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

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UC DAVIS
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DHCS
California Department of Health Care Services

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Executive Summary

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.

Introduction

Study Background and Purpose

The National Opinion Research Center (NORC) at the University of Chicago, in partnership with Poza Consulting, conducted focus groups for the California Department of Health Care Services (DHCS) and the University of California, Davis Institute for Population Health Improvement (IPHI) in in April and August 2016. Eight two-hour group sessions were conducted to capture insights from mothers eligible for California's Medicaid program (Medi-Cal) and the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program-Education (SNAP-Ed). Groups were conducted in Sacramento, Oakland, Fresno, Visalia, and Los Angeles, five in English and three in Spanish. The purpose of the focus groups was to gather insights from mothers residing in low-income communities to understand how to improve the quality of life for themselves, their children, and their neighbors, as well as measurably improve overweight and obesity in their neighborhood. Study results will be used to inform the development of approaches to reduce overweight and obesity among the Medi-Cal and SNAP-Ed eligible population.

Methods

Participant Recruitment

Local market research firms in each community identified female respondents, aged 18-54 years, with at least one child, aged 0-18 years, from databases maintained by the firms using community-level recruitment strategies. Recruitment for focus group databases occurred through local outreach at a variety of locations within the community including food banks, chambers of commerce, farmers' markets, non-profit organizations, family and neighborhood resources, and local businesses. The focus group recruiters also utilized social media and word-of-mouth networking to encourage participants to join the databases. Individuals were screened based on income (inclusion required being at or below 185% of the Federal Poverty level); dominant language; number and age of children in the household; history of previous focus group participation; occupation (respondents could not have had prior employment in advertising, marketing, public relations, or communications; market research; health care; or nutrition or personal training); race/ethnicity; gender; level of educational attainment; and age. Group composition, specifications, and screening questionnaires for each location were developed by DHCS and IPHI, with input from NORC (*Appendix A*). Recruitment commenced approximately 2-3 weeks prior to conducting the focus groups. Thirteen respondents were recruited for each group in order to achieve a sample of 8-10 women. The final focus groups consisted of 10 respondents each, except for the Spanish groups in Fresno and Sacramento, which included 9 respondents each, and the Visalia group, which included 8 respondents. The Oakland group was excluded from the results due to low turnout (n=5). In all, 66 women participated in the focus groups. Focus groups were not representative due to their small sample sizes. The locations, however, were chosen to draw a sample from communities that characterized the diverse population densities, urbanicity, and demographic characteristics of the dominant regions of Northern, Central, and Southern California. Each respondent that appeared for the focus groups, whether or not they ultimately participated, was given a monetary incentive of $75. NORC staff reviewed all screening information again onsite in order to achieve the best possible mix of respondents for each focus group.

Focus Group Instruments

DHCS and IPHI, with input from NORC and their sub-contractor, LTG Associates, developed a moderator's guide in English and Spanish to facilitate discussion with respondents regarding what would improve their quality of life and the neighborhood they live in, their impressions of living in an ideal neighborhood, and ways to measurably reduce overweight and obesity and improve the health of a low-income, racially diverse community in California (*Appendix B)*. The guide was approved by the state's Committee for the Protection of Human Subjects (CPHS) as well as NORC's Institutional Review Board (IRB).

Respondents were asked to participate in a hands-on exercise to gather ideas about quality of life and healthy neighborhoods. Prompts for the exercise included: 1) ideas for improving their quality of life; 2) ideas for improving their neighborhood; 3) describing their ideal neighborhood; and 4) describing their emotions in imagining living in their ideal neighborhood. Respondents wrote or drew their responses on four large, white cardboard boxes (one 24" x 24" x 24" box per prompt). The activity encouraged discussion and provided a way to initiate group conversation.

DHCS and IPHI, with input from NORC, developed handouts for respondents that outlined three obesity prevention scenarios: *Doctor Recommended Fruits and Vegetables*, *Shape Up Neighborhoods*, and *Tree Planting* (*Appendix C*). Each approach was described in a one-page format with simple text and visual representations. The moderator asked the same questions after each of the approaches was discussed with the respondents:

- What do you like about each concept?
- What do you dislike about each concept?
- Which concepts do you think would help more people in your neighborhood achieve a healthy weight? Why? Which ones would not? Why?
- What would be the best way to get information out about each concept to others in your community?
- Are there other approaches that you think would work better to increase the number of people in your community who have a healthy weight? What are they?

Focus Group Sessions

Focus groups took place at facilities coordinated through market research firms located in the five study sites: Sacramento (Elliot Benson Research), Oakland (QMR Research), Fresno (Nichols Research), Visalia (Wyndham Visalia Hotel, in partnership with Nichols Research), and Los Angeles (Atkins Research). The groups were administered in English and Spanish, one each per site in Sacramento, Fresno, and Los Angeles, from April 7 through April 12, 2016. In addition, one English group each was conducted in Oakland (August 29, 2016) and Visalia (August 30, 2016). Focus groups lasted approximately two hours and were audio- and video-recorded, and then transcribed. Live translation was provided on-site during the Spanish groups and headsets were available to observers that preferred to listen in Spanish. Observers were able to ask questions of the groups by sending either a text or written note directly to the moderator. Live video and audio streaming was provided for observers who were unable to attend in person. Detailed notes were taken during all of the sessions. Thank you cards were sent to all participants following the focus groups.

Analysis Approach

NORC manually coded the data from verbatim transcripts with a two-phased approach. Microsoft Excel was used to organize the data from verbatim transcripts. To help structure the transcript analysis, portions of the conversation were divided and assigned to the corresponding questions from the moderator's guide. In the first phase of coding, NORC reviewed the transcribed text and captured specific mentions of key ideas within the analyzed portion of the text. This was a necessary step in analysis, since multiple themes and concepts were intermixed throughout the group discussions. Any time an important theme, as determined by the coders, was mentioned in discussion, these "mentions" were captured in paraphrased form. These mentions were then aggregated by question topic. No individual respondents were identified in the analysis. The descriptive analysis was conducted using the thematic codes from the responses, not by respondent. Due to the small sample size, only counts of the thematic codes from respondent mentions were conducted.

Once these paraphrased mentions were created, NORC developed code frames based on the key conceptual differences in ideas conveyed by respondents. Due to the broad, open-ended nature of the initial questions in the moderator's guide, the code frames were developed iteratively as the data were reviewed and themes identified. For several of the initial questions in the guide, however, there was a consistent conservation of themes across the different questions, so many of the code frames shared a large number of codes, signifying their shared thematic content. Two coders reviewed the initial coding to remedy any ambiguities or misapplied codes, while the project lead and content expert, Alyssa Ghirardelli, performed a final review to ensure codes were representative of the topic content and optimally aligned to the conceptual frameworks throughout the process.

Themes identified from the analysis were compiled by question. Frequency counts of the codes provided a quantitative view of recurring concepts discussed among the groups. To add context to the concepts identified in the quantitative coding, NORC also chose illustrative quotes from the conversations to exemplify the coded ideas and note the complexity of the challenges the respondents face in seeking to create healthy lives and healthy communities.

Study Team

Alyssa Ghirardelli, MPH, RD, NORC Research Scientist, led project management, including data collection activities; she also led data analysis and served as principal writer of the report. Larry L. Bye, MA, NORC Senior Fellow, assisted with refining the moderator's guide and providing project oversight. Mike Benz, BA, NORC Research Analyst, provided coordination and logistics for the groups, qualitative coding, descriptive analysis, additional data management, and contributed to the report. Sari Schy, MPH, CEHS, NORC Survey Director, assisted with qualitative coding and quality control. Ines Poza, PhD, of Poza Consulting, is a bilingual moderator who moderated all seven groups.

Respondent Characteristics

Table 1 provides an overview of respondent characteristics, including demographics. The data are displayed by location and language for which the group was conducted.

Table 1: Demographic Characteristics of Focus Group Respondents

	Sacramento		Fresno		Los Angeles		Visalia	Total	
	English-speaking	Spanish-speaking	English-speaking	Spanish-speaking	English-speaking	Spanish-speaking	English-speaking	English-speaking	Spanish-speaking
Sample Size	10	9	10	9	10	10	8	38	28
Age (Years)									
18–35	7 (70%)	2 (22%)	4 (40%)	3 (33%)	6 (60%)	4 (40%)	4 (50%)	21 (55%)	9 (32%)
36–54	3 (30%)	7 (78%)	6 (60%)	6 (67%)	4 (40%)	6 (60%)	4 (50%)	17 (45%)	19 (68%)
Race/Ethnicity									
White, Non-Hispanic	4 (40%)	0 (0%)	1 (10%)	0 (0%)	2 (20%)	0 (0%)	1 (12%)	8 (21%)	0 (0%)
Black, Non-Hispanic	2 (20%)	0 (0%)	4 (40%)	0 (0%)	2 (20%)	0 (0%)	0 (0%)	8 (21%)	0 (0%)
Other, Non-Hispanic	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (12%)	2 (5%)	0 (0%)
Hispanic	2 (20%)	9 (100%)	5 (50%)	9 (100%)	6 (60%)	10 (100%)	5 (63%)	18 (47%)	28 (100%)
2+ Races, Non-Hispanic	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (12%)	2 (5%)	0 (0%)
Education									
Less than High School	0 (0%)	3 (33%)	3 (30%)	4 (44%)	1 (10%)	5 (50%)	0 (0%)	4 (11%)	12 (43%)
High School Graduate	3 (30%)	3 (33%)	2 (20%)	5 (55%)	3 (30%)	4 (40%)	1 (12%)	9 (24%)	12 (43%)
Some College	7 (70%)	2 (22%)	5 (50%)	0 (0%)	5 (50%)	1 (10%)	6 (75%)	23 (61%)	3 (11%)
College Graduate	0 (0%)	1 (11%)	0 (0%)	0 (0%)	1 (10%)	0 (0%)	1 (12%)	2 (5%)	1 (4%)
Income									
<$20K	1 (10%)	2 (22%)	3 (30%)	5 (55%)	2 (20%)	0 (0%)	2 (25%)	8 (21%)	7 (25%)
$20K¬–$39K	6 (60%)	7 (77%)	6 (60%)	4 (44%)	4 (40%)	9 (90%)	4 (50%)	20 (53%)	20 (71%)
$40K–$59K	3 (30%)	0 (0%)	1 (10%)	0 (0%)	4 (40%)	1 (10%)	2 (25%)	10 (26%)	1 (4%)
$60K–$74K	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number of Children at Home									
1	1 (10%)	1 (11%)	3 (30%)	1 (11%)	2 (20%)	2 (20%)	3 (37%)	9 (24%)	4 (14%)
2	3 (30%)	4 (44%)	3 (30%)	2 (22%)	4 (40%)	7 (70%)	1 (12%)	11 (29%)	13 (46%)
3	3 (30%)	4 (44%)	4 (40%)	3 (33%)	1 (10%)	1 (10%)	4 (50%)	12 (32%)	8 (29%)
4	1 (10%)	0 (0%)	0 (0%)	2 (22%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	2 (7%)
5	1 (10%)	0 (0%)	0 (0%)	1 (11%)	3 (30%)	0 (0%)	0 (0%)	4 (11%)	1 (4%)
6+	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	0 (0%)

