2020

Healthy Food Access, Tobacco Use Norms, and Breastfeeding Support

A BASELINE ASSESSMENT OF RACIAL DIFFERENCES ON THE MISSISSIPPI GULF COAST

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Executive Summary

Poverty and other negative social determinants of health are prevalent on the Mississippi Gulf Coast, thereby elevating the mortality and morbidity risks of many residents in this area. Such health risks are further magnified for African American residents in this region. Mississippi's CDC-funded Racial and Ethnic Approaches to Community Health (REACH) project—the *Healthy Families, Mothers, and Babies* initiative—supported the administration of a baseline social climate survey focused on ascertaining community contours of healthy food access, household tobacco use norms, and breastfeeding support. The survey results reported here use data collected from a nonrandom sample of 419 residents in Hancock, Harrison, and Jackson counties with a principal focus on differences between African American and white respondents. Among other findings, the following patterns emerged.

- Nearly all African Americans (97%) and whites (98%) surveyed purchase food at a supermarket. Food is most commonly purchased at Walmart by African American (67%) and white (60%) respondents. Convenience stores and other options were generally not used for food purchases.
- Majorities of African American respondents (62%) and white respondents (82%) shop weekly for food, but by substantially different proportions. A significantly larger proportion of African Americans (33%) purchase food on a monthly basis when compared with monthly shopping among whites (15%). This disparity has fresh food availability implications.
- Food store preferences for African Americans (26%) are informed by the retail outlet's willingness to accept SNAP/Food Stamps or WIC. This consideration is less prevalent among whites (7%).
- Fewer African American respondents (13%) eat fruits and vegetables 2-4 times per day when compared with their white counterparts (19%). African Americans (68%) are more likely than whites (46%) to characterize the expense of fruits and vegetables as a barrier to their consumption.
- African American respondents (32%) are almost twice as likely as whites (17%) to report that their healthcare provider discussed the risks of using e-cigarettes around children in the past 12 months. Few other racial differences surfaced on tobacco items.
- African American respondents are, on some survey measures, less likely to recognize the health benefits of breastfeeding. For example, 30% of African American respondents agreed that the benefits of breastfeeding last only as long as the baby is breastfed, while only 22% of white respondents agreed with this inaccurate statement. Yet, on other measures, African American respondents are somewhat more knowledgeable. For example, 64% of black respondents agreed that babies should be exclusively breastfed (fed only breast milk) for the first six months of life, which is an optimal practice, whereas fewer white respondents (58%) agreed with this statement.
- African American respondents report limited breastfeeding prevalence in primary social networks. Only 24% of surveyed African Americans indicated that a majority or all of their female friends or relatives have breastfed, which contrasts unfavorably with white respondents (46%).
- Despite lower breastfeeding prevalence, African Americans report receiving greater pro-breastfeeding media messaging. In fact, African Americans indicate significantly greater exposure to breastfeeding promotion from magazines, television, and online media. Structural barriers to breastfeeding (e.g., employment obligations) not explored here may override these messages.

Efforts should be made to support access to inexpensive or freely distributed healthy foods for African Americans on the Mississippi Gulf Coast. Additionally, the promotion of tobacco risk awareness and cessation should continue in this area. Finally, interpersonal support of breastfeeding for African American women of childbearing age using lactation consultants and peer relationships among breastfeeding mothers is highly recommended. Caution is warranted, such that the results reported here are not representative of the general population. Moreover, the patterns featured in this report are baseline measures only, against which a subsequent wave of cross-sectional survey responses will be compared.

Introduction

Mississippi REACH (Racial and Ethnic Approaches to Community Health) is funded by the Centers for Disease Control and Prevention (CDC). Under the auspices of its Healthy Families, Mothers, and Babies initiative, Mississippi REACH has a special focus on improving health outcomes for African American women of childbearing age along the Mississippi Gulf Coast residing in Hancock, Harrison, and Jackson counties. Among the key focal areas of the project are healthy food access, tobacco cessation, and breastfeeding support, all of which led to the development of a social climate survey featuring relevant indicators that provide a baseline (project year 1) assessment of germane attitudes and behaviors. The initial wave of the social climate survey was administered in 2019. A follow-up cross-sectional wave of the survey will be administered again in 2023 to examine changes in attitudes and behaviors.

A central consideration of this social climate survey is the detection of racial differences in attitudes and behaviors related to the project's focal areas. The maximum sample size of 419 yielded substantial proportions of African American (n = 172) and white (n = 223) respondents. A slight reduction in observations (typically, the loss of 24 cases) occurs when comparing only African American and white respondent subsamples. Therefore, the black and white subsamples will never sum perfectly to match the overall sample because the latter includes other racial groups and multiracial respondents.

Social climate data were collected by the Mississippi State University Social Science Research Center with guidance from Dr. John Bartkowski, the lead evaluator for Mississippi REACH, and the project implementation team. After the data were collected, Dr. Bartkowski guided his data analysts' generation of results. Tests of statistical significance were conducted to explore if racial differences were of sufficient magnitude not to be due merely to chance. Where statistical significance is achieved, a p-value is reported that indicates the low probability that differences between African Americans and whites could be the result of chance. So, $p < .05$ can be interpreted as less than a 5% probability that statistical differences on a particular survey item are due merely to chance. Put differently, such patterns warrant 95% confidence in the observed results. Tests of statistical significance should be interpreted with some caution, however, because the survey sample is not representative of the population in these three counties. Moreover, it is possible that *substantively* significant differences are observed that fall short of achieving statistical significance.

Surveys were administered through a random-digit dial procedure for residents in the three-county region. Sampling criteria initially restricted the sample to African American men and women through age 50. However, these criteria needed to be adjusted during the data collection process to ensure that data were obtained from a sufficient number of respondents overall. The removal of race-specific and age-specific sampling criteria led to the adoption of a nonrepresentative comparative design. The African American oversample used screening criteria for race (black), age (18-50), and current county of residence while the general population sample dropped the first two of those criteria. The subsamples are depicted in Table 1.

