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# Making The Healthy Choice: Exploring Health Communication In The Food System

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MAKING THE HEALTHY CHOICE:  
EXPLORING HEALTH COMMUNICATION IN THE FOOD SYSTEM

A Thesis Presented

by

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to

The Faculty of the Graduate College

of

The University of Vermont

In Fulfillment of the Requirements  
for the Degree of Master of Science,  
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## ABSTRACT

The Academy of Nutrition and Dietetics and the Cooperative Extension System are organizations that serve the public and agricultural communities, respectively. Within these broad organizations are two groups of food systems professionals, registered dietitian nutritionists (RDNs) and Extension agents, who are utilizing communication as a critical point of access for health-related issues. Both groups of professionals negotiate organizational structure in order to construct their own health knowledge and, subsequently, communicate accurate information to their constituents. Understanding the ways that these professionals navigate their roles as health communicators are important for contributing to public discourse about how health knowledge is created and disseminated.

Specifically, for the first article, I conducted semi-structured interviews with RDNs to analyze the ways in which they navigate both commercial and health messaging from industry groups at their largest organizational meeting. Industry affiliations have historically been a controversial aspect of Academy operations, yet little research has explored RDNs unique experiences with industry. Findings revealed RDNs have varied interpretations of industry messages and are utilizing strategies to negotiate interactions with industry. The spectrum of RDN interpretation suggests that formal dietetic training should address media literacy strategies in order to help RDNs navigate a complex message landscape.

For the second article, through national focus groups with Extension professionals, I sought to understand how Extension is responding to healthcare reform changes and how this has translated into programming for their constituents. Extension participants reported a lack of available resources to improve their own health insurance knowledge, which has impacted their abilities to serve their constituents effectively. Findings emphasized a need for both collaborations both within Extension and across other agencies in order to improve health insurance access for agricultural communities.

By researching these two organizations, I hope to contribute to new understandings about how professionals navigate and communicate knowledge related to public health. Both articles have practical implications for each group, and they also offer examples of opportunities to utilize leverage points for structural change within the food system.

## ACKNOWLEDGEMENTS

I arrived in graduate school with only a vague idea of what it meant to conduct original research. Two years later, reflecting back on interviews, focus groups and hundreds of pages of transcripts, I feel like I've come out of the cycle with a much greater appreciation for the creativity, rigor and discipline that goes into the process. I'd like to thank my advisor, Dr. Sarah N. Heiss, for her mentorship and valuable feedback. I'd also like to thank my committee members, Dr. Shoshanah Inwood and Dr. Amy Trubek, for their time, thoughtful questions, and helping me to take a bird's eye view at the broader implications of this work.

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## **ACRONYMS**

AND — Academy of Nutrition and Dietetics

RDN — Registered Dietitian Nutritionist

FNCE — Food and Nutrition Conference and Expo

CES — Cooperative Extension System

ACA — Patient Protection and Affordable Care Act

CFS — Consumer and Family Sciences

ANR — Agriculture and Natural Resources

## CHAPTER 1: INTRODUCTION

In recent years, health communication has become an increasingly important issue in the United States. Within a healthcare landscape that is characterized by rising healthcare costs, high rates of non-communicable disease and a web of convoluted healthcare information, a number of questions have been raised related to communication, expertise, and access. This thesis seeks to examine health and communication within the broader context of our food system. Specifically, it examines issues that influence how nutritional experts and farm Extension professionals communicate health.

Registered dietitian nutritionists (RDNs) are the health professionals who contribute greatly to public and private knowledge, practices, and policies related to diet and health. The field of dietetics is represented by the Academy of Nutrition and Dietetics (the Academy), one of the largest professional health organizations with over 75,000 members (Academy of Nutrition and Dietetics, 2016d). However in an increasingly industrialized world, the influence of business interests has played a prominent theme in the unfolding of the dietetic profession, fueled by industry cooptation of the nutritional health paradigm and Academy facilitation of corporate affiliations (Nestle, 2013). A number of scholars have used the term ‘commodification’ to describe the blurring of boundaries between commercial advertising and promotional health messages (Lupton, 1995). As industry interests attempt to take a more active role in health, professionals are forced to negotiate these relationships and distinguish between health and commercial promotion. In order to develop meaningful industry/professional affiliations, it would be valuable for researchers to identify the ways that RDNs respond

to and make sense of industry messaging.

Agricultural Extension professionals are another group of experts that influence health within our food system. These professionals work with agricultural communities on a number of business and household issues. Farmers and ranchers have historically encountered a variety of problems related to accessing health insurance information, and general support; these have become particularly salient with the passage of the Affordable Care Act in 2010. There has been an increased need for Extension to help farmers and ranchers understand the implications of the Affordable Care Act on their families, workers, and businesses. While Extension agents are a potential resource for helping farmers and ranchers make health insurance decisions, little is known about the resources that exist for Extension professionals and how that impacts their communication. In order to ensure that farmers and ranchers can identify, access, and use appropriate health insurance plans, it is vital that researchers explore the health insurance landscape from the perspective of Extension and technical assistance workers.

### **1.1 Research Questions**

In this thesis I explore issues that influence how nutritional experts and farm Extension experts communicate with the public about health. Specifically, this thesis is guided by two overarching research questions:

RQ 1. How do RDNs navigate commercial and health messages presented to them within a commodification of dietetics?

RQ 2. How can Extension develop communication practices to meet the health insurance needs of agricultural communities?

- 2a. What health insurance issues has Extension identified as important to agricultural communities?
- 2b. How is Extension programming currently approaching health insurance matters?
- 2c. What specific tools and resources are needed for Extension to respond to these issues?

In Chapter Two, I review literature related to the intersection of health, communication, and the food system within the contexts of RDNs and extension agents. In Chapter Three, I describe how I used interviews and focus groups to answer my research questions. Chapter Four, the first article, uses semi-structured interviews to explore how RDs make sense of their relationship with industry through the lens of commodification theory. In Chapter Five, I analyze focus group interviews with Extension agents about how health insurance reform influences communication with farmers and ranchers. In Chapter Six, I conclude with a discussion of practical and theoretical implications, along with areas for future research.

## CHAPTER 2: LITERATURE REVIEW

Food systems scholarship often focuses on the concept of inter-connectedness. The food system is a product of all the activities that are concerned with the production, processing, transport and consumption of food. Because of this, food system outcomes are very rarely the result of isolated events; rather they are a culmination of inputs that help shape the narrative of how we know and understand food and all its related parts. The complicated interactions between food systems players can often be inhibiting to change within the system, as problems are deeply embedded within a web of social, environmental, economic issues. As a result, researchers in this field tend to have a strong belief in the utility of leverage points, which Donella Meadows (1999) defined as places within a complex system where a small shift can result in profound changes.

The issue of health communication presents an illustrative example of the complex interweavings that stem from the food system. Although communication has systemic implications for a broad array of issues, these are particularly crystallized where health is concerned. Health provides a window into some of the major inequalities that are produced by the food system, and a huge determinant of health is tied up in communication, as this can affect individuals' abilities to identify and access care. Additionally, the growing accessibility of information has highlighted a need for professionals who can help navigate and interpret information.

This thesis explores two groups of professionals, registered dietitian nutritionists (RDNs) and Extension agents, who utilize communication as a critical point of access for addressing health-related issues. Specifically, both projects examine the ways in which

communicators in the food system navigate and develop their own personal knowledge about health as a leverage point for addressing more deep-rooted food systems problems.

## **2.1 The Academy of Nutrition and Dietetics**

“Empowering members to be food and nutrition experts” (Academy of Nutrition and Dietetics, 2016b). This is the official mission statement on the Academy’s website and, though short, it solidifies the Academy’s intention to establish legitimacy and expertise for its members in the area of food and nutrition (Smith, 2014). The Academy (2016) is “committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy.” With 75,000 members, the Academy represents the world's largest organization of food and nutrition professionals. Approximately 72% of its members are registered dietitian nutritionists (RDNs) and the rest of its membership is comprised of nutrition science researchers, policy makers, health-care providers and industry leaders (Academy of Nutrition and Dietetics, 2016d).

Formerly the American Dietetic Association (ADA), the Academy has its roots in the field of home economics (Erickson-Weerts, 1999). Establishment of dietetics began in 1899, by a subgroup of the American Home Economics Association (AHEA), and the ADA was formed in 1917, charged with the mission to “bring nutrition literacy to the population at large” (Erickson-Weerts, 1999, p.292). A struggle to define this area of practice saw a move from traditional home economics towards a more clinically focused profession, driven by a commitment to nutritional science (Erickson-Weerts, 1999). In addition, the ADA explored ways to further legitimize their expertise as health professionals through strategic partnerships with food companies (Stein, 2015). Changing

perceptions towards food created an opportunity for dietitians to establish themselves as credible experts and they embraced the growing relationship with the food industry.

Although affiliations with corporate sponsors had existed prior to the eighties, 1986 marked the first major attempt at collaboration with industry (Stein, 2015). During the 1990s, these relationships were formalized through the establishment of a corporate sponsorship program (Stein, 2015). By fostering relationships with a number of food and nutrition companies, the Academy set out to accomplish three main goals:

- To work with industry to build awareness of the Academy and its members
- To share science-based information, new research and industry trends in food and nutrition with members
- To enable the Academy to reach millions of consumers with healthy eating messages

(Academy of Nutrition and Dietetics, 2016a)

These tenets have set the stage for corporate interests to take a more active role in Academy operations, through sponsorship and research opportunities and dietitian recruitment in corporate settings. It has become commonplace for companies to employ registered dietitians for consulting, product development and recipe testing.

Annually, the Academy hosts the Food and Nutrition Conference and Expo (FNCE) to provide networking, training, and continuing education for its members. In addition to hosting health professionals at FNCE, the Academy invites representatives from the food industry to participate in its activities and events (Academy of Nutrition and Dietetics, 2016c). Industry groups can pay to present their products at the food Expo, contribute to message construction by co-authoring Nutrition Fact Sheets, and advertise

in the Academy's publications. Currently, the Academy is partnered with PepsiCo, the National Dairy Council, Abbott Nutrition, Campbell's, and Kellogg's, among other food groups (Academy of Nutrition and Dietetics, 2016a).

### **2.1.1 Rise in Nutritionism and Functional Foods**

Coinciding with an attempt on the part of the Academy to establish legitimacy, the evolution of the industry-Academy relationship has its roots in changing historical perceptions towards food. In 1954, the release of the first TV dinner (along with the ten million sold that year) set the stage for what would soon become an iconic image of food during the middle half of the 20<sup>th</sup> century (Edwards, 2004). The TV dinner was representative of an era in which food choices were dominated by convenience and taste. Parents were freed up from the domestic constraints of cooking a meal from scratch; the TV dinner was quick, tasty, and kids loved it. However, in the 1990s, convenience foods faded from view as the emergence of nutritionism began to stress the relationship between foods and their nutrient profile (Scrinis, 2008).

Nutritionism refers to the understanding of food at a biochemical level, reflected in the way in which specific nutrients interact with the body (Scrinis, 2008). Beginning around the mid-1970s, dietary guidelines began to frame nutritional advice in terms of the need to consume more or less of certain nutrients (Scrinis, 2013). By looking to nutritional science for recommendations, professions associated with the science of food and health took on greater legitimacy (Heiss, 2011). This emergent paradigm provided an important framework for turning specific nutrient attributes into marketable food products, often exaggerating the role of single nutrients or foods (Scrinis, 2013).

The emphasis on nutritional health led to a demand for a different array of food products (Barkema, Drabenstott, & Welch, 1991), and food companies began to adopt marketing strategies to highlight the functionality of foods (Heasman & Mellentin, 2014). Advertising shifted to leverage the nutritional assets of food, highlighted in attribute marketing, such as “Two servings of whole grains” and an “excellent source of calcium.” The ambiguity inherent within the definition of functional foods has given companies considerable freedom in how they choose to create these marketing campaigns (Scrinis, 2008). Scrinis (2008) also speculates that the focus on nutrient composition blurs other qualitative distinctions, such as the difference between processed and unprocessed foods.

These changes towards marketing food as a way to achieving good health further solidified the changing relationship between industry and dietitians. As the Academy began to explore corporate affiliations, the food industry began to recognize the importance of creating relationships with and seeking endorsements from health professionals, namely dietitians. Relationships with health professionals help to establish brand and consumer loyalty (Freedhoff & Hébert, 2011). In an article about bolstering brand credibility, Cargill expounds the importance of reaching “influencers”, those in your target audience that make purchasing recommendations to the rest of your target audience (Cargill, 2016). *Advertising Age* notes that dietitians are increasingly employed in the corporate and retail sectors as a marketing tool (Schultz, 2013). The Academy’s facilitation of sponsorship complemented efforts by industry to establish a reputation for nutritional commitment (Stein, 2015) and, since the 1990s, industry’s role within the field of dietetics has been growing, though not without debate.

### **2.1.2 Debates Regarding Industry Ties**

The desirability of Academy-industry relationships has been contentious. The Academy maintains that affiliations with industry allow for purposeful collaborations in the form of conducting and sharing research, building awareness, and reaching a broad audience (Academy of Nutrition and Dietetics, 2013). They maintain that the food industry will be a critical ally in a long term large-scale prevention effort, therefore these relationships are necessary for providing nutrition information to the public (Colby, Johnson, Scheett, & Hoverson, 2010; Ayoob, Duyff, & Quagliani, 2002). Wansink and Peters (2007) also argue in favor of win-win opportunities with the food industry to help consumers make informed and responsible dietary decisions. They posit that food product design can have the dual-purpose of promoting profits and health.

While the Academy justifies its relationship with industry, these relationships are not without criticism. First, some are concerned that these relationships influence dietetic research. Reliance upon funding from food companies has encouraged the perception that the Academy is unwilling to criticize the food industry (Nestle, 2001). Parallels have been drawn to the pharmaceutical industry, particularly studies that show that physicians who accept gifts or attend sponsored conferences are more likely to write prescriptions for sponsor medications (Nestle, 2001). A recent study found, in a study of beverage articles, those funded by industry were four to eight times more likely to produce industry favorable conclusions (Lesser, Ebbeling, Goozner, Wypij, & Ludwig, 2007). Others are concerned that the lines between marketing and nutritional advice are continually blurred by these relationships (Ludwig, 2008). Nestle (2001) questions the implications of industry ads in academic journals and Academy endorsements on industry fact sheets.

Growing concern over Academy-industry relationships has emerged in discussions within the Academy's constituency. In her report on AND sponsorship, Simon (2013) found that 97% of dietitians felt that the Academy should ensure that the mission of corporate sponsors is consistent with that of the Academy. Recently, the group Dietitians for Professional Integrity was formed to promote greater transparency in sponsorships (Staff, 2014). In addition, the dietetic practice group, Hunger and Environmental Nutrition, has been publicly critical of Academy relationships with industry (Smith, 2014). Certain qualities of the Academy-industry relationship suggest a commodification of dietetics has occurred, whereby the certification has become branded, and the lines between marketing and nutritional advice continue to be blurred. The next section will describe commodification theory in depth in order to embed it within the Academy-industry debate.

## **2.2 Commodification Theory**

Commodification theory is a valuable lens through which health professions can be explored. Commodification describes the ways in which non-commercial goods, services, or ideas are symbolically transformed into commodities (Ertman & Williams, 2005). At a basic level, a commodity is created when there is the possibility to trade a good, service, or idea for a profit. In addition to clearly exchangeable items, like wheat or corn, commodification may also describe social relationships that are governed by economic principles, such as labor, or the 'sale' of a service in exchange for a profit (Ertman & Williams, 2005).