	Sacramento		Fresno		Los Angeles		Visalia	Total	
	English-speaking	Spanish-speaking	English-speaking	Spanish-speaking	English-speaking	Spanish-speaking	English-speaking	English-speaking	Spanish-speaking
Sample Size	10	9	10	9	10	10	8	38	28
Medi-Cal Recipient									
Yes	10 (100%)	9 (100%)	9 (90%)	6 (67%)	8 (80%)	6 (60%)	8 (100%)	35 (92%)	21 (75%)
No	0 (0%)	0 (0%)	1 (10%)	3 (33%)	2 (20%)	4 (40%)	0 (0%0	3 (8%)	7 (25%)
CalFresh Recipient									
Yes	9 (90%)	1 (11%)	9 (90%)	6 (67%)	6 (60%)	2 (20%)	7 (88%)	31 (82%)	9 (32%)
No	1 (10%)	8 (89%)	1 (10%)	3 (33%)	4 (40%)	8 (80%)	1 (12%)	7 (18%)	19 (68%)

- Of the 66 total respondents in the focus groups, 38 participated in the English-speaking groups and 28 in the Spanish-speaking groups.
- Respondent ages were rather evenly distributed between younger (18 to 35 years old) and older (36 to 54 years old) in the Los Angeles, Fresno, and Visalia groups. The Sacramento groups were less evenly distributed, with seven respondents younger than 36 in the English-speaking group and seven who were 36 or older in the Spanish-speaking group. Cumulatively, the Spanish groups had almost twice as many participants in the older age bracket than in the younger one.
- Three of the focus groups were conducted in Spanish. Most respondents in those groups were of Mexican descent, with one individual originally from Peru and another from Guatemala.
- In the English focus groups, Caucasians and African Americans each accounted for about a quarter of the respondents (8 respondents each), and Hispanics accounted for 47% (18 respondents). Two subjects reported a non-Hispanic “other” ethnicity and two reported multiple races.
- The most frequently cited education level among respondents in the English-speaking focus groups was “Some College”—at 61% (23 respondents)—while Spanish-speaking respondents most frequently cited “Less Than High School” and “High School Graduate”—each at 43% (12 respondents each).
- Across all but one group, respondents most frequently cited their income as $20K–$39K. In the Fresno Spanish-speaking group, five individuals cited “less than $20K” versus four in the “$20K–$39K” range. Overall, 53% of English-speaking respondents and 71% of Spanish-speaking respondents cited $20K–$39K. Those that were at higher annual incomes were still identified as low-income based on the 2016 Federal Poverty Level accounting for number of household members.

- Across all the groups, respondents most frequently had two or three children: 11 English-speaking respondents (29%) and 13 Spanish-speaking respondents (46%) had two children, while 12 (32%) and eight (29%) had three children, respectively. Only six English-speaking respondents and three Spanish-speaking respondents had more than three children; one respondent had seven children, the highest among all participants.
- English-speaking respondents tended to participate in CalFresh more frequently: 82% of English-speaking respondents (n=31) received CalFresh benefits, while only 32% of Spanish-speaking respondents (n=9) received them. However, both English- and Spanish-speaking groups in Fresno had more respondents participating in CalFresh than other groups.
- Focus groups include only a small number of individuals, and therefore they are not representative samples.

Results

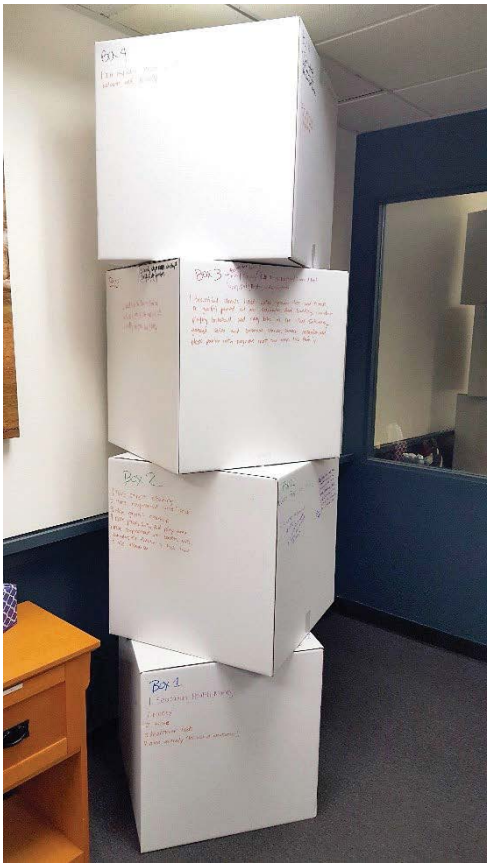
Findings are arranged by the sequence of topics covered in the focus groups. First, we reviewed themes identified from the introductory focus group activity, which asked participants to consider what could improve their quality of life personally and in their community, to envision their ideal neighborhood, and to reflect on how it might feel to live in that neighborhood. Next, we summarized participants' ideas for fostering healthier neighborhoods in which greater proportions of residents achieve a healthy weight. Finally, after summarizing reactions to the three possible obesity prevention approaches, we provided recommendations for interventions.

Envisioning an Ideal Neighborhood

To encourage a hands-on, open quality to the groups and start the discussions, respondents were asked to participate in an activity. They used colored markers to write or draw on four large boxes, responding to four questions about quality of life and neighborhoods:

- Box 1: What are some things that could improve your quality of life?
- Box 2: What are some things that could improve the neighborhood where you live?
- Box 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.
- Box 4: How do you feel living in your ideal neighborhood? [Elicit actual, specific feelings—e.g., happy, content, unsafe, etc.]

Exhibit 1: Visual Presentation of Boxes Exercise



Following the exercise, the moderator probed participants on their ideas. While responses covered a wide range of themes, the most prominent themes across the four questions were the importance of social connection, ranging from neighbor-to-neighbor to broader community connectedness, and a sense of safety for themselves and their families. The tables below present the themes and ideas shared for each of the questions included on the boxes. Each table provides all the themes captured in the analysis of the seven groups with only prominent themes described in the text below the table. The themes presented were counted from ideas described on the boxes and mentions within the responses provided during group discussion.

Improving Quality of Life

Table 2: Respondent Themes about Improving Quality of Life

Box 1: What are some things that could improve your quality of life?

Contributor	English	Spanish	All
Better jobs and income	18	3	21
Better food, nutrition, diet	8	11	19
Physical activity	7	8	15
Better education	8	1	9
More family time/time with children	5	3	8
Mindfulness, meditation, managing attitude, and outlook	1	6	7
Safety (less crime, less gangs, general feeling of security)	5	2	7
Better health care and childcare	4	3	7
Better social cohesion/connection, community events, neighborliness	5	1	6
Better built environment (parks, playgrounds, community centers)	5	0	5
Health in general/healthy weight	4	1	5
Better housing/home environment	4	0	4
More time for self-care/work fewer hours/more sleep	4	0	4
Less stress	3	0	3
Better natural environment (cleaner air, more green space)	2	1	3
Less technology	1	1	2
Religion, faith	1	1	2
Living in peace and harmony	0	2	2
Less traffic/slower traffic/safer public transportation	1	1	2

The themes that clearly emerged as important factors in improving their quality of life included:

- Greater access to well-paying jobs
  - English-speaking groups included more discussion about better jobs and more income
- Improved access to healthy foods through fruit and vegetable stands and farmers' markets
- Eating healthier foods
- Being more physically active, especially with family
- Safe, clean neighborhood spaces to be physically active (e.g., playgrounds)
- Access to better education
  - English-speaking groups mentioned the need for better educational opportunities more frequently

- More quality time with family; living in the moment; purpose
- Safe spaces to live without crime or violence
- Access to health benefits and affordable health care
- Greater social connectedness through events and activities among neighbors
- Better quality housing with backyards
- Better overall health and being at a healthy weight
- Better quality health care and childcare
- Positive mental, physical, and emotional states, personally and socially
- Community support; unity; activities for families and community events
- Less use of technology

Exhibit 2: Visual Display of Themes about Improving Quality of Life

Box 1: What are some things that could improve your quality of life?

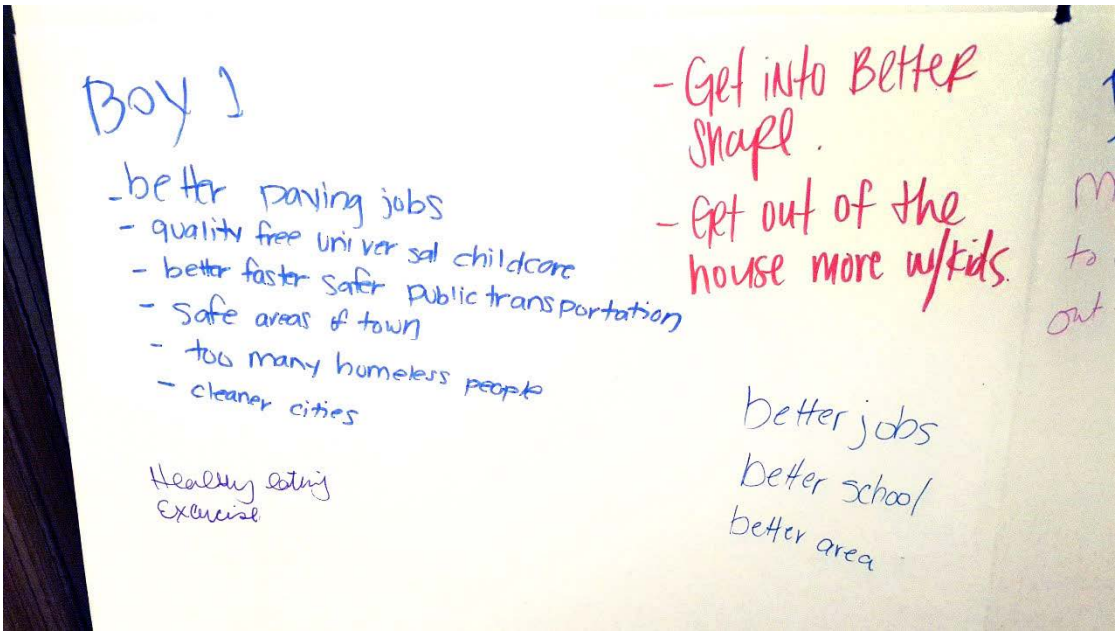


Table 3: Specific Quotes about Improving Quality of Life

Box 1: What are some things that could improve your quality of life?

Respondent Quote
"Well, one of the things [that] would improve my quality of life would be to have a better job where I would be paid better so that I could live a lot better."
"Learning more so that we can also have a better education and have a better future for future generations. Not just our children. But if we educate ourselves, then we can also educate more people."
"If you have a well-paying job, or you have more income just in general, then you can make better decisions for yourself and for your family, because you have more resources."
"If we're more relaxed, if we get more exercise, then we're going to get better with our neighbors. And so that's how our level of anger is going to go down. It's such a stressful life here in the United States."
"I think that in these times, we're also becoming more aware…[of the need for] better diet or eating habits, better quality…We all agreed on that, and there's so much processed food, you don't even know what they're putting in things and there's so many videos that you see online, you don't even know what you should eat anymore."
"I think that I wrote that about having less hate. Because a lot of us are really concerned now. Someone did something to me, and then you get filled with bitterness. And then anywhere you go, whatever people see in you, you look angry. And so then when people have more love, they can see that you're at ease and you're in peace."
"We all agreed on exercise and diet. We all know it, but we don't really all practice it."
"I want to feel free without fear, with freedom, and more safety."
"If you're not healthy, you can't live, really. You can't have a better living."