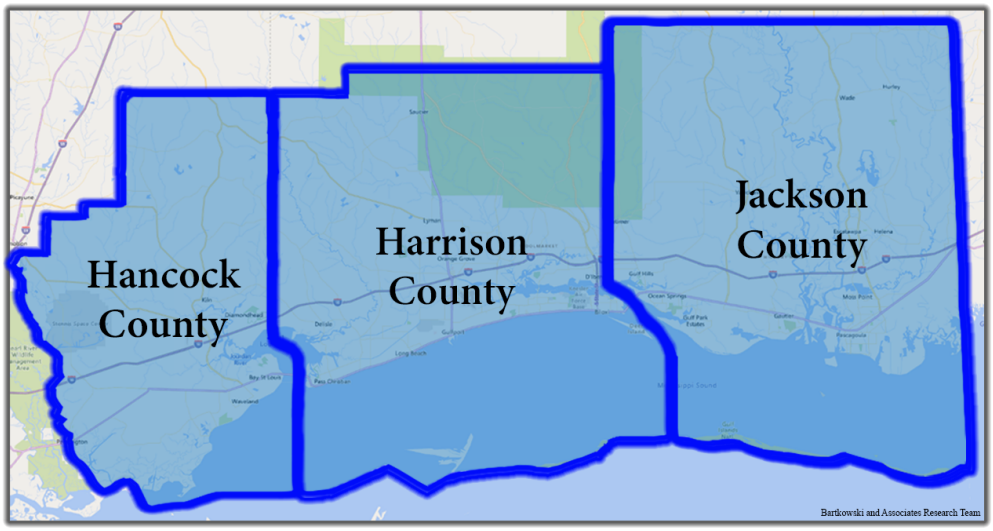

Table 1. Survey respondent subsamples	Black	White	All
General population	8.72% (15)	100.0% (223)	62.53% (262)
General population cases that meet screening criteria	26.16% (45)	0.00% (0)	10.74% (45)
Screened oversample	65.12% (112)	0.00% (0)	26.73% (112)
Valid responses	**172**	**223**	**419**

Sample Demographic Characteristics

Table 2 features information on the racial composition of the sample. African American residents (41.05%) are well represented, which is necessary given Mississippi REACH's focus on health within this racial minority group. Whites (53.22%) form a slight majority of the sample. As indicated in Table 3, most respondents in the overall sample (52.74%) live in Harrison County, with 55.81% of black respondents and 50.22% of white respondents residing there. Hancock residents exhibit the lowest representation in the overall sample (10.02%) and within the race-specific subsamples. Jackson residents (37.23%) fall between Harrison and Hancock's representation overall and among subsampled racial groups.

Table 2. What is your race?	Percent (n)
White Non-Hispanic	53.22% (223)
Black or African American Non-Hispanic	41.05% (172)
American Indian/Alaska Native	0.24% (1)
Asian or Pacific Islande	0.95% (4)
Hispanic or Latinx	2.15% (9)
Multi-racial	1.91% (8)
Other	0.48% (2)
Valid responses	**419**

Table 3. In which county do you live?	Black	White	All
Jackson	36.63% (63)	38.12% (85)	37.23% (156)
Hancock	7.56% (13)	11.66% (26)	10.02% (42)
Harrison	55.81% (96)	50.22% (112)	52.74% (221)
Valid responses	**172**	**223**	**419**

Table 4. What was the last grade or year of school that you attended?	Black	White	All
Completed master's degree	1.74% (3)	2.24% (5)	1.91% (8)
Completed bachelor's degree (4-year program)	5.81% (10)	6.73% (15)	6.21% (26)
Completed associate's degree (2-year program)	13.95% (24)	19.28% (43)	17.18% (72)
Some college or vocational program	19.19% (33)	13.45% (30)	15.51% (65)
Completed high school or GED equivalent	26.74% (46)	30.49% (68)	29.36% (123)
Grades 9-11 (some high school)	27.91% (48)	20.18% (45)	23.15% (97)
Grades 1-8 (elementary)	4.65% (8)	6.73% (15)	6.21% (26)
Never attended school or only attended kindergarten	0.00% (0)	0.90% (2)	0.48% (2)
Valid responses	**172**	**223**	**419**

Educational levels, depicted in Table 4, roughly parallel those in this region. Most respondents have had some high school experience or have a high school diploma. Tables 5 and 6 both reveal that most African American respondents (61.99%) are employed for wages, and significant proportions of these respondents have limited household incomes. The modal (most common) household income response is $20,000 to under $25,000 for the African American subsample. A slight minority of white respondents (47.53%) are employed for wages and roughly a quarter (24.66%) are retired (Table 5). As indicated in Table 6, white incomes are concentrated at the upper end of the household income spectrum (about 30% combined having incomes of $150,000 or more). Women are a majority in each subsample, with African American women (69.77%) more over-represented than white women (54.26%) (Table 7).

Table 5. Which of these categories best describes you?	Black	White	All
Employed for wages	61.99% (106)	47.53% (106)	53.83% (225)
Self-employed	8.19% (14)	9.42% (21)	8.37% (35)
A homemaker	1.75% (3)	2.69% (6)	2.39% (10)
A student	5.26% (9)	7.62% (17)	7.42% (31)
Retired	4.68% (8)	24.66% (55)	15.31% (64)
Out of work	7.60% (13)	1.79% (4)	5.02% (21)
Choose not to work	0.58% (1)	0.00% (0)	0.24% (1)
Unable to work	9.94% (17)	6.28% (14)	7.42% (31)
Valid responses	**171**	**223**	**418**

Table 6. Which of the following categories best describes your 2018 household income from all sources before taxes?	Black	White	All
Less than $10,000	11.11% (18)	4.06% (8)	6.79% (26)
$10,000 to under $15,000	1.85% (3)	3.55% (7)	2.87% (11)
$15,000 to under $20,000	2.47% (4)	4.57% (9)	3.39% (13)
$20,000 to under $25,000	13.58% (22)	7.61% (15)	10.18% (39)
$25,000 to under $35,000	11.73% (19)	9.64% (19)	10.44% (40)
$35,000 to under $50,000	8.02% (13)	5.08% (10)	6.53% (25)
$50,000 to under $75,000	11.11% (18)	6.60% (13)	8.62% (33)
$75,000 to under $100,000	6.17% (10)	4.57% (9)	5.74% (22)
$100,000 to under $150,000	9.26% (15)	10.15% (20)	10.44% (40)
$150,000 to under $200,000	10.49% (17)	13.20% (26)	12.79% (49)
$200,000 or more	6.79% (11)	17.77% (35)	12.27% (47)
Don't know/not Sure	7.41% (12)	13.20% (26)	9.92% (38)
Valid responses	**162**	**197**	**383**

Table 7. With what gender do you identify?	Black	White	All
Man	30.23% (52)	45.74% (102)	39.14% (164)
Woman	69.77% (120)	54.26% (121)	60.86% (255)
Valid responses	**172**	**223**	**419**

Healthy Food Access: Acquisition and Consumption Patterns

Where do respondents acquire food that they cook in their homes? The vast majority of African American respondents (98.26%) and white respondents (96.86%) purchase most of their food for cooking from a supermarket (Table 8). Walmart is most frequently listed as the primary food shopping outlet, although African American respondents (67.44%) are slightly more likely to shop at Walmart than white respondents (60.09%) (Table 9). Overall, there are a wide variety of stores, over thirty named in all, that serve as the primary retail outlets for acquiring food in the three focal counties.

As indicated in Table 10, weekly food shopping is considerably more common among white respondents (82.06%) than black respondents (61.63%). Table 10 also reveals that black respondents (32.56%) shop for food on a monthly basis at rates more than twice that of white respondents (15.25%). This last distinction is likely influenced by income patterns and is sure to affect the ability to acquire fresh fruits and vegetables, which are perishable. The results featured in Table 10 are statistically significant, which means that the racial differences are of such a great magnitude that they cannot be readily explained by mere chance.