Increased instances of societal commodification are often attributed to neoclassical economics; characteristics of this discourse include an emphasis on

individual decision making, deregulation, and faith in the efficiency of markets to guide behavior (Harvey, 2005). Neoclassical economics makes a number of assumptions about how consumers and producers interact with the world, one being that free competition will efficiently regulate the market. This is the idea that increased competition, between companies or service providers, will drive down price while maintaining a quality ‘product.’ For example, a free market for technology has resulted in computers that are relatively accessible and affordable for the average person.

Another fundamental assumption of neoclassical economics is that consumers and producers possess perfect information with which to determine preferences and make decisions (Hobbs, 1996). Preferences are formed independent of the market, and the market will adjust accordingly to produce more or less of these products, relationships, and services. Commodification is viewed as a benign outcome; the market becomes merely a “neutral mechanism for maximizing satisfaction of those preferences” (Ertman & Williams, 2005, 10). Consumer preferences for ‘organic’ food have led to an influx of products that are produced according to specific ethical and environmental practices.

However, contemporary scholars have addressed the complexities that can arise when certain goods/services/ideas become commodified (Song, 2003). Some scholars argue that, when the possibility exists for a profit, commodification can reinforce preexisting power dynamics. The implications of commodification have been discussed in prostitution (Radin, 1987), cultural identity formation (Ertman & Williams, 2005) and philanthropy (King, 2006). For example, with regards to prostitution, there is concern that societal wealth inequalities create a power imbalance between actors that can pay for a service like prostitution and those that provide the service, who may feel otherwise

limited in their options (Radin, 1987). These examples challenge economists' understandings of market transactions as a voluntary process and raise concerns about the coercive nature of markets. Radin (2005) uses the term market inalienability to suggest that there are certain things which should never be for sale.

Particular attention has been paid to the pervasiveness and influence of a commodity culture on health and healthcare (for review see Henderson & Petersen, 2004). The commodification of health is an area of research concerned with the ways in which commercial advertising and marketing strategies are utilized for health promotion. In recent years, managed healthcare has increasingly adopted commercial marketing strategies for health promotion purposes. This has been evidenced through the transition of hospitals from public to for-profit institutions. There has also been a growing influence of technology and pharmaceutical firms on the delivery of medical care (Timmermans & Almeling, 2009).

The benefits of commodification within healthcare are largely attributed to increased access to information and treatment. Commodification of healthcare may be useful in "bringing new products to market, legitimizing diseases, and raising awareness of treatment options" (Timmermans & Almeling, 2009, p.25). For example, through widespread commercialization of the breast cancer ribbon and campaign, commodification has helped to propel breast cancer awareness into popular culture and fund massive research expansion (King, 2006). These efforts have expanded the range and type of treatment options available to patients. In addition, commodification can introduce performance pressure, driving down prices, and eliminating unnecessary care (Pellegrino, 1999; Tonkens, Bröer, van Sambeek, & van Hassel, 2013). For example, the

rise in generic medicines has helped to dissolve brand authority and increase affordability of certain medicines.

While some have identified benefits associated with the commodification of healthcare, the healthcare industry has also borne much criticism. Lupton (1995) argues that the adoption of commercial tactics for health promotion is doomed to failure because they have wildly different aims. Some scholars have expressed concern that money and markets can have a corrosive effect on medical practice, recasting patients as consumers (Timmermans & Almeling, 2009; Tonkens, Bröer, van Sambeek, & van Hassel, 2013). This has been reinforced through a rise in consumerist health rhetoric, which encourages product-based health solutions and implies health needs can be satisfied through the purchase of good and services (Henderson & Petersen, 2004; Zeckhauser & Sommers, 2013). Many question whether or not the focus on consumption detracts from quality health promotion (Timmermans & Almeling, 2009).

Critics also claim that commodification has resulted in a decline in professionalism (Tonkens et al., 2013). Henderson and Peterson (2004) contend that commodification may promote health bias by privileging certain information and research. For example, Bero (1999) found that research that is funded by pharmaceutical companies yields results that are overwhelmingly favorable to the company's product. Studies have also shown that research funded by industry is likely to produce results more favorable to the funder's products than an objective review would (Kluger, 1996; Cho & Bero, 1996). This suggests that there is a conflict in goals between industry and healthcare fields; industry is motivated by a bottom line while healthcare fields have an expectation for objectivity. These findings raise questions about the prevalence of biased

information and the abilities of providers to represent fully-informed choices regarding healthcare (Henderson & Petersen, 2004. p.3).

Healthcare is provided by a variety of experts in allied health professions: chiropractic, dentistry, nursing, pharmacy, psychology, registered dietician nutritionists, among others. Most literature on commodification of health care has explored its implications for health research or care delivered by medical doctors. Few have explored the lived practices and implications of commodification within other healthcare professions, however many of the same implications and concerns exist.

To address this gap in the literature, this thesis seeks to explore the ways in which commodification influences the practices and beliefs associated with a specific healthcare profession, the field of dietetics. The commodification of dietetics has increasingly been demonstrated through the Academy of Nutrition and Dietetics' complex relationship with the food industry. Particularly the FNCE Expo provides a unique lens for examining this relationship, as it represents one of the few direct communications between dietitians and industry and provides insight into the interface between commodification and health communication (Lupton, 1995).

### **2.3 Health Communication and the Expo**

Each year at FNCE, while dietitians scramble to poster sessions and research presentations, corporate representatives prepare food and hand out brochures on the expo floor. Tweeting your favorite way to eat almonds, taking photos with famous chefs, and accepting a peach cobbler from a 7'2" man dressed as a giant peach are just a few of the interactions that can be expected to occur. The Expo is a gathering of over 300 companies relating to food, nutrition, technology and education, and it serves as the most visible

representation of the relationship between the Academy and the food industry. Each company operates a booth on the Expo floor, giving out samples and information, and the booths range in size and price, from 10x10 (\$2,600) to 40x60 (\$63,600) (Academy of Nutrition and Dietetics, 2016c).

The Expo represents an example of the commodification of dietetics; the vast differences between the sizes and cost of booths allow industry varying degrees of access and exposure to the Academy and its members. Lupton (1995) notes that commercial marketing techniques within health promotion are largely viewed as an effective way to persuade audiences (in this case, RDNs) to take up a desired behavior. Accordingly, on the Expo website, the Academy advertises the possible industry benefits stemming from Expo participation:

Did you know that more than 73% of the 75,000 members of the Academy of Nutrition and Dietetics advise consumers and patients? Few groups have more influence over the way Americans eat than our members. By exhibiting at the Food & Nutrition Conference & Expo™ (FNCE®), you are placing your product in front of professionals that influence millions of consumers.

(Academy of Nutrition and Dietetics, 2016)

This sentiment correlates Expo participation with the possibility for increased product sales. Academy arguments in favor of the Expo support Lupton's assertion that interactions between media products and their audiences are often "portrayed as having a linear and measurable effect on audiences" (Lupton, 1995, p.109). Additionally, Lupton (1995) uses the example of anti-smoking campaigns to note that, oftentimes when mass media health campaigns fail, the failure is attributed to insufficient expenditure of

materials. Though Lupton is ultimately critical of the overlaps between commodification and health promotional activities, she establishes a precedent for the trend (for review see Lupton, 1995). In the context of FNCE, industry is incentivized to increase their possibility for successful marketing campaigns through the different tiers of booths that are available at the Expo.

The Expo setting helps to contextualize the perceived relationship between commodification and health communication. In assessing the validity of claims about commodification's effect upon RDNs, many have shed commentary on Academy/industry relationships from a macro level (Nestle, 2013; Simon, 2006). However, few have engaged the voices of dietitians themselves; exploration of how industry relationships are perceived by RDNs can be useful for understanding the effects of commodification. The ways in which these two groups interact at the Expo and make sense of interactions have implications for the ways in which RDN's navigate health information and, ultimately, communicate to the greater public.

### **From the Academy to Extension**

In addition to RDNs, agricultural Extension agents are another example of professionals in the food system who are navigating their roles as health communicators. Extension's role in health communication is expanding to include securing farmer access to health insurance, bolstered by healthcare reform legislation and calls for Extension to broaden their activities as service providers (Inwood, 2015; Braun, 2012). Extension's history is deeply embedded in a tradition of utilizing research and education to promote positive changes in rural communities, and they have long provided critical information to agricultural communities on a variety of issues, including adoption of technology,

business planning, and quality of life issues. By taking up the call to respond to health insurance reform, Extension is further exploring ways that they can systematically contribute to rural wealth creation for agricultural communities.

## **2.4 Rural Wealth Creation**

In recent years, there has been a renewed effort to grow and develop the agricultural sector. National initiatives, like the “Beginning Farmer and Rancher” program and “Know Your Farmer, Know Your Food” campaign, have arisen to address shrinking and aging agricultural populations (Inwood, 2015). In 2010, the Secretary of Agriculture, Tom Vilsack, argued that the USDA “must help rural communities create wealth so they are self-sustaining, repopulating and thriving economically” (USDA, 2010). Secretary Vilsack’s call for wealth echoes the work of a number of scholars that have developed the concept of rural wealth creation as a framework for fostering strong agricultural and rural economies.

Pender et al. (2012) use the term rural wealth creation to describe investment in wealth, or the stock of assets that can contribute to the well-being of people. This framework is based off the idea that wealth accumulation, through strategically growing community capitals, is necessary for long-term solutions to rural development (Pender, Marre, & Reeder, 2012). Community capitals (natural, cultural, human, social, political, financial, and built) are used as a measure of assets and resources within a community; when these assets are invested to create new resources, they become capitals (Flora, 2013).

Rural wealth creation pays particular attention to how capitals interact and complement each other; investment in one type of capital can increase returns in

investing in another (Pender et al., 2012; Flora, 2013). Rural development campaigns have often been singularly focused, on the acquisition of practical business skills or access to land, capital and credit. However, these have been shortsighted in failing to address the interconnectedness and importance of other forms of capital (Inwood, 2015). Flora and Flora (2013) argue that emphasizing one capital over others can end up having a compromising effect on the economy, environment and social equity of a community. Particularly, in rural development, scholars have argued for the development of capital beyond financial and physical assets, such as human capital, or resources embedded in people (Pender, Weber, et al., 2012; Flora, 2013). This systems perspective dovetails with research considering other factors that contribute to rural security and farm viability, including the acquisition of appropriate health care plans.

A recent survey looking at agricultural adaptation found that, of 293 commercial farmers, 66% identified health insurance as the most serious problem for their farm business (S. Inwood, Sharp, Jackson-Smith, & Clark, 2009). Health insurance is unique in its effect upon both household and business issues, affecting a wide variety of community capitals. As one of the major obstacles facing agricultural communities, initial research suggests that improving health insurance access will contribute towards economic development and generation of rural wealth (Inwood, 2015). The issue of health insurance access has become particularly salient with the recent passage of the Patient Protection and Affordable Care Act (ACA), a piece of legislation that has significantly altered the health insurance landscape for farmers and ranchers.

## **2.5 Health Insurance and Agriculture**

The Patient Protection and Affordable Care Act was signed into law in 2010 and then upheld by the Supreme Court in 2012. Born out of a desire to expand healthcare access and stem rising healthcare costs, the ACA also hopes to decrease job lock and increase opportunities for small business owners and entrepreneurs (Fairlie, Kapur, & Gates, 2010). Under the new regulations there are a number of important core provisions that are relevant for agricultural communities, particularly the expansion of Medicaid, the individual mandate and the employer mandate. These provisions affect how farmers navigate health insurance from both a family and employer perspective (Inwood, 2015).

A significant portion of the ACA bill concerned the expansion of Medicaid to all non-Medicare individuals under 65 with incomes up to 133% of the federal poverty level (Kaiser Family Foundation, 2013). In order to incentivize participation, the federal government has arranged for a federal cost share for states that decide to increase Medicaid; the cost share is 100% through 2016, and then will gradually scale down to 90% by 2020 (Kaiser Family Foundation, 2013). However, despite favorable economic benefits, many states are choosing not to expand Medicaid; as of 2015, only 31 states have made the decision to expand Medicaid (Kaiser Family Foundation, 2015). This has caused some low-income households to fall into a gap; their income is too high to qualify for Medicaid but too low to qualify for premium tax credits (Ahearn, Williamson, & Black, 2014).

The other important core provision of the ACA is the individual mandate to obtain Minimum Essential Coverage (MEC) through either a public or private plan. Once the ACA is fully phased in in 2016, those that have not complied with the mandate will

face tax penalties, equal to \$695 or 2.5% of taxable income (Ahearn et al., 2014). To date, the high cost of health insurance means that many farm enterprises choose to forgo formal plans (Sundaram-Stukel & Deller, 2009). The potential of paying additional annual fees/facing tax penalties has important implications for an enterprise's financial viability.

The last major core provision of recent healthcare reform legislation has been the employer mandate. Under the new terms established by the ACA, employers must provide health insurance if they have 50 or more full-time employees. This number is determined through a calculation of both full-time and full-time equivalent employees, based upon hours worked per month (Ahearn et al., 2014). Employers who fail to provide insurance are subject to a per-employee tax penalty (Kaiser Family Foundation, 2013). However, this provision is additionally complicated by state mandates, which override the federal mandates. For example, in Vermont, employer coverage is required after only four full-time employees (Vermont Health Connect, 2016).

Despite stricter regulations to provide insurance for employees, there are a number of provisions that seek to improve healthcare access and affordability for small businesses. Through the Small Business Health Options Program (SHOP), the ACA hopes to replicate many of the cost-sharing opportunities that large employers have traditionally had access to, particularly the ability to collectively bargain (Ahearn et al., 2014). Additionally, employers with less than 25 employees who provide insurance may qualify for tax credits of up to 50% of the total insurance cost (Ahearn et al., 2014). For farmers and ranchers, the ability to offer healthcare for employees can create stability

within a high-turnover occupation, however it poses financial difficulties in the face of already slim profit margins (Dembosky, 2016).

Given the changes introduced by the ACA, and the discrepancies between federal and state regulations, a major component of the outreach campaign allotted for the establishment of navigator programs to help consumers make sense of their options for healthcare plans.

### **2.5.1 Navigation Resources**

The ACA Navigator Program was created in order to help facilitate public health insurance enrollment (Zomorrodian, Dorley, Grace, & Rosenbaum, 2013). Navigator programs are funded through federal grant funds and appoint ‘navigators’ to help consumers choose plans and make sense of the complex health insurance landscape. Navigators must undergo a comprehensive federal training program, as well as a state-specific training program, prior to assisting consumers (Medicare, Baltimore, & Usa, 2015). In addition, navigators are expected to have close ties to the communities they serve, as well as cultural and linguistic relevance (Zomorrodian et al., 2013).

However, issues within the Navigator program have arisen due to inconsistencies between federal and states healthcare policies. Certain states have expanded their navigator programs beyond what federal funding provides, while others have restricted the type of information and advice that navigators are able to give (Zomorrodian et al., 2013). Some states, such as Ohio, prohibit navigation by any entity that negotiates with insurers, and in other cases, navigators are barred from communicating with individuals that currently have insurance (Zomorrodian et al., 2013). These issues exacerbate

confusion for choosing plans and may reinforce socio-economic disparities regarding healthcare access.