Quotes are provided for both English- and Spanish-speaking groups.

Improving One's Neighborhood

Table 4: Respondent Themes about Improving Their Neighborhood

Box 2: What are some things that could improve the neighborhood where you live?

Contributor	English	Spanish	All
Better social cohesion, community events, neighborliness, friendliness	18	11	29
Less crime, gang activity, drugs, homelessness	17	5	22
Better built environment (playgrounds, community centers, roads)	11	5	16
Safety (neighborhood watch, safe places to play, personal safety)	11	3	14
Cleaner neighborhoods	10	1	11
Less traffic/slower traffic	5	2	7
Better natural environment (parks, more green space)	3	3	6
Better education, access to education	1	3	4
Better school programs/childcare	4	0	4
Greater police presence/responsiveness/better treatment	3	1	4
Better street lighting	2	1	3
Better home security/management of apartments	2	0	2
Better food, nutrition, diet	1	0	1
Better jobs and access to income opportunities	1	0	1
Better housing/home environment	1	0	1
Smaller police presence	1	0	1
Support from community leaders	1	0	1

When the topic turned to improving their neighborhood, many respondents voiced their desire for greater community connection and friendliness. Their comments ranged from the desire simply to connect more with their neighbors (e.g., conversing with them outside in their neighborhood, inviting them over for dinner) to creating events that would bring residents together for social interaction or joint causes to improve the neighborhood. Discussions among one group included how distracted and disconnected neighborhood residents seem to be due to a variety of reasons, such as technology and fear of crime or injury. Respondents also wanted to be able to rely more on their neighbors to watch out for one another. In some locations they felt that the trust and mutual respect they remembered from their neighborhood experiences as children have eroded, replaced by more distrust, general unfriendliness, and even the threat of property theft by their neighbors. Some respondents described the challenges they encountered when trying to connect with neighbors to support each other. One described difficulties due to many different points of views among neighbors. The respondent then shared how they managed to create a core group of residents to look out for each other and their area of the neighborhood. The themes that emerged related to fostering community connectedness included:

- More unity in the neighborhood; community pride; neighborhood watch
- Good people; smiles; hellos; friendliness; better communication; everyone getting along
- A community or recreation center with activities for children
- More events with families; sports programs for kids; help with homework

Other ideas consistently mentioned were related mainly to safety and improving the built environment, such as:

- Less violence, crime, drugs, gangs, stray animals, prostitution; help for the homeless
  - These issues were raised more frequently in English-speaking than in Spanish-speaking groups
- Improvements in the built environment (e.g., to buildings, physical locations, and infrastructure); better schools; cleaner streets; speed bumps and better roads; playgrounds and parks; better landscaping; better lighting; graffiti cleanup; no broken glass
- Less traffic and cars traveling at safer speeds through neighborhoods
- Affordable and available healthy foods
- Increased police protection that is more frequent and equitable

Exhibit 3: Visual Display about Improving One's Neighborhood

Box 2: What are some things that could improve the neighborhood where you live?

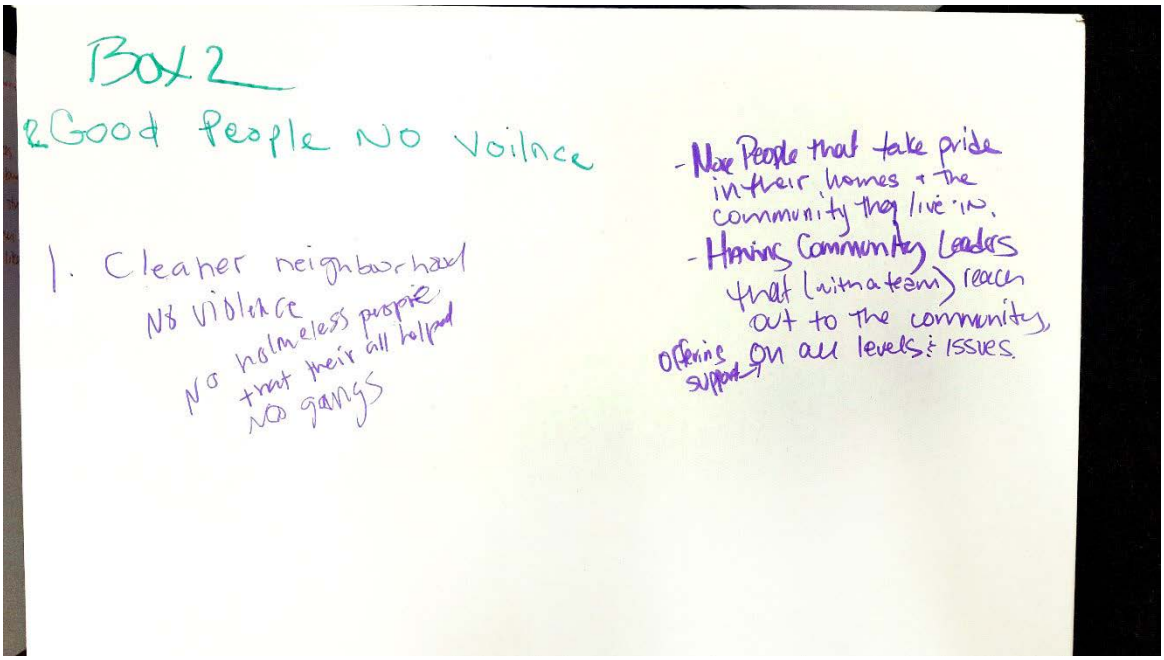


Table 5: Specific Quotes about Improving One's Neighborhood

Box 2: What are some things that could improve the neighborhood where you live?

Respondent Quote
"I think a lot of people have the same opinion about being closer to their neighbors, you live right next to them, I mean, you guys should be close…We don't smile at each other anymore…When we were kids, everybody played outside with everybody. When we came outside, there was 10 other kids out, all our neighbors, families out…It's not like that anymore."
"I think the voice of people is what is going to count the most. You could say as far as struggling for what you want. People's voice. The union among neighbors. In other words, if you need something in that neighborhood, getting all together. And if you need more training, for them to get it, to get a park, you can attend and cooperate."
"Safety is important to be able to feel at ease. For us to be comfortable at home, that we can come home. Trusting that we're going to be in a safe place. When you don't have that, you can't even go out to take your kids out to ride bicycles in front because then it's gone. And so that's an insecurity that you feel."
"The way I see it, it would be helping in my community to have more parks, more helpers, more signs helping saying to not be destroying things."
"More programs for kids. So that way they can play soccer or exercise."
"If I could change things where I live, a lot of safety for children and also having a good neighborhood that's clean with safety for the whole neighborhood."

Quotes are provided for both English- and Spanish-speaking groups.

Imagining an Ideal Neighborhood

Table 6: Respondent Themes When Imagining an Ideal Neighborhood

Box 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.

Contributor	English	Spanish	All
Better social cohesion, community events, neighborliness, social connectedness across classes	21	6	27
Cleaner neighborhoods	8	8	16
Better natural environment (parks, more green space)	11	3	14
Safety (neighborhood watch, safe places to play, personal safety)	8	6	14
Less crime, gang activity, drugs, homelessness	10	2	12
Better built environment (playgrounds, community centers, libraries)	6	5	11
Better education, access to education	7	3	10
Quiet, peaceful atmosphere; privacy	6	3	9
Family orientation/proximity of family and friends	5	0	5
Better school programs/childcare/activities for children	4	1	5
Neighborhood aesthetics - attractive houses, landscaping, etc., with no graffiti	3	1	4
Food, nutrition, diet	3	0	3
Less traffic/slower traffic	1	2	3
Better housing/home environment	2	0	2
Better jobs and access to income opportunities	0	1	1
Better home security/management of apartments	0	1	1
Greater police presence/responsiveness/better treatment	0	1	1

Similar ideas to those in Box 2 were shared with Box 3 when respondents considered an ideal neighborhood. Again, the desire for greater community connection rose to the top as the predominant theme of discussion.

Some respondents felt they currently live in an ideal neighborhood where children know each other, play together, and get along. Safety and aspects of the built environment were also important themes discussed, including:

- Cleaner streets and general safety such as creating neighborhood watch groups and safe spaces for kids to play
- More parks and green spaces, with English-speaking groups sharing their desire for a better natural environment more frequently than Spanish-speaking groups

- In all locations, except Visalia, reducing crime was a predominant theme: an ideal neighborhood is one free of crime, violence, gangs, graffiti, and drugs.
- Additional themes presented included:
  - Nobody without a name—loving and friendly people
  - Nicer houses; big, shady trees; big backyards; lush greenery; beauty
  - Libraries
  - Retail spaces to shop for food and other goods
  - Healthy, affordable foods

Exhibit 4: Visual Display about Imagining an Ideal Neighborhood

Box 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.

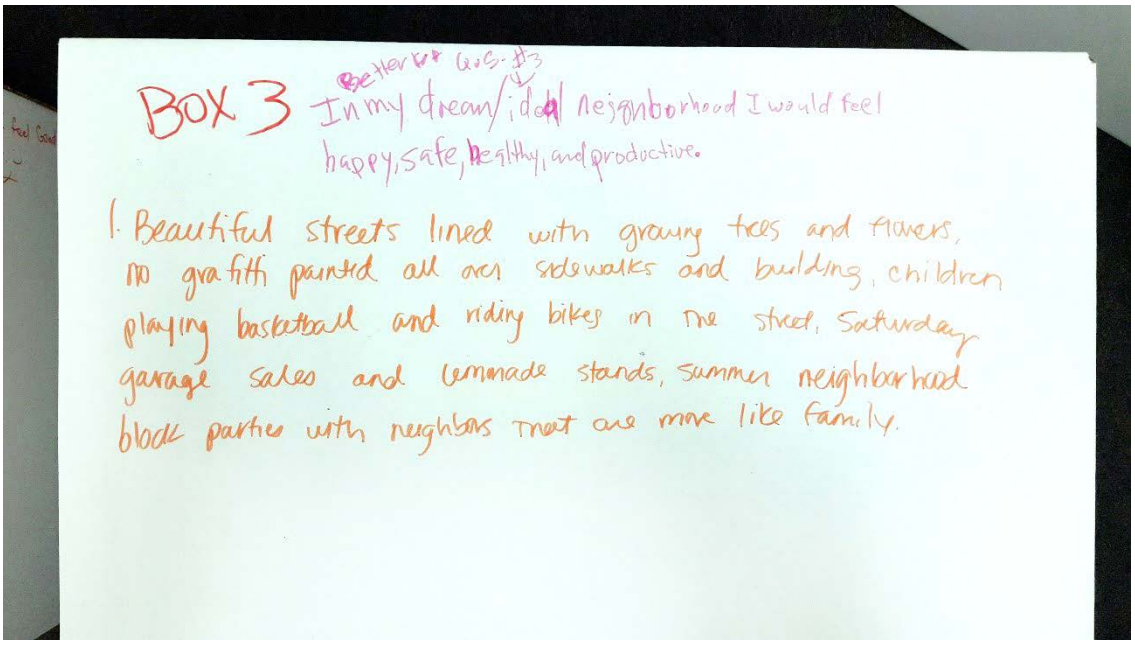


Table 7: Specific Quotes when Imagining an Ideal Neighborhood

Box 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.