Table 8. Where do you acquire the majority of the food you cook at home?	Black	White	All
Supermarket	98.26% (169)	96.86% (216)	97.61% (409)
Convenience store	1.74% (3)	1.35% (3)	1.43% (6)
Community garden	0.00% (0)	1.79% (4)	0.95% (4)
Valid responses	**172**	**223**	**419**

Table 9. What is the name of the store from which you acquire food most often?	Black	White	All
Walmart	67.44% (116)	60.09% (134)	64.44% (270)
Rouses	2.91% (5)	9.87% (22)	6.44% (27)
Winn-Dixie	4.07% (7)	5.83% (13)	5.25% (22)
Froogel's	6.98% (12)	3.14% (7)	4.53% (19)
Jerry Lee's	5.23% (9)	4.04% (9)	4.53% (19)
Piggly Wiggly	1.16% (2)	1.79% (4)	1.43% (6)
Sam's Club	2.33% (4)	0.90% (2)	1.43% (6)
Wayne Lees Grocery & Market	1.74% (3)	1.35% (3)	1.43% (6)
Food Giant	0.00% (0)	0.45% (1)	0.24% (1)
Food for Less	1.16% (2)	1.35% (3)	1.19% (5)
Grocery Depot	2.33% (4)	0.45% (1)	1.19% (5)
Kroger	1.16% (2)	0.90% (2)	0.95% (4)
Claiborne Hill Supermarket	0.00% (0)	0.90% (2)	0.72% (3)
Greer's Grocery Store	0.00% (0)	1.35% (3)	0.72% (3)
Commissary	0.00% (0)	0.90% (2)	0.48% (2)
Five Seasons Whole Foods Market	1.16% (2)	0.00% (0)	0.48% (2)
Publix	0.00% (0)	0.90% (2)	0.48% (2)
Save-A-Lot	0.58% (1)	0.45% (1)	0.48% (2)
Corner Market	0.00% (0)	0.45% (1)	0.24% (1)
Cruthirds Country Corner Store	0.00% (0)	0.45% (1)	0.24% (1)
Dollar General	0.00% (0)	0.45% (1)	0.24% (1)
Family Frozen Foods	0.58% (1)	0.00% (0)	0.24% (1)
Fishing	0.00% (0)	0.45% (1)	0.24% (1)
Greer's Food Tiger	0.00% (0)	0.45% (1)	0.24% (1)
From a Friend	0.00% (0)	0.45% (1)	0.24% (1)
Hancock County Farmers' Market	0.00% (0)	0.45% (1)	0.24% (1)
Neco's Family Market	0.00% (0)	0.45% (1)	0.24% (1)
No consistency (husband travels)	0.00% (0)	0.45% (1)	0.24% (1)

Ralph's	0.00% (0)	0.45% (1)	0.24% (1)
Restaurants	0.00% (0)	0.45% (1)	0.24% (1)
Spam	0.58% (1)	0.00% (0)	0.24% (1)
Truck stop	0.00% (0)	0.45% (1)	0.24% (1)
Walter's	0.58% (1)	0.00% (0)	0.24% (1)
Valid responses	**172**	**223**	**419**

Table 10. How often do you acquire food from the store you most regularly shop at?	**Black**	**White**	**All**
Daily	5.23% (9)	2.69% (6)	3.58% (15)
Weekly	61.63% (106)	82.06% (183)	73.27% (307)
Monthly	32.56% (56)	15.25% (34)	22.91% (96)
Yearly	0.58% (1)	0.00% (0)	0.24% (1)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = 0.171

Respondents were asked why they acquired food from the primary store of their choice. These responses are featured in Tables 11a-11f. Most often, respondents obtain food from their preferred stores because of its good selection (77.91% black respondents, 71.30% white respondents) and its low prices (72.09% black respondents, 74.44% white respondents). Most notably where racial differences are concerned, African American respondents are significantly more likely to favor stores that are near public transportation ($p < .001$) and that accept SNAP/Food Stamps or WIC ($p < .001$) when compared to whites. Among other (unlisted) factors for the item featured in Table 11f, there were 177 affirmative responses, with 120 (67.80%) of them mentioning "convenience" and roughly equal amounts writing in "fresh food" (n = 7, 3.95%), "quality" (n = 6, 3.39%), and "no other options" (n = 6, 3.39%).

Survey question for Tables 11a-11f: Please tell me if any of the following reasons describe why you get most of your food from the store you most regularly shop at?

Table 11a. For its good selection	**Black**	**White**	**All**
Yes	77.91% (134)	71.30% (159)	74.22% (311)
No	22.09% (38)	28.70% (64)	25.78% (108)
Valid responses	**172**	**223**	**419**

Table 11b. For its low prices	**Black**	**White**	**All**
Yes	72.09% (124)	74.44% (166)	72.32% (303)
No	27.91% (48)	24.66% (55)	27.21% (114)
Don't know	0.00% (0)	0.90% (2)	0.48% (2)
Valid responses	**172**	**223**	**419**

Table 11c. Because it's near public transportation	Black	White	All
Yes	32.56% (56)	13.00% (29)	21.00% (88)
No	66.28% (114)	85.65% (191)	77.33% (324)
Don't know	1.16% (2)	1.35% (3)	1.67% (7)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = -0.237.

Table 11d. Because you are well treated there	Black	White	All
Yes	61.05% (105)	57.40% (128)	58.71% (246)
No	38.37% (66)	42.60% (95)	41.05% (172)
Don't know	0.58% (1)	0.00% (0)	0.24% (1)
Valid responses	**172**	**223**	**419**

Table 11e. Because they accept SNAP/ Food Stamps or WIC	Black	White	All
Yes	25.58% (44)	6.73% (15)	15.27% (64)
No	72.09% (124)	90.58% (202)	82.10% (344)
Don't know	2.33% (4)	2.69% (6)	2.63% (11)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = -0.265.

Table 11f. For some other reason (please specify)	Black	White	All
Yes	38.37% (66)	45.29% (101)	42.24% (177)
No	60.47% (104)	54.71% (122)	57.28% (240)
Don't know	1.16% (2)	0.00% (0)	0.48% (2)
Valid responses	**172**	**223**	**419**

A series of items within the food access portion of the survey inquired about respondents' consumption of fruits and vegetables. These items recognize that access to healthy foods can have downstream effects on consumption. Table 12 features the results of an item that asks about the frequency of eating fruits or vegetables. The modal (most common) response for both black respondents (43.60%) and white respondents (44.39%) is eating fruits or vegetables once per day. Yet, substantial racial differences are evident in several other response categories. Somewhat paradoxically, higher proportions of black respondents consume fruits and vegetables five or more times per day (the response option reflecting greatest frequency) as well as 2-4 times per week and once a week or less (two response options reflecting the least frequency). Black respondents (12.79%) are considerably less likely to eat fruits and vegetables two times per day when compared with white respondents (19.28%).

