Canola vs. Corn: Angwin Food Pantry Customers

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Introduction

In America, choices influenced by income, education, and ethnicity can be seen in a variety of settings. Every day families are faced with the choice of which foods to consume. One such choice is which type of cooking oil to use. An individual’s choice of cooking oil can directly affect how healthy or unhealthy a meal is. Fazio (2006) described canola oil as one of the top choices for healthy cooking. He also explained that although corn oil was the most versatile cooking oil, it ranked lower on the health scale than canola oil. Unfortunately, not everyone who would prefer to eat healthy can afford the added expense.

According to Darmon, Ferguson, and Briand (2002) choosing low cost foods usually leads to unhealthy choices. Meat, fish, and eggs were among the most costly foods to buy, and produce, cereal, and dairy products were somewhat costly. Foods high in fat and sugar were found to be priced significantly lower than other foods. Even though meat was one of the highest priced foods, low-income families consistently chose it because it was considered fresh (Lutz, Smallwood, & Blaylock, 1995).

Going further, Ree, Riediger, and Moghadasian (2007) found that food choice was influenced by enculturation, which includes one generation shaping the next generation’s perception of healthy and unhealthy food. The purpose of this study was to determine if factors such as income, education level, and ethnicity were related to Angwin Food Pantry (AFP) customer’s choice in canola oil (healthy) or corn oil (unhealthy).

In addition, Larson and Story (2009) found that food choice was influenced by education, which includes one generation shaping the next generation’s perception of healthy and unhealthy food. The purpose of this study was to determine if factors such as income, education level, and ethnicity were related to Angwin Food Pantry (AFP) customer’s choice in canola oil (healthy) or corn oil (unhealthy).

Results

Choice of cooking oil (canola, healthy; corn, unhealthy) was marginally affected by education, but it was not affected by level of income or ethnicity: a) education, $\chi^2(2, N = 29) = 4.75, p = .093$; b) income, $\chi^2(6, N = 29) = 1.82, p = .811$; and c) ethnicity, $\chi^2(1, N = 29) = 1.70, p = .193$. This result supports Ree, Riediger, and Moghadasian’s (2007) finding that higher levels of education increase the likelihood that customers will choose healthier cooking oil.

We conducted follow up one sample chi square analyses to evaluate pairwise differences among the three education level groups, controlling for

Type I error across tests using the Holm’s sequential Bonferroni approach. Using these controls, we found a marginal difference in choice of oil between elementary and high school, $\chi^2 (1, N = 28) = 3.14, p = .077$, but no difference between elementary and college, $\chi^2 (1, N = 25) = 2.21, p = .137$, or high school and college, $\chi^2 (1, N = 5) = .313, p = .576$ educated customers.

Discussion

We were not able to support Darmon, Ferguson, and Briand’s (2002) finding that income and enculturation influence food choice to cooking oil, but were able to add marginal support to Ree, Riediger, and Moghadasian’s (2007) finding that individuals with higher levels of education make healthier food choices.

Future research could focus on different types of food and food preferences among Hispanic customers who constitute 98% of people served by the AFP. In addition, having an adequate volume of food does not guarantee proper nutrition. Balancing the provision of adequate food volume and proper nutrition is an ongoing challenge. Our study highlights the potential benefit of panties investing in health literacy efforts.

References