Respondent Quote
"My ideal neighborhood would be a clean place, no drugs, with green areas. I consider that my children would develop more healthily, and the safety to be able to go out walking with my kids and go to a park, whether it's close, or they could also feel like they could go out on their bicycles."
"My ideal neighborhood would be where you don't have to worry about your kids playing in the front yard, parks are walking distance, the community has recreation places, neighbors are close like family, the crime rate is low to none."
"The neighborhood that I would like is that cars don't speed by, and if there's also, safe to leave things in my yard. And if it was there, it wouldn't get stolen. Especially safety. A neighborhood that would be peaceful, friendly, a good vibe, and very important for my family and especially for my children to get along well with each other and to be sociable and to – and communicate to."
"A little bit more activities. Where the neighbors can get together more. I think that sports teams would also be good to also motivate the young people. For them to practice more sports and to keep them busy all the time. If they're not at school, doing some sort of activity. Some sort of a sport activity. So I think that they need to have more sports campaigns and tournaments."
"A neighborhood that's cleaner, with more employment, and better education. Clean parks where you can exercise, and also spend time with people whose priority is to help to have a better future with more education or manners."
"In my neighborhood, all the kids know each other, and I love it. They all play. They all go outside. They all come knock on the door and walk right into your house. It's just nice."

Quotes are provided for both English- and Spanish-speaking groups.

Living in an Ideal Neighborhood

Table 8: Respondent Emotional Themes When Imagining an Ideal Neighborhood

Box 4: How do you feel living in your ideal neighborhood? [Elicit actual, specific feelings—e.g., happy, content, unsafe, etc.]

Contributor	English	Spanish	All
Safe/secure	25	4	29
Happy/joyful	19	5	24
Calm/at ease/peaceful/tranquil	14	5	19
Comfortable/content/clean/good	8	1	9
Less stressed/not worried	7	0	7
Neighborly, unified, communal spirit, welcome	5	2	7
Productive/successful/healthy	3	0	3
Thankful/grateful/blessed	3	0	3
Trusting/confident	2	1	3
Hopeful	2	0	2

Respondents made many thoughtful comments about their feelings when they imagined living in their ideal neighborhood. English-speaking groups provided more responses about how they would feel in their ideal neighborhood compared to the Spanish-speaking groups. The most common of these were the feelings of being happy and safe. Other thoughts and feelings included:

- Tranquil, peaceful, grateful, productive, satisfied, welcomed, rich with community
- Less stress or worry, being able to spend time together more comfortably
- Comfort that the neighborhood is a place for kids to grow
- Security, especially for children and families

Exhibit 5: Visual Display about Imagining an Ideal Neighborhood

Box 4: How do you feel living in your ideal neighborhood? [Elicit actual, specific feelings—e.g., happy, content, unsafe, etc.]

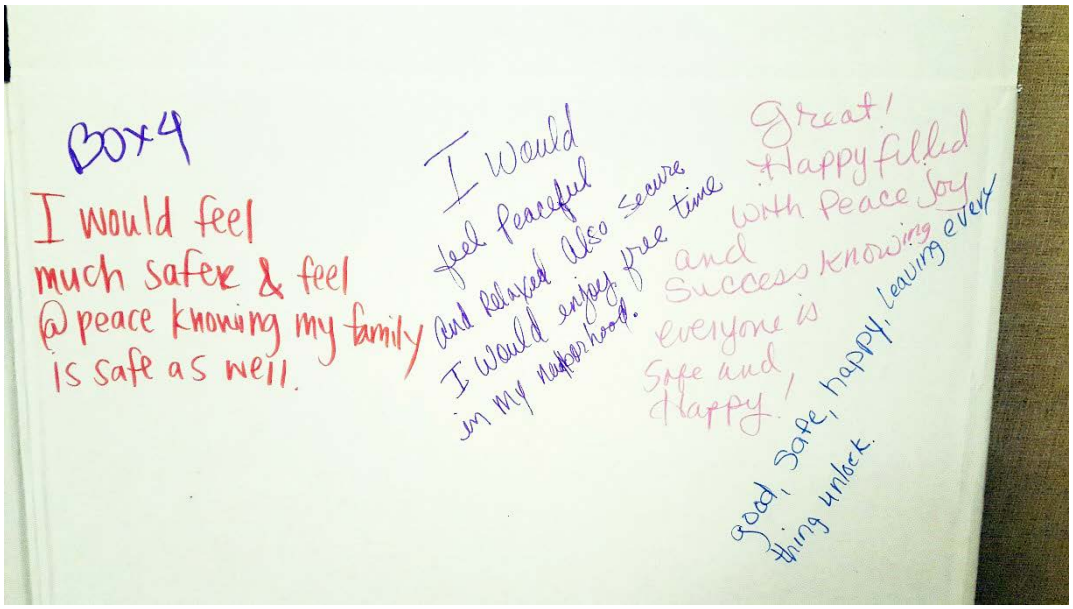


Table 9: Specific Quotes when Imagining an Ideal Neighborhood

Box 4: How do you feel living in your ideal neighborhood? [Elicit actual, specific feelings—e.g., happy, content, unsafe, etc.]

Respondent Quote
"I feel happy and safe, wanting to go out and spend time, tranquil because my children's development will be very favorable."
"Mainly, I feel safe, and I know that my children will grow up healthy and happy, physically and emotionally."
"I'd feel at peace and would love that my children would have a great place to live."
"People surrounding us would be like a family, we don't feel afraid to walk with children, [it's] calm, beautiful, [and there is] safety and respect among neighbors."
"I know my neighbors. The streets are safe. There's a church right across the street. ...you feel safe because I go to that church once in a while."

Quotes are provided for both English- and Spanish-speaking groups.

Other Themes and Reactions

In some groups, the moderator probed about what would be needed or who should be involved to transform participants' own neighborhoods to be more like their ideal. While many respondents provided a wealth of ideas, others were more reticent. They said they did not know where to turn, who to go to, or were not familiar with how to ask for help. One respondent said, "I wouldn't know who to go to to start a petition or try to get the community involved. The person who matters who can actually take action on it, I don't know who to go to. I wouldn't know who to go to for that."

Others said they felt disillusioned, having grown accustomed to no one listening or doing anything about the issues in their neighborhood. They felt that even if they did ask for changes, nothing would happen. Several respondents expressed a lack of trust in the government, in their neighbors, and in the police.

- Participants suggested that efforts to improve their neighborhoods should involve the following people, groups, or activities: police, government, the mayor, kids, Boys and Girls Clubs, soccer teams, teachers, schools, companies, and other organizations such as First 5.
- Respondents also raised the idea of grassroots community organizing and protesting.
- Some respondents voiced frustration over their perception that wealthier neighborhoods disproportionately received publicly-funded community improvements, while lower-income areas continue to be neglected despite their greater need for maintenance and beautification.

The moderator also probed respondents regarding their thoughts about participating in the box activity, in which they considered their own quality of life, their own neighborhood, and their ideal neighborhood. While a few felt that they already lived in an ideal neighborhood and put effort into making sure that they do, many expressed gratitude for having the opportunity to envision their ideal neighborhood and share their experiences – an opportunity many did not often find in their daily lives. The exercise made some respondents feel inspired and touched that there was an organization that cared about their daily struggles and hopes for the future. Many felt inspired to come together as a group to help each other and their neighbors. They felt frustrated with the difficult circumstances of their lives, especially as they were affirmed by others in the room who had similar experiences. This also fostered, however, a sense of solidarity, as respondents recognized more clearly than they had before that many others shared their experiences and their frustrations. Table 10 presents some of the thoughts shared about participating in the box activity.

Table 10: Specific Quotes Regarding the Box Activity

How do you feel about this exercise? [Elicit actual, specific feelings—e.g., happy, content, unsafe, etc.]

Respondent Quote
"Yes, [we feel] a little disillusioned. You would like to be able to live well, but you can't."
"Kind of makes you feel like you're not a part of the greater population Fresno. People with higher education, you know, masters, doctorates, people with great jobs. [On the other hand], we [in this group] are in the same boat. Bad neighborhoods, in between jobs, stay at home moms. Kind of made me feel a little bad…sad that I was in this situation…It was tough to answer the questions. Made me a little sad that so much of this, so much of our city has gone downhill I feel like. I think it just made me think more of where I'm lacking."
[Have you ever had a conversation like this?] "Just family members." [What does it feel like to talk to other women who understand what you talk about?] It feels good to not be alone…We all want the same…The sad part is everybody knows it's the same. It's not like somebody's saying no, it's not that bad.…It's bad everywhere.
[To know you're not alone, how does that feel?] "Nice….But also I feel the frustration and the anger and it makes me feel helpless. It makes me feel a little depressed. I feel everyone's emotions and we're so similar. It's so frustrating because we all feel this way and yet what can we do? Yes. I feel all your guy's emotions and I just feel so anxious and frustrated because I want to fix it for everyone. I'm like I've got to do something to fix it."
[How does it make you feel knowing that somebody's trying to do something?] "It's a good idea….It woke us up. We all liked the fact that somebody would be interested in our quality of life."

Quotes are provided for both English- and Spanish-speaking groups.

Plans to Create a Healthier Neighborhood

Respondents were asked about their ideas on reducing overweight and obesity in a California community similar to their own within three years, a community with high rates of chronic diseases, such as diabetes, heart disease, and high blood pressure. Discussions focused on community connectedness, including increased interaction with neighbors through community activities – such as working in community gardens – and increased access to healthy foods and activity options. As with the previous discussion, personal and family safety became a constant theme of the conversation.

Table 11: Ways to Create a Healthier Neighborhood

Now let's move from your ideal community to one in which most of us live, where there are high rates of chronic illnesses, such as diabetes, heart disease, and high blood pressure, that affect many of your neighbors or loved ones. Many of these diseases can be prevented through exercise, healthy eating, and achieving a healthy weight.

Imagine you get to decide what gets done in your neighborhood or community in order to greatly increase the number of people who have a healthy weight, in order to create an overall healthier community. What would you do to achieve this goal in three years?

Approaches	English	Spanish	All
Physical activity: free or low-cost programs and centers	5	3	8
Healthy food: access/subsidy/urban agriculture	6	1	7
Community safetyw	3	1	4
Healthy foods: restrictions on unhealthy foods and mandates for healthy food options	3	0	3
Physical activity: education	1	1	2
Free or low-cost advisory services (life coaching, healthy eating tips, handling adversity)	5	0	5
Public green space	0	2	2
Community engagement forums	1	1	2
Healthy food: education	1	0	1
Greater police presence and attention	1	0	1
Physical activity neighborhood groups	1	0	1
Physical activity promotion	0	1	1

Respondents generated ideas about specific ways to increase access to both opportunities for physical activity and healthy food. However, safety, access to classes/services, and community connectedness also emerged as important themes that could provide better foundations, in terms of knowledge or motivation, for increased physical activity and consumption of healthier foods. The frequency of comments was less robust in this area of the group session following the rich discussion from the box activity. To retain enough time to cover all the sections planned for the group discussion, some comments were not explored as deeply as others.