Table 12. During a typical week how often do you/your family eat fruits or vegetables?	Black	White	All
5 or more times a day	6.98% (12)	4.93% (11)	5.97% (25)
2-4 times a day	12.79% (22)	19.28% (43)	16.23% (68)
Once a day	43.60% (75)	44.39% (99)	44.15% (185)
2-4 times per week	29.65% (51)	27.80% (62)	28.64% (120)
Once a week or less	6.40% (11)	3.59% (8)	4.77% (20)
Don't know/not sure	0.58% (1)	0.00% (0)	0.24% (1)
Valid responses	**172**	**223**	**419**

Most vegetables kept at home are an equal mix of fresh, frozen, and canned for each subsample (63.37% black respondents, 60.54% white respondents) (Table 13). There are, however, substantial racial differences in keeping fresh vegetables that place black respondents at a disadvantage (20.35%) compared to whites (28.70%). While frozen vegetables are kept in roughly equal proportions across subgroups, African American respondents (8.14%) are more likely to rely on canned vegetables than white respondents (4.93%). This last distinction is important because canned vegetables often have a great deal of added salt that can limit their health benefits. Just over one quarter of black respondents (25.58%) ever find themselves in the circumstance of not being able to eat the fruits and vegetables they want, whereas less than one fifth of white respondents (18.39%) face this situation (Table 14).

Table 13. Which one of the following best describes the most common way you keep vegetables in your house?	Black	White	All
Fresh	20.35% (35)	28.70% (64)	26.49% (111)
Frozen	5.81% (10)	4.93% (11)	5.25% (22)
Canned	8.14% (14)	4.93% (11)	5.97% (25)
An equal mix of fresh, frozen, and canned	63.37% (109)	60.54% (135)	60.62% (254)
I rarely or never keep vegetables in my house	1.16% (2)	0.90% (2)	1.19% (5)
Don't know/not sure	1.16% (2)	0.00% (0)	0.48% (2)
Valid responses	**172**	**223**	**419**

Table 14. Do you ever find yourself not being able to eat the fruits and vegetables that you want?	Black	White	All
Yes	25.58% (44)	18.39% (41)	21.24% (89)
No	73.84% (127)	81.17% (181)	78.28% (328)
Don't know	0.58% (1)	0.45% (1)	0.48% (2)
Valid responses	**172**	**223**	**419**

If respondents affirmed that they ever find themselves unable to eat the fruits and vegetables they want, they were then asked a series of follow-up questions concerning the reasons for this situation. These follow-up questions have limited responses (overall n = 89) because a "no" response to the initial question would have a sizable group of respondents skip the identification of barriers to fruit and vegetable consumption.

Survey question for Tables 15a-15g: Which of the following keeps you from eating the fruits and vegetables you want?

Table 15a. Prices are too expensive	Black	White	All
Yes	68.18% (30)	46.34% (19)	56.18% (50)
No	31.82% (14)	53.66% (22)	43.82% (39)
Valid responses	**44**	**41**	**89**

Spearman's correlation: $p = 0.042$ (statistically significant); r = -0.221.

Significantly more black respondents (68.18%) report being unable to eat the fruits and vegetables they want because prices are too expensive as compared with whites (46.38%) who specified this barrier (Table 15a). This difference is statistically significant (p = .042), that is, not likely to be due to chance. Healthy food access disparities faced by African Americans are also evident in Table 15b (difficulty getting to stores with fruits and vegetables), Table 15d (fruits and vegetables unavailable where shopping is done), Table 15e (not enough fruits and vegetables to feed all family members). While statistical significance is less likely to be achieved with small sample sizes, a good case for substantive significance can be made for these results. Interestingly, a distaste for fruits and vegetables is not manifested from either subgroup, as the vast majority of black and white respondents say that they like fruits and vegetables (Table 15f). Table 15g features summary information based on respondents' specification of another reason that keeps them from eating their preferred fruits and vegetables apart from reasons already provided in the survey. Of the 24 responses featured in Table 15g (other reasons), "health reasons" were commonly mentioned (n = 5, 20.83%), as were "spoils too quickly" (n = 5, 20.83%) and "out of season" (n = 5, 20.83%).

Table 15b. Stores are too hard to get to	Black	White	All
Yes	20.45% (9)	14.63% (6)	16.85% (15)
No	79.55% (35)	85.37% (35)	83.15% (74)
Valid responses	**44**	**41**	**89**

Table 15c. Fruits and vegetables are of poor quality where you shop	Black	White	All
Yes	34.09% (15)	36.59% (15)	33.71% (30)
No	65.91% (29)	63.41% (26)	66.29% (59)
Valid responses	**44**	**41**	**89**

Table 15d. Fruits and vegetables you want are unavailable where you shop	Black	White	All
Yes	29.55% (13)	43.90% (18)	37.08% (33)
No	70.45% (31)	56.10% (23)	62.92% (56)
Valid responses	**44**	**41**	**89**

Table 15e. Not enough fruits and vegetables to feed everyone in your home	Black	White	All
Yes	20.45% (9)	7.32% (3)	13.48% (12)
No	79.55% (35)	92.68% (38)	86.52% (77)
Valid responses	**44**	**41**	**89**

Table 15f. You don't like fruits and vegetables	Black	White	All
Yes	6.82% (3)	4.88% (2)	6.74% (6)
No	93.18% (41)	95.12% (39)	93.26% (83)
Valid responses	**44**	**41**	**89**

Table 15g. Other reason (please specify)	Black	White	All
Yes	20.45% (9)	36.59% (15)	26.97% (24)
No	79.55% (35)	63.41% (26)	73.03% (65)
Valid responses	**44**	**41**	**89**

Household Tobacco Use Norms

Given this project's focus on fostering health among mothers, babies, and families, tobacco use norms at home were the subject of several survey items. The vast majority of respondents do not permit smoking or vaping anywhere in their homes (Tables 16a and 16b). That being said, African American respondents are somewhat more permissive of smoking at home (Table 16a) while being somewhat less permissive of vaping at home (Table 16b). Table 17 indicates that African American respondents (31.98%) are nearly twice as likely as whites (16.59%) to have discussed the potential harms of e-cigarette use around children with a health care provider. Robust majorities of black and white respondents are aware that smoking during pregnancy can cause a baby to be born too early or too small (93.02% black respondents, 91.93% white respondents) (Table 18a). And while about two thirds of each subsample are aware that smoking during pregnancy can cause a baby to die from sudden infant death syndrome, there is certainly room for improvement in this knowledge because 22.09% of black respondents and 27.35% of white respondents indicated not knowing about this infant health risk (Table 18b).

