Building Bridges  
Exploring Dietary Intake of Low-Income African American Children Using Mobile Phones  
Nuananong Seal, PhD, RN; Toyin Olukotun BS; Jordyn O’Rourke, NS  
University of Wisconsin-Milwaukee  

Abstract  

Background  
A healthy diet is essential in mitigating risk factors contributing to obesity and its associated co-morbidities. The rising epidemic of childhood obesity in the U.S. and worldwide is a major public health concern. Early childhood has been identified as a critical period for growth, development of eating habits, and obesity prevention. Children’s diet is influenced by multiple factors including parental perception of healthy foods and healthy weight, and the accessibility and availability of healthy foods. As a result of the popular use of mobile phones in all population levels including low-income African American (AA) families, mobile phones may be well suited to use to assess children’s dietary intake. However, little is known about the perceptions of AA mothers toward their child’s dietary assessment using mobile phones.  

Purpose  
The purpose of the study was to explore the accessibility and availability of healthy foods, children’s dietary intake, and the perceptions of AA mothers toward dietary assessment using mobile phones.  

Sample/Setting  
A convenience sample of AA mothers with children aged between 4 to 5 years receiving health and food services at a Community Nursing Center in Milwaukee was recruited to participate in the study.  

Method  
A focus group interview and a self-administered mobile phone survey were used to obtain the data regarding the accessibility and availability of healthy foods, children’s dietary intake, and maternal perceptions toward dietary assessment using mobile phones.  

Results/Outcomes  
The data obtained from the focus group interview will be transcribed, familiarized, and coded; and themes will be generated. The data received from the mobile phone survey will be analyzed using SPSS 20 software.  

Conclusions/Implications  
The findings will increase our understanding about dietary intake of AA low-income children aged between 4 to 5 years and their availability of healthy foods. In addition, the findings will provide insights into mobile phone application for children’s dietary intake assessment.