



THE HSC HEALTH CARE SYSTEM
The HSC Foundation

Preventing Childhood Obesity in Low-Income Minority Populations

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I. EXECUTIVE SUMMARY

The HSC Foundation, with support from The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation, conducted a community-based participatory research initiative aimed at identifying ways to more effectively combat obesity in low-income minority (i.e., African American and Latino) children and their families and ultimately improve policy formulation to address this issue. The key questions the research was designed to answer were: (1) why does the target population often not practice healthy lifestyles (social and cultural barriers to behavior change) and (2) what are the potential approaches to overcoming these barriers.

The findings of the research are intended to:

- Inform effective policy by gaining a clearer understanding of how to communicate the issues and threats of childhood obesity to low-income minority children (with a focus on children between the ages of 3 and 12) and their families; and
- Determine what messages, methods, and meanings can successfully motivate these families to adopt and maintain healthier lifestyles.

This study concludes that in order to address overweight and obesity for this population these issues must be addressed in the context in which this population finds themselves. Messages designed around this topic should be simple, direct, and advocate small steps to make progress. They should be delivered by sources credible to the specific population, and they should employ active learning techniques. Existing healthy behaviors should be leveraged to move those behaviors to the next level. Additional underlying themes to address include the impact on healthy food choices when living in communities underserved by grocery stores and over-populated with fast food and carryout restaurants, and the impact on physical activity when living in unsafe neighborhoods and recreational areas.

Overweight and Obesity: Not the focal point of a healthy lifestyle

- The definition of healthy lifestyles was far more comprehensive and as such, minimized the focus on overweight and obesity. It was generally agreed that it was unlikely that issues related to nutrition and physical activity would be raised if they were not the topic of discussion.
- There were components of a healthy lifestyle, e.g., physical, intellectual, emotional, environmental, that were more top of mind for respondents than healthy food choices and physical activity. The issues that concerned respondents most were:
 - Unemployment
 - Limited financial resources
 - Health of children
 - The need for a good paying job

- Language barriers
 - Health issues
 - Lack of community unity
 - Crime prevention
 - Schools and education
 - God
 - Quality of life and living conditions
 - Immigration
 - Lack of health insurance
 - Underserved communities
- The importance of living a healthy lifestyle was acknowledged, primarily in the context of including and integrating multiple components (as listed above). Despite the fact that the words “healthy lifestyle” might not be used explicitly, the components of a healthy lifestyle were indeed top of mind.
 - When comparing overweight and obesity to the concerns above, it should be noted that this low-income population was more consumed with their day-to-day survival issues.
 - A healthy lifestyle for a child tended to focus more on the emotional well-being of the child than the physical issues of weight. Words used to describe a healthy child included:
 - ◆ “Smiling.”
 - ◆ “Playing.”
 - ◆ “A healthy child loves to play, loves to laugh, likes to interact with other kids, has good manners.”
 - ◆ “Real intelligent.”
 - ◆ “They are very active.”
 - ◆ “They think fast, and think more.”
 - ◆ “They have a normal development.”
 - ◆ “They do well in school and get good grades.”
 - When probed, food choices and physical activity were mentioned as important when trying to keep a child healthy.
 - Parents expressed having less control than they would like over the food consumed by their children because so many meals and snacks are eaten at school.

Implications

- In order to effectively communicate with the target audience, messages about overweight and obesity need to be integrated into their perceptions of a healthy lifestyle.
- Respondents have no control over many of the listed components of a healthier lifestyle; however, food choices and physical activity are within their control. Programs should focus on areas that are within the control of those who would take advantage of them. Leveraging existing healthy behavior, e.g., walking and creating programs that move those behaviors to the next level are indicated.

This population is not in sync with labels of overweight and obesity

- The perception of overweight was typically a personal perception that did not necessarily match government guidelines or other indices, but rather reflected respondents' own sense of normal.
- Among the messages being passed onto children was one that offered loopholes in the control of weight, suggesting that overweight or weight fluctuations were not controllable or were hereditary.
- In addition to physical limitations and chronic diseases associated with overweight, there were concerns about the overweight child's emotional well-being, including his or her own self-esteem and body image.
- A key distinction between overweight and obesity was that when someone is overweight there is still an opportunity to lose the weight, whereas obesity was viewed as uncontrollable.
- Language barriers hindered the understanding between overweight and obesity for Latino respondents.
- Defining the terms overweight and obesity frequently did not yield adjectives that described a look or image, but focused on behaviors associated with being overweight, e.g., eats too much.

Implications

- The message of overweight and obesity must be communicated in a way that meets people where they are. For most, the two words represented a distinction without a difference. Simplifying the message to focus on overweight will allow all to hear it and not provide a way out for those who do not self describe themselves as obese.
- Parents need to learn how to have a meaningful dialogue with children about overweight and obesity. Just as other behaviors, e.g., smoking and drugs, have programs that provide suggestions for how to talk to your child, it seems that

parents need to be educated on how to talk to their children about overweight and obesity as well.

Credible sources of information on healthy lifestyles

- Parents acknowledged receiving information from pamphlets in health care providers' offices, magazines, and over the Internet. However, they believed the most effective way to encourage healthier food choices and increased physical activity is through show-and-tell and hands-on techniques. Parents and teens alike identified a preference for a more active learning style, as opposed to the more passive approach of simply reading.
- Parents suggested that schools, community centers, and churches might be tapped to deliver messages and programs related to healthy lifestyles.
- Both parents and teens agreed they would be most persuaded to adopt healthier habits by someone who was healthy, looked to be in good shape, and had successfully made lifestyle changes to become healthier.

Implications

- Provide actively engaging and hands-on learning programs that involve both parents and children in community settings and make them as accessible as possible in an effort to reduce the rationale for not participating.
- Tap members of the community (adults and teens) who have adopted healthy lifestyles and coach them to act as spokespersons to promote healthy living.

What encourages and discourages physical activity

Motivators

- Feeling good and looking good (mentioned most often)
- The connection between physical activity and good health
- Avoiding chronic diseases and other health problems for which weight is a risk factor

Implications

- Leverage existing healthy behavior. Develop a programmatic way to capitalize on the motivation and to get respondents to do more of what they are currently doing, or some of what others in the community are doing.

Barriers

- Safety and security concerns, neighborhood crime
- Lack of motivation
- Time constraints
- Lack of space, income, location, and personal preferences
- Lack of community facilities

Implications

- There should be a concerted effort to teach parents how to raise the priority of making healthier food choices and increasing physical activity. *Time constraints* were one of the key barriers for both better food choices and physical activity. Interventions that provide simple steps (e.g., how to prepare quick and healthy meals at home or a 5-minute daily exercise regime) may encourage parents to raise this as a priority.
- Make direct interventions simple and specific. Advise people what to do and allow them to take little steps to make progress. Develop a programmatic way for the progress to lead to a habit and the habit to the next level of progress.

What this population is willing to do to achieve a healthy lifestyle

- Actions that were personally relevant, addressed a recognized need, or directly benefited one's children were those that might trigger a desired action on the part of the respondents.

Suggested actions that generated a positive response included:

- Take an exercise or dance class - There was a favorable reaction among adults, as long as someone else would take the class with them. Teens responded positively to the suggestion of dance as a physical activity.
- Take a cooking class - It was anticipated that this class would teach respondents to cook foods in a healthier way. There was mixed appeal among teens.
- Enroll your child in a physical activity or sport - Parents viewed this as a safe way for children to be more physically active. Teens also reacted favorably.
- Start a group to lobby local officials to install a clean, attractive playground/park/walking path - This suggestion leveraged existing behavior by some who were aware of the use of the lobbying process. Having better outdoor spaces would increase opportunities for physical activity. The teens and some parents did not grasp the lobbying concept.
- Walk to school with other people in your neighborhood - Teens within walking distance of their schools reacted favorably to this idea. For others, it was not feasible.

Implications

- Implement education programs for parents and children, focusing on why it is important to include daily physical activity, as well as ways to make healthy food choices and learn healthy food preparation behaviors.
- Find opportunities to bring parents in a community together to support each other through a "buddy" system in adopting healthier living habits.

Barriers to change

- Many parents serve one meal at home per day, although children may have as many as five eating occasions at school, five days per week.
- Parents of younger children have limited physical activity choices in their neighborhoods.
- There are more fast food and carryout choices in the neighborhood than grocery store choices.
- Income is perceived to limit nutritional choices.

Implications

School Policy:

- Hold schools accountable for providing education around healthy living, and for providing healthy foods (no unhealthy options) and opportunities for more physical activity for children.
- Include parents in the education component and provide parental access to facilities to them so all will have opportunities to increase physical activity.

Government:

- Hold jurisdictions accountable for providing clean, safe recreational and public spaces for physical activity, acknowledging the need to address fears of crime and drugs that now restrict outdoor activity. One option: follow the model of the “drug free zone” to accommodate physical activity.
- Encourage major food chains and local jurisdictions to form partnerships that would result in more grocery stores serving low-income neighborhoods.

Conclusions

The findings of this research indicate that among low-income minority communities the issue of overweight and obesity is not a priority, especially when compared to issues identified as those tied to survival. Further, the messages being promulgated about overweight and obesity are not resonating with these communities, and recommendations around nutrition and physical activity are often not feasible due to the neighborhoods in which they reside and their limited financial resources.

I. INTRODUCTION

A. BACKGROUND

The HSC Foundation, with Principle Investigator, Barbara K. Ealim of Marketing Resources, has conducted a community-based participatory research initiative aimed at identifying ways to more effectively combat obesity in low-income minority, i.e., African American and Latino, children and their families and ultimately improve policy formulation to address this issue.

The focus group technique of qualitative research has been selected because of its strength in gaining insights into the values, attitudes, perceptions and behaviors that will enhance the ability to be relevant to this population. The findings of the focus groups will be used to:

- Inform effective policy by gaining a clear understanding of how to communicate the issues and threats of childhood obesity to low-income minority children (with a focus on children between the ages of 3 and 12) and their families.
- To determine what messages, methods, and meanings can successfully motivate low-income families to adopt and maintain healthier lifestyles

B. METHODOLOGY

A total of 12 focus groups were conducted. There were four sessions each with Latino adults and African American adults, and two sessions each with Hispanic teens and African American teens. Respondents were recruited who met the following recruiting criteria:

Parents

(4) African American and (4) Latino:
Children in the household age 3-12
Low income, i.e., household income under \$30,000
Spanish dominant Latino

Teens

(2) African American; (2) Latino
Male or female
Age 15-17, high school students
Low income
Spanish dominant Latino

Groups were conducted in community organizations located in communities in Washington, DC and surrounding jurisdictions in Maryland and Virginia.

Schedule/Location:

Group	Location	Date and Time	Participants
1.	Columbia Shaw Family Collaborative, Washington, DC NW	August 4, 2006 1 PM-3 PM	African American Parents of Children Age 3-12
2.	Columbia Shaw Family Collaborative, Washington, DC NW	August 4, 2006 3:30 PM-5:30PM	African American Teen Girls Age Age 15-17
3.	Mary's Center, Washington, DC NW	August 15, 2006 10 AM to Noon	Latino Parents of Children Age 3 to 12
4.	Mary's Center, Washington, DC NW	August 15, 2006 1 PM to 3 PM	Latino Parents of Children Age 3 to 12
5.	Maryland Multicultural Youth Center, Langley Park, MD	August 16, 2006 3 PM to 5 PM	Latino Teen Girls Age 15 to 17
6.	Maryland Multicultural Youth Center, Langley Park, MD	August 18, 2006 12 PM to 2 PM	Latino Parents of Children Age 3 to 12
7.	Maryland Multicultural Youth Center, Langley Park, MD	August 18, 2006 3 PM to 5 PM	Latino Teen Boys Age 15 to 17
8.	Maryland Multicultural Youth Center, Langley Park, MD	August 21, 2006 12 PM to 2 PM	Latino Parents of Children Age 3 to 12
9.	National Children's Center, Washington, DC SE	August 22, 2006 5 PM-7 PM	African American Parents of Children Age 3-12
10.	Marshall Heights Community Development Organization, Washington, DC NE	August 24, 2006 1 PM-3 PM	African American Parents of Children Age 3-12
11.	Marshall Heights Community Development Organization, Washington, DC NE	August 24, 2006 3:30 PM-5:30 PM	African American Parents of Children Age 3-12
12.	Urban League of Northern Virginia, Alexandria, VA	September 26, 2006 6:30 PM-8:30 PM	African American Teen Boys Age 15-17

C. RESPONDENT PROFILE

Respondents were low-income African American or Latino parents and teens. In addition to the established criteria, there were some observations that may lend some understanding to the findings. Generally:

- ◆ Most of the women who attended were single head of household
- ◆ Many of the Latino parents had immigration issues; some were separated from their families who remained in their native country
- ◆ Male respondents (African American) tended to be married
- ◆ Several Latino parents indicated crowded, shared living conditions

D. STATEMENT OF LIMITATIONS

The focus group technique of qualitative research seeks to develop insights and direction rather than quantitatively precise measures. The small sample size and the subjective methodology do not permit projection of the findings of these focus groups to the larger population. However, these discussions do provide insights into the opinions of some of the population, including their attitudes, perceptions, and behaviors related to lifestyle choices. Qualitative research can be indicative of related issues particularly when the opinions are consistently expressed.

II. SUMMARY OF FINDINGS

A. ATTITUDES AND PERCEPTIONS OF A HEALTHY LIFESTYLE

RELEVANCE OF COMMUNITY CONCERNS

A working hypothesis was that among the barriers that prevent low-income minority families from adapting healthy lifestyles are neighborhood stores that are primarily stocked with tasty, filling and cheap food and light on appealing fruits and vegetables; unsafe neighborhoods for walking and biking; cultural differences on attitudes about body types; and a lack of awareness about how to eat healthfully or get sufficient exercise. However, it should be noted that the hypothesis is focused on a healthy lifestyle as it relates to becoming overweight and/or obese.

The explicit term “healthy lifestyle” is not a topic that would typically be top of mind or discussed by respondents. However, some of the more top of mind community issues were actually components of a healthy lifestyle when that term was viewed comprehensively. For many respondents, issues such as economic viability, health issues, quality of life in the neighborhood, education and spirituality were all very important. The following list includes those issues mentioned by both African American and Latino respondents.

- ◆ Unemployment
- ◆ Salary increases for minimum wage
- ◆ Health of children
- ◆ Having a good paying job
- ◆ Crime prevention
- ◆ Education
- ◆ God

Quality of life was particularly important for Latino parents who voiced concerns about crowded living conditions and dangerous neighborhoods. However, one of the most compelling issues for Latino respondents were those that related to immigration issues. It was those issues that led to the shared problems listed above.

“We live in a very small room and there are three of us.”

“It’s not easy to find a job. It’s very hard because we don’t have the language and the appropriate documentation.”

Emotional components were also included as respondents described the breadth of issues that were included in the topic “healthy lifestyle.”

“Healthy thoughts.”

“Good communication.”

The weight of the concerns of the community seemed overwhelming for some of the respondents. However, when respondents were queried on the importance of living a healthy lifestyle explicitly, its importance was elevated. For most, a healthy lifestyle was an aggregate of issues that would on their own be more important than issues related solely to overweight and obesity.