Despite strong outreach efforts, there is concern that efforts may not be sufficient to include rural Americans, one of the most at-risk populations for being uninsured and underinsured (OHRP, 2016). These areas experience lower rates of education, higher numbers of older citizens and typically have less access to resources than urban sites (NRHA, 2016). Studies have shown that, in addition to higher rates of chronic disease, rural populations pay nearly 39% of healthcare costs out of pocket, the highest percentage for all Americans (USDA, 2009). To address this dilemma, a number of health organizations have begun to consider another option for healthcare dissemination, particularly the role that Extension and technical assistance providers have to play. A brief history of Extension helps to contextualize some of the reasons for why Extension agents serve as a natural bridge to farmers and ranchers on healthcare-related issues.

## **2.6 History of Extension**

Agricultural extension work has a long venerable history that traces back just over 100 years to 1913; in that time the roles and responsibilities of the Extension service have shifted considerably in order to meet changing institutional and societal needs (WSU Extension, 2009). The major catalyst to the creation of Extension was the formation of the Land Grant Institution, and Extension's programmatic development was very much embedded within the unfolding of the Land Grant system.

Originally established through the Morrill Acts of 1862 and 1890, Land Grant colleges/universities were created as a response to the elitism and limited relevance of private institutions in the United States (Schuh, 1986). Dubbed 'people's universities,'

each state-designated institution was imbued with the mission to teach agriculture, mechanics, and engineering, thereby ensuring a more practical, useful education for the majority of citizens (WSU Extension, 2009). From an educational reform standpoint, the Land Grant system changed the landscape of higher education and established an ethos of public service within the education sector (Key, 1996). The underlying idea was that these institutions would be supported through funds from proportional land grants, as a way to democratize higher education (Key, 1996). The federal government granted land to each state—30,000 acres per state senator and congressman—to be sold and used to endow the emergent universities (Mcdowell, 2003).

Another key component of the land grant mission concerned creating public access to the knowledge that was created at the institution. The advent of Land Grants institutions saw the creation of programs such as agricultural experiment stations, but it was difficult to translate innovations and discoveries to the public; researchers didn't have time to devote to distribution and translation of findings into lay language (Franz & Townson, 2008). In order to more effectively disseminate the information, the Smith Lever Act of 1914 created the Cooperative Extension Service (CES), to function as the formal outreach mechanism of each Land-Grant college and university (Mcdowell, 2003). 'Cooperative' referred to the partnership between federal, state, and county governments to support the Extension program (Franz & Townson, 2008).

Upon initial passage of the Smith Lever Act, the United States was still predominantly a rural country and most outreach efforts were targeted at the needs of the agricultural community, particularly at increasing agricultural productivity through technology adoption (Mcdowell, 2003). However, subsequent legislation, around the

middle of the 20<sup>th</sup> century, expanded the role of Extension to include areas such as “resource and community development, youth at risk and communities and families in transition” (Ilvento, 1997). Today, local extension offices are located in more than 3,000 locations nationwide, with the “*common mission of supplying research-based information and education to people to help improve their lives*” (Franz & Townson, 2008, p.6). University extension programs have incorporated a number of different programmatic areas, which include but are not limited to: 4-H Youth Development, Agriculture, Family & Consumer Sciences, Health and Nutrition, Community Development, Water and Natural Resources, Forestry, Emergency Preparedness, Climate Variability, Volunteerism, and Human Sciences.

Although varied by university, each state’s Extension programs are structured similarly to ensure consistency in basic program offerings. State Extension offices are generally housed within academic departments at land grant institutions; these educators are responsible for program development and coordination of research projects (Franz & Townson, 2008). The state offices are supported by county educators in local offices; educators are focused on program delivery to the community (Franz & Townson, 2008). Additionally, Extension has historically utilized an extensive volunteer network that plays a key role in programmatic development and delivery (Franz & Townson, 2008).

Over the past 100 years, societal trends have greatly affected both the structure and funding of Extension related programs, as the Extension service has been forced to adapt to a more urban population and an increasingly consolidated agriculture sector (Ilvento, 1997). Funding has traditionally come from three sources: federal, state and local governments (Franz & Townson, 2008). However, justifying funding is an ongoing

challenge; the public is doubtful of the utility of Extension, despite studies showing evidence of the efficacy of CES (Henning, Buchholz, Steele, & Ramaswamy, 2014). In general, federal funding has decreased, and the main thrust of the Extension agenda has stayed within Agricultural program areas, largely focused on technology adoption and business development.

### **2.6.1 Role of Extension within Health Insurance Access**

As Extension programs adapt to the changing demographics at the rural-urban interface, many are exploring ways to increase their community relevance (Mcdowell, 2003). With regards to healthcare, Braun (2012a) highlighted the potential for Extension to act as navigators for agricultural communities. As members with a strong existing stake in the community, Extension educators may have more credibility as information providers for their constituents. Additionally, Extension agents fundamentally differ from navigators because they have access to these hard to reach populations through well-established outreach channels (Henning et al., 2014; Mcdowell, 2003; Franz & Townson, 2008). Already, efforts are being made to include extension educators in outreach campaigns; in 2013, the USDA awarded \$1.25 million to Extension agents in 12 federally facilitated states to assist with enrollment of underinsured populations (HHS, 2015). These campaigns dovetail well with outreach efforts that are simultaneously being developed within Extension programs themselves.

Two program areas within Extension are well-poised to address healthcare access efforts, Consumer and Family Sciences and Agriculture and Natural Resources (Inwood, Braun, Knudson, Parker, & Parsons, 2015). Traditionally, Consumer and Family Sciences has focused on household issues, while Agricultural and Natural Resources has dealt with

business decisions. Programming on issues related to familial health has been developed with Consumer and Family Science programs, an Extension area that has experienced deep budget cuts (Inwood, 2015; Henning et al., 2014). However, healthcare issues illustrate the interconnectedness of farmer household issues to business goals. Inwood et al. (2015) suggest that healthcare efforts should engage agents across different program areas in order to improve resource allocation for this issue.

Despite funding challenges, in the wake of healthcare reform through the ACA, a number of institutions have already seized the opportunity to take a role disseminating information related to accessing healthcare plans. The University of Maryland recently developed a health insurance literacy curriculum, called SmartChoice, to provide information on broad health insurance issues (Inwood et al., 2015). This curriculum is currently being taught in over 25 states, through close collaboration with community partners (Braun, 2014). Additionally, O'Neill and Riportella (2015) have developed a curriculum to complement SmartChoice called *You and Health Insurance: Making a Smart Choice for Farm Families*. However, scholarship has yet to delve into the lived experiences of Extension agents to understand their specific needs and observations within the new healthcare landscape. By exploring the issues that Extension agents have encountered, materials can be more accurately targeted to increase efficacy of outreach efforts and help promote social and economic development with the agricultural sector.

## **2.7 Conclusion**

Scholars have yet to thoroughly explore how health communication impacts the food system. As such, this thesis addresses this gap in the literature by identifying issues that

influence how nutritional experts and farm extension experts communicate with the public about health.

To explore the influence of industry on health recommendations, this thesis seeks to understand how nutrition professionals interact with and interpret industry messages. With this information, it would be possible to promote positive industry collaborations and minimize conflicts of interest due to commodification. Nutritional experts, particularly dietitians, represent one of the largest professional health organizations in the world. Their recommendations and expertise extend to national nutrition guidelines, research initiatives and major food product development. The ways in which they, as practitioners, negotiate health information are extremely important for the ways in which the public understands food and diet-related issues.

In order to ensure that farmers and ranchers can identify, access, and make sense of healthcare related information, this thesis explores Extension agents' communication obstacles for assisting farmers and ranchers. Understanding Extension's unique challenges will provide a foundation from which training sessions and support materials can be developed to help extension workers talk to farmers and ranchers about healthcare. By pinpointing healthcare access as a deterrent to the development of strong agricultural economies, extension workers can better position themselves to improve their healthcare literacy and foster success for a population critical to the food system: the one who feeds it.

## CHAPTER 3: METHODS

### 3.1 Approach to Research

I relied upon an iterative approach to analysis for these two projects. Specifically, I utilized constant comparative methods (CCM) (Glaser, 1965) as the guiding theory for how I processed and ultimately made sense of the data for each article. CCM was originally developed by Glaser and Strauss (1965) as an aid to the grounded theory approach to data analysis. Adoption of this method calls for the continual refinement of theory as data is analyzed, through constant comparisons and recoding of the data set (Boeije, 2002a). In this way, the process was very fluid, as the analysis and literature were constantly evolving to reflect deeper understanding of the data. CCM ensures that ideas are well-managed, the emergent theory is well-developed, and the final theory is most accurately reflective of the existing data (Glaser, 1965). Tesch (1990) highlights that comparison is the main method underlying all intellectual analysis, and its usefulness derives from its intuitiveness as an analytic tool.

Having had very little experience with qualitative research up until this point, my process was slow and often felt very repetitive. However, this also resulted in a very natural utilization of CCM. I recognized that my first attempts to make sense of the data would be fragmented and insubstantial. I was often reading, coding, then rereading and recoding in order to accurately represent participants' experiences and identify cohesive themes from interviews. I also relied, especially for the first article, on extensive notes taken during my observations to help guide the coding process. Notes utilized Geertz's methods for thick description, which Denzin further expanded upon to explain as an ethnography style that goes beyond "mere fact and surface appearances. It presents detail,

context, emotion, and the webs of social relationships that join persons to one another” (Denzin, 1989, p. 83).

Within my analysis, I tried to be sensitive to the greater context of both of these projects. The members of these two professional organizations, the Academy and Extension, are deeply embedded in a rich and complicated history that has evolved significantly over the past 100 years. An understanding of these histories was crucial for understanding some of the nuance contained in interactions and participant experiences. In particular, it was helpful for the second project to utilize key informants—often members of the research team—in order to understand the political climate within Extension and some of the more informal delineations of Extension activities and operations.

Throughout this process of reflection and theory building, I was also aware of my own biases as a researcher. I tried to remain as objective as possible, however I recognize that the analysis was inevitably shaped by the ways in which I view and make sense of the world. Although I hope to offer theoretical and practical implications of this work, I tried to avoid positivist interpretations of these findings. Rather, I was interested in illustrating social interactions and representing participants in a way that paid meaningful homage to their experiences.

### **3.2 Article One**

In Chapter 4, I analyze interviews with RDNs to explore the ways in which RDNs navigate between commercial and health promotional messages at the Academy’s annual conference. This sub-section explains the data collection and analysis procedures related to this endeavor.

### **3.2.1 Data Collection Procedures**

While the commodification of dietetics is represented by a variety of Academy practices and policies, to limit the scope of this project, I selected to focus my attention to a specific RDN experience. Data collection was conducted at the Academy's largest annual event, the Food and Nutrition Conference and Expo (FNCE), which, in October 2014, took place in Atlanta, Georgia. Data were collected through in-depth interviews with registered dietitian nutritionists (RDNs).

Preliminarily, field observations were primarily taken during the conference Expo, a gathering of over 300 companies from food, nutrition, education and technology sectors. My intention was to gain an understanding about how dietitians interact with the booths, methods that companies employ to attract visitors to their booths, and types of information and materials that are given out to dietitians. While in the expo, my role was principally as an observer and my interactions were limited to this role. Notes were taken while I was in the Expo, and these were often filled with questions about potential meanings of interactions, and these detailed descriptions helped me reach a fuller understanding of the expo and the roles of exhibitors and attendees. Ultimately, these notes were relied upon during the analysis process for the purposes of contextualization for the data sets.

I conducted in-depth, semi-structured interviews with 23 RDNs that had attended the 2014 conference. Interviews explored RDN experiences at the conference Expo. Prior to the interviews, participants were asked to attend the Expo for 30 minutes, interacting with booths and representatives as they normally would. Questions addressed issues related to which booths were attended, reasons for visiting a booth, the level of

interaction, along with general questions about the role of the Expo (See Appendix).

Although interviews were conducted during Expo hours, they were conducted off-site so as to respect the wishes of the Academy. Criteria for participation specified that each interviewee was currently a registered dietitian nutritionist. Although the majority of participants were Academy members, this was not explicitly required. Each interview lasted approximately 45 minutes.

### **3.2.2 Sampling**

Participants were recruited via email prior to the conference from three stratified sample populations: recently published journal articles related to dietetics, popular nutrition blogs, and university food and nutrition departments. Snowballing was then employed to expand the scope of reach. Snowballing is a non-probability sampling technique in which participants refer other potential participants whom they think would be interested (Tracy, 2013). Oftentimes, snowballing is used when members of a population are difficult to locate.

Approximately 9% of interviewees were male and 91% were female. In addition, the majority of participants (87%) identified as white or Caucasian. Although these numbers are largely biased towards Caucasian females, this is largely consistent with current recorded demographics of RDNs (Academy of Nutrition and Dietetics, 2016). Ages of interviewees ranged from 24 years old to 76 years old and a wide expanse of health fields were represented (see Appendix).

### **3.2.3 Data Analysis**

Interviews were transcribed verbatim and coded by hand once, and then coded again with HyperRESEARCH. By engaging in manual coding, I was able to become more fully immersed in the data, just through the process of physically seeing and touching the data (Tracy, 2013). HyperRESEARCH helped to organize my initial codes and provided ease of viewing. In addition, CCM helped me continually evaluate, modify and advance the codes that I was coming across. Through this process, I distinguished a number of different ways in which dietitians conceptualized their interactions on the expo floor.

Through analysis, reoccurring and forceful themes began to emerge from the data. It became clear that a tension existed in how dietitians made sense of messages that they were presented with at the Expo. Particularly, conversations revealed discrepancies in how RDNs discerned messages and industry motivations, resulting in a number of strategies to help them navigate the Expo space.

## **3.3 Article Two**

In Chapter 5, I analyze focus group interviews with Extension agents to explore how agricultural Extension professionals can best communicate with farmers and ranchers about health insurance information. This sub-section explains the data collection and analysis procedures related to this endeavor.

### **3.3.1 Data Collection Procedures**

Qualitative and quantitative data were collected through a series of focus groups run in March 2015 and October 2015. Focus groups are a style of group interviewing that draw upon participants' feelings, experiences, and beliefs in order to generate data

(Kitzinger, 1995); participants are heterogeneous is a way that is important to the research at hand (Krueger & Casey, 2009). The underlying idea behind focus groups is that the group experience can help participants verbalize and clarify their views in ways that would be less accessible in a one on one interview (Kitzinger, 1995). Focus groups are often used to gain understanding about a particular issue in order to more accurately target specific areas going forward.

The focus groups engaged Extension workers that work directly with farmers and ranchers. Through polls and informal discussions, the focus groups discussed the impacts of the ACA on these two populations, seeking to generate recommendations for how to improve dissemination of information to ranchers and farmers. Questions probed participants to reflect about major healthcare issues facing farmers and ranchers, current programming efforts within Extension as well as tools and resources that are needed to improve their dissemination efforts to agricultural communities.

### **3.3.2 Sampling**

Participants were recruited via a number of different avenues. The USDA Rural Regional Development Centers were all important outreach partners for identifying focus group participants. These are regional sustainable agriculture working groups that engage farm and food practitioners to work towards the creation of a just and sustainable food system. Additionally, university Extension listservs were utilized for recruitment. Once interested participants were identified, snowball sampling was used to increase size and scope of focus groups.