Table 16a. Which statement best describes the rules about smoking in your home?	Black	White	All
No one is allowed to smoke anywhere	77.91% (134)	81.61% (182)	79.95% (335)
Smoking is permitted in some places or at some times	13.37% (23)	13.00% (29)	13.13% (55)
Smoking is permitted anywhere	8.72% (15)	5.38% (12)	6.68% (28)
Don't know	0.00% (0)	0.00% (0)	0.24% (1)
Valid responses	**172**	**223**	**419**

Table 16b. Which statement best describes the rules about vaping or using e-cigarettes in your home?	Black	White	All
No one is allowed to vape anywhere	84.30% (145)	76.68% (171)	79.47% (333)
Vaping is permitted in some places or at sometimes	6.40% (11)	14.80% (33)	11.46% (48)
Vaping is permitted anywhere	7.56% (13)	8.07% (18)	8.11% (34)
Don't know	1.74% (3)	0.45% (1)	0.95% (4)
Valid responses	**172**	**223**	**419**

Table 17. In the past 12 months, has a health care provider discussed the potential harms of using e-cigarettes around children?	Black	White	All
Yes	31.98% (55)	16.59% (37)	23.63% (99)
No	66.86% (115)	77.13% (172)	72.32% (303)
Have not seen a health care provider in the past 12 months	1.16% (2)	5.38% (12)	3.58% (15)
Don't know	0.00% (0)	0.90% (2)	0.48% (2)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = -0.207.

Table 18a. Smoking during pregnancy can cause the baby to be born too small or too early	Black	White	All
True	93.02% (160)	91.93% (205)	92.36% (387)
False	2.91% (5)	0.45% (1)	1.43% (6)
Don't know	4.07% (7)	7.62% (17)	6.21% (26)
Valid responses	**172**	**223**	**419**

Table 18b. Smoking during pregnancy can cause the baby to be more likely to die from sudden infant death syndrome	Black	White	All
True	66.86% (115)	67.26% (150)	67.06% (281)
False	11.05% (19)	5.38% (12)	7.64% (32)
Don't know	22.09% (38)	27.35% (61)	25.30% (106)
Valid responses	**172**	**223**	**419**

Breastfeeding Support

As a foundational practice for the health of mothers and babies, breastfeeding is a primary focus of Mississippi REACH. Respondents were therefore asked about their attitudes toward breastfeeding and their knowledge of its benefits. Social network influences on breastfeeding and exposure to breastfeeding promotion media messages were also ascertained. In much of the narrative that follows, the top two response categories, that is, strongly agree and agree or strongly support and support, are summed into a single percentage of overall agreement or overall support for ease of interpretation.

Tables 19a-19i feature a series of items on breastfeeding knowledge and opinions about this practice. Collapsing both of the agreement responses featured in Table 19a reveals that African American respondents (30.24%) are substantially more inclined than white respondents (21.53%) to agree with the statement that breast milk benefits last only as long as the baby is breastfed. This statement is inaccurate, thereby suggesting that additional education along these lines may help close this knowledge gap across racial groups. Slightly more African American respondents (15.79%) agree that women should not breastfeed in public places than do white respondents (12.61%), but these differences are inconsequential (Table 19b). When compared with white respondents (6.73%), roughly double the percentage of African American respondents (13.37%) agree with the statement that breastfed babies are more likely to be overfed, which is a cause for concern because this statement is inaccurate (Table 19c). Strong and similar majorities of African American respondents (86.05%) and white respondents (87.89%) agree that breast milk is the ideal food for babies (Table 19d). There is similar parity among African American respondents (79.07%) and white respondents (78.47%) concerning the greater digestibility of breast milk in comparison to formula, such that majorities of both subsamples agree with this statement (Table 19e).

Table 19a. The benefits of breast milk last only as long as the baby is breastfed	**Black**	**White**	**All**
Strongly agree	6.98% (12)	3.59% (8)	4.77% (20)
Agree	23.26% (40)	17.94% (40)	21.00% (88)
Neither agree nor disagree	3.49% (6)	2.69% (6)	2.86% (12)
Disagree	37.21% (64)	46.19% (103)	42.00% (176)
Strongly disagree	10.47% (18)	10.76% (24)	10.50% (44)
Don’t know	18.60% (32)	18.83% (42)	18.85% (79)
Valid responses	**172**	**223**	**419**

Table 19b. Women should not breastfeed in public places such as restaurants	**Black**	**White**	**All**
Strongly agree	3.51% (6)	2.25% (5)	2.64% (11)
Agree	12.28% (21)	10.36% (23)	11.27% (47)
Neither agree nor disagree	8.77% (15)	4.95% (11)	6.71% (28)
Disagree	49.12% (84)	59.01% (131)	53.72% (224)
Strongly disagree	23.39% (40)	22.07% (49)	23.74% (99)
Don’t know	2.92% (5)	1.35% (3)	1.92% (8)
Valid responses	**171**	**222**	**417**

Table 19c. Breastfed babies are more likely to be overfed than formula fed babies	Black	White	All
Strongly agree	1.16% (2)	0.00% (0)	0.48% (2)
Agree	12.21% (21)	6.73% (15)	8.83% (37)
Neither agree nor disagree	3.49% (6)	4.04% (9)	4.30% (18)
Disagree	58.72% (101)	62.33% (139)	60.62% (254)
Strongly disagree	12.79% (22)	16.14% (36)	14.08% (59)
Don't know	11.63% (20)	10.76% (24)	11.69% (49)
Valid responses	**172**	**223**	**419**

Table 19d. Breast milk is the ideal food for babies	Black	White	All
Strongly agree	29.65% (51)	27.80% (62)	27.92% (117)
Agree	56.40% (97)	60.09% (134)	58.71% (246)
Neither agree nor disagree	1.16% (2)	5.83% (13)	4.53% (19)
Disagree	5.81% (10)	0.90% (2)	2.86% (12)
Strongly disagree	0.58% (1)	0.45% (1)	0.48% (2)
Don't know	6.40% (11)	4.93% (11)	5.49% (23)
Valid responses	**172**	**223**	**419**

Table 19e. Breast milk is more easily digested than formula	Black	White	All
Strongly agree	21.51% (37)	21.97% (49)	21.24% (89)
Agree	57.56% (99)	56.50% (126)	57.52% (241)
Neither agree nor disagree	3.49% (6)	4.93% (11)	4.77% (20)
Disagree	4.65% (8)	1.79% (4)	3.10% (13)
Strongly disagree	12.21% (21)	14.80% (33)	13.13% (55)
Don't know	0.58% (1)	0.00% (0)	0.24% (1)
Valid responses	**172**	**223**	**419**

Roughly one quarter of African American respondents (27.9%) and white respondents (24.21%) agree with the statement that formula is as healthy for a baby as breast milk (Table 19f). Such limited agreement is encouraging because this statement is not true. Still, the fact that one quarter agree with this statement does suggest some room for improvement with respect to this belief. Table 19g indicates that, when compared with their white counterparts (58.30%), a somewhat larger proportion of African American respondents (65.69%) agree that breastfeeding is more convenient than formula. Robust percentages of African American respondents (94.77%) and white respondents (92.38%) agree that breast milk is less expensive than formula (Table 19h).

