Barriers to Physical Activity and Healthy Eating As Perceived by Parents in Lompoc: Focus Group Results

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This report was prepared for:

The Lompoc Valley Community Healthcare Organization and Lompoc Valley Partners as part of The Lompoc Valley Healthy Kids Initiative

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Executive Summary

Dear members of the Lompoc Valley Community Healthcare Organization, Community Health for Lompoc Valley Community Health Center, Lompoc Valley Partners and Lompoc Valley Healthy Kids Initiative,

On behalf of Cal Poly's emerging Center for Obesity Prevention and Education (COPE), I would like to begin by expressing my gratitude to Dr. Steve McDowell and Ms. Judy Taggart for inviting our research team to partner with your community in this exciting project. It is clear to our research team that the community health agencies have invested a tremendous amount of time, energy and money in planning and implementing changes designed to improve the health of children and families in Lompoc.

By actively seeking input from the recipients of the Lompoc region medical and educational services and by conducting focus groups on the topic of food, physical activity and current family practices, we have a better understanding of the fundamental beliefs and perceptions of your clients. Unlike questionnaires, the qualitative data generated by focus groups provides information not only on *what* they do, but *why* they do it. Also, participating in the focus group sessions, it was clear that your clients felt a sense of value, pride and investment in helping their community. It was a very empowering and enlightening experience for all of us.

The following report includes a summary of our procedures, questionnaires and forms, and participants. Data generated from the transcripts have been carefully reviewed and analyzed by four researchers, then synthesized into this final report. Over one hundred sixty-five hours were required for the analysis and report phases alone.

We encourage you to examine the information contained in this report with a positive perspective. For example, we are aware that many changes in Lompoc were already in the works (such as park improvements), but weak communication lines left the community members unaware of the level of commitment by the city and health agencies and of the forward progress that was occurring. Language posed a problem for non-English speakers. And participants reported not reading the newspaper, but relying on the TV. Recognizing this cluster of facts then enables your agencies to develop an effective communication campaign to resolve the issue. Later, when unveiling new programs or playgrounds, you now have an opportunity to give credit to the community members who invested their time and expressed their concerns/wishes, thereby empowering and rewarding those clients.

Utilizing the information contained in this report will enable your Healthy Kids Initiative members to better understand perceived barriers. More importantly, you will be able to identify opportunities and strategies that address these perceptions in terms that are meaningful to your clients. Targeting your audience members through specific messages, approaches, and services will allow you to increase the likelihood of success.

We hope that your actions will set precedence for the central coast region and inspire other agencies to become familiar with qualitative research methods when problem solving. If we can be of further assistance in addressing the solutions, please do not hesitate to call. At Cal Poly, besides further developing our qualitative research team, we are strengthening our educational program capabilities for developing targeted nutrition and physical activity interventions, and have hired a new education technology specialist for film, media, and public service announcement campaigns and outreach.

On behalf of our entire research team, we wish you continued success on your quest for improved and responsive health for the Lompoc community. And in the future, we hope opportunities to collaborate continue on a regular basis.

Should you have any questions after reading the report, or wish to further discuss a topic, please do not hesitate to contact me. Also, I would be happy to present a PowerPoint presentation of the report findings to your staff or community members.

Sincerely,

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Report: Barriers to Physical Activity and Healthy Eating

Purpose

Focus groups have been conducted for the purpose of providing the Lompoc Valley Healthy Kids Initiative Taskforce information on the barriers (financial, social, cultural, etc.) to physical activity and nutrition experienced and perceived by parents in Lompoc.

Procedures

Following approval by the Cal Poly University Human Subjects Committee Review Board, six focus group interviews over a three day period (November 17 – November 19, 2008) were held at the Lompoc Valley Community Healthcare Organization offices. Permission to tape record each session, complete a demographic questionnaire in English and Spanish and informed consent in English and Spanish were obtained before beginning each session.

Participants

Participants were recruited primarily through the Lompoc Branch of the Santa Barbara County Public Health Department Women Infant and Children (WIC) Program. Additionally, some participants were recruited through the Lompoc Boys & Girls Club. Most, if not all, of the focus group participants were low-income families.

Focus Group Questions

Focus groups were led by certified moderators and facilitators trained through the Cal Poly San Luis Obispo emerging Center of Obesity Prevention and Education (COPE). The primary investigators for this study developed a structured interview guide with supplemental prompts for each question. Interview questions were reviewed and validated for content and sensitivity by the study's primary investigators.

The Primary Question for the Study

What are the participants' perceived barriers to following through with healthcare provider recommendations to achieve healthy weight for their children?

Areas of Inquiry

To answer the primary question for the study, the focus group interviews had 5 salient or prominent areas of inquiry:

1. Are participants able to correctly identify the weight status of underweight, ideal weight, and overweight children (infant to high school aged) when shown images of children at each weight status?

2. Are participants able to correctly identify that healthcare providers should intervene as early as infancy if and when the child has been identified as overweight?

3. Do participants understand the importance and components of early intervention in pediatric weight control?

4. What specifically can families, schools, and the Lompoc community do to encourage children to become more physically active and to eat healthier foods (foods conducive to attaining and maintaining a healthy body weight)?

5. Conversely, what barriers exist for families, schools, and the Lompoc community to obtain the recommended levels of physical activity and to provide healthful meals for the children in the Lompoc community?

Focus Group Procedure

Participants were asked to examine photographs of various aged children of various weight statuses and an evaluation was made as to the perception of weight status regarding the children pictured. Questions concerning experiences and perceptions of the participants were then asked in a roundtable format, maximizing group interaction and discussion. Specifically, the participants were asked to discuss children's health in regards to weight and how it is influenced or perceived to be influenced by their family, their school and their community. Discussions lasted about two hours.

Forty three (n =43) participants attended six focus groups with one of the groups being conducted in Spanish. Each focus group consisted of 4 to 8 participants. Focus group participants reported having a total of 96 children (n = 14 infants), (n = 14 toddlers), (n = 14 pre-school), (n = 51 school-age children), (n = 3 unspecified) living with them. Of these children, 44% were boys.

Results

Demographics of Participants

Self-reported data gathered from a questionnaire showed that participants ranged from 16 to 67 years of age, were low income, and living in or near Lompoc in Santa Barbara County. See Table 1 for ethnic make-up.

Table 1. Participant Ethnicity (n = 43)

Hispanic	67%
White/Caucasian	14%
Mix ethnicity with Hispanic	9%
Black/African American	3%
Native American	2%
Other/non-specified	5%

Focus Group Methodology

A qualitative study using focus groups was used to describe the experiences of the residents of Lompoc. An assumption of focus group data collection is that the interaction within the group provides a social context for development of their ideas and experiences. In focus groups, the researcher is able to obtain data with greater depth than with individual interviews. Within homogeneous groups of 6 to 10 participants, the researcher creates a permissive environment that nurtures different perceptions and points of view without encouraging participants to reach a consensus.

Six focus groups, with a total of 43 participants, were conducted to obtain information regarding their childrens' experiences with food and physical activity. More specifically, what perceived facilitators and barriers exist for their children in terms of eating a healthy diet and obtaining the recommended levels of physical activity.

Audiotapes recorded during each session were first transcribed verbatim, then Spanish language transcripts were translated into English. Focus group discussions were systematically identified, categorized, and coded. The researchers coded each line of the transcripts. Results were compared and agreement reached on the coding. Major themes were then constructed (see ***Appendix A***). Each of the authors did an independent initial analysis consisting of reading and rereading the interviews and examining the data line by line to identify potential categories before team discussion. Major categories were defined, and then the researchers independently coded all the transcripts. Researchers discussed coding discrepancies until consensus was reached. ***Results are in Appendix B***.

Discussion

In this section we report, discuss and summarize the responses to the questions posted in ***Appendix A***. Text in crimson is quoted dialog from the focus group sessions.

Assessment of Weight (Question 3 and Question 4; Q3, Q4)

Focus group participants were shown various photographs of children of different age groups (infant, toddler, pre-school, elementary, and middle/high school ages) and different body weight statuses (underweight, healthy weight, overweight).

While the majority of participants felt doctors would be concerned about future health effects for overweight infants, the participants themselves were not concerned at this stage but did express concern over weight issues starting at the toddler age group. They felt it was too early to identify overweight in a child not yet mobile.

Many participants were reluctant to identify the slightly over weight teen children as overweight if they looked "happy" and "comfortable" with themselves. When the photo was of a teen that seemed unhappy or self-conscious, they were more likely to be accurately identified as overweight.