### **3.3.3 Data Analysis**

For the quantitative component of analysis, SPSS was used to analyze descriptive statistics from the polling questions. The focus groups also incorporated discussion questions, which were analyzed qualitatively. Relevant questions asked participants about trends they have noticed with regard to incorporating recent health care legislation and how Extension workers have been able to respond appropriately to these needs. This discussion expanded upon the polling questions by providing a more in-depth look at challenges and opportunities stemming from ACA changes. The recordings were transcribed verbatim and then coded in HyperRESEARCH to search for forceful and recurring themes.

**CHAPTER 4: A WELL-KRAFTED CAMPAIGN: ANALYZING HOW  
DIETITIANS NAVIGATE BETWEEN COMMERCIAL AND HEALTH  
MESSAGING**

**4.1 Abstract**

The Academy of Nutrition and Dietetics is the leading professional organization for nutritional health professionals. For the past 35 years, the Academy has engaged in relationships with industry that have been controversial; scholars have used the term commodification to describe the blurring of boundaries between commercial advertising and promotional health messaging (Lupton, 1995). This study uses semi-structured interviews with registered dietitian nutritionists (RDNs) at the annual Food and Nutrition Conference and Expo (FNCE) to understand how RDNs navigate industry messages within a commodification of dietetics. I argue RDNs are presented with complex messages and it is difficult to discern whether they are commercial or health promotion. Message interpretation is largely shaped by RDN perceptions of industry motivations, and this results in a number of strategies that are utilized on the Expo floor to interact with industry representatives. This study challenges traditional commodification discourses and addresses leverage points for improving RDNs efficacy as nutritional health professionals.

Key words: commodification, commercial promotion, health promotion,  
Academy of Nutrition and Dietetics

## 4.2 Introduction

The year 1986 marked the first time that the American Dietetic Association (now the Academy of Nutrition and Dietetics) entered into a formal partnership with companies in the food industry (Stein, 2015). The campaign was an attempt to generate funds for a National Center for Nutrition and Dietetics (Stein, 2015). Additionally, it served as a transition point, whereby industry was allowed to take a more active role in the dietetic industry and nutritional health. Since this time, the Academy has greatly expanded their corporate affiliations to include a number of different relationships, including industry-funded nutrition research, showcasing of products at Academy events and creation of collaborative fact sheets (Academy of Nutrition and Dietetics, 2015). The annual Food and Nutrition Conference and Expo (FNCE) also invites industry to operate booths where they are able to interact with RDNs and give out information and samples.

The interface facilitated by the Academy suggests that a commodification of dietetics has occurred, a transition that comes with both benefits and drawbacks. Specifically, commodification of this health field describes the blurring of boundaries between commercial advertising and promotional health messages (Lupton, 1995). Over the past 25 years, the changing role of industry within Academy operations helps to contextualize reasons for commodification.

As the health organization that claims expertise over diet and nutritional health, the commodification of dietetics has great implications for the Academy, particularly in the ability for the public to rely on professional expertise (Simon, 2013). Nestle (2001) has challenged the ability of professional/industry relationships to provide equitable access to nutritional food options and information. However, scholarship has also

suggested that commodification may be more complex and the possibility for productive outcomes—including funding for research and greater information access—exist (Ertman & Williams, 2005; Tonkens, Bröer, van Sambeek, & van Hassel, 2013).

Relying upon the interviews of 23 registered dietitian-nutritionists (RDN), this research hopes to explore the nuances of commodification and the ways in which RDNs reconcile their relationship with industry. This paper is focused on how interactions with industry representatives at the FNCE Expo influence the ways in which RDNs make sense of commercial and health information. Based on literature on industry presence and commodification scholarship, this work is guided by the following research question:

RQ 1. How do RDNs navigate commercial and health messages presented to them within a commodification of dietetics?

In the next section, I situate my argument within theories of commodification. I then describe the Academy and RDN profession in more depth and review the literature related to corporate sponsorship. In my analysis, I explore the ways in which RDNs navigate commercial and health messages at the Academy sponsored FNCE Expo. I argue that the complexity of messages present at the Expo have led RDNs to develop specific strategies for negotiating that space. I conclude by discussing the theoretical and practical implications of my thesis research along with areas for future research.

## **4.3 Literature Review**

### **4.3.1 Commodification Theory**

Commodification theory is a valuable lens through which health professions can be explored. Commodification describes the ways in which non-commercial goods, services, or ideas are symbolically transformed into commodities (Ertman & Williams,

2005). At a basic level, a commodity is created when there is the possibility to trade a good, service, or idea for a profit. In addition to clearly exchangeable items, like wheat or corn, commodification may also describe social relationships that are governed by economic principles, such as labor, or the ‘sale’ of a service in exchange for a profit (Ertman & Williams, 2005).

Increased instances of societal commodification are often attributed to neoclassical economics; characteristics of this discourse include an emphasis on individual decision making, deregulation, and faith in the efficiency of markets to guide behavior (Harvey, 2005). Neoclassical economics makes a number of assumptions about how consumers and producers interact with the world, one being that free competition will efficiently regulate the market. This is the idea that increased competition, between companies or service providers, will drive down price while maintaining a quality ‘product.’ For example, a free market for technology has resulted in computers that are relatively accessible and affordable for the average person.

Another fundamental assumption of neoclassical economics is that consumers and producers possess perfect information with which to determine preferences and make decisions (Hobbs, 1996). Preferences are formed independent of the market, and the market will adjust accordingly to produce more or less of these products, relationships, and services. Commodification is viewed as a benign outcome; the market becomes merely a “neutral mechanism for maximizing satisfaction of those preferences” (Ertman & Williams, 2005, 10). Consumer preferences for ‘organic’ food have led to an influx of products that are produced according to specific ethical and environmental practices.

However, contemporary scholars have addressed the complexities that can arise when certain goods/services/ideas become commodified (Song, 2003). Some scholars argue that, when the possibility exists for a profit, commodification can reinforce preexisting power dynamics. The implications of commodification have been discussed in prostitution (Radin, 1987), cultural identity formation (Ertman & Williams, 2005) and philanthropy (King, 2006). For example, with regards to prostitution, there is concern that societal wealth inequalities create a power imbalance between actors that can pay for a service like prostitution and those that provide the service, who may feel otherwise limited in their options (Radin, 1987). These examples challenge economists' understandings of market transactions as a voluntary process and raise concerns about the coercive nature of markets. Radin (2005) uses the term market inalienability to suggest that there are certain things which should never be for sale.

Particular attention has been paid to the pervasiveness and influence of a commodity culture on health and healthcare (for review see Henderson & Petersen, 2004). The commodification of health is an area of research concerned with the ways in which commercial advertising and marketing strategies are increasingly utilized for health promotion. In recent years, managed healthcare has increasingly adopted commercial marketing strategies for health promotion purposes. Examples include the transition of hospitals from public to for-profit institutions. There has also been a growing influence of technology and pharmaceutical firms on the delivery of medical care through funding of research and relationships with medical doctors (Timmermans & Almeling, 2009).

The benefits of commodification within healthcare are largely attributed to increased access to information and treatment. Commodification of healthcare may be useful in “bringing new products to market, legitimizing diseases, and raising awareness of treatment options” (Timmermans & Almeling, 2009, p.25). For example, through widespread commercialization of the breast cancer ribbon and campaign, commodification has helped to propel breast cancer awareness into popular culture and fund massive research expansion (King, 2006). These efforts have expanded the range and type of treatment options available to patients. In addition, commodification can introduce performance pressure, driving down prices, and eliminating unnecessary care (Pellegrino, 1999; Tonkens, Bröer, van Sambeek, & van Hassel, 2013). For example, the rise in generic medicines has helped to dissolve brand authority and increase affordability of certain medicines.

While some have identified benefits associated with the commodification of healthcare, the healthcare industry has also borne much criticism. Lupton (1995) argues that the adoption of commercial marketing strategies for health promotion is doomed to failure because they have wildly different aims. Some scholars have expressed concern that money and markets can have a corrosive effect on medical practice, recasting patients as consumers (Timmermans & Almeling, 2009; Tonkens, Bröer, van Sambeek, & van Hassel, 2013). This has been reinforced through a rise in consumerist health rhetoric, which encourages product-based health solutions and implies health needs can be satisfied through the purchase of goods and services (Henderson & Petersen, 2004; Zeckhauser & Sommers, 2013). Many question whether or not the focus on consumption detracts from quality health promotion (Timmermans & Almeling, 2009).

Critics also claim that commodification has resulted in a decline in professionalism (Tonkens et al., 2013). Henderson and Peterson (2004) contend that commodification may promote health bias by privileging certain information and research. For example, Bero (1999) found that research that is funded by pharmaceutical companies yields results that are overwhelmingly favorable to the company's product. Studies have also shown that research funded by industry is likely to produce results more favorable to the funder's products than an objective review would (Kluger, 1996; Cho & Bero, 1996). This suggests that there is a conflict in goals between industry and healthcare fields; industry is motivated by a bottom line while healthcare fields have an expectation for objectivity. These findings raise questions about the prevalence of biased information and the abilities of providers to represent fully-informed choices regarding healthcare (Henderson & Petersen, 2004. p.3).

Healthcare is provided by a variety of experts in allied health professions: chiropractic, dentistry, nursing, pharmacy, psychology, registered dietitian nutritionists, among others. Most literature on commodification of health care has explored its implications for health research or care delivered by medical doctors. Few have explored the lived practices and implications of commodification within other healthcare professions, however many of the same implications and concerns exist.

To address this gap in the literature, this thesis seeks to explore the ways in which commodification influences the practices and beliefs associated with a specific healthcare profession, the field of dietetics. The commodification of dietetics has increasingly been demonstrated through the Academy of Nutrition and Dietetics' complex relationship with the food industry. From a macro-level, this relationship has been highly contested. The

current research study will take an in-depth look at how nutrition professionals make sense of commodification, particularly examining the ways in which they navigate a complex message landscape. The next section will help to contextualize industry's growing role within Academy operations.

#### **4.3.2 History of the Academy and Partnerships**

Health and diet issues are the primary concern of the field of dietetics and Academy of Nutrition and Dietetics (AND). With over 75,000 members, the Academy represents the largest professional health organization in the world (Academy of Nutrition and Dietetics, 2015). Formerly the American Dietetic Association, the Academy has its roots in the field of home economics; the struggle for professional expertise has resulted in a move to a more clinically focused profession, as well as strategic partnerships with food companies (Stein, 2015).

Although affiliations with corporate sponsors had existed prior to the eighties, 1986 marked the first major attempt at collaboration with industry (Stein, 2015). During the 1990s, these relationships were formalized through the establishment of a corporate sponsorship program (Stein, 2015). By fostering relationships with a number of food and nutrition companies, the Academy set out to accomplish three main goals:

- To work with industry to build awareness of the Academy and its members
- To share science-based information, new research and industry trends in food and nutrition with members
- To enable the Academy to reach millions of consumers with healthy eating messages

(Academy of Nutrition and Dietetics, 2015)

Built upon a foundation of bolstering AND credibility and public reach, these tenets have set the stage for corporate interests to take a more active role in AND operations, through sponsorship, research opportunities, and RDN recruitment in corporate settings.

The Academy hosts the Food and Nutrition Conference and Expo (FNCE) annually to provide networking, training, and continuing education for its members. In addition to hosting health professionals at FNCE, the Academy invites representatives from the food industry to participate in its activities and events (AND, 2016). Industry groups can formally sponsor educational sessions, contribute to message construction by co-authoring Nutrition Fact Sheets, and advertise in the Academy's publications. Currently, the Academy is partnered with the National Dairy Council, Abbott Nutrition, and PepsiCo, among other food groups (AND, 2016).

Industry groups are also granted informal access to the Academy by paying to present products at the food Expo. The FNCE Expo is a gathering of over 300 companies relating to food, nutrition, technology and education. The Expo serves as the most visible representation of the relationship between the Academy and the food industry. Companies are permitted to operate booths on the Expo floor, talk directly with RDNs, and give out samples and information; the booths range in size and price, from 10x10 (\$2,600) to 40x60 (\$63,600) (Academy of Nutrition and Dietetics, 2015). In 2012, 18 organizations captured 25 percent of the total exhibitor space (Simon, 2013). Larger booths grant significantly greater access and exposure to the Academy and its members. The differences in access to RDNs begin to set the stage for the debates surrounding industry affiliations within a healthcare organization.

### **4.3.3 Debates Regarding Industry Ties**

The desirability of Academy-industry relationships has been debated. The Academy maintains that affiliations with industry allow for purposeful collaborations in the form of conducting and sharing research, building awareness, and reaching a broad audience (Academy of Nutrition and Dietetics, 2013). They also argue that the food industry will be a critical ally in a large-scale nutritional health campaigns (Colby et al., 2010)(Ayoob et al., 2002); Wansink & Peters, 2007).

While the Academy justifies its relationship with industry, these relationships are not without criticism. First, some are concerned that these relationships influence dietetic research. Reliance upon funding from food companies has encouraged the perception that the Academy is unwilling to criticize the food industry (Nestle, 2001). Parallels have been drawn to the pharmaceutical industry, particularly studies that show that physicians who accept gifts or attend sponsored conferences are more likely to write prescriptions for sponsor medications (Cho & Bero, 1996). A recent study found, in an examination of beverage articles, those funded by industry were four to eight times more likely to produce industry favorable conclusions (Lesser et al., 2007).

Others are concerned that the lines between marketing and nutritional advice are continually blurred by these relationships. According to Simon (2013), the partnership allows companies to create positive publicity materials, under the guise of 'education.' In addition, Nestle (2001) questions the implications of industry ads in academic journals and Academy endorsements on industry fact sheets.

Growing concern over Academy-industry relationships have emerged in discussions within the Academy's constituency. In her report on AND sponsorship,

Simon (2013) found that 97% of dietitians felt that the mission of corporate sponsors should be consistent with that of the Academy. Recently, the group Dietitians for Professional Integrity was formed to promote greater transparency in sponsorships through information sharing and the creation of sponsorship rubrics (Staff, 2014). In addition, the dietetic practice group, Hunger and Environmental Nutrition (HEN), has been publicly critical of Academy relationships with industry (Smith, 2014). In a survey of 370 HEN members 61% said they were willing to pay higher membership fees in order to decrease reliance on corporate sponsors (Deardorff, 2012).

The relationships between the Academy and industry groups have impacts on the field of dietetics that parallel the symptoms of commodification, however, scholars have yet to apply commodification theory to the practice of dietetics. The current study asks,

RQ 1. How do RDNs navigate commercial and health messages presented to them within a commodification of dietetics?

Exploring this research question is valuable because dietetic practice influences the wellbeing of millions of patients each year. Issues surrounding industry-Academy relationships also influence the general public's beliefs about the professionalism of dietitians (Smith, 2014). Understanding the ways in which a commodity culture influences dietitian practices can have important implications for future AND policy and public health. While many have shed commentary on this issue (Nestle, 2013; Simon, 2006), few have collected empirical data to represent the unique experiences and beliefs of RDNs themselves. Exploration of how industry relationships are perceived by RDNs can be useful for assessing RDNs' abilities to successfully navigate and disseminate

health information. Additionally findings can help inform Academy policies that govern sponsorship and FNCE practices.