Table 19i presents responses to an item that asks about agreement with the statement, "A mother who occasionally drinks alcohol should not breastfeed her baby." Experts generally agree that occasional alcohol use is not a reason to stop breastfeeding. The fact that 84.89% of African American respondents express some measure of agreement with this statement is a cause for concern, especially considering that only 65.92% of white respondents agree with this statement. The racial differences in the response patterns for this item are statistically significant ($p < 0.001$), thereby indicating that these distinctions across subgroups are genuinely meaningful.

Table 19f. Formula is as healthy for an infant as breast milk	**Black**	**White**	**All**
Strongly agree	1.74% (3)	2.24% (5)	1.91% (8)
Agree	26.16% (45)	21.97% (49)	23.87% (100)
Neither agree nor disagree	11.63% (20)	16.14% (36)	15.27% (64)
Disagree	40.12% (69)	40.81% (91)	40.33% (169)
Strongly disagree	13.37% (23)	7.62% (17)	9.55% (40)
Don't know	6.98% (12)	11.21% (25)	9.07% (38)
Valid responses	**172**	**223**	**419**

Table 19g. Breastfeeding is more convenient than formula	**Black**	**White**	**All**
Strongly agree	18.60% (32)	9.42% (21)	13.37% (56)
Agree	47.09% (81)	48.88% (109)	48.45% (203)
Neither agree nor disagree	6.40% (11)	10.76% (24)	9.07% (38)
Disagree	18.60% (32)	20.18% (45)	19.33% (81)
Strongly disagree	4.65% (8)	5.83% (13)	5.01% (21)
Don't know	4.65% (8)	4.93% (11)	4.77% (20)
Valid responses	**172**	**223**	**419**

Table 19h. Breast milk is less expensive than formula	**Black**	**White**	**All**
Strongly agree	32.56% (56)	34.08% (76)	32.94% (138)
Agree	62.21% (107)	58.30% (130)	60.62% (254)
Neither agree nor disagree	0.58% (1)	2.24% (5)	1.43% (6)
Disagree	0.58% (1)	1.79% (4)	1.19% (5)
Strongly disagree	2.33% (4)	0.45% (1)	1.19% (5)
Don't know	1.74% (3)	3.14% (7)	2.63% (11)
Valid responses	**172**	**223**	**419**

Table 19i. A mother who occasionally drinks alcohol should not breastfeed her baby	Black	White	All
Strongly agree	27.33% (47)	18.39% (41)	22.67% (95)
Agree	57.56% (99)	47.53% (106)	51.31% (215)
Neither agree nor disagree	2.33% (4)	8.97% (20)	5.97% (25)
Disagree	8.72% (15)	16.59% (37)	13.13% (55)
Strongly disagree	1.16% (2)	3.14% (7)	2.63% (11)
Don't know	2.91% (5)	5.38% (12)	4.30% (18)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = -0.195.

Minimal distinctions are evident regarding racial differences in perceptions of community residents' general support for breastfeeding (Table 20). About six in ten African American respondents (60.47%) and a roughly similar proportion of white respondents (65.92%) view their community as exhibiting some level of support for breastfeeding.

Table 20. In general, how supportive of breastfeeding are people in your community?	Black	White	All
Very supportive	33.14% (57)	37.67% (84)	35.32% (148)
Somewhat supportive	27.33% (47)	28.25% (63)	28.16% (118)
Neither unsupportive nor supportive	9.30% (16)	8.97% (20)	9.31% (39)
Somewhat unsupportive	5.23% (9)	3.59% (8)	4.06% (17)
Very unsupportive	4.07% (7)	1.79% (4)	2.86% (12)
Don't know	20.93% (36)	19.73% (44)	20.29% (85)
Valid responses	**172**	**223**	**419**

Table 21. In your opinion, how supportive of breastfeeding are most employers and worksites for new mothers?	Black	White	All
Very supportive	19.77% (34)	16.59% (37)	17.90% (75)
Somewhat supportive	22.09% (38)	23.32% (52)	23.63% (99)
Neither unsupportive nor supportive	8.72% (15)	11.21% (25)	10.26% (43)
Somewhat unsupportive	10.47% (18)	7.62% (17)	8.35% (35)
Very unsupportive	9.88% (17)	2.69% (6)	6.21% (26)
Don't know	29.07% (50)	38.57% (86)	33.65% (141)
Valid responses	**172**	**223**	**419**

When compared with perceived community support for breastfeeding, respondents view employers and worksites as considerably less supportive of breastfeeding for new mothers (Table 21). Roughly four in ten black respondents (41.86%) and white respondents (39.91%) perceive employers and worksites to be supportive of breastfeeding, which suggests racial parity in perception but is about a third less than the higher threshold of perceived community support.

Respondents were also asked a series of questions about their perceptions of women's comfort nursing a baby in various social situations (Tables 22a-22c). No significant racial differences in perceived comfort are evident where nursing a baby in the presence of close women friends are concerned (Table 22a). Perceived comfort (very comfortable and comfortable combined) was strongly exhibited by African American respondents (81.40%) and white respondents (80.27%) in this circumstance. Expanding the situation to include close men and women friends leads to diminished perceived comfort for women who nurse (50.00% of African American respondents, 46.64% of white respondents). Table 22c presents responses about the perceived comfort for nursing women in the most public of the scenarios presented, namely, breastfeeding among men and women who are not close friends. In this circumstance, the perceived comfort of the hypothetical nursing mother drops substantially and considerable differences surface across racial subgroups. Whereas about one fifth (20.47%) of African American respondents believe that the nursing mother would be comfortable in this situation, only about one tenth (11.21%) of white respondents express this view.

Survey question for Tables 22a-22c: How comfortable do you believe women in your community are in the following situations?

Table 22a. Nursing a baby in the presence of close women friends	**Black**	**White**	**All**
Very comfortable	60.47% (104)	62.33% (139)	61.34% (257)
Comfortable	20.93% (36)	17.94% (40)	20.05% (84)
Neither comfortable nor uncomfortable	6.98% (12)	8.97% (20)	8.11% (34)
Uncomfortable	2.33% (4)	0.90% (2)	1.43% (6)
Very uncomfortable	5.81% (10)	4.04% (9)	4.53% (19)
Don't know	3.49% (6)	5.83% (13)	4.53% (19)
Valid responses	**172**	**223**	**419**

Table 22b. Nursing a baby in the presence of men and women who are close friends	**Black**	**White**	**All**
Very comfortable	30.81% (53)	23.32% (52)	25.78% (108)
Comfortable	19.19% (33)	23.32% (52)	21.96% (92)
Neither comfortable nor uncomfortable	22.67% (39)	30.94% (69)	28.40% (119)
Uncomfortable	10.47% (18)	8.07% (18)	9.31% (39)
Very uncomfortable	13.37% (23)	8.97% (20)	10.26% (43)
Don't know	3.49% (6)	5.38% (12)	4.30% (18)
Valid responses	**172**	**223**	**419**

Table 22c. Nursing a baby in the presence of men and women who are not close friends	Black	White	All
Very comfortable	12.87% (22)	5.83% (13)	8.61% (36)
Comfortable	7.60% (13)	5.38% (12)	5.98% (25)
Neither comfortable nor uncomfortable	17.54% (30)	17.04% (38)	17.46% (73)
Uncomfortable	15.20% (26)	27.80% (62)	22.73% (95)
Very uncomfortable	42.69% (73)	38.57% (86)	40.67% (170)
Don't know	4.09% (7)	5.38% (12)	4.55% (19)
Valid responses	**171**	**223**	**418**

Table 23 indicates the need to encourage people to embrace the idea that breastfeeding is the best way to feed a baby. Roughly half of African American respondents (53.22%) and the same proportion of white respondents (52.70%) agree in principle that breast is best. Yet, such support for this view means that roughly half of all respondents, regardless of race, could be moved toward this vital viewpoint. It is rather striking that roughly one third of all respondents combined (see All column, 31.65%) place breastfeeding and formula feeding as equivalent in quality.

