinship

To develop this theme, I grouped seven conceptual categories together:

- racial identity
- disease
- body image description
- justification of body image
- BMI standards
- self-definition of obesity
- self acceptance

Next, I looked for commonalities among the seven conceptual categories and developed the theme "Racial Kinship." The conceptual categories for this theme focused on shared meanings and commonalities within their racial group. For example, they discussed how there are prevalent diseases among Blacks (e.g., heart disease, diabetes and high blood pressure).

Throughout the focus groups, many of the participants discussed their self-acceptance of and appreciation for their racial identity. The single mothers, church members and master degreers were emphatic about their positive feelings of being Black. Whitney and Winona in the single mother's group said they "love" being Black. Tanya in the single mother's group expressed that being Black is central to her identity, especially because she grew up in a school with little racial diversity. Brandy from the church members perceived that society places too much emphasis on race: "My personal opinion is that the world has made color, um, more apart of who we are versus ourselves…I think that people are people." Ciara and Nicole from the master degreers

were proud to be Black and believed that their racial group is a "unique group of people." Ciara then added, "Black is who I am; Black speaks loud."

Although the college students were not as adamant about their feelings of being Black (e.g., "There is nothing I dislike about being Black") as the other participants, the students seemed to have strong feelings about the association they share with others in their racial group. Reoccurring words among the students were "bond", "connection", and "community." The college students found this connection to other Blacks most prevalent when relocating from their hometowns to Oklahoma to attend college. Ina said that a bond exists between Black people. Rochelle followed up and said:

> I like being Black. I feel like, like [Ina] said, it's the bond that you have, you already know, it's like certain inside things that Black people have and you don't even realize you have. I moved from DC to here, to Norman, not saying that Black people are all the same, but it was still a culture, like, I had a group of people that I could identify with, having all grown up in totally different ways, city life or country life, doesn't matter, like, I was still able to bond with the Black people here.

Overall, the women expressed racial pride. They understood their racial identity in terms of overcoming struggles, accomplishing victories, and achieving great feats.

The women also discussed their thoughts of obesity. Overall, they believed the Body Mass Index (BMI) was an irrelevant standard to determine obesity levels for Black women. College student Diane said as a 7th grader, her mother told her "white people make those charts" when she questioned her mother about the BMI. Similarly, Sharon, a master degreer said, "I feel like the BMI is based on European Americans and

we're just different." Throughout the obesity discussions, it appeared that the participants generally did not incorporate the words "obese" and "obesity" when talking about weight among themselves or when discussing weight with family members and friends. Instead, they made meaning of obesity and their need to lose weight within the frameworks of internal feelings and numbers. They talked in terms of "looking good", "feeling good", and a particular number to gauge whether or not they needed to lose weight. "It's in all in how you feel, what you think you think you look good in," Hazel said in the college student group. College student Rochelle agreed and said according to the BMI she is overweight, but "I feel like I look good." College students also focused on how they fit in their clothes as a determinant for weight loss. For instance, Diane said she does not have an "ideal weight" or "number", but instead she goes by how she looks in her clothes.

In addition, many of the participants defined obesity or their recognition that weight loss in needed, generally in terms of numbers. The college students' answers included "anything bigger than [size] 12", any clothing article "higher than a size 12", and "double digits." Ciara in the master degree group defined obesity as "abnormally large" or "anything outside of 175 pounds."

The women also talked about reasons why they do not accept BMI and why Black women are more acceptable of fuller figures than White women. Three overarching answers emerged: Black women are more tolerable of larger body sizes, Black women have bigger body frames than White women, and Black women are built different. Tanya in the single mothers group said that Black women "tolerate being overweight more so, we're more accepting of that than other races." She further

mentioned that "our perception of obesity" is different and "how we measure obesity is different." Ciara in the master degree group echoed Tanya's sentiments and said, "our body structure is different than other races." college student Diane said that "Black people just run bigger" while college student Elise tied her shape to her racial identity: "my racial identity is to be a little thicker, a little bigger, and for me, it's try to gain to be a little more voluptuous." Furthermore, Elise said: "…I think with white people, they're views are different than ours. I think if you're a little bigger in the black community, you may not be obese, you'd be thick. You don't get [to] that obesity level as quick as a white person would…"

Additionally, the women talked about external reasons why Black women have bigger body sizes than White women. They discussed it within the framework of attractiveness to the opposite sex. College student Diane said, "…it's ok to run bigger and be shaped like this, because that's what our men like, you know, like black men like meat and curves, and, I don't know, it's just, it just works out for us." She further went on to say, "African men like thick women. They don't like their women little and thin and you don't have anything to hold on to…" Ciara, a master degreer said, "A lot of people in the African American culture, they like thickness. No man, well, I guess I don't speak for all men when I say, they don't want a frail body. They like a little cushion for the pushin'. Alexis followed up and said, "My granddad would say not even a dog wants a bone."

Additionally, the women associated obesity with health-related weight problems. College student Misty felt it was not a "big deal" to be overweight; it only becomes a problem when "it starts to complicate your health…"... Tanya in the single

mothers group said in addition to health issues, there is an amalgamation of factors to consider:

> To me it's a quality of life consideration; to me it has to do with how you wear your weight, cuz you can be thick and you can be toned and fit, and we know there's a difference between the fat that we carry in our mid-section, our visceral fat, as opposed to you know, our hips and thighs. They don't have the same level of toxicity. So, it's hard for me, I'm like you, to just look at a BMI chart and say just because of a certain weight at certain number and height, that an individual is obese. I think you need to look beyond that, more like what you're saying, with activity levels and how well you're able to, you know, your health, how's your blood pressure, how's this collective consideration of things.

The participants talked about the shared meaning for body sizes within their racial group, expressing the idea that curves and "thickness" are acceptable and desirable in the Black community, and rejected thin body frames. Misty in the college student group said, she lost weight and dropped to size four, "but in my head, I'm like, a 4, ewww, that's like skinny." Ciara in the master degree group said "a lot of people in the African American culture, they like thickness." Alexis agreed and added that Black women's curves are "something for him to hold on to."

Aside from their self-definition of obesity and different terms used for body sizes, most of the women said obesity is a health concern, with Master degreer Sharon said she is in "denial at times."

Overall, the women believed that their racial identity is attached to shared language and meanings associated with elements of racial pride, diseases, obesity, the BMI and body size.

Weight-Loss Dissonance

The following conceptual categories encompassed the "weight loss dissonance" theme:

- negative obesity stigma
- self-recognition of weight loss needed
- frequency of weight loss discussion
- positive reinforcement from family
- how to lose weight
- barriers to weight loss

The women believed that despite their general rejection of the BMI standard and the negative stigma attached to obesity, they understand that they are overweight and need to lose weight. Elise said her family has always stressed to her that being Black and a woman are already two negative identities in society's eyes, but obesity is "that third kind of negative look on you" that she needed to avoid. Single mother Brenda felt that outsiders may equate obesity with Black women's thick and curvy body sizes, which is not a problem in her eyes. However, "morbid obesity" is when a body size is viewed as negative. To avoid the negative stigma of obesity, avoid the health problems associated with obesity and overall live a healthier life, the women discussed weight loss with others on a frequent basis. Dana, a master degreer said she talks about it "all the time." Other participants said they talked about it "daily", "a lot", and "consistently." College student Ina said she and her roommate talk about it "everyday". The college students went further on to say that family members usually give constant reminders of the students' weight. Dana said her grandmother had something to say when Dana would

gain weight: “I’d go over my granny’s house, she would be like, eww, granny’s baby getting a little bigger, she would like pinch my stomach and stuff.”

The participants overall believed they need and want to lose weight, and even offered solutions to the problem. Ten comments emerged about being more healthy and living a healthy lifestyle in order to lose weight. Hazel in the college group suggested to her other focus group participants that they could “ride a bike”, “walk”, and “boil, bake, grill or steam” food instead of frying it” as weight-loss solutions. Single mother Brenda said she is starting a boot camp to lose weight and improve her health. Someone (name is inaudible on the tape recording) in the church members group mentioned skating as a fun weight-loss activity. Master degreer Ciara and church member Willow both mentioned Zumba as a fun option to help lose weight.

The women offered possible solutions to their weight loss problem but also mentioned several constraints that impeded their information seeking and weight-loss efforts. The women mentioned over 50 barriers, and most of them appeared to fall into four categories: internal, external, racial and mediated barriers.

Internal barriers

“Lack of will power” and “struggle” were frequent answers participants gave when talking about the weight-loss process. Whitney and Tanya in the single mothers group believed low self-esteem was a reason Black women fail to seek weight loss information. Tanya further explained, “...if somebody is telling you , you don’t need to lose weight, and then your self esteem is low to begin with, then you’re probably not going to be inclined to empower yourself.” She further explained, “I think some of us

are a little fearful, and a little, um, intimidated and insecure about whether we can accomplish our goals. Agreeing with Tanya, Winona added:

> It's just like I said before, just the fear and just the, I'm not saying, for me, I don't like to fail, like failure's not an option to me. So, anything I think I can't conquer, or that I can't do, I don't want to do it. I just rather stay fat because I'm good at doing that. That's what I can do. I'm content with that, then try and go out and do something that I think I'm going to fail at doing this.

Dana, a master degreer, said the following comes to mind when thinking about weight loss, "Not again, It's a fight again." In the same group, Ciara said she was tired of "going around in circles," and Sharon wanted to know how soon she would see results and how long can she "keep this up" relative to the weight loss process. Other internal barriers mentioned are that Black women "don't care," they are "set in their ways," they "have no desire for new knowledge", they "don't think they need it," they are "comfortable in their skin," they do not believe there is "a weight loss issue," they do not see themselves as "obese", they "don't see it as a health concern" or they are "ashamed" to seek information because of the negative stigma attached to obesity.

External barriers

Participants mentioned a range of external barriers, from lack of time to hair issues. Hazel in the college student group expressed her desire to lose weight on her own time and does not want someone to "throw it on me." Church member Willow believed that women fail to take the time to be healthy, with two other participants agreeing with her comment. Alexis in the master degree group believed that hair maintenance served as a barrier to weight loss for Black women. She believed that

"fresh perms" or the chemical that straightens Black women's hair, prevented Black women from exercising for "at least two weeks" but by that time, Alexis believed the motivation leaves and women end up in their old habits again.

Racial barriers

Food and cooking techniques are two barriers women mentioned how their racial identity served as barriers to weight loss. Church member Willow explained:

> I mean because of how you know, you're taught to cook, how you, you know what I mean, with all the oil, all the grease, and all the butter, and all the sugar. So um you know, it does influence you, because they were only doing what they were taught…it influences how you eat today.

Master degreers Alexis and Sharon discussed their thoughts about the subject. Alexis said, "You do celebrate and you do cook and you do use it for comfort," and she believed this plays a big role when it comes to Black women and weight loss. Sharon also believed that Black women use food as a comfort mechanism:

> I think that growing up even though we may have been heavier than we should have according to medical guidelines or some of our counterparts I think we were taught you are just big boned or you'll grow out of it so it seemed to be a little more acceptable and of course if you had kind of sad feelings towards it then food would usually be provided as a comfort to help you through the situation.