#### **4.4. Methods**

##### **4.4.1 Participants**

This study uses data from 23 semi-structured interviews with RDNs, collected at the Academy's largest annual event, the Food and Nutrition Conference and Expo. Participants were recruited via email from three stratified sample populations: authors of recently written journal articles in nutrition and food sciences, the authors of popular nutrition blogs and faculty from university food and nutrition departments. Attendees of the 2014 FNCE were invited to participate in interviews. Snowballing was then employed to expand the scope of reach. Snowballing is a non-probability sampling technique in which participants refer other potential participants whom they think would be interested (Tracy, 2013).

Criteria for participation specified that each interviewee was currently a registered dietitian nutritionist. Although the majority of participants were Academy members, this was not explicitly required. Participants represented a diversity of experience and occupations within the field of dietetics; participant demographics are represented in Table 1. All names were replaced with pseudonyms, so as to protect the confidentiality of participants.

As shown in Table 1, approximately 9% of interviewees were male and 91% were female. In addition, the majority of participants (87%) identified as white or Caucasian. Although these numbers are largely biased towards Caucasian females, this is consistent with current recorded demographics of registered dietitian nutritionists (Academy of

Nutrition and Dietetics, 2013). Additionally ages and membership were representative of member demographics. According to the 2015 media kit, median age of members is 46 years old, with an average of 16 years of Academy membership (Journal of the Academy of Nutrition and Dietetics, 2015). The average age of sample participants was 41 years old with an average membership of 16 years. Although the sample was slightly biased towards RDNs in education, participants from other dietetic health fields were all within 10% of actual RDN practice area representation (Journal of the Academy of Nutrition and Dietetics, 2015).

Table 1: *Profile of Academy Members Interviewed*

Name	Field	Years as RDN	Current Academy Member?	Age	Race	Gender
Susan	Education	8	Yes	37	African American/Hispanic	Female
Jack	Behavioral Health	2.5	Yes	32	White	Male
Jennifer	Education	32	Yes	57	White	Female
Ellen	Psychiatric Nutrition	10	Yes	36	White	Female
Joan	Education and Private Sector	20	Yes	43	White	Female
Megan	Federal Government	30	No	56	White	Female
Grace	Research	23	Yes	48	White	Female
Hannah	Corporate	18	Yes	42	White	Female
Kelly	Education	7	Yes	30	White	Female
Lauren	Clinical	.33	Yes	24	White	Female
Joy	Education/Clinical	26	Yes	60	White	Female
Natalie	Education/Research	13	Yes	40	African-American	Female
Mark	Clinical	10	Yes	35	White	Male
Betty	Media	9	Yes	32	White	Female
Faye	Education	5	Yes	31	White	Female

Meredith	Community Nutrition	5	Yes	25	White	Female
Erica	Public Policy	28	Yes	61	White	Female
Anne	Clinical	22	Yes	45	White	Female
Alice	Clinical	7.5	Yes	30	White	Female
Gretchen	Clinical	.25	Yes	26	White	Female
Kate	Consulting	33	Yes	56	White	Female
Sondra	Clinical	52	Yes	76	White	Female
Sophie	Biotech Marketing	15	Yes	39	Middle Eastern/ White	Female

#### 4.4.2 Data Collection

Interviews explored RDN experiences at the conference Expo. Prior to the interviews, participants were asked to attend the Expo for 30 minutes, interacting with industry booths and representatives as they normally would. Questions addressed issues related to which booths were attended, reasons for visiting a booth, the types of interactions, message-processing strategies, along with general questions about the role of the Expo (See Appendix). Although interviews were conducted during Expo hours, they were conducted off-site so as to respect the wishes of the Academy. Each interview lasted approximately 45 minutes. Interviews were then transcribed verbatim, resulting in 250 pages of transcribed pages.

#### 4.4.3 Data Analysis

Once data were collected and transcribed, HyperRESEARCH was used to analyze data. This research used constant comparative analysis (CCM) to inductively produce knowledge from the data. Interview transcripts were read and coded multiple times until forceful and recurring themes began to emerge from the data. Adoption of this method calls for the continual refinement of themes as data is analyzed, through constant

comparisons and recoding of the data set (Boeije, 2002b). CCM ensures that ideas are well-managed, the emergent theory is well-developed, and the final theory is most accurately reflective of the existing data (Glaser, 1965). Tesch (1990) highlights that comparison is the main method underlying all intellectual analysis, and its usefulness derives from its intuitiveness as an analytic tool.

As themes began to emerge from the data, it became clear that a tension existed in how dietitians reconciled their relationship, and the Academy's relationship, with industry. In the next section, I argue that RDNs do not share a common categorization of industry messages. Specifically they interpreted messages to fall within three specific categories: health promotion, commercial promotion or a hybrid of the two. I argue that these discrepancies in categorization can be attributed to the different ways that RDNs perceive industry motivations. Finally, I report that within this complex message landscape, RDNs utilized three strategies for navigating messages at the Expo: avoidance, professional discernment and additional follow-up. Within this analysis, I will expound upon these three themes in more depth, using interview quotes to explain and validate these claims.

## **4.5 Analysis**

### **4.5.1 Difficulty in Discernment**

Throughout my conversations it became clear that RDNs struggled to classify the types of messages that they received at the Expo. The messaging present within the Expo is extensive; booths give out brochures, pamphlets, samples, research study publications, and other paraphernalia. There are also live demonstrations and ample opportunities for one-on-one conversations with industry representatives. There is a lot of information to

digest and interviews revealed that there were differences in whether RDNs interpreted messages as health promotion, commercial promotion, or a mixture of the two.

There were some RDNs that understood the Expo to be a venue for useful diet and nutrition related information. Their justification for messages as health promotion was oftentimes driven by their comparisons to experiences at similar events. Betty described the Expo in comparison to other conferences as “definitely a little bit more heavy on the information base.” For many, the improvements to the Expo over the past decade seemed to indicate a change in the nature of messages. As Kate explained, “If you would have asked me 15 years ago, I probably would have said it’s more marketing based maybe, but I think I would say it’s probably more informative.” These RDNs viewed the Expo as a conduit for health promotion by raising awareness about new studies and research. Grace described messages at the Expo as a “trigger for learning” and Mark characterized the Expo as a place to “gauge what is going on in the world and look at sort of health trends or perceived health trends.”

Additionally, knowing about available products was useful for RDNs’ service providing abilities. Meredith noted, “It increases my ability to connect to people and then to provide better services.” Susan explained:

A majority of the time when you’re working with a patient/client, you’re trying to help them navigate that grocery store...So again, as dietitians we’re the experts, because we say we’re the experts, but we really should be the experts. And we should be helping our clients better decide on what products are valuable to their optimal life and health.

It was crucial for them to be well informed about what was available because, as Joan explained, “when you actually come around and work with a patient, you have to work with them where they’re at. It’s not so much what you adopt and buy into.” These RDNs viewed messages about products as health promotion because an important part of their profession relied on making health recommendations in the form of products that patients can utilize.

The experiences of RDNs that viewed messages as health promotion differed drastically from others who perceived messages as almost entirely grounded in commercial marketing techniques. When asked about vendor goals Alice stated, “I felt like some of those people were simply there for marketing purposes, simply to push their product.” Lauren reinforced this viewpoint, “It’s just a lot of food advertising in general.” The commercial promotion viewpoint can be attributed to the fact that many RDNs felt their interactions with industry were no different from lay people. Erica noted, “They’re trying to sell their products...if I ask a question about nutrition, they don’t really know.” As Grace reiterated, “My experiences have mostly been that the industry is pushing stuff out and we’re essentially consumers.” As the gatekeepers to nutritional information, RDNs had an expectation for more specialized information that acknowledged and expounded upon their established expertise.

A third group emerged that viewed messaging as a blend of commercial and health information, primarily through industry tactics that utilized research in order to support their claims. Using research studies helped to lend credence to product claims, although these messages were still viewed as grounded in marketing. As Anne noted, “I would definitely say it’s marketing, but they do try to use white papers to make it more

educational and swing it to that perspective.” Joy reaffirmed that some of the larger companies have more “informative stuff” because they are able to fund the type of research to produce white papers and reports. However, Joy also noted that “it’s still all slanted to their perspective.” Despite the recognition that some messages were commercial promotion, Susan noted, “You definitely can go on that floor and come away with some information, come away with some jewels.” Though these RDNs remained skeptical of industry messages, they felt that there was some worthwhile information to be gleaned from messages.

The difficulty in interpreting messages was a hallmark of almost every conversation that I had with RDNs; oftentimes, there was even disagreement about the nature of messages within interviews themselves. These varied interpretations indicate that the messaging landscape is complex; RDNs interpreted messages as either health promotion, commercial promotion or a mixture of the two. This finding reinforces many of the fundamental arguments of commodification theory; on the one hand, commodification may create more access to health information, yet critics of commodification argue that information may be biased, or, as Mark described, “market based that is hidden as information based.” However, there was also a lack of consensus amongst RDNs about their perceptions of industry relationships, and these differences ultimately strongly factored into how RDNs interpreted messages.

#### **4.5.2 Motive Perception**

In speaking more in-depth with RDNs, it became clear that interactions at Expo booths were greatly influenced by RDNs’ alleged motives of booth representatives. On the one hand, nearly all RDNs were in agreement about their value to industry; as Mark

said: “I mean they want to influence the influencers, right? And if they can make a good impression on RDs, then they know that that’s just going to have a ripple effect.”

However, RDNs were divided by what they felt was driving industry motives to “get dietitians on board with them.” Generally, interviewees fell into two main archetypal camps: industry was motivated to work with RDNs towards mutually beneficial goals or industry was purely profit driven.

A number of RDNs felt that companies were motivated to produce healthful products or, at the very least, engage meaningfully with dietitians to create a two-way exchange of information. Kate said, “A smart rep will say, well, what could we do to make it better. And then take that information back to the company.” These RDNs were encouraged by the back and forth dialogue with booth representatives; some were even able to point out specific instances where industry incorporated recommendations by dietitians. Susan gave the example of how Coca Cola has absorbed this information to make product changes; they “put calories on the front of the label and they’ve made their portions smaller.” RDNs who fell into this camp perceived messaging more favorably because they felt they were jointly contributing to the message construction.

These RDNs tended to ground their role as nutrition professionals within of the reality of the food industry’s reach, echoing the Academy’s stance about industry’s potential to significantly sway public opinion. The food industry, as Betty stated, is “a big player in what food culture is.” Ellen affirmed: “like Conagra is here. People eat Conagra. You can’t eliminate that.” Susan noted, “There is a reason why Coca Cola is one of the number one beverages; because Americans and people all over the world drink it.”

The acknowledgment of the inherent power and influence of industry convinced RDNs that it was their responsibility to “talk to them [industry] in a positive and influential way about what people need.” As Sophie explained:

They’re [industry] a lot louder, they’re a lot more involved. In some ways people are listening to them a lot more than they’re listening to us... So we need to partner with them so we are sure that we are capturing the largest audience we can. And so we need to be more engaged with them.

RDNs in this camp viewed their ability to enact change by working within the existing system. Ellen reemphasized the need for collaboration: “I let them [vendors] know that they need me just as much as I need them.” By working with industry, RDNs assumed that they would be able to strategically contribute to product creation and influence a larger number of people than they would on their own. The idea of a symbiotic relationship between the two parties echoes Wansink’s (2007) idea of a win-win situation for health and industry, an assertion which holds that it is in a company’s best interest to incorporate healthful considerations into their products. Because of this, it is important for public health practitioners to engage with and provide expert advice to industry (Wansink & Peters, 2007).

The second camp of RDNs perceived industry as operating opportunistically for profits over health and, accordingly, viewed messages as commercial promotion. This profit-motivated view of industry caused RDNs to question the validity of messages on the Expo floor. Even when health claims were made at the Expo, many RDNs were concerned that companies were driven to manipulate information to promote their existing products. Mark felt, “they will only change as little as possible so they can

continue to sell what they sell...they want to keep RDs on their side but still keep selling unhealthy foods.” Jack reemphasized:

The biased representation of science bothers me. In other words, it’s very frequently science that’s being spun to the advantage of the company. It’s presented in the name of science, in the name of research, in the name of data – evidence based – little buzzwords.

But the reality is that it’s highly slanted to market a product.

These quotes indicate that RDNs were distrustful of claims made at the Expo; they felt that messages around health promotion were a guise for encouraging specific sales of products that weren’t necessarily healthy.

Skepticism about the integrity of messages was attributed to the irreconcilable goals between the Academy and industry, public health vs. product sales. As Faye explained, “those companies can promote health if they want to, but they’re also businesses and they sell products that definitely don’t promote health.” Ellen reiterated, “I don’t see the vendors trying to be altruistic here...I think it’s about money on one end and exposure on the other.” These RDNs assumed industry desire for profit would supersede health considerations. Additionally, industry propensity for product sales often had the effect of making RDNs feel like intermediaries instead of specialized experts. As Lauren said, “I almost felt like we were a liason for the food companies to sell their food, and that’s not what I want to be as a dietitian.”

For RDNs that perceived industry representatives as opportunistic, they felt the contentiousness of industry affiliations negatively impacted their abilities to be effective

service providers. This was often due to the assumption that sponsorships damaged RDNs' reputations as nutrition experts. Betty noted:

I definitely think that we are not—as a profession we are not— helping ourselves to gain the respect from the broader public by affiliating with—let's just call them companies that are perceived to not be very healthy.

Jack reiterated that: “the general public can develop a sense of mistrust for the RD credential when it's aligned with certain companies.” For these RDNs, industry affiliations limited their capacity to reach the public, as many people became skeptical of the objectivity of their recommendations.

The different perceptions of motives represent two polarized views of industry; there were a number of RDNs that fell somewhere in the middle, echoing elements from both sides. However, the archetypes help to further reflect reasons for and against commodification. RDNs were considerably divided about the usefulness of growing industry influence within their professional health organization, and the ways in which they characterized industry influenced RDNs' views about their own abilities to be effective health providers. On the Expo floor, these characterizations were reflected through a number of common strategies that allowed RDNs to navigate the Expo space.

#### **4.5.3 Navigation Strategies**

In discussing the ways in which RDNs navigated the Expo floor and interacted with industry representatives, three main strategies emerged as effective: avoidance, professional judgment, and additional follow-up. The strategies that RDNs employed were significantly influenced by their interpretations of messages and industry motives.

Many RDNs expressed a feeling of disillusionment with the Expo and what it had to offer. Experienced RDNs described that they had “done that and been there” and “I assume, as I get older and older, I probably won’t even go to the Expo.” Additionally, some RDNs felt that there were industry messages presented at the Expo that they fundamentally disagreed with, or, company practices were “against some of the values that I hold true as a person but also as a dietitian.”

For RDNs that were disenfranchised with the Expo, the best way to deal with certain booths was to avoid them altogether. Susan explained, “There are places I don’t go. And not to bash anyone, but like Coca Cola; I don’t drink soda, I don’t promote soda. So I bypass them.” For Lauren, an avoidance strategy was justified based on existing nutritional research: “the research is out that we all eat way too much sugar, so they [Coca Cola] can’t really say anything that would convince me otherwise.” As a result, avoidance was utilized as a defensive strategy to prevent undue influence by booth representatives. Mark summed up his main justification for avoiding certain booths:

An argument in response to the critique of these corporations is hey, RD’s are smart, we can figure this out... But I think just giving them the opportunity to be there and mislead and show their side on a big, giant, colorful chart that everyone can see when they walk in—I think that does influence people, even when they don’t realize it.