While participants identified underweight, "normal" weight and overweight in all age categories, photographs of underweight individuals in the infant age group were most often *rightly* identified as underweight. Photographs of healthy weight children were identified by certain participants as "a little skinny."

Doctor Recommendations and Family Prevention Measures (Q5, Q6)

While the majority of participants believed a doctor would most commonly have food and nutrition recommendations to families with overweight children, participants believe families should emphasize the physical activity component (all movement, structured or unstructured) to achieving or maintaining healthy weight in an effort to prevent weight related health issues. Participants most commonly recommended families *encourage playtime and make physical activity fun*.

The second most common response was to *limit sedentary time* followed by *parents modeling good behavior*. When asked about healthy TV limits (a topic never raised by the focus group participants themselves), most participants did not remember being given specific TV limits by their doctors. In fact, when asked to suggest healthy limits, participants believed that 4 hours per day was a reasonable maximum, with age modifications. Longer screen time would be a "good thing" since a young child would learn to "sit still" and "focus." They inferred that regrettably, "older children can not sit still for so long, they can go out and play for 4 hours" Focus group transcript #5 but sitting

still and watching would be a good thing for toddler development. Of equal mention to modeling good behavior was *preparing different or healthier food*. When asked what would a doctor recommend to families with a child at risk for weight related health issues, participants most commonly mentioned *preparing different or healthier food.*

Barriers for Families to make positive changes and Family Assessment (Q7, Q8)

The most commonly reported barrier for families to making positive changes in nutrition and/or physical activity levels was a *lack of support from a spouse, other adult members of the household or the child or children.* "My husband absolutely has to have soda in the house." Focus group transcript #2 Many households include grandparents who have differing opinions on eating behaviors. "Your grandparents don't let you get up if your plate still has food on it." Focus group transcript #6

Grandparents also can be more indulgent. "But I know my parents give them ice cream or chips and I'm always telling my dad 'don't do that!' But grandparents are supposed to spoil the kids, so a couple of chips are okay but it worries me." Focus group transcript #3

Some parents reported that they personally did not know or like to eat a certain food, so they assumed their child would not want to try or like that food "I won't offer him something that I don't think I'll eat. And his dad will say, 'well he hasn't tried this!' and I will say, 'well he doesn't like it!' then, 'well, you haven't tried giving it to him!' We made a shake the other day, we put in a banana and chocolate milk. I don't do that because I don't like it…he drank it and the baby did, too!" Focus group transcript #5 Other participants reported that their spouses are reluctant to make a change in eating behaviors and choices. This not only results in poor modeling of healthy eating but also presents a lack of a "united front" in instituting changes in eating behaviors within the household.

Also, children themselves can be "picky eaters" and parents "give up" in trying to effect change. "They learn to not like vegetables because they were never presented them." Focus group transcript #3

The second most commonly mentioned barrier for families was *a lack of control for nutrition and food choices.* Participants mentioned the lack of control of their children's food intake at schools and childcare facilities..

Participants also reported an *economic component* where single parenthood necessitates long working hours and preparing healthy foods is not only expensive but *time consuming.* As participants become more fatigued, they are less likely to model healthy food choices and physical activity. "But it's easier to go buy a pack of Hot Pockets and

stick it in the microwave. So I mean it's harder just because you have to put more effort into preparing it." Focus group transcript #1

Lastly, *cultural norms and expectations* of food and diet were identified as barriers for Latino focus group participants. "So in our culture it's a sin to discard food. How are you going to throw away your food?" Focus group transcript #6 They also explained that their traditional food was inherently problematic for maintaining a healthy weight. "Just because of the way we are, when the babies are getting to (an) age where they're hungry, we're giving them tortillas, and beans and starchy food." Focus group transcript # 5

With all the above being said, participants still evaluated their families as above average in how they are doing in regards to weight issues with their children.

School Prevention Measures, Barriers for Schools, and School Assessment (Q9, Q10, Q11)

Overwhelmingly, participants felt schools should provide *nutrition education*. Specifically, *healthier food choices* at school breakfasts and lunches were cited as necessities to model healthy eating. It was acknowledged that there are healthy choices available but these food items "look worst [*sic*] than the junk" and are reportedly thrown away. "A lot of the stuff that got thrown away was the fruit and milk … I think most of the junkier stuff got eaten." Focus group transcript #4 Participants felt more of an effort should be made to make the fresh, healthy food more appealing. In an effort to motivate the children, participants suggested offering incentives to the children for eating the healthy choices. Also recommended by the participants is *removing or reducing competitive food offerings of low nutritional value*.

The greatest barrier perceived by the participants to schools promoting healthier eating and physical activity is a *lack of funding and improper allocation of resources*. They mentioned teachers' time constraints for curricula concerning nutrition and physical education. Namely, the schools position on promoting health and wellness by emphasizing healthy meals is not clear nor was it a perceived priority. They also believe schools are remiss in not directing resources to provide a safe environment in which children can walk to school. They believe the crossings are not adequately supervised. While the participants acknowledged a school's constraints, they do believe more physical activity time during the school day is possible. They feel that if both providing healthy meals and encouraging physical activity were made a priority by the administration, solutions could be found.

Lack of motivation on the school's part was the next most common barrier mentioned that prevents schools from promoting healthy eating and physical activity. One

elementary teacher was cited as setting a positive example by getting "over 100 kids involved" for a track and field program at recess. This school-day program helped all kids, even those who couldn't stay after school because their parents needed them to come directly home. Focus group transcript #3

Over half of the participants assessed the schools in the Lompoc community as average, below average or failing in their efforts to help kids maintain a healthy weight. The parents of very young children (not yet in school) had an overall perception of the schools as "just fine."

Community Prevention Measures, Barriers for Community, and Community Assessment (Q12, Q13, Q14)

The most common response to what a community could do to prevent future weight problems is to *increase accessibility of recreational programming*. There was mention that *more classes* need to be available, such as dance. Specific requests included: 1) some classes beginning at a later start time to accommodate working parents (even parents of preschool children), as well as 2) increasing enrollment caps in existing classes, as some participants related how classes often fill up and they are turned away. Some participants acknowledged that many different programs are offered through the Parks and Recreation Department, but that they are "saturated" and often by the time they find out about a program starting, the enrollment is closed with all spaces filled. Communication is problematic. Families are not learning in an efficient manner what programming is available in the community. "If you are not born and raised in this community, you're not going to know anything." Focus group transcript #3 Many also expressed frustration that the bowling alley is closed and there isn't anything for families to do together anymore.

Participants would like the community to *maximize the use of its parks and pool.* They were pleased with the pool's fees when the pool first opened but have since found it cost prohibitive for larger families. They report that the 1:1 ratio of adults to children makes going to the pool too expensive for some large families and impossible for others. Their perception is that the pool now exists for the high school teams to use and for privately paid birthday parties and that serving the families of the Lompoc area is no longer the pool facilities primary purpose.

There were many comments regarding the *design, maintenance and safety of the parks*. Participants felt that certain parks were planned with playground equipment for toddlers oriented too close to the street, presenting a car safety issue. "JM park, there's just too many situations because it's right next to the street". "…all it takes is one drunk driver, it's the structure. They're too into the basketball and football that they left the little kids out." Focus group transcript #4 Other participants mentioned parks that only have

equipment geared for older children and very little equipment for the younger children. "I went to Thompson Park with my son the other day, and what I remember about Thompson is that they have the baby swings you can put your baby in and swing. Uh-uh. There was a big bar with five big people swings on it. Are you serious? What a waste." Focus group transcript #1

There is a safety/maintenance concern with glass in the sand, broken or absent water fountains, and unsanitary conditions. "…we have a downtown park, and they have the septic tank people come in and clean it out right by the little kiddy play ground which has glass in it, and other stuff that my daughter would put in her mouth. We usually head as far away as we can and try to find some cleaner parks." Focus group transcript #3

"Lompoc really needs to invest in a decent park. The parks aren't really, really bad, but just yesterday we took our girls to play softball at a park, and there's no bathroom there. No place to wash your hands. Maybe a port-a-potty wouldn't be such a big deal to bring out." Focus group transcript #3

Another suggestion as to what the community could do to prevent future weight problems was to *address and educate the public on safety issues*, including public notification of the presence of criminals around parks and schools. There is a perception of a criminal element, especially known sex offenders, in the area. Many parents commented on a lack of confidence in their childrens' safety when they are not in view. It is primarily for this reason they are not comfortable with their children walking to school or to recreational opportunities. "…I've caught myself not wanting to worry about him being outside because the neighborhood we live in, there's a lot of bullies so I don't want him playing outside with nobody so I'd rather have him inside watching TV" Focus group transcript #5 Road safety (distracted drivers and unsafe crossings) was also mentioned as a reason parents don't allow their children to walk or ride bicycles around the community.