“... Everything like life falls into that category, healthy lifestyle. That’s working, taking care of the children, taking care of your home, all of that falls in the same category. I mean even God is still a part of a healthy lifestyle.”

The definition of a healthy lifestyle was perceived to be subjective and was open to broad interpretation. What it might include for one, it might not include for others. However, food choices, i.e., eating well, were considered part of a healthy lifestyle.

“I don’t think there is a healthy lifestyle. I mean, a healthy lifestyle to me is a good Bible-based church, watching the people that you deal with, watching what you eat, watching the things that are going on around you. That’s what I think a healthy lifestyle is.”

“Making sure that there is no negativity pretty much in your lifestyle and how you live on a day-to-day basis. It could be what you eat, how you live, how you take care of yourself...”

“To sleep enough – eight hours every night, eat meals on time, don’t eat too much.”

It was generally agreed that it was unlikely that issues related to a healthy lifestyle would be discussed if it were not the topic of discussion. However, there were those who believed that discussions on this topic could be triggered by life events.

“When I get sick I do. If I catch a cold that’s when I feel like I could do something healthier between overeating and toxins in my body . . . you know, talk to my body.”

The importance of living a healthy lifestyle was acknowledged primarily in the context of including and integrating multiple components. Despite the fact that the words “healthy lifestyle” might not be used explicitly, the components of a healthy lifestyle were indeed, top of mind.

“Very important because that’s something you need to look at everyday. That’s something you reassess everyday, something you would think about everyday...things that you would do as far as expanding your education, your culture, your goals, your healthy eating, your hobbies and social communication...that’s something you do on an everyday basis.”

Some of the issues that might prevent one from having a healthy lifestyle were also top of mind. Typical concerns were those tied to survival. The issues below were essentially shared by both African American and Latino parents. The key distinction was issues related to immigration.

- Health issues

“Losing my son [to death].”

- Language barriers and the implications of immigration issues

“I haven’t seen my children in five years because I can’t leave the country.”

“For me, it’s the English language. I feel afraid about not being able to communicate – I’d like to be unafraid of going out to find a job and just go out.”

- Lack of community resources

“There’s really nothing you can do around there, no activity, no where to go.”

- Schools and education

“They’re shutting down the schools that need to be open.”

“Kids don’t finish high school. And most of these are daughters of Hispanics. They’re our daughters.”

- Broken families

“My main focus right now is keeping my home, my circle, my stability in my family whole and not to let nobody outside of that circle try to come and ruin that circle for me.”

- Stress of the community and its health implications

“It looks like the community I’m in tore that down because I had become so frustrated and worried with my family. I have had a stroke, a heart attack and I mean the environment...”

“In our neighborhood, there are a lot of drugs, alcohol, cigarettes, drunks and gangs -- too many liquor stores around.”

- Limited financial resources

“Everything in general, everything falls under low income. Lots of people are having these health issues because either the insurance coverage that you have, there’s something not being done that you needed to have done during prenatal visits.”

- Lack of connection/community

“There’s a difference in living in the ghetto— which I would consider this here the ghetto— as opposed to the project life, with housing. I notice the people in the projects are close knit because you’re all right there together ...”

- Keeping children away from those with conflicting values

“ I think about [healthy lifestyles] all the time now because a little girl in my neighborhood actually smokes, she plays with fire and all of that and it’s hard for me to get her away from her because she’s my daughter’s friend but I don’t want my daughter to do those same things. They’re only like eight and nine.”

In the context of so many pressing concerns, even survival issues, the term healthy lifestyle was viewed as encompassing some or all of these issues.

HEALTHY LIFESTYLE DEFINED

“Healthy lifestyle” was defined in the context of a variety of components. The components of a healthy lifestyle mentioned most often focused on food choices, activity choices, getting sufficient rest, and controlling stress. The definition did not

explicitly include overweight or obesity, though it did mention eating right and exercising.

The healthy lifestyle for a child tended to have a strong emotional component and the perceived need to make a child feel safe and emotionally supported. In addition to providing basic care, respondents believed there was also a need to set an example.

“Like making them feel secure enough to come talk to you about anything.”

Yeah...going to bed on time, eating at a reasonable time, eating dinner at 6:00, doing things with my kids, having little talks, sit down and talk about what they did at school.”

“You have to teach by example. Eat right and exercise.”

“A healthy lifestyle is about balance – what we eat, what we offer our children, [and] if we sit them in front of the TV or Nintendo.”

PERCEPTION OF A HEALTHY CHILD

Respondents typically equated a healthy child with a happy child. Further descriptions included both physical and emotional elements, which would serve as evidence that the child was being cared for, and therefore, healthy. Emotional and physical health, as well as evidence of being cared for, were important when defining the healthy child.

“A child who has all of their immunization shots, food with well balanced meals, eats three meals a day, the way that child dresses, the way you dress your child and cleaning, house cleaning, the way you conduct yourself when you’re with your child.”

“A child free of stress.”

“If they can wake up and start running through the house, that’s healthy for me. They’re getting their breakfast, lunch, and dinner, their snacks, they’re taking their baths, wash up or whatever, brush their teeth, go to the doctors, go to school.”

“They look happy and well fed.”

The following list of comments captures what respondents generally agreed described a healthy child:

- ◆ “Smiling.”
- ◆ “Playing.”
- ◆ “A healthy child loves to play, loves to laugh, likes to interact with other kids, has good manners.”
- ◆ “Real intelligent.”
- ◆ “They are very active.”
- ◆ “They think fast, and think more.”
- ◆ “They have a normal development.”
- ◆ “He does well in school, his grades are good.”

Latino parents generally agreed that a healthy child might have a look related to the child’s weight. This subjective description of not being too fat or too thin was also a basis of concern for some parents.

“We believe that if the child is fat or plump, he is well.”

“I worry when I see my daughter – she’s too thin, but the doctor says she’s fine.”

“A healthy child has normal weight. They weigh what they’re supposed to weigh.”

“Being fat is not being healthy.”

On the other hand, African American respondents were generally reluctant to assign a size to the descriptors of a healthy child. An overweight child did trigger questions around the child’s food choices, either the food itself or the quantities being consumed.

“Size does matter to me but not all the time. Sometimes size does matter because my daughter always comes off to people as she’s two or three and she’s only one, but the doctor says she’s fine. But then in some places, size could matter where you can just look at a kid and tell that they’re eating way too much, or eating something that they’re just not supposed to have.”

“You can’t really look at their size now a days because there’s so much stuff that they put in kids these days.”

KEEPING A CHILD HEALTHY

Respondents agreed that having some control over the food choices of their children would be key in helping a child stay healthy. Some children were eating two or more meals away from home when attending school. The respondents believed food choices as well as method of food preparation were the most important factors.

“Yeah, because it’s something like I said, at home you can cook the things you need to cook for your children but when they’re away from you, like the children have breakfast at school if you’re not up in time or not able to prepare that breakfast, they have to be in school before and after care, and the after school doesn’t even have the right equipment in there, not even a stove to cook.”

“I mean feeding them healthy food, not always cooking them in grease and other things like that...baked foods and greens, stuff like that.”

Some of the actions required to help keep a child healthy that were mentioned most often included the following:

- Eating right

“Eats the vegetables that you put on their plate.”

“Wholesome foods.”

- Helping children to be active by participating in activities with them

“Like going out walking, having fun with them, like doing games and reading and things like that.”

“Keeping them involved in stuff.”

- Providing a healthy environment

“Keeping the area clean, meaning their living space.”

“People are shooting out front and when you go in the house you have a thousand rats and roaches running over there. You have a thousand people in and out of your house.”

- Setting an example

“They do what they see their parents doing...its going to lead to disaster, for most of them anyway.”

“Kids take to things a lot better when they see that you want to be involved too. If they see that you don’t want to be involved and that you aren’t trying to be a part of it then they’re going to eventually say, ‘Well I don’t want to be a part of it either.’”

Latino parents listed a number of impediments to keeping a child healthy. Among them were work, time, the American way of life, income, being a single head of household, safety, discrimination at work, and immigration status.

“I don’t have enough money to buy a varied diet; I give him whatever I can afford.”

“We get out of the house for work at 7 am and we come back at 4 pm. And then we go to our second job until 10 pm. I would like to go to the gym but I don’t have time. I have to work and help my children with homework.”

“The money. I would like to buy fruits, yogurts, and milk for my children, but I can’t go to Giant and spend sixty dollars on fruits. Everything is too expensive!”

“We just don’t have time to feed them well.”

B. HEALTHY LIFESTYLE BEHAVIORS

A healthy lifestyle amounted to an aggregate of those things that were simply part of living and the quality of ones life. As such, it was perceived that improving those components was an important part of living a healthy lifestyle.

“In order to have a healthy life style, you need things that are underneath a healthy lifestyle – like knowing how to relieve stress.”

THE TYPICAL DAY

It was not unusual for the children in the household to have only one meal at home on school days, and that meal was dinner. A limited number included breakfast in that meal. As mentioned, respondents believed that having greater control over the food

their children ate would also come at a greater expense—an expense they could not afford.

“Financially I can’t afford to send out lunch for all four of them and they possibly not eat it because my kids have gotten accustomed to getting breakfast in school, a snack, lunch in school, a snack, and then come home and eat dinner.”

Rating the Day

When assigning a rating to indicate how healthy their day was, most respondent’ ratings were lower rather than higher. This was primarily because the rating was a combination of both physical activity and food choices. Limited physical activity was a key contributing factor to the lower rating for the African American parents. Latino parents agreed with these reasons for a low rating for their typical day, but also believed that they needed greater control over the food their children ate.

“I give myself a two because that’s not really healthy. I don’t fix vegetables. I guess because I don’t eat them I don’t think I should force my children and I know that’s wrong.”

“I can’t cook for them. I don’t have time. They eat whatever.”

“I don’t have enough time to feed my child well because of work pressures.

“I don’t get much sleep. I don’t exercise like I should or at all. I think that I eat healthy but a lot of people think that I don’t because I don’t eat meat.”

Some rated their days higher because they had existing health conditions and were compliant with the behaviors prescribed to address those health conditions.

“It’s a challenge because kids love chicken nuggets and a whole lot of stuff but I have to take into consideration that it could make them sick or tell them ‘Your health is the issue, so you just can’t eat it’.”

“I’m a diabetic so I had to learn how to re-eat since my kids went on this path with me; we’ve learned that fruits and salads are going to keep us healthy.”

Improving the score for most of the parents included taking greater control of the food being eaten and increasing physical activity, even if that meant limiting the sedentary activities and taking a stronger gatekeeper role with respect to food. In addition, several

mentioned the need for more rest and less stress. Typical comments for improving scores included:

“I would add more organization.”

“She’s always on the computer. I don’t have Internet on purpose.”

“One thing I know I could improve in my household is taking the sugar away.”

FOOD INFLUENCERS

A key influencer in food choices was family income. Those who were receiving food stamps relied on them to purchase all the food for the family. In addition, as respondents looked to stretch their dollars, many were influenced by the weekly sale papers distributed by grocery stores.

“Breakfast, lunch and dinner but I have to make sure that there’s enough food in the house so they can get from the 10th of one month to the 10th of the next month. My big influence is whether or not I’m going to be able to get to those cheaper stores.”

“Because if they said a healthy, healthy family, they say in the morning they have to have breakfast. They have to have some vitamin C, they have to have the milk for their bones and stuff but the only thing I’m saying is, how can you do that if they’re giving you \$148.00?”

“The budget because you want to be able to get what you need.”

“I’m not going to say TV but I’m going to say it’s the paper. You know how you flip through the paper and you get the advertisement and the sales papers, you’re like ooh!”

The price of food was also a key influencer of the Latino parents. In addition, they agreed that freshness, children’s preferences, time and commercial advertisements were an influence in their food choices. Another influence was food in general, as choices were made based on healthiness, flavor, and nutritional content.

“I’d rather buy beans and rice than fruit, because it’s less expensive.”

“I go to the Latino store and buy tilapia, but my child wants to go to McDonald’s.”

“When you see the commercial and your child wants it, you want to get it for them.”

These were also common influences among African American parents, i.e., convenience, how filling, appealing to the children, and good taste. The need to appeal to the taste of the children was important because it was anticipated that food would be wasted and thrown away if the children would not eat it. Food that was thrown away equated an expense.

“Well I just don’t like to cook a whole meal and feel like they’re just going to throw it in the trash. I feel like that’s a waste of food and time, so I try to make things that I know they’re going to eat.”

“Yeah because I’m scared they won’t eat anything.”

Neighborhood resources and location were deterrents to healthier food choices for some of the respondents who did not have transportation. Transportation was an issue because the community in which they lived was underserved by the major grocery stores, while over-served by fast food and carryout restaurants.

“I don’t have the means but I just get my cart and we’ll go on a bus just to get food for the kids and put it in that freezer. We don’t have any transportation or nothing but we make sure they eat.”

Good food choices may be marginalized by the vast array of available carryout and fast food restaurants and food preparation methods at home. Most of the respondents acknowledged the proliferation of fast food and carryout restaurants in their neighborhoods. In addition, an example of frying vegetables in order to get the family to eat them was cited.

“I sautéed some fresh okra, fresh vegetables, I sautéed the okra they didn’t like it, but then I chopped it up, diced it up, floured it, and threw it in the grease and they tore it up.”

“In the Black community you see more carryouts and New York Fried Chicken and Wendy’s and McDonald’s and Bojangles and stuff like that and that makes you want to grab it. Because when you drive pass it and smell all that...you got to have it.”

African American heritage, i.e., foods that were associated with the African American diet, was also perceived to be an influence on food choices.

“I’d say my eating habits are bad because like I said, my mother and the majority of my family are from the country, and they are some big people.”

Television proved to influence food choices in several ways. Primarily, the influence of television advertising was noted, particularly by the Latino parents. In addition, respondents noted cooking shows and the food channel as influencers.

“Everything that I’ve seen on Paula Dean I’ve eventually cooked because it’s suppose to give new things to try. Now I do basic spaghetti, like lasagna, and she has me making a crumb filled peach cake. I mean everything that she cooks I try it.”

“TV ads are very important because they influence my children – they want what they see on TV.”

Time was also mentioned as influencing food choices. Either respondents had too little time to cook, and therefore purchased carryout foods or cooked convenience foods at home.

“Sometimes I don’t get home in time to cook dinner so I just throw something on for her to eat to fill her up to go to bed or grab something to eat before we come in the house because she’s begging me, a real bad habit for some of these fast food places.”

“Sometimes I’ll fix them TV dinners, for my child because I don’t have time to cook because by the time I get up I have to get my mother dressed because she goes to the daycare and then I have to get my son ready.”

“Time is important – beans take long to cook, so I prepare macaroni and cheese.”

The desire of the parents to provide a special treat to children was one way that the children and their taste preferences influenced food choices.

“Yeah the kids influence us because me myself I ruin my kids by taking them out to eat. We go to Golden Corral or at graduation we go out and eat or say on her birthday we go out to eat.”