This RDN’s suggestion that messaging had the possibility to subconsciously influence professionals mirrors Lupton’s (1995) claim that advertising is able to tap into some of our unconscious desires. RDNs that employed avoidance were proactively protecting

themselves against the coercive nature of commodification through misleading advertising claims.

For a number of RDNs, instead of avoiding messages altogether, they relied upon their professional judgment to assess the claims that were being made on the floor. Professional judgment relied upon both formal training and professional experience to evaluate the validity of messages at the Expo. As experts in nutritional health, these RDNs felt confident in their ability to intrinsically discern fact from fiction and health promotion from commercial sales. Meredith noted, “You can really easily tell if they’re here to just push their product or just increase awareness.” Grace noted her reliance on scientific credibility in validating products: “I’m going to look at the quality of research and I’m going to look at other things before I look at the pretty pictures and how food tastes.” For some, this judgment occurred when messages conflicted with prior knowledge. Jennifer reinforced this sentiment: “There’s a few things that—high protein things—that they try to convince you and doesn’t match what I’ve learned or read.”

Additionally, as RDNs spent more time in the field, they naturally became more discerning in the types and sources of information that they sought out at the Expo. Sophie indicated, “Now I’m a lot more selective. I know what I want...I want what I think I can use. And even then, I’m very selective in what I’ll take.” Experienced RDNs implied that they had developed a level of intuition with the way they navigated messages; this often came in the form of “a gut check. If it doesn’t feel right in my gut, then it is probably something I should think twice about.” Hannah noted:

They're [RDNs] going to have to assess for themselves whether it's a valuable product that really does provide the nutrition or really does provide a good service. It comes with experience and with time to try to figure that out.

Having had prior experiences interacting with industry allowed RDNs to feel more confident judging the integrity of industry messages as they walked around the Expo.

There was an acknowledgment that this strategy was unavailable to newcomers to the field, who were portrayed as unprepared for how to judge messages. A number of RDNs attributed this lack of preparation to gaps in dietetic training. Sophie stated, "Most of the courses RDNs take now in undergrad or even in grad school, there's something that they're lacking, including like how you weed out information." Jack acknowledged, "an entry level dietitian that doesn't have a master's degree, has no formal training in research." Due to the lack of experience in research comprehension, there was concern that newcomers lacked the ability to discern between health and commercial messages at the Expo. Kelly noted, "So that's something that I do fear is that companies are giving dietitians messages that, depending on their discernment, can accept at face value without making sure that they're backed by science."

Lastly, RDNs spoke of the need to do additional fact checking and follow up on the information gleaned at the Expo. Susan noted "you've definitely got to go back and do more homework" and Anne said, "if it's referenced, I would certainly go to the references and see how the study was done." These RDNs were open to the information presented at the Expo, but they were attuned to the need to do additional research once they left the Expo. Joy noted that message discernment "comes in reflection afterwards.

You're listening at the time and it all sounds good, and you stop later and say wait a minute, do I really promote this?"

Additional follow-up as a strategy emerged in response to the recognition that research claims could be easily manipulated to make a company or product look good. In particular, this strategy emphasized the importance of scientific verification of claims; Gretchen noted, "I generally want to see evidence based research" and the clinical results that can be confirmed by a third party. Kate noted that, although "information is always power," on the other hand "it can be incomplete, it can be misleading, it can be just downright wrong." Jack explained that, "So if there is a study that showed that, you know, in one short term, who knows if there were 10 other studies that didn't, right? Or never got published. Who knows?" Betty used an example to illustrate the importance of additional follow-up:

So there are three different egg companies that exist and only one is present at the Expo. So they have the opportunity to get in front of dieticians and any other health professionals that are there. And so whatever it is that they want to share gets shared. And so the ownership then becomes on the dietician to go and say like, all right, what other egg companies are out there and what are they saying...

These RDNs were aware of the potential bias that existed amongst information present at the Expo, and they felt a sense of responsibility to challenge or substantiate the claims after they had left the Expo to get a fuller understanding of company and product claims.

The current landscape of Academy/industry relationships has resulted in the utilization of three specific strategies on the Expo floor: avoidance, professional discernment and additional follow up. Although these strategies did not alter the type of

information that was present at the Expo, they allowed RDNs to navigate and make sense of the messages in a way that reinforced their integrity as professionals. Additionally, the use of these strategies helps to illustrate RDNs' specific message processing needs and may indicate strategic changes that can be implemented in the Expo space in order to create more meaningful interactions.

## **4.6 Discussion**

The current research found that messages present at the FNCE Expo can be very complex and it can be difficult to discern between commercial and health promotion. Preconceptions about industry motives significantly influence the ways RDNs interpret messages and interact with industry. In order to navigate messages at the Expo, RDNs used a number of strategies, specifically avoidance, professional judgment and additional follow-up. By relying on these tactics, RDNs were able to navigate the Expo space and create expectations for what they hoped to gain from the Expo. In addition, the findings of the current study reflect and challenge extant literature on the commodification of health, particularly in the areas of food and nutrition.

### **4.6.1 Theoretical Implications**

Debates about commodification of health often set up a false dichotomy, positing it as either a positive or, more commonly, as a negative outcome (Henderson & Petersen, 2004; Pellegrino, 1999). And, indeed, the current findings suggested that RDNs perceived both pros and cons concerning industry presence within their professional organization. However, the spectrum of RDNs' understandings of industry presence suggests that this classic contrast is a very one-dimensional view of commodification. Is it possible, or even desirable, to always have health and commercial messages separate?

Rather than classifying commodification as good or bad, this study suggests that it is more important to know how and why RDNs are interpreting and interacting with messages within a commodification culture. Although certain RDNs were distrustful of industry ties, others felt empowered that industry interactions could provide them with a platform for reaching a broader audience. By understanding these perceptions as well as RDNs communication strategies for interacting with industry, it may be possible to target areas for improving their efficacy and impact as health providers.

This research suggests there are discrepancies in the ways that RDNs are navigating and understanding industry messages, however all three strategies demonstrated the importance of some level of critical message discernment. Literature has suggested that commodification of health has resulted in the decline of integrity of health-related credentials, often through the acceptance of biased information (Tonkens et. al, 2013; Cho & Bero, 1996). However, in general, RDNs recognized the importance in actively negotiating the meaning of commodified messages rather than accepting them at face value. Only newcomers were portrayed as passively accepting messages at the Expo, and this was generally acknowledged to be a poor strategy. RDNs exhibited high levels of self-awareness about message interpretation, challenging commodification discourses that depict health professionals as complacent.

#### **4.6.2 Practical Implications**

Our research findings offer up a set of practical implications for RNDs, RDN training programs, and industry groups. Many highlighted the importance of the Expo in providing them exposure to products that are available on the market. However, other RDNs felt that this information was biased and that industry affiliations needed to be

reconsidered. The spectrum of opinions raises questions about RDN abilities to critically discern between health and commercial information. Given the general consensus that professional experience is directly linked to ability to navigate complex messages, we suggest that it would be useful to incorporate communication courses and media literacy training into dietetic curricula. The ability to discern and evaluate messages is a critical skill for professionals that practice at the cusp of industry operations and public health so that they can best set themselves up to be accurate disseminators of information to their patients and constituents. Simon (2006) recognizes the importance of learning how to interpret industry rhetoric in order to expose corporate spin and subsequently make sense of the less biased bits of information.

Additionally, findings of this research can be useful for industry groups seeking to effectively communicate with dietitians and other nutrition professionals. By identifying messaging strategies that RDNs are skeptical or defensive of, industry can better craft messaging campaigns that RDNs are apt to respond to favorably. A number of RDNs expressed distrust of industry treating dietitians like consumers; they responded more favorably when they felt like they were engaged in a two-way exchange with industry. Industry may be inclined to incorporate more evidence-based research into their messaging campaigns and facilitate more reciprocity in booth interactions.

Finally, the Academy has borne heavy criticism for its industry relationships, however their existing narrative maintains that these affiliations are necessary for funding and public reach (Academy of Nutrition and Dietetics, 2016d). By establishing a clearer idea of the way that its constituents view and respond to the presence of industry, the Academy can perhaps cultivate relationships that are more meaningful for both industry

and professionals. For example, some RDNs felt that industry presence damaged their reputations as credible service providers. Academy response to these concerns could include stricter regulations for which companies can showcase at the Expo or standardizing the type of material booths can distribute. A number of RDNs felt confident in their ability to strategically influence product creation and industry practice, suggesting that perhaps there is a happy medium to be found in industry/professional relationships.

#### **4.7 Limitations and Areas for Further Research**

The current research encountered limitations in the degree of access that we were allowed to the Academy and its members. From the standpoint of the data content, conducting interviews post-Expo likely influenced some of the interviewees' answers. Originally, the intention had been to collect go-along interviews in order to get an off-the-cuff representation of the interpersonal interactions that were occurring on the floor between RDNs and booth representatives. By interviewing dietitians post-Expo, they had more time to process their experience and make sense of some of the interactions. Answers likely neglected to include some of the more mundane interactions and may not have been as spontaneous as we had originally hoped.

Another limitation of this study was the inability to incorporate industry voice. In the future, it would be interesting to conduct a similar study that discussed message strategies of booth representatives in order to compare how the two groups (dietitians and industry) perceive and react to one another and their relationship. Much of the existing literature (Simon, 2013) concerning corporate sponsorship has engaged the viewpoint of dietitians, often painting industry in a negative light. If an attempt were made to understand industry motivations, the relationship may be made less contentious.

Additionally, it may be worthwhile to explore industry influence in a broader sense, outside of the specific Expo experience. Literature (Simon, 2006; Nestle, 2013) has noted the infiltration of industry influence in many other aspects of dietetic practice, including sponsorship of state-specific academies, funding of general nutrition research and conducting educational sessions at conferences. These outlets allow industry more consistent access to RDNs and current research suggests that the influence of these relationships should be further explored.

#### **4.8 Conclusion**

In recent years, the debate about industry/professional relationships has been very polarizing. The Academy has repeatedly defended its relationships with industry, in the face of bad press and dissent amongst its constituents. However, research has yet to engage the voices and experiences of RDNs in order to more fully understand how they experience affiliations with industry. By understanding the ways in which Academy members conceive of relationships and navigate industry messages, it may be possible to identify leverage points in order to create more meaningful relationships. This research hopes to contribute to a constructive conversation about the nature of professional/industry affiliations and expectations regarding generation and dissemination of nutritional health knowledge.

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**CHAPTER 5: DEMYSTIFYING THE HEALTH INSURANCE LANDSCAPE:  
PROGRAMMING NEEDS AND APPROACHES FROM EXTENSION  
PROFESSIONALS**

**5.1 Abstract**

The recent passage of the Patient Protection and Affordable Care Act (ACA) has created a number of challenges for farmers and ranchers in securing the appropriate health insurance plans. As a result, scholars have argued that Extension is well-poised to respond to healthcare reform and provide critical outreach to agricultural communities (Braun, 2012a; Inwood et al., 2015). However few studies have explored capacity within Extension to heed these calls. This study utilized focus groups with Extension professionals in order to understand current programming efforts within Extension, as well as their specific resource needs and opportunities to effectively communicate about health insurance going forward. Findings revealed a need for knowledge building within Extension through programming and collaboration. Additionally, participants outlined a few strategies for effectively targeting and accessing constituents.

Keywords: health insurance access, Affordable Care Act, Extension, communication, health

## 5.2 Introduction

Healthcare access for farmers and ranchers is a growing concern (Inwood et al., 2015; Inwood, 2015; Hachfeld, 2015). This issue took on greater weight in the wake of fundamental changes in insurance provision due to healthcare reform legislation (Ahearn et al., 2014). Braun (2012) has called for Extension to mobilize health insurance education resources for agricultural communities.

To know how to appropriately respond to their own stakeholder needs, Extension professionals need to understand the response within Extension, particularly current health insurance programming and future needs resulting from healthcare reform. To fill this research gap, this article uses an exploratory research format to understand the role that Extension can play in dissemination of health insurance information to farmers and ranchers. Specifically, this article asks:

RQ1: What health insurance needs has Extension identified as important to agricultural communities?

RQ2: How is Extension programming currently approaching health insurance matters?

RQ3: What specific tools and resources are needed for Extension to respond to these needs?

We provide a brief overview of healthcare reform and the role of Extension. Through a series of national focus groups Extension professionals from two program areas, participants reported their experiences and needs for disseminating health insurance information to their constituents. We conclude with recommendations for Extension.

### 5.3 Background

Borne out of a desire to expand healthcare access and stem rising healthcare costs, the Patient Protection and Affordable Care Act (ACA) was signed into law in 2010. A number of core provisions are relevant for agricultural communities, such as the individual mandate, the employer mandate and Medicaid expansion. Farmers and ranchers must navigate the health insurance landscape from two perspectives: as an individual/family member and as an employer (Inwood, 2015). The ACA may address some of the issues that have historically limited health insurance access for farmers and ranchers, however it also added new complications to the healthcare landscape.

To adapt to ACA changes, many have considered the role that the Extension can play in dissemination of information to agricultural communities (Inwood et al., 2015; Braun, 2012). Extension professionals have access to hard-to-reach rural populations through well-established outreach channels and have credibility as information providers for their constituents (Henning et al., 2014; Mcdowell, 2003; Franz & Townson, 2008). Some institutions seized the opportunity to develop curricula related to accessing healthcare plans. The University of Maryland's Extension program recently developed a health insurance literacy curriculum, called *Smart Choice Health Insurance*<sup>TM</sup> (Bartholomae, Russell, Braun, & McCoy, 2016; Brown et al., 2016; Inwood et al., 2015), while O'Neill and Riportella (2015) produced a complement to SmartChoice called *You and Health Insurance: Making a Smart Choice for Farm Families*.

However, the literature has not documented the lived experiences of Extension professionals to understand their specific needs within the new healthcare landscape. By exploring the issues that Extension professionals encounter, materials can be more

accurately targeted to increase efficacy of outreach efforts and help promote social and economic development with the agricultural sector.

#### 5.4 Methods

Qualitative and quantitative data were collected through a series of national online focus groups run through Adobe Connect in March 2015 and October 2015. Participants included 15 Extension workers, representing Consumer and Family Sciences (CFS) and Agriculture and Natural Resources (ANR) program areas. Table 2 provides participant demographic information. The focus groups were fairly balanced between men and women and included nearly twice as many participants from Agriculture and Natural Resources (ANR) as from Consumer and Family Sciences (CFS).

Table 2: *Focus Group Demographics*

<b>Participants</b>	<b>Men</b>	<b>Women</b>	<b>CFS</b>	<b>ANR</b>
15	40%	60%	33.3%	60%

Participants were recruited through the four USDA Rural Regional Development Centers and through Cooperative Extension listservs. Snowball sampling techniques were used to increase size and scope of focus groups; snowballing is a non-probability sampling technique in which participants refer other potential participants whom they think would be interested (Tracy, 2013). Participants identified they were either actively working on health insurance and health care-related issues or were participating to learn more information about health insurance reforms and how to integrate this topic into their own programming.