The topic of community leadership was raised. When discussing the barriers the community faces in promoting health, participants mentioned that they feel leadership is failing to *enlist community involvement and support*. They are very impressed with what private groups like New Heights and Roy's Boxing are doing for the benefit of the children in the community. They also mentioned the Big Brothers/Big Sisters program, the YMCA and the Air Force community at Vandenberg as being sources of support for families. However, at each session there were participants who were clearly hearing about some available community programs and recourses for the first time. While they know some services may be out there (scholarships through parks and recreation) they fault the community organizers with failing to provide a means by which to *communicate to the public*.

While the newspaper, *El Sol*, was mentioned as an avenue by which community organizers communicate, *language* was still listed by the Spanish-speaking participants as a barrier to learning about available programming. "It's the language, too. It's a factor too because everyone goes to the recreation center to get the information that is not in our language. I don't understand what it says on the fliers." Focus group transcript #6

"And the question, the embarrassment of, 'Can you translate for me, can you tell me what this says?' They don't do it." Focus group transcript #6

"I would say the programs are there but the *outreach to the families* could be better." Focus group #2 WIC was held in esteem and complimented as an agency that provides good information regarding health, however, it was pointed out that WIC isn't available to all segments of the population. "… but I don't think there are any other programs that actually reach out and try to teach families." Focus group transcript #2

Economic barriers in the community were also mentioned. The increase in the bus fare has caused transportation challenges for families to get to grocery stores and to activities. Some distances are perceived by the parents as too great to walk, or they do not feel it is safe for their children to walk or bike ride due to unmonitored crossings.

Participants "have no money left over" Focus group transcript #1 to pay the high costs of programming and equipment. "Maybe for some people for one child to play softball $90 isn't very much, but when I have 5 who are able to (play), it's $90 plus you have to buy their bat and cleats, and then you have to buy pants this year, and all the other things that come with buying for softball." Focus group transcript #3 Many program options mentioned by the focus group participants are equipment necessary activities that add to the overall cost and therefore make the program unaffordable.

As an assessment of how well the community does on helping children and families achieve or maintain a healthy weight, participants overwhelming rated the community at below average or failing.

"What single thing would you do if you were Mayor for a day to positively affect the health of the children in regards to weight in the community of Lompoc?" (Q15)

Focus group participants offered that they would *increase programming* to give children more to do in this community. *Cooking and nutrition classes* for both children and adults were very popular suggestions. "Yes, to learn how to prepare nutritious foods for our children. That is what we would like." Focus group transcript #6 "There are asparagus and

we don't know how to make them. And they are full of vitamins. And how am I going to make them? I see that only rich people make them." Focus group transcript #6.

Another common response given was to hold *Health Fairs or single day Health Events* where information could be shared and positive eating behaviors (i.e., bringing a packed lunch from home to school) and physical activity (i.e., walking or riding to school) could be encouraged. This idea seemed to be attractive in its community building aspect as well as its educational aspect.

Summary

Perceived Barriers to Healthy Weights in Kids

Community Barriers

Most Prevalent Perceived Problems

- Community leadership failing to enlist the involvement or support of the community as a whole (Spanish and English) in order to bolster physical recreation programs for youth. It takes a village to raise healthy families.
- Lack of available recreational programming at an affordable cost. Available municipal facilities (city parks) not maintained. Participants verbalized willingness for volunteerism to improve access (i.e., greater participation in after school sports or recreation leagues), in order to reduce overall program costs and result in a discounted fee structure and expanded slots for kids.
- Lack of safe passage (compounding public and personal transportation issues) and safe and appropriate parks.
- Failure of communication and/or effective marketing and advertising. No central place to learn in a timely fashion of activities offered.
- Language barrier for Spanish speaking community.
- Participants indicated they desired nutrition education classes (i.e. healthy food selection and preparation) for themselves to become more effective with their family as gatekeeper and teacher when it comes to feeding their families.
- Participants believe their children should have knowledge of healthy food selection and preparation skills (nutrition education through cooking classes).

School Barriers

Most Prevalent Perceived Problems

- Schools do not prioritize health, "lead by example" nor promote a "healthy environment" through the school's food and physical education environment. Healthy School Initiatives and messages (if in place) are not filtering down to the students and their parents.
- Despite the findings of the Healthy Kids Wellness Survey (See Minutes: Lompoc USD Wellness Committee Meeting, October 23, 2008) that suggested parents believed there were more healthy food choices over the previous school year, numerous focus group parents mentioned a lack of healthy choices at the childcare/elementary level.

- Lack of physical activity programs or opportunities on school grounds after school.
- Focus group participants did acknowledge progress made at the high school level in regards to healthy choices, however many of the food options mentioned by the parents might not be as healthy as they think.
- Insufficient time for children to purchase and eat their lunches results in food being thrown away. If time runs out, children are not allowed to take home the foods they were unable to finish.
- Participants repeatedly mentioned that older children (those attending high schools) had healthier choices in the cafeteria (a food court approach). Conversely, younger children are thought to be consuming less healthy meals as the result of fewer options available to them. Some focus group participants acknowledged their elementary age children lack exposure to healthy foods at home and have a reluctance to try new healthy foods, since the children are unfamiliar with that food item.
- An overall concern is that schools currently lack nutrition education programs (true for all age groups).
- Competitive food choices on campuses (in cafeterias and vending machines) were viewed as a problem. It was thought that the healthier food (when available) wasn't presented in an appetizing fashion when compared with the convenience fast food that is offered. If the school district is making progress in nutrition quality they should communicate that information with the families on a regular basis, as problems with school breakfast/lunch programs are well publicized by the media.
- Lack of leadership and motivation by schools and teachers in the areas of healthy eating and physical education (PE).

Family Barriers

Most Prevalent Perceived Problems

- Lack of support within the family. Participants recognize that in their absence other caretakers within the household (spouse, grandparent, relative, friend etc.) are using food for rewards, providing high calorie convenience food, or not monitoring food consumption in children.

- Lack of control over foods consumed by children when parents are absent (e.g., at school, with other family members), and failure to provide guidance for those circumstances. Participants expressed frustration that food served at school is out of their control and not perceived as nutritious.

- Economics in tough financial times limit opportunity and affordability to eat healthy foods and participation in physical activity due to scarce discretionary funds. Healthier foods are more expensive and youth memberships for after

school sports are thought to be cost prohibitive by the focus group participants. One focus group participant shared the reality of this difficulty by explaining the challenges of living in a hotel with her twins and having access only to a small snack refrigerator and a small microwave for food preparation. She has only $200 per month to supplement food stamps for diapers, clothing, and all other living expenses.

- Disconnect/lack of awareness between the effects of sedentary activities, such as TV time, and health outcomes. No mention was made of other screen time (video games or computer) or limits.

- Participants are aware of practices within the household that have negative impact on their family, yet downplay the impact on their child's health. However, the schools and community are held to a higher standard, evidenced by participants grading family efforts as high and assigning a lower grade to both the schools and community.

