

Dakota County Childhood Obesity Prevention Initiative

Results from caregiver focus groups

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Summary

As part of a larger childhood obesity prevention initiative, Wilder Research conducted six focus groups with 65 parents and caregivers of preschoolers in Dakota County. The focus group discussions emphasized three key areas: healthy eating, healthy mealtime and exercise habits, and effective communication strategies. Parents and caregivers were also asked questions that focused more specifically on the issue of childhood obesity. Some of the key themes that arose from the focus group discussions are highlighted in the following section and discussed in greater detail throughout the report.

Eating healthy foods

Many focus group participants demonstrated accurate knowledge regarding healthy foods and general nutrition, but held conflicting opinions about the nutritional value of fruit juices and other sweetened beverages. Parents and caregivers were aware that children learn to enjoy new foods through repeated exposures, but most parents and caregivers generally felt that it was difficult to encourage their children to eat new foods, particularly vegetables. Parents described the child's food preferences, time limitations, and cost of food as barriers to healthy eating.

Although most parents and caregivers described themselves as role models for their children, many felt that their children's eating habits were influenced by other children and relatives. Parents of these young children did not have high concerns about the impact of advertisements on their children's food preferences.

Developing healthy mealtime and exercise habits

The majority of parents and caregivers reported encouraging their children to participate in active play. Many parents felt that their young children participated in an adequate amount of physical activity most days. However, focus group participants identified availability of local parks, cost, safety, and winter weather as barriers to physical activity.

Household routines, such as limited television viewing and eating meals at the table, were used in homes of many focus group participants. Although these household rules promote positive eating and exercise habits, parents used these rules to provide structure or promote family time, not to directly address concerns about obesity or health.

A number of parents felt it was important to teach their children healthy eating and exercise habits in order to help them avoid future health problems. However, parents of young children felt that weight alone is not an accurate measurement of overall health. In

general, parents were aware of the growing concern over childhood obesity, but had few concerns about the weight of their young, preschool-aged children.

Communication strategies

Although many parents recognized the association between obesity and various chronic health conditions, the focus group participants were not comfortable labeling young children as obese or overweight. Instead, they were interested in hearing information that promoted healthy childhood development. This suggests that health messages incorporated as components of any proposed initiative may need to be carefully framed to appropriately address the issue of obesity prevention without alienating parents.

Many parents and caregivers who participated in the focus groups were interested in receiving practical strategies to encourage healthy eating in their homes. A number of parents were interested in receiving new recipes or learning strategies to make affordable, healthy meals. Although the participants were generally interested in receiving new information through written newsletters, some parents also expressed interest in parent classes or workshops.

Recommendations

Based on the current childhood obesity prevention literature and results from the focus groups, Wilder Research suggests the Dakota County Public Health Department consider the following recommendations when developing local obesity prevention strategies:

- Develop key messages that emphasize parents, caregivers, and family child care providers as role models.
- Use a variety of communication strategies to share health information with parents and caregivers.
- Recognize the unique cultural characteristics of parents and families.
- Provide parents and caregivers with practical tips and strategies on healthy eating.
- Seek opportunities to partner with community members who are considered to be trusted sources of information.
- Consider strategies to examine the needs of fathers and other male caregivers.
- Consider opportunities to conduct a more comprehensive assessment of healthy eating policies and practices in child care settings.

Project background

As part of their Family Health Outreach and Education Project, the Dakota County Public Health Department is interested in developing strategies to provide effective health information materials to parents and caregivers of young children. Their initiative addresses three health concerns among this population: preventing childhood obesity, reducing exposure to second-hand smoke, and improving access to dental care.

In order to address the topic of childhood obesity prevention, Wilder Research staff conducted a series of six focus groups with parents and caregivers of young children (ages 2-5) who reside in Dakota County. The questions developed for this focus group were intended to examine key factors in obesity prevention strategies, including eating healthy foods and developing healthy mealtime and exercise habits, communication preferences, and parent perceptions of childhood obesity.

This report includes a brief overview of current research focused on childhood obesity prevention, a summary of key topics and needs identified through the six focus groups, and recommendations for the Dakota County Public Health Department to consider as they develop local childhood obesity prevention strategies.

Data collection methods

Literature review

A review of current obesity prevention literature was conducted to examine the prevalence of obesity among preschoolers, identify key factors associated with obesity, and identify effective intervention and prevention strategies. Information from this literature review was used to guide the development of focus group questions and is used throughout this report to contextualize the information gathered from the focus group discussions. Although the majority of childhood obesity prevention interventions focus on school-age children, this literature review did identify possible intervention and communication models that may be adapted to fit the needs of parents of preschool-age children in Dakota County.

Focus group questions

Wilder Research worked collaboratively with staff from the Dakota County Public Health Department to develop a set of focus group questions. The questions focused on three broad factors that are associated with childhood obesity prevention: eating healthy foods, developing healthy mealtime and exercise habits, and being physically active. Within each topic area, parents and caregivers were asked questions to examine their level of knowledge, current behaviors, motivating factors, and barriers to making healthy choices. Focus group participants were also asked to identify any related topics they would like to learn more about, as well as communication approaches that they find most useful. Copies of the questions used during each focus group can be found in the Appendix.

Focus groups

Six focus groups were held during April and May, 2007. The Dakota County Public Health Department recruited participants for each focus group and made all logistical arrangements. In order to gather feedback from a diverse group of parents and caregivers, focus group participants were recruited through a variety of agencies and locations throughout Dakota County.

Five focus groups were conducted with parents of preschool-age children. Three of the five groups were conducted in English, while separate focus groups were held for both Spanish- and Somali-speaking parents. An additional focus group was held with a group of in-home licensed family child care providers. In all, 65 individuals participated in the focus groups. See the Appendix for a brief description of each focus group.

Each focus group lasted between sixty and ninety minutes. At the end of each discussion, all participants received a \$25 Target gift certificate for their participation. The Dakota County Public Health Department also provided each participant with a list of inexpensive community activities, which included information about local parks, reduced admission fees to local attractions, and other low-cost family activities. Child care was available for parents during four focus groups, while light refreshments were offered to participants of all focus group discussions.

Data analysis

Each focus group was led by a trained facilitator and recorded. A trained notetaker was also present during the conversation to take notes throughout the discussion. All focus groups discussions were transcribed and summarized into key themes. Notes from the Spanish and Somali focus groups were translated by the bilingual staff member who took notes during the conversation and reviewed by the facilitator. Common themes were compared and contrasted between groups, and direct quotes were identified to highlight key points of conversation.

