

**Fit WIC Project Evaluation
Participant Focus Groups
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October, 2008**

As part of the evaluation of the New Hampshire Fit WIC Project, focus groups were conducted with Latino and non-Latino participants at four WIC agencies in New Hampshire. This report is based on five focus groups conducted between March and July, 2008.

The purpose of the participant focus groups was to “assess participant knowledge, perception, barriers, and receptivity to education on overweight and physical activity.” (Fit WIC Evaluation Plan). Data obtained from the focus groups will be used to help WIC staff develop appropriate materials and to find out how participants can be made more comfortable in talking to WIC staff and their families about weight and physical activity.

Method and Sample

Five focus groups were conducted with 44 participants (39 women and 5 men) at different WIC agencies throughout the state (Belknap/Merrimack WIC in Concord, Rockingham Community Action WIC in Exeter, Coos County Family Services WIC in Berlin, and two separate groups at Southern NH Services in Manchester). Two groups were Latino and three were non-Latino. Each session was attended by between three and thirteen participants; 21 were Latino and 23 were non-Latino.

Each session was conducted by a trained facilitator and lasted between one and one-half and two hours each. A note taker was present and all sessions were audio taped (with permission from the participants) for any additional information that could be added to the notes. The Latino focus groups were conducted in Spanish by a Latino WIC nutritionist with a Latino note-taker. The country of origin breakdown for the Latino groups was 50% from Mexico, 30% from the Dominican Republic, 10% from Columbia, and 10% from Guatemala. Notes were taken in Spanish and then translated into English. The notes from all groups were then forwarded to the evaluator for independent review and analysis.

Participants were informed of the purpose of the focus groups, assured of anonymity and confidentiality, and were encouraged to speak openly. Efforts were made to gather input from all of those attending. Questions were framed in order to assess participant comfort with their knowledge about overweight in children and adults; availability of food resources; comfort with physical activity and play skill knowledge; comfort with talking to WIC staff about overweight; and confidence to change behavior. (See Appendices of Evaluation Plan for participant focus group guidelines, questions, and protocol.)

Results

I. Comfort with knowledge about overweight in children and adults

Perceptions about Overweight. Of the 23 non-Latino participants, the most frequent responses for judging overweight were whether children ate healthy foods (7), by appearance (5), whether they were physically active (4), based on a nutritionist's (2) or doctor's opinion (2), how children compared with the "average" (2), or based on medical charts (1). The Latino groups relied on some behavioral indicators, such as eating well, eating a variety of foods, and laziness, as well as whether a child was sick regularly, but relied more on medical opinions (7) as to overweight. Both groups mentioned height in relation to weight; that is, if a child was tall, he/she might be heavier.

Warning signs were similar in all groups, including sluggishness/laziness, high cholesterol, irregular or heavy breathing, appearance, too much television, fast food, wanting to eat all the time, and generally not eating well. Non-Latinos were more apt to mention depression, embarrassment, and attitude as warning signs. The word "obese" held similar meanings across groups as being dangerous, unhealthy, and preventing children from engaging in regular activities.

Causes of Overweight. All groups mentioned poor eating habits, lack of exercise, and genetics as possible causes of overweight in children. Two groups discussed television and the relationship between television and food as a problem. Non-Latinos brought up many more topics, such as lack of education on portion sizes and what foods are healthy, poor parental role modeling (including uncooperative spouses in their own eating habits), fast food, busy lifestyles, using food for comfort and to alleviate boredom, failure to set eating patterns young, and failure to monitor all child environments (schools, daycares, babysitters, etc.). Non-Latinos mentioned economics more often; that is, the higher cost of buying healthy foods and seemed more aware of processed foods. They brought up cultural factors, such as the availability of a wide variety of foods that are not necessarily healthy but marketed to attract consumers and foods that can be prepared quickly to accommodate the fast pace of American life. One Latino group mentioned climate, sporadic work schedules, and laziness as contributing causes. The other Latino group mentioned diabetes as a cause.