Recommendations

Key Opportunities for Improvement within the Community

Major Areas to address:

Community Leadership/Community Involvement for City Cohesiveness

- Volunteer community service programs to demonstrate the importance of healthy eating behaviors and physical activity and tap into available unemployed work force (stay at home moms, retired persons, disabled individuals)
- Educational campaign to limit sedentary behaviors
- Adult/Youth physical activity programs for lifelong fitness (e.g., walking, hiking, orienteering, Ultimate Frisbee or flag football leagues, geo caching, kayaking, and swimming), with an emphasis on activities requiring limited specialty equipment or able to serve multiple age groups at once.
- Expand Adult/Youth mentoring utilizing the youth development model (Boys and Girls Club). The youth of Lompoc need healthy role models to emulate
- Support groups for parents (on-going groups combining exercise, parenting skills, problem solving and social component; separately target moms & dads)

Safety

- Repair and maintain parks
- Address perceived danger from sexual offenders
- Address opportunity of bike riding as a form of transportation
- Address crossing guards and school crossings

Economics

- Increase affordable programs
- Provide more affordable transportation options
- Increase access to healthy food
- Improve the school environment

Communication

- Increase awareness of programming options (classes, events, etc)
- Educate residents on nutrition and cooking, teaching modifications for traditional Mexican foods (replacing unhealthy ingredients while maintaining the flavors)
- Feature local matriarchs/patriarchs and exemplary figures as spokespersons for public service campaigns on healthy eating and physical activity
- Provide mechanisms by which parents may voice concerns and partner in schools

Community Leadership/Community Involvement for City Cohesiveness

Strive to build one community. There were comments made in the focus group sessions alluding to an "us and them" division between population segments (Military, Santa Barbara residents, the more wealthy, etc.) in Lompoc. Many participants stressed the need for community support to be successful in making the necessary changes in their lives. A community wide initiative for the benefit of the health and wellbeing of the children can be met with many supporters involved on many levels.

Safety

Continue progress on park improvements. Ensure multiple age group use with playground equipment for toddlers oriented toward center of park. Provide routine maintenance and facilities (e.g., water fountains and bathrooms) and remove attraction for vandals. There was mention in the focus groups of an abandoned snack shack at a local park where teenagers "hang out" and where homeless people congregate. Participants are disappointed that the building hasn't been taken down. They see its presence as a safety risk to their children and lament that it stands in "the best park because they have the new playground."

Increase oversight and security checks at Skate Park and other parks.

Enforce mandatory laws governing housing of offenders and registration of offenders through website and schools. If it is determined that offenders do *not* pose a problem in these communities, then a public education campaign should be launched to inform parents of this fact.

Institute Walking Bus Program for schools (neighborhood walks to school with a tag-team of adults) or institute Rolling Bus Program for schools (neighborhood bike rides to school with adults).

Initiate a public campaign to get kids riding their bicycles, when appropriate, as a form of transportation, while educating the public in safety awareness for traffic and any criminal element.

Hold a Bike Rodeo as a single day event to educate children about bicycle safety and to build bicycle riding skills.

Economics

Offer family discounts (maximum fee met after 3 participants in a household) and barter opportunities (the parent provides service to the program in lieu of participation fee) to make programs more affordable.

Offer additional activity programs that are not equipment dependent and therefore have no add-on fees.

Hold equipment swap meets or have a "community equipment locker" where equipment is donated and exchanged as needed.

Offer a youth bus pass for children 14 to 18 years old at a discounted price. Check ridership and if buses aren't full, offer "up to three kids under 14 ride free with adult" or "two for one" bus fare.

Provide coupons to farmer's markets.

Offer a roving farmers market van with scheduled regional stops throughout the community for families who lack a car.

Showcase local farm products while providing "Dream Dinners" style classes to teach healthy food preparation (families take food home to freeze). Community cooking classes could also prepare these "Dream Dinners".

Communication

The following communications should be provided in English and Spanish as well as any other language that is predominant in the Lompoc community

Post a community board by City Hall or Parks and Recreation with upcoming program offerings. Identify other post-able areas/public spaces within the community that members are likely to pass on a regular basis, such as supermarkets.

Provide mailing to families with the Parks and Recreation catalog.

Provide programming information in school communications that are often sent home weekly.

Identify local Spanish speaking physician to partner with Dr. Barry Coughlin to hold a workshop for local families on nutrition and weight related health issues in children (See #7 July 24, 2008 LVHKI taskforce minutes).

Recruit well known community members, individuals, schools or agencies who already "walk the talk" to be part of a TV and radio public service announcement (PSA) campaign to addresses practical strategies and misconceptions about healthy eating and physical activity (Cal Poly COPE has services to support the writing, filming, recording & editing of PSAs).

Offer cooking and nutrition classes for adults at night. Focus group participants offered that a cost of $5 per class or $25 for 6 classes could be managed.

Offer Pink Chef/Dude Chef-style classes (existing Cal Poly COPE program) to educate students in cooking and nutrition, as well as enlisting and training community members as mentors.

Recruit and acknowledge community support from businesses members and parents who partner to promote health.

Improve lines of communication between families, schools (incentives for School Wellness Committees and PTA membership) and local health agencies to empower and support community involvement.

When new projects and programs are unveiled, give credit to the community members for taking the initiative and voicing their ideas. This allows people within the community to feel that their concerns and requests are being heard and considered.

Follow a "positive deviance model" (http://www.positivedeviance.org/) by showcasing the success stories of your community (featured news articles, awards for Champions for Change).

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Key Opportunities within the Schools

Healthy Lunches

Parents are relying on schools to select and prepare healthy choices for their children and they express faith in those offerings at the high school level. First, it would be important to objectively assess whether the food choices offered at the high school level and the selections made by the students actually are healthy choices. This is especially important since there were misconceptions about what foods actually are healthy. If the perceived healthful progress made at the high school level is real, then feature the high school food service as a role model and institute healthier lunch options at the elementary level.

Students could be verbally encouraged to try a new food at a tasting station manned by a cafeteria employee or a parent volunteer. This is one strategy that has been shown to be effective in school-aged children. New foods should be introduced, repeatedly, with different preparation methods, and preferably within a nutrition education program, farm-to-school initiative or garden-to-school initiative. Local Farm to School chapters may be helpful in "telling a story", encouraging children to acquire new tastes. Agencies exist and are designed to help with this aspect. Notify parents of new foods offered at school and request feedback and support from home. Feature these new foods as nibbles at PTA meetings and community events for parents to try. When on a limited budget, parents cannot be expected to spend money on an unfamiliar food with unknown preparation methods.

School food service staff often rationalize that they cannot afford to make other foods. We recommend that schools conduct a plate waste study to objectively determine the percent and types of food purchases that are thrown away.

After school cooking classes and garden tending can also encourage a child to expand his or her healthy eating choices.

Offer sample recipe worksheets for parents on "how to make a healthy lunch for your child" e.g. 10 different sandwiches, etc, with directions on what food to buy at the supermarket, estimated cost per lunch, suggestions for what to include/what not to include in a healthy lunch, appropriate portion sizes for different age/size children, and food safety issues.

Offer parents information sheets on appropriate snacks, beverages, etc.

Increased Physical Activity

Students should be encouraged to walk or ride to school where safe and feasible.

An incentive program could be instituted for family fitness. A school might set a goal of "walking across America" where students log the miles they walk around the community striving to reach a common goal. Local businesses could be approached to partner in this program and to contribute to the purchase of pedometers.

Plan a moving school bus day each semester to launch the concept and identify parents who can accompany the children. Emphasize the weight/health benefits for the volunteer parents as a bonus.

Work with the school district to open access to schoolyards before and after school.

Explore creative low cost, low maintenance options for school yard design, e.g. the Department of Education in New Jersey enlisted the assistance of the architecture department of a local university to create recommendations for designing playgrounds. These guidelines help maximize space, encourage imagination and keep costs to a minimum.

> *http://www.edlawcenter.org/ELCPublic/AbbottSchoolFacilities/FacilitiesPages/Resources/SchoolyardPlanning_Design.pdf*
>
> *http://www.pps.org/parks_plazas_squares/info/design/kids_smithsonian*

Incorporate non-competitive programs like orienteering into school offerings.

Key Opportunities for Improvement within the Family

Ensure that all adult members within a household have access to the same nutrition and health information, as an attempt to get all caregivers in the home "on the same page."

Getting out of the house, away from the screen and chronic snacking, is an important aspect to incorporate, even when the caloric expenditure level is not great.

Families in Lompoc need options for physical activity that the whole family can enjoy. Conversations about the parks in Lompoc were very dynamic because going to a park was identified as an activity the whole family could enjoy.

Start a community 10,000 step per day campaign with set times & locations so that people can walk together.

Partner Parks & Recreation with schools, churches or other community service agencies to target populations and offer free community-wide family events each month, such as a winter hike day with docents, monarch butterfly walk, a spring bird count, kite flying day, or horse shoe tournament (teams consist of pairing one adult and one child).

Family programming that gets all family members moving and is fun will be well received as participants shared their opinion that there are not many opportunities for family activities in Lompoc.

Appendix A

Lompoc Study - 2008 Code Book or Coding Frame for Focus Group Analysis

Q1. Introductions, about participants ages (icebreaker)

Stimulus material presented: photographic images of non- and overweight youth at different levels of maturity (infant, toddler, school-age and high school)

[Participant's perception of correct weight in youth]

Q2. Which children are overweight?