A brief introduction to childhood obesity prevention

Childhood obesity trends

The prevalence of childhood obesity has increased dramatically during the past 30 years. Among children ages 2 to 19, the prevalence of child obesity increased from approximately 5 percent in 1974 to 15 percent in 2002 (Anderson & Butcher, 2006). This trend has also been observed in young preschool-age children. Among 4- and 5-year olds, the prevalence of childhood overweight also increased from 5 percent in 1974 to nearly 8 percent in 1994 (Ogden et al., 1997).

Although there is a trend towards overweight and obesity, weight gain is not equally distributed across the population. Instead, we are learning that the heaviest children are becoming heavier, and obesity is more common in specific populations. National data demonstrates that the median body mass index (BMI) of children has increased since 1980, with the BMI of the heaviest children (in the 95th percentile of the BMI distribution) increasing more rapidly (Anderson & Butcher, 2006). A recent study also indicates that the levels of overweight among children vary according to race and ethnicity and socioeconomic status, with Hispanic children and children from low-income families more likely to be overweight than other populations (Kimbrow et al., 2007). Similarly, a recent study found that the prevalence of overweight among children receiving WIC benefits reached 13 percent in 1998, with the highest rates of overweight being among Hispanic and Native American children (U.S. Department of Agriculture, 2001).

Factors contributing to obesity

There are a number of social, genetic, and environmental factors that may contribute to childhood obesity. Some of the environmental factors that are believed to most strongly influence weight gain include: increased energy consumption through sweetened beverages and high-calorie foods, increased availability of low-cost high-calorie foods, and reductions in physical activity through increased television viewing or greater reliance on automobile transportation.

Genetic factors may also contribute to childhood overweight. However, family members with genetic similarities are impacted by similar environmental factors, and may develop common attitudes about food or similar food consumption habits. The complex interactions between these social and environmental factors and a genetic disposition to weight gain are difficult to tease apart. Despite this challenge, we do know that the

obesity epidemic cannot be explained by genetics alone (Anderson & Butcher, 2006). A study examining a number of factors that may contribute to childhood weight gain found that modifiable variables, such as food consumption and physical activity, were more strongly associated with childhood weight gain than non-modifiable factors, such as initial BMI, sex, age, and family history of overweight (Klesges et al., 1995).

A number of hypotheses exist to explain the role individual behaviors and environmental influences play in the growing prevalence of childhood obesity. However, despite growing research on the causes of childhood obesity, the impact of various behaviors, including television viewing, physical activity, breastfeeding, and consumption of sweetened beverages, on childhood overweight is not fully understood (Sherry, 2005). Additional research is necessary to better understand, and subsequently target, the most significant factors leading to childhood weight gain.

Consequences of obesity

The long-term health consequences of the growing childhood obesity problem have not been fully realized. However, there is growing evidence that chronic diseases, once considered adult-onset disorders, are now becoming increasingly prevalent among younger adults and children. A number of health conditions, including hypertension, sleep apnea, and depression, are impacting pediatric populations. Type II diabetes, for example, has been diagnosed in children as young as eight years old (Daniels, 2006).

There is also growing evidence that childhood obesity persists into adulthood. One longitudinal study found that 56 percent of children who were obese between the ages of 3 and 6 were obese at age 25, compared to only 12 percent of normal or underweight 3- to 6-year olds (Whitaker et al., 1997). Due to the serious health consequences that are associated with being overweight and the increasing prevalence of childhood obesity, some researchers to believe that today's youth may live lives that are less healthy, and ultimately shorter, than their parents (Daniels, 2006).

Obesity prevention strategies

Obesity prevention interventions targeting youth have focused primarily on older children and adolescents in school-based settings. These interventions utilize a variety of approaches to promote fruit and vegetable consumption, encourage physical activity, and reduce the consumption of high-calorie foods and beverages. Although some interventions, including those identified in this report, have focused on preschool-age children, additional research is needed to identify strategies that encourage the development of healthy eating and exercise habits among young children.

In recent years, there have been a few studies demonstrating the success of interventions that emphasize healthy changes in eating and physical activity among preschool children. For example, the acceptance of new healthy foods increased in Head Start classrooms that implemented a blend of age-appropriate education and social marketing strategies (Young et al., 2004).

Generally, child care centers and preschools are considered effective settings to increase acceptance of new foods (Sherry, 2005). However, intervention strategies targeting young children often have a greater effect when a parental component is incorporated (Stice, Shaw & Marti, 2006). A few interventions have targeted parents through education and skill-building classes. In Virginia, the *Fit WIC* program utilized educational groups with staff and community-level behavior reinforcement. This implementation was costly, but did result in parents replacing juice with water, and participating in more active play with their child (McGarvey et al, 2004). Similarly, a home-based parenting support intervention, focused on helping parents develop skills to encourage healthy eating and exercise behaviors, showed promise in reducing the rate of weight gain among high-risk Native American children (Harvey-Berino & Rourke, 2003).

It is important that interventions are designed to meet the needs of specific cultural communities. *Hip Hop to Health Jr.* is an intervention that incorporates a classroom curriculum on nutrition, regular opportunities for physical activity, and a parent education component to reduce the rate of BMI increases among young children. Although the program was successful when implemented in Head Start centers that primarily served African-American children, there was no measurable improvement when implemented in predominantly Latino centers (Fitzgibbon et al., 2006).

Eating healthy foods

To learn about the perspectives parents and caregivers in Dakota County have in regard to their children's food consumption, six focus groups were conducted. The questions asked during these discussions were intended to examine the nutritional knowledge of parents and caregivers, strategies they use to encourage healthy eating, and barriers to consuming healthy food.

The parents and caregivers who participated in the focus groups shared a great deal of nutritional knowledge and discussed a number of ways they encouraged healthy eating. However, national data demonstrates that children do not eat the recommended servings of fruits and vegetables, and tend to consume foods high in sugar. This apparent contradiction may indicate that barriers to healthy eating are not primarily caused by a lack of nutritional knowledge.

Nutritional knowledge and food consumption

Parents and caregivers demonstrated knowledge of healthy foods and nutritional information

The parents, caregivers, and child care providers who participated in the six focus groups were generally knowledgeable about nutrition and healthy foods. Across all focus groups, parents and caregivers identified fruits and vegetables as being an important part of a child's healthy diet. Other types of healthy food that were commonly identified by focus group participants included eggs, cereals, cheese, chicken, and other lean cuts of meat. In both the Somali and Spanish-speaking focus groups, parents also identified beans and rice as healthy foods.

In all focus groups, high-calorie foods, such as pastries, candy, cookies, and other sweets were commonly identified as unhealthy foods that should be eaten in moderation. A number of parents also discussed avoiding high-fat foods, such as French fries and potato chips.

In general, parents felt that fast food menu items were usually unhealthy food choices, while a few discussed avoiding excessive fat or oil as they prepare food in their homes. One parent described how food preparation impacts whether foods are healthy or unhealthy when she explained:

My daughter likes vegetables and fruit, but they're not always healthy. When cooked in oil, so many things aren't healthy, like pastas - and rice, she loves rice, but rice is not always healthy.

