



Designing a Program to Reduce Overweight and Obesity Among Low-income Californians: Results of Focus Groups

Executive Summary

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■ Study Background and Purpose

The California Department of Health Care Services (DHCS) and University of California, Davis Institute for Population Health Improvement (IPHI) received a grant from the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to reduce obesity among low-income Californians. The project includes formative research, program development and pilot testing, and a formal impact evaluation.

The formative research consisted of three studies to identify the best approaches to reduce the risk and prevalence of obesity among low-income Californians. Key informant interviews were conducted among subject experts in California and nationally, followed by focus groups with low-income mothers with children, aged 0 to 18 years, as well as in-depth video ethnographies among low-income mothers and fathers with children, under 18 years, and community leaders. The National Opinion Research Center (NORC) at the University of Chicago, in partnership with Poza Consulting, conducted a series of focus groups for DHCS and IPHI. The project team convened the focus groups to gain a more in-depth understanding of low-income neighborhoods and how those communities could most effectively support healthy living. Information from the focus groups will assist in planning future collaborations among stakeholders and local communities as the project matures over time.

■ Methods

Eight focus groups were conducted with low-income respondents eligible for California's Medicaid program (Medi-Cal) and SNAP-Ed. Focus groups were conducted in Sacramento, Oakland, Fresno, Visalia, and Los Angeles. One English group and one Spanish group were conducted in each location with the exception of Oakland and Visalia, where only one English group was conducted. The sample was composed of low-income women (at or below 185% of the Federal Poverty Level) of different race/ethnicities and between 18 and 54 years of age. All of the women were mothers of children, aged 0 to 18. Overall, a total of 66 respondents participated in the focus groups. The Oakland group was excluded from the results due to low turnout.

DHCS and IPHI developed a moderator's guide in both English and Spanish, with input from NORC and LTG Associates. The guide was designed to explore aspects of a high-quality life, residents' perceptions of current neighborhood conditions, ideas for how their communities could be improved, and their vision of an ideal neighborhood. Ideas included ways to create a healthier community, thoughts on who should be involved, and suggestions on how to create excitement and support for those changes. Respondents were given one-page descriptions of three different obesity prevention scenarios, and then were asked to react to each scenario and provide their impressions of how applicable the scenario might be to their communities.

In order to prime respondents to think through and discuss these issues, each session began with a hands-on activity designed to elicit their thoughts and emotions about improving their quality of life, their experiences living in low-income neighborhoods, and what it might feel like to live in an ideal neighborhood. Participants were invited to write or draw on large, white cardboard boxes, each inscribed with one of four questions:

1. What are some things that could improve your quality of life?
2. What are some things that could improve the neighborhood where you live?
3. Imagine your ideal neighborhood—a place where you would love to live and raise your children. Describe things in this neighborhood that make you want to live there.
4. How do you feel living in your ideal neighborhood?

■ Findings: Exploring Conditions for a High-quality Life and Envisioning an Ideal Neighborhood

Among the many topics discussed, better jobs, better education, and improved safety emerged as particularly salient themes in all groups. Most importantly, however, a cross-cutting theme unifying all the focus group discussions was social connection. This theme included desires as simple as closer neighbor-to-neighbor relationships, but also encompassed broader desires for a sense of common purpose and spirit within neighborhoods or larger communities. Other themes included the availability of healthy foods and inviting public spaces that foster greater physical activity. Most respondents emphasized feeling safe and secure in their ideal neighborhood and wanted to enjoy a place where they could be active as a family. Some differences were found between the groups by language and geography, which were noted in the report.

■ Findings: Creating a Healthier Neighborhood

Strategies for addressing overweight and obesity in respondents' neighborhoods centered around increasing access to healthy foods and improving the built environment through investments in community gardens, urban agriculture, farmers' markets, and other approaches to source foods from the community or region. These strategies were also lauded for their ability to not only increase access to healthy food, but to build a greater sense of community connectedness. Expanding on this theme, respondents suggested more frequent and sustained efforts to support community gatherings – everything from community cleanups or revitalization projects, to community-wide physical activities (walks, bikes, or runs), to free educational meetings on topics such as nutrition, to simple opportunities for socialization (block parties or potlucks).