In the same group, Ciara agreed with Alexis when discussing food as celebratory mechanism in her racial group, which contributed to weight loss barriers: "Being African American and growing up in a family that celebrates for everything like after

church you go out to eat, birthdays you're eating, funerals…we're over eating. College students Rochelle, Misty, Ina and Elise perceived systematic oppression contributed to Black women's barriers to losing weight. Misty said," I feel like it's a conspiracy against Black people, like obesity, because healthy food is so expensive, and being healthy, of course, you know, well, to lose weight, of course you can workout but it's all about what you put in your body." Rochelle agreed with Misty; Ina then added, "That really is sad, cuz it's almost saying that Black people can't be healthy." "They don't want us to be healthy," Elise concluded.

Mediated Barriers

Many of the women discussed messages in the mass media that failed to reach them. Eight participants from the college students, single mothers, and master degree groups mentioned that obesity and weight loss messages fail to target them. Single mother Leslie said, "I don't think they targeted me as a black woman." Other responses included "not really targeting Black women," "doesn't target me" "don't see a lot of African Americans" and weight loss messages "actually don't" target Black women. The college students mentioned "Jennifer Hudson", and the "Tae Bo guy, Billy Blanks" as the only two weight loss messages that may possibly target them.

Information Seeking and Processing

Health information sources, weight-loss message frequency, recognition of mediated solutions/information, and mass media messages are the conceptual categories included in the "information seeking and processing" theme. The women have several sources when they are in health-seeking mode. However, the Internet and their doctor were the two primary answers, with the Internet mentioned slightly more than doctor.

The specific Internet sites mentioned are oumedicalcenter.com and Webmd.com. Their families, health fairs, the community, and Jesus were other sources of information to which women turned to find out information about their health concerns. In addition to their information-seeking sources, there are frequent messages that they encounter in the mass media. The women felt they were "bombarded with information" about weight loss solutions in the mass media. College student Rochelle said that weight loss messages are "everywhere." The barrage of obesity-related solutions in the media the women recalled seeing are Jenny Craig, Weight Watchers, Insanity, P90X, and Sensa, just to name a few. The women mentioned over 10 types of obesity and weight loss messages they have encountered, which included celebrity-endorsed health messages (e.g., Jennifer Hudson and Weight Watchers), exercise messages (e.g., P90X), and campaigns that would be ideal for them (e.g., First Lady Michelle Obama's campaign). Jennifer Hudson was the most repeated answer for celebrity endorsed-solutions (mentioned 11 times). Insanity and P90X were both mentioned three times, and participants mentioned First Lady Obama's campaign three times. Master degreer Ciara mentioned the 50 Million Pound Challenge campaign, a racially-tailored campaign that launched in 2007.

The women recalled mass media messages about weight loss (and not necessarily weight loss solutions) the most on television. For instance, College student Diane recalled an obesity-related story on a talk show:

> Well, I was watching something, some special, and they were like, the kid was like 3, it was like an episode of Maury, I watch Maury. And it was like on obesity, the kid was like 3 and couldn't walk because he was so obese, like his

> legs like buckled to the side and he had to end up getting surgery on his knees because his legs couldn't carry the weight of his body. That's like child abuse to me.

Winona in the single mother group recalled the tabloids running a story about "Kirstie Alley when she had gained all that weight, so they made a big deal about it when she gained 52 pounds and I think that was negative…." Church members discussed news shows about obesity, with Tameka recalling a show where they were "filming just uh people in general and like you know, zooming in on stomachs, fat arms and you know parts of the body that were big and saying that uh, basically that Oklahoma was like one of the worst ones for obesity." Master degree Dana recalled many negative obesity messages in the mass media:

> I always see a lot of negative images or negative messages. It is always diabetes, diabetes, diabetes, high blood pressure and amputations and a lot of negative a lot of fear versus…putting something in a place of feeling hopeless and helpless instead of saying this is what we can do that's what I took it as.

Message Skepticism

This particular theme consisted of two conceptual categories: interpretation of mediated messages and skepticism of mediated messages. Overall, the women interpreted the messages as "negative." For instance, the women mentioned "negative connotations", "negative images" and "negative message." They also perceived the messages as offering a "quick fix" and making weight loss appear effortless, in which the women did not agree with this message. Another reoccurring topic that came up was the "thinness enhances life" narrative. They were skeptical of the before and after

pictures in mediated weight-loss messages. Rochelle in the college student group said that the women in the messages are "sad when they're overweight… and then once you lose weight you're happy." Master degreer Ciara felt the same way about the before and after weight loss images:

> One of the messages that I have also seen in infomercials are the woman who was horrible …she was depressed, she was down and then they show this after picture of her which looks nothing like her before picture. It is a lot closer she looks a lot more sad and down and then her new picture is like she got makeup she got highlights and it's like this is [inaudible] and now that I've lost weight I'm happier. I'm like the only thing you could do differently is run a mile instead of walking but you've still got the same problems at home the same mouthy husband, the same no good kids, nothing has changed. So happiness is associated with before this is my life before this is my life after.

The participants were also skeptical of Jennifer Hudson's weight loss for her Weight Watchers campaign. The conversation arose in the single mothers, church members, and master degreers' discussions about their disbelief of Jennifer Hudson losing weight solely from Weight Watchers. After I gave an oral summary of the church members' discussion, Willow interjected and said, "…I just have one question, why do most people don't believe that Jennifer Hudson actually lost that weight through Weight Watchers? I'm just kind of curious? Does anybody here believe that she…", and before she finished her statement, Brandy and then Tameka answered, "I don't." Overall, the women did not believe the mediated obesity-related messages they encountered targeted them.

Racially Resonant Messages

Two conceptual categories—credible weight loss messages and advice on creating weight loss messages—comprised the final theme "racially resonant messages." Of the few messages they did believe, they perceived "Weight Watchers" as the most effective weight-loss plan to which they could comply. Ciara in the master degree group further explained why she chose Weight Watchers, "I'd probably could comply more with that only because they use real food; they use what you have at home. They use the resources in everything that I eat today or want to ever eat the rest of my life can be found in Weight Watchers.

The women had an abundance of suggestions to make obesity-related messages more significant and meaningful to them. Single mother Tanya had this advice for campaign planners: "know your audience" and "acknowledge our experience." Additionally, the women mentioned the word "real" over 10 times. They want to see real Black women with real challenges and struggles, who prepare real food on a real budget, and still be successful at losing weight. In other words, the women want to see a reflection of themselves in the messages. They want "relevant" and "empowering" messages they can "connect with" to which they can relate. Single mother Sharon said, "I would just want to see more women like me. I want to see somebody that looks like me, somebody I can relate to, not a celebrity that's got access to all these tools that we don't."

The women also want to see the weight loss journey, not simply a before and after picture. Single mother Winona said, "Weight loss is a journey, it is a lifestyle change." Ciara, a master degreer, echoed Winona's comment: "…the campaign would

definitely be holistically to family, and just not make it a quick fix or something that is like temporary but a lifelong journey." Single mothers want accountability partners as part of their campaign, as well as their health messages delivered through their church. Brenda said talking about health messages in the church is a "really good place to start." Tanya followed up and said women can take what they learn in church and take it to "their family members that don't go to church and they'll be able to reach those people…" Brenda later said a good reason to share obesity-related messages in churches because "you have maybe one person or a couple of people that you're close to in church." In other words, the women could lose weight together.

A final reoccurring subject, which the women also talked about when they discussed how to lose weight, is being more healthy. They would rather a campaign focus "more towards being healthy" than focusing on obesity and weight loss.

CHAPTER SEVEN: Comparing Racial Identity and Community Perceptions

I wanted to explore how two specific cultural factors, racial identity and community, shape the way Black women understand obesity and weight loss messages. Since I am focusing on these two factors, this chapter will compare answers from women with high and moderately high racial identity scores within each group to determine if there are discernible patterns based on the women's scores. I will also compare answers from social Community members within each focus group to determine if any patterns emerged based on their social Community. This chapter will compare answers based on the five themes I created from the data (see Table 1). In addressing the five themes, my goal is to give a thorough overview of comparative answers based on high and moderately high racial identity scores, and based on social Community members.

Table 1. Five themes.

Five Themes
1. Racial Kinship
2. Weight-Loss Dissonance
3. Information Seeking and Processing
4. Message Skepticism
5. Racially Resonant Messages

Responses Based on Racial Identity Scores

The aim of the research design was to use Multidimensional Inventory of Black Identity (MIBI) scores (i.e., racial identity scores) from the survey to stratify focus groups by higher and lower racial identity scores. On a scale of 1 – 5, 1 is a stronger racial connection or higher racial identity score and 5 is a weaker racial connection, or lower racial identity score. All participants scored fairly high (1 – 3), so I placed two high-scoring women (e.g., 1 – 1.5) in each focus group and two moderately high-scoring women (e.g., 1.6 - 3) in each focus group to have stratified focus groups based on all given scores (see Table 2). For example, I have participants with Multidimensional Inventory of Black Identity (MIBI) scores of 1, 1.17, 1.83, and 2.17 in focus group one. This allowed two high-scoring (1 and 1.17) women and two moderately high-scoring (1.83 and 2.17) women to participate in one group and compare their answers. The master degree group was the only group for which I was unable to have high scoring women participate, as community attendance trumped racial identity scores.

In this study, "high" and "moderately high" do not imply any statistical differences in racial identity scores. I only use them qualitatively to refer to women's racial identity scores relative to all scores among the participants in this study.

Next, I will compare answers from group members based on participants' racial identity scores in response to each theme. It is important to note that not all participants provided answers to each question, which precluded me from comparing all racial identity and community responses for each theme. However, I strived to include as

many comparative responses as possible based on the availability of answers from the participants.

Table 2. Focus group participants' community affiliations and racial identity (MIBI) scores.

Focus Groups	Alias	Community Members	MIBI Score
Group 1	Diane		2.17
(college students)	Rochelle	Friends	1.00
	Misty	Friends	1.00
	Ina		1.67
	Elise	Friends	1.83
	Hazel		1.17
			AVG: 1.47
Group 2	Leslie		1.33
(single mothers)	Whitney		2.00
	Brenda		1.17
	Winona		2.17
	Tanya		1.00
			AVG: 1.53
Group 3	Tameka		3.0
(church members)	Candace	Church member	1.83
	Brandy	Church member	1.33
	Willow	Church member	1.17
	Denise	Church member	2.5
			AVG: 1.96

Group 4 (master degreers)	Nicole Alexis Ciara Sharon Dana	Ciara's friend Ciara's cousin Alexis' cousin/Nicole & Sharon's friend Ciara's friend	2.33 1.67 1.83 1.67 2.83 AVG: 2.06

Racial Kinship

College Students

College students Rochelle, Misty, and Hazel were high-scoring participants. All three ladies expressed their appreciation of being Black. Additionally, Misty followed up and talked about her "love/hate relationship" regarding her racial affiliation because she "loves" being black but "hates" where Blacks are right now. She perceived that Blacks are no longer connected and supportive of each other as they were in the past. Elise and Diane had moderately high scores. Elise said she had no strong feelings either way (positive or negative) about being Black, and Diane said she did not grow up around Blacks, but when she came to college, things changed for her. Later on, she explained her connection to those in her race, more specifically, she said:

> …"it's like a community that is unspoken, like, you're just drawn to each other. It's not like on purpose, but it's like, that's the person you connect with, and I didn't have that before, and now it's like, wow, it's pretty cool…"

Regarding the BMI, Rochelle and Misty believed that it was not created with Black women in mind. Both women had high racial identity scores (or a stronger

connection to her racial identity). The participants offered reasons why they perceived the BMI was not a racially-accurate instrument. Rochelle and Hazel, both with high scores, believed that Black women are shaped differently than White women. Moderate-scorer Elise said Whites have a different view of obesity than Blacks because "… if you're a little bigger in the black community, you may not be obese, you'd be thick, you don't get [to] that obesity level as quick as a white person would." Elise had the second lowest racial identity score in the college student group.