MOTIVATORS AND BARRIERS TO PHYSICAL ACTIVITY

It is important to note that respondents did not limit their definition of physical activity to exercise or a structured exercise program. Not only were activities like house cleaning mentioned but also climbing stairs and other activities that occur in the course of a day. They did not necessarily adhere to any of the time and heart rate criteria that go along with the guidelines that define physical activity.

“I exercise everyday. If I come into town I’ll walk. I always tell them I can call up my friends but I said why drive when I live just five minutes away and want to do something.”

“The most time I get exercise is when I’m working because right now I’m doing temp work so I mainly pick up my weight when I’m not working. If I were working I would walk to the station if I allow myself enough time. But if I’m not working, that’s when I’m really lazy. I can’t motivate myself to get up and go to the gym or do anything.”

Motivators

Both African American and Latino respondents recognized the connection between physical activity and both good health and feeling good. Despite the fact that respondents did not seem to have a consistent routine of physical activity, they had many reasons for doing what they do. Physical activity was viewed as a feel good way to look your best and feel your best. There was an association with being active and staying healthy and keeping the children healthy, as well as avoiding disease.

“It makes me feel better. I learned that I feel different when I do than when I don’t, and also I tend to do it right after I eat. Because I’m like this food has got to go, I don’t want it to settle, so I want to walk it off.”

“You’d feel healthier; you’d have a lot more energy.”

“I like it because it makes me feel good when I do my walking.”

“You can avoid diabetes by exercising.”

“I want to feel healthy. That motivates me.”

“I have a park close by, so we go walking there. My children are happy when we go, and that makes me happy.”

Staying healthy and avoiding disease were perceived benefits common to both African American and Latino parents. Both were concerned with longevity and existing chronic diseases, primarily diabetes.

“To live...I have to walk and exercise everyday in order to live because I’m diabetic, I have high blood pressure, so that’s the way I cook now, I had to learn. The things that I was doing to myself and also my kids wasn’t healthy. I had to learn how to reprogram myself in order to program them.”

“Any of those diseases you could probably prevent yourself from getting a lot of different types of diseases. You just stay more active and healthier and keep your body healthy.”

“It helps you live longer. You want to live longer for your children.”

There were even those who saw a connection between physical activity and relaxation and stress reduction.

“It helps you sleep.”

“I feel like it’s relaxing -- I forget all my problems.”

Weight loss was said to be a key motivator, primarily because respondents could see the cause and effect relationship between increased or regular physical activity and weight loss or control.

“For me I think it’s my appearance. I want to look a certain way so I might not eat for a week or two just so I can lose 5 or 10 pounds because I want to look good in what outfit I go out in.”

“I was overweight, I started walking and doing abdominals and I lost twenty pounds.”

Weight loss was connected to body image and what was perceived to look good. African American respondents cited references to the “butt” which is a part of the physical image of an African American woman. The reference acknowledged the historical importance, though the sentiment was expressed that its importance was diminishing primarily due to greater acceptance of mainstream media images. The current image was mentioned in terms of muscles and a toned body.

“You know the question why is it important... because it’s my big butt, also the weight because if I continue to get any bigger I’ll have problems.”

“They make it seem like you have to have a big butt to be cute or whatever.”

“You can’t have the butt... no, rock videos and stuff like that you got to have the butt to get on one of their videos but actresses, the females, you have to be 100 pounds or 123 pounds, you know that’s perfect to them.

Latina women did not share this perspective, but did seem to be more accepting of the American image of ideal weight than to anything relevant to the Latino culture.

“People exercise in this country, and they look good. Our people don’t care.”

Physical activity and the benefit of being physically fit were viewed simply as an important part of living. Limited physical ability was tied to limited workplace opportunities.

“Yeah because if you’re not physically fit to do something you’re not going to get whatever you’re trying to get, like your job.”

Barriers

Despite the fact that most of the respondents recognized the importance of physical activity, most admitted that they did not exercise or did not exercise enough. The most frequently mentioned barriers were essentially the same for both African American and Latino parents. These barriers included: safety, security, neighborhood crime, lack of motivation, time constraints, lack of space, income, location, and personal preferences. The following are typical comments identifying the barriers to engaging in physical activity:

“I’m asthmatic.”

“See I’d do it by myself but it’s time and weather for me. I want to exercise at night but I don’t want to have to go and exercise at night and carry mace or a knife or something like that, but it’s night. You have to think safe to exercise during the time I want to exercise.”

“I don’t make any excuses, I just can’t stand it. I’d do better if I had somebody to walk with, then I’m fine but I am a scared person. I don’t like to go anywhere by myself. I don’t like to walk where I think there’s going to be a dog.”

“The television. Because I’d be lying right there and would not move.”

“Weather -- I have asthma and if it’s too hot I’m not going out there.”

“... I’m just so out of breath and I’m just so tired. If I’m just walking up the steps and I’m that tired why should I try to lift anything to tone it up, work it out, ease it up... leave it alone, let it be. Once I sit down for a few minutes I’ll be alright.”

“When I go to the park during the day, it’s very lonely. Everybody is working. I’m afraid. We hear about shootings, drunks, and I don’t see any policemen around.”

“There are so many broken bottles outside – my son could get hurt.”

“When you get home from a hard day’s work, you don’t want to do exercise. You’re too tired.”

Latina mothers had one barrier that seemed to be unique to them, and that was the jealousy of Latino men. There was agreement when a respondent said that her husband did not want her to exercise. Most understood that this was an issue of the machismo of Latino men.

“The men in our Latin community are chauvinistic. They’re too selfish and jealous. It’s all about them.”

“My husband doesn’t want me to exercise.”

For many of the respondents, the community in which they lived was the greatest deterrent to physical activity. On one hand there were limited facilities for their children and on the other hand community conditions, i.e., crime and drugs, discouraged them from going outside to engage in physical activity for themselves or their children.

“They’re too young to go to Boys & Girls Clubs. You have to be six years old. What about the children under six? I mean there’s nothing in the community for them. They have to be six and up to go to camp.”

“We have people who are constantly out there selling drugs.”

“You want to wait until the sun goes down but then you don’t want to be out walking that time of night, just walking around. So you can’t do too much physical activity.”

“For me, the problem is safety. I would like to take my daughter for a walk, but it’s too dark and my neighborhood is too dangerous.”

When income and other financial constraints interfered with physical activity it was primarily because respondents believed they had to either leave the neighborhood or identify alternative locations for structured activity.

“Because if you don’t have the money...some people don’t have a car, if you don’t have money you can’t get to where you have to go because if you have to catch the Metro you can’t get on for free unless it’s really, really hot —when the buses are free.”

“I can’t afford to join a gym.”

There were also those who said that the barrier was simply lack of interest and involvement on the part of the parent.

“Their parents are on drugs, they ain’t got time, or they’re working two and three jobs.”

WILLING TO DO

Respondents generally agreed that eating right and physical activity were important components of healthy lifestyle. Most believed that they should, in fact, identify ways to improve their lifestyle. However, when presented with a number of ways that might help families live a healthier lifestyle, those suggestions were met with mixed reactions.

Suggested Solutions

Prior to viewing a list of developed suggestions, respondents offered their own suggestions of ways to help live a healthier lifestyle. Because the community seemed to play such a significant part in achieving a healthy lifestyle, many of the initial suggestions for improving their lifestyle focused on the community. Some were positive about what could be done while others were resigned to the status quo.

“It would have to be not just one person trying to make a difference but everybody coming together to make a difference, to make it cleaner, to make it safer, to do everything that would ensure these kids will not turn out in a bad way.”

“The solution is to get the tenants or whoever is around you to participate and to get together and try to work together.”

“Clean up our neighborhood.”

“Call the City Council.”

“You can also call the Department of Recreation and see what they have available as far as free things for the kids.”

“You can write a proposal and create your own program.”

▪ Take an Exercise Class

This suggestion did not elicit a great deal of enthusiasm. Respondents who were willing to take an exercise class stipulated that they would do so if someone else would take the class with them. For most, a structured exercise class was not an existing behavior. Those who were physically active were relying on walking and other non-structured activities.

“Part of me not exercising rigorously is because I don’t want to do it by myself. I want somebody else to do it with me, you know, the partner thing. So I can’t promote something that one, I’m not doing myself regularly, and in terms of forming a group or whatever I have to start somewhere.”

“If other people are there, I would do it.”

- **Start a Walking Program in Your Neighborhood**

Most respondents rejected this suggestion. This was primarily because walking was viewed as an existing activity and a necessary part of their day. There was the implication that it was not necessary.

“Most of the people around here don’t have a car they walk anyway, what’s the use of starting a walking a club? They’re like me - I have to walk all day so why am I going to start walking or get together and walk?”

“I go walking everywhere, but sometimes the kids do not like to. If you tell them, “let’s go walking,” they tell you, “no, we won’t.”

- **Take the Bus to Get Higher Quality Fruits and Vegetables**

This suggestion bordered on being insensitive to some respondents, because there were so many African American respondents who did not have a grocery store in their neighborhood nor a car. Taking the bus for all groceries is what they must do now in order to feed their families.

“That’s what I do.”

“I would go out of my way to get a cab but I don’t think I would get on the bus.”

A Latina mother even rejected the idea because it took away the opportunity to walk and get exercise when shopping.

“If we take a bus, we might not have that exercise from walking. So if we say that where they sell the vegetables is at such and such place, then we should walk. We are taking the time to exercise.”

- **Bring a Farmers’ Market into Your Neighborhood**

This suggestion generated mixed reactions. When the reaction was favorable it was because people were familiar with farmers’ markets and saw the value.

“The only thing I’d do is the farmer’s market; bring one closer to the neighborhood.”

Some recognized that other perceived “better neighborhoods” hosted farmers’ markets. The implication was that it was something more affluent residents enjoyed.

“But it’s not like in our neighborhood. Everybody doesn’t live in Northeast.”

Some rejected the idea, particularly the Latino respondents, because outdoor markets were equated with unsanitary conditions experienced in their native country. Even African American respondents questioned the quality of what would be available.

“They have them but how fresh are the fruits and the vegetables? That’s the question.”

Some saw no need for this suggestion, believing that there were already farmers’ markets in the neighborhood.

“We have one on Fourth Street now.”

However, there were those who recognized the benefit of having a farmers’ market nearby. This was viewed as a more convenient way to purchase better meats, fruits and vegetables.

“Yes, you can go to a farmers’ market and get bulk meats and everything at the farmers’ market.”

- **Start a Shuttle Bus for Kids to Get to Sporting Events**

This generated mixed reactions. For those who reacted favorably, it was because it met a transportation need. When the idea was rejected, it was primarily because of the climate of distrust of those who would have responsibility for the children.

Comments from those who would be willing to do this activity included:

“I’m willing to coordinate neighbors and people of the community.”

Those who were not willing to participate in this activity not only cited the concern about those who would be involved with the activity and what it would cost, but also Latino parents again preferred to walk rather than rely on other transportation.

“What person is going to trust their children with them? First of all, a lot of them cost money unless people get somebody to pay for a group of tickets. Second of all, I don’t have a ride and it’s hard to find five people who are reliable and trustworthy to transport my kids, let alone with somebody else’s kids.”

“Create a transportation system so that children from the neighborhood could attend sporting events because when I go out in the afternoon, I walk instead of taking the bus.”

- **Take a Cooking Class**

The response to this suggestion was positive. Both African American and Latino parents were intrigued by this suggestion. It was viewed as a way to learn how to prepare healthier foods for their families. In addition, some of the Latina women agreed that it might teach them ways to cook native foods in a more healthy way. This suggestion would address a perceived need.

“Help me to learn how to cook healthier foods for my sons and myself.”

“One thing I would be willing to do is to take a cooking class. I would like to learn to cook healthily. I know that healthy foods don’t have as many condiments as we Dominicans use, but right now, I’m cooking as healthily as I can.”

“Because that way I could learn to cook vegetables in a different way.”

“But what I can do is take cooking classes, because sometimes we cook and we don’t have the right measurements to be able to avoid fat and grease. I would like to learn more than what I know. I would like to take a cooking class.”

- **Enroll Your Child in a Physical Activity or Sport**

When respondents reacted favorably to this suggestion, there seemed to be a contradiction because so many of their children were not currently enrolled in activities. The idea itself was viewed as a good one, and earlier mentioned barriers were not addressed during this discussion.

“I would enroll my child in a physical activity or sport because I want him to get out of his routine. I don’t want to see my child in the same situation -- not exercising.”

“Because it helps the children to be more active, happier, and to keep them busy in sports and in other things that are healthier for them, and that will include them in painting a good life style. Not to keep their mind focused on drugs and all the bad stuff that is happening today; to keep them occupied.”

- **Start a Group to Lobby Local Officials to Install a Clean Attractive Playground/Park/Walking Path**

Favorable reactions to this suggestion were primarily attributable to the fact that some lobbying activities were in progress for some respondents and their neighborhoods. Those who understood the process and had seen positive results believed this was a good idea. Both Latino parents and African American parents were involved in this process, and both perceived this to be a possible suggestion.

“I’ve been working that too, as far as getting the park cleaned up, as far as volunteer workers, but you also need the community to get involved with their own parks as well.”

“Yes, and I am doing it in my community and it is working; it is working out and I feel better.”

“With Park and Planning, that wouldn’t be hard to do, that wouldn’t be hard; all you’d have to do is throw it out there, get the right people involved to start the lead off, and then you would roll over from there.”

In addition to the immediate benefits of improved resources in the community, respondents reacted positively to this suggestion because the lobbying itself showed that they had a voice in the community and a role in deciding what was best for their community.

“But the most important thing would be for our voices to be heard. To create a space and to be safe and to share. Because the most important [thing] for us as parents is to give our children a good exercising space.”

The actual benefits to the community appealed to many of the respondents. They easily made the connection between better outdoor spaces and increased exercise

opportunities. This suggestion was perceived to be a solution to existing neighborhood problems.

“Nice walking paths will also help with the exercises as well.”

“If we had a nice walking path to go on and not have to worry about walking somewhere that we know we’re bound to get into some type of trouble or something like that -- so I picked that one for my first [choice].”

“The playgrounds now, we have glass bottles and everything on the playground. If you have a good decent playground you don’t have to worry about them getting hurt while you’re walking.”

“The card that really caught my attention: create a group to lobby a local government to create a clean park for children and walking - because having a clean city is better because it looks better for the children and they have fun too...”

This suggestion did raise some skepticism from those who believed that improving the look of outdoor spaces was an attempt to boost tourism rather than help the current residents.

“I think they’re changing and doing it because we are the capital of the United States and there are a lot of tourist attractions. I think it’s all about the appearance.”

Not all respondents understood the lobbying process. A key question for some respondents was whether in fact it could be done. They simply doubted their ability to make this happen. Plus, many did not understand the lobbying process.

“See that would be good if you could do that.”

Then, there were those who believed that even if the playgrounds were made available, they might still be restricted if current patterns were followed. Current patterns included not only closing the playgrounds at a time when respondents might like to use them, but also the fact that the playgrounds were frequently perceived to be unsafe and lacking viable programs to provide activities for the children.

“They lock them all - they can’t go after school and go play - it’s a gate that’s locked. They are not supposed to climb the gate. They do it but after school hours the playground is not even opened to the public.”