Access to Affordable Physical Activity

Respondents frequently mentioned the need for increased physical activity opportunities in neighborhoods.

- Consistent ideas were presented across the groups, including:
  - Access to parks that are free of drug users
  - A neighborhood exercise group at the park
  - Sports and activities for free or low-cost
  - Recreational areas where people can exercise
  - Exercise stations or equipment in parks

Some specific comments about challenges with safety and the desire for access to physical activity are provided in Table 12.

Table 12: Specific Quotes about Ways to Create a Healthier Neighborhood: Safety and Physical Activity

Respondent Quote
"I mean, gyms around my house? They are expensive. It is not cheap to join a gym. There's got to be some place where you can go exercise and feel safe and it not cost a million dollars."
"I'm a very active person, and I like to exercise a lot, but I only do it at the gym. I want to go out to run, but I don't do it because it's not safe. So I would like to go out on a bicycle, but I don't do it for the same reason. So I have to go in my car, and I go into a gym…."
"[We need someone] like a trainer or somebody who can help the neighborhood to be able to get the kids together, the families together, to go out and run in the afternoons, in the evenings."
"Walking parks. You can do cardio on them, and it's just a trail. And it has different things that you can do on it, exercises. There's a seat you can sit in, and you lift your own weight. There's an elliptical, and it's all your own body movement, things like that. And they show you what you can do. ...And you don't have to pay to go to it...Maybe you could even have that walking park—we could plant trees and put some vegetables along that, because there's people who can't afford it. Honestly, if the homeless could pull a peach off the tree and have something to eat, that would be nice, instead of just plain trees"
"But it may be something outdoors where kids can play, but it's so hard because since we live in a valley, a lot of air quality is bad, so you can't play outside. We've had a lot more bad air days lately than good. What about indoor, though? [If there were indoor centers, would that help?] Yes. And some that don't cost a fortune to go to, because you've got indoor gyms, you can't afford them. And it should be 24 hours, too, because there's times where people work overnight, and they don't get to spend time with their children. Something that takes into account lifestyle and needs of people there... And maybe if the insurance would pay the cost, because if you're trying to improve your health, why won't the health insurance pay for it? "

Access to Healthy, Affordable Food

Participants suggested increasing the availability of locally grown, healthy foods. Thoughts of specific ways to improve access to healthy foods in low-income communities included:

- Famers' markets on more days of the week and incentives for farmers to grow in the area
- Reduction in the cost of healthy foods, specifically locally grown fruits and vegetables
- Community gardens, fruit and vegetable stands, and other ways to grow and access food on an individual or community scale, such as urban agriculture where farming occurs on plots of land in more metropolitan city conditions
- Restrictions on fast food restaurants and vending machines
- Limiting access to foods with added sugar

Respondents had specific thoughts on the challenges present in many low-income communities regarding food access. As shown in Table 13, they provided ideas for increasing access to healthy, affordable foods and reducing access to less healthy options.

Table 13: Specific Quotes about Ways to Create a Healthier Neighborhood: Access to Healthy, Affordable Foods

How do you feel about this exercise? [Elicit actual, specific feelings—e.g., happy, content, unsafe, etc.]

Respondent Quote
"…fruit and vegetables are really expensive. Try to make those cheaper. Then how there's fast food on every corner, try to maybe eliminate some of those and instead have more fruit and veggie stands."
"So we need to learn how to grow our own food more.… Community gardens ... I have to tell you, I've never grown anything in my life, besides tomatoes last year on my patio, which grew five feet tall, taller than me. And I—when I had the opportunity to volunteer, I did, and there's nothing in this garden that you can't eat. And what's amazing is, not only are we teaching our kids about it, it's all organic, it's healthy."
"Something else also, hamburgers only cost $1, and a salad costs a minimum of $5 or $6. If you don't have money, what are you going to do? You're going to go get the cheapest thing. Three for $3 or who knows what? And then, you get the—your soda, your chips—your fries, and your hamburger for $4. And it's just right there ."

Community Involvement and Social Connections

As part of the discussion regarding plans to create a healthier neighborhood, respondents suggested that neighbors convene to identify existing assets in the community to address issues related to obesity. Some suggested more active use of technology, such as Facebook events and YouTube videos, to get the word out about specific programs. Others felt that their lives were already too saturated with messaging through various technological platforms; they recommended instead a return to analog forms of public connectedness, such as flyers and other public postings, to promote community events and community connectedness in public spaces.

Groups also discussed the mindset required to affect change. For example, it is important to establish trust in communities and this could happen if neighbors spent time together at events and gatherings. However, some respondents pointed out that it can be difficult to overcome a sense of futility when trying to change or engage other people and that residents may have apathetic attitudes toward the process of establishing community or harbor frustration from failed experiences.

Ideas of specific ways to engage community members to increase involvement in neighborhood improvements, activities, and events included:

- Creating groups where neighbors could join in challenges, such as those for weight loss
- Establishing a demonstration project in a community as a way to show how change can be made
- Offering free or low-cost classes on topics such as health, in general, weight loss, blood pressure, healthy eating and how to buy healthy foods, self-defense, and physical activity
- Offering support groups for adults and youth on a variety of topics

Who Should Be Involved

In considering ways to create a healthier neighborhood, respondents were asked who should be involved in the process. In response, they suggested including nonprofit groups to organize meetings, events, and facilitate community involvement. Respondents were uncertain, however, about the best method for selecting leaders for any of these efforts.

The groups offered suggestions on how to create opportunities for participation and involve the whole community:

- Find a way to create funding support that can match up people who want to give back to communities in need through charitable giving
- Have hospitals sponsor a local 5K walk or run
- Use taxes from tobacco
- Encourage people to get involved for the sake of their children having a better life
- Get kids involved so families can have a shared interest

Respondents also offered ideas on who could help with the structure and education of healthier living initiatives in their communities:

- Department of Health and Human Services
- Government/cities
- Parks and Recreation Department
- Community leaders, such as the mayor and city council
- Chamber of commerce
- Churches
- Nutritionists

How to Get People Excited and Involved

When asked directly how to create excitement and increase involvement in plans for a healthier neighborhood, many respondents immediately pointed to social media as a way to get community residents involved, but they had other creative suggestions for bringing community residents and leaders together to bond and converge on the issues. Respondents identified the need to involve kids in initiatives because this would attract parents and help the community to come together. Some other suggestions included:

- Promote with social media, newspapers, or flyers in the mail or at the mall
- Use schools as focal points
- Put information in county offices, Women, Infants, and Children (WIC) offices, or doctors' offices
- Get local television stations involved, using the most common media for a publicity campaign, such as a health segment
- Have large banners in the neighborhood
- Involve kids with activities and sports and help keep them off their phones
- Create free or low-cost programs to encourage people to participate
- Ask corporations to donate back to the community
- Host food truck gatherings
- Host soccer games and block parties
- Create connections with museums

Effective Scenarios

Respondents shared their opinions about three obesity prevention approaches with demonstrated effectiveness. Each approach was described in approximately one page of text with accompanying visuals and was presented in random order to each group (these pages are included in Appendix C: Focus Group Approach Scenarios). After reading through the approach aloud, the moderator asked respondents to provide their impressions of the approach. For all three approaches, respondents generally found many positive aspects but also identified faults with each. Each group shared their preferences and thoughts regarding the best approaches. Table 14 presents an overview of the selected approaches among the groups.

Table 14: Top Scenarios by Location and Language

	Sacramento	Fresno	Visalia	Los Angeles
English	*Shape Up*	*MD Rx*	*Shape Up*	*Shape Up*
Spanish	*MD Rx*	*MD Rx*	*N/A*	*Shape Up*

MD Rx = Doctor Recommended Fruits and Vegetables
Shape Up = Shape Up Neighborhoods

Overall, the groups were split about the top approach for improving health in low-income neighborhoods. Fresno preferred the *Doctor Recommended Fruits and Vegetables (MD Rx)*, the one group in Visalia selected *Shape Up Neighborhoods* (*Shape Up*), Los Angeles chose *Shape Up*, and Sacramento was split between the two. The Fresno English-speaking group only chose *Doctor Recommended Fruits and Vegetables* because they felt that *Shape Up Neighborhoods* would not motivate residents to become actively involved. All of the groups felt that a combination of *Shape Up* and *MD Rx* would be the best option if it was possible to implement more than one at a time. The Los Angeles Spanish-speaking group had many positive comments about the *Tree Planting* concept—they liked the health and beautification benefits—but ultimately chose *Shape Up* as their top choice.

Respondents in some cases shared strong opinions about the scenarios. Although counts of the preferences were not collected from the groups, consensus was voiced regarding their choice for the best option. Table 15 presents specific comments that were captured and selected to represent the overall ideas that emerged from the group discussion.

Table 15: Specific Reactions to Scenarios

What do you like about each concept? What do you dislike about each concept?

Respondent Quotes
Doctor Recommended Fruits and Vegetables
"I liked the whole thing, that the doctor is getting involved with the community."
"I like that they can fill the prescriptions for free; that's a great way to get kids to eat fruit."
"We'll be able to have the education from doctors and from dieticians, not just with the adults, but the kids. We're also going to get educated for three months. So that we way we can—it'd become a routine for us in our life. And then the money as well."
"Why did they have to wait until they're overweight? Why shouldn't it start when they're at the age of eating their fruits and vegetables? It should be everyone, not just for overweight people."
"I think the price is a little too low. For a family of four, $28 a week? $28—I could spend that and more in buying vegetables."
"I don't like this idea of a prescription because we're used to have a prescription that is a medication. I don't like feeling like it's a medication."
Shape Up Neighborhoods
"It's making more places to eat healthy food."
"I like the part where everyone has a voice, not just some people. Everyone does."
"I like the point of—where we have community leaders and neighborhoods that come together to decide ways to make the community healthier….I like the open-ended, in a way, because it says it gives you: We're coming together, and we're going to decide what parks the community needs."
"It's a pipe dream. You know things get started, but who's going to keep it up? Are there going to be police available to come check things out? They don't have that extra money."
"I just don't like the community leaders. Because maybe you don't have trust within your community. If there was an established trust already with the community, if we knew our community leaders—not only when it was time to vote—that would be better."

Tree Planting
“An environment like that does relax you a lot. A green environment. It does look better. Neighborhoods do look better in areas that have trees.”
“It's a better environment, and I think that a person that is connected to the nature is not thinking about things that are negative.”
“Because when you see it invites you to do activity, like when it's really hot, nobody wants to leave their house, but there's a tree and there we are, we're all there under the shade. So if there's a certain activity that you're going to do, you want to—you just—you're going to be all together like that.”
“I had the concern that how are you going to plant them? Most soil in Fresno is deadpan soil. You can’t plant anything. It can’t survive…Not even that, we don’t have enough water for our fruits and vegetables. What makes you think we have enough water for these trees?”

Below is an overview of the reactions captured for each of the approaches.