Parents recruited from the ECFE parenting class were also concerned about the long-term health impact of pesticides, hormones, trans fats, preservatives, and artificial sweeteners. Their concerns were often a result of a story they had heard in the news, or through a magazine article they had read. These parents seemed less sure of the health consequences that might result from their child consuming foods containing these additives or residues, and felt that there was some conflicting information on these topics.

Parents and caregivers had conflicting opinions about healthy beverages

Across all groups, parents encouraged their children to drink milk. Parents felt that milk was a healthy beverage, but there was some disagreement about the type of milk children should drink at different ages. Although many parents knew that it was important for infants to drink whole milk, there were different opinions about the age when children should transition from whole milk to a low-fat alternative.

Parents had different opinions about fruit juices and other beverages with artificial sweeteners. Some parents felt that fruit juices were too high in sugar and should be watered down, while others felt that 100 percent fruit juices were a healthy beverage choice for their preschool-age children. Parents who participated in the WIC program felt that they received mixed messages about the types of beverages they should serve to their children. Although they received a great deal of juice through the federal program, some were concerned that these beverages contained too much sugar. All parents felt that soda was an unhealthy beverage choice, but many admitted that their children occasionally drank it as a treat.

Among parents in the Somali-speaking focus group, there was disagreement about Tango, a popular fruit-flavored powdered beverage mix sold in Somali grocery stores. Although most parents gave their children Tango, some felt it should be consumed sparingly because it is too high in sugar and lacks the nutrients found in fruit juices.

The concerns expressed by focus group participants may suggest a growing awareness of national trends that demonstrate significant changes in sugar consumption among children. A recent study found that in the past 30 years, while fat consumption has remained fairly consistent, there have been significant increases in sugar intake and excessive fruit juice consumption among children under the age of 5 (Kranz et al., 2004).

Children's diets may not meet recommended dietary guidelines

This project did not assess actual food and beverage consumption among Dakota County residents. However, among all focus groups, the majority of parents and caregivers felt that, when compared with other foods, it was most difficult to encourage children to eat vegetables regularly. This common observation is consistent with information gathered

through national food consumption studies, which demonstrate that only one in five children consume the recommended five or more servings of fruit and vegetables per day (Krebs-Smith et al., 1996). Inadequate fruit and vegetable consumption is also evident among infants, with up to one-third of children under the age of 2 not consuming a daily serving of fruit or vegetables (Fox et al., 2004).

Although parents in these focus groups discussed avoiding unhealthy food items, national data suggests children regularly consume foods high in fat and calories. French fries, for example, constitute nearly one-quarter of all vegetables consumed by children (Krebs-Smith et al., 1996). More recently, data from the national Feeding Infants and Toddlers Study (FITS) demonstrated french fries to be the most common vegetable consumed by infants 15 to 18 months old (Fox et al., 2004). In addition, nearly half of infants as young as 8 months consumed some type of dessert, sweet, or sweetened beverage daily, with greater percentages of children eating sweets as they became older (Fox et al., 2004).

Barriers to healthy eating

Parents who lack knowledge about healthy foods and nutrition are less likely to make healthy food choices for themselves and their children (Bish et al., 2005). However, in order for parents to offer healthy food options, they must also have money to purchase healthy foods, the skill to prepare new foods, and the confidence that they can prepare a healthy meal that their family will eat and enjoy.

The food preferences of children can make it difficult to promote healthy eating

The initial introduction of new foods to children is extremely important in promoting a broad, healthy diet. Although infants are born with innate preferences for certain types of food, children develop likes and dislikes through new exposure and repeated experiences with different food items (Lindsay et al., 2006). Across all focus groups, parents and caregivers recognized that children often need to be repeatedly exposed to a new food before they are willing to eat it. However, many parents agreed it was hard to encourage healthy eating as their children are just beginning to accept and eat new foods. One parent summarized her feelings by saying:

You can put the best, most nutritious things in front of them, but you can't force feed them. One of the barriers to having a healthy meal is the fact that they just refuse to eat it.

Although the frustration voiced by this parent was common among focus group participants, most caregivers continued to provide their children with opportunities to try

new foods. National studies suggest that because of ongoing food rejection, parents of young children often make early decisions about whether or not their child will accept or dislike new foods or label their child as a “picky-eater.” After two or three failed attempts at introducing a novel food, one-quarter of parents determine that the child dislikes the food and no longer offer it (Carruth et al., 2004).

The parents who participated in the focus groups did not express opinions that indicated they were unwilling to continue introducing new foods to their children. Instead, a number of parents shared tips and strategies they use to help their children try new foods, including: allowing their child to pick out fruits and vegetables at the grocery store; cutting foods into interesting shapes and bite-size pieces; using vegetable dips; incorporating vegetables into the child’s favorite foods (such as spaghetti or macaroni and cheese); allowing older children to help prepare foods; encouraging children to try one bite of each item on their plate; and allowing children to serve themselves at the table.

Some parents feel that healthy foods are too expensive

When parents were asked if it was difficult to get their children to eat healthy foods, or for them to prepare healthy meals at home, a number of parents who were recruited through the WIC program felt that the cost of fresh fruits and vegetables was a barrier to healthy eating. Similarly, a parent who participates in the Mothers and Children (MAC) food program was frustrated that the program offers canned or frozen vegetables instead of fresh vegetables. The cost of food was perceived as a significant barrier to healthy eating by one parent who said:

Money...is a big factor. We do a lot of Hamburger Helper and pasta. It’s hard to make a salad and have kids take a bite of it and throw out the rest.

Cost, however, was not identified as a barrier when this question was asked in any of the other parent groups. Some parents explained ways that they made grocery shopping more affordable, such as buying foods in bulk, going to farmers’ markets, or shopping at multiple stores. The statements of a few parents implied that some families did not need to worry about the cost of food. For example, one parent discussed purchasing organic milk for her young daughter that cost six dollars a gallon.

A few parents felt that time limitations made it difficult to prepare healthy foods

When asked to identify factors that made it difficult to prepare and eat healthy foods, a few parents felt that time was a significant barrier. One parent stated, “Time is a huge impediment to eating healthy.” One parent noted that she spent far less time preparing

vegetables than other parts of the meal. As a result, she felt that the vegetables she served were less appetizing than other foods. She stated:

When you prepare a meal, you spend all of your time on the main dish...you don't really think of the vegetables.

Although most parents were less concerned about time limitations, the topic did arise during a number of conversations. For example, some parents were interested in finding new recipes that were “quick and easy.” Other parents felt that classes and workshops on healthy eating were difficult to attend because of time limitations.