At Risk. Most participants recognized that setting eating patterns when children were young was critical for long-term health. Risks included heart disease, diabetes, and breathing problems. At risk meant that children were "close to the line" based on growth charts. Members from both cohorts said that health care professionals were worried about weight because of the cost to the health care system, as well as the physical and mental consequences of overweight. Three of the non-Latinos said they had overweight children, but there were several comments reflecting their unwillingness to accept the recommendations of doctors. Their attitude was one of watchfulness and avoiding overreaction, but were taking small steps, such as using low-fat milk. Of the 21 Latino participants, 7 reported that they had overweight children (1/3).

Prevention. Ways to prevent overweight included controlling portion sizes, regular exercise, parental role modeling, a healthy diet that includes fruits and vegetables, teaching children healthy eating habits young, having a regular eating routine/schedule, limiting television time, and shopping carefully. One of the Latino groups discussed the

need for more activities for children, that they had no transportation to programs, and had no place to walk.

Responsibility. Both Latino groups said that mothers were responsible for eating control. Non-Latinos said parents were responsible when children are young, but both parents and the child are responsible as they get older. They also mentioned that schools, grandparents, television, the food industry (especially food labeling), and societal norms were factors. Non-Latinos seemed to take a wider view of where the responsibility lies than Latinos and tended to emphasize cultural factors.

II. Availability of Food Resources

Latino groups were not asked if they had enough food. There was no real response to what would help or if they wanted a group session, but this issue comes up later in the section on learning new techniques for behavior change. In one non-Latino group, seven said they had enough food; one said sometimes; one said mostly. The other two groups focused a lot on economics and while they felt their children did not go hungry, emphasized how difficult it was to buy the right foods. Strategies for meeting this challenge included using leftovers, watching for sales, gardening, and cutting out other expenses. All groups described the right kinds of foods as healthy snacks, meat, granola, fresh produce, whole grains, juices, and water. Low sodium foods and eating in moderation were mentioned. Difficulties included the expense of healthier foods and getting kids to eat foods that were not “starchy”.

III. Comfort with physical activity and play skill knowledge

Play. Latinos were not specific on how much children should play. Only one person said one hour a day. Non-Latino responses ranged from 30 minutes to as much time as possible throughout the day. Latinos were not asked the benefits of play. Non-Latino groups listed the benefits as better health, acceptance, self-esteem, better sleep, eating better, being happier, having better concentration, and promoting family bonding if activities were done together.

All five groups reported doing activities with their children, including walking, biking, swimming, exercises, dancing, and running, but there were more sedentary activities reported by one of the Latino groups, such as reading, music, and sewing. Some had outside activities like basketball, baseball, soccer, swimming classes, and gymnastics, but all groups mentioned hardships, such as having no time, being too tired, having no yard or play area, winter climate, and safety concerns that prevented outside activities. Other barriers included non-support of parents, television, lack of parks and recreation centers, computers, weight, and fear of making noise in their apartments.

Need for Ideas. On the question of their need for new ideas for physical activities and play skills, three of the non-Latinos said yes. The Latino groups wanted more indoor activity programs and less expensive options. Some said they lacked a sense of community where they lived, had no transportation to activities, were not aware of what

programs were offered and where, were concerned about safety, and language barriers which make it difficult for them to understand the information that is out there. One person said they would like more seminars or discussion groups (like the focus group) and more information in Spanish.

IV. Comfort with talking to WIC staff about overweight

Accessing Information. All five groups said they get information on nutrition from WIC, but one Latino group felt the information was not always specific or prescriptive enough and that WIC needed to provide new information to motivate parents. Other sources of information mentioned were community centers, doctors, nutritionists, the Internet (including the UNH Cooperative Extension website) the UNH Cooperative Extension cookbook, the library, food labels, and the Bureau of Special Medical Services.

Types of Information. Participants found information most useful on the food pyramid, what foods help with different health problems, the amount and quality of portions (daily values), a specific “drawn-out” diet plan (including what food to provide, with nutritional values, what they are lacking, and the best snacks), guidelines for exercise, the benefits of physical activity, and parenting help (ways to show kids how to eat without feeling like it is a punishment, thereby producing guilt.)