Table 23. Which of the following statements is closest to your opinion?	Black	White	All
Breastfeeding is the best way to feed a baby	53.22% (91)	52.70% (117)	52.04% (217)
A mix of both breastfeeding and formula feeding is the best	12.87% (22)	13.96% (31)	13.91% (58)
Formula feeding is the best way to feed a baby	2.92% (5)	0.00% (0)	1.20% (5)
Breastfeeding and formula feeding are equally good	30.41% (52)	31.53% (70)	31.65% (132)
Don't know	0.58% (1)	1.80% (4)	1.20% (5)
Valid responses	**171**	**222**	**417**

Results that are good but not great are further evidenced by the moderate level of support for breastfeeding and the modest degree of breastfeeding knowledge exhibited in Tables 24a-24f. Rather than analyze this series of items individually, they are assessed overall in what follows. Data presented in Tables 24a-24f reveal an unmistakable pattern. Substantial proportions of black and white respondents express disagreement with inaccurate or undesirable positions (e.g., roughly half select "Disagree" regarding the statement that infant formula is as good as breast milk in Table 24a). However, this type of distribution still leaves plenty of room for improving health knowledge related to breastfeeding. Similar patterns are evident with respect to breastfeeding-based health protections against ear infections, respiratory illness, diarrhea, and obesity (Tables 24b-24e). The capstone question for this section asks about agreement for exclusive breastfeeding (infants being fed only breast milk) during the first six months of childhood, with the same pattern again observed, namely tepid support that can be improved but does not reflect significant racial differences in perceptions.

Table 24a. Infant formula is as good as breast milk	Black	White	All
Strongly agree	3.49% (6)	1.35% (3)	2.39% (10)
Agree	23.84% (41)	23.42% (52)	24.88% (104)
Neither agree nor disagree	5.81% (10)	9.91% (22)	7.66% (32)
Disagree	51.74% (89)	45.50% (101)	47.61% (199)
Strongly disagree	9.88% (17)	11.71% (26)	10.77% (45)
Don't know	5.23% (9)	8.11% (18)	6.70% (28)
Valid responses	**172**	**222**	**418**

Table 24b. If a baby is breastfed, he or she will be less likely to get ear infections	Black	White	All
Strongly agree	9.88% (17)	8.11% (18)	8.85% (37)
Agree	36.63% (63)	35.14% (78)	35.65% (149)
Neither agree nor disagree	6.40% (11)	9.01% (20)	8.13% (34)
Disagree	19.19% (33)	13.51% (30)	15.31% (64)
Strongly disagree	3.49% (6)	1.35% (3)	2.15% (9)
Don't know	24.42% (42)	32.88% (73)	29.90% (125)
Valid responses	**172**	**222**	**418**

Table 24c. If a baby is breastfed, he or she will be less likely to get a respiratory illness	Black	White	All
Strongly agree	12.21% (21)	8.11% (18)	9.57% (40)
Agree	44.19% (76)	46.40% (103)	45.22% (189)
Neither agree nor disagree	5.81% (10)	9.01% (20)	7.66% (32)
Disagree	16.28% (28)	9.01% (20)	12.44% (52)
Strongly disagree	1.74% (3)	0.90% (2)	1.20% (5)
Don't know	19.77% (34)	26.58% (59)	23.92% (100)
Valid responses	**172**	**222**	**418**

Table 24d. If a baby is breastfed, he or she will be less likely to get diarrhea	Black	White	All
Strongly agree	6.98% (12)	4.05% (9)	5.02% (21)
Agree	33.14% (57)	36.04% (80)	34.93% (146)
Neither agree nor disagree	6.40% (11)	12.16% (27)	9.81% (41)
Disagree	22.67% (39)	17.12% (38)	19.62% (82)
Strongly disagree	1.74% (3)	1.80% (4)	1.67% (7)
Don't know	29.07% (50)	28.83% (64)	28.95% (121)
Valid responses	**172**	**222**	**418**

Table 24e. If a child is breastfed, he or she will be less likely to become obese	Black	White	All
Strongly agree	5.81% (10)	4.52% (10)	5.04% (21)
Agree	29.07% (50)	32.58% (72)	30.46% (127)
Neither agree nor disagree	10.47% (18)	13.12% (29)	12.47% (52)
Disagree	34.88% (60)	22.17% (49)	27.82% (116)
Strongly disagree	5.23% (9)	3.17% (7)	4.32% (18)
Don't know	14.53% (25)	24.43% (54)	19.90% (83)
Valid responses	**172**	**221**	**417**

Table 24f. Babies should be exclusively breastfed (fed only breast milk) for the first 6 months	Black	White	All
Strongly agree	12.79% (22)	9.46% (21)	10.53% (44)
Agree	50.58% (87)	49.10% (109)	49.76% (208)
Neither agree nor disagree	4.07% (7)	13.96% (31)	9.57% (40)
Disagree	19.77% (34)	18.47% (41)	19.38% (81)
Strongly disagree	4.07% (7)	0.00% (0)	1.91% (8)
Don't know	8.72% (15)	9.01% (20)	8.85% (37)
Valid responses	**172**	**222**	**418**

Breastfeeding prevalence is explored through an item that asks, "How common is breastfeeding infants among your female friends and relatives?" At first glance, this table again conveys results that indicate modest breastfeeding prevalence among those in respondents' primary social networks and therefore significant room for improvement. Perhaps more notably and consistent with other surveys of breastfeeding activity, there are statistically significant racial differences ($p < 0.001$) that indicate more limited breastfeeding prevalence among female friends and relatives of African American respondents when

compared with their white counterparts. These differences are of such great magnitude that they are highly unlikely to be due to mere chance.