“Around here these playgrounds are not a safe place to play.”

“This is what they do: they sit there and hang out and then want to smoke cigarettes or get with their boys or whatever comes up. They need more stuff to do on the playgrounds.”

▪ **Start a Community Garden for Organic Fresh Fruits and Vegetables**

Issues related to the community garden can be as simple as the fact that people would have to leave their immediate community to participate. Apartment complexes have little ground for this to be feasible in many neighborhoods. Respondents were not encouraged, anticipating that vandalism might make it a futile activity.

“Where I live at, the community gardens and fruit thing, that wouldn’t work. They have landscaping where I live at and they’re knocking the trees down and snatching them up by the root, so the poor tomatoes wouldn’t last.”

“These days if you start a garden it’s going to get trampled on and messed up, you’re wasting time trying to put a garden down.”

Additional objections included concerns about safety and cleanliness.

“It’s dark down in here; you can’t see nothing where that garden is at night. You don’t know what they’re doing to your food (laughter). You go to pick a tomato you won’t know what’s in that tomato.”

“I would not be willing to start a community garden for organic fresh fruits and vegetables because I don’t like to buy things on the street. I like to buy things from the supermarket – they’re fresh and clean.”

“I would also not ‘start a community garden.’ This would be very difficult. I don’t think it’s necessary – there’s always a supermarket you can go to.”

“We look for things that are inside because when we see things that are outside, we see flies and other things.”

There were a limited number of respondents who believed that the gardens could work, citing successful gardens located outside of their own neighborhood.

“But in Fort Dupont they have the garden down there and you go and you have your own section that you grow your own fruits and vegetables in. Then you pick them, take them home and do what you’re going to do with them.”

- **Keep New Fast Food Restaurants Out of the Neighborhood**

This suggestion was selected by several respondents as the one they were least willing to do. Some rejected it because it was perceived to be a futile effort while others liked the convenience of having fast food restaurants in the neighborhood. Moreover, this suggestion was deemed to be a matter of choice, and one that respondents were unwilling to restrict.

“Because that’s a lot of work and that’s a quick meal.”

“Because to each his own. I mean we can’t stop someone from eating what they want to eat. All you can do is say that’s not healthy for you.”

There were also economic considerations because respondents recognized that fast food restaurants were also a source of jobs in the community.

“They probably wouldn’t have a job...that’s why I’m saying to each their own - because it could be a job for one person but it’s not healthy for another person. You have to look at it in that aspect too.”

“The thing I would not do is to ‘Keep new fast food restaurants out of the neighborhood.’ I would try not to eat it, but to keep them away from us – I can’t do that.”

- **Suggested Actions**

Several respondents took the opportunity to suggest other activities that they would be willing to do. Their suggestions fell in a variety of categories, but most were personally relevant and addressed a need. In addition, the suggestions tended to focus on activities that would directly benefit the children.

“Start a parenting class, take the kids to the playground as a group, and do activities with them.”

“During summer hours only, start a night swimming class for children 8 to 10 and teens 11 to 15.”

“To teach children the reason why it’s important to do exercise.”

“Open a creative place that is free to the community, where children and parents also understand how it’s important. And the other one is to have more information to everybody, you know, in different languages.”

C. ATTITUDES AND PERCEPTIONS OF OVERWEIGHT AND OBESITY

DIFFERENTIATING OVERWEIGHT AND OBESITY

Overweight was used interchangeably with the word “fat.” Among the distinctions between overweight and obesity, one of the key distinctions was that with overweight, there was still an opportunity to lose the weight, whereas obesity was viewed as uncontrollable.

“Overweight...overweight means I think you have a chance of coming down.”

“When you’re obese - it’s out of your control!”

Several Latino parents acknowledged that they did not know the meaning of the word obesity. Some believed overweight and obesity were the same. However, when distinctions were made, they were based on greater weight for obesity and also the psychological component that they assigned to obesity.

“It’s an illness – well, to me it’s an illness. People don’t have control, so they need the help from a doctor to control it.”

“Maybe if you weigh 102 when you’re supposed to weigh 100, that’s overweight. If you weigh 300, you’re obese.”

“It’s confusing for me. Isn’t it the same thing?”

“An obese person is someone whose stomach dangles over their waist and doesn’t care about living.”

Defining the terms overweight and obesity frequently did not yield adjectives that described a look or image, but instead focused on behaviors associated with being overweight. Both African American and Latino parents agreed that being overweight was associated with eating habits and inactivity.

“Bad eating.”

“A person that eats anything.”

“Someone who doesn’t like to do anything.”

The perception of overweight was typically a personal perception that did not necessarily match government guidelines or other indices, but rather on respondents’ own sense of normal.

“I was the right size for my height.”

“I know by the size, by being in the military based on my height and weight I’m supposed to weigh 135. I weigh 185 and there is no way that I’m ever going to go back to 135 but I might try for 150 because also with my health issues (HIV) it wouldn’t be wise for me to lose too much weight.”

When overweight was described in terms of actual weight, there seemed to be a misunderstanding of how to connect pounds weighed to overweight and obesity. One explanation was that 50 pounds over ideal weight was overweight, while 100 pounds over ideal weight was obese. A limited number of respondents however, were knowledgeable on the height weight connection and even the body mass index (BMI).

“They said, “Anyone over 160 is considered to be overweight,” and a lot of the Obesity Centers say, “Anyone over 200 pounds is considered to be obese.”

Overweight was frequently described in relative terms, and frequently in comparison to oneself.

“Personally...I saw myself as being overweight when I can't wear anything in my closet now.”

Overweight was also described not as a size, but in terms of physical limitations.

“They have a lack of energy; they're unable to do a lot of things on their own.”

“They're unhealthy and inactive.”

“Somebody that has got to the point where it's harmful to their health.”

It should be noted that in the African American community there are terms that are frequently used that seem to minimize the stigma, risk, and importance of overweight and obesity. Words such as “thick,” “chunky,” “solid,” and even “healthy” are used to describe a person who would otherwise be described as overweight.

“It all depends on how you're seeing it because we can't necessarily say who's thick and who's overweight. I may consider myself to be thick but some people may think I'm overweight.”

“I'd say overweight; they could be a little chubby.”

Among the messages being passed onto children is one that offers loopholes in the control of weight, suggesting that overweight or weight fluctuations are not controllable.

“I was trying to explain to her that not everybody is obese - some people have a fat gland and that's a health problem where they don't eat a whole lot but they gain a lot of weight. She looked at a picture of my mother and said she was fat. I told her, ‘As you get older your weight goes up and down’.”

“Big bones run in my family so no matter how small I want to get I'm not going to get that small. I've always been solid but, believe it or not, I'm always going to have weight because it runs in my family.”

Overweight was frequently mentioned in terms that described the look of being overweight but absolved the overweight person of responsibility for it because of heredity.

“My family runs thick. I’m big boned - my bones are bigger than everybody else’s but it’s the way that our genes grow. It grows not like everybody else’s.”

OBESITY

It seemed clear from all of the descriptions of obesity that most respondents viewed obesity as morbid obesity. Some of these perceptions were traced to the sensational images on television shows featuring those who were extremely obese.

“My picture is like the Marshmallow Man; it’s just a lot of layers of fat that’s all falling down. Like you can see people who have problems when they do lose weight they still have all that extra skin, and that’s still unhealthy and still falls all the way down around their ankles and you can’t even see their ankles. That’s my picture of obese people.”

“Usually when you think of obesity you’re expecting a big huge person and I think it may be what they say obese is on TV.”

“I say 150 pounds plus overweight.”

Obesity was also associated with the worst eating habits, the most extensive health problems, and the greatest physical limitations.

“You’re sitting eating big quantities of food and not just regular food ... the snacks, donuts, the Cheetos, pretzels.”

“Obesity is when the child can’t walk down the street without, ‘Uh, Mommy I need to stop.’ I mean it’s kids out here that can’t walk from one place to the other place.”

OVERWEIGHT VS. HEALTHY CHILDREN

Respondents were almost defensive when comparing an overweight child to a healthy child. While some immediately pointed out the physical limitations of an overweight child, others expressed the opinion that overweight children can be healthy. In addition, parents were reluctant to label some children as overweight.

“The overweight child will not be able to do the same things that the healthy child can do.”

“The healthy child is going to be fit and thin.”

“Thick is not overweight but I mean it all depends on what you consider thick because each child is not the same. All kids are made differently.”

One of the first and most frequently mentioned comments was that childhood obesity was the fault of the parent. Obesity was attributed to poor food choices and other compromises in care by the parent. Some believed that overweight children were the product of parents’ overfeeding or not assuming a gatekeeper role when making food available to the child, as well as the misuse of food.

“My friend has an overweight daughter but I think it’s just because she’s lazy. She just lets her have anything she wants to keep her quiet. She said her definition is that the children are supposed to eat anything and they’re not supposed to have limitations on food especially once they’re old enough to eat table food.”

“The mother is just feeding him and keeps feeding him.”

“Depending on the age of the child, something that they’re going through, and they just turn to food for comfort.”

“It’s the parent’s fault. They could have heart problems.”

Both Latino and African American parents expressed concern for the physical and mental health problems that they associated with overweight children. In addition to physical limitations and chronic diseases associated with overweight, there were concerns about the child’s own self-esteem and body image. Some believed that an overweight child might be subject to depression and victimization by the cruelty of other children.

“You don’t want that child being overweight like that coming up all of his life, that’s going to bring very bad heart problems for them.”

“I think she’s going to have high cholesterol and high blood pressure because she’s not only overweight but she’s also not eating healthy.”

“Emotionally, they’re affected. They feel [worth]less. They’re made fun of.”

“My daughter has been bullied because of her weight.”

“I don’t see them as having a future.”

Morbid obesity in children is what came to mind for many of the respondents when asked about an overweight child. Their physical descriptions were based on images projected on television. In addition, by defining overweight so extremely, they could avoid defining their own child as overweight if, in fact, he or she was.

“Like the babies that be on Maury that are two and are already 80 and 90 pounds.”

“Obese...anybody that, to give you an age-wise example, if you’re one year old like I’ve seen on Maury Povich and you’re weighing 300 pounds - that’s over weight.”

Conversations about Overweight and Obesity

Respondents have talked to their children about weight, but as described, those conversations did not seem to be a part of an ongoing dialogue. Conversations were triggered by parents’ observations of poor eating habits, incidents of teasing, an attempt to have the child adopt the parents’ health-dictated eating habits, and the parents’ perception that the child was overweight.

“I have one comment on the obesity thing. There are children - I don’t know who the child was - but I know there was a little girl who didn’t eat a lot of food. If she’s around you all day, everyone else ate breakfast, a nice healthy breakfast. At lunchtime she might eat lunch but then dinnertime comes she eats real small. So one day I asked her, ‘Why don’t you eat that much? Why aren’t you eating?’ She said, ‘I don’t want to get fat’.”

“My daughter had an issue last year at school where a little girl didn’t want to play with her because she said she was too fat. So she went to the teacher and told the teacher and I guess the teacher handled it from there. But I felt kind of sad so I said, ‘Do you think you should exercise? Does that make you want to exercise, go ride your bike?’ I think her problem is me because I don’t like exercising, so she does what I do.”

“I’m diabetic and my daughter is just like me when I was her age. I loved cakes and pies and ice cream and had a grandmamma that made homemade food all of the time so I cook like my grandmother. I said, ‘Mya, you know you’re 130 [pounds] and you are twelve. Come on and put a little back.’ They’re telling her at the doctor’s office that that’s fine, but I’m looking at her - she’s about 5’4” and to me that’s chunky.”

“My granddaughter, she’s beginning to develop, and she’s now beginning to see herself and she comes to me sometimes and says, ‘Grandma, I don’t want to eat that because it will make me fat.’ You know at that age, I think, you shouldn’t be worried about weight.”

“Well, my daughter was fat. When she was seven, she was fat, so I told her. Now she’s thin. But I did it without damaging her self esteem.”

Conversations did not always go well. Latino parents, particularly, mentioned negative feedback and responses from their children.

“My overweight son argued with me when I tried to change his diet; he said that in school they feed him chicken nuggets and pizza. He said I didn’t love him.”

“I tell my daughter that she has a weight issue. I tell her to eat well, but she eats behind my back.”

“You can see his rolls, and I tell him that it’s not right. He gets teary eyed, but I tell him that it’s for his own good.”

Despite the media images and the understanding of the need to make healthier food choices, respondents believed that trends in overweight and obesity were getting worse rather than better and that children were heavier now than they used to be.

“It’s changing but not for the better because it’s more kids being overweight.”

Respondents mentioned ways to control weight in children and mentioned restricting junk foods. There were those who did not believe that a greater gatekeeper role was an option and those who were simply unsuccessful in that role.

“No, you can’t take away everything they can eat but they’re not supposed to have everything.”

“That’s what I have to go through. I had to put a lock on my pantry because my kids will get to the point if I say no they will still go in there and open any and everything that they can find and just eat it.”

PERSONAL RELEVANCE OF OVERWEIGHT AND OBESITY

African American respondents recognized that some of the traditional food preparation choices have been changed. However, in some cases they have been replaced with foods that are equally fattening and unhealthy.

“I think that is changing, but it may not be changing fast enough, so part of it is because the information is out there but everybody is not open-minded. A lot of people are still stuck in ‘this is how I did it, we used fat back in the day’, and this, that, and the other, which adds a lot of extra calories.”

D. SOURCES OF INFORMATION

EXPERIENCES RESEARCHING HEALTH RELATED TOPICS

Respondents had a wide variety of sources of health information. Traditional sources, such as magazines and pamphlets from doctors’ offices and clinics were mentioned frequently. In addition, respondents were relying on television, radio, and the Internet for health related information. Several respondents were also taking advantage of lectures and other materials made available by the Women, Infants and Children (WIC) public health program.

“You have a weekly nutritionist when you’re on the WIC Program; they see you and test your child’s blood and check the iron levels, my blood level I’m anemic so I’m always freezing. She just happened to discover it and told me.”

Some less frequently mentioned sources included non-WIC related nutritionists. These were accessible through the nutrition hotline and even Whole Foods Markets. Some said they would not simply rely on pamphlets in the doctor’s office but would call their doctor.

“But at Whole Foods Market they always have a nutritionist there.”

“I ask my doctor first. I mean if I was interested in losing weight or concerned about my issues with my weight, I would ask my doctor first to get their opinion.”

It was also mentioned that information from those who might be doing something that respondents wanted to do would also be a valuable source of information.

“I get my information by word of mouth like talking to someone who says they were losing weight or are losing weight and they would refer me somewhere. Like, if I go in the GNC store somebody will help me look into the health cards and look at different herbs.”

CREDIBLE SOURCES

Respondents generally agreed that they would not value the information if it came from family members, neighbors, friends, or coworkers, unless they worked in the health field. The following list includes those sources considered most credible:

- Doctors, psychologists
- Schools
- Social workers
- Nutritionist
- Internet: “It’s fast and it’s not boring.”
- Health magazines, e.g. *Women’s Health*
- Nurses
- Fitness instructors

PERSUASION TOOLS

Respondents agreed that they would be most persuaded by someone who had experienced what they wanted to experience, i.e., someone else who has successfully tried it.

