BACKGROUND
Heart failure (HF) is one of the leading causes of hospitalization, morbidity, and mortality in the United States. Approximately 6.5 million Americans over 20 years old have HF, and the incidence significantly increases with age. Only a limited number of studies have investigated the challenges HF patients face in adhering to dietary recommendations for HF management, and none have focused on racially diverse, lower socioeconomic status (SES) populations at high risk for adverse outcomes.

OBJECTIVE
Explore and understand the dietary preferences and challenges of older, lower SES adults with HF.

METHODS
• **Design:** Exploratory, qualitative study using structured telephone interviews to investigate participants’ experiences managing their diet, grocery shopping, and cooking
• **Setting:** Minneapolis-St. Paul metropolitan area (primarily a heart failure clinic associated with a large safety net healthcare system)
• **Participants:** 21 adults with HF aged ≥ 50 years
• **Data Analysis:** Open-ended question responses were analyzed from interview audio recordings using thematic analysis. Closed-ended question responses were analyzed using descriptive statistics.

RESULTS: Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>n (%) or Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>63.1 (7.6)</td>
</tr>
<tr>
<td>Female</td>
<td>10 (48%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>9 (43%)</td>
</tr>
<tr>
<td>White</td>
<td>9 (43%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (10%)</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Total household income</td>
<td></td>
</tr>
<tr>
<td>&lt; $15,000</td>
<td>5 (24%)</td>
</tr>
<tr>
<td>$15,000–$24,999</td>
<td>7 (33%)</td>
</tr>
<tr>
<td>≥ $25,000</td>
<td>4 (19%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>4 (19%)</td>
</tr>
<tr>
<td>Body weight status (from BMI)</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>2 (10%)</td>
</tr>
<tr>
<td>Overweight</td>
<td>6 (25%)</td>
</tr>
<tr>
<td>Obese</td>
<td>13 (62%)</td>
</tr>
</tbody>
</table>

RESULTS: Selected Questions & Themes

**Diet**

What diet has your doctor or other health professional recommended for your heart failure?
1. No/low sodium
2. More fruits and vegetables
3. No/limited processed foods
4. Limit calories
5. Limit saturated fat or cholesterol
6. Drink more or less fluids

What things make it hard to follow your diet?
1. Taste/flavor preferences
2. Ubiquity of salt
3. High prices, limited budget
4. Temptations
5. Eating out
6. Being with other people

If you could wave a magic wand, how would you make it easier to follow your diet?
1. Cooking/nutrition assistance
2. No way to make easier
3. Lower prices, larger budget

**Grocery Shopping**

What are some things you enjoy about grocery shopping?
1. Entertainment, looking around
2. Picking out what I or others want
3. Being with other people

What things make it hard for you to make healthy choices when you’re grocery shopping?
1. Availability and promotion of unhealthy foods
2. High prices, limited budget

If you could wave your magic wand again, how would you make grocery shopping easier?
1. Shopping assistance
2. Lower prices, larger budget
3. Grocery ordering and delivery

**Cooking**

What are some things you enjoy about cooking?
1. Family nostalgia
2. Giving through food
3. Creativity

What are some things you dislike about cooking?
1. Cleaning up
2. Meal planning and preparation
3. Takes time

If you could wave your magic wand one last time, how would you make cooking easier?
1. No way to make easier
2. Pre-prepared ingredients
3. Cooking assistance

Most participants liked the idea of a free, heart-healthy meal delivery service.

CONCLUSIONS
• Our findings provide a starting point for developing programs and policies to help older, lower SES HF patients follow their diet and improve their health, thereby reducing health disparities.
• Further research is needed to gain a more complete understanding of this population. The main limitation of our study was not reaching convergence with our sample size, which was constrained by project funding.
• Since finances are a key concern for lower SES adults, programs and policies need to be designed with cost in mind.

REFERENCES

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