An online focus group allows polling and immediate discussion of the tabulated frequencies (Loveridge, Nawyn, & Szmeccko, 2013). The focus groups answered 16 close-ended poll questions and seven in-depth discussion questions. Participants reported about current Extension programming, problematic issues they observed, health insurance literacy, opportunities to bolster Extension programming, and desired future resources. Recordings from the discussion questions were transcribed verbatim and analyzed for themes qualitatively in HyperRESEARCH. Quantitative data from the poll questions was analyzed with SPSS.

## **5.5 Results and Discussion**

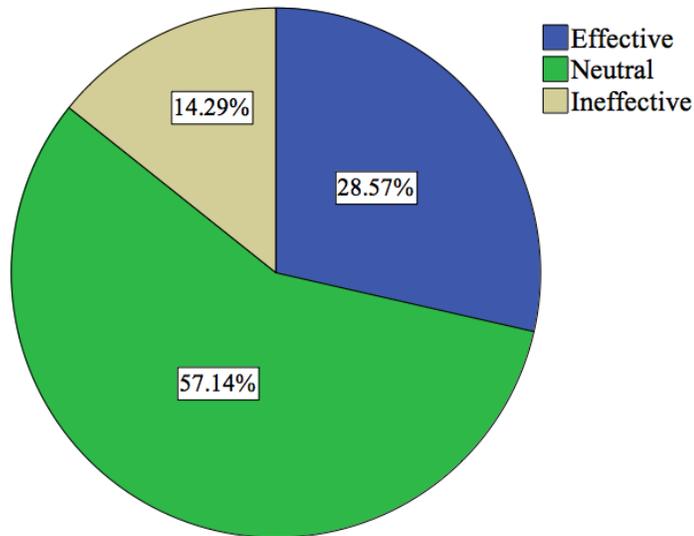
### **5.5.1 Extension Issues**

Overall, Extension professionals recognized the importance of appropriate health insurance plans to farmer livelihoods. All participants responded that it was important or very important for a farmer or rancher to have a plan that fit both their family's and their farm's needs. However, participants also acknowledged farmers and ranchers aren't equipped with the tools to select the appropriate plans. When asked about levels of health insurance literacy (HIL), which describes capacity to find and select appropriate health insurance plans (Consumers Union, 2011), participants reported high personal HIL levels. This contrasted with participants' perceptions that farmers' and ranchers' had low HIL levels. Table 3 juxtaposes the Extension professionals' differing perceptions of HIL levels.

Table 3: *Participant Estimates of Health Insurance Literacy*

	<b>Agree</b>	<b>Mixed</b>	<b>Disagree</b>
I have health insurance literacy.	71.4%	7.1%	21.4%
Farmers and ranchers have health insurance literacy.	7.7%	46.2%	46.2%

Participants anticipated that low HIL levels amongst farmers and ranchers would lead this population to seek out resources from Extension. Over half of participants (53.8%) expected that farmers and ranchers were turning to Extension with health insurance questions. Despite perceiving farmers and ranchers as needing and wanting to talk to Extension professionals about health insurance, participants reported actually having low levels of engagement with farmers and ranchers on the issue of health insurance. More than half (64%) reported that they infrequently talk with farmers and ranchers about health insurance plans; only 7% frequently discussed this topic. Furthermore, nearly three quarters (71%) of participants reported feeling either neutral or ineffective at helping farmers choose health insurance plans, as illustrated in Figure 1.



*Figure 1:* Effectiveness helping farmers and ranchers find, select and use health insurance plans

Participants’ perceived ineffectiveness can be attributed to three main issues within Extension that emerged during focus group discussions: difficulty understanding the ACA as it applies to farmers and ranchers, different experiences, and a lack of reliable resources. ACA health insurance requirements vary based on state and farm structure (small versus large farms, part-time farmers, farmers over 65). Trying to decipher these broad requirements is confusing due to the complexity of terminology in the ACA. One participant summed up his confusion related to understanding farmers’ responsibilities as employers:

Just kind of a fine-tuning on the employer piece, you know, in terms of health insurance, when are you considered an employer versus just contract, working with a contractor? Where is that line? When are you responsible?

For this participant, there was considerable confusion about when farmers were required to provide health insurance options to employees and interns, due to discrepancies about what constituted full time employment.

In addition to the general ACA requirements, there are differences in legislation, and even public opinion, which exist at the state level that create confusion about how to help farmers and ranchers with health insurance issues. One participant in ANR emphasized that there were added complexities due to having to “interface with the Indian Health Service” in addition to the fact that “our state is right on the edge of becoming a Medicaid extension state.” Another ANR participant noted that the political contentiousness of the ACA limited his ability to communicate objectively about the new law:

The first year that we were doing health insurance education...the restrictions on what could be said and couldn't be said were very defined. And pretty much we were told not to leave the scripts. And so it gets in the ways of writing articles for the popular press and just doing some sort of front line information spreading about what's possible and where the risks are.

These experiences reflect the varied state-policy environments that Extension faces; oftentimes, state-specific differences created barriers to comprehending and disseminating accurate information about the ACA.

Participants noted that Extension's ability to act as a resource was further constrained by the fundamental disconnect in the experiences between Extension agents and their constituents. As public employees with state health benefits, Extension

professionals emphasized that they do not have to make as many health insurance choices as their constituents. One noted:

Personally, all I do is check box 61 on line 61 and say I have full-year health insurance and I'm done. But the people in this country who probably have the least health literacy are the ones that are dealing with the 8962 forms and the flawed 1095a forms and so I think as Extension educators, we've got to get into that process, even though we don't use it personally.

Farmers and ranchers have many more decisions to make regarding health insurance than Extension professionals, and it was hard for Extension to relate to their very different needs. These findings are interesting because they suggest that Extension workers' are using personal health insurance decision-making processes to educate farmers and ranchers, rather than tailoring messages specific to the unique experiences and needs of farmers. When discrepancies arise in health insurance needs, Extension workers may find that their perception of high personal HIL is not sufficient for helping their agricultural audiences.

To deal with feelings of inadequacy related to talking to audiences about health insurance, participants reported turning to others for information or making referrals to outside experts. Ironically, given the lack of agriculturally specific health insurance knowledge within Extension, 67% of participants reported that they turned to others in Extension when they had questions about health insurance. On the other hand, participants said that they also often referred health insurance questions to the 'experts.' Specifically, 65% of participants indicated that they refer constituents to navigator

services, service providers explicitly set up to assist with health insurance issues. One noted:

It's an important decision and I don't want to steer them wrong. I keep it very basic and repeat about 10 times, you need to talk to an expert. You need to get advice from somebody who really knows this.

However, despite the propensity to refer to the experts, only 23% of participants thought farmers and ranchers were actually using insurance navigators. They acknowledged that even the established 'experts' can be inadequate resources: "...their attorneys and their CPAs and their insurance people don't even understand the full complexities of the law from their [farmer] perspective." Although navigators are trained on health insurance issues, participants reported that they feared referring farmers and ranchers to navigators who may have little understanding of the unique needs of farmers' and ranchers.

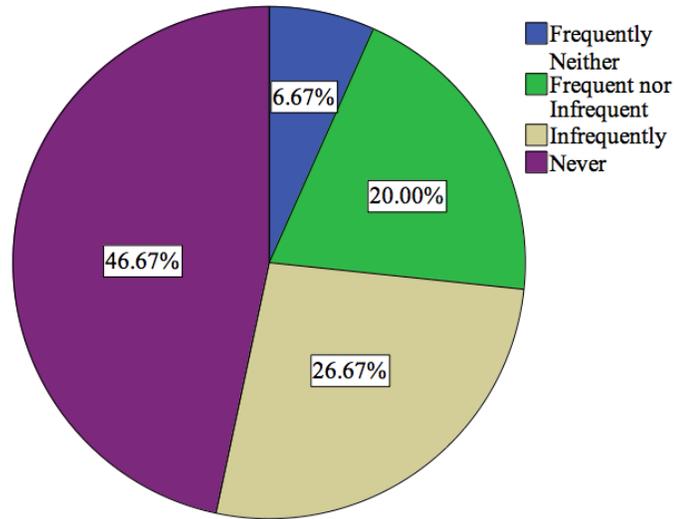
### **5.5.2 Moving Forward: Helping Extension Workers Address Health Insurance**

Extension is well informed about the details of agricultural livelihoods and could potentially be a great resource on health insurance information. Participants identified several ways in which Extension could improve its ability to help Extension professionals assist farmers and ranchers: 1. Boundary spanning agriculture and health sectors and 2.

Increase professional development for Extension professionals.

**Boundary spanning agriculture and health sectors:** Extension could engage in boundary spanning activities to bridge the gap between agricultural sectors and health insurance sectors, as participants reported very little communication across these types of institutions. Particularly, Extension professionals, navigators and insurance agents were perceived as not communicating frequently or effectively. Figure 2 illustrates a

breakdown of participant frequency working with state health insurance resources. Nearly half (46%) the participants indicated that they had never talked about health insurance with state health insurance resources, further compounding the lack of agriculturally specific healthcare knowledge within Extension.



**Figure 2:** Frequency working with state health insurance resources

Participants noted the unique opportunity for Extension to facilitate conversations between the agricultural and health insurance sectors. Resources such as navigators and assistors can provide specialized health insurance information, however, the means for accessing these resources can be costly in terms of time and energy. One participant described Extension’s potential to interface with these resources in order to create learning opportunities:

...to bring a resource person into the room and just allow them [farmers] to have the opportunity to ask those questions and to listen to each other and realize

they're not alone in their, either, inability to navigate or to get an answer to something.

By bringing a health insurance expert to the community, in a supportive space, this participant imagined farmers would be more inclined to participate and learn from a well-informed health resource.

Additionally, Extension's established credibility may encourage greater farmer participation in programming. One participant said that his relationship with farmers and ranchers was vital in getting them to show up for health insurance-specific workshops:

Before I started dealing with the insurance side of things, a lot of people already knew who I was so it was a little bit easier that, when I do a program, it didn't really matter what the topic was. They'd kind of show up.

Extension represents a trusted resource that is already embedded within agricultural communities. Health insurance experts can glean audiences and credibility by relying on this pre-established trust in Extension.

**Increase professional development for Extension professionals.** In addition to a need for more effective boundary spanning, participants identified a need for Extension to provide training programs that specifically bridge the gap between sectors for Extension professionals. Participants said that in general there has been a lack of professional development related to health insurance within Extension. About half (53%) of participants had attended one or two health insurance training sessions; however, 26.7% reported that they had never attended a training session. Participants had identified health insurance access as an important issue—all participants responded that it was important or very important for a farmer or rancher to have a plan that fit both their

family’s and farm’s needs. However, many of them did not have experience with health insurance issues or know about existing Extension resources.

In addition to training programs for Extension professionals, participants said that they’d like help identifying resources that they could use when talking directly to farmers and ranchers. Table 4 demonstrates that participants need the most help identifying pre-existing educational materials and key stakeholders in decision-making.

Table 4: *Ranking of Desired Training Topics*

<b>Topic</b>	<b>Percent</b>
Identifying a variety of preexisting educational materials	85.7%
Identifying key stakeholders in decision-making	78.6%
Assessing health insurance literacy	71.4%
Developing appropriate verbal communication skills	64.3%
Identifying health insurance professionals for referrals	57.1%
Developing new educational materials	42.9%

### **5.5.3 Moving Forward: Programming for Farmers and Ranchers**

While Extension has yet to develop a comprehensive health insurance literacy program for farmers and ranchers, participants described successful programming efforts already aimed at farmers and ranchers. These three strategies—identifying key decision makers, embedding healthcare issues into broader programming, and considering message channels—provide a foundation for building formal training programs to teach Extension professionals how to work with farmers and ranchers on health insurance issues.

- 1) **Identify Key Decision Makers.** Participants emphasized success in identifying key decision makers in health insurance decision-making. CFS participants reported success targeting women, who are often the ones “worried about and thinking about these [health insurance] kinds of concerns” by incorporating health insurance

programming into Annie's Project, a program that seeks to strengthen women's roles in farm enterprises. One participant re-affirmed, "They [women] kind of make a lot of decisions on the insurance...we found that to be an effective group to get information out."

- 2) **Embed Healthcare into Broader Programming.** Participants reported embedding healthcare issues into programming with whole retirement planning, estate planning, financial business management and succession programming. One participant explained that he incorporated health insurance issues into programs "aren't necessarily directly insurance related but might be labor related or maybe some general crop updates... and so that's helped bring up awareness." Numerous participants stressed the interconnectedness of health insurance to issues like succession planning and quality of life. They viewed their role as connecting the dots from health insurance to other issues to secure long-term farm viability. One mentioned that, oftentimes, farmers are "not planning for the transition of that land because they are afraid they're going to need it to pay for health care costs in the future."
- 3) **Consider Message Distillation.** From a program execution standpoint, respondents reported three main strategies to talk about health insurance issues: printed educational materials (80%), online education materials (53.3%) and information in a traditional classroom setting (53.3%). An emphasis on in-person programming was corroborated during discussion; participants attributed this to low levels of technological literacy and higher average ages amongst farm and ranch populations. One respondent noted:

It's very important to consider the age of the farmer/rancher. If they're older, they may not be as comfortable using websites. They may need more paper/pencil, to sit down and talk with somebody.

This sentiment suggested greater potential success with health insurance outreach characterized by face-to-face interactions. Additionally, face-to-face interactions were important due to the relative isolation of agricultural communities. As one participant noted:

The more rural the location, the more difficult it is for those farm businesses to access professionals other than through the internet... which isn't always convenient or well adapted or well accepted in the more senior members of the ag community.

By conducting face-to-face programming, participants expected that it would be easier for agricultural populations to participate than when resources were only available online.

## **5.6 Conclusion**

As health insurance policy evolves, the ability of farmers and ranchers to access health insurance and navigate the different options available will become increasingly critical to the development of successful farm enterprises. Extension agents have the opportunity to take a key role in demystifying the health insurance landscape to help promote the growth of strong agricultural economies. As advocates of sustainable rural development, investment in infrastructure related to health insurance access will continue to solidify Extension's role as a crucial community resource.

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## CHAPTER 6: CONCLUSION

### 6.1 Brief Personal Reflection

When I first arrived in graduate school, I intended to pursue work on sustainable foods systems issues, stemming from both my interests as a researcher and my previous work experience until this point. Although these projects are different in terms of content, they both provided an opportunity to explore some of the ingrained power dynamics that exist in the foods system and, ultimately, challenged a lot of my preconceived notions about ethics and professional obligations.

Before truly delving into the first project, I tended to fall prey to a false dichotomy that I think often emerges in foods systems work, that certain outcomes are unequivocally good or bad. When I first learned about the Academy's corporate affiliations, I felt shocked and outraged. Some of the scholarship written by those opposed to corporate affiliations paints quite a compelling picture of corruption, coercion, and gross organizational negligence. At times, elements of this story read like a trashy thriller novel and I found myself eagerly drinking the anti-establishment Kool-Aid.

That being said, I was aware that this bias existed and that it was vastly oversimplified, so I vehemently tried to overcompensate in the other direction, in an attempt to stay objective and nonjudgmental. Were there practices and elements of industry relationships that I disagreed with? Certainly, and I still think that there needs to be more of a conversation about the professional oversight responsibilities of the Academy. However, at the same time, it was clear that certain companies were genuinely well-intentioned and RDNs valued the opportunity to learn about what was available, even if only for the reason of having practical reasons for 'what not to recommend.'

There was far less complacency with industry affiliations than I was expecting and a strong ethic of personal responsibility existed amongst both RDNs that were opposed to industry affiliations and those that agreed with it. The picture was less black and white than I originally imagined.