“If I can actually see a person who says that they’ve done that, and only that, then that would give me a little bit more motivation.”

Some respondents believed that the best way to encourage healthier food choices and increased physical activity was to use a show-and-tell or hands-on technique. There was a need to be able to see these behaviors themselves rather than simply reading about them.

Schools, community centers, and churches were viewed as places that might be tapped to deliver the messages related to a healthier lifestyle.

MAKING IT EASIER

Respondents made a number of suggestions that they believed would make it easier for parents to live a healthier lifestyle. Typical suggestions are as follows:

- Manage meal frequency

“They need to feed them breakfast, cook breakfast every day to make sure they have breakfast - that’s the first thing that they have to try to deal with it.”

“Have enough food to eat in the house and make sure they have three meals a day.”

“Try to get the kids to eat three meals a day, try to get proper rest, and try to get involved with their school and sports activities to keep them healthy when they’re inside.”

- Educate the children on the importance of food choices and physical activity

“Emphasize that diet and exercise are important but not to the extent where it becomes a health factor like bulimia and anorexia.”

- Educate themselves on food contents

“I would suggest for them to read about what they eat. Whatever they buy, look on the box- its right there, read about what you eat.”

- Eliminate poor nutrition choices

“Stop drinking soda.”

“Stay out of fast food restaurants.”

- Control portions

“Let them eat what they want as long as they don’t over do it, as long as they’re not just sitting and gorging themselves in salt and sugar, go for it.”

“Smaller healthy portions but eat more...what we’re doing is eating maybe one big meal a day and it’s late at night so eat three or four meals a day in smaller portions.”

- Take advantage of, create, or try to find physical activities in the neighborhood

“More physical activity located in the neighborhood that doesn’t mean going so far out because that’s the only thing that’s stopping me from putting my daughter into something.”

“Plan to meet after school or at the parent’s houses. You could play hide and seek and look for each other’s child and make them run, balance eggs on a spoon...you can do a lot of different things that you see people do at family reunions or cookouts but just a lot of outdoor activities or indoor activities.”

- Counter the expense of fresh fruits and vegetables

“What I do is buy the canned vegetables but what I do is pour the juice off and add water and that works for me.”

E. ATTITUDES AND PERCEPTIONS OF TEEN RESPONDENTS

There were four groups of teens—two female and two male—as well as two African American and two Latino.

BACKGROUND: ATTITUDES AND PERCEPTIONS OF A HEALTHY LIFESTYLE

According to the teens, a healthy lifestyle included the things one does and the things one avoids. Most acknowledged the need for healthy food choices and physical activity, but also acknowledged the need to make other healthy lifestyle choices. Those choices included not smoking, avoiding alcohol, practicing safe sex, and trying to avoid illness and stress.

“You have to pay attention to your body and take care of yourself, so you don’t get fat.”

“A person that is active, not sick and you can tell that they’re happy.”

“For me healthy lifestyle is not only that but doing things that are physical that can help you take away stress, not being stressed but therapy like that so you can still eat right and eat healthy foods.”

Teen specific lifestyle considerations centered on making healthy choices. This meant avoiding the fast food restaurants that they all frequented, and other more health threatening behaviors, e.g. smoking. It was also mentioned that listening to the direction and advice of parents was a teen specific consideration for a healthy lifestyle.

HEALTHY LIFESTYLE BEHAVIORS

Staying Healthy

In order for teens to stay healthy, they need to incorporate a variety of behaviors into their daily lives. These included making healthy choices about food, not only content but also portions. In addition, teens added parental influence, spirituality, work and responsibility.

- “Eat healthy food and workout.”
- “Drink lots of water.”
- “Do exercise.”
- “Portioning your food. You can eat the right things but too much of one thing or too much of something can...”
- “Not to smoke or drink, because people my age do it everyday.”
- “You know how your parents say, ‘If you didn’t listen you could have gotten yourself killed or something.’ I guess that’s part of having a healthy life style.”
- “Spiritual needs - it doesn’t matter to me you’re never too young to address your spiritual needs.”
- “Work.”
- “Take responsibility, as far as the choices that you make.”

Barriers to Staying Healthy

The barriers to staying healthy for teens included food choices and physical activity. However, they went further to include the influence of friends, risky behaviors such as drinking and smoking, sex, lack of money, and the way teens spend their money, e.g., drugs or other unhealthy choices.

- “Eating junk food.”
- “Just sitting and eating.”
- “Just wanting to be lying down watching TV and eating food.”
- “Eating a big plate of food.”
- “Friends and stress.”
- “Smoking.”
- “Drinking.”
- “Sexual relations.”
- “Emotions.”
- “Money.”
- “The way you spend your money.”

Typical Day

Respondents mentioned that in addition to school, they spent a considerable amount of time on the phone, on the computer, and with friends. Many acknowledged that they do not eat as well as they should because they eat so many meals outside of the home and because of the perceived low quality food choices offered at school.

“Then when I finally go in the house I talk on the phone, get on my computer or watch TV. If my mother cooks then I’ll eat dinner and then I’ll just sit in my room and watch TV and that’s it.”

“I eat out every day which I know is not healthy.”

“They [school lunch] serve you pizza every day.”

When respondents rated their day based on their perception of how healthy it was, those who engaged in any physical activity typically rated themselves higher. Respondents were aware of the behaviors that were conducive to a healthy lifestyle and those they needed to change, even when they were unwilling to do so. They generally agreed that to improve their scores they could improve their eating habits and exercise routines, and quit smoking.

“I’ll give mine a four because I do walk a lot in the course of a day and I find that healthy because after I eat, I walk that off.”

“Quit smoking, but I’m not going to do that.”

African American male teens appreciated a home cooked meal, particularly a meal that included traditional African American foods. They believed that these foods represented a balanced meal. The foods mentioned included:

- Barbeque ribs

- Macaroni and cheese
- Cornbread
- Fried chicken

Food Choice Influences

The teens were influenced by many of the same things that influenced parents. These influences included time constraints, money, personal preference, television commercials, and even friends. The influence of friends was primarily attributed to the social aspect of eating where friends agreed to eat.

“Lunch is usually Subway or something but if not, if I only have a couple of dollars, I go spend it on junk like chips and juice or something like that.”

“When you have to go to school or to work, the fastest thing you can eat is McDonalds, Burger King, or Pizza Hut. That’s why it’s called ‘fast food.’”

“I like what my parents cook, like Salvadoran food - that stuff is healthy.”

Healthy food choices had two components. Respondents generally agreed that healthy foods were those foods cooked at home and that those foods prepared at home were probably healthier than those offered at inexpensive fast food restaurants. However, if parents do not make that food available, it was not viewed as a choice. While Latino respondents included vegetables, soup, salads, pasta, and broccoli as healthy, African American female teens noted that the amount you eat was almost as important as what you eat.

Physical Activity Influences

Participants stated that their participation in physical activity is influenced by opportunities to have fun, to be strong enough to defend themselves, to look good, to impress others, to lose weight, and to improve self esteem. Typical comments that illustrate those influences included:

“I love to dance. We go in groups and all dance together.”

“My friends and I go to the pool for fun.”

“If you live somewhere where there’s a park or a soccer field and you see other people playing sports, then you feel motivated to go play sports.”

“Be stronger so that you can beat someone up.”

“To lose weight.”

“Look my best.”

“Women.”

“You’ve got to be muscular.”

“Staying in shape.”

“Self esteem, you don’t want to be fat, you want to have a nice body, you want to look good.”

Regardless of the benefits of physical activity, respondents were able to cite the reasons that they or others their age do not participate in physical activity. The reasons cited included time constraints, priorities, laziness, lack of conveniently located venues for physical activity, and lack of understanding of the need for physical activity.

“Don’t feel that they need to do more exercise.”

“There are other things you have to do.”

“I went to this school last year and we did not have gym or no type of physical activities for the kids to do so we just stood around and ate snacks all day.”

WILLING TO DO

There were some suggestions made regarding what might encourage teens to engage in more physical activity.

- Raise consciousness by having a family night dedicated to eating right.

“They pick a Friday and have games. Why can’t they pick a night where families eat right?”

“Organize a field day every month for the community, like the days where they can come out and have fun.”

- Leverage ways that teens influence each other.

“I bet if Maria was like, ‘Hey y’all there’s this new organic restaurant and their food is banging there’, then we’d start to influence one another and then we start seeing nice food but it’s organic foods and healthy foods...I bet all of us would start eating it.”

- Leverage the benefits of participating on athletic teams

“Scholarships”

“You get to go to different places.”

- Personalize the benefits of physical activity, encouraging teens to focus on themselves

“Make you feel better.”

“Do it to prove some people wrong.”

“Setting an example.”

Miscellaneous Suggestions

- Make gyms as attractive and inviting in appearance as fast food restaurants or as inviting as they are perceived to be in more affluent neighborhoods

“Like when you exercise or the healthier places are more attractive to children as well as adults versus if you see a gym that’s a hot and sweaty place, you’d feel like that’s somewhere you don’t want to be - you’d rather go somewhere else. You’d rather go next door to a McDonald’s or somewhere in a white area, you know.”

- Bring a National Football League (NFL) team to Virginia

Reactions to Suggested Activities

Latino male teens laughed at some of the choices they were given for favorite to least favorite activity, suggesting that some were ridiculous and made no sense.

“These cards are not what people do, people our age don’t do this stuff. White people do!”

- **Take a Dance Class**

The reaction to this suggestion was favorable across all groups. Even the Latino male teens reacted favorably to this suggestion individually.

“I would take a dance class: it’s fun.”

- **Take a Cooking Class**

This suggestion had mixed appeal. Some of the male machismo may have led some in the group to reject it or assign it to females. It was not a favorite.

“Nobody’s going to take a cooking class...not unless you’re a gay guy.”

“Yo, I know how to cook, but that’s for my baby momma.”

- **Take the Bus to Get Higher Quality Fruits and Vegetables**

This did not seem outside of the ordinary for many of the teens. This suggestion seemed unnecessary because it was something they were already doing.

“I didn’t think it was different from going to get market food. Everybody eats food and goes to buy it, but that’s just my opinion.”

- **Enroll in a Physical Activity or Sport**

This suggestion made sense to the teens and generated a favorable reaction.

“Because working out - you stay in shape, you stay healthy.”

- **Walk to School with Other People in Your Neighborhood**

The feasibility of this suggestion dictated whether it generated a positive or negative response. Those who lived in areas within walking distance of the schools reacted favorably, whereas those in Virginia believed that the schools were simply too far from home.

“I would walk to school with my friends, for exercise and for safety reasons.”

“Man, that’s an hour walk - you’re stupid.”

“Some of the walks are too far.”

- **Start a Group to Lobby Local Officials to Install a Clean Attractive Playground/Park/Walking Path**

This suggestion was problematic not only because the teens did not fully grasp the lobbying process, but also because the words “clean and attractive” were not words that were motivating when describing a park.

“What would you have to do? What do you have to do in terms of lobby?”

- **Bring a Farmers’ Market into Your Neighborhood**

The reaction to this suggestion was generally unfavorable in that respondents generally agreed it was something that they would not do.

“Eating fruits and vegetables is healthy - not organizing.”

- **Keep New Fast Food Restaurants Out of the Neighborhood**

Teens detected the pattern of proliferation of fast food and carryout restaurants in minority neighborhoods when compared to non-minority neighborhoods. However, the general reaction to this suggestion was that new restaurants could be minimized but they were unwilling to see established restaurants removed. This was an opinion expressed rather than an action they were willing to take.

“You can keep them but just don’t add any more.”

“I was thinking why every neighborhood in DC or in every Black community has a carry out. You go in most minority neighborhoods you see carry outs. Go in them other neighborhoods, go up Dupont Circle, you don’t see any carryouts up there, you see Starbucks.”

- **Organize (With Adults) a Shuttle Bus to Get to Sporting Events**

The reaction to this suggestion was neither positive nor negative.

- **Start a Community Garden for Organic Fresh Fruits and Vegetables**

Respondents rejected this idea primarily because it did not seem feasible in the neighborhood where it might not be secure.

“It’s just that all of the people would be eating it.”

ATTITUDES AND PERCEPTIONS OF OVERWEIGHT AND OBESITY

Overweight was frequently described in terms of behavior rather than a look or size. Specifically, the term overweight triggered thoughts of people who are not eating right and have health problems.

“It’s bad to be fat.”

“You can die because of heart problems.”

There was a defensiveness that surfaced among African American female teens when the topic of overweight and obesity was presented. As with the adults, the teen girls made weight a matter of genetics and as such moved it out of their control.

“I used to have low self esteem but my mother told me all of my family - my boy cousins are slim and stuff - but the girls, all the girls are thick. They’re not big, they probably only have a little gut or something but all of my family is thick, that’s just genetic in my family. So for me being overweight is something that I really can’t define but it’s something that lack of exercise, not eating right, not exercising and just being lazy with what you’re doing.”

When referring to people their age, participants spoke disparagingly, suggesting that being overweight was their fault and no one else’s concern.

“Someone who hasn’t taken care of their body - hasn’t taken care of themselves.”

“Yeah I’m extremely fit but that would be someone who doesn’t care how they look and just eat because they don’t care how they look.”

One of the reasons cited for being overweight was the belief that there are people who eat for reasons other than hunger or nutrition. One respondent shared an example of using ice cream as comfort food.

“It’s something my Mom always does when something bad happens to her.”

Overweight did not necessarily mean unhealthy, nor was being of normal weight considered to be an indicator of good health. The issue of an eating disorder was used to illustrate this point.

“When you’re overweight it’s more of an image and being healthy is for everybody to imagine. Somebody can be skinny and be unhealthy but not over- weight; somebody can be overweight and not be unhealthy; somebody obese may be healthy, I’m not sure.”

“She wasn’t real big but what she did was, when she ate she threw up her food and now she’s skinny and so unhealthy.”

Overweight and obesity had no particular look. The example was muscular males whose height and weight might suggest overweight, but the appearance does not. Some teens were aware of medical weight guidelines.

“I was looking at a chart in my doctor’s office and you have to fit the right weight for the right height. I guess you can be five pounds over the weight that you’re supposed to be for your height and be overweight. So overweight really does not look like anything because I’ve seen boys that are about 5’7” and about 200 something pounds but they look right. They don’t look overweight, they look in shape but they are still over weight. So overweight really doesn’t have a look.”

It was generally agreed that an obese person is someone extremely fat, unlike someone who is just overweight. Most of the teens interpreted obesity to be morbid obesity.

“(Obese) you can’t fit through the door; jelly rolls on top of jelly rolls.”

“Like 76 pounds and she’s only 8 years old, that’s overweight but she’s not obese. She’s just overweight for her age. Obese people are like pounds, pounds, pounds, 300 pounds or whatever and they’re obese when they’re like that.”

Concerns about overweight and obesity tended to focus on appearance, physical limitations, and poor health. Some of those concerns were as follows:

- “Clothes may not fit.”
- “Obesity, you can die from it.”
- “Being debilitated and unable to care for yourself.”
- “How tired you get.”
- “My heart rate.”
- “Not being able to do what you want to do.”
- “Asthma.”
- “Diabetes.”
- “High blood pressure.”

