Focus Groups to

Listen & Learn

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“No relationships to disclose”
Barriers to Healthy Weight for Low-Income Women:
Los Angeles Latinas and African American Women

• Comparing Results from Research 2007-2008
• Focus Groups conducted in WIC Centers
• Los Angeles County, CA
Why are We Addressing Obesity in Latinas and African American Women?

• In LA, women 18-44 yrs, more than ½ are overweight or obese
  – Latinas - 53.6%
  – African Americans – 59.4%

• Disproportionately effected by obesity
• Face unique barriers.
Health implications of overweight/obesity

Directly linked to:
• Coronary heart disease and diabetes
• Adverse perinatal health outcomes
Rise in Diabetes Mirrors Rise in Obesity
Comparison Between African Americans and Latino women

- 2007 & 2008 Data
- 50% of African American women were under 28 yrs of age
- 47.3% of Latino women were under 28 yrs of age
• 7% African American women less than a High School education

• 35% of Latino Women had less than a High School education
Safety Perception

- 37% of African Americans rated their safety as poor
- 30% of Latinos rated their safety as being poor
Quality of Parks

25% of African Americans thought that the parks were poor
27% of Latinos thought that the parks were poor
• 25% of African Americans eat fruit daily
• 55% of Latinos eat fruit daily
Vegetable Consumption

- 32% of African American eat vegetables daily
- 50% of Latinos eat vegetables daily
• 67% of African American women are satisfied with their body weight
• 71% of Latinas are satisfied with their body weight
How Are We Addressing This Problem?

• Bringing together stakeholders to share knowledge and expertise.
• Prioritize **messaging** to promote healthy weight among women of reproductive age.
  • For women
  • For providers
Understanding Barriers Low-Income Latino and African American Women Face
Focus Groups and Literature Review

• Although knowledge is high, various barriers exist:
  – High cost of healthy food vs. fast food
  – Access to healthy foods
  – Time barriers to eating healthy and exercising
  – Neighborhood safety and lack of parks & rec.
  – Cultural preferences for full figures and for high-fat foods
Creating and testing Messages:

- Messages created recognized barriers and offered solutions
- The brochure tested at WIC clinics.
- After a week of sessions, the brochure was modified to reflect participants’ feedback.
- Revised brochure used in next round of focus groups.
Format for Brochure

- Check-list – reminder of 10 evidence-based strategies
- Barriers listed
- Solutions suggested
I know what is healthy... but, are my habits healthy?

**DO I...**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Drink low-fat or skim milk soy milk, if lactose intolerant.</td>
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<tr>
<td>Increase vegetable servings to 4 or more a day</td>
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<tr>
<td>Eat 2 or more servings of fruits each day.</td>
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<tr>
<td>Limit butter, lard, and shortening</td>
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<tr>
<td>Avoid ingredients, such as high fructose corn syrup.</td>
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<td>Limit TV time to less than 3 hours per day.</td>
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<td>Limit sodas and juices.</td>
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<td>Read food labels.</td>
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<td>Include lots of fiber by eating whole grains.</td>
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<td>Take a multi-vitamin with folic acid every day.</td>
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<td>Eat breakfast every day.</td>
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If you checked "No" on any of the above, see the next page.
Barriers identified 2007 Focus Groups:
High Cost of Healthy Food

• Most African American did not see cost of healthy food as a true barrier to eating healthy.
• Latinas agree.
• However, both complained that healthy fast-food options are more expensive than less-healthy fast-food options.
Barriers identified 2007 Focus Groups:

Availability of Healthy Food

- Access perceived reality for many African Americans.
- African Americans reported lower availability of produce in neighborhood than Latinos.
- For both groups, those relying on public transportation face this barrier more commonly.
Barriers identified 2007 Focus Groups: Why not Cooking?

• Common themes in both groups were that the children did not like certain healthy foods
• That each family member wanted something different.
• Latinas saw mother cook, but didn’t learn.
• African American mothers didn’t cook, not enough time.
• African American women taste for fast food was formed in childhood.
Barriers identified 2007 Focus Groups: Why not exercising?

- Both groups - very little exercise.
- Neighborhoods not considered safe by African Americans.
- Lower ratings of parks among African Americans as compared with Latinas. This may reflect cultural variations in park usage.
- Both groups indicated this is often an excuse.
Barriers identified 2007 Focus Groups:

Other Barriers to Exercise:

• Both groups
  – Wanted park safety
  – Needed infrastructure (such as sidewalks)
  – Gyms seen as costly and requiring transportation

• Latinas express cultural barriers to exercise relating to gender.

• African American wanted social support.
Barriers identified 2007 Focus Groups:

Exercise: Time & Motivation

- **Motivation** remains the biggest barrier to exercise according to participants.
- Many women expressed that they are simply too tired from work and children to exercise.
- High rates of TV watching in both Latina and African American groups.
Looking Forward - Implications:

• **Stages of Change:**
  – Many women may still be in pre-contemplation
  – High levels of body satisfaction, even when women self-identified as overweight.

• **Motivation and Cultural Norms:**
  – What values/messages/information would move women to the next stage?
  – Where can women be reached?

• **Awareness:**
  – Brochure checklist was new to many women.
  – Suggests self-awareness may help to motivate.
Looking Forward - Implications:

• **Addressing convenience:**
  – Eating out reality, especially for working women.
  – Educate women about the best eat-out options.

• **Cooking Skills:**
  – Offer classes to teach women to cook quick, convenient healthy meals that taste good.

• **Social Support - Trusted Venues:**
  – Help women organize exercise groups
    – worksite wellness programs
  – Cook together at church
Major Implications

• Build upon existing activities
• Teach health consequences of overweight
• Mobilize leaders
• Improve physical environment
• Offer healthy cheap fast food
• Change culture
Future Plans

• Continue Collaboration
  • Empower
  • Listen
  • Share
  • Acknowledge

• Develop Systems to Support Behavior
  • Support Health Policy
Our partners include:

State of CA Department of Public Health – MCH/OFP
Los Angeles County Department of Public Health – many programs
Promotora Organizations
Special Interest Coalitions
Demonstration Projects

Kaiser Permanente
California Medical Association
Insurance Oversight
University - UCLA
Hospitals and Clinics
WIC
Questions?

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