Respondents emphasized the need for increased feelings of safety in parks, other green spaces, and public spaces, in general, as a foundational condition for increased physical activity and socialization in their communities. Free or low-cost group activities were suggested repeatedly as a way to bring residents together to create community cohesion. However, among residents in the Central Valley, the need for indoor options for physical activity was raised due to poor air quality and extreme heat conditions.

■ Findings: Effective Scenarios

Respondents reacted positively overall to the three scenarios presented during the focus groups. The scenarios were presented in simple visual and text format. They included *Doctor Recommended Fruits and Vegetables*, an incentive-based program where fruits and vegetables are prescribed by physicians for redemption with participating retailers; *Shape Up Neighborhoods*, a community-based intervention with health-promoting programs and policies targeting sectors such as schools, worksites, restaurants, and the built environment; and *Tree Planting*, a program designed to bring community members together to plant trees at schools and parks to improve the physical environment and increase physical activity. Both *Doctor Recommended Fruits and Vegetables* and *Shape Up Neighborhoods* were supported by the groups for use in their communities. *Tree Planting* was well received but not seen as a standalone program. Participants suggested that it could be combined with other scenarios or be used as part of celebrations and events to raise awareness about the important role of the environment in health and well-being.

Shape Up Neighborhoods resonated as a program that was flexible and engaged community members to collectively identify specific pathways for addressing causes of overweight and obesity in their communities. Concerns had to do with the need for trust among community members and responsible leadership to work together to improve neighborhood conditions. Increasing safety and reducing neighborhood crime were also important issues mentioned by respondents due to the program's focus on outdoor activities.

Respondents noted potential problems with implementing the *Doctor Recommended Fruits and Vegetables* scenario in California, with the main issue being that it only intervened with children after they had become overweight and was not a population-level, primary prevention approach. Respondents recommended a larger incentive due to the high cost of produce in many areas of California. Participants appreciated physician involvement, noting that doctors are trusted sources for health information. However, some raised concerns about physician availability and suggested that other health professionals, such as nutritionists, could be involved.

The *Tree Planting* scenario was well received in the Sacramento and Los Angeles groups. In Fresno, respondents were concerned that green spaces in their communities were too dangerous for exercise, and in both Fresno and Visalia severe drought conditions made the plan seem less viable due to scarce water and poor soil quality. Respondents who reacted favorably to the *Tree Planting* scenario remarked that the trees could not only benefit the environment but could also encourage residents to spend more time outdoors. Respondents thought that fruit trees could be particularly beneficial to the community if conditions were right for planting.

■ Conclusions

Addressing community-level challenges in low-income areas will require creative and collaborative solutions. The strategies chosen should address multiple contributors to individual and community health and foster social connections as a force for producing and sustaining efforts. We recommend tailoring initiatives to the specific circumstances of the communities receiving interventions. This entails building trust among local leaders and residents by soliciting their opinions and including them in the decision-making process. Communities should be assessed to

determine the extent to which basic needs, such as safety from crime and violence as well as access to jobs and education, are being met. These foundational elements of social and economic security are essential to supporting healthy eating and physical activity habits among individuals in the community. Availability of healthy food and spaces for physical activity will be insufficient if community members do not feel safe outside, are not knowledgeable about healthy habits, or do not have the financial means to utilize community resources. For this reason, initiatives that leverage the employment and educational opportunities associated with making healthy food and spaces for physical activity more available in communities are particularly promising. With these types of approaches in place, sponsored community events and other activities can further enhance a sense of connectedness among community members. Communication about neighborhood events and strategies for improvement should occur through social and print media. Local access to healthy foods, opportunities for physical activity, built environment improvements including indoor options, and free or low-cost classes should all be explored as part of the solution.

A combined approach is suggested, with the *Shape Up* community-level scenario as the base. Coupons or other retail vouchers for fresh fruits and vegetables could be part of the strategy as well. A *Tree Planting* campaign could be part of other population-level approaches to bring community members together to improve the conditions of outdoor and park environments. In any approach, it will be essential to work closely with community members to identify which initiatives have the greatest potential for improving health.