All non-Latinos said they were comfortable seeking information from WIC staff about nutrition. In one Latino group, there were no responses to this. In the other group, four said they were comfortable and glad they have a place to get help.

V. Confidence to Change Behavior

Non-Latinos said their ability to change behavior depended on the child, that it was difficult to change routines, and mentioned the difference between boys and girls. They talked about peer pressure, indulgent grandparents, and the difficulty of changing behaviors after age six. Some in one Latino group said communication was good with their children, but the second group expressed lack of confidence trying to change behaviors and discussed the guilt they felt about denying food to their children.

The non-Latino groups expressed a much more rule-oriented approach to monitoring food, being tough and consistent, while the Latino groups tended to talk more about communication, exercising with their children, eating together as a family, and not forcing kids to change.

What works. Non-Latinos listed modeling, making slow changes, patience, and consistency as effective. Latinos mentioned family activities, parks outside (weather permitting), exercises the kids learned at school, good communication, denying fast food. One person stated that when she sent her children to Texas they lost weight because they could play outside at grandparents.

What does not work. Some Latinos said taking food and/or television away was too punitive, but eating in front of the television was a mistake. They felt food should not be used as a reward or punishment. The most frequent responses from non-Latinos were

that demanding change, having a sporadic eating schedule, yelling, and punishments did not work well for them.

Learning New Techniques. Only one Latino group was asked about this. They again mentioned needing transportation, wanting their children to learn English, and having more discussion groups like this one. Non-Latinos were open to new ideas, wanted group sessions, liked talking to other parents, wanted to find out what works for others, and would prefer structured discussions around a particular theme.

Conclusions

- Latinos seemed to have more confidence in medical opinions on overweight.
- Latinos were more open about overweight in their own children. Since Latino children in New Hampshire have higher rates of overweight and obesity, this may help explain the higher rates.
- All groups seemed to have general knowledge of the causes, risks, and prevention of overweight, but non-Latinos had a much wider view of where responsibility lies. Latinos cited mothers as responsible for food control, while non-Latinos cited parents, the child, and outside influences, such as lifestyle, television messages, school responsibility, and societal norms.
- Availability of food for all groups was related to the expense of healthy foods and problems getting children to eat them.
- Latinos did not express a clear idea of how much a child should play and were more likely to mention sedentary activities, perhaps because of the way the question was interpreted. (i.e., play being not limited to physical activity)
- Latinos mentioned the difficulty of adjusting to lack of community, transportation problems, severe climate, and lack of space, all of which limit opportunities for outdoor play.
- Latinos expressed more specific needs for new ideas/techniques, such as types of indoor activities, where to go for cheaper programs, and more information (especially in Spanish) about what is out there. They would like informational seminars and discussion groups.
- Non-Latinos expressed comfort with WIC staff, but Latinos seemed less so in that while they were glad to have a place to get advice, they requested specific types of information, such as diet plans, nutrition and activity guidelines, and parenting help.
- Latinos appear to be far less confident when it comes to behavior change. They seem to require more guidance on how to accomplish this in a positive way.
- Non-Latinos seemed more rule-oriented in controlling food, while Latinos were more apt to express guilt.
- All participants expressed interest in learning new ideas in a discussion group format, especially if centered on a specific theme.

Overall, cultural differences between Latinos and non-Latinos came into play in terms of who is responsible for overweight, understanding play skills, types of activities, family

dynamics and the role of motherhood, parenting skills in relation to behavior change, acceptance of authority, difficulties with a perception of lack of community, transportation problems, perceived limitations of the New England climate, and language barriers.

Recommendations

- Conduct small group discussions with participants.
- Conduct sessions around specific themes.
- Keep cultural differences in mind when planning programs.
- Provide information in Spanish.
- Promote comfort with WIC staff by asking for more feedback and suggestions from participants.
- Develop money-saving strategies for buying healthy foods.
- Develop lists of indoor physical activities in response to concerns about the climate, limited outdoor space, and safety concerns.
- Develop lists of free activities in different communities.
- Develop parental strategies to address behavior change.