01. Accurate perception
02. Inaccurate perception
09. Not sure

[Participant's perception of when a doctor should intervene]

Q3. When should a Doctor become concerned?

01. Infancy
02. Toddler – child is mobile and walking around
03. Young school age
04. Middle school age or older
05. Other _____, _____, _____
09. Don't know / no answer

[Participant's perception of when a family or individual should be concerned about the weight of their child]

Q4. When should the family or individual become concerned with weight status / overweight?

01. Infancy
02. Toddler
03. Young school age
04. Middle school age or older
05. Other _____, _____, _____
09. Don't know / no answer

[Participant's perception of what a doctor should recommend when presented with an overweight/obese child]

Q5. What do you think the doctor could recommend to families of overweight children?

01. Food or nutrition recommendations
02. Activity or fitness recommendations
03. Referral to registered dietitian or counselor
04. Prescribe medication (or diet drugs)
05. Run further tests
06. Bariatric surgery
07. No recommendation now; wait and see
08. The doctor is too busy / or not enough time to address with me
09. Other _____, _____, _____
10. Don't know; no suggestion

FAMILY

[Participant's perceptions of what families can do to prevent future weight problems in their children/youth]

Q6. What can families do to help prevention future weight related health problems in their children/youth?

01. Alter food quantity offered
    - 01a. portion sizes
    - 01b. family style vs. individually served
    - 01c. frequency of snacks or in-between meal eating
02. Prepare different food
    - 02a. healthy food (i.e. baked vs. fried)
03. Encourage playtime i.e., make physical activity fun
04. Limit sedentary time (i.e. computer or TV)
05. Model good behavior (i.e., healthy food / increase physical activity)
06. Increase involvement in child's food choices
07. Educate / explain reasons for eating healthier
    - 07a. educate to know what to buy (healthier)
08. Choose healthy food when shopping
09. Adjust parenting style (no "clean plate" club, not to use food as rewards / say no to their children / united parenting front / including grandparents)

10. Other

_____

11. Do nothing (genetic reasons given)

PERCEIVED FAMILY BARRIERS

[Participant's perceptions of barriers for families to eat healthy and be physically active]

Q7. What are barriers for families to make positive changes in nutrition and/or physical activity levels?

01. Too expensive: economics
    - 01a. healthy food
    - 01b. membership to YMCA/cost of participation in after-school recreation
02. Requires too much time
    - 02a. preparing healthy meals from scratch/eating as a family
    - 02b. being physically active
    - 02c. families are too fatigued (stretched) to exercise or eat healthy
03. Lack of support (spouse, children)
    - 03a. reinforcing healthy eating
    - 03b. reinforcing physical activity
04. Lack of transportation, too far away
    - 04a. proximity to: grocery store/farmer's market
    - 04b. proximity to: park/playing fields/school/YMCA/Boys and Girls Club
05. Children are picky eaters
    - 05a. just feed them something they will eat
05. Lack of control, beyond parental control, "nag factor"
    - 05a. marketing of unhealthy foods to children
    - 05b. quality of school meals/pre-school meals/day-care meals
    - 05c. commercial fast food choices outnumber healthy eating alternatives in Lompoc
06. Lack of information: nutrition education/physical activity
07. Language barrier: nutrition education/physical activity
08. Cultural norms & expectations
    - 08a. ethnic eating patterns favor high calorie/high fat cuisine
    - 08b. ethnic physical activity patterns favor sedentary lifestyle
09. lack of motivation/desire, or indifference
    - 09a. preference to stay the same
    - 09b. resistant to change / don't want their advice / mind your business
10. Presence of disease (like diabetes, asthma, thyroid disorder)
    - 10a. eating a restrictive diet: food allergy/intolerance
    - 10b. physical activity difficult for individual
11. Other

_____

99. There are no barriers

[Participant's perceptions as to how their family is doing in supporting the recommendations to eat healthy and be physically active]

Q8. Family assessment / grade assigned

01. Excellent (A)
02. Above average (B)
03. Average (C)
04. Below average (D)
05. Failing (F)
09. No opinion

SCHOOLS

[Participant's perceptions of what schools can do to prevent future weight problems in their children/youth preK-12]

Q9. What can schools do to help prevention future weight related health problems in children/youth preK-12?

01. Quality nutrition education
    - 01a. Provide nutrition education for children / parents
    - 01b. Offer healthier breakfast/lunch choices
    - 01c. Remove social stigma of free breakfast/lunch or brought from home lunch
    - 01d. Eliminate or reduce competitive food offerings in cafeteria / vending machines
02. Quality physical education: daily / fun
    - 02a. increase PE in curriculum or after school
03. School leadership/commitment
    - 03a. time and resource allocation for healthy schools: open up school grounds for healthy food preparation class/after-school physical activity
    - 03b. leadership/staff/teacher role modeling healthy behavior
    - 03c. encourage bike riding / walking to school
    - 03d. provide incentives for healthy eating and/or physical activity
    - 03e. establish or enforce school health and wellness policy
04. Communication between schools and families
    - 04a. health promotion through flyers/health and wellness newsletter
5. Other

_____

PERCEIVED SCHOOL BARRIERS

[Participant's perceptions of barriers which exist for schools to increase healthy eating and enhancing physical activity levels in children/youth preK-12]

Q10. What barriers exist for schools in promoting healthy eating and physical activity?

01. Funding and allocation of resources
    - 01a. No room in curriculum for nutrition education
    - 01b. No room in curriculum for physical education
02. School playground or recreational areas
    - 02a. lack thereof/availability
    - 02b. safety
03. Existing contracts with food companies and vending companies
04. Parents don't feel comfortable being in involved in PTA / PTO
    - 04a. existing membership (PTA / PTO) is unwelcoming to new members
04. Other

_____

[Participant's perceptions as to how their school is doing in supporting the recommendations to eat healthy and be physically active]

Q11. School assessment / grade assigned

01. Excellent (A)
02. Above average (B)
03. Average (C)
04. Below average (D)
05. Failing (F)
09. No opinion

[Participant's perceptions of what Lompoc can do to prevent future weight problems in children/youth prek-12]

Q12. What can the community do to help your children make changes?

01. Increase number of recreational programs in community (like dance, soccer)
02. Improve physical access to available programs and/or facilities (school playground /

recreation parks / skate park / liability issues)
03. Maintain roads / provide safe corridors / establish bike lanes / establish side walks
04. Teach public safety (enforce regulations regarding criminals and proximity to schools / parks
/ safe behaviors, safety in numbers, self defense, communicating with parents)
05. Maximize use of pools / parks (planning, maintenance or scheduling)
05a. Reduce fees
06a. Provided shared resources or used sporting good equipment for kids
06. Improve communication of events and programs
07. Encourage volunteerism for programs
08. Other
_____
09. Not sure

PERCEIVED COMMUNITY BARRIERS

[Participant's perceptions of barriers which exist for Lompoc to increase healthy eating and enhancing physical activity levels in children/youth preK-12]

Q13. What barriers exist for the community in promoting healthy eating and physical activity?

01. Grocery store location or purchasing point too far away from home
01a. availability of fruits, vegetables, whole wheat, and low fat dairy etc.
02. Economics:
02a. Healthier foods tend to be priced higher than unhealthy foods
02b. Availability of healthier selections in community
02c. Recreational (sports) or recreational programs are too expensive / offered at inconvenient times
02d. Transportation issues (too expensive)
03. Community design favors car over pedestrian
04. Lack of / or quality of parks / sidewalks / bike paths (aesthetics)
05. Safety (e.g., parks and recreation areas / crossing guards)
06. Leadership is failing to enlist community involvement / support
06a. communication failure / bilingual concerns
04. Other
_____

[Participant's perceptions as to how Lompoc is doing in supporting the recommendations to eat healthy and be physically active]

Q14. Community assessment / grade assigned
01. Excellent (A)

02. Above average (B)
03. Average (C)
04. Below average (D)
05. Failing (F)
09. No opinion

Q15. What is the one thing you would do if you were mayor of Lompoc (to help with the childhood obesity problem)?
01.
02.
03.
04.
05.
(Answers not previously mentioned)
06.
07.
08.

Q16. Did the facilitator capture what was said accurately? (confirm responses)
Yes
No
Other

Q17. What additional factors in relation to children's weight issues?
01.
02.
03.
04.
05.

