



**2014**

# CHILDHOOD OBESITY

IN

Chatham  
County

Parent Focus Groups  
Executive Summary

Overseen by



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# 1 EXECUTIVE SUMMARY

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## 1.1 OVERVIEW

The Savannah Business Group (SBG) received funding from the [National Business Coalition on Health](#) (NBCH), [Robert Wood Johnson Foundation](#) (RWJF), and the [United Health Foundation](#) (UHF) to broaden the participation of parents, employers, and physicians engaged in the promotion of child wellness; specifically, to improve prevention and treatment of childhood obesity in Savannah and Chatham County, Georgia. This summary research report presents findings and recommendations to inform the parent engagement strategy: (1) design and distribution of a Chatham County Parent Resource Guide, (2) plan and host a Parent Summit for Child Wellness, and (c) engage parents in the local district-wide Parent-Teacher Association (PTA) health and wellness committee.

## 1.2 METHODOLOGY

Bluknowledge LLC, a research and consulting firm, managed the focus group research process. (See Appendix A | About Bluknowledge LLC for more details.) This included the design and facilitation of focus group activities; a qualitative analysis of the discussions, which were audio recorded and transcribed; and the authorship of this summary research report.

### 1.2.1 Participant Demographics

The research team facilitated five focus group interviews with 41 participants, mostly parents of children 5-12 years old. Women (90%) and African Americans (76%) comprised the majority of the focus groups. Approximately half (51%) of the participants reported earning a household income less than \$35,000 and more than two-thirds (68%) reported to receive one or more public benefits within the past six months (e.g., Supplemental Nutrition Assistance Program [SNAP] or Women, Infants, and Children [WIC]). See Appendix B | Participant Demographics for more details.

### 1.2.2 Focus Group Format

Using the discussion guide, facilitators elicited insights, perceptions, knowledge, and desires among participants about

- availability, use, and accessibility of child wellness resources in the community
- school wellness, specifically physical activity and the school food environment
- comfort level and nature of relationship with child's physician
- participation in a local parent network for information sharing, advocacy, and action.

A variety of elicitation techniques were used to encourage full participation. For example, participants answered questions using stickers to the locations and reasons for specific healthcare services (e.g., child's pediatrician for well visits), annotated or marked up enlarged images of school menus, and participated in group discussion as the facilitator listed key ideas on chart paper. See Appendix C | Focus Group Discussion Guide for more details.

## 1.3 KEY FINDINGS

During the focus groups, participants posed critical questions about school-based policies related to physical activity and healthy eating, cited real-world challenges to promoting healthy behaviors at home, and shared relevant, healthy practices with other participants. A qualitative data analysis revealed several key findings about parents' experiences related to child wellness. This summary report presents findings across four themes: (A) The Georgia SHAPE Initiative and Physical Activity, (B) Healthy Eating and the School Nutrition Environment, (C) The Parent-Physician Relationship, and (D) Healthy Information and Resources Network.

### 1.3.1 The Georgia SHAPE Initiative and Physical Activity

- Overall, participants reported a lack of familiarity with the Georgia SHAPE Initiative, including the FitnessGram assessments and reports. Only two participants reported receiving a FitnessGram Report for their child.
- Participants provided valuable, concrete feedback to improve the SHAPE FitnessGram process and report, such as include pictures illustrating the exercises, add information about how to improve health, make reports age appropriate for children, and provide parent information with the student report.
- Also, participants confirmed the utility of the FitnessGram report in helping them manage their children's health. For example, several participants mentioned that the report contained good information and appreciated that it showed improvement in a child's health over multiple years. One participant remarked that it was "like a credit report on the child's health."
- Together, participants planned several child-centered "next steps" to improve children's health: (a) modify the household diet and exercise plans, (b) create opportunities for children to choose healthy eating and physical activity, and (c) incorporate language and actions that boost self-esteem.

### 1.3.2 Healthy Eating and the School Nutrition Environment

- Participants reported that their children usually eat (a) breakfast and dinner at home, (b) lunch at school, and (c) snacks at home and school.
- Based on the menu or what their children report to eat during the day, many participants communicated plans to supplement their child's nutrition at school by preparing meals (e.g., lunch to bring to school or dinner to eat at home) that increase *food security* (e.g., larger portions or more preferred foods), *nutritional value* (e.g., more vegetables or foods with less fat), and *variety* (e.g., different foods that what was served at school or more culturally-familiar foods).
- Participants varied in their knowledge and experiences with school nutrition policies and parent advocacy strategies. They reported a wide range of planned actions:
  - Learn about school nutrition policies and practices at their child's school by (a) asking their child what they ate during the day and (b) conducting observations

- while eating lunch with their child. Spanish-speaking participants requested the school menu be made available offline and in Spanish.
- Discuss their child's specific dietary needs with the teacher or school nutritionist with an expectation that school staff will monitor child's food intake.
  - Raise issues or provide feedback, individually or with other parents, about the school nutrition environment with staff (e.g., teacher, school nutrition managers, or principals) or groups (e.g., PTA, school wellness committee, and school board).