When offering description of and justification for Black women's body sizes, Elise believed that the desired figure in her racial group is to have a fuller figure and to be" a little thicker, a little bigger" and "a little more voluptuous." Diane said it was acceptable for Black women to "run bigger" because "that's what our men like". She further said that "Black men like meat and curves…" Both women had moderately high scores.

Single Mothers

Tanya, a high-scoring single mother, said she values her racial identity. Moderately-high scorers Whitney and Winona both said they love being Black. Whitney added, I think black is beautiful, it's awesome….I wouldn't change who I am."

When discussing determinants of obesity, Tanya and Winona did not associate it with the BMI. Instead, they connected obesity to quality of life consideration and health complications that resulted from being overweight. Moderately high scoring Winona explained why some Black women may not accept the BMI as the standard of obesity. She believed that Black women tolerated heavier weight and bigger body sizes than White women. High scorer Tanya further added that the issue is based on "where our

definition of obesity begins." She further explained that Black women's perception of, and scale for, obesity is different than White women.

Offering a possible reason for some Black women's shapes, Winona said not only do Black men like "thick" women, but "Caucasian men like big women" too. She further said that Black men "don't like their women little and thin" because they don't "have anything to hold on to." Winona had a moderately-high score.

Church Members

High scorer Brandy was not emphatic as the single mothers were about her racial identity. She said, "…the world has made color, um, more apart of who we are versus ourselves." Moderate scorer Tameka said she loves being Black.

Both Candace and Tameka defined BMI by height and weight when defining obesity. They both had moderately high scores.

Master Degreers

Alexis and Sharon both had high scores in the master degree group, and they both said they are proud of their race and believe it is a central part of their identity. Alexis further explained that she had to grow into her pride because she grew up in a predominately white neighborhood. Dana, a moderately high-scoring participant, also grew up in a predominately white neighborhood. But unlike Alexis, Dana was still struggling with appreciation for her racial identity because she still had many negative memories from her past attached to her feelings of blackness.

Alexis referenced the BMI when defining obesity, but Sharon believed the BMI was based on European standards. She said, "I think that whenever I'm looking at myself in comparison to the BMI, I feel like I should be able to give or take about 20

pounds. And it is because of the way that my body is built. It is different then, I feel like the BMI is based on European Americans and we're just different." Everyone in the master degree group had moderately-high racial identity scores. However, Alexis and Sharon had the highest scores (or greater connection to her racial group) among their immediate focus group. Ciara and Alexis offered a possible reason why Black women are shaped bigger than White women. She said that Black men like "thickness" and they "they don't want a frail body. " Likewise, Alexis said that Black women's thickness is something that her man can "hold on to."

Summary

Overall, racial identity scores did not play a factor in most women's connections to their racial group. Women with both high and moderately high scores in each group generally were happy about their racial identity. Moderate scores only seemed to be indicative of racial connection answers for women in the college student group because the high scoring women answered emphatically about their love and appreciation for their racial group. However, moderate-scoring college students Elise and Diane did not have as strong of opinions about their feelings of blackness. Elise was ambivalent (i.e., no strong feelings either way) and Diane said it was "cool." For racial kinship, Black women overall shared similar feelings about their racial identity, perceptions about the BMI, and justification for and descriptions of Black women's body images.

It appeared that women with moderately high racial identity scores tend to comment on reasons for Black women's body shape. However, all respondents gave synonymous answers in the three groups, despite their racial identity scores. The

women's responses focused on what type of body shape Black men like, and how the women want to keep their fuller figure so they will be desirable to Black men.

Weight Loss Dissonance

The participants recognized their need to lose weight. However, they mentioned barriers that impede their progress.

College Students

Rochelle was the only person in the group that perceived that she needed to lose weight. However, most of the women discussed what they perceived to be barriers to weight loss. For instance, Misty and Hazel focused on the cost of food as a weight loss barrier. Misty perceived that it is "so much cheaper" to eat "unhealthy." Hazel went on to say that "Blacks can't afford to eat healthy." Misty and Hazel had a strong connection to their racial group (i.e., high racial identity scores).

Single Mothers

High-scorer Tanya expressed her need to lose weight. The rest of the participants joined the conversation when discussing constraints to their weight loss process. Tanya said she was a little "fearful" and a little "intimidated" when it comes to losing weight. Winona also expressed that she is fearful when it comes to losing weight because she might fail at it. Winona had a moderately high racial identity score. Additionally, Tanya and Whitney discussed what they would have to give up in terms of weight loss. Tanya said "giving up stuff that I love" and Whitney said, "giving up sugar." The women had different racial identity scores, with Tanya as a high-scorer and Whitney a moderately-high score.

Church Members

Brandy had a high score and said she wanted to lose weight, "I want to lose weight. I want to find a fun way to do it." The women in this group had more of an individualist perception about weight loss and did not generate much conversation about barriers. In other words, the women mainly felt that women keep their own self from losing weight.

Master Degreers

Dana with a moderately-high score said she talks to her father about needing to lose weight so she can be desirable to men and get out on the dating scene. When it came to weight-loss barriers, Alexis discussed it in terms of hair maintenance and not wanting to exercise and mess up her hair. Nicole said that she is initially motivated but then loses the motivation. Dana said she equates losing weight similar to a battle that she will have to fight again. As I mentioned earlier, the participants in the master degree group all had moderately-high scores, and Nicole and Dana has the lowest racial identity scores in their focus group.

Summary

Overall, the women with higher racial scores appeared to express their desire to lose weight. However, women with both high and moderately high scores discussed their constraints to weight loss. There seemed to be no connections between racial identity scores and perceived weight-loss barriers mentioned in the discussions.

Information Seeking and Processing

College Students

Diane said she turns to the Internet to seek health information, and other participants nodded in agreement when she gave her answer. Elise said she turns to her father, who is a doctor, and Hazel seeks information from her children, who helps gauge if she is "too fat" or "too skinny." Diane had a high score and Elise and Hazel had moderately high scores.

When asked what obesity messages they recalled, college students Rochelle and Misty gave difference answers, although they both had high scores. Misty talked about a news story regarding the Department of Human Services removing an obese child from the child's home. Jennifer Hudson and Weight Watchers came to Rochelle's mind in regard to this question.

Single Mothers

When it comes to seeking health information, Single mother Tanya, said she turned to her employer, family members and the community for health information. Winona turned to her doctor to seek out health information. Although the Internet was the most cited source among all participants, neither Tanya (high scorer) nor Winona (moderately-high scorer) cited the Internet as their information-seeking source for health information.

When asked about recalled obesity messages, Whitney said, "I can't recall seeing any," while Winona talked about tabloid magazines she had encountered at checkout stands that talked about celebrity obesity stories such as Kirstie Alley. Both women had moderately high scores.

When asked about weight-loss messages the women recalled, Tanya and Winona recalled different celebrity-endorsed weight loss messages in the media. Tanya discussed Jennifer Hudson and Weight Watchers, and then talked about her skepticism of the campaign. Winona mentioned Janet Jackson and the Nutrisystem campaign.

Church Members

When asked about recalled weight-loss messages in the media, Willow responded with a different answer from what the other participants said; she cited a statistic: "…according to statistics, umm, over 80% of the women in this country don't believe that they are beautiful….it's a very high paying market, so they're always trying to find a way to get you to pay money to do something." Willow, later on in the conversation, discussed Jennifer Hudson's Weight Watchers campaign, asking other participants if they believe Hudson's claims. Willow had a strong connection (i.e., high score) to her racial group.

Master Degreers

Sharon and Nicole said that the doctor and Internet are ways they actively seek health information. Moreover, Sharon said she would use the Internet first and then "probably make a doctor's appointment," whereas Nicole said "my doctor and the Internet." Ciara mentioned tabloids with celebrities like Kirstie Alley when I asked about obesity messages recalled in the media. Sharon had a stronger connection to her racial identity than Nicole and Ciara based on racial identity scores. However, there appeared to be no similar answers from the participants based on their racial identity scores.

Alexis and Sharon had the same moderately high racial identity score but provided different answers for the weight-loss recall question. Alexis said, "I think you see things kind of like it is quick, it is easy it's, you know, just come on, and thirty days and 20 pounds gone and it just seems like it's really effortless." Sharon said, "the messages that I've noticed in the media regarding weight loss is that you can't be happy unless you lose weight or if you're skinny." Alexis and Sharon provided interpretations of messages when answering the question about what weight-loss messages they recall seeing in the media.

Summary

As far as information-seeking, racial identity did not seem to have a bearing on where the women turned for health information. However, there was a similarity between Winona and Ciara; they both recalled seeing tabloid stories. Both women were married with children. So, they may grocery shop more than the other women and encounter these messages at the checkout stand more than the other participants. The Internet and the doctor were the most cited sources where the women seek health information. Additionally, family members were cited as an information source (e.g., father, kids).

Overall, most of the women mentioned Jennifer Hudson's Weight Watchers campaign during their information processing mode. This may have been a top-of-mind recalled message for two reasons mentioned in the focus group discussions: the frequency of the advertisements, and the women liked, and felt that they could relate to Jennifer Hudson as a person, but could not relate to her as a celebrity.

Message Skepticism

College Students

Rochelle and Diane believed the messages about working out to lose weight (e.g., P90X) but were skeptical of the messages about diet pills. Outside of those comments, the college student group did not generate much conversation about message skepticism. Rochelle had a high score and Diane had a moderately high racial identity score.

Single Mothers

Tanya said obesity-related messages she recalls have conveyed the message that "you have choices, you can empower yourself." Winona talked about how you are more accepted when you are thin. To her, the media communicated that "thin is in… like if you're thin, you're more accepted in the community, you're more accepted in the media." Tanya's score was high and Winona had a moderately high score.

Church Members

Willow and Tameka talked about their interpretation of negative messages that they have encountered in the media. Willow talked about commercials showing bellies "rolling over" on the individuals. Tameka talked about the media zooming in on obese body parts like "fat arms" and "stomachs." Willow had a high racial identity score and Tameka's score was moderately high.

Master Degreers

Dana, the lowest scoring master degreer, talked about the "thin is in" narrative that she gleaned from mediated messages: "…like for the example of the infomercial what they'll do is they will take the fattest that they could find…they'll use a woman

who is really, really fat she's trying to lift weights and she's on the exercise running machine and she's really really overweight and then if you use the product and the woman is a size two or a zero…"

Summary

Overall, the women perceived the messages were saying that "fat is negative and thin is positive." The women generally did not believe the weight-loss narratives of "thin is in" and "quick fix" weight loss solutions. This was a consensus among most of the women, no matter the racial identity score. Moreover, single mother Tanya, church member Willow, and master degreer Ciara sparked a conversation in their respective groups about their skepticism of Jennifer Hudson's weight loss efforts for her Weight Watchers campaign.