Q18. What should people do about it?
01.
02.
03.
04.
05.

Appendix B

Domain: Moderating Questions	Categorical Themes on Participant's Perceptions: Frequencies of Responses				
Q1. Participants perception of correct weight in youth (infancy, toddler, school age, middle school age, high school age). ***"Which children are overweight?"***	**Accurate (6) (Group consensus)**		**Inaccurate NA**	**Not Sure NA**	
Q2. Participant's perception of when a doctor should intervene. ***"When should a doctor intervene?"***	**Infancy 6**	**Toddler 3**	**Young school age 1**	**Middle or high school 1**	
Q3. Participant's perception of when a family or individual should be concerned about the weight of their child. ***"When should a family or individual become concerned with weight status or overweight?"***	**Infancy 3**	**Toddler 5**	**Young School age 2**	**Middle or high school 1**	
Q4. Participant's perception of what a doctor should recommend to families of overweight children. ***"What do you think the doctor could recommend to families of overweight children?"***	**Nutrition recommendation 13**		**Physical activity recommendation 9**	**Referral to dietitian 1**	
FAMILY DOMAIN					
Domain: Moderating Questions	**Categorical Themes on Participant's Perceptions: Frequencies of Responses**				
Q5. Participant's perceptions of what families can do to prevent future weight problems in their children/youth. "What can families do to help prevent weight related problems in their children/youth?"	**Watch portion sizes 5**	**Select Healthy foods 11**	**Encourage physical activity 22**	**Limit screen time 15**	**Model healthier foods/PA 11**
FAMILY DOMAIN (PERCIEVED BARRIERS)					
Q6. Participant's perceptions of barriers for families to eat healthier and be physically active. "What are barriers for families to make positive changes in nutrition and/or physical activity levels?"	**Healthy food too expensive/ Recreation Membership too expensive 10**		**Time/Single parents too stretched 10**	**Lack of support - spouse/ children 13**	**Lack of control, beyond parental control (quality of school meals) 11**
PARTICIPANT'S GRADE FOR THEIR FAMILIES					
Q7. How participants graded the family in terms of eating and physical activity. ***"How would you grade your family in terms of eating healthy and physical activity: (a, b, c, d, or f)?"***	**A Excellent 2**	**B Above average 15**	**C Average 3**	**D Below Average 0**	**F Failing 0**
SCHOOL DOMAIN					

Q8. Participant's perceptions of what schools can do to prevent future weight problems in children/youth. *"What can schools do to help prevent future weight related health problems in children/youth?"*	**Offering healthy meals 33**	**Quality physical education 7**	**School leadership/ commitment 7**	**Communication between schools/family 5**
SCHOOL DOMAIN: BARRIERS				
Q9. Participant's perceptions of barriers which exist for schools to increase healthy eating and enhancing physical activity. *"What barriers exist for schools in promoting healthy eating and physical activity?"*	**Funding commitment to nutrition and phys. education 13**	**School playground or recreation safety 12**	**Existing contracts with food vendors 1**	**Lack of motivation of school leadership and or staff 6**

PARTICIPANT'S GRADE FOR THE SCHOOL					
Q10. How participants graded the school in terms of eating and physical activity. *"How would you grade your schools in terms of eating healthy and physical activity: (a, b, c, d, or f)?"*	**A Excellent 1**	**B Above average 6**	**C Average 5**	**D Below average 5**	**F Failing 0**

COMMUNITY DOMAIN					
Q11. Participant's perceptions of what Lompoc can do to prevent future weight problems in children/youth. *"What can the community do to help increase healthy eating and enhancing physical activity levels in children/youth?"*	**Increase the number of recreation programs 42**	**Improve safety/enforce regulations criminal activity 19**	**Maximize use of pools and parks reduced fees 30**	**Improve physical access to programs 14**	**Maintain roads/bike lanes/sidewalks provide safe corridors 1**

COMMUNITY DOMAIN: (BARRIERS)				
Q12. Participant's perceptions of barriers which exist for Lompoc to increase healthy eating and enhancing physical activity levels in children/youth. *"What barriers exist for the community in promoting healthy eating and physical activity?"*	**Healthier foods tend to be priced higher 8**	**Safety of parks and recreations areas 8**	**Lack of quality parks 5**	**Community leadership failing to enlist community involvement/support 13**

PARTICIPANT'S GRADE FOR THE COMMUNITY					
Q13. How participants graded the community in terms of eating and physical activity. *"How would you grade your community in terms of eating healthy and physical activity: (a, b, c, d, or f)?"*	**A Excellent 1**	**B Above average 0**	**C Average 5**	**D Below average 11**	**F Failing 1**

CULMINATING QUESTION: END OF FOCUS GROUP					
Q14. Culminating question: *"If you were mayor of Lompoc for the day, what is one thing you would do to help the childhood obesity problem?"*	**Increase the number of afterschool activities (e.g., lower cost) 4**	**Improve or increase access to the parks (e.g., fee structure) 2**	**Improve/lower the cost of public transportation 2**	**Increase opportunities for family nutrition education (cooking demos) 1**	**Affordable fitness/recreation center for families 1**

Appendix C

Supplemental Material - Questionnaire

Questionnaire for Lompoc Focus Groups Volunteer #_____;
Date____/_____/___

The following questions ask about each member of your household. The questionnaire is color coded and divided according to age-range of your child or children (e.g., orange = attends school grades K-12, yellow = attends preschool, and pink = does not yet attend school). Please complete one form for each of your children.

The first section asks general questions about your household and your eating habits.

You

1. What is your age? ☐ 16-19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ other: _____years old

2. What is your gender? ☐ Female ☐ Male

3. What is your ethnicity? (Note: you may have more than one answer)

☐ White ☐ Hispanic ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Pacific Islander or Native Hawaiian ☐ other:

_____

4. How many children live in your home? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 or more

The following questions ask about <u>your home</u>:

Mark an 'X' in the correct boxes.

5. Who else lives in your home with you?

☐ spouse ☐ boyfriend ☐ girlfriend ☐ dad ☐ grandfather ☐ brother(s)

☐ uncle(s) ☐ nephew(s) ☐ sister(s) ☐ aunt(s) ☐ mom ☐ grandmother ☐ niece(s)

☐ friend(s)

6. Do other people sometimes come and live with your family? ☐ Yes ☐ No

Who? _____

7. Do your children go somewhere outside the home for childcare? ☐ Yes ☐ No

☐ relative's home ☐ friend's home ☐ day care/ after school program/ licensed facility

The following questions ask about food and meals for your family:

8. Who decides what to buy at the store? ☐ you ☐ spouse other: _____

9. Who shops for the food? ☐ you ☐ spouse other: _____

10. Who cooks the food? ☐ you ☐ spouse other: _____

The next sets of questions ask about your eating habits:

11. Do you eat breakfast on most days of the week? ☐ Yes ☐ No

12. What do you usually like to eat for breakfast?

_____

13. Do you eat snack foods, like cookies, candies, ice cream, chips? ☐ Yes ☐ No

14. If yes, how often do you eat snack foods?

☐ 1 day per week	☐ 2 days per week	☐ 3 days per week
☐ 4 days per week	☐ 5 days per week	☐ 6 days per week

	☐ Every day	

15. If yes, how many times do you eat snack foods each day you snack?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

16. What is your height? (Note: if not sure, make your best guess) _____ feet _____ inches

17. What is your weight? (Note: if not sure, make your best guess) _____ pounds

The next sets of questions ask about your exercise:

18. Do you consider yourself a good parental role model and limit television to no more than 2 hours per day? (Television time includes: DVD, video games, computer and Internet use).

☐ Yes ☐ No

19. Do you get at least 2 hours and 30 minutes each week of exercise that requires moderate effort? (Moderate exercise includes: walking briskly, biking slowly, dancing, general housework, tennis, using your manual wheelchair, and water aerobics).

☐ Yes ☐ No

If you answered NO for Item #19:

20. What keeps you from exercising? (Check all that apply): ☐ time ☐ money ☐ don't like to exercise ☐ transportation is a problem ☐ unsafe neighborhood ☐ lack of sidewalks

Other:

_____

Questionnaire for Lompoc Focus Groups Volunteer #_____;
Date____/_____/___

The following questions ask about each member of your household. The questionnaire is color coded and divided according to age-ranges. Complete this section if you have a child who attends school (e.g., orange = grades K-12). Complete one form per child in this age range.