### 1.3.3 The Parent-Physician Relationship

- Mainly, participants utilized pediatricians (e.g., wellness visits, physicals, and immunizations), family practice physicians (e.g., cold or flu care and physicals), and emergency rooms (e.g., injuries, fever or cold or flu care) as their children's healthcare providers.
- Participants wanted to support their child's health; therefore they requested physicians (a) converse with them and their child about health-related behaviors at home and school, (b) allow sufficient time during visits to explain their reasoning for prescribing medicines or recommending healthy behaviors, and (c) include them and their child in planning for healthier families (e.g., goal-setting for food-related and physical activity behaviors and expectations for monitoring and follow-up).
- During physician visits, participants pay most attention to the physician's (1) communication style (e.g., Does he or she clearly explain medical terminology or demonstrate a non-judgmental stance?) and (2) methods of information sharing (e.g., Does he or she provide any take-home resources – online or handout formats or offer several options for healthy behaviors?).
- Several participants emphasized that physicians need to consider the social factors that affect families (e.g., income level, health insurance coverage, safety, and convenience) to ensure they suggest relevant and attainable healthy behaviors for parents and children.

### 1.3.4 Healthy Information and Resources Network

- Overall, participants reported preferences to
  - Learn about healthy information and resources via their child's school (e.g., Board of Education Office and classroom teachers), healthcare entities (e.g., physician office and community clinics), and parent organizations (PTA and Parent University)
  - Receive information via print formats (e.g., local newspapers and personalized letters) and web-based media (e.g., email and websites)
  - Share healthy information and resources with their personal networks, local groups (e.g., churches and athletic organizations), and schools (e.g., parent facilitators and front office materials)
  - Circulate potentially helpful and healthy information through web-based media (e.g., Facebook) and print channels (e.g., brochures).
- Participants placed a premium value sharing and receiving health-related information by means of word of mouth, including texting via mobile phones.

- While information overload remained a concern for a few participants, most reported that they were likely to ignore information they deemed irrelevant and share resources that may prove helpful to others.

#### 1.4 IMPLICATIONS AND RECOMMENDATIONS

This report organizes an important body of community knowledge that offers insights into how parents care for their children. Specifically, this report makes available several examples of positive parenting practices that promote child wellness - healthy eating and physical activity behaviors and knowledge seeking and advocacy strategies. It also brings attention to the information, resources, and partnerships parents deem relevant and helpful to realizing their intentions for healthy families.

As mentioned earlier, this focus group study with parents was intended to inform a parent engagement strategy for childhood obesity prevention. The findings communicated in this summary report shaped the content of the 2014 Obesity in Chatham County Parent Resource Guide, which has been distributed to over 200 families. In addition to Let's Go 5-2-1-0 health promotion messages, the Parent Resource Guide shares information about how (a) parents can communicate more effectively with their child's physician, (b) children's body mass index (BMI) is measured and monitored using percentile charts, and (c) the Georgia SHAPE FitnessGram report informs parents about their child's health and fitness. Specific feedback about the Georgia SHAPE FitnessGram process and report was shared with the statewide SHAPE advisory committee.

The Parent Summit created the opportunity for parents and community members to participate in an engaging community health event focused on preventing childhood obesity and promoting child wellness. Participants' requests for additional information and resources defined the agenda for Parent Summit for Child Wellness, which convened a set of community-based facilitators who offered the following classes during the fall session of Parent University:

- Campaign for Healthy Kids and Families
- How do I Talk to My Child About Eating Healthy?
- Panel: How Can Parents Advocate for Healthier Schools?
- Kick Start Your Kids Into Fitness.
- Family Meals—Making Easy Choices
- Partner with Your Child's Pediatrician

The concluding section of this report proposes several recommendations that exemplify possibilities for youth-, family-, or health-centered agencies and organizations to foster nurturing relationships with families -- parents and children by (a) creating learning opportunities that position parents and children as contributors and seekers of relevant, health-related information and resources; and (b) advocating *with* parents to create and implement programs and policies that promote child wellness.