Racially Resonant Messages

College Students

Rochelle and Hazel suggested adding non-celebrities they can relate to in weight-loss campaigns. Rochelle made reference to Jared in the Subway commercial as an example. Both Rochelle and Hazel had high racial identity scores, and strong connections to their racial group. Ina said she wanted to see the weight loss process, rather than just showing a before and after picture. She had a moderately high score.

Single Mothers

Tanya and Winona talked about creating messages that are relevant to them, specifically in terms of losing weight and eating healthy on a realistic budget. Also Tanya and Brenda suggested churches as effective milieus to distribute health messages.

Both Tanya and Brenda had high racial identity scores, and Winona had a moderately high score.

Church Members

When asked about making campaigns more racially relevant, Brandy suggested that campaign planners include more Black women in the messages. She also mentioned that health communication campaigns need to increase awareness of the obesity problem among Black women. Brandy had a high racial identity score.

Master Degreers

Sharon said that she wants to see a person's weight-loss journey, because, for her, "…seeing is believing…" Dana said there needs to be more messages that are geared to mothers and daughters, because getting the daughter's attention may lead to the daughter encouraging her mother to lose weight, and vice versa. She also recommended that campaign planners include more messages geared toward professional women. Sharon's racial identity score was high and Dana's score was moderately high.

Summary

There were no noticeable patterns of answers based on the women's racial identity scores. Collectively, however, the women opted for messages that reflected Black women in realistic and relevant situations that lost weight despite their barriers.

Overall Summary of Findings

There were a few instances where participants' answers either compared or contrasted based on racial identity scores. For example, those who talked about their desire to lose weight had higher racial identity scores than their group members. Also,

moderately high-scoring college students were not as definitive about their appreciation for their racial connection as higher-scoring participants in the same group. Furthermore, women with moderately high racial identity scores tend to comment on what type of body shape is desired among Black men and in the Black community.

However, the big picture that this data paints is that racial identity as a qualitative description of the women's identity seemed to give a broader picture of the women's perceptions than just the survey alone. The overall racial identity scores for the women were high, which is an indicator that they have a strong connection to their racial group. Based on this strong connection, the women appeared to share meaning about the subject of obesity and weight loss as they have come to understand it through their social identity of race. Furthermore, they seemed to be unified on perceptions of weight loss messages, what the messages conveyed and how the messages can be improved to increase relevance to Black women. Now, I will discuss how women's responses compared based on their community, or those in their social support network.

Exploring Responses among Community

I not only wanted to see how racial identity influenced message interpretation, but also how a woman's social Community connection shaped the way she perceived obesity-related messages. A community is a group of people with a collective identity developed through common experiences who depend on each other for social support. In this particular group, there are emotional connections, empowerment, and benefits gained from being a part of the group. This is needed in the public relations field because practitioners are tasked with sending targeted messages to intended recipients to reach the goals of the organization. The more scholars and practitioners know about

the audience, the more specialized and effective the message can be crafted. To create a community within focus groups, I asked participants to invite women they consider to be a part of their social/support network to join the study. From there, I scheduled community members in the same focus group sessions to see what type of common experiences social support members shared relative to interpreting obesity-related messages. In the college student group, Rochelle Misty and Elise were friends. There were no community ties in the single mothers group, so I will not discuss results from this group. Candace, Brandy, Willow and Denise attended the same church in the church members group. In the master degree group, Ciara and Alexis were cousins, and Ciara was friends with Nicole and Sharon. The next section will give an overview of similarities and differences in responses among the members based on thematic results.

Racial Kinship

Overall, there were no contrasting findings from community members in the college student groups regarding this theme. The group shared similar answers about racial identity, disease, body image description, BMI perceptions, self-definition of obesity and self-acceptance. The only difference in answers came from two non-community members, Ina and Misty when discussing body image description. Both women talked about specific body parts. While everyone talked about feeling and looking good in their clothes, Ina went further and said she does not want "big hips and thighs." Misty said she lost weight but wanted to gain some back so she would have "solid thighs." There were also no contrasting findings among social group members in the church members group, mainly because this group offered less feedback than the other focus groups, meaning, only one or two group members responded to many of my

questions. There were two notable differences in the master degree group regarding the racial kinship theme. When asked "how do you feel about being Black", community members Ciara and Nicole discussed their love for and pride in being Black and talked about the accomplishments of Blacks. On the other hand, two non-community members, Alexis and Dana, both talked about how they had to grow into their racial pride. Both women grew up in predominately white neighborhoods which influenced their perceptions of their racial identity as young girls. Another notable difference is when the master degreers were discussing body image justifications. Cousins Ciara and Alexis seemed to feed off of each other as if they were only dialoguing with each other:

Ciara: No man, well, I guess I don't speak for all men when I say, they don't want a frail body. They like a little cushion for the pushin'.
Alexis: My granddad would say not even a dog wants a bone.
Ciara: So, yes, I mean, I guess to be thin and tone with it, but they don't want you to lose, like, all the goodies that come with it. The cushion for the pushin'. So, if that accentuates the bedroom life, or whatever, I'mma keep a little rolls, the love handles.
Alexis: something for him to hold on to
Ciara: Something, you know, he don't want to be sliding off….

Weight-Loss Dissonance

The community members in the college student's group exemplified no differences in answers regarding weight-loss dissonance than non-community members. They talked about how they need to lose weight and discussed it on a frequent basis. They also discussed the need to live a healthy lifestyle in order to lose weight. One thing that came up in the group among non-community members when discussing weight loss was how family members reinforced the students' need to lose weight. Diane said her grandmother, and Rochelle and Ina said her mother mentioned weight loss when they noticed the students gaining weight. Church members gave various

answers regarding weight loss dissonance, but no patterns or notable observations were given among this group. Community members in the master degree group, as with the college students' group, gave similar comments about their weight loss dissonance. The master degree group members also knew they needed to lose weight, discussed the subject frequently, and mentioned ways to lose weight, similar to other focus group participants.

Information Seeking and Processing

Community members in the college student, church member and master degreer group gave comparable answers when discussing information process and seeking. Overall, they prefer the Internet over a doctor's visit when seeking health information. This group recalled similar obesity and weight loss messages (e.g., Jennifer Hudson campaign, Jenny Craig, etc.). One difference is that community members in the college student and church member groups recalled seeing diet and exercise messages, whereas no exercise messages were mentioned in the master degreer's group. Also, First Lady Michelle Obama's campaign was only mentioned in the master degree group but not in any other groups. Sharon, Alexis and Dana (non-community members) all mentioned Obama's campaign.

Message Skepticism

Overall, there were no patterns in the responses among community members about message skepticism. There were many times that non-group members (instead of community members) provided answers to the questions, which did not allow me to compare responses. On the other hand, there was a consensus among all respondents when discussing interpretation of mediated messages, and skepticism of mediated

messages. Overall, the women interpreted that obesity and overweight messages as "negative." They perceived the messages as offering a quick solution to weight loss, which did not resonate with the women. They were also skeptical of the before and after weight loss pictures in the media because the messages failed to show the person's weight loss journey. Additionally, the women believed the spokesperson's body size was not a realistic representation of their body sizes. Additionally, non-community members were skeptical of Jennifer Hudson's Weight Watchers weight loss campaign because of her celebrity status.

Racially Resonant Messages

Responses to this particular theme were the same as the "message skepticism" theme, in that there were no patterns in the responses among community members. However, a consensus among non-community members in all groups (including single mothers' group) was that the women wanted to see messages that presented weight-loss challenges, struggles and successes of real, non-celebrity Black women that reflected the participants' lives. However, I did note a point of difference in the master degree group. The one non-group member, Dana, was the only group member who talked about her racially resonant messages within the framework of her psychological condition. For example, she said that weight loss messages should be attached to women's self-worth. She also mentioned about her self-acceptance in this quote, "I'm not to be pushed aside or so forth, because I think that's a big thing. That's a big part of it too, remember, we're not happy if we don't lose the weight, or you're not a happy person, if I'm not losing 150 pounds and I just lose 10, am I still ok? Am I still accepted? Am I still loved?"

Examining the differences in racial identity scores, it appears that racial identity scores did not play a major role in their perceptions of obesity and weight-loss messages in general. Racial identity scores, however, did seem to influence top-of-mind recall of obesity-related messages. Women with higher MIBI scores tended to recall a weight-loss campaign featuring a Black female as their first answer. Looking at results from a communal standpoint, many of community members' answers faired the same. The only major differences arose in the master degree group. One, community members in this group did not recall any exercise-related messages, whereas the other focus groups mentioned workout messages. Secondly, in the master degree group, socially connected group members talked about obesity and weight-loss messages based on external factors (body size, hairstyles, etc.) and the one non-community member talked about it from an internal framework (self-love, self-worth, etc.). A final difference is, non-community members in the master degree group mentioned First Lady Michelle Obama's campaign, whereas no other focus groups mentioned her campaign.

From the data, we can conclude that even outside of community membership, the women held very similar perceptions about obesity, weight loss and their corresponding messages. Since the women had similar views as participants within their focus group, perhaps it is another intersectionality of their identity that is salient when making sense of obesity and weight loss messages. Thinking about the descriptors for each focus group, college students appeared to have less to say about their love for their racial group and more to say about their connection to their racial group. Single mothers focused on more internal feelings when it came to weight loss barriers. Church members perceived a more individualistic approach to seeking information and moving

to action, and master degreers appeared to be less prepared to action than the other focus groups. Therefore, in addition to racial identity, education or marital status may play a major role in how Black women come to process and understand obesity and weight loss messages.

In the next chapter, chapter eight, I will synthesize the data from survey and focus group information, and offer suggestions on how this triangulated data may contribute to existing literature.

CHAPTER EIGHT: A New Perspective on Racial Publics

The purpose of this study was to take a public relations approach and explore how racial identity and social Community shape the way Black women interpret obesity and weight-loss messages. Throughout the study, I will referred to a woman's social support community (i.e. Community) as "social Community" and refer to the Black community (i.e., a community) as a racial community.

I examined how racial identity and social Community influence Black women's involvement and constraints of obesity-related messages. A total of 21 self-identified Black women, ages 18-59, who have lost weight, or tried, in the past six months who live in Oklahoma participated in this study. I incorporated the Multidimensional Inventory of Black Identity (MIBI) and situational theory of publics in my survey and focus groups to explore the following research questions:

- How do racial identity and community influence how Black women make meaning of obesity and weight loss messages?
- How do racial identity and community influence Black women's involvement and constraint of obesity and weight loss messages?
- What factors contribute to Black women's information seeking of obesity and weight-loss messages?

In doing so, this chapter will present a summary of findings, respond to the research questions, discuss limitations of the study, implications of the research results, and recommendations for future research. First, I will provide discussion of focus group results, address the research questions, discuss survey results and triangulation of the research data. Next, I will discuss limitations of the research, implications of this study on theory and practice, and finally make recommendations for future research.