Doctor Recommended Fruits and Vegetables

The fruit and vegetable incentive program received many positive reactions, and the groups in Fresno found it particularly relevant and applicable. However, groups also expressed consistent concerns regarding the approach.

Positive Reaction

- Respondents liked the motivational and counseling aspects of the approach, specifically the physician involvement and their connection to the community
  - Participants remarked positively about the follow-up visits and multiple points of contact
  - They mentioned that it was a good educational opportunity for children
- Receiving additional economic support to purchase healthy foods was perceived as the strength of this program
  - Respondents liked that the program was similar to the federal nutrition program, WIC, that provides healthy choices of fruits and vegetables and works with grocery stores
  - In one group, receiving extra money to purchase fruits and vegetables was highly valued, especially when it benefits children
  - They also liked having a choice of where to “fill” the prescription

Negative Reactions: Concerns, Reservations, and Criticisms

There were generally as many positive as negative comments. Reactions that expressed concern regarding the scenarios, however, contained a wider range of justifications and explanations.

- Concerns were raised in all but one group regarding the applicability of the program to everyone. Many respondents noted that the program only was available after children became overweight and felt that it should be available to everyone as a preventive approach
- The amount of the economic incentive was questioned in four of the seven groupsConcern was raised that the amount could be insufficient with the high cost of fruits and vegetables in California
  - Concern was raised that the amount could be insufficient with the high cost of fruits and vegetable in California
  - It was suggested that potentially using $2 to $5 per person per day could better meet costs of fruits and vegetables specific to the area
  - Respondents felt it was important to ensure that vouchers be accepted at all farmers' markets
- Required physician visits were recognized as potential barrier to entry
  - The cost of a doctor's visit could be prohibitive for those who cannot afford frequent visits
  - Although the physician contact was positively received, some felt the length of time was too short for a change to occur and that the program should be longer than three months
  - Lack of availability of physicians could present issues with scheduling appointments
  - There was the thought that all physicians should already be practicing this approach
- Some Spanish-speaking respondents were initially confused by the word used for prescription and mentioned that it could be misinterpreted as a recipe. They also rejected characterizing fruits and vegetables as "medicine," saying that they thought that the prescription would actually be for medicine. There was a preference for the use of the word "coupon" instead.
- Child preferences for other foods was also raised as a possible issue in one of the groups, with the thought that the program may not guarantee actual consumption of the fruits and vegetables

Shape Up Neighborhoods

The *Shape Up Neighborhoods* approach received mainly positive comments in all groups. The concerns raised by respondents were predominantly expressed as skepticism and distrust related to implementation in their communities.

Positive Reactions

- Respondents reacted positively toward the ideas about community activation and building the intervention with local leadership
  - Participants liked the idea of convening community members to make decisions collectively about community needs and desires
  - Respondents liked the idea of community coalitions that include diverse contributors such as community leaders and local businesses
- Positive responses were presented regarding the potential for increasing access to locally grown healthy foods and physical activity opportunities
  - Respondents liked the idea of community gardens
  - Groups found it appealing to have walking clubs and a safe space to be active
  - The ability to create community-tailored groups based on the issues was well received
- Some of the groups mentioned that *Shape Up* could include ideas from the other scenarios

Negative Reactions: Concerns, Reservations, and Criticisms

- There was broad support for a community coming together, yet concern about who would be involved
  - A couple of the groups were uncertain regarding the selection of local leadership and the type of community members involved
  - The potential for distrust, special interests, and misdirection were raised as challenges that could arise in certain communities
  - One group shared that, in the process, everyone should be made to feel part of the community, even those who are homeless
- Some respondents reinforced the need for safety and security in low-income communities. Many felt that the concept was not a viable option unless safety was addressed
- Concerns about extreme heat and air quality were expressed in the Central Valley and suggestions were made in support of indoor structures where residents could be physically active
- Sustainability was a concern specific to lower-income communities—particularly with funding and upkeep. Questions were raised about who would keep the activities and programs up and running in the long run
- One Spanish-speaking respondent mentioned that many immigrants are paralyzed by fear of deportation and do not become involved or ask for help
- Respondents were concerned about the drought and that growing fruits and vegetables locally might not be possible with the lack of water

Tree Planting

There was support for the *Tree Planting* scenario by all groups except the Fresno English-speaking group, who expressed concern about the drought, and some respondents in the Sacramento and Los Angeles English-speaking groups were skeptical about the ability of trees to reduce crime. However, all the Spanish-speaking groups reacted positively to the scenario as a good idea for the community and environment. Overall, the scenario was not seen as a stand-alone program but something that could be combined with the other scenarios.

Positive Reactions

- Respondents liked the improvement of the physical environment and the health impacts
  - Group members found the beautification of outdoor spaces to be a desirable outcome
  - Respondents liked that the program could create relaxing atmospheres where people were more likely to participate in walking or other physical activity
  - Respondents recognized the mental and emotional impacts the approach could bring to a community; one person noted that “a person connected to the environment is less negative”
  - Respondents also identified the ecological service of the trees, such as environmental benefits, shade and cooling, and air quality improvements
  - A couple of respondents pointed out the potential for creating opportunities to provide healthy foods if fruit trees were planted
- Respondents also reacted positively to the approach as a means of bringing the community together. They recognized the beneficial outcomes that could occur from volunteering and how it could mobilize community action
- The Spanish-speaking groups were more supportive of the approach, compared to the English-speaking groups. The Spanish-speaking groups more frequently conceptualized the health benefits that would result from having trees, such as improving air quality and having a pleasant place for physical activity

Negative Reactions: Concerns, Reservations, and Criticisms

- Respondents raised concerns about health conditions, such as asthma and allergies, that can be caused by certain kinds of trees
- In a few groups, respondents mentioned their concern for safety, especially in neighborhood parks
  - A couple of respondents feared that criminals could hide in and behind trees
  - There was skepticism regarding the outcome of lower crime rates, which was included in the scenario description
- A couple of groups discussed the potential that the approach might be unsustainable
  - Respondents in the Fresno and Visalia raised the issue of drought conditions and a few challenged the sustainability of the scenario due to the need to care for the trees
  - Respondents also raised questions about who would donate the trees and who would maintain them
  - One respondent in Fresno thought it could be difficult to plant trees in poor soils

Discussion and Recommendations

Community Connectedness and Support

Similar to the key informant interview respondents in the prior study (featured in a separate report), participants in the focus groups felt strongly about social connection and relationship-building to increase community cohesion. The concept of social connection included a basic desire among respondents to feel closer to their neighbors and interact with them on a regular basis to build trust and reciprocity. They highly valued simple communication such as a hello or a wave or neighborly conversations about their families and pastimes. There was a desire for groups such as neighborhood watches and increased trust among neighbors.

Safety was an ever-present theme among the groups. Many respondents lived in fear for their personal and family security and some resided in environments characterized by crime, assault, gang violence, prostitution, and disregard for community integrity and infrastructure (through actions like vandalism and graffiti). For the residents that lived in these conditions, these stresses on their basic feelings of safety and security pose a significant challenge to considering other important aspects of their quality of life, such as addressing the health needs of themselves and their family or community, the availability of healthy foods, or the need to be more physically active. To them, an ideal community would be one where they can be happy and safe, where they could experience less stress or worry, and where they would be able to spend time together with their family and community more comfortably. Visalia respondents in particular, felt they already lived in an ideal neighborhood, but improvements could be made to increase opportunities for health and well-being.

Respondents identified a range of environmental and social conditions that would assist their families in improving their nutrition and physical activity. Examples of supportive conditions included: opportunities for adequate paying jobs and access to education that directly impacts the ability to meet the requirements for those jobs.

Efforts to advance obesity prevention and intervention in low-income communities must support the perspectives and goals of the residents. The results from these focus groups indicate that there are specific cross-cutting themes that can be used to design policies and programs that enable individuals, neighborhoods, and communities to attain their health goals.

Nutrition Education and Physical Activity Promotion

Respondents believed that nutrition education and creating opportunities for physical activity should play important roles in reducing overweight and obesity in low-income communities. Addressing access to healthy foods and improving the built environment were identified as essential strategies for improving health and reducing overweight and obesity. Community gardens, urban agriculture, farmers' markets, and other locally sourced approaches for increasing healthy food access were recognized as important ways to build a healthy community. Respondents also indicated the importance of ensuring security in parks or other outdoor areas as an important approach for facilitating physical activity in low-income communities. Respondents suggested offering free or low-cost group activities to bring residents together and increase physical activity.

Selection of Effective Scenarios

There were positive responses to each of the example approaches; however, the *MD Rx* and *Shape Up* examples were recognized as stronger potential solutions to address overweight/obesity and combat chronic diseases in California communities. Several groups saw the benefits of *Tree Planting* but felt that it was not a stand-alone program.

Respondents thought that the *MD Rx* scenario could be a viable option for improving the health of their communities by lowering overweight and obesity. They liked the involvement of the physician and thought nutrition counseling would be good education for children. Potential flaws in the *MD Rx* scenario were related to implementation issues, such as the number of visits with a physician, amount of the economic incentive, the language used to describe the method of distribution, and the acceptance or consumption of fruits and vegetables on the part of their children. The main issue raised with *MD Rx* was the lack of using it as a preventive measure. Many respondents took issue with the benefit not being available to all children and the intervention occurring only once they are overweight. The amount of the benefit was also raised as a potential issue—that in certain communities, the money given might not be enough due to the high costs of fruits and vegetables.

The *Shape Up* scenario was well received by many respondents, particularly due to the high level of community involvement. Respondents liked the collaborative nature of the scenario with community leaders and residents making collective decisions for the neighborhood. They also liked the idea of having access to healthy foods and physical activity opportunities. Concerns expressed by respondents about the *Shape Up* scenario were focused on resident and leader participation, lack of a safety component, and a lack of trust in the process of community activation. Most respondents liked all aspects of the scenario but questioned the viability of the option in their neighborhoods due to what they perceive as insurmountable problems with crime, limited police response, distrust in local leaders, and an absence of social cohesion in many communities. They seemed to hope that it could be a feasible option, but many shared their sense that it was only a fantasy. Others expressed their reservations that the program could "get their hopes up," but not deliver on promises to improve the community's health.

The *Tree Planting* scenario was well received by the Sacramento and Los Angeles groups, especially the Spanish-language dominant participants in Los Angeles. They could perceive the health and ecologic benefits of more trees in their environment. The English-speaking group in Fresno could not see the benefits or perceive the merit of the concept in any way. Their reactions were jaded by fear of assault and along with Visalia, the dire state of the drought conditions in the region. In the end, all groups chose the other two options as the best choices to meet their needs and tackle the problems presented in the group exercises and discussions.