- “Clogged arteries.”

Implications of Race

Respondents cited some of their perceptions of the how race surfaces in discussions of healthy lifestyles. One perception was that African Americans do not eat as healthy as whites because of limited money and poorer food choices.

“Caucasians have more money than we do. They’re more able to buy the best foods and all of that kind of stuff. But Black people at the same time can go out and spend, I think, \$140 on them[selves], and I’m sorry but not on good eating.”

Latino male teens expressed the opinion that African Americans and Latinos do not care as much about being overweight as whites do.

“White girls are too skinny- they look like they’re about to break.”

African American female teens believed the implications of race were both community-based and politically-based. There was feeling that even the suggestions mentioned above could not work because the community would not pull together to implement them.

“It couldn’t work because we’re not working together. What can you do if people are doing what they want to do and you tell them don’t do that and they are ready to fight.”

Some frustration was expressed that African American teens were not taken seriously and that any efforts to follow up on this topic with city officials would fall on deaf ears, because they are African American and teenagers.

“But the government really doesn’t know how us teens feel. They think that we’re probably stuck on go-go music, this, that and the other, clothes . . . but we do have strong feelings on how our community looks. The government and city officials - they just think of us as stupid Black kids.”

“Like we’re having a strong discussion now about this but we should really have strong discussions like this with our city officials so that they can really know how we feel because they really did slip. Black teens is this, minority teens is this... they really label us at times.”

SOURCES OF INFORMATION

Only the Latina female teens believed that they had limited knowledge of the topics related to healthy lifestyles. All the others believed they had a base of knowledge on which to build. Much of what they knew they attributed to the school health education curricula.

“Every year when you go into health or something like that the teachers are saying the same things.”

“In health class...they talk about eating healthy, what foods to stay away from.”

The teens indicated that they had a few questions about obesity and commented that in addition to gaining some general knowledge they would be motivated to know more if the benefits of knowing were personally relevant.

“Are all obese, big people unhealthy?”

“What types of problems are associated with being obese or unhealthy?”

“How heavy do you have to be, to be considered overweight?”

“I’d like to know what my recommended weight is.”

Preferred Sources

Most participants stated that they would take the advice from a doctor and would listen to an expert, but were skeptical about advice given to them by their peers.

“A person who looks like they’re in good health.”

“I’d listen (to an expert) because it’s a person that knows what they’re talking about.”

“I’d listen to a nutritionist, she knows about food.”

Some stated that the preferred way of receiving information would be hands-on, i.e., to learn by doing something, not listening or by other passive activities.

“Hands on, like where you actually do something besides sit and talk.”

The role of the school nurse was perceived as marginalized because little is expected from her or him other than ice or water and crackers. Other sources for information included mothers, pastors, and the Discovery Channel on television.

MAKING IT EASIER

Respondents made a number of suggestions that they believed would make it easier for teens to live a healthier lifestyle. Typical suggestions were as follows:

Make exercise a priority and fun

- “You should try your best to take time out to exercise.”
- “Go to a gymnasium or something and exercise.”
- “Go to the rec and do something you like to do.”
- “I think that someone my age should watch what they eat and play sports, like ride a bike or skate and drink lots of water.”
- “You could dance! Chill with your friends and play sports. Eat healthy and eat fruits.”

Plan to do specific activities

- “Walk at least 30 minutes a day.”
- “To follow a daily routine and eat healthy.”

Pay attention to appearance

- “Take care of your body image; to eat properly and to be fit; try not to eat that much junk food.”

Eat when hungry and for nourishment only

- “You’ll always eat but if you stress eat, either you’re going to eat or you’re not going to eat.”

Pay attention to food choices and physical activity

- “You should watch what you eat, and be and stay healthy.”

- “Drink lots of water, exercise, balance your food and don’t eat junk food.”

Eat at home

- “Don’t eat fast food, exercise and eat healthy food at home. Eat vegetables and fruit and don’t eat too much.”

Follow nutrition guidelines

- “To follow the food pyramid.”

Be aware of the emotional side of a healthy lifestyle

- “Religion”
- “Don’t get stressed- just do what you think is right.”
- “Draw”
- “You need to have high self-esteem and respect for yourself.”

Think about your future

- “I want to be able to do the same stuff I’m doing now when I’m 40.”

Try healthy alternatives to the foods you like

- “If food had the same taste as unhealthy food but it’s healthy.”
- “Give samples of something that’s healthy.”

III. CONCLUSIONS

The findings of this research indicate that among low-income minority communities the issue of overweight and obesity is not a priority, especially when compared to issues identified as those tied to survival. Further, the messages being promulgated about overweight and obesity are not resonating with these communities, and recommendations around nutrition and physical activity are often not feasible due to the neighborhoods in which they reside and their limited financial resources.

ATTACHMENTS

Recruiting Screener
Discussion Guide
Environmental Scan

Recruiting Screener

**The HSC Foundation
Preventing Childhood Obesity in Low-Income Minority Populations**

RECRUITING SCREENER Rev 6/9/06

PARENT'S NAME	
CHILD'S FIRST NAME	
ADDRESS _____	CITY _____
ZIP CODE _____	HOME PHONE _____
WORK _____	E-MAIL _____

INTRODUCTION. Hello, I'm _____, from _____, a community based organization. We are conducting a study to learn more about family lifestyles, particularly the physical activities families participate in and foods families enjoy. I want to assure you that this is not a sales call and that the information gathered will not be used for selling you anything. In fact, some of the adults or teens that I talk with today may be invited to participate in another part of the study that will pay for their time. May I ask you a few questions today?

1a. Are you the male/female head of your household?

- YES 1 CONTINUE
 NO 2 [ASK FOR, OTHERWISE TERMINATE]
TRY TO GET A MIX OF MEN AND WOMEN.

1b. Who is primarily responsible for the grocery shopping and food preparation in your household?

- Self
 Self and other equally
 Other THANK AND TERMINATE

2. Which of the following racial categories would you select to describe YOURSELF/YOUR CHILD? (READ LIST)

- | | <u>SELF</u> | <u>CHILD</u> | |
|------------------------|----------------------------|----------------------------|---------------------|
| Black/African American | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | CONTINUE |
| White | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | THANK AND TERMINATE |
| Asian American | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | THANK AND TERMINATE |
| Hispanic/Latino | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | CONTINUE |
| Native American | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | THANK AND TERMINATE |
| Other | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | THANK AND TERMINATE |

3a. Which of the following best describes your current employment status? Are you...READ LIST?

- Employed Full-time 1
- Employed Part-time 2
- Not employed... (THEN ASK:) Are you...(READ LIST. ONE)
- Attending school 3
- Retired 4
- Homemaker 5
- Other 6-

GET A MIX OF EMPLOYED AND NOT EMPLOYED; IF NOT EMPLOYED SKIP TO Q3c

3b. IF EMPLOYED ASK: What kind of company do you work for and what do you do?

RECHECK SECURITY Q4

3c. What is your total annual household income? **[Do not read list]**

Less than \$30,000.....	[]	CONTINUE
\$30,000 or more.....	[]	THANK AND TERMINATE

4. Are you, or is anyone in your family employed in any of the following companies/industries?

- Marketing or marketing research company [] **THANK AND TERMINATE**
- Marketing research department [] **THANK AND TERMINATE**
- Advertising, commercials or television [] **THANK AND TERMINATE**
- Public relations [] **THANK AND TERMINATE**
- Any company or organization that focuses on Nutrition or diet, [] **THANK AND TERMINATE**
- Any company or organization that focuses on Physical fitness [] **THANK AND TERMINATE**

5a. Do you have any children living in your home?

- Yes [] **CONTINUE**
- No [] **THANK AND TERMINATE**

RECORD ON GRID BELOW:

5b. What is the age and sex of your children, 3-17 living at home?

	<u>Q. 5</u>			
	GIRL	BOY	GRADE	NAME
3-4 years old	[]	[]		
5-6 years old	[]	[]		
7-8 years old	[]	[]		
9-10 years old	[]	[]		
11-12 years old	[]	[]		
15 years old	[]	[]	_____	
16 years old	[]	[]	_____	
17 years old	[]	[]	_____	

- IF RESPONDENT HAS NO CHILD LIVING AT HOME BETWEEN 3 AND 12 YEARS OLD, OR 15-17 YEARS OLD, THANK AND TERMINATE.
- IF RESPONDENT HAS AT LEAST ONE CHILD AGES 3-12 LIVING AT HOME PROCEED TO SPEAK WITH PARENT
- IF NO CHILD 3-12, OR IF A CHILD 3-12 PLUS A CHILD 15-17, PROCEED TO RECRUIT FOR CHILD 15-17; CHILD 15-17 MUST BE IN GRADES 10-12, 9/2006

RECRUITER: RECRUIT ONLY ONE CHILD PER HOUSEHOLD.

6a. Have you [check PARENT quota] -- Has (CHILD'S NAME NEEDED FOR QUOTA) ever participated in any research group discussions?

- YES []1 CONTINUE/GO TO Q.6b
 NO []2 CONTINUE/ GO TO Q.6c

RECRUITER: CHECK QUOTA TO DETERMINE IF YOU SHOULD PROCEED TO RECRUIT A PARENT OR A TEEN.

6b. When was that?

- Less than SIX months ago []1 THANK AND TERMINATE
 More than SIX months ago []2 CONTINUE

6c. Are you -- Is he/she currently participating or scheduled to participate in any market research projects with us or any other market research company?

- Yes [] TERMINATE
 No [] CONTINUE

7a. Think about you and your child. Which, if any, of the following best describes how active you consider yourself and your child? (READ LIST)

- | | <u>CHILD</u> | <u>PARENT</u> |
|-------------------------------|--------------|---------------|
| Not at all active | []1 | []1 |
| Somewhat non-active | []2 | []2 |
| Neither active nor non-active | []3 - | []3 |
| Somewhat active | []4 | []4 |
| Very Active | []5 | []5 |

GET A MIX OF BOTH ACTIVE AND NON-ACTIVE PARENTS AND CHILDREN
 Fro example:

- Not at all active: engage in no physical activity
- Somewhat non-active: engage in physical activity from time to time
- Neither active nor non-active: May engage in physical activity on an irregular basis
- Somewhat active: May engage in physical activity a few times a week
- Very Active: Engage in physical activity at least 30 minutes daily

7b. Think about you and your child. Which, if any, of the following best describes how strictly you stick to a pattern of healthy eating

	<u>CHILD</u>	<u>PARENT</u>
Not at all strictly	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Somewhat not strictly	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Neither strictly nor not strictly	<input type="checkbox"/> 3 -	<input type="checkbox"/> 3
Somewhat strictly	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Very strictly	<input type="checkbox"/> 5	<input type="checkbox"/> 5

GET A MIX OF BOTH STRICT AND NOT STRICT PARENTS AND CHILDREN

FOR PARENT RECRUIT ONLY, SKIP TO Q 10.

8. TO PARENT FOR TEEN RECRUIT: We are conducting research with both parents and teens on healthy lifestyles, focusing on food choices and physical activities and would like to include your teen in the study. May I speak with (NAME OF CHILD 15-17)? I need to ask him/her a few questions about activities and foods he/she likes to eat.

(IF CHILD NOT AVAILABLE, ASK WHEN TO CALL BACK)

- YES 1 CONTINUE
 NO 2 THANK AND TERMINATE

(TO CHILD). Hi. My name is _____. I'd like to talk to you for a few minutes and ask you some questions about activities and foods you like to eat.

9. Tell me how often you do the following

	Everyday	Almost Everyday	Not too often	Almost Never
Play outside	1	1	1	1
Watch television	2	2	2	2
Eat fruits or vegetables	3	3	3	3
Get physical activity	4	4	4	4
Walk more than a couple of blocks	5	5	5	5
Drink milk	6	6	6	6
Drinks soda or other sweetened drinks	7	7	7	7
Eat salty or sweet snacks	8	8	8	8

TRY TO GET A MIX OF CHILDREN WHO ARE ACTIVE AND NON-ACTIVE AND EATING HEALTHY FOODS AND NOT EATING HEALTHY FOODS

RECRUITER:

Ask to speak to the mother/parent of the child. Prior to extending an invitation for the child please inform the parent that the conversation will cover a brief discussion about family lifestyles, including physical activity and food choices. CHECK QUOTA. INVITE EITHER THE CHILD OR THE MOTHER TO PARTICIPATE.

10. READING COMFORT:

I have one more question... our study may involve some reading. Some people have vision or reading difficulties that make them prefer to be considered for other studies we may do instead. Will you be able to read some brief materials or would you prefer to be contacted for another study?

____ **Reading is OK.**

INVITATION:

The project I am working on includes several small groups of fewer than 10 parents or fewer than 10 teens in your age group who will meet once for about two hours to talk informally about various family lifestyle topics such as physical activity and food choices. The discussion will be at a location in the community near you. You do not need any special skills to participate, although there may be some reading involved. Everyone who arrives on time for the group discussion will receive a \$50 gift certificate, along with [a meal/refreshments as appropriate for time of group.]

We would like to invite you to participate in a group on...[read appropriate date and time]

Are you available to participate?

- 1 No *[Thank and end call.]*
- 2 Yes

Great...I will send you a confirmation letter with directions, along with a consent form to be reviewed and signed before you can participate in the group.

CONFIRMATION LETTER SHOULD REMIND PEOPLE TO BRING READING GLASSES. IN ADDITION, RECRUITS SHOULD BE INFORMED: PAGERS AND CELL PHONES MUST BE TURNED OFF AND CANNOT BE ANSWERED DURING THE GROUP.

Moderator's Discussion Guide
ADULT PARENTS OF CHILDREN AGE 3-12
Rev 6/19/06

RESEARCH OBJECTIVES

- To identify ways to more effectively combat obesity in low-income minority children and their families
- To gain insights into how children and their families view overweight and obesity and the lifestyle changes that are being promoted

I. WELCOME AND GROUND RULES (10 Minutes)

Welcome everyone. My name is _____. Thank you for coming for this discussion. Before we begin, I'd like to explain a few things about how the discussion will work.

First of all, I want everyone to know there are **no right or wrong answers**. (We want to know your opinions and those opinions might differ. This is fine. We want to know what each of you thinks about the topics we will be discussing.)

You have probably noticed the microphones in the room. They are here because we are **audio-taping** the discussion. Afterwards, I have to write a report. I want to give you my full attention and not have to take a lot of notes.

Because we are taping, it is important that you try to **speak one at a time**. I may occasionally interrupt you when two or more people are talking at once in order to be sure everyone gets a chance to talk and that responses are accurately recorded.

Some of the people working on this project are observing this discussion so that they can hear your opinions directly from you. Your names, addresses, and phone numbers will not be given to anyone, and no one will contact you after this group is over. When I write my report, I will not refer to anyone by name.

Please turn off your **cell phones**. The group will last only two hours. Should you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

I do not work for the people who are sponsoring this research. If you have something negative to say, it is all right. Remember, there are no right or wrong answers. We just want to hear your opinions.