Summary of Qualitative Exploration

The qualitative meaning of racial identity seemed to have played a major factor in how Black women understood obesity, weight loss and their corresponding messages. For example, Elise said, "my racial identity is to be a little thicker, a little bigger, and for me, it's try to gain to be a little more voluptuous." Additionally, Diane said, "Like I had this conversation with my friend the other day, like, it's ok to run bigger and be shaped like this, because that's what our men like, you know, like black men like meat and curves, and, I don't know, it's just, it just works out for us. When it comes to weight loss, Diane said, "I want to lose weight, but then I'm like, now I'mma lose my butt. And that's like, you know, that's what black women prides themselves on sometimes, it's an interesting balance. So, there appeared to be a connection between participants' racial identity and how they made sense of body shapes and weight loss.

The women overall perceived that Black is central to their identity and they are proud of their racial identity. Based on this qualitative attachment to their racial identity, they seemed to have shared meaning and language to how they interpret obesity and how they interpret weight loss. In this study, Black women did not self-identify with obesity or the word "obese." Instead, they used expressions such as "big boned", "voluptuous," "curvy," and "thick." This aligns with previous studies about Black women's body image perceptions (Molloy & Herzberger, 1998; Thomas et al. 2009). James, Pobee, Oxidine, Brown and Joshi (2012) found that Black women perceived obesity as a "dirty word" and even an insult. According to Peirce (1998), an expression becomes meaningful when it is refers to something to which the receiver can relate, and this meaning takes place in the context of a person's cultural referents. Based

on the women's answers, "big boned", and "thick" are words used among their racial group that signify full figures that are the accepted norm in their racial group. Because communication is as meaningful as the context in which the intended recipient connects the communication to, it is imperative to understand how her racial referent helps form her sense making processes. Consequently, mainstream public health campaigns that incorporate the word obesity throughout their messages could pose a language barrier for Black women who do not consider themselves to be obese. The few women who did recall obesity messages referenced celebrity stories in tabloids, news stories, and talk shows. Ironically, Oklahoma City's mayor Mike Cornett kicked off a campaign called "This City is Going on a Diet" campaign (also known as OKC Million) in 2007 to fight obesity, but no one mentioned it in the focus group sessions. The campaign has been repeatedly featured in local media such as KOCO-TV, *The Oklahoman* and *The Journal Record*. The mayor also visited nationally syndicated Ellen DeGeneres' talk show in 2008 to publicize the campaign. In February 2012, Mayor Cornett appeared on nationally syndicated Rachel Ray talk show to announce that Oklahoma City had reached its goal in losing 1,000,000 pounds. Although the focus groups were held a month after this big announcement, no one made mention of the OKC Million Campaign. Church member Brandy said she did not realize obesity was even a problem among Black women but was aware that heart disease was a problem. She said she had not seen any "ads or any groups advocating" for Black women and obesity. From an academic standpoint, Freimuth, Massett & Meltzer (2006) found in their 10-year analysis of 321 articles published in the *Journal of Health Communication* that only 3% of the articles focused on diet and nutrition and less than 1% on physical activity. The

authors predicted that scholars would pay more attention to obesity and weight loss in the future. Conversely, Kim, Park, Yoon, and Shen (2010) analyzed 22 years of articles printed in *Health Communication* journal and found only six (or 1.3%) of the 642 articles focused on obesity. This may help explain why my participants were not familiar with obesity campaigns or had little knowledge of obesity-related messages. Furthermore, my participants did not perceive the BMI to be a racially relevant tool because it did not account for the differences in Black women's body structures compared to White women. Single mother Tanya said it best: "I think the issue is where our definition of obesity begins…our perception of obesity is just so much…different. How we measure obesity is different." Therefore, public relations practitioners and health campaign planners need to understand that the government and health industry's definition of obesity is different than how Black women interpret it.

The subject of weight loss, on the other hand, was a different story. Although the women were not too involved in the issue of obesity, the women were involved in weight loss efforts, as they discussed it frequently with significant others in their communities and have tried different interventions to lose weight with their community members. Previous studies have mentioned family and friends as support communities for Black women. Moreover, Kayman, Bruvold, and Stern (1990) found that social support was more significant for Black women who maintained their weight than those who relapsed, or lost weight and then regained it. Participants in my study believed they were "bombarded" by mediated-messages geared towards weight loss. However, the women perceive many of these messages to be similar in content and message. The women believed the messages were conveying a "thinness enhances life" narrative.

Many of the women rejected these messages for several reasons, including lack of realistic body sizes and Black female spokespersons, quick-fix messages, failure to show the weight loss process and failure to acknowledge Black women's experiences. The women were also skeptical of Jennifer Hudson's Weight Watchers campaign. A church member said, "we didn't see the walk. She has the means to do it the quick and fast, easy way" when referring to Hudson's campaign. Although Hudson is a Black female and they liked her, the women believed her celebrity status lent a hand to her hiring a personal chef, personal trainer and other interventions besides using Weight Watchers. Other studies have found that same-source preferences help increase racial minority women's involvement in messages (Aldoory, 2001; Friedman & Shepeard, 2007; Kelly, Sturm, Kemp, Holland, & Ferketich, 2009). This study revealed, that even with same-race sources, it may pose a barrier, depending on who the spokesperson is. Instead, my participants opted for messages from sources whose lifestyles are similar to theirs relative to budgets, time management, daily challenges, etc. This includes empowering messages that understand their past efforts to lose weight but empowers them to continue the journey to live a healthier lifestyle. Furthermore, Black women preferred healthy lifestyle messages over "weight loss" and "get thin" messages.

The women's social Community played a different role than racial identity in the women's meaning-making experience of the issues of weight loss and obesity. It played a role in the *frequency*, *environment* and *action* of weight loss. Warner (2010) said that sense of community is concerned with social support and the entire environment that associates with one's social Community.

In other words, community members have *frequent* weight loss discussions among those in their socially connected groups, which friends was the most cited community members. For example, College student Misty said, “This is something that I just discussed with [Elise] the other day.” Elise was a friend of hers who also participated in the focus group discussion. Single mother Brenda said she talks about weight loss with her “White, Black” and “Hispanic” friends, and master degreer Sharon said she also talks with her friends about weight loss. Furthermore, here is a point worth noting among the college students. They were the only group that mentioned how family members (i.e., mothers and grandmother) reinforced the need for them to lose weight. However, participants talked about their parents’ reinforcement as being unsolicited advice that they would rather not encounter. Therefore, family member conversations happened in an information-processing setting whereas conversations among friends were in an information-seeking mode. Other studies have concluded that family members are an important source of community support to women who are trying to lose weight (Eyler et al., 1999; King et al., 1990). However, James, Pobee, Oxidine, Brown and Joshi (2012) found that family and friends were not means of support, and were often enablers, to Black women trying to lose weight. This study extends the literature and reveals that parent-college student support may be more stressful than supportive for women trying to lose weight. So, including family members in weight-loss messages may possibly be a deterrent for college-aged Black women.

Looking at weight loss among social group members created a comfortable and familiar *environment* for focus group participants. For instance, community members

Rochelle, Misty, and Elise in the college student group were comfortable talking about "boobs," "boobage area" and other body parts when describing Black women's body image. Master degreer Ciara felt comfortable talking about "cushion for the pushin'" as she and her cousin Alexis were dialoging with each other and enjoying the conversation between the two of them. Finally, the *action* (or lack thereof) of weight loss also took place in a communal setting for the participants. For example, College student Rochelle mentioned she that and her friends are on a "weight loss kick" and were starting a "biggest loser challenge" later in the week. Master degreer Sharon said after she and her friends talk about weight loss, they go out to eat and have "one last meal" before starting their proposed weight loss plan. The church members did not discuss weight loss among their friends and lacked a comfort level and consistent dialog among their community members in the focus group. Perhaps the women in the church member group interpreted community members as women who belong to one of their groups in an institutional sense (e.g., church community, educational community, job community) rather than a relational and social sense. Just because the women attend the same church does not necessarily mean they fellowship together, which could explain the reason for their lack of consistent interaction and interpersonal dialogue.

Racial identity and social connectedness together may have played a role in how different focus groups framed weight loss perceptions and weight loss discussions. The college students' connection to their racial group dictated how a certain body shape is acceptable in their racial group and this was a standard by which the college students used when thinking about and deciding to lose weight. Although there were no social Community members among the single mothers, the meaning they attached to their

racial identity shaped their internal thoughts about the weight loss process. Even before deciding to lose weight, the single mothers expressed the need to first love and accept yourself for who you are. Accountability partners were also reoccurring messages the single mothers perceived to be important in a campaign that would resonate with them. The church members would benefit from increased awareness of the obesity and weight-loss disparities among Black women. Tanya said, "I think that face-to-face and having accountability partners is all critical." Brandy even suggested wearing a certain color on a selected day, similar to wearing pink for breast cancer awareness and wearing red for heart disease awareness campaigns. Master degreers seemed to be less mobilized to action than the other groups. Women from the other focus groups talked about how they started a weight loss program. However, most of the community members in the master degree group talked about their weight-loss intensions, but not their actions. They framed their discussion around hair maintenance, keeping their curves for their man, and lack of will power as barriers to their weight loss process. My study found that sociodemopraphic characteristics may by an antecedent of how Black women with strong racial identification make meaning of obesity and weight loss messages.

I started out on a journey to examine the strength of Black women's racial identity and how this influenced her meaning-making process on obesity-related message. By the end of the study, I made two discoveries based on the data: I discovered that it was not so much the strength of connection to a racial identity as it was about shared meanings and language within this connection that influenced how they made sense of obesity-related messages. I also discovered that sociodemographic

status (e.g., educational level, marital status) within Black women's racial identification group may also play a major part within racial identity in how Black women understood obesity and weight loss messages. I also set out to find out how community members made meaning of messages. The data revealed that this type of membership did not influence the interpretation of the obesity and weight loss and its corresponding messages (but racial identity did), rather, community provided conversation, environment, and encouragement or discouragement when it comes to weight-loss efforts. Based on the results of my findings, I will now answer the research questions.

Coming Full Circle: Addressing the Research Questions

How do racial identity and community influence how Black women make meaning of obesity and weight loss messages?

Racial identity may influence how Black women interpret obesity. Instead of using the word obesity or its derivatives, the women generally discussed overweight and obesity in terms of how they looked, how they felt, and how they fit in their clothes, but not by numeric measurements or the BMI.As far as weight loss, racial identity may shape the way participants understand weight loss messages by the race and body shapes used in the weight loss messages. The use of White skinny women in weight loss campaigns equates to an unrealistic and deceptive message based on shared meanings of weight and body shapes among Black women. Each focus group had specific frameworks in which they discussed racial identity and weight loss (e.g., college students' discussion of the desired shape in their community, the church members' lack of awareness, etc.). These salient issues, along with shared meanings in their racial group, served as the nucleus of each group's conversations. Previous studies have looked at how various cultural components have increased involvements and constraints

of health-related messages (Aldoory, 2001; Vardeman & Aldoory, 2008) and have focused on characteristics of the message (source characteristics, food choices, message content), but many of the studies do not focus on the language from a racial identification perspective. Aldoory (2001) found that audience members understanding language used in health messages may help increase involvement, but does explicate this suggestion. This dissertation extends the literature by not merely suggesting that understanding language is important, but demonstrating how language is used among a specific cultural group, Black women, and how health campaign planners can incorporate this knowledge to increase involvement and decrease constraints of obesity-related messages. There seemed to be no link to community and interpretation of obesity-related messages.