School Age

The following questions ask about your child. Name of child:_____

Mark an 'X' in the correct boxes.

				(Optional)
1a. School Age child	☐ boy	Age	Weight	Height
	☐ girl	_____ years	_____ pounds	_____&_____ feet inches

Are you sure about the weight/height or are you guessing?

1b. ☐ I'm sure ☐ I'm guessing

Has a doctor ever told you this child was

1c. overweight? ☐ yes ☐ no

1d. underweight? ☐ yes ☐ no

The following question asks your belief about your child's weight

2. Which statement do you agree with most?

☐ This child could gain a little bit of weight to be at his or her healthiest

☐ This child is just about the right weight

☐ This child should lose a little bit of weight to be at his or her healthiest

☐ This child should lose a lot of weight to be at his or her healthiest

The next set of questions ask about your child's eating habits:

3. Does your child eat breakfast on most days of the week? ☐ Yes ☐ No

4. What does he or she usually like to eat for breakfast? _____

5. Does this child eat snack foods, like cookies, candies, ice cream, chips? ☐ Yes ☐ No

6. If yes, how often does this child eat snack foods, like cookies, candies, ice cream, chips?

☐ 1 day per week	☐ 2 days per week	☐ 3 days per week
☐ 4 days per week	☐ 5 days per week	☐ 6 days per week
	☐ Every day	

7. If yes, how many times does this child eat snack foods each day they snack?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

The next questions ask about your child's meals:

8. Does this child eat meals at their school? ☐ Yes ☐ No

If yes,

9. Does school provide the food? ☐ Yes ☐ No

10. Do you prepare and pack the food to take to school? ☐ Yes ☐ No

Please fill in the table to include how often this child usually eats meals outside of the home (not including school).

Mark an 'x' in the correct boxes.

Meal	1 time per week	2 times per week	3 times per week	4 times per week	5 times per week	6 times per week	Everyday
11. Breakfast							
12. Lunch							
13. Dinner							

The following questions ask about what your child drinks:

Mark an 'X' in the correct boxes.

14. Please fill in the table to indicate how often this child usually drinks the following drinks.

Drink	1 time each	2 times each	3 times each	4 times each	5 times each	6 times each	7 times each
15. Milk, Whole	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
16. Milk, Low fat or No fat	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
17. 100% Juice	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
18. Fruit Flavored Drinks	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
19. Soda, Full sugar	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
20. Soda, Diet	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
21. Sports drinks	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week

22. Does this child regularly go somewhere outside the home for after-school care? ☐ Yes ☐ No

☐ relative's home ☐ friend's home ☐ day care/ after school program/ licensed facility

The next sets of questions ask about this child's exercise:

23. Is this child limiting television to no more than 2 hours per day? (Television time includes: DVD, video games, and non-school- or non-work-related computer and Internet use).

☐ Yes ☐ No

24. Does this child get at least 60 minutes (1 hour) or more of moderate exercise each day? (Moderate exercise is: active recreation, hiking, skateboarding, rollerblading, bicycle riding, and brisk walking). ☐ Yes ☐ No

If you answered YES for item #24:

25. Does this child get at least 60 minutes (1 hour) or more of hard exercise at least 3 days a week? (hard exercise is: active games with running and chasing (like tag), jumping rope, martial arts (like karate), running, sports like soccer, football, basketball, swimming, and tennis). ☐ Yes ☐ No

If you answered NO for either items #24 or #25:

26. What are this child's reasons for not doing exercise? (Check all that apply):

☐ time ☐ money ☐ doesn't like to exercise ☐ transportation is a problem ☐ unsafe neighborhood ☐ lack of sidewalks, other: _____

If you have completed the questionnaire, we sincerely appreciate your time. By providing the information we may be able to improve the quality of programs for everyone.

Would you be willing to talk to us further about your answers? ☐ Yes ☐ No

If yes, please write your name and phone number_____

Name phone number

What are the best times to call you?

_____

Questionnaire for Lompoc Focus Groups Volunteer #_____;
Date____/_____/___

The following questions ask about each member of your household. The questionnaire is color coded and divided according to age-ranges (e.g., yellow = attends preschool). Complete one form per child in this age range.

Attends Pre-School

The following questions ask about your child. Name of child:_____ (Optional)
Mark an 'X' in the correct boxes.

1a. Pre-school Age child	☐ boy	Age	Weight	Height
	☐ girl	_____ years	_____ pounds	_____&_____ feet inches

Are you sure about the weight/height or are you guessing?

1b. ☐ I'm sure ☐ I'm guessing

Has a doctor ever told you this child was

1c. overweight? ☐ yes ☐ no

1d. underweight? ☐ yes ☐ no

The following question asks your belief about your child's weight

2. Which statement do you agree with most?

☐ This child could gain a little bit of weight to be at his or her healthiest

☐ This child is just about the right weight

☐ This child should lose a little bit of weight to be at his or her healthiest

☐ This child should lose a lot of weight to be at his or her healthiest

The next set of questions ask about your child's eating habits:

3. Does this child eat breakfast on most days of the week? ☐ Yes ☐ No

4. What does he or she usually like to eat for breakfast? _____

5. Does this child eat snack foods, like cookies, candies, ice cream, chips? ☐ Yes ☐ No

6. If yes, how often does this child eat snack foods, like cookies, candies, ice cream, chips?

☐ 1 day per week	☐ 2 days per week	☐ 3 days per week
☐ 4 days per week	☐ 5 days per week	☐ 6 days per week
	☐ Everyday	

7. If yes, how many times does this child eat snack foods each day they snack?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

The next questions ask about your child's meals:

8. Does this child eat meals at a pre-school? ☐ Yes ☐ No

If yes,

9. Does school provide the food? ☐ Yes ☐ No

10. Do you prepare and pack the food to take to school? ☐ Yes ☐ No

Please fill in the table to indicate how often this child usually eats meals outside of the home

Mark an 'x' in the correct boxes.

Meal	1 time per week	2 times per week	3 times per week	4 times per week	5 times per week	6 times per week	Every day
11. Breakfast							
12. Lunch							
13. Dinner							

The following questions ask about what your child drinks:

Mark an 'X' in the correct boxes.

14. Please fill in the table to indicate how often this child usually drinks the following drinks.

Drink	1 time each	2 times each	3 times each	4 times each	5 times each	6 times each	7 times each
15. Milk, Whole	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
16. Milk, Low fat or No fat	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
17. 100% Juice	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
18. Fruit Flavored Drinks	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
19. Soda, Full sugar	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
20. Soda, Diet	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
21. Sports drinks	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week

22. Does this child regularly go somewhere outside the home for after-school care? ☐ Yes ☐ No

☐ relative's home ☐ friend's home ☐ day care/ after school program/ licensed facility

The next sets of questions ask about this child's exercise:

23. Is this child limiting television to no more than 2 hours per day? (Television time includes: DVD, video games, and computer use).

☐ Yes ☐ No

24. Does this child get at least 60 minutes (1 hour) or more of moderate exercise each day? (Moderate exercise is: active recreation, hiking, skateboarding, rollerblading, dancing, bicycle riding, and brisk walking). ☐ Yes ☐ No

If you answered YES for item #24:

25. Does this child get at least 60 minutes (1 hour) or more of hard exercise at least 3 days a week? (Hard exercise is: active games with running and chasing (like tag), jumping rope, martial arts (like karate), running, sports like soccer, football, basketball, swimming, and tennis). ☐ Yes ☐ No

If you answered NO for either items #24 or #25:

26. What are this child's reasons for not doing exercise? (Check all that apply):

☐ time ☐ money ☐ doesn't like to exercise ☐ transportation is a problem ☐ unsafe neighborhood

☐ lack of sidewalks, other: _____

If you have completed the questionnaire, we sincerely appreciate your time. By providing the information we may be able to improve the quality of programs for everyone.

Would you be willing to talk to us further about your answers? ☐ Yes ☐ No

If yes, please write your name and phone number_____

Name phone number

What are the best times to call you? _____

Questionnaire for Lompoc Focus Groups Volunteer #_____;
Date____/_____/___

The following questions ask about each member of your household. The questionnaire is color coded and divided according to age-ranges (e.g., pink = does not attend school). Complete one form per child in this age range.

Child does not attend school

The following questions ask about your child. Name of child:
_____
(Optional)

Mark an 'X' in the correct boxes.