[Consent section, to be read as written to potential participants:]

This focus group is part of a research study. Your answers will help us learn more about family food choices and physical activities. You will get no direct benefit from being in this study. The group will last about 2 hours. You may choose not to take part in the group. There will be no penalty to you if you choose not to take part. You may choose not to answer any of the questions for any reason. You may stop at any time. There is no cost to you for taking part. We will not use your name or ID you in any way if the results of this study are published. You may be directly quoted without your name being used. We ask that you do not repeat what was said here after the group, in order to respect the confidentiality of others. Have I received a copy of the Consent Form specifying these things? [Collect/distribute if any have not already done so]

Introductions

Now, first let's spend a little time getting to know one another. Let's introduce ourselves by sharing:[Moderator will include like introductory comments]

- First name, and
- The members of your household and the children's ages
- Thumb print: that unique thing about you that helps us to get to know you. [Respondent is encouraged to select one thing about themselves that they believe helps them to define themselves, e.g., a hobby, or rank in large number of siblings, awards, neighborhood involvement, etc.]

II. BACKGROUND: ATTITUDES AND PERCEPTIONS OF A HEALTHY LIFESTYLE [20 minutes]

Before we begin our topic, I'd like to get an understanding of some of the issues that are most important to you and your family right now. Tell me about that.

How does your community play a part in the issues you have mentioned? How do you define your community? Who belongs to your community?

We are going to spend most of our time today talking about the things we do to stay healthy and to keep our children healthy. You did/did not mention staying healthy and keeping our children healthy. Looking at the other issues that are important to you, if we arranged this list in order of importance, where, if at all, would it fit into this list.

Tell me what a healthy lifestyle means to you? How does that description change if we focus on a healthy lifestyle for a child?

EASEL: Describe a healthy child. [PROBE: What do they eat; what do they do; how do they look.]

What are the things that a child needs to stay healthy?

WRITTEN: [FROM THE LIST GENERATED ABOVE] When thinking of your own child age 2-12, what are the top three things?

What are some of the things that prevent you from living healthy? Your child?

III. HEALTHY LIFESTYLE BEHAVIORS [40 minutes]

Describe a typical day for your child, from wake up to bed time, focusing on meals and activities. [PROJECTIVE: FILL IN THE CLOCK]



[Probe meals/snacks and activities] On a scale of 1-5 where 1 is not at all healthy and 5 is very healthy, how would you rate a typical day for your child? What could you add or take away (time constraints, habits, family traditions, social acceptance, etc.) that would improve your rating?

Looking at your food choices, what influences you most? Your child, spouse, or other influences, e.g. food advertising? How much influence does your child have? What influences your child? How much does time influence your food choices?

Looking at choices of physical activity, what influences you most? Your child? Your interests? Your location? How much does time influence your choices of physical activity?

What are the main reasons you personally include physical activity into your life? Your child's life? [PROBE FOR THE KEY MOTIVATING BENEFITS, SUCH AS: it's fun, makes them feel better about themselves, helps them become stronger/fit/healthy, helps them lose weight, reduces health risks, etc.]

Which of these benefits are MOST important to you? What makes you feel this way?

What are some of the main reasons you don't do more physical activity in a typical week? [PROBE FOR MOTIVATIONAL OR ENVIRONMENTAL/ LIFESTYLE ISSUES, e.g. don't enjoy, not fun/is hard, no time, don't know how, etc.]

EASEL: [GENERATE LIST] What do you think can be done to overcome these obstacles? What have you tried? What has worked best for you?

Which of these things would you be willing to do?

CARD SORT: [EACH RESPONDENT GETS A SET OF PRE-PRINTED 3X5 CARDS]
Please arrange in order of preference the following activities that one could do to have 1) better eating habits and 2) be more active:

Take an exercise class	Take a cooking class
Take the bus to get higher quality fruits and vegetables	Enroll your child in a physical activity or sport
Start a walking program in your neighborhood	Start a group to lobby local officials to install a clean attractive playground/park/walking path
Bring a farmer's market into your neighborhood	Keep new fast food restaurants out of the neighborhood
Start a shuttle bus for kids to get to sporting events	Start a community garden for organic fresh fruits and vegetables

NOTE: OTHER ACTIVITIES TO BE ADDED BASED ON INPUT FROM GROUPS
Discuss. What made you select your top choice? Your bottom choice?

IV. ATTITUDES AND PERCEPTIONS OF OVERWEIGHT AND OBESITY [15 minutes]

What comes to mind when you hear the term overweight? What comes to mind when you hear the term "overweight child"?

How do you compare overweight children and healthy children? The same or different?

What if any concerns do you have about overweight children? [PROBE: health, future, the way they are treated by others, the way they see themselves/body image, etc.]

Who has ever had to say anything to their child about their weight, particularly being overweight? Tell me about that. What was the outcome?

Has your child (3-12) ever initiated a talk with you about being overweight? About losing weight

What does the term obesity mean to you? You did/did not mention any causes. Do you believe that under-nutrition and hunger have anything to do with obesity?

How do you compare overweight to being obese? Do you believe that comparison is the same for everyone? [PROBE: How it might be different in the African American community]

V. SOURCES OF INFORMATION [30 minutes]

Have you ever sought information on any topic related to health or well being? How did you do that? Do you currently receive information on that topic?

Of all the information you currently receive, from any source, which source do you prefer? How valuable is the information to you? Have you

How knowledgeable do you feel about the topics overweight and obesity? [If knowledgeable]: How did you gain your knowledge? [If not knowledgeable]: What do you wish you know more about?

What, if anything, would motivate you seek information about overweight and obesity?

How or from whom would you want to get that information? If information came from [each of the following] how would you value that information?

Peer, e.g. friend, neighbor, family member, co-worker

Expert, e.g., fitness instructor or nutritionist

Medical expert, e.g., your primary care doctor, child's primary care doctor, nurse, school nurse

Some say there is a need to address overweight and obesity in the African American community. How do you respond to that?

ACROSS THE TABLE: RESPONDENTS ON ONE SIDE OF THE TABLE ATTEMPT TO PERSUADE RESPONDENTS ON THE OTHER SIDE OF THE TABLE TO CHANGE THEIR BEHAVIOR.

Provide the most important and persuasive reasons and ways for respondents to eat healthier.

Provide the most important and persuasive reasons and ways for respondents to be more physically active

What words or phrases stood out to you?

What was said that was most motivating to you? [PROBE: Relative to eating healthy; being more physically active]

Are there tools that would be helpful to you when it comes to providing you with information about the physical activity recommendations?

[PROBE] Do you remember any tools you've seen that you thought were an effective way to give you information about health or fitness?

What about:

A hands-on demonstration, such as a cooking class

Presentation-style program that teaches with posters, paper, handouts?
Quizzes?
A DVD or video format?
A learning group?

Under what circumstances or in what environment would receiving these tools be most useful?

You did/did not mention:

- child's school
- local community center or civic center
- church
- local clinic
- friend's home
- your home

VI. CLOSE [10 minutes]

WRITTEN: One suggestion for parents of children age 3-12 to make it easier to live a healthier lifestyle.

**ADDRESSING CHILDHOOD OBESITY
IN METROPOLITAN WASHINGTON:**

AN ENVIRONMENTAL SCAN

Prepared for The HSC Foundation by Hager Sharp Inc.

March 3, 2006

INTRODUCTION

The HSC Foundation, in partnership with Marketing Resources and Hager Sharp, received grants from the W. K. Kellogg Foundation and The Robert Wood Johnson Foundation to implement a research initiative aimed at identifying ways to more effectively counter the rising trend of obesity among low-income and minority families and ultimately advise policymakers on this issue. The HSC Foundation will facilitate 12 focus groups of low-income and minority parents and teens from around the area, specifically residents of the District of Columbia, Montgomery and Prince George's Counties in Maryland, and Arlington County, Virginia.

Hager Sharp conducted an environmental scan of the region in preparation for the focus groups to gain a clearer understanding of existing programs and practices that focus on preventing or reducing overweight and obesity among low-income and minority youth and to identify elements to test in focus groups. This report presents these findings and recommendations for the focus group testing.

METHODOLOGY

The methodology for the scan breaks down into three phases. Below is the structure for the first phase:

Phase I: Identify organizations in the District of Columbia, Prince George's and Montgomery Counties in Maryland, and Arlington County in Virginia that have the following in common:

- Target audience includes low-income youth with emphasis on minorities
- A focus on health, nutrition, and physical activity
- Have programs, campaigns, initiatives, and/or research directed toward preventing or reducing childhood overweight and obesity

The scan included government-based programs, both Federal and local; community-based organizations; and school-based programs and outreach. Hager Sharp identified the organizations and programs through Web searches, referrals, and phone calls. We contacted 33 organizations, listed on the following page. Please note that this list is not intended to be comprehensive, but rather includes only a portion of the programs that exist in the metropolitan Washington area.

Phase I: Organizations identified for environmental scan

Arlington Community Action Program
Arlington County School Health Services
Children’s National Medical Center
Community Health Foundation, National Capital Region
Consumer Health Foundation
Cooperative Extension Services, State of Virginia
Council of Latino Agencies, Washington, DC
DC Department of Parks and Recreation
District of Columbia Mayor's Office of Health Policy
District of Columbia Primary Care Association
DC Public Schools – Comprehensive School Health Program
Family and Medical Counseling Services
FitNut-Project HEALTH, Washington, DC
Food Research and Action Center
 D.C. Hunger Solutions/D.C. Action for Healthy Kids
Kaiser Permanente Foundation – HEAL Program
La Clínica del Pueblo
Latin American Youth Center
National Heart, Lung, and Blood Institute’s We Can! Program
National Youth Sports Program
Meyer Foundation
Planet Health (by the Harvard School of Public Health)
Project Streamline
Montgomery County School Health Services -- Head Start
Montgomery County School Health Services -- Health Education Programs
Operation Frontline, Capital Area Food Bank
Points of Light Foundation: Kids Care Clubs’ Eat Wise – Exercise Program
Prince George’s County Department of Health – CHLI Initiative
Prince George’s County Health Action Forum
USDA Food and Nutrition Services
USDA’s Power of Choice Program
UMD Cooperative Extension, Prince George’s County
SHARE Food Network, Prince George’s County
YMCA of Greater Washington, DC

Hager Sharp then developed a list of organizations and programs for further study. The methodology for this phase is outlined below:

Phase II: Select organizations for further study. This includes site visits to observe a program, class, or session in action. This also includes an in-depth interview with a program coordinator and literature review of available materials. In some cases, observation may not be possible based on the program's timeframe.

Most of these programs were currently in session, and directors of these programs agreed to our visit and to be interviewed about their program. Three of the organizations did not have a primary emphasis on youth, but were included because the program models, target audiences, and research initiatives were relevant to this project. Interview notes for these organizations differ slightly from the programs that were visited. Hager Sharp conducted in-depth interviews with each program listed below, and visited five sites (marked with an *). Two site visits originally planned were cancelled due to scheduling problems. The instrument used for these interviews is listed on the following page, and Appendix A includes interview notes.

- Arlington County School Health Services
- Council of Latino Agencies, Washington, DC
- FitNut-Project HEALTH, Washington, DC*
- Montgomery County School Health Services -- Head Start*
- Montgomery County School Health Services -- Health Education Programs*
- Operation Frontline, Capital Area Food Bank
- Points of Light Foundation: Kids Care Clubs' Eat Wise – Exercise Program
- Prince George's County Department of Health
- SHARE Food Network, Prince George's County
- UMD Cooperative Extension, Prince George's County*
- YMCA of Metropolitan Washington*

This report represents the third phase of the methodology, listed below:

Phase III: Analyze content and produce final report on findings. These findings will guide focus group testing.

In-depth Interview and Site Visit Instrument

*HSC Environmental Scan – Phase II
Guiding Questions for Selected Organizations*

Program Title:

Organization:

Contact:

Date of visit:

Program Details:

Describe the program cycle (number of hours, days, weeks, months)

How long has the program been in place?

What other organizations are partners/sponsors of the program?

Who funds the program?

What fees, if any, are associated with the project?

How many participants does the program usually have?

What is the audience demographic for the program?

Ages:

Gender:

Ethnicity:

Location:

Literature or materials provided to participants? Families? Parents? Teachers?

What tools are included in the program? Videos? Special equipment?

Coaches/mentors?

Perceptions and Attitudes

What are the perceptions of the program participants in regard to healthy eating?

Physical activity?

What are the perceived benefits of healthy eating and physical activity?

What are the barriers to adapting health habits?

What are some ideas for overcoming these barriers?

What is the ideal situation for the program participants to achieve the program goals and outcomes?

Objectives and Outcomes

What, if any, of the program objectives and outcomes are based on fulfilling grant requirements?

Who determines the objectives for the program? What are they?

What are the desired outcomes of this program?

What are the lessons learned from this program?

Recruitment and Retention

How are program participants recruited? Invitation only, open enrollment, how is the program promoted, and to whom?

What is the program's retention rate? For one program cycle, from one cycle to the next?

How does the program retain participants? What incentives are offered?

How much emphasis is placed on parental involvement? Youth involvement? Is it easy/difficult to engage parents and families?

Does the program have a paid or volunteer staff? Combination? How are volunteers recruited and retained?

Assessment

Are pre- and post-tests conducted?

How often are the assessments conducted?

Has a formal program evaluation been conducted? Is a report or executive summary available for the evaluation?

What variables are being measured in these tests?

Who are the results shared with? Parents? Grant-makers? Youth?

CONTENT ANALYSIS

The content analysis for the environmental scan shows commonalities among different programs, highlights findings and items of interest, and discusses the barriers and challenges that work against the desired outcomes. The content is broken down into five categories:

1. Nutrition
2. Physical activity
3. Assessment and outcomes
4. Parental involvement
5. Organizational and program support

The analysis examines both primary and secondary information, including research reports of other organizations on the same topic, call notes, site visits, program abstracts and other literature, and answers to a questionnaire designed for program directors who consented to Hager Sharp visiting their sites.

Nutrition

Commonalities -

All programs shared the behavior messages aimed at increasing intake of fruits and vegetables, consuming low-fat or non-fat dairy, eating more whole grains, and cutting down on sugar and fat in diets. Many programs that promoted these messages used the USDA's MyPyramid as a guideline to show a balanced diet.

All of the programs studied found experiential learning, or active demonstrations of the promoted behaviors, the most valuable to the program participants. The **SHARE Food Network**, which operates a Health Advocate Program in Prince George's County for African American women, included a cooking module in its program curriculum. The module was tailored to each class. For example, a nutritionist demonstrated how to cook a dish that class participants prepared frequently, but substituted ingredients that resulted

in a healthier alternative for participants to sample and make at home. **Operation Frontline**, developed by the Share Our Strength Foundation, is a program that the Capital Area Food Bank uses to educate low-income families on how to cook healthy and tasty foods while managing a tight budget.

An exercise that most programs found valuable was reading a food label and determining the meaning of the percentage breakdowns, the sugar and fat content, and how other ingredients were calculated into total caloric value. Both youth and parents practiced this exercise.