How do racial identity and community influence Black women's involvement and constraint of obesity and weight loss messages?

For research question two, racial identity may have influenced involvement in obesity messages based on the meaning the women attached to obesity. Black women make meaning of obesity differently than how the word is generally used in obesity-related campaigns. Because of this, there was little involvement in obesity messages. For weight loss messages, the women need racially relevant females in the messages that reflect participants' experiences, budget, lifestyle, and barriers to weight loss, and the messages need to include the process of how the spokesperson lost weight. Racial identity may have influenced constraints of obesity messages because the women do not racially identify with the word "obesity" or any of its derivatives. Black women also fail to adopt the BMI as an acceptable standard of obesity based on their racial identification. Thus, incorporating these terms into health campaigns may serve as

barriers to seeking information and adhering to health communication messages for Black women. Based on their racial identity, weight-loss messages that exclude the struggle narrative of the weight-loss process, exclude Black women, exclude realistic body shapes, and include Black celebrities all serve as barriers to weight loss messages. Furthermore, their racial identity created shared meanings of black women's shapes and served as a reason to keep their body images and not lose weight, which presented a barrier to weight-loss messages. As far as community, it did not influence participants' involvement or constraints in obesity or weight loss messages, but did influence the frequency, type of information, environment and decision-making processes for the women. Messages were discussed frequently among their social group members, both information-seeking (friends) messages and information-processing (family members) messages. Messages from friends enhanced involvement but family member messages enhanced constraints. Socially welcoming environments created comfortable spaces for community members to talk candidly about the subject. Additionally, it served as action-based (mobilizing and constraining) environments for the women, where they talked about losing weight together or intentions to lose weight.

What factors contribute to Black women's information seeking of obesity and weight-loss messages?

For research question three, racial identity influenced the way in which the women made meaning of obesity. So, applying their meaning-making experience to obesity messages would improve information-seeking of these messages. For weight loss messages, there were several factors mentioned that would resonate with participants and contribute to Black women's information-seeking of weight loss messages. Overall, the women desire Black non-celebrity female sources delivering

empowering, progressive messages to which the women can relate, and these messages should come through the media as well as Black churches. Additionally, the women would like to see accountability partners and healthy lifestyle themes incorporated into the campaigns.

Summary of Quantitative Exploration

The women overall had high racial identity scores. On a 1 – 5 scale, where 1 indicates a stronger connection to a person's racial group, and 5 is a weaker connection to a person's racial group). The lowest score in the group was a 3, which was church member Tameka's score. She mentioned that she loved being Black but it was not central to her identity. Also, the master degree group had the lowest racial identity mean score (M=*2.06*), but their focus group discussion painted a different picture. Four of the five master degreers were closely connected to their racial identity and this connection influenced their meaning-making experiences of obesity and weight loss messages.

Survey results showed that racial identity may have influenced involvement in obesity and constraints of weight loss, as women with stronger connection to their racial identity appeared to be less involved in the issue of obesity and felt slightly more constrained when it comes to weight loss. However, the focus group results revealed that racial identity may have played a major part in the majority of the women's (both high and moderately high racial identity scores) involvement in, and constraint of, obesity, weight loss, and their corresponding messages. While there were some slight differences in racial identity scores, survey results overall showed that racial identity scores had no significant influence on the women's level of involvement and constraints about the issues of obesity and weight loss. Women with moderately high racial identity

scores tend to be more involved in the issue of obesity than those with higher racial identity scores, or more connection to their racial group. Perhaps because research has shown that Black women's strong racial connection protects them from being influenced by society's pressure to be thin, but this protection may also lead to an "unhealthy tolerance" of obesity (Ristovski-Slijepcevic, Bell, Chapman, & Beagan, 2010). They perceived that they could personally take action to combat obesity if it affected them, and they reported having low constraint levels (barriers) when it came to addressing obesity.

Overall, women appeared to be highly involved in the issue of weight loss. Participants perceived high efficacy and low constraints when it came to seeking weight loss information and taking personal action to lose weight, similar to the survey results about constraints of obesity. In the focus groups, some participants synonymized obesity with weight loss. So, it is reasonable to understand why the women's survey results for obesity constraints would align with their perceptions of weight loss constraints. The focus group data seem to present a different angle, however. Focus group discussions revealed that there may have been a disconnect between the "knowing" and the "doing."

When it comes to a racial group, the women seemed to recognize that obesity is prevalent and weight loss is needed among Blacks, and racial identity scores generally were not influenced by their recognition. Since the women overall are connected to their racial group, it is safe to say that they not only recognize the need for the community to lose weight, but as a member of this group, they may recognize the need to personally lose weight as well.

Based on their height and weight, eight women reported that they were overweight and seven women reported that they were either obese or severely obese. However, only two participants cited obesity as one their major health concerns in the focus groups, but when I specifically asked, "Is obesity one of your major health concerns," most of the women replied "yes" and master degreer Sharon said she is in "denial at times." It is probably this denial that women face which contributed to the discrepancy of answers between the survey and focus group responses. Another possible reason is that Black women rarely incorporate the word obesity in their vocabulary, based on focus group results. So it is not top-of-mind when connecting the issue of obesity to health concerns or health issues.

When asked about their ideal weight, only three women used BMI as a standard for their ideal weight, which is no surprise. Many women mentioned, in the focus groups, that they perceived the BMI as a tool for White women and not catered to Black women's body sizes. Additionally, many women in the focus group (especially among the college students) discussed the need to lose weight based on how they looked or felt in their clothes. This corresponds to the answers given to the survey question "why is this your ideal weight" where many participants reported feeling good at their ideal weight, looking good at their ideal weight, or fitting comfortably in their clothes.

The survey revealed that racial identity had no significant influence on obesity, weight loss, involvement, constraints and the Black community. Looking at the survey results, one may surmise that little difference exists among the participants regarding obesity and weight loss. However, the focus groups shed light on the topic and revealed that racial identity may affect how Black women make sense of obesity and weight loss,

and may influence how the women interpreted these types of health messages. The women completed the surveys individually before the group discussion. This could explain the difference in answers on the survey than in the focus group, as the influence of one participant's answer may have changed another woman's answer from what she originally answered on the survey.

Overall, the survey was useful as it served as a basis for operationalizing racial identity in the study and provided a consistent way of examining racial identity in both the survey and focus group. Two, it introduced the Multidimensional Inventory of Black Identity (MIBI) as a way of exploring racial identity in a public relations context, in which few other studies have achieved. Finally, survey results helped bring to the forefront a concern proposed by other public relations scholars (Aldoory, 2001; Pompper, 2003; Sha, 2006). The issue is that surveys provide helpful information but should be used in tandem with audience-centered research to help give a thorough understanding of public's involvement and constraint of organizational messages. Survey data may tell one story but further analysis with audience-centered discussions may help give clarification behind the numbers. Both methods are useful in informing researchers about audiences' involvement and constraints to obesity-related messages. However, public health communicators and policy makers often rely solely on survey-based results, which may minimize the success of campaigns aimed at publics of color.

Convergence of Both Explorations

The survey revealed that the Black women in this study have a strong connection to their racial group, based on their high racial identity scores (MIBI scores). It also revealed that Black women *individually* may perceive that they are very involved

in the issue (the women scored between 1 – 3 on the racial identity scale) of weight loss and have few barriers in achieving the goal. However, *collectively,* they perceive more constraints because of external factors involved in the weight-loss process, as demonstrated by the focus groups results. Moreover, the survey asked the participants about their perceptions of obesity. However, the focus group revealed that women understand obesity in different ways, and they also equate obesity to weight loss. If this is the case, then a survey using the word "obesity". This problem sheds light on a methodological upgrade needed in public relations and other communication-based fields. Munshi and Edwards (2011) said that public relations scholars and practitioners need to produce more race and public relations research to supplement normative practices that have stifled the field. Standardized surveys are one such normative practice used from the field's inception of the Excellence Theory to current frameworks that exist today (i.e., relationship management, risk communication, and network analysis). This study revealed that operationalizing survey measures may be different for racialized publics, as exemplified in the use of the word "obesity." For this reason, communication scholars must open up dialogue with racialized audiences to understand how they make meaning to supplement survey answers, and in what ways these meanings contribute to message interpretation. This will allow scholars and practitioners to more effectively study and reach racialized publics when it comes to obesity, weight loss, and other health-related messages.

Furthermore, this study shows how language may not be race neutral. For instance, when I asked, "how do you define obesity", answers included "health issues related to being overweight", "a quality of life consideration", and "abnormally large",

which to Ciara, it meant "anything over 175 pounds." The women seem to interpret obesity in many ways. Thus, it is imperative that public relations and health communication scholars and practitioners apply this meaning to craft relevant messages that resonate with the intended recipients. My dissertation supports the statement that racial publics may understand messages in different ways than White audiences, for whom many health messages are tailored. For this reason, situational theory of publics may not be sufficient enough to explain the various ways in which racial publics make meaning of messages. Although I started out using situational theory, my data painted a broader picture—that Black women interpret and process obesity-related messages in racially relevant ways in which White audiences do not.

Racial Message Formulation

This study started out with a deductive approach and applied situational theory of publics (STP) to the context of black women and obesity-related issues. However, the study ended up inductively challenging situational theory and instead, I suggest a new framework to explain the phenomena: Racial Message Formulation**.** This conceptual framework looks at the key concepts of message interpretation and message outcome to determine how racialized publics make meaning of mediated messages. *Message interpretation* looks at how a racialized public interprets (or decodes) key message cues in the message. In other words, what is this message saying to me? Key message cues may include images, colors, sources, or repeated words used in the message. *Message outcome* focuses on what the message means to a racialized public. For instance, what meaning does the recipient attach to the interpreted message? What implication does the message have for the recipient? So, there are three main questions

associated with the framework: (1) *What did the message say to you*; (2) *What elements of the message help you derive this meaning*; and (3) *What is this message implying based on this meaning*?

In the context of this study, applying the framework of Racial Message formulation, I would first look at how women interpreted mediated messages. Based on my study, the participants interpreted the use of a before and after picture of a white thin image who went from a size 10 to size 7 in 30 days as a "quick fix" and "unrealistic" message. The before and after picture, the before and after weight of the image, and the short amount of days in which the participant lost weight are the elements the women used to make sense of the message. Then, looking at message outcome, what this message implied to the participants was that the message was deceptive and not applicable to them as a Black woman, and thus, they did not adhere to it.

Racial Message Formulation goes beyond just adding race to the situational theory of publics, but looking at it from a conceptually different standpoint with an understanding that racial identity may play a major role in how publics recognize, understand, and interpret messages. Racial Message Formulation places no quantitative value on the variables associated with the framework. So, there is no right or wrong answer, and one variable does not increase if another one decreases and vice versa. In other words, the framework looks at the quality and subjective meaning that Black women place on the message from her perception. As exemplified in this study, scholars can query diverse audiences about nested segmentation factors (e.g., race, nationality, social connections to various groups) and determine how audiences make

meaning through these different cultural lenses. Questions would come from the vantage point of what segmentation factor is being studied. Example questions would include, "What does this message communicate to you as a Latina," "what parts of the message help you create this meaning," and, "As a Latina, what does this message suggest to you based on this meaning?" So, it is a more direct way of understanding how the audience makes sense of messages, whereas the situational of publics pose general questions about how to increase involvement or decrease barriers to a particular message.