Table 25. How common is breastfeeding infants among your female friends and relatives?	**Black**	**White**	**All**
All of them have breastfed	4.07% (7)	8.07% (18)	7.16% (30)
A majority of them have breastfed	20.35% (35)	38.12% (85)	30.31% (127)
About half of them have breastfed	12.21% (21)	16.14% (36)	14.08% (59)
About one quarter of them have breastfed	7.56% (13)	4.48% (10)	5.73% (24)
Very few of them have breastfed	34.30% (59)	17.49% (39)	24.82% (104)
None of them have breastfed	13.95% (24)	4.93% (11)	8.59% (36)
None of my female friends or relatives have any children	3.49% (6)	4.93% (11)	4.53% (19)
I don't have any female friends or relatives	2.33% (4)	0.90% (2)	1.43% (6)
Don't know	1.74% (3)	4.93% (11)	3.34% (14)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p = 0.001$ (statistically significant); r = 0.217.

Finally, Tables 26a-26k reveal an unmistakable pattern with respect to pro-breastfeeding media messaging. For all measures, African American respondents report substantially greater exposure to pro-breastfeeding media messaging. And, for seven of these eleven measurement items, these racial differences achieve statistical significance. These findings indicate an African American paradox with respect to breastfeeding: significantly lower rates of breastfeeding prevalence in key social networks despite intensive media messaging to promote this critical practice.

Survey question for Tables 26a-26k: Have you recently seen heard or read anything about breastfeeding from the following?

Table 26a. Television	**Black**	**White**	**All**
Yes	40.12% (69)	23.77% (53)	31.03% (130)
No	59.88% (103)	73.99% (165)	67.78% (284)
Don't know	0.00% (0)	2.24% (5)	1.19% (5)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$(statistically significant); r = -0.169.

Table 26b. Magazine	**Black**	**White**	**All**
Yes	35.47% (61)	22.87% (51)	27.21% (114)
No	63.37% (109)	75.78% (169)	71.60% (300)
Don't know	1.16% (2)	1.35% (3)	1.19% (5)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p = 0.006$ (statistically significant); r =-0.139.

Table 26c. Newspaper	Black	White	All
Yes	12.87% (22)	7.62% (17)	9.33% (39)
No	87.13% (149)	91.48% (204)	90.19% (377)
Don't know	0.00% (0)	0.90% (2)	0.48% (2)
Valid responses	**171**	**223**	**418**

Table 26d. Radio	Black	White	All
Yes	16.37% (28)	11.21% (25)	13.88% (58)
No	83.63% (143)	88.34% (197)	85.89% (359)
Don't know	0.00% (0)	0.45% (1)	0.24% (1)
Valid responses	**171**	**223**	**418**

Table 26e. Social media	Black	White	All
Yes	54.97% (94)	46.64% (104)	50.48% (211)
No	44.44% (76)	52.91% (118)	49.04% (205)
Don't know	0.58% (1)	0.45% (1)	0.48% (2)
Valid responses	**171**	**223**	**418**

Table 26f. Online, but not social media	Black	White	All
Yes	51.74% (89)	34.08% (76)	41.29% (173)
No	48.26% (83)	65.02% (145)	58.23% (244)
Don't know	0.00% (0)	0.90% (2)	0.48% (2)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); $r = -0.175$.

Table 26g. Billboards or outdoor posters	Black	White	All
Yes	19.19% (33)	13.00% (29)	15.04% (63)
No	79.07% (136)	86.10% (192)	83.77% (351)
Don't know	1.74% (3)	0.90% (2)	1.19% (5)
Valid responses	**172**	**223**	**419**

Table 26h. Local pharmacy	Black	White	All
Yes	29.07% (50)	17.94% (40)	22.91% (96)
No	70.35% (121)	81.61% (182)	76.61% (321)
Don't know	0.58% (1)	0.45% (1)	0.48% (2)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p = 0.009$ (statistically significant); r = -0.132.

Table 26i. Local church or faith community	Black	White	All
Yes	12.21% (21)	5.38% (12)	8.35% (35)
No	87.21% (150)	94.62% (211)	91.17% (382)
Don't know	0.58% (1)	0.00% (0)	0.48% (2)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p = 0.014$ (statistically significant); r = -0.123.

Table 26j. Doctor's office or other healthcare center	Black	White	All
Yes	70.93% (122)	50.67% (113)	59.67% (250)
No	29.07% (50)	49.33% (110)	40.33% (169)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = -0.205.

Table 26k. Local civic organization such as a women's group or family resource center	Black	White	All
Yes	27.33% (47)	12.56% (28)	19.09% (80)
No	69.77% (120)	84.75% (189)	78.28% (328)
Don't know	2.91% (5)	2.69% (6)	2.63% (11)
Valid responses	**172**	**223**	**419**

Spearman's correlation: $p < 0.001$ (statistically significant); r = -0.191.

Recommendations

Given the extensive evidence presented above, the following recommendations are offered for community discussion and, as warranted, careful implementation.

1. Based on the evidence presented in this survey and others like it, African American vulnerability to food insecurity and to the scarcity of healthy food is pronounced. On the Mississippi Gulf Coast, efforts to address African American food insecurity and healthy food scarcity should be met with continued efforts to support access to inexpensive or freely distributed healthy foods. Food pantries, crop drops, and related programs (e.g., gleaning, community gardens, healthy corner stores) should be considered and, if pursued, evaluated for their relative effectiveness as circumstances allow. In the long term, expanded educational opportunities and jobs that provide living wages are also paramount to reducing racial gaps related to food insecurity and healthy food scarcity.

2. The promotion of tobacco risk awareness and cessation should continue in this area with a focus on how tobacco use adversely influences family life and especially children. Such efforts are intensively being pursued through the implementation of REACH programs such as Baby & Me Tobacco Free and Tobacco QuitLine referrals, both of which are being evaluated as part of the REACH project through which this social climate survey was conducted. If various programs are implemented or if a single program is implemented in various counties, comparative effectiveness evaluations might discern best practices and reveal corrective actions where remedies are needed.

3. Finally, a breastfeeding paradox among African Americans is evident such that limited breastfeeding prevalence is coupled with much greater exposure to pro-breastfeeding media messaging. This paradox suggests that media messaging alone, at least as previously conducted, is insufficient at closing the black-white racial gap in breastfeeding. Among the strategies that might be implemented, due consideration should be given to the interpersonal support of breastfeeding among African American women of childbearing age. On this front, lactation consultants and peer relationships among breastfeeding mothers are highly recommended. The Mississippi REACH project's focus on Baby Cafés is consistent with this recommendation. Such cafés have moved to a virtual format since the onset of the COVID-19 pandemic. In addition, ensuring the breastfeeding-friendly character of other spaces frequented by new African American mothers, including schools (community colleges, universities) and workplaces (to include those across the occupational spectrum) is recommended.

While these recommendations have considerable merit based on the evidence featured in this report, some caution is warranted as well. Recall that the results reported here are not representative of the general population in the three county-region served by Mississippi REACH. Moreover, the findings discussed in this report are baseline measures that only reflect a single point in time snapshot. These baseline results will ultimately be compared against a subsequent wave of cross-sectional survey responses in a subsequent year of Mississippi REACH to determine what inroads have been achieved and what challenges remain.

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