Parents and caregivers did not identify the availability of healthy foods as a barrier to healthy eating

Although a few parents felt it would be beneficial to have more local farmer's markets with inexpensive fresh produce, focus group participants did not report limited access to healthy foods as a barrier to healthy eating. However, recent studies have found that limited availability of healthy food is an environmental factor that can be a significant barrier in some neighborhoods. Supermarkets, which can be linked to increased fruit and vegetable intake in local populations, are less common in low-income and minority neighborhoods (Sallis & Glanz, 2006). A recent study comparing accessibility of healthy foods between low-income and higher-income neighborhoods found that disparities in availability of healthy foods were most apparent when comparing small neighborhood stores or bodegas, while medium and large grocery stores carried similar items (Horowitz et al., 2004).

The fact that it didn't arise as an issue for the parents and caregivers who participated in these focus groups may be due to better accessibility to supermarkets throughout Dakota County or under-representation of parents living in low-income neighborhoods. It may also reflect lack of knowledge among parents and caregivers about differences that exist between various types of neighborhood convenience stores and supermarkets. In order to make a conscious decision to shop at stores with a better selection of healthy foods, neighborhood residents must take a number of specific steps: including: a) learning about healthier food choices; b) recognizing that many local stores don't carry these foods and avoid shopping at these stores; c) developing an awareness of other stores that carry healthier food options; and d) shopping at more desirable stores (Horowitz et al., 2004).

The impact of role models on healthy eating

Children are introduced to new foods in a variety of ways

Although food choices in the home have a strong impact on the types of foods children eat, young children are also influenced by the foods that are available in other settings. Nationally, the average diet of 2- and 3-year olds is significantly better than the diet of 4- and 5-year olds (Kranz, 2004). This may reflect that as children age, they are introduced to more foods outside the home and parents have less control over the foods their children consume. In general, there was a realization among parents that they will have less control over their children's environment and food choices as they enter school.

Focus group participants described a number of situations where their children were introduced to both healthy and unhealthy foods outside the home. Many parents described how their children requested foods that they had eaten at preschool or child care. For example, one parent stated that she was reluctant to buy broccoli for her children because she thought they wouldn't like it. She was surprised to find out they eat it at preschool regularly, and has now started preparing it for family meals.

A few parents felt that their children were being introduced to poor food choices at preschool, child care, or by other adults (relatives/friends) that care for their children. One parent felt that breakfasts were particularly problematic, and that too often their children were given waffles or pancakes with syrup or other sugary cereals. Another parent described her frustration when her child's grandparents served Hawaiian Punch instead of juice.

Parents who participated in the Somali focus group agreed that they preferred to cook healthy meals at home, and had reservations about going to restaurants where they couldn't read or understand the menu. They acknowledged that they were unfamiliar with how different types of food taste and were also concerned that some foods may contain pork or lard. Many of the Somali parents prepared primarily traditional foods at home, but recognized that their children were introduced to other types of food at school.

Some child care providers felt that children eat unhealthy foods at home

A number of child care providers who participated in the focus group felt that they, not the parents, were primarily responsible for providing healthy foods. A few providers have set rules at their child care, such as not allowing parents to send junk food with their children as snacks. Although many providers felt that parents had good intentions for teaching their children healthy eating habits, a few felt that parents might be less likely to prepare a healthy meal at home because they know their children eat well-balanced meals when at child care.

Many parents and caregivers recognize that their food choices influence what children eat

In all focus groups, parents and caregivers agreed that children were strongly influenced by what foods were eaten in the home. They discussed how parents, siblings, and other relatives influence which foods children are likely to eat. Some parents provided very direct examples of role modeling, while others spoke more generally about “setting a good example” by preparing healthy foods at home. One parent described her role this way:

Whatever I eat, they want to taste it. If they see me with a glass of water, [the child will say] ‘oh, I want water too.’ If they see me with a Coke, they want Coke. So I figure if they see me with vegetables, they will want to try vegetables.

Although there was general agreement across groups that children are influenced by what others eat, some parents admitted that it was difficult for them to consistently eat healthy foods. For example, one mother described how she added vegetables to spaghetti sauce when cooking for her family, but picked out the vegetables when eating her own meal. Another mother described that her husband regularly drank soda during their evening meal while they tried to encourage their children to drink water or milk. Despite some of the challenges parents identified to healthy eating, parents generally agreed that they should set a good example for their children. One parent stated:

It’s hard to say, ‘it’s okay for me to eat this, but not you’ ...if you want [your children] to eat healthy, you have to eat healthy yourself.

Parents and caregivers also felt that observation of peers, siblings, and grandparents influence what children eat. One parent said that she encourages her son to eat by mentioning his favorite basketball player. She reported telling her child, “If you want to be big and strong like Kevin Garnett, you’re going to eat your vegetables.” Many child care providers felt that positive role modeling occurs when children, as a group, try new foods.

The observations made by focus group participants are consistent to what has been reported in the literature. Children tend to eat what their parents, and especially their mothers, eat (Lindsay et al., 2006). However, many of the mothers who participated in the focus groups felt that the eating habits of their spouse or significant other were also very influential. As a result, when considering strategies to encourage healthy eating among preschoolers, it may be important to consider developing broad interventions that promote healthy eating among all family members.

Child care providers also saw themselves as role models

Most child care providers agreed that they saw themselves as role models for the children in their care. Providers nodded in agreement when one participant stated that she eats the same healthy food that she prepares for the children. Focus group participants also discussed ways that they encourage children to try new foods, drink water regularly, or provide healthy snacks to children. One child care provider offered this example:

I think I have to be very careful to make sure I'm only eating healthy foods in front of [the children]. I'll go to the park and occasionally see a provider with a purse full of candy bars and carrying a Coke with her, and I think, "Is that something that you should be modeling to young children?"

Many providers also felt that peers can have a strong influence on the eating habits of young children. They observed that some children are more likely to try new foods when other children are eating it. One provider noted that this positive peer pressure might make it easier for children to try novel foods during daycare than at home. This observation is supported by research that found preschool children are more likely to eat and prefer foods they initially disliked after observing their peers consuming the food item (Birch, 1980).

Developing healthy mealtime and exercise habits

By choosing which foods are available in the home, role modeling particular behaviors, and limiting their child's media exposure, parents and caregivers are able to influence the eating environment of children (Campbell & Crawford, 2001). Similarly, the rules and routines that families establish help children learn how to self-regulate food consumption, choose healthy food items, and develop regular exercise routines.

In order to examine this topic, parents and caregivers were asked to describe the healthy habits that are encouraged in their households, as well as any difficulties they face when encouraging new eating and exercise routines. Generally, across all focus groups, parents and caregivers were able to provide very specific examples of strategies they used to encourage their children to engage in physical activity. Many parents and caregivers encouraged healthy eating habits, but their rationale for promoting various household rules was based on instilling specific family values, not concerns about their children's weight or health.