Racial Message Formulation is an information-processing model that practitioners and scholars could use in tandem with the situational theory of publics. For example, a researcher could do a two-phase study that would first use Racial Message Formulation to determine how and in what ways an audience interprets specific health messages. Campaign planners would create campaign material based on how participants made sense of the messages. Next, the researcher would determine the audience's recognition, involvement, and constraints of the health messages based on the campaign stimuli created from the first phase of the study.

Another public relations framework that may work with Racial Message Formulation is dialogic theory, specifically on the Web, since most participants in my study mentioned the Internet as their first source for health information. A researcher can apply dialogic theory to examine the contents of a health campaign website to determine what type of message the website is sending, what elements of the website did the audience use to base their understanding of the message, and explore what does the message imply to them.

In summary, the use of two research methods revealed answers in a way that a survey or focus group alone could not have done. Racial Message Formulation brings to the attention of scholars that messages may not be race neutral. Also, it highlights the premise that racial identification, and all of the factors tied to it, may play a significant role in how women of color make sense of obesity and weight loss messages. The next section will discuss limitations to the study.

Limitations

There are several limitations within this study. First, the small sample size limited my ability to extract the results and apply them to a broader population. Despite the small sample size, the Multidimensional Inventory of Black Identity (MIBI) survey measures were reliable, which means I measured what I intended to measure to help reach the goal of my study.

I did not analyze the reliability of my involvement and constraint measures during the pre-test phase of my study. Doing so probably would have increased the reliability of these measures in my actual study.

The population parameters also limited the study's results. The participants were Black women ages 18-59 who live in Oklahoma and have lost, or have tried to lose weight in the past six months. The results do not represent Black women who fall outside of these parameters, which may change the results of my study. However, the findings from this particular sample can serve as a benchmark to conducting studies with other Black women in other states or even nationwide.

Inaudible portions of the focus group audio recordings made it difficult to transcribe all discussions verbatim. There were transcripts with words or phrases

omitted in some places. As the primary investigator of the study, I was able to refer back to the audio files, recall the context of the conversations and pair it with field notes to fill in most of the gaps on the transcripts. However, there were still a few places in the audio files where multiple participants were speaking at one time or a participant's voice was too low for the recording devise to capture clearly, which resulted in lost transcription. However, the incoherent parts of the transcription were very minor. Most of the data was transcribed and was sufficient enough to provide thick description of how the participants' connection to their racial group and community influenced how they made sense of obesity and weight loss messages in the media.

Another limitation is the use of the word "community" in triangulating survey and focus group results. I did not use a consistent measure or definition for both phases of my data collection. I used "Black community" in the survey, and used the word "community" in the sense of a group that depends on each other for empowerment and social support in my recruiting efforts for focus groups. This prevented me from reporting triangulated results from a community standpoint.

Additionally, I had limited reliability measures for my qualitative data. There were no co-moderators or co-investigators to assist me in the data collection or data analysis process. I overcame this limitation by taking field notes and having reflexive moments in which I used both to make improvements to the focus groups. I also provided an oral summary at the end of each focus group as an internal check of whether or not I accurately captured participants' responses. Finally, I triangulated my study with both a survey and focus group as a means to compare findings from the data.

The use of the Multidimensional Inventory of Black Identity (MIBI) in public relations research is unprecedented; therefore, I was met with some challenges. The implementation of the MIBI to stratify participants needs to be implemented with a larger sample size to improve the variance of answers in order to better stratify the focus groups. I was unable to divide focus groups solely on racial identity scores because of the small sample size and similar racial identity scores. Despite this challenge, this study extends the current literature and does what most scholars say, but fail to achieve—research racial audiences. Aldoory (1998) said that many scholars argue for culturally appropriate programs but little actually talk to the audience that needs to be addressed. This study addresses this issue by introducing a measurement that can be incorporated in not just addressing cultural audiences, but specifically, racial communities to determine how they understand, remember, and act on a message. The MIBI can be used both quantitatively and qualitatively as a framework to study racialized audiences.

Contribution to Theory and Practice

This study examines antecedent factors that influence communication behaviors of a racialized public as it pertains to obesity and weight loss messages. I aimed to better understand what messages may encourage or inhibit them from adhering to obesity-related messages, which is important in reaching health organizations' goals. Not only did the results unveil factors that might contribute to communication behavior, but it also may have uncovered ways in which Black women's shared meanings and perceptions of obesity, weight loss, and obesity-related messages contributed to their communication behavior.

This study differs from other public relations studies that examine health communication among racial and ethnic female audiences in several ways. First, it brought racial identity to the forefront of participants' minds as a way for the women to consciously consider this particular identity in relation to their meaning-making experiences. Other studies recruited racial and ethnic women and asked them questions about involvement and constraints of campaign messages without focusing specifically on racial identity (Aldoory 2001, Briones, 2008; Vardeman-Winter & Tindall, 2010). Berg (2009) said the purpose of focus groups is to learn about the unconscious and conscious "psychological and sociocultural characteristics and processes among various groups" (Berg, 2009, p. 158). I tapped into the conscious characteristics of Black women by specially asking how racial identity influences their meaning-making experiences.

Unlike previous work which used specific campaign material and campaign stimuli, this dissertation looked at formative research for a health campaign, Not using pre-existing literature allowed my participants to think about all various types of messages (print, broadcast, digital, etc.) when it comes to involvement and constraint, rather than limiting them to a particular set of messages. The purpose of formative research is to create messages from general baseline research and not based on pre-existing campaign literature.

Also, this study focused solely on racial identity rather than taking a cultural or racial/ethnic approach to segmenting my audience. I do not dismiss the fact that the intersection of identities plays an important role in how women perceive messages. However, effective segmentation is based on creating subgroups with similar

characteristics to deliver specific messages to each subgroup (Slater, 1996). This research suggests taking a building block approach by first looking at racial identity (one specific factor) and then using those findings to further examine another factor (such as gender) to see how their intersectionality contributes to Black women's meaning-making experience. This may be a more effective segmentation approach then exploring culture (e.g., race, ethnicity, nationality, religion) in a single study where it may be a challenge to develop subgroups among broad categories of factors.

I offer a conceptual framework called Racial Message Formulation, which has the potential to not only explain how Black women, but also how other women of color interpret health messages. With more refining, Racial Message Formulation may be applied to other mediated messages as well.

Finally, this is one of the first public relations one of the first communication studies to incorporate the Multidimensional Inventory of Black Identity (MIBI). This paves the way for future communications research to more thoroughly examine racial identity not just as the "other" to White women, but to pay as much or even more attention to racialized publics as health disparities continue to persist among female racial minorities (Vardeman-Winter & Tindall, 2010). This study shows that health communication is not a race neutral language that can be tailored to racial publics by merely changing a few words or images in a campaign. Instead, my study revealed that health campaign planners must understand how Black women interpret messages through deep structures such as historical and communal meanings they attach to obesity and weight loss within their racial communities to craft effective messages for Black women.

Future Research

One direction for future research is to apply this study to women of other races to determine commonalities and differences among different racial groups. In my study, there were findings that may have applied to many other women (such as lack of time, motivation, and money to live a healthier life). However, the women appeared to offer some racially-specific barriers to involvement in obesity-related messages. For example, Alexis talked about how a Black woman "takes her braids out", and "get a fresh perm." The master degree group talked about how Black men like thick women so they can have "something to hold onto," and Alexis followed up and said her grandfather told her, "not even a dog wants a bone." In other words, Black men may not like women with thin body frames. So, practitioners and scholars may want to study other racial populations to discover in what ways they make meaning of obesity-related messages to develop racially-relevant messages to each group and avoid the "one size fits all" campaign.

Furthermore, more racial identity research is needed in public relations theory, specifically, how racial identity shapes the processing of messages among the target audience. Scholars can use the Multidimensional Inventory of Black Identity (MIBI) and Racial Message Formulation to bring about this change and craft more effective messages for audiences of color. Scholars and practitioners can use this information to create more tailored messages regarding weight loss and other topics of important to racial publics. Racial identity is an emerging topic of discussion in psychology (Yap, 2011), and political science (Tesler, 2012) and many other fields. The public relations

field must keep up instead of catch up, and racial identity research is one way to stay relevant in academia.

Future studies can also find meaningful ways to analyze focus groups by MIBI scores. In my current study, I compared answers based on high and moderately high racial identity scores. However, using a bigger sample may contribute to more substantial comparisons of focus groups based on participants' MIBI scores, or strength of connection to their racial group.

Community relations is also a worthy topic to explore among public relations scholars and practitioners. Currently, "publics" is the traditional word used for recipients of organizations' messages. However, results from this study revealed that Black women may operate within a social and communal setting, and the community in which she belongs may influence her environment, message frequency, and actions about the issue. The answers in this study revealed that women sometimes make health behavior decisions based on their social support memberships. So, in essence, to reach the audience member you need to address her community as well. For this reason, "community relations" rather than "public relations" would be more fitting for this particular group. More research should be conducted to investigate this concept with Black women from other states and a larger sample size. Also, other racial and ethnic groups should be studied within the context of community relations to determine its applicability.

The framework of Racial Message Formulation may be used in future research when looking at communication behavior among racial publics, as the situational theory of publics treats language as value neutral information. For instance, the women in my

study had high involvement in weight loss messages because they were already connected to the issue, but they also paid attention to the missing elements of the message that made them perceive that the message was not racially relevant to them. Many situational theory of publics studies have incorporated surveys without a qualitative angle. While surveys are a useful tool, practitioners should also create dialogue with audiences to gain insight and understanding of community members of different racial backgrounds. This mixed-method approach will help researchers see "the big picture" of the issue that the researcher is studying.

Practical strategies offered by my participants are incorporating vernacular that is empowering and that focuses on healthy lifestyles. Also, create relevant messages that represent their everyday lives. Another suggestion for campaign planners and public relations practitioners is to implement campaign messages on the Internet, since most of the women use it as their first source of health information.

This research makes a valuable contribution to the field because it fills the gap in literature by specifically focusing on racial identity rather than the broad umbrella of culture as a determinant of constraint recognition and level of involvement. It argues the need to increase the relevance of messages to allow all groups equitable access to the participatory process of health messages. It also challenges the well-established situational theory of publics and calls for a revised theory of Racial Message Formulation that accounts for the various ways racialized audiences understands and interprets messages. These findings challenge the mainstream approach of researching audiences by bringing to the forefront the importance of language to racialized publics. It sheds light on the need for communication scholars, public relations practitioners and

health campaign planners to spend the time, energy and resources to understand how racialized publics' make meaning of health information, and this meaning may differ from mainstream definitions that have been applied to health communication as we know it. The framework of Racial Message Formulation may help contribute to the solution, as it challenges the notion of race-neutral messages and encourages scholars to account for the differences in the way racial audiences process messages. This will allow Black women access to relevant health information that may assist them in making better choices in improving their health and ultimately improving the health of America. These suggestions may assist communication scholars and public relations practitioners in effectively reaching racial publics, improving organizational goals, creating more culturally-acceptable methodologies in the communication field, and may ultimately help save lives.