I started working on the project with Extension about a year into my graduate career and, though it was filled with arguably less drama and media coverage, it did still raise a lot of ethical questions about responsibility and professional obligations of another group of service providers. Farmers are often neglected in legislation decisions and healthcare seemed to be another example of the ways in which their needs were being systematically overlooked. Even the health insurance experts didn't seem able to understand the implications from the perspectives of farmers and ranchers.

It was at times frustrating to see the lack cohesiveness within Extension to address health insurance issues, or even just connect the dots to broader planning issues. There were few opportunities for proper training and those that were well informed had often pursued healthcare knowledge on their own. Though it seemed like Extension had a long way to go, participants expressed real hope about opportunities to address health insurance concerns in a practical and sustainable way. Additionally, the research team working on the health insurance project was critical in maintaining such a positive outlook, in spite of the seemingly large hurdles that stand in the way of addressing health insurance access for marginalized agricultural populations.

Out of this cycle, one of the most valuable takeaways has been a growing recognition of the importance of nuance in order to understand complex systems issues and the ability for small shifts to result in important and meaningful changes. It's easy to

feel cynical or paralyzed by the enormity of food systems problems, but this undermines the people and projects that are actively working to address them. Additionally, problems are rarely what they seem to be at first glance. This thesis ignited a curiosity for understanding and exploring multifaceted problems. Going forward, I hope to take with me a desire to dig deeper, question more, and identify areas, however small, to inspire positive change.

## **6.2 Discussion and Research Contributions**

Although both articles deal with different subject matter, they are united through their exploration of how professionals develop their own capacities to communicate about health. Additionally, in further considering the ways in which these two projects tell a story about the food system, both projects present examples of food systems actors that are finding ways to negotiate their roles to overcome obstacles created through systemic structures.

For RDNs, these hurdles are concerned with message navigation and interpretation in the face of murky information that can often distort the boundaries between commercial and health interests. RDNs have historically struggled with claims to legitimacy due to their gendered beginnings and strong affiliations with the food industry through their main professional organization, the Academy of Nutrition and Dietetics (Smith, 2014; Nestle, 2001). Industry affiliations have consistently been construed by the media, as well as the Academy's own constituents, as a conflict of interest (Simon, 2013). RDNs repeatedly face accusations of undue influence by industry, yet they remain the official gatekeepers of food and nutritional knowledge, and are repeatedly consulted by local and federal organizations alike for their unique expertise.

Within this contradictory environment, RDNs seek to make sense of complex information in order to establish themselves as credible and successful healthcare providers.

For Extension agents, the challenge has been to develop their own health insurance knowledge in order to secure healthcare access for an oft-marginalized population, farmers and ranchers. The Cooperative Extension System was originally created in order to address the needs of rural and agricultural populations (Franz & Townson, 2008). Over time, these needs have evolved, including such diverse issues as technology adoption, business planning and now, health insurance acquisition in the face of healthcare reform (Inwood, 2015). Although, navigator programs have emerged to assist with healthcare needs, these programs fail to specifically address the needs of the agricultural sector. Furthermore, even within the federal government, agencies recognize the ways in which the Extension system is particularly well-positioned to address the needs of rural populations, specifically farmers and ranchers (HHS, 2015). However, systematically, Extension agents have been provided with very little tools with which to grow their own literacy, let alone address the literacy needs of others. In recent years, Extension programs have borne the brunt of funding cuts and program dissolution, creating major obstacles between agents' abilities to successfully serve their target population and solidify their role as an essential outreach mechanism (Henning et al., 2014).

In exploring how change is realized from these two projects, both projects highlighted a number of leverage points that make important research contributions. A major theme stemming from the first article analysis concerned the difficulties in interpreting information. Many RDNs particularly highlighted the inability of newcomers

to critically assess the information that was being presented at the expo. Experienced RDNs underscored that dietetic training is not as comprehensive as it should be with regards to research training and navigating brand claims. As dietetic programs adapt to the changing interface of industry/professional interactions, research suggests that incorporation of these concerns into certification curricula through media literacy training may increase RDNs' abilities to navigate complex information. Especially as emergent research continues to draw connections between diet and overall health, nutritional health professionals will be increasingly relied on for their expertise. Their abilities to critically navigate messages is important for claiming legitimacy as experts and providing sound recommendations to the public.

Additionally, where Extension agents are concerned, this research outlined a number of opportunities for increasing Extension's efficacy as health communicators, particularly through collaborations both within Extension and across institutions. Different program areas with Extension tend to be self-contained, each dealing with a particular set of rural and agricultural needs. However, research suggests the necessity of cross-programmatic collaboration, due to recognition of the ways in which household issues (such as health insurance) directly intersect with and affect business goals. A systems-level approach was also corroborated from an inter-institutional standpoint. This research highlighted the unique opportunity for Extension to engage community partners in order to more efficiently deliver health information to their constituents. Research suggested that Extension does not need to become experts in healthcare issues; rather, as experts on the local community and trusted rural resources, they should focus on facilitating collaboration with healthcare-specific professionals.

### **6.3 Limitations and Future Research**

As is often the case in academic research, these projects were both limited in size and scope. Concerning the Academy of Nutrition and Dietetics, the Expo provided a valuable case study for considering industry influences. However, this is a small microcosm within the activities of the world's largest professional health organization. It would be valuable to consider other avenues of industry influence to draw stronger conclusions about how RDNs conceive of and make sense of industry relationships. It may also be worthwhile to balance the perspective of RDNs by engaging the voices of industry representatives in order to gauge the ways in which the goals of these groups do, or do not, align. There has been considerable public engagement and popular media interest in the issue of corporate sponsorship. Further research may have important implications for professional/industry relationships in other health-related fields.

With regards to the second project, this research highlighted the potential of Extension to be a valuable resource for dissemination of healthcare information to agricultural communities. However, it was limited by the participation of agents that were already working on these issues or actively interested in learning more about Extension's potential as health communicators. In this way, this project may have presented a skewed perspective about the level of engagement Extension has with the issue of healthcare access. Targeting participation from a broader base of Extension agents would help to present a more developed national perspective about how Extension has been navigating healthcare reform and Extension's specific needs in order to increase their efficacy as service providers.

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## APPENDICES

### Appendix A: Chapter Four Interview Script

1. Did you get a chance to attend the expo? Was it your first time?
2. How would you describe the expo to someone who has never been there before?
3. Tell me about your time in the expo area. Where did you go?
  - a. Why did you decide to/not to engage in [activities, events, topics, products, relationships, conversations]?
  - b. Can you describe what certain booths looked like? Comparison to other booths
  - c. Did you take any surveys?
  - d. What kinds of questions were on the surveys?
  - e. Did you talk to an RDs around you?
4. Would you describe [activities, events, topics, products, relationships, conversations] as informative or persuasive in nature? Why?
  - a. What is the difference between persuasion and information on the Expo Floor? How do you discern between these messages? (Examples?)
  - b. In general, are interactions on the Expo floor informative or persuasive in nature? (Who's persuading who?)
5. Tell me about a time you tried, or witnessed someone else trying, to persuade a representative or teach a representative something. (Who? What was the lesson? What happened (Effect - Resistance?)
  - a. Are the reps receptive? Do they have the ability to make a change?
6. What are the goals of the expo?
  - a. What are you hoping to gain from the expo?
  - b. Did you find yourself in agreement with what you were being told on the floor?
7. Why do you think (company name) attends the expo? What are their goals?
  - a. Do you think all attend for the same reasons? For example Unilever vs the National Almond Board?
8. What items did you get on the floor? What do those tell you about American food culture? And the industry's role in food culture?
9. (When appropriate) How will that interaction [activities, events, topics, products, relationships, conversations] impact your practices as a dietician? How will that impact your clients' health?
10. Overall, how does the Expo help or hinder the food industry's mission? Why?

11. Overall, how does the Expo help or hinder your mission as a professional? Why?
12. What values/criteria do you use when deciding to recommend a product?
13. In general, what advice would you offer to a RD about communicating on the Expo floor? What best practices would you recommend to someone who has never been to the expo?
  - a. What communication skills do you use daily as a professional registered dietician?

**Closing**

Thank you for letting me go along with you in the Expo Center. I have a few demographic questions about you that I would like to ask before closing...

1. Current Career Field?
2. Years as a Dietician?
3. Academy Member?
4. Leadership within Academy?
5. DPG membership?
6. How often do you attend the FNCE conference?
7. How often do you attend the FNCE expo?
8. Approximately how many hours do you spend on the Expo floor per day while attending the Expo?
9. Age?
10. Gender?
11. Race/Ethnicity?

## Appendix B: Chapter Five Focus Group Script

### POLL QUESTIONS

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#### INTRODUCTION

**Poll 1: You indicate your voluntary agreement to participate in this research project by joining the webinar and signaling your agreement with an affirmative to the initial polling questions that summarize this consent document.**

Yes, I agree to participate

No, I do not agree to participate

#### TRANSITION: HEALTH INSURANCE ON THE FARM & RANCH

**Poll 2: To what degree is it important for farmers and ranchers to have a health insurance plan that fits their *family's needs*?**

Very Important

Important

Neither Important or Unimportant

Unimportant

Very Unimportant

**Poll 3: To what degree is it important for farmers and ranchers to have a health insurance plan that fits their *farm/ranch's needs*?**

Very Important

Important

Neither Important or Unimportant

Unimportant

Very Unimportant

**Open Discussion 1: What parts of choosing and using health insurance are most difficult for farmers and ranchers? Why do you think these are points of difficulty?**

**Open Discussion 2: Federal and state health insurance options are changing, how are these changes impacting your farmers and ranchers?**

#### COMMUNICATING WITH FARMERS & RANCHERS

**Poll 4: Who do you think farmers and ranchers typically turn to when they have questions about finding, selecting, or using a health insurance plan? (Select all that apply)**

Other farmers or ranchers

Family, friends or co-workers

Doctors or medical professionals

Insurance Navigator Service Centers

Tax Accountants  
Technical Assistants, Extension Workers  
Media sources  
Other

**Poll 5: How frequently do *you* talk to farmers and ranchers about finding, selecting, or using a health insurance plan?**

Very Frequently  
Frequently  
Neither Frequent or Infrequent  
Infrequent  
Very Infrequently

I have never talked about health insurance with farmers or ranchers.

**Open Discussion 3: What types of communication strategies are, or you think would be, the most effective when talking to farmers and ranchers about health insurance? Why?**

**Poll 6: Which of the following strategies do you currently use when talking about health insurance? (Select all that apply)**

Use simple language (avoid jargon)  
Speak slowly  
Underline key points in farmer/rancher information handout  
Draw pictures  
Use economic models  
Have family members involved in conversation  
Not Applicable: I haven't talked about health insurance with farmers or ranchers.

**Poll 7: Which of the following strategies do you currently use when talking about health insurance? (Select all that apply)**

printed educational materials  
links to online educational materials  
information over the mass media (ie. TV or Radio)  
information in a one on one setting  
information in a traditional classroom-like setting  
information via webinars  
information via self-paced on-line modules  
Not Applicable: I haven't talked about health insurance with farmers or ranchers.

**Poll 8: Which of the following strategies do you currently use when talking about health insurance? (Select all that apply)**

Referrals to a navigator service  
Referrals to a tax accountant  
Referrals to other farmers and ranchers  
Not Applicable: I haven't talked about health insurance with farmers or ranchers.

## HEALTH INSURANCE LITERACY

**Poll 9: Using the definition of health insurance literacy, respond to this statement: In my opinion, most of the farmers and ranchers I work with have a *high level of health insurance literacy***

*Health insurance literacy is the degree to which individuals have the knowledge, ability, and confidence to:*

- a) *Find and evaluate information about health plans*
- b) *Select the best plan for his or her family and business financial and health circumstances*
- c) *Use the plan once enrolled, which option best fits the following statement:*
  - Strongly Agree
  - Agree
  - Neither Agree or Disagree
  - Disagree
  - Strongly Disagree

**Poll 10: Which of the following methods do you use to learn about a farmer or rancher's health insurance literacy (Check all that apply):**

- Ask the farmer/rancher if they understand how to choose and use their health insurance or if they have any questions.
- Use your "gut feeling" as a technical assistant to assess their health insurance literacy.
- Formally assess health insurance literacy with a validated questionnaire.
- Not Applicable: I have never thought about my farmer's or rancher's abilities to access and use health insurance for either personal and family or employer reasons.

**Poll 11: Using the definition of health insurance literacy, to what extent do you agree with this statement: Overall, I believe I personally have a *high level of health insurance literacy*.**

**Note:** Health insurance literacy is *the degree to which individuals have the knowledge, ability, and confidence to:*

- a) *Find and evaluate information about health plans*
- b) *Select the best plan for his or her family and business financial and health circumstances*
- c) *Use the plan once enrolled, which option best fits the following statement)*
  - Strongly Agree
  - Agree
  - Neither Agree or Disagree
  - Disagree
  - Strongly Disagree

**Discussion 4: How does your *personal* health insurance literacy influence how you talk to farmers and ranchers about finding, selecting and using a health insurance plan?**

**Poll 12: Overall, how effective do you think you are in helping farmers and ranchers find, select, and use health insurance plans?**

- I am Very Effective
- I am Effective Enough
- Neutral
- I am Ineffective
- I am Very Ineffective

## **SUPPORT FOR TECHNICAL ASSISTANTS**

**Poll 13: Who do *you* typically turn to when *you* have questions about helping farmers and ranchers to select or use their health insurance plans? (Select all that apply)**

- Farmers or ranchers
- Family, friends or co-workers
- Doctors or medical professionals
- Insurance Navigator Service Centers
- State Health Insurance Administrators
- Tax Accountants
- Other Technical Assistants, Extension Workers
- Media sources
- Other
- I have never talked about health insurance regarding farmers or ranchers.

**Poll 14: How frequently do *you* currently work with your state's health insurance navigator or health department about health insurance issues that impact your farmers and ranchers?**

- Very Frequently
- Frequently
- Neither Frequent or Infrequent
- Infrequent
- Very Infrequently
- I have never talked about health insurance with my state's health insurance navigator or health department.

**Poll 15: How many training sessions related to helping farmers or ranchers find, select, and use health insurance plans have *you* attended?**

- 0
- 1-2
- 3-4
- 5 or more

**Open Discussion 5: If there were a 1-day training session designed to help technical assistants better assist farmers/ranchers find, select, and use a health insurance plans, what topics do you think would be most important to cover? Why?**

**Poll 16: If there were a 1-day training session designed to help technical assistants better assist farmers/ranchers find, select, and use a health insurance plans, what topics do you think would be most important to cover (select all that apply):**

1. Developing new educational materials
2. Identifying a variety pre-existing educational materials
3. Identifying health insurance professionals (e.g. navigator services) for referrals
4. Including key stakeholders (e.g. family or business managers) in decision making.
5. Developing appropriate verbal communication skills (e.g. word choice, explanations)
6. Assessing health insurance literacy

**Discussion 7: Is there anything else you would like to discuss with us regarding health insurance and your clients?**

#### **TRANSITION: SMART CHOICE HEALTH INSURANCE**

**Poll 17: As of right now, how confident are you that you can make a smart choice health insurance decision?**

- Very Confident
- Moderately confident
- Neutral
- Somewhat confident
- Not at all confident