Being physically active

Parents and caregivers encourage outdoor play and physical activity

When asked to describe the types of activities that their preschool children enjoy, parents and caregivers listed a variety of responses, including: running, riding Big Wheels, playing baseball in the yard, and going to the pool. Although many parents felt that it was more difficult to encourage outdoor activities in the winter, they identified sledding, walking, and playing in the snow as activities their young children enjoy. A number of parents and caregivers also identified indoor activities that their children enjoy, such as walking at the mall, going to local recreational centers, jumping on a trampoline, or dancing to music.

Most parents felt that their children were getting the right amount of physical activity each day. Across groups, parents and caregivers agreed that their children wanted to play and needed to release energy during the day. One parent observed that "the kids sleep better when they have exercise." Research indicates that regular physical activity helps reduce the risk of weight gain, even among young preschool-age children (Lindsay et al., 2006). However, in the few situations when focus group participants discussed the relationship between exercise and maintaining a healthy weight, they spoke primarily of their older children or themselves. This suggests that parents may not consider a young child's active

play as a form of exercise, or that they do not consider weight to be a concern until the child is older.

Parents and caregivers perceive availability of local parks, cost, safety, and weather as barriers to physical activity

Parents had very different perspectives of the availability of local parks, depending on the location of their home. Many parents felt that they could walk with their children to a number of local parks, while a few parents and caregivers felt that there were few playgrounds and parks within walking distance. One parent stated:

If [a playground] was within a mile it would be totally fine...but there's a time factor involved, too. It takes a long time to walk two miles, play, and walk back again.

Socioeconomic status and home ownership may impact the types of activities that children participate in while at home. Some parents described having an unfinished basement where their children could play, or large, connected rooms where children could ride their Big Wheels or tricycles. Parents who lived in apartment buildings appeared to have fewer options, and were more concerned about their neighbors being bothered when the children made too much noise when they were being active. One parent who had recently moved from a house to an apartment stated:

I live in the apartment, and...with someone living under you, you can't do as much. I'm on the 3rd floor, so if [my son is] jumping around I have to tell him "Baby, you can't do that...we have neighbors."

There was also wide variation in the awareness and utilization of low-cost recreation options among the participating parents and caregivers. Some parents shared tips about free afternoons at local swimming pools or low-cost admission to museums, while others were not aware of these resources. Although a number of parents stated that they had a family pass to a local gym, other parents felt that these were too expensive. A couple of parents with large families had found that a standard family membership at a fitness center wouldn't cover all of their children at the discounted rate.

A few parents were concerned about their child's safety. For example, one parent described that in her neighborhood there were no sidewalks and she was concerned about her children running into the street. Parents and caregivers generally played outside with their children, but some were more concerned about strangers and overall safety than others.

Although many parents and caregivers identified outdoor winter activities that their children enjoyed, there was general consensus among groups that it was more difficult to encourage active play in the winter months. Some parents stated that they were more likely to bring their children to indoor parks or community recreational centers during the winter months, while a few parents discussed ways they encouraged play at home. Although a few parents felt that “there’s tons you can do” in the winter, most parents found it more difficult to encourage physical activity during cold weather months. Parents explained:

In the winter, I don’t have a lot of money to take them places. So if there isn’t snow and they aren’t sledding, it’s hard to find things to do.

I’d like to see more indoor places we can go that are affordable and safe for the kids...in the wintertime [there aren’t enough] places for them to go and run around.

Parents are more concerned about the content of television programs than the amount of time their children spend watching TV

In addition to avoiding television during meals, a number of parents also had rules about the types of programs their children were allowed to watch. These parents were concerned that children were being exposed to adult themes or inappropriate language in some cartoon programs. A few parents described daily time limits on television viewing, but these rules were more commonly used with older children. Similarly, concerns about time spent on the computer or playing video games were focused on older school-age children.

Some parents did discuss positive aspects of television programs. Parents did report watching specific cartoons or videos with their children, and a few parents stated that they choose videos that encourage children to dance with the music or participate in other moderate activity. A few parents acknowledged that their children watch more television than they would prefer.

Developing healthy mealtime habits

Parents created mealtime routines to provide structure and promote family time

In all focus groups, most parents and caregivers agreed that they encouraged their children to eat meals while sitting at the table, but their reasons for this household rule varied. Some parents felt that this helped their children calm down before a meal, while others stated it helped them keep the rest of the house clean. Although many parents were promoting positive eating habits by sitting at the table and turning off the television,

they felt these rules were important because they promoted “family time.” Parents explained:

The kids see that when we eat together we are united...the family [is] together.
Having rules gives the kids stability.

Although many parents agreed that they tried to maintain a consistent schedule for meals, parents who worked multiple jobs or who had older children with extra-curricular activities felt it was more difficult to establish a set dinner time. A few parents stated that after working all day, they don’t know when their children last ate. One parent stated:

When I return home at dinner time, I don’t know if she’s eaten at daycare. If I offer her something to eat, sometimes she eats; sometimes she says she doesn’t want to.

Across all groups, parents reported that they did not allow their children to watch television during meals or snacks. By designating specific snack times, many parents also tried to limit how often their children ate throughout the day. A few parents stated that they only provide an afternoon snack when requested by their child.

Child care providers felt various policies supported healthy eating and exercise habits

Most of the providers participated in Child and Adult Care Food Program (CACFP), the optional food program sponsored by the United States Department of Agriculture (USDA). The program includes requirements about the types of food and number of servings that children should eat throughout the day. Most providers felt that the program offered helpful recommendations without being overly restrictive. Providers also felt the program provided helpful training:

With the food program, we do go to training at least once a year on nutrition. [The trainings] are educational and helpful. I think...parents don’t get that. Had I not been a daycare provider, I don’t know if I would have known as much about how to eat healthy.

Some providers were concerned about the costs of fresh fruits and vegetables and felt that additional reimbursement through the program would be helpful. However, the providers acknowledged that this food program is intended to provide a small supplement to reimburse the providers for the meals they prepare, not to purchase all foods they offer. The providers had heard conflicting information about the way that they should serve food to children. A few providers had been told by a licensor from the State that they must put the complete serving on each child’s plate to meet the requirements of the program. They

were concerned about this provision because they felt children were willing to eat more when they can serve themselves or have more choices in family-style meals.

The providers who participated in the focus groups appeared to be highly aware of nutritional information and reported providing well-balanced meals and snacks to children. However, the meals and snacks provided in child care settings are not highly regulated. Although providers participating in CACFP must follow some general guidelines about food servings, the program does not utilize nutrient-based standards to ensure healthy foods are being offered to young children. There is relatively little known about the overall food quality offered in child care settings, but there is evidence to suggest that fresh fruits and vegetables are offered infrequently, while meals and snacks are typically high in saturated fat and total calories (Story, Kaphingst & French, 2006).