## 9 APPENDIX

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### 9.1 APPENDIX A | ABOUT BLUKNOWLEDGE LLC

Bluknowledge LLC is a research and consulting firm resolved to end health and scientific inequities through empowering community education, research, and advocacy. Through a diverse portfolio of projects, bluknowledge envisions empowered communities that thrive in education, health and wellness, and economic sustainability. Recent community research projects include:

- focus group research for Savannah Economic Development Agency's (SEDA) Workforce Development study
- planning consultation for Step Up Savannah and Chatham County Safety Net Planning Council, including design and facilitation of community stakeholder workshops, focus group research, and proposal writing for the Mayor's Campaign for Healthy Children and Families – a National League of City initiative
- community engagement for the Coastal Health District, including the design and facilitation of the community stakeholder workshops -- Let's Eat Healthy, Play Often, and Create Community
- community education - design and facilitation of community health and wellness sessions at Parent University and Early Learning College.

Visit [www.bluknowledge.com](http://www.bluknowledge.com) for more information.

The principal researcher, Erika Tate, PhD, is the Founder and Chief Executive Officer of bluknowledge LLC, which fuses her social justice orientation, expertise in inquiry-based science and health education, community-centered design and research philosophy, and demonstrated aptitude for fostering creativity and collaboration. Since the inception of bluknowledge LLC in 2012, she has collaborated with partners on local and national education and public health projects to support healthy, sustainable, and just communities. Dr. Tate earned her PhD in Education in Mathematics, Science, and Technology, from the University of California, Berkeley.

Acknowledgement: Jacelyn Lane, MPH, Garth Marchant, and Shinal Patel participated on the parent focus group research team during their practicum studies. They assisted with facilitation, data collection and analysis, and data summarization.



## 9.2 APPENDIX B | PARTICIPANT DEMOGRAPHICS

Table 9.1 Summary of Demographic Information for Focus Group Participants

Demographic Category	Number of Participants (Percentage)	
N (Total Focus Group Participants)	41	
<b>GENDER</b>		
Male	4 (10%)	
Female	37 (90%)	
<b>RACE/ETHNICITY</b>		
African-American	31 (76%)	
White	5 (12%)	
Hispanic	3 (7%)	
Asian	1 (2%)	
Not Reported	1 (2%)	
<b>ANNUAL INCOME</b>	<b># Children &lt;18 years old in Household</b>	
<\$34,999	1-5	21 (51%)
\$35,000-\$49,999	1-6	6 (15%)
\$50,000-\$74,999	2-4	6 (15%)
> \$75,000	2-5	5 (12%)
Not Reported		2 (5%)
Receive Public Assistance (e.g., SNAP, Free or Reduced Lunch)		28 (68%)

### 9.3 APPENDIX C | FOCUS GROUP DISCUSSION GUIDE

Table 9.2 Overview of Focus Group Discussion Topics

Discussion Topic (Focus Groups)	Key Questions and Activities
A. The Georgia SHAPE Initiative and Physical Activity	<p><b>Answer</b> <i>Has your child ever brought home a FitnessGram?</i></p> <p>Review, <b>annotate</b>, and discuss sample <i>FitnessGram</i> reports. <i>What do/don't you understand?</i></p> <p><b>Discuss</b> response to a scenario about a child who brings home a FitnessGram that places them outside the Healthy Zone. <i>If this was your child, what are your next steps?</i></p>
B. Healthy Eating and the School Nutrition Environment	<p><b>Answer</b> <i>Where does your child eat breakfast, lunch, dinner, and snacks?</i></p> <p>Review, <b>annotate</b>, and discuss a sample school menu. <i>What do/don't you want your child to eat?</i></p> <p><b>Discuss</b> response to a scenario that pictorially describes what a child eats throughout a normal school day. <i>Your child eats these meals on a typical school day. Knowing this, what do you do next?</i></p>
C. The Parent-Physician Relationship	<p><b>Answer</b> <i>Why do you take your child to the family practitioner, pediatrician, community clinic or center, emergency room, urgent care, or drugstore/pharmacy?</i></p> <p>Watch and <b>discuss</b> observations and judgments of a video of a conversation between a parent, child, and physician.</p> <p><b>Discuss</b> <i>What do you want to happen at your next visit to the child's doctor? Why?</i></p>
D. Healthy Information and Resources Network	<p><b>Discuss</b> <i>How do you want to learn about and share information about the child wellness resources?</i></p>