Some programs tied nutrition and physical activity together, for example, the **7-3-3-1 After-school Program** curriculum, created by the Expanded Food and Nutrition Education Program (EFNEP) in Prince George's County, includes a lesson on nutrition and then pairs it with a fitness activity that reinforces the nutrition lesson. The "Think When You Drink" lesson taught the kids how many calories and sugar are in popular drinks, including Gatorade, Sunny Delight, Coke (in two different size containers), and juice boxes. Kids measured the sugar contained in each drink, and they learned that if they drank one can of soda every day for a year, they would gain five pounds based on the calorie total. The instructor then showed the kids a five-pound model of fat, and the kids reacted negatively to the sight of the model. The fitness part of the program consisted of kids taking turns wearing a backpack weighing five pounds and running with it to feel the effects of the extra weight that would result from drinking that can of soda every day for a year.

A challenge for program directors and volunteers was breaking stereotypes about healthy food, and they used experiential learning as a way to persuade program participants that healthy food can taste good. For example, **FitNut-Project HEALTH** volunteers, who work with girls ages 10 to 15 at the Boys & Girls Club in southeast Washington, DC, started introducing new and different foods to the participants. They brought hummus to a session and offered it to the girls, who rejected it at first. The volunteers explained that it was vegetable dip that looked a little different. The girls then tasted it and learned they loved it.

Barriers -

Across the board, common barriers to proper nutrition and healthy eating are access to certain foods, such as fruits and vegetables, and time. This access is both financial and environmental – several neighborhoods lack grocery stores that carry a variety of fresh produce.

Another barrier positioned as an intervention point was that several parents expressed interest in knowing more about healthy eating and nutrition, but were unsure where to turn for the right information.

Noteworthy -

The **Prince George's Health Department** is conducting a pilot program called Teach the Teachers that offers new lesson plan ideas and curricula to home economics teachers who implemented them in their classrooms. Teachers receive a small stipend and attend a class once a month that is taught by a Prince George's County health educator. One

example of the curriculum is a lesson plan based on the movie *Supersize Me!* that teachers use to teach students about nutrition.

Physical activity

Commonalities -

Program staff commonly shared the view that the physical activity component should be audience-appropriate and family-friendly, low-cost or free, and can be made a part of one's daily routine. Often this promotion was done in conjunction with a message connected to nutrition. For example, the **We Can! Parents Program** in Montgomery County conducted a lesson on energy balance, and the adults did several exercises on calculating the amount of physical activity it would take to burn the amount of calories in certain foods. For example, an hour of jogging burns approximately the same number of calories in a piece of cake and ice cream.

Program directors of the youth programs reported that movement and physical activity came naturally to kids, and messages about cutting down on "screen time" were promoted to lift the value of physical activity to the program participants. For older youth, such as the 10- to 15-year-old girls in **FitNut-Project Health**, the physical activity focus was mostly on dance. Some programs used dance videos (available from federal sources) to get kids moving during after-school programs. The **YMCA PhD Program** staff combined the expertise of child care and wellness staff to create an exercise program that incorporated cardiovascular fitness into child-friendly routines.

Barriers -

Several program directors sensed that parents didn't feel that there were safe surroundings for children to play outside or incorporate more walking into their day. Time remains a challenge for physical activity, and program curricula worked against this notion by introducing ways that physical activity can be worked into one's daily routine, such as getting off the bus one stop earlier and walking the rest of the way to work or school.

The Council of Latino Agencies (CLA) report *The State of Latino Health in the District of Columbia* cited barriers that Latinas faced in the "Para su Salud" pilot program: no time, no motivation, bad health, and heat (September 2005, Appendix B).

Assessment and outcomes

The assessment and outcome structures of the different programs varied, but several of the programs shared the same goals. Some assessments measured behavior change, others measured knowledge retention, others examined physical changes, and most tried to include both parent and child data. Several of the programs were in a pilot phase and didn't have many results, but were in the process of collecting data.

The following are brief descriptions of the programs' assessment and outcome approaches.

- **PhD Program – YMCA of Metropolitan Washington** conducts a MicroFit assessment at the start and finish of the school year for youth participating in the program. The assessment consists of height/weight, blood pressure, body fat percentage, bicep strength,

back flexibility, and resting heart rate. Improvement on the MicroFit assessment is one of three goals for the program. The second is education/knowledge, including health, nutrition, and safety information. The third refers to the parent section of the program, and that goal is to ensure that parents are equipped with the knowledge and access to resources that they need to support the healthy habits their children are learning.

- **7-3-3-1 Healthy Families Having Fun – After-school Program in Prince George’s County Public Schools** measure the children’s knowledge and intent in a pre- and post-test for the six-week program. The Expanded Food and Nutrition Education program created this curriculum for kids ages five to 11. During the November 2005 program cycle, approximately 75 percent of the children showed an increase in knowledge in one or more core areas, such as choosing healthful snacks and/or beverages and identifying the recommended servings for each group in the USDA MyPyramid. They also showed behavior changes, such as eating more fruits and vegetables and participating in more physical activity.
- **Operation Frontline – Share Our Strength and Capital Area Food Bank** offers six different curricula for nutrition education. The Capital Area Food Bank uses all six curricula and works frequently with the Latino community in DC, Maryland, and Virginia. One of the six curricula, “Eating Right,” focuses on low-income families. Some programs emphasize physical activity, and offer lessons and tips to achieve this. The only results available for Operation Frontline were national. The program found that 79 percent of the adult participants ate more vegetables, and 88 percent of children learned at least one new fact about nutrition in these hands-on cooking and nutrition classes. Another study done on the program found that such behavior changes continued at three months and six months after completing the class.
- **FitNut-Project Health** administers a pre- and post-test for the girls participating in the program, and for this most recent program cycle a pre-test was given to the parents. The assessment tests the four outcome areas:
 - 1) Change in diet: selection of healthy foods and snacks, switching from whole to low-fat milk and an increase in water consumption, fruits, and vegetables.
 - 2) Change in knowledge: identification of food groups, nutrition vocabulary, and the food pyramid.
 - 3) Change in behaviors: attending other physical activity programs and regularly reading food labels.
 - 4) Change in attitude: having more confidence in ability to participate in activities and select healthy food. The parent assessment tracks how goals set in the sessions were met at home, and finding out what behaviors, beliefs and attitudes the parents model to the girls.

Parental Involvement

Parental involvement was both varied and valued among the programs. Many of the programs were considering how to involve parents and caregivers more, and some that were in the pilot phase were developing parent education pieces.

Several programs found that a child's participation in the program influenced parents' habits. This effect reinforced that kids were reaching their parents with the messages they were learning in the program.

- The YMCA of Greater Washington received a grant to create the **PhD Program** for kids. PhD stands for Physical, Healthy, and Driven. Kids ranging in age from five to 11 participate in the program. Following the PhD program pilot, YMCA staff decided to add a parent piece to the **PhD Program**, naming it the **PhD Camp**. The **PhD Program** produced results, but not to the degree that the staff had hoped. The **PhD Camp** offered the most compelling experience for encouraging parents and caregivers to be a part of the program process. Parent attendance was mandatory, and the children of these parents attended the program for free. The parent education piece had three parts:
 - 1) A fitness instructor presented ways to incorporate physical activity into one's daily routine and tips for making it family-friendly.
 - 2) A pediatrician answered questions and gave suggestions on what parents should ask their child's doctor when they went for checkups. Several children in the program had high blood pressure and health problems related to obesity. This session addressed these problems.
 - 3) A nutritionist demonstrated how to cook familiar foods in healthier ways, answered questions, and counseled parents on ways to improve nutrition in the home.

Parents who attended the sessions received childcare, a meal, and incentives like George Foreman grills, scales that calculate body fat, and water weights. Soul food cookbooks were also given as a tool for healthy recipes that were culturally appropriate for the African American audience. The difference between the PhD Program results (without parents) and the PhD Camp results (with parents) were significant – all but one child in the PhD Camp reduced their body fat percentage by the end of the program. The PhD Program alone didn't see those same results.

- Some of the site visits were to parent-only programs. **The Montgomery County Head Start** program staff decided to hold an evening education session for parents after finding that 3- and 4-year old children were experiencing tooth decay and eating high amounts of sugar. Most of the parents who attended were Latino and some spoke only Spanish. There was a translator, and a dental hygienist spoke about the effects of too much sugar on young children, including tooth decay, diabetes, high blood pressure, and overweight. A school nurse and insurance specialist also worked with the parents to talk about healthy behaviors and encourage preventive care services.
- The Montgomery County School Based Health Services also held a **We Can! for Parents** class that was presented in both English and Spanish. Program directors attempted to help parents recognize and overcome the barriers to healthier living, such as safety and money. For example, the class is taught at Broad Acres Elementary School, located in a walkable community. Staff encouraged parents to take advantage of this benefit and take walks together as a family. Program staff also urged parents to find seasonable fruits and vegetables at farmer's markets that might be cheaper, or to look for certain foods on sale. The program participants are also health promoters in their communities and have been through a similar program to **We Can!** The program director noted that influencing the parents' behaviors was challenging, and the parents generally

followed their kids' demands. Program staff found that youth enrolled in the **Fit & Fun Program** positively influenced their parents' attitudes toward nutrition and physical activity. In turn, the parents joined the health promotion program to learn more about ways to live healthier and earned a small stipend to promote these messages in their communities.

Funding for parent education is a challenge for many programs, especially for after-school programs because the reason children are there is that their parents work. Time and energy are barriers that keep parents from engaging in the program, but interest from the parents exists. Program directors sense that children are telling their parents about the health information that they have learned, but the directors want to have the same level of interaction with the parents as they have with the kids.

Program and Organizational Support

Staffing, funding, and organizational structure varied greatly in each county and the District. For example, the **YMCA PhD Program** is operated by mostly paid staff, whereas volunteers from George Washington University lead **FitNut, Project HEALTH**, and that program also partners with the Boys and Girls Club and Children's National Medical Center. At least three of the 11 organizations received funding from foundations, and the **Points of Light Foundation** has its own program for its Kids Care Clubs that the Clubs receive through a grant process. County-wide programs are supported by school and county dollars and health education and nursing staff. The **University of Maryland Cooperative Extension supports the EFNEP (Expanded Food and Nutrition Education Program)** in both Montgomery and Prince George's County and often includes populations that are on food stamps. Much of that funding is pulled from USDA grants. **Arlington County School Health Bureau** works with individual schools, teachers, the PTA, and other student-based organizations to include nutrition and physical activity education information in both integrated curriculum and after-school programs.

Noteworthy

Programs and policies varied between the jurisdictions studied in this scan. While this scan focused mainly on programs, an item worth noting is the *Report on the Results of a Survey of Childhood Obesity Prevention Programs & Policies in the Greater Washington Area*, a project for the Metropolitan Washington Council of Governments, published in January 2006 (Appendix C). The survey results found that 83 percent of programs in the area use behavioral and social approaches, 87 percent promoted individually-adopted behavior change, and 79 percent reported that the program incorporates family social support for change. These results support the key findings of this environmental scan.

KEY FINDINGS

Several themes emerged from the environmental scan that may direct The HSC Foundation's efforts in fighting child obesity in the Washington metropolitan region. Hager Sharp pulled these themes from the content analysis:

Parental Involvement:

Some youth-centered programs involved parents more than others. Program directors reported that parental involvement strengthened program outcomes and produced better results. Evidence exists that information kids learned in these programs reached parents at home – parent surveys indicated that parents’ habits were influenced by their children’s participation. Parents expressed a desire to know more about what they can do to improve their child’s eating and activity habits. However, the challenges to increase this involvement and communicate health information to parents remain the same: a lack of parents’ time, money, and energy.

Children as Influencers:

Parents are influenced by their children’s wishes and demands, whether they are positive or negative health behaviors. The scan produced evidence of both. Understanding more about how parents and caregivers listen to their children and make decisions regarding nutrition and physical activity can greatly impact the way that information is communicated to parents.

Collaboration:

Program staff expressed interest in the results of this study, best practices, and what others are doing in this public health arena. This discovery emerged early in the scanning process. The surprising part of this finding is that a network of these interests doesn’t appear to exist in the Washington metropolitan area.

OBJECTIVES for FOCUS GROUP TESTING

Building upon the key findings from this scan, Hager Sharp recommends that the focus group testing explore elements connected to the following objectives:

1. Program best practices – taking the comments that program directors shared about reaching parents and testing these tactics. These tactics include, but aren’t limited to:
 - Experiential learning
 - Audience-appropriate exercise and activities
 - Incentives for attendance
 - Social support
2. Community awareness – learning from parents and teens what they know about health programs, what the parents and teens would like to know about these programs, and where they may turn for this information.
3. Barriers – according to program directors, the major barriers to success for these programs are parents’ lack of time, energy, and money.” Program directors identified environmental safety as a barrier to parents for getting more physical activity. Focus groups provide the opportunity to learn more from this audience about ways to overcome these barriers, and these findings may influence policy.

The following elements culled from the scan may serve as a resource for the developing the moderator’s guide.

What does a healthy lifestyle mean?

- Eating fruits and vegetables?
- Walking instead of taking the bus to work or school?
- Not being sick?
- Feeling good?
- Connected to body image, i.e. looking good?

Influencers

- Who (or what) influences what you buy at the grocery store?
- Does your child influence your eating and activity habits?
- Does food advertising influence what you eat?
- Time – choosing between eating out at restaurants, including fast food, and getting take-out or making dinner at home?
- The number of parks, recreation areas, sidewalks, etc. – perception of environment, safety, and availability.

Community

- Who belongs to your community?
- Is your church your community? Your neighborhood? The county you live in?

Overweight and Obesity

- What are the different terms and definitions for it?
- Culturally appropriate to be overweight?
- Limited to image?
- Relationship to under-nutrition? Hunger?

Does the “educator” make a difference to the target audience? What model is preferred?

- Paraprofessional, or peer-based?
- Expert, such as nutritionists or fitness instructors?
- Medical, such as a clinician, school nurse, or physician?
- Mentor or role model, applicable to youth audience?

Parental involvement

- What might make it easier to participate in a health education program?
- Does the whole family need to be involved?
- Do you have questions that you want answers for but aren't sure where to turn?
- Do you see a relationship between your health and your child's and family's health?
- What would influence you most to spend time learning about nutrition and physical activity? A referral from your child's physician? Friend or neighbor? Your child asking you? Your child's teacher? School nurse?

Social support and group settings

- Is learning in a group more beneficial?
- Do you appreciate the opportunity to talk to others with similar situations and problems?

Values of different teaching and learning styles

- A hands-on demonstration, such as a cooking class?
- Presentation-style program that teaches with posters, paper, hand-outs? Quizzes?
- A DVD or video format?

What settings are most comfortable?

- Child's school?
- Local community center or civic center?
- Church?
- Local clinic?
- Friend's home, your home?

Motivation

- What might motivate you to eat healthier? Get more exercise?
- Attend a community session on these topics?
- Fear of chronic conditions?
- Classifying the "wake up" call?

CONCLUSION

This environmental scan demonstrates that there are many programs in the area designed to reduce and prevent childhood obesity among low-income, minority youth. What the program directors themselves identify as lacking is opportunity for collaboration and information sharing among them and other stakeholders. They are eagerly looking forward to the release of The HSC Foundation's report, which may be an occasion for the Foundation to convene them and ignite a network with the potential to strengthen programs and policy.