The providers also stated that they were required to ensure that children had at least 20 minutes of outside time each day. Although a few providers laughed about the struggles of getting multiple children ready to go outside in the winter, they generally agreed that this was a helpful policy and a something that they strongly encourage.

A number of providers had developed their own policies to promote healthy eating or exercise habits. A few participants had created policies to prevent parents from sending junk food or other unhealthy snacks with children to their daycare. Other providers had to remind parents to make sure their child had appropriate clothing to play outside each day. By meeting with parents before the child is enrolled in the child care and through periodic discussions, the providers are able to learn about the child's food preferences and discuss any concerns that arise at home or in the child care setting.

Making healthy changes

Parents and caregivers want to help their children avoid future health problems

Parents and caregivers were motivated to make healthy changes in their homes for a variety of reasons. A few parents identified news stories or magazine articles that described the risk of hormones and pesticides on foods. More often, parents were concerned their children were susceptible to health conditions, such as high blood pressure or diabetes, which run in their family. A few parents were very motivated by their own upbringing, and spoke about the ways they have been positively and negatively influenced by the habits they learned as children. One parent described how her own health concerns have prompted her to make changes in her home:

I was rebellious as a child so I didn't have rules for my kids. However...I had bad teeth and now the doctor is trying to get me to lose weight. [My family has] made small changes because of bad reports.

Parents and caregivers were less motivated by concerns about childhood obesity

When asked to discuss the relationship between a child's weight and overall health, parents generally agreed that weight is an important factor, but not the sole predictor, of health. Although there was recognition of the long-term health consequences of obesity, most parents were not very concerned about children who may be overweight as preschoolers. However, some parents and caregivers discussed how overweight children can experience low self-esteem or emotional problems because of teasing or bullying by other children. A number of parents expressed more concern about children that are underweight than overweight. This is consistent with what has been found in other parent focus groups (McGarvey et al, 2006).

Although parents agreed that weight is influenced by diet and exercise, they also felt that there are other uncontrollable factors, such as individual metabolism and genetics, which are more directly related to child's body type and weight. Parents explained:

Some people can eat the rights things and still be heavy. It has nothing to do with what they eat...their metabolism is just different.

You have to take everything into consideration with weight...if you're family is a little more big boned that other families or you have to look at your cultural background.

Across all groups, parents felt that healthy children can be different sizes. There was a general consensus that children who ate a variety of healthy foods and exercised regularly were healthy, even if some are larger than others. For example, one parent demonstrated this point by describing her son, a child who is in the 100th percentile in both height and weight. Although she acknowledged that her child is larger than other children, she felt that he was healthy because he was "solid" and his height and weight are proportional. Other parents explained:

I believe some kids are a little thinner than others, some are a little bigger...people just vary in sizes.

You really can't go by weight...if you look at my son, he weights almost 50 pounds, but he doesn't look like it. You have to take into consideration height and bone structure.

Weight does not equal health.

Although many of the child care providers agreed that they would feel uncomfortable initiating a discussion about a child's weight, a number of providers described information that they provide to parents about healthy eating and nutrition. Some providers also reassured parents about concerns they had regarding their child's weight:

[I tell my parents] as long as he's staying on that same 75th or 95th percentile on that [growth] chart...and there's not a huge shoot up or a huge shoot down, don't worry about it.

I have one child [who is heavy for his age], but as long as he is eating the same well-balanced meal at home as he is at my house, then that's a good weight for him. I think body type...has a lot to do with it.

Communication strategies

As part of the focus group discussions, parents, caregivers, and child care providers were asked to identify topics they would like to hear more information about, as well as communication strategies they felt would be most useful.

Focus group participants utilized a variety of information sources

Parents, caregivers, and child care providers identified a number of information sources they rely on to learn more about nutrition and healthy child development. Across all focus groups, participants stated that there was a considerable amount of health information in the news. Many felt that informal resources, such as family or friends, or formal resources, such as their child's pediatrician, were trusted sources of information. A number of parents and child care providers also searched for new information in magazines or online.

Parents want their children to hear positive messages about health

Throughout the focus group discussions, parents frequently spoke about children "being healthy" or "developing good habits." In general, the parents seemed less comfortable discussing the topic of obesity, and were concerned about labeling children as overweight. Some parents described situations in which they became very concerned about negative messages their children heard about weight and health. For example, a parent of one 4-year old was troubled when her child came home and said, "Mommy, I'm too fat." Other parents felt that too much attention is placed on body image in the media, and felt children and adults should hear messages that focus on being healthy.

Many parents and caregivers are interested in sharing tips and suggestions for healthy eating

In all focus groups, parents and child care providers volunteered successful strategies they have used to encourage healthy eating and physical activity. While some parents offered a number of creative tips and suggestions, other parents shared that they had not heard these tips before and were interested in hearing other suggestions. Providers also recognized parents as a source of information and healthy eating tips:

I get a lot of really good input from my parents. I take in a lot from them, whether it be swapping recipe ideas or different activities to do. A lot of the stuff that I do comes from parents.

Parents and caregivers would like tips and suggestions for implementing healthy changes

Many of the parents and caregivers who participated in the focus groups stated that they had received good information about health from a variety of sources, including: pediatricians, home visiting nurses, friends, family members, magazine articles, pamphlets from WIC, and through discussions with other parents. However, even parents who spoke confidently about their knowledge of nutrition discussed the challenges of implementing healthy routines in their homes:

I think we all know what [we're] supposed to do, but the hard thing is doing it.

I think a lot of nutrition information is out there – it's things we've all learned in school and college. All of it is just kind of common knowledge...It's just putting it into practice in the house.

In all focus group discussions, participating parents and caregivers were interested in the practical tips and suggestions made by others in the group. When asked what topics they would like to learn more about, a majority of parents in all groups agreed that they would like tips on nutrition and healthy eating. In addition, some parents felt it was important to learn how to teach their children healthy habits, including appropriate serving sizes, and how to encourage children to eat in moderation. Some of the specific suggestions about useful tips that parents and caregivers would like to learn about are listed below:

- New recipes – especially those that are quick and easy to make
- Tips on ways to introduce new foods, including vegetables, to children
- A weekly grocery list and corresponding menu plan, so parents know what to buy
- Additional information on affordable ways to purchase fresh fruit and vegetables
- Updated lists of free or low-cost activities for young children

The child care providers who participated in the focus group felt that they had access to all the resources and information they needed on healthy eating, eating habits, and physical activity. The providers obtained information from a variety of sources, including the library, their licensor, websites, Providers Choice, Inc., and Family Child Care trainings. Many providers tried to make this information available to parents by posting information on bulletin boards, handing out healthy recipes, and providing parents with updates on new types of food their child has tried or enjoyed during daycare.