Recommendations

Strategies to reduce overweight and obesity in California's low-income communities could take many forms; the findings from these groups can be used to guide intervention design. Below are some recommendations based on the focus group findings:

- Any successful approach must engage community leadership and residents for collective decision-making on specific approaches that will work best for their area. Ideas from effective approaches and demonstration projects can contribute to the process, but interventions ultimately need to be tailored to the community and \ need buy-in from residents. Trust among community members and leaders must be gained in the process.
- Advancing social connection was perhaps the most prominent theme and goal mentioned in each focus group. The concept spanned neighbor-to-neighbor connection to efforts to foster broader neighborhood and community cohesion.
- A related theme was the need to develop individual and group approaches to manage the stresses of everyday life. Ideas mentioned included mindfulness, meditation, and improved social support.
- Along with social connection, safety was seen as an immediate need, including safety in the home, neighborhood, and broader community. This could be fostered by creating greater social cohesion and fostering trust among neighbors. One suggestion was the creation of neighborhood watch groups.
- A community assessment focused on determining access to jobs and education can assist with identifying ways to support basic needs of families. Creative solutions that not only improve food and physical activity environments, but also create jobs and support education or apprenticeships could be part of community approaches.
- Communication about strategies to improve the health of the community should flow through both social media and analog channels to raise awareness, gather community members, and provide opportunities for engagement and decision-making.
- Group-oriented classes and events that bring residents together for physical activity, such as walks or bicycle rides, and healthy food access, including visits to farmers' markets and community gardens, promote sharing and education and should be encouraged among all ages.
- Built environment and green space improvements, healthy retail, urban agriculture, and innovative community-shared approaches to healthy food access, such as food hubs, community supported agriculture or buying clubs where groups share the cost of healthy bulk options, should be explored to support local options for food as well as physical and mental well-being. Exploration of indoor access to physical activity options is important for communities that may experience poor air quality or extreme weather conditions.
- All of the example approaches shared with the groups have merits and challenges. We recommend a combined approach, with the *Shape Up* community-level approach as the basis for any efforts. Coupons or other retail and farmers' market vouchers could be viable options (the MD Rx program was preferred by several groups); however, they must be implemented carefully to ensure equity and assume a more preventive role. Physicians, along with other health professionals such as dietitians, can be engaged to provide healthy incentives. The local medical and health care system should contribute to efforts in some way to support activities and opportunities for healthy eating and physical activity. A tree planting campaign could be part of population-level approaches and celebrations to bring community members together and raise awareness of the health-promoting qualities of outdoor and park environments.

Appendices

Appendix A: Recruitment Screener

Formative Research to Explore Improved Community Health in the Medi-Cal Population Screening Tool for Focus Group Participants

INTERVIEWER: _____

DATE: _____

TIME: _____

COUNTY OF POTENTIAL FOCUS GROUP:

☐ SACRAMENTO

☐ FRESNO

☐ LA

INTRODUCTION #1

Hello. My name is _____ from _____, a research company here in _____. We're putting together a series of group interviews with women in the _____ area on health issues important to the community. We are not selling any type of service or product. The group interviews are being held for the purpose of research only. Participants will be given a $75 gift card to thank them for their participation. All of your responses during our conversation today and during the group interview will be kept strictly confidential.

QUESTIONS AND SKIP PATTERNS

	CIRCLE 0=NO	1=YES
	NO	YES
1. Are you a female over 18 years of age?	0	1
A. IF YES, CONTINUE TO INTRODUCTION #2		
B. IF NO, THANK & TERMINATE		

INTRODUCTION #2

WHEN SPEAKING TO FEMALE RESPONDENT:

We are putting together group interviews with women in the _____ area on behalf of the Institute for Population Health Improvement at the University of California, Davis and California Department of Health Care Services.

If you are interested, I would like to ask you a few questions to make sure we have a good representation among participants. These questions are to help us reach the right people for this project.

2. Do you have time to answer these questions now or would you like me to call back at a more convenient time?

A. YES	1 CONTINUE
B. NO	2 OBTAIN DATE, TIME AND BEST PHONE NUMBER: _____
C. REFUSED	3 THANK & TERMINATE

	CIRCLE 0=NO	1=YES
	NO	YES
3. Are you currently pregnant?	0	1
A. IF YES, THANK & TERMINATE		
B. IF NO, CONTINUE		

	CIRCLE 0=NO	1=YES
	NO	YES
4. Do you work for…?	0	1
A. An advertising or marketing agency	0	1
B. A market research firm or department	0	1
C. A communications or PR firm	0	1
D. A healthcare student, intern or tech	0	1
E.Nutrition or personal training	0	1
IF YES TO ANY	THANK &TERMINATE	

5. How many times have you participated in a focus group or market research discussion of any kind in the past year?

A. NONE	0
B. 1 OR MORE	1 THANK & TERMINATE

6. What is the highest year of school that you have finished or gotten credit for? (**IF 4 YEARS OF COLLEGE, ASK**: Did you graduate and receive a bachelor's degree?)

A. LESS THAN HIGH SCHOOL	1 — INCLUDE MIN 1-2 PER GROUP
B. HIGH SCHOOL GRAD, GED	2 — INCLUDE MIN 1-2 PER GROUP
C. SOME COLLEGE, AA	3
D. COLLEGE GRAD (BA, BS)	4
E. GRADUATE COURSES OR DEGREE (MASTERS, PhD, DrPH)	5 THANK & TERMINATE

7. How old are you?

A. LESS THAN 18	1 THANK & TERMINATE
B. 18-35	2 **50% SHOULD BE BETWEEN 18-35**
C. 36–54	3 **50% SHOULD BE BETWEEN 36-54**
D. 55 OR OVER	4 THANK & TERMINATE
E. REFUSED	99 THANK & TERMINATE

8. Do you currently have children under the age of 18 living in your household?

A. YES	1 CONTINUE
B. NO	2 THANK & TERMINATE
C. REFUSED	3 THANK & TERMINATE

9. Are you (their/his/her) primary caregiver?

A. YES	1 CONTINUE
B. NO	2 THANK & TERMINATE
C. REFUSED	3 THANK & TERMINATE

10. How many children live in your home?

A. 1	1
B. 2	2
C. 3	3
D. 4	4
E. 5	5
F. MORE THAN 5	6
G. REFUSED	99 THANK & TERMINATE

We'd like to know their ages.

A. How many of the children are between the ages of 0 and 5?	_____ child(ren)
B. How many of the children are between the ages of 5 and 14?	_____ child(ren)
C. How many of the children are between the ages of 14 and 17?	_____ child(ren)
D. How many of the children are 18 and older?	_____ child(ren)
E. REFUSED	99 THANK & TERMINATE

How many of your children are male? Female?

GENDER	NUMBER
MALE	
FEMALE	

(CONTINUE)

11. What city do you reside in?_____

A. IF CITY IS NOT IN COUNTY OF FOCUS GROUP, THANK & TERMINATE
B. IF CITY IS IN COUNTY OF FOCUS GROUP, CONTINUE

12. How long have you lived in this city? _____ YEARS _____ MONTHS

A. IF LIVED IN CITY FOR A YEAR OR MORE, CONTINUE
B. IF LIVED IN CITY FOR LESS THAN A YEAR, THANK & TERMINATE

13. Do you have any conditions (excluding allergies or diabetes) that cause you to severely restrict or modify your food intake?

A. YES	1 THANK & TERMINATE
B. NO	2 CONTINUE
C. REFUSED	3 THANK & TERMINATE

14.How tall are you without shoes? _____ and How much do you weigh? _____

1. BMI: _____ [CALCULATE LATER]

15. •[FOR SPANISH GROPUS ONLY] If you had to make a presentation (as in get up in front of a group of people and talk at some length) on a specific or technical topic, such as politics, travel or health care, what language would you be most comfortable using?

A. ENGLISH ONLY	1 THANK & TERMINATE
B. MORE ENGLISH THAN SPANISH	2 THANK & TERMINATE
C. BOTH EQUALLY	3 THANK & TERMINATE
D. MORE SPANISH THAN ENGLISH	4
E. SPANISH ONLY	5
F. REFUSED	99 THANK & TERMINATE

16. To make sure we are interviewing a balanced group of Californians, I need to find out whether you are of Latino or Hispanic origin (IF NEEDED), such as Mexican- American, Latin American, South American, or Spanish-American?

A. YES, HISPANIC	1 GO TO 16a
B. NO, NON-HISPANIC	2 GO TO 17
C. DON'T KNOW	3 GO TO 16a
D. REFUSED	99 THANK & TERMINATE

16a. **[IF LATINA]** Are you of Mexican, Central American, South American, or some other Hispanic ancestry? [PROVIDE EXAMPLES FROM CATEGORIES AS NEEDED]

A. MEXICAN	1
B. MEXICAN AMERICAN	2
C. CHICANO	3
D. PUERTO RICAN	4
E. CENTRAL AMERICAN ((SALVADORIAN, GUATEMALAN, i. COSTA RICAN, HONDURAN, NICARAGUAN, OR PANAMANIAN)	5
F. SOUTH AMERICAN (PERUVIAN, CHILEAN, COLUMBIAN, BOLIVIAN)	6
G. OTHER	7 SPECIFY: _____
H. NOT HISPANIC	8 THANK & TERMINATE
I. REFUSED	99 THANK & TERMINATE

17. I'm going to read you a list of six race categories. Please choose one or more races that you consider yourself to be: White/ Caucasian, Black/African American, Asian, Pacific Islander, American Indian or Alaskan Native, or another race? (ALLOW MULTIPLE ANSWERS) (FOR ENGLISH SPEAKING GROUPS RECRUIT A MIX)?

A. WHITE/CAUCASIAN	1
B. BLACK/AFRICAN AMERICAN	2
C. ASIAN	3
D. PACIFIC ISLANDER	4
E. AMERICAN INDIAN OR ALASKAN NATIVE	5
F. OTHER RACE	6 SPECIFY: _____
G. DON'T KNOW	
H. REFUSED	99 THANK & TERMINATE

INTERVIEWER INSTRUCTIONS
138% OF POVERTY SPECIFICATION

ALL PARTICIPANTS MUST HAVE INCOMES AT OR BELOW 138% OF POVERTY. POVERTY LEVEL IS DETERMINED BY A RESPONDENT'S TOTAL HOUSEHOLD INCOME AND THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.

18. How many people live in your household, including yourself? Please include all children, relatives, non-relatives, and others that share their income for food and living expenses.

_____ (RECORD NUMBER OF PEOPLE)		→ **(CONTINUE TO 19)**
DON'T KNOW/NOT SURE	77	**(THANK AND TERMINATE)**
REFUSED	99	**(THANK AND TERMINATE)**

19. What is your household's annual household income before taxes are taken out? This includes income from wages, cash aid, unemployment, social security, and other sources. (PROBE FOR ANNUAL INCOME BEFORE TAXES) (IF NEEDED: Include the income of people who live in your home who you buy and eat meals with.)

$_____		
DON'T KNOW/NOT SURE	77	→ **(CONTINUE TO DETERMINING POVERTY LEVEL)**
REFUSED	99	

DETERMINING POVERTY LEVEL

FIND RESPONDENT'S NUMBER OF HOUSEHOLD MEMBERS IN THE CHART BELOW. CIRCLE THAT NUMBER. NOW, LOOK AT THE GROSS ANNUAL INCOME IN THE NEXT COLUMN OF THE CIRCLED ROW.

- IF THE RESPONDENT'S INCOME IF LESS THAN THAT NUMBER (CONTINUE)
- IF THE RESPONDENT'S INCOME IS MORE THAN THAT NUMBER (**THANK AND TERMINATE**).
- IF THE RESPONDENT IS NOT SURE ABOUT HER ANNUAL INCOME, ASK: "Can you tell me if your annual income before taxes is more or less than (AMOUNT IN CHART FOR NUMBER IS HOUSEHOLD)?