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APPENDIX A
*Multidimensional Inventory of Black Identity (MIBI)

Centrality Scale – *used in current study*

1. Overall, being Black has very little to do with how I feel about myself. (reverse scored)
2. In general, being Black is an important part of my self-image.
3. My destiny is tied to the destiny of other Black people.
4. Being Black is unimportant to my sense of what kind of person I am. (reverse scored)
5. I have a strong sense of belonging to Black people.
6. I have a strong attachment to other Black people.
7. Being Black is an important reflection of who I am.
8. Being Black is not a major factor in my social relationships. (reverse scored)

Regard Scale

Private Regard Subscale – *used in current study*

1. I feel good about Black people.
2. I am happy that I am Black.
3. I feel that Blacks have made major accomplishments and advancements.
4. I often regret that I am Black. (reverse scored)
5. I am proud to be Black.
6. I feel that the Black community has made valuable contributions to this society.

Public Regard Subscale

1. Overall, Blacks are considered good by others.
2. In general, others respect Black people.
3. Most people consider Blacks, on the average, to be more ineffective than other racial groups (reverse scored)
4. Blacks are not respected by the broader society. (reverse scored)
5. In general, other groups view Blacks in a positive manner.
6. Society views Black people as an asset.

Ideology Scale

Assimilation Subscale

1. Blacks who espouse separatism are as racist as White people who also espouse separatism.
2. A sign of progress is that Blacks are in the mainstream of America more than ever before.
3. Because America is predominantly White, it is important that Blacks go to White school so that they can gain experience interacting with Whites.
4. Blacks should strive to be full members of the American political system.
5. Blacks should try to work within the system to achieve their political and economic goals.
6. Blacks should strive to integrate all institutions which are segregated.
7. Blacks should feel free to interact socially with White people.
8. Blacks should view themselves as being Americans first and foremost.
9. The plight of Blacks in America will improve only when Blacks are in important positions within the system.

Humanist Subscale

1. Black values should not be inconsistent with human values.
2. Blacks should have the choice to marry interracially.
3. Blacks and Whites have more commonalties than differences.
4. Black people should not consider race when buying art or selecting a book to read.
5. Blacks would be better off if they were more concerned with the problems facing all people than just focusing on Black issues.
6. Being an individual is more important than identifying oneself as Black.
7. We are all children of a higher being, therefore, we should love people of all races.
8. Blacks should judge Whites as individuals and not as members of the White race.
9. People regardless of their race have strengths and limitations.

Oppressed Minority Subscale

1. The same forces which have led to the oppression of Blacks have also led to the oppression of other groups.
2. The struggle for Black liberation in America should be closely related to the struggle of other oppressed groups.
3. Blacks should learn about the oppression of other groups.
4. Black people should treat other oppressed people as allies.
5. The racism Blacks have experienced is similar to that of other minority groups.
6. There are other people who experience racial injustice and indignities similar to Black Americans.
7. Blacks will be more successful in achieving their goals if they form coalitions with Other oppressed groups.
8. Blacks should try to become friends with people from other oppressed groups.
9. The dominant society devalues anything not White male oriented.

Nationalist Subscale

1. It is important for Black people to surround their children with Black art, music and literature.
2. Black people should not marry interracially.
3. Blacks would be better off if they adopted Afrocentric values.
4. Black students are better off going to schools that are controlled and organized by Blacks.
5. Black people must organize themselves into a separate Black political force.
6. Whenever possible, Blacks should buy from other Black businesses.
7. A thorough knowledge of Black history is very important for Blacks today.
8. Blacks and Whites can never live in true harmony because of racial differences.
9. White people can never be trusted where Blacks are concerned.

*Current 56-item MIBI framework developed by Sellers et al. (1998)

APPENDIX B
Recruitment Email

Hello. My name is Christal Johnson and I am a doctoral student in the Gaylord College of Journalism and Mass Communication at the University of Oklahoma. I am conducting a study for my dissertation that examines how Black women perceive obesity and weight-loss messages and how race may or may not influence their perceptions of those messages. The research study will involve a survey that takes approximately 10 minutes and a focus group session that will take approximately 2 hours. No identifying information will be disclosed in the research project, and all participants' names will remain confidential. I am looking for Black women ages 18-60 who live in Oklahoma, and who are trying, or have tried, to lose weight in the last six months to participate in the study. Please e-mail me at crsj@ou.edu if you would be willing and able to participate in my research study. Focus group participants will be served dinner and will be eligible for a drawing to win a gift certificate to Target. I appreciate your help. Thank you.

–Christal R.S. Johnson, Ph.D. Candidate

The OU IRB has approved the content of this message but not the method of distribution. The OU IRB has no authority to approve distribution by mass e-mail.

The University of Oklahoma is an equal opportunity institution.

APPENDIX C
Participant Survey

Name and contact information should only be provided if you are willing to be contacted for a focus group.

Name: Phone number:

I am conducting a study for my dissertation about race and how it influences women's meaning-making process when it comes to obesity and weight loss. Participation in this study is voluntary; you are free to withdraw at any time. All respondents and answers will remain confidential. You will *not* be identified in connection to your answers in the published results. It will take approximately 10 minutes to complete the survey. Thank you for your participation.

Put an X in the box that best describes your level of agreement with each statement or question.

	Strongly *Agree*	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly *Disagree***
1. Being Black is an important reflection of who I am					
2. I have a strong sense of belonging to Black people					
3. I have a strong attachment to other Black people					
4. I feel good about					

	Black people					
5.	I am happy that I am Black					
6.	I feel that the Black community has made valuable contributions to this society					
		Strongly *Agree*	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly *Disagree***
7.	I recognize that obesity is prevalent in the Black community					
8.	I am personally connected to the issue of obesity					
9.	I frequently think about the issue of obesity					

10.	I actively seek out information about obesity					
11.	I can personally do something about obesity if it affected me					
12.	Whether or not I seek information about obesity is entirely up to me					
13.	I recognize that weight loss is needed in the Black community					
14.	I recognize weight loss as an issue that personally affects me					

		Very Much	**Pretty Much**	**Moderately So**	**Somewhat**	**Not at all**
15.	To what extent are you personally concerned about losing weight?					
		Strongly *Agree*	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly *Disagree***
16.	I frequently think about the issue of weight loss					
17.	I actively seek out information about weight loss					
18.	I can personally do something about losing weight					
19.	Whether or not I seek information about					

	weight loss is entirely up to me					
		Complete control	Much Control	Some Control	Little Control	No Control
20.	How much control do you have over seeking information about weight loss?					
		Under Weight	**Average Weight**	**Overweight**	**Obese**	**Severely Obese**
21.	Based on my height and weight, I believe I am					

Please answer the remaining questions as accurately as possible.

22. What is your *ideal* weight? _____

    22a. *Why* is this your ideal weight? _____

23. What is your age?
    _____

24. In what city do you reside?
    _____

APPENDIX D
Focus Group Questionnaire

	Welcome. Thank you for agreeing to participate in this focus group. My name is Christal Johnson, and I will be the facilitator for today's group discussion. I am a doctoral student in the Gaylord College of Journalism and Mass Communication at the University of Oklahoma. I would like to talk to you today about your thoughts and feelings about racial identity, obesity, weight loss, and messages. Your comments are very important. What I learn from today's discussion will help communicators improve messages in weight-loss campaigns to make them more culturally relevant. I am going to ask you several questions; I ask that only one person speaks at a time, and everyone speak clearly. Don't worry about having a different opinion than someone else. But please do respect each other's answers and opinions. As stated in the consent form, I am tape recording the discussion today because I don't want to miss any part of your comments. I will treat your answers as confidential. I will not use real names in the study, and we will go by colors during the discussion. We also ask that each of you respect the privacy of everyone in the room and not share or repeat what is said here in any way that could identify anyone in this room. Finally, this discussion is going to last approximately 2 hours and I ask that you stay for the entire meeting. Does anyone have any questions before we start?
	[START TAPE RECORDER NOW] I'd like to go around the table starting to my right and have each person introduce herself. Please tell us your first name only and what city you reside.
	I'd like to first discuss your personal feelings about race and health. 2. Do you feel like being Black is central to your identity? a. Probe: why or why not? 3. How do you feel about being Black? 4. What are your major health concerns? 3a. Why do you believe these are your biggest health concerns? 5. How do you think your racial identity (i.e., connection to a particular racial

	group) influences your health concerns? 6. Where would you turn for information about your major health concerns?
	Now, let's talk about obesity. 7. Would you consider obesity as one of your major health concerns? 8. How do you define obesity? 9. As a Black woman, what are you feelings about obesity? 8a. How often do think about obesity in a typical day? 10. Does your racial identity affect your perception of obesity? 11. What messages have you seen in the media about obesity? 10a. Can you describe the content? 10b. What did they communicate to you? PROBE: what was the message that was communicated to you? 10c. Did you believe any of the messages? 10d. To what extent did the messages target you as a Black woman? 10 e. To what extent do you think these messages targeted other women in the Black community? a. *PROBE:* If they are not, how would you change the messages so that they are geared towards you and other women in the Black community? 12. Do you feel that you can comply with one message more than the others? a. *PROBE:* Why? 13. Does seeing these messages make you want to change any of your behaviors? a. *PROBE:* If so, which behaviors? 14. Do you think your racial identity play a factor in whether or not you seek information? 15. What do you think keeps others in the Black community from seeking information about obesity?
	Now, let's talk about weight loss 16. When someone mentions weight loss, what comes to mind? a. *PROBE:* How do you think other Black women feel about weight loss? 17. How often does the subject of weight loss come up in your daily

	conversations between you and your family or friends? 18. How do you think your racial identity influences your weight? 19. How do you feel about losing weight? 20. What messages have you seen in the media about weight loss? 14a. Can you describe the content? 14b. What did they communicate to you? 14c. Did you believe any of the messages? 14d. To what extent did the messages target you as a Black woman? 14e. To what extent do you think these messages targeted other women in the Black community? a. *PROBE:* If they are not, how would you change the messages so that they are geared more towards you and other Black women who are in the Black community? 21. Do you feel that you can comply with one message more than the others? b. *PROBE:* Why? 22. Does seeing these messages make you want to change any of your behaviors? c. *PROBE:* If so, which behaviors? 23. What about your racial identity keeps you from losing weight? 24. What would keep you from seeking information about losing weight? *PROBE*: How does racial identity play a factor in you not seeking information? 25. What do you think keeps others in the Black community from seeking information about weight loss?
	The last thing I would like to discuss today is the general subject of weight loss. 26. If you could change the way you and other Black women receive information about obesity & weight loss, what would you change? 27. If you could design your own weight-loss campaign, what would it look like? 28. If you could design a weight-loss campaign for Black women who are connected to the Black community, what would it look like?

	[GIVE A SHORT ORAL SUMMARY OF COMMON THEMES, KEY PHRASES, AND ALSO ACKNOWLEDGE DIFFERING POINTS OF VIEW] 29. How well does that capture what was discussed today?
	In closing, I would like to pose one last question. 30. I am trying to encourage communicators to use relevant messages to help encourage Black women to lose weight and live healthy lives. What suggestions do you have for them?
	Thank you for coming today and for sharing your opinions with me. I hope you enjoyed the discussion.