Written newsletters, classes, and parenting groups may all be effective ways to offer new information to parents and caregivers

Although most parents felt it would be helpful to receive concise written information through newsletters or other pamphlets, some parents were very interested in learning about healthy eating through parent education classes or other group activities. The parents who participated in the Spanish-speaking focus group appeared to be most interested in group activities, while newsletters were most commonly identified in other focus groups.

Limitations

This report included information gathered from six focus groups of Dakota County parents, caregivers, and licensed family child care providers. These individuals were recruited to represent the views and perspectives of county's diverse population. However, the following limitations should be considered when reading this report:

- All focus group participants were invited to discuss healthy eating and physical activity. Individuals who agreed to participate in this conversation may have had more knowledge of nutrition than the general population. Although the participants demonstrated a great deal of knowledge regarding nutrition and healthy eating, potential interventions should not assume all parents, caregivers, and child care providers share the same level of understanding.
- Focus group participants were recruited from a variety of community agencies and organizations that offer services to families of varying income levels. Although efforts were made to accommodate the schedules of parents and address other barriers to participation, some parents likely did not have enough time to participate in these discussions. As a result, the results from these focus groups may not accurately represent the perspectives of parents who had greater barriers to participation, such as parents who work multiple jobs or have limited transportation options.
- There are a number of other environmental factors that are thought to contribute to childhood obesity that were not addressed in the focus group discussions. These factors include food advertisements geared to children, increased portion sizes, and increased availability of low-cost, high-fat foods. The areas addressed during the focus group discussions emphasized areas that could be targeted through local intervention strategies, but did not address these broad environmental factors.
- Although the focus groups were not designed to be gender-specific, there were only three males who participated in any of the six discussions. Potential differences in knowledge, intention, or perceived barriers to healthy eating and physical activity due to gender cannot be assessed in this report.
- Attempts were made to recruit diverse groups of parents and caregivers to participate in the focus group discussions throughout Dakota County. However there were few African-American and Asian-American parents who participated in the focus group discussions.

Recommendations

Based on the findings from this series of focus groups and a review of the current literature, Wilder Research recommends that Dakota County considers the following recommendations when implementing childhood obesity prevention interventions:

- **Develop key messages that emphasize parents, caregivers, and family child care providers as role models.** Across all focus groups, participants recognized how their own eating and exercise habits influenced children. Based on the focus group discussions, messages that emphasize positive role modeling are likely to be well-received and understood by a variety of child caregivers.
- **Use a variety of communication strategies to share health information with caregivers.** Most of the focus group participants agreed that they would like to receive brief written information about nutrition, healthy eating, and other health issues. However, the parents who participated in the focus groups engaged in active discussions where they could share tips with one another. Group discussions or workshops may be a communication strategy that appeals to some parents, and were strongly favored by Spanish-speaking women. Hands on activities, such as using measuring cups to teach parents about appropriate serving sizes for preschoolers, may also be an effective teaching strategy for parents (Bish, 2005). Dakota County staff may also want to consider strategies to engage parents to share their tips and knowledge through existing community newsletters.
- **Recognize the unique cultural characteristics of parents and families when developing key messages.** Although there were many similarities among all Dakota County parents, some cultural differences also became apparent when various focus group discussions discussed healthy food choices. Some foods that were identified as healthy foods by Somali parents would not be familiar to other parents in Dakota County. Similarly, immigrant families may not be comfortable preparing or eating typical American foods. In order to ensure that parents and families receive meaningful information, it is not sufficient to simply translate information. Instead, some key messages may need to be adopted to become relevant to specific populations.
- **Provide parents and caregivers with practical tips and strategies to encourage healthy eating and food acceptance.** Many parents who participated in the focus groups felt they understood the causes of childhood obesity, but lacked strategies to implement this knowledge to improve meals and increase active play with their children at home. Similarly, a number of parents were interested in learning strategies to increase their child's acceptance of new foods. Parents expressed

interest in hearing practical tips and strategies that they could use in their home. As communication strategies are developed for parents and caregivers, it is important that the key messages address specific problems, avoid blaming or judging parents, and provide parents and caregivers with concrete strategies that meet their needs (Johnson, 2005).

- **Seek opportunities to partner with community members who are considered to be trusted sources of information.** Parents appear to consider a number of factors in determining whether or not their child is healthy, and are unlikely to feel an overweight child is unhealthy unless other health problems are also present. Pediatricians, who are trusted by parents and have opportunities to see children repeatedly, may be able to play a key role in building awareness of the problems associated with childhood obesity and providing guidance to parents as they help children develop early eating and exercise habits. The role of pediatricians in obesity prevention may be especially important, given that our focus groups found many child care providers do not feel comfortable initiating this discussion with parents.
- **Consider strategies to examine the needs of fathers and other male caregivers.** Male participation in all focus groups was very low, with only three males attending any discussion. Although the eating behaviors of children are strongly influenced by mothers, it should not be assumed that men are not influential as these habits are formed. Fathers and other male role models may play significant roles in choosing foods for the home, preparing meals, encouraging healthy eating habits, and role modeling both positive and negative behaviors. Due to the lack of gender-specific information gathered through these focus groups, Wilder Research suggests conducting additional research to determine the level of involvement fathers have in helping young children develop healthy eating and exercise habits, as well as specific strategies to engage fathers in childhood obesity prevention strategies.
- **Consider opportunities to conduct a more comprehensive assessment of healthy eating policies and practices in child care settings.** The licensed family child care providers who participated in this project appeared to have a strong understanding of childhood nutrition and healthy eating habits. However, there are few regulations that standardize healthy eating policies within child care settings, and little research to demonstrate the impact of various practices. It may be helpful to further examine the food policies in child care settings through provider surveys, key informant interviews, or a review of foods offered to children in a variety of child care settings.

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Appendix

Parent questions

Child care provider questions

Focus group description

Parent questions

Dakota County Focus Groups: Preschool Parents

Intro Question:

1. Today, we're going to discuss a number of things, including healthy eating and exercise. What kinds of things do you try to do, or see other parents doing, to help children develop healthy eating and exercise habits?