1a. At Home child	☐ boy	Age	Weight	Height
	☐ girl	_____ years	_____ pounds	_____&_____ feet inches

Are you sure about the weight/height or are you guessing?

1b. ☐ I'm sure ☐ I'm guessing

Has a doctor ever told you this child was

1c. overweight? ☐ yes ☐ no

1d. underweight? ☐ yes ☐ no

The following question asks your belief about your child's weight

2. Which statement do you agree with most?

☐ This child should gain a little bit of weight to be at his or her healthiest

☐ This child is just about the right weight

☐ This child should lose a little bit of weight to be at his or her healthiest

☐ This child should lose a lot of weight to be at his or her healthiest

The next set of questions ask about your child's eating habits:

3. Does this child eat breakfast on most days of the week? ☐ Yes ☐ No

4. What does he or she usually like to eat for breakfast? _____

5. Does this child eat snack foods, like cookies, candies, ice cream, chips? ☐ Yes ☐ No

6. If yes, how often does this child eat snack foods, like cookies, candies, ice cream, chips?

☐ 1 day per week	☐ 2 days per week	☐ 3 days per week
☐ 4 days per week	☐ 5 days per week	☐ 6 days per week
	☐ Every day	

7. If yes, how many times does this child eat snack foods each day they snack?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Please fill in the table to indicate how often this child usually eats meals outside of the home.

Mark an 'x' in the correct boxes.

Meal	1 time per week	2 times per week	3 times per week	4 times per week	5 times per week	6 times per week	Everyday
8. Breakfast							
9. Lunch							
10. Dinner							

The following questions ask about what your child drinks:

Mark an 'X' in the correct boxes.

11. Please fill in the table on how often your child usually drinks the following drinks.

Drink	1 time each	2 times each	3 times each	4 times each	5 times each	6 times each	7 times each
15. Milk, Whole	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
16. Milk, Low fat or No fat	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
17. 100% Juice	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
18. Fruit Flavored Drinks	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
19. Soda, Full sugar	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week
20. Soda, Diet	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week

21. Sports drinks	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week	☐ Day ☐ Week

19. Does this child go somewhere outside the home for childcare? ☐ Yes ☐ No

☐ relative's home ☐ friend's home ☐ day care/ after school program/ licensed facility

The next sets of questions ask about this child's exercise:

20. Is this child limiting television no more than 2 hours per day? (Television time includes: DVD, video games and Internet use). ☐ Yes ☐ No

21. Does this child get at least 60 minutes (1 hour) or more of moderate exercise each day? (Moderate activity is: active recreation, hiking, skateboarding, rollerblading, dancing, bicycle riding, and brisk walking). ☐ Yes ☐ No

If you answered YES for item #21:

22. Does this child get at least 60 minutes (1 hour) or more of hard exercise at least 3 days a week? (hard exercise includes: active games with running and chasing (like tag), jumping rope, martial arts (like karate), running, sports like soccer, football, basketball, swimming, and tennis).

☐ Yes ☐ No

If you answered NO for either items #21 or #22:

23. What are this child's reasons for not doing exercise? (Check all that apply):

☐ time ☐ money ☐ doesn't like to exercise ☐ transportation is a problem ☐ unsafe neighborhood ☐ lack of sidewalks, other:

_____

If you have completed the questionnaire, we sincerely appreciate your time. By providing the information we may be able to improve the quality of programs for everyone.

Would you be willing to talk to us further about your answers? ☐ Yes ☐ No

If yes, please write your name and phone number_____

Name phone number

What are the best times to call you? _____

Appendix D

: Supplemental Material – Focus Group Script

MODERATOR

Good evening/morning/afternoon and welcome to our session

Thank you for taking the time to join our discussion on weight and health. My name is _____ and I represent the Emerging Center for Obesity Prevention and Education at Cal Poly State University, San Luis Obispo. Assisting me is _____, also representing the center.

Everyone has a name tent in front of them, but at this time I would like us to take a few moments to go around the table and introduce ourselves to each other. So, would each person kindly take a moment to tell the group who you are and what you like to do in your free time.

Our Center, COPE, is made up of professionals in both the nutrition and kinesiology (movement) departments at Cal Poly, and its mission is, "to support existing agencies of the Central Coast of California in promoting healthy weight across the lifespan". Lompoc Valley Community Healthcare Organization has asked us to assist them in learning about the factors that affect children's weight in this community and how the LVCHC might be able to help residents be healthy.

As a member of the Lompoc Community, we thought you would have helpful information to share with the community health professionals.

You were selected to participate because you have certain things in common that are of interest to us. You all live in the Lompoc area and have experience with children and their weight. We are particularly interested in your views because you are representative of others in this area who are unable to participate.

Tonight/this morning/this afternoon we will be discussing how weight impacts children's lives. This includes what people consider healthy weight in children, and what makes it hard for families to achieve and maintain a healthy weight in their children. There are no right or wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said

INFORMED CONSENT

Please take out both copies of your informed consent forms. I will review the forms with you and then ask those of you who agree to participate to sign both copies. You will keep one copy for your records and return the other copy to _____our group's facilitator. If you decide that you no longer want to participate in the project, you are free to leave at any time.

BEGIN FOCUS GROUP DISCUSSION

MODERATOR:

Before we begin, I would like to remind everyone of some rules. Please speak up. Only one person should speak at a time. We are tape recording the session because we do not want to miss any of your comments. If several people talk at the same time, the tape will get garbled and we will miss your comments. We will be on a first name basis tonight/today, but in our later reports we will not attach anyone's names to the actual comments. You may be sure of complete confidentiality.

Our session will last about 2 hours and we will not be taking a formal break. If, at some point, you would like to get up and move around, that is fine. Well, let's begin. We have placed name cards on the table in front of you to help us remember each other's names. Remember, we will NOT use your names in the final written or any oral reports related to this study.

Opening Question (question number 1)

1. Moderator

We have had an opportunity to hear everyone's name once already, but at this time I would like to ask each of you to reintroduce yourself to the group and tell us how many children you have and their ages. (Pause, allow each person an opportunity to respond)

Space for Facilitator's Notes:

Introductory Question (question number 2)

2. Moderator

I brought some pictures for us all to look at. Can you tell me how you think these kids are doing in regards to their weight? Let's put these kids in order of how they are doing with their weight…

Space for Facilitator's Notes:

Key Questions (question 3-9)

3. Moderator

We know from people who have studied weight related health problems (like high blood sugar (diabetes), heart problems, back and knee problems) that sometimes problems can begin for people when they are young, sometimes from when they are children. Looking again at these pictures, when do you think a doctor would be concerned about weight in these children?

Space for Facilitator's Notes:

(How many of you know someone with high blood sugar or other weight related health problems like heart problems or bad knees or back?)

Space for Facilitator's Notes:

4. Moderator

Looking at these pictures, when in your opinion is the right age to worry about any future weight related health problems in these kids?

Space for Facilitator's Notes:

5. Moderator

Let's just look at this group. What do you think a doctor could recommend to the families of these children?

Space for Facilitator's Notes:

(How many of you know of children in this group?)

Space for Facilitator's Notes:

6. Moderator

What can a family do to help prevent future weight related health problems in their kids like high blood sugar, heart problems, and bad knees and back?

Space for Facilitator's Notes:

7. Moderator

It seems like changes might be necessary in these kids' lives. We know that changes can be really hard. What do you think makes it hard for families to make changes in eating and physical activity?

Space for Facilitator's Notes:

8. Moderator

Can schools help your children make changes? How are your schools doing?

Space for Facilitator's Notes:

9. Moderator

Can the community (the public health department, the parks and recreation department, the people who run after school programs) help your children? How are they doing?

Space for Facilitator's Notes:

Brief Summary (Facilitator does this, take 2 – 3 minutes)

MODERATOR

At this time _____ will take 2 – 3 minutes to summarize key points from today's discussion.

Summary Question (question 10)

MODERATOR

How well does what _____ just said capture what was said here? (Pause, allow each person an opportunity to respond)

Space for Facilitator's Notes:

Final Question (question 10) (make sure to leave at least 10 minutes for people to respond to this one)

MODERATOR

Is there anything we should have talked about in relation to kids' weight issues and what people should do about it? (Pause, allow each person an opportunity to respond)

Space for Facilitator's Notes:

Closing Statement and Dismissal

MODERATOR

Thank you all for participating in this focus group. We would like each of you to have the following as a "thank you" for your time. (Facilitator and moderator make sure that everyone receives honorarium).