CHART OF 138% (2015) FEDERAL POVERTY GUIDELINE

FAMILY SIZE/# OF PERSONS	138% FPL[10]		LESS THAN	MORE THAN
	MONTHLY	ANNUAL		
1	$1,313	$16,105	CONTINUE	STOP AND THANK HER
2	$1,770	$21,708	CONTINUE	STOP AND THANK HER
2 ADULTS	$1,770	$21,708	CONTINUE	STOP AND THANK HER
3	$2,227	$27,311	CONTINUE	STOP AND THANK HER
4	$2,684	$32,913	CONTINUE	STOP AND THANK HER
5	$3,140	$38,516	CONTINUE	STOP AND THANK HER
6	$3,597	$44,119	CONTINUE	STOP AND THANK HER

Source: http://www.cdss.ca.gov/shd/res/htm/mcincome.htm#_ftn10

20. I'm going to read a few statements. After I read each one, I'd like you to tell me whether or not it describes you pretty well, not too well or not at all. READ STATEMENT AND RECORD RESPONSE IN THE APPROPRIATE COLUMNS BELOW.

	PRETTY WELL	NOT TOO WELL	NOT AT ALL
I enjoy meeting and talking to new people	☐	☐	☐
I'm open about expressing my thoughts	☐	☐	☐

IF RESPONDENT SAYS THAT **BOTH STATEMENTS** DESCRIBE THEM PRETTY WELL, CONTINUE

CONTINUE ONLY IF… RESPONDENT RESPONDED "PRETTY WELL" TO BOTH STATEMENTS

DISQUALIFY IF… RESPONDENT ANSWERED ANYTHING OTHER THAN "PRETTY WELL" TO ONE OF THE TWO STATEMENTS

IF ELIGIBLE CONTINUE:

Thank you for answering these questions. As stated earlier, we are putting together a series of group interviews with women in the _____ area on health issues important to the community. You will be reimbursed for parking if needed and will receive $75 if you take part in the study.

1. Are you willing to participate in a one-time, 2-hour focus group located in _____?
   A. If yes, then obtain contact information (phone number, address, and email):
      Phone number: (_____)-_____-_____
      Address: _____
      Email address: _____
   B. What days and times would work for you to attend this focus group? _____

Thank you for completing the screener. We have just a few additional questions for you:

ADDITIONAL DEMOGRAPHIC AND HEALTH BEHAVIOR QUESTION

2. Last week, did you work for pay at a job?
   A. YES 1
      If yes, what is the name of your employer? _____
      What type of work do you do there? _____
   B. NO 2
   C. REFUSED 99

3. In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of a baseball.)
   _____ SERVINGS

4. Within the past 12 months did you worry whether your food would run out before you got money to buy more?
   A. YES 1
   B. NO 2
   C. DON'T KNOW 77
   D. REFUSED 99

5. Within the past 12 months did the food you bought not last when you didn't have money to buy more?

A. YES	1
B. NO	2
C. DON'T KNOW	77
D. REFUSED	99

6. In the past 7 days, how many sugar-sweetened (not diet) drinks (examples include soda, energy drinks, or non-fruit juice such as Sunny Delight) did you typically consume each day?

_____ DRINKS

7. In the last 7 days, how often did you exercise for at least 20 minutes in a day? – INTERVIEWER READS OPTIONS

A. EVERY DAY	1
B. 3-6 DAYS	2
C. 1-2 DAYS	3
D. NO DAYS	4
E. DON'T KNOW	77
F. REFUSED	4

8. Is there a place that you usually go when you are sick or you need advice about your health?

A. YES	1
B. NO	2
C. DON'T KNOW	77
D. REFUSED	99

If yes, where do you go? [INTERVIEWER READS OPTIONS]

A. Hospital or emergency room	1
B. Hospital based clinic	2
C. Health center or clinic	3
D. Doctor's office	4
E. School	5
F. Friend or Relative	6
G.Other	
H.DON'T KNOW	77
I. REFUSED	4

9. Do you receive any of the following benefits : – INTERVIEWER READS OPTIONS

Medi-Cal (California's Medicaid):

A. YES	1
B. NO	2
C. DON'T KNOW	77
D. REFUSED	99

CalFresh (Food Stamps or Supplemental Nutrition Assistance Program):

A. YES	1
B. NO	2
C. DON'T KNOW	77
D. REFUSED	99

Women, Infants, and Children Supplemental Nutrition Assistance Program (WIC):

A. YES	1
B. NO	2
C. DON'T KNOW	77
D. REFUSED	99

Temporary Assistance for Needy Families (TANF):

A. YES	1
B. NO	2
C. DON'T KNOW	77
D. REFUSED	99

Other, please describe: _____

Thank you again for speaking with me today, someone from [insert research firm] will contact you within _____ days about your attending the scheduled focus group.

Appendix B: Moderator's Guide

Formative Research to Explore Obesity Prevention in the Medi-Cal Population Moderator's Guide

1. Ideal Community (20-30 minutes before 90-minute session begins)

[While participants are arriving, signing in, and filling out demographic form they will be invited to participate in an interactive warm-up exercise set up in the lobby.]

a. Moderator's Instructions – Bricks to Building a Better Life

While you are getting settled in this evening, please take a moment to participate in a warm-up activity. As you can see, there are several white boxes assembled in the room, each with a question written on them. We have markers here for you; please walk around and write on the boxes with one word or maybe a short sentence. There are no right or wrong answers to any of the questions. We are interested only in your open and honest opinions. We look forward to discussing the boxes once we begin the session.

Box 1: What are some things that could improve your quality of life?

Box 2: What are some things that could improve the neighborhood where you live?

Box 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.

Box 4: How do you feel living in your ideal neighborhood? [ELICIT ACTUAL, SPECIFIC FEELINGS E.G. HAPPY, CONTENT, UNSAFE, ETC.]

[Once 20 minutes pass, bring boxes inside, disassemble, and discuss responses and themes with participants after introductions and ground rules.]

2. Introduction/Explanation/Ground Rules and Warm-up Exercise Debrief (35 minutes)

a. Moderator's Introduction

Thank you for agreeing to meet with us today. My name is [INSERT NAME] and today I'm representing a research organization, NORC. We're conducting this focus group today to learn more about the health and well-being of families like yours. The information will be used to help improve programs and services for families throughout California.

b. Explain Ground Rules

We are here today to learn from you. Your point of view and experiences are extremely valuable to us. This is an open forum, please feel free to speak up and ask questions at any point. Our conversation today will last about an hour and a half. Please keep in mind:

- We will be audio and video recording this focus group. This is for me and my team to review and summarize what we learned in a report.
- Everything you say in this discussion will be kept private. Your names or other personally identifiable information will not be used in a report or elsewhere.
- Some of the sponsors of these focus groups are behind the one-way mirror. They will also be keeping your comments confidential.
- There are no right or wrong answers to any questions posed today. Our questions are designed to learn about your experiences and what you think.
- Being part of today's discussion is completely voluntary. You do not need to answer any questions you do not wish to answer.
- There are no penalties or consequences for not answering questions.
- Please use each other's first names only.
- Please be respectful of everyone's opinions, even if they differ from your own. We are very interested in hearing different opinions.
- Please do not share what we discuss today outside of the room.
- Please silence your cell phones and/or other electronic devices.
- Would anyone like to add any other ground rules for discussion?
- Are there any additional questions before we begin?

c. Respondent Introductions

Let's begin getting to know one another by going around the room for introductions. Please tell me your first name; city where you live; number, ages, and genders of your kids; and one fun fact about yourself.

d. Warm-up Exercise Debrief

Now let's take a few minutes to discuss the boxes you all wrote on before the session. You were asked to think about your ideal neighborhood—a place you'd like to live. Each box had a question that somehow related to this topic. Let's take a look at the responses:

- Is there anything else you would like to add to these boxes?
- What do you see when you look at what's written on these boxes?
- What are some things in common?
- What surprises you?
- Why did you choose to write what you did?
- How does your ideal neighborhood compare to the neighborhood where you currently live?
- What makes it difficult for your neighborhood to become like your ideal neighborhood?
- What do you think it would take to have your ideal neighborhood?

  Possible probes:
  - More opportunities
    - More money
    - Better/more jobs
    - Better schools
  - Better (more supportive) environment
    - Less crime/safer streets
    - Better access to healthy foods
    - More places to be physically active
    - More environmental changes (maybe located near a dump or industrial facility)
    - Less negative advertisements (smoking ads)
    - Less liquor stores
    - More/better housing
    - More open space or preserved nature
    - More affordable leisure/fun activities nearby
    - Increased social connections, such as knowing and getting along with neighbors
  - Better public services
    - Elected officials who care about you
    - Access to health care
    - More or easier access to social services, such as food stamps

3. Measurably Improving Overweight/Obesity (30 minutes)

Now let's move from your ideal community to one in which most of us live, where there are high rates of chronic illnesses, such as diabetes, heart disease, and high blood pressure affect many of your neighbors or loved ones. Many of these diseases can be prevented through exercise, healthy eating, and achieving a healthy weight.

Imagine you get to decide what gets done in your neighborhood or community in order to greatly increase the number of people who have a healthy weight, in order to create an overall healthier community. What would you do to achieve this goal in three years?

Possible probes:

- Who would you involve?More opportunities
  - Who would you focus on/target?
  - What kinds of businesses or community programs would you bring together?
  - How would health care be involved? (e.g., doctors' offices, clinics, or hospitals)
  - How would you like the government (e.g., city council, federal aid programs) to be involved?
  - How would you like churches to be involved?
  - How would you like schools to be involved?
  - What kinds of other community groups or organizations would be involved?
  - What individuals or leaders would you bring together? And what would their roles be?
- What changes would you make in this community and what programs and services would you offer?
  - How would you make healthy food, such as fresh fruits and vegetables, affordable to residents?
  - How would you increase residents' ability to get outside and be active?
- How would you get people excited and create long-term change?
  - What would you do to get residents excited and interested in making changes to create a healthier community?
  - Would you use the media and how? (e.g., local newspapers, television, or radio stations)
  - Would you use social media and how? (e.g., Facebook, Twitter, or Instagram)
  - How would you ensure that your efforts could keep going after you got them started?
  - What barriers or challenges might you have along the way? How would you deal with them?

4. Concepts (20 minutes)

Next, I'd like to get your honest opinions about several concepts; each concept is intended to help families and neighborhoods like yours increase the number of people with healthy weight and reduce overweight. *[Review the concepts with the group.]*

- What do you like about each concept?
- What do you dislike about each concept?
- Which concepts do you think would help more people in your neighborhood achieve a healthy weight? Why? Which ones would not; why?
- What would be the best way to get information out about each concept to others in your community?
- Are there other approaches that you think would work better to increase the number of people in your community who have a healthy weight? What are they?

5. Closing Remarks (5 minutes)

Thank you so much for your time and the insights you provided. We are grateful for your assistance. Is there anything you would like to add before we conclude this focus group? Thank you for your participation.

Appendix C: Focus Group Approach Scenarios