Healthy Diet:

1. When you think about children having a healthy diet, what comes to mind?
[Probes: Are there certain types of food that you think of as healthy or unhealthy? Are there any beverages that you think of as healthy or unhealthy?]
2. Is it difficult to get your child to eat healthy foods or for you to prepare healthy meals at home? *If yes, why?* Probe – is that a concern for you?
3. Do you try to choose and eat healthy foods yourself?
If yes: How have you learned which foods are health for you and your child?
If yes/no: Are you interested in learning more about how to choose or prepare healthy foods?
4. Are you worried about any of the foods your children eat, in other places (*such as restaurants, child care, or when visiting other friends/family*)? *[Probes: How are these foods similar/different to the foods your child eats at home?]*

Healthy Eating Habits:

1. Some families have household routines or rules that help children develop good eating and physical activity habits. Does your family have any similar family routines or rules? (*Ask for examples*) *[Probes: Are there certain types of foods or beverages that you include in every family meal? Do you eat meals together as a family? Do you put any limitations on when your children are allowed to watch television?]*
2. Do you think it is important to have these rules/routines in your household?
[Probe: Why or why not?]
3. Do you think these types of rules have helped your family develop good eating and activity habits? *[Probes: Why or why not?]*
4. Is it difficult for you to make/enforce these rules? *If yes, why?*

Physical Activity:

(Note to facilitator: These questions are intended to ask about ways that children are active (walking, running, crawling, climbing, etc.). If you are not sure if parents are describing active/sedentary activities, please ask the parent to provide examples.)

1. What kinds of activities do your children do most often? *[Probes: What does your child do when playing inside the house? How often to they play outdoors?]*

2. How much physical activity does your child get each day? [*Probes: How much of this time is spent sitting? How much of this time is spent running, walking, or climbing?*] Do you feel like this is the right amount?
3. What sorts of games/activities do you do with your children?
4. Do you feel there are opportunities in your community for your child to be active? [*Probe: Are there parks, playgrounds to go to?*]
If yes: How do you learn about new exercise options in your community?
If no: Are you interested in learning more about opportunities for you child to participate in activities (active play) in your community?

Communication Strategies:

You've already mentioned a number of ways you learn about healthy foods, healthy eating habits, and physical activity. (*Note to facilitator: review a few of the examples parents discussed earlier*)

1. You all mentioned getting health information from many different people. What types of information do you trust the most? [*Probe: Do you rely more on what other parents say, or what you learn from your child's doctor?*]
2. What motivates you to make healthy changes in your home? [*Probe: Are there any things that keep you from making some healthy changes in your home?*]
3. Of the things that we've discussed today (*healthy diet, healthy eating habits, physical activity*), are there any topics you would like to learn more about?
4. How would you like to receive health information about these topics? [*Possible examples: handouts at clinic, come to a class, internet/website, newsletter*]

Child Overweight:

1. We've talked quite a bit about healthy foods, healthy eating habits, and physical activity. These are all things may be helpful in helping children maintain a healthy weight. Do you think that parents should be concerned if their preschool-age child is overweight? *If yes, why?* [*Probes: Are you more concerned about a child being overweight or underweight? Are overweight children healthy?*]

Exposure to secondhand smoke/dental care:

I just have a couple additional health-related questions I'd like to ask you before we end our conversation.

1. Are there any rules that you've set in your home to keep your child away from secondhand (cigarette) smoke? (*Ask for examples*)
2. Have you had any problems helping your child take good care of his/her teeth? (*Ask for examples*)

Closing:

- Thank the participants for their time and for sharing their opinions

Child care provider questions

Dakota County Focus Groups: Child Care Providers

Intro Question:

1. In your conversations with parents, what types of concerns or issues do hear most often? [*Probe: How often do you hear concerns about healthy eating or physical activity?*]

General Questions:

Today, we're going to talk primarily about healthy eating and physical activity for preschool-age children.

1. Do you think child care providers play a role in helping children develop healthy eating and physical activity habits? *If yes, can you describe that role? [Probe: Do you help children develop any healthy habits? Do you think of yourself role-modeling any particular behaviors?]*
2. Are there any regulations or policies that influence how you promote healthy eating and physical activity at your daycare? (*Ask for examples*) Do these regulations make it easier or more difficult to encourage healthy eating and physical activity?

Healthy Diet:

1. Are there things that child care providers do to promote a healthy diet? *If yes, ask for examples.*
2. Do you feel it is difficult for child care providers to provide healthy foods for young children? *If so, why?*
3. As a child care provider, how do you make decisions about which foods you serve to the children you're caring for? [*Probe: Are there any resources you use to help you make these decisions or learn about healthy eating?*]

Healthy Eating Habits:

Now that we've talked about healthy foods, I'd also like to discuss how children learn healthy eating behaviors. (*Examples of healthy eating habits: healthy eating habits can include eating meals without watching television, having scheduled meal/snack times, etc.*)

1. Are there any things that you do at your child care agency to encourage positive eating habits? [*Probes: Where do children eat? Do they watch TV when eating? Do you eat with them?*]
2. Is it difficult for you to enforce these rules at your daycare? *If so, why?*

Physical Activity:

1. What types of activities do children participate in at your daycare? *[Probes: What activities do the children do outside? What types of physical activity do you offer to children inside?]*
2. How much time do children at your daycare spend participating in physical – not sedentary – activities? *[Probe: Do you feel like they children spend enough time participating in physical activities?]*
3. It is difficult for you to provide opportunities for the children in your child care to participate in physical activity? *If so, why?*

Communication Strategies:

1. Do you try to learn new information about healthy eating, healthy eating habits, and physical activity for preschool-age children? *If yes: Where do you go to get new information?*
2. Do you share any information with parents about healthy foods, healthy eating habits or physical activity? *Ask for examples. [Probe: Have you provided parents with other types of information?]*

Child Overweight:

2. We've talked quite a bit about healthy foods, healthy eating habits, and physical activity. These are all things may be helpful in helping children maintain a healthy weight. Do you think that parents should be concerned if their preschool-age child is overweight? *If yes, why? [Probes: Are you more concerned about a child being overweight or underweight? Are overweight children healthy?]*

Closing:

- Thank the participants for their time and for sharing their opinions

Focus group description

Focus group 1:

Nine parents participated in an afternoon focus group held at the Dakota County Northern Service Center in West St. Paul. Parents were recruited to participate in the study through flyers distributed through the Dakota County WIC program.

Focus group 2:

Ten licensed family daycare providers participated in an evening focus group held at the Dakota County Western Service Center in Apple Valley. An email invitation was used to recruit participants.

Focus group 3:

Twelve parents participated in an evening focus group held at the Kid Connections office in South St. Paul. Parents received flyers from Head Start staff, informing them of the upcoming focus group.

Focus group 4:

Eleven parents participated in a Spanish-speaking focus group held in the afternoon at the Dakota County Northern Service Center in West St. Paul. These parents participated in various county programs and were recruited by a Dakota County staff member, fluent in Spanish.

Focus group 5:

Sixteen Somali-speaking parents and caregivers participated in a focus group held at an apartment complex in Burnsville on a weekday evening. These parents were recruited primarily by a Somali-speaking Dakota County staff member. Many of the participants knew one another, and some invited other parents to attend the group.

Focus group 6:

Seven parents participated in a focus group held during an early childhood family education (ECFE) class in Apple Valley. These parents were regular participants in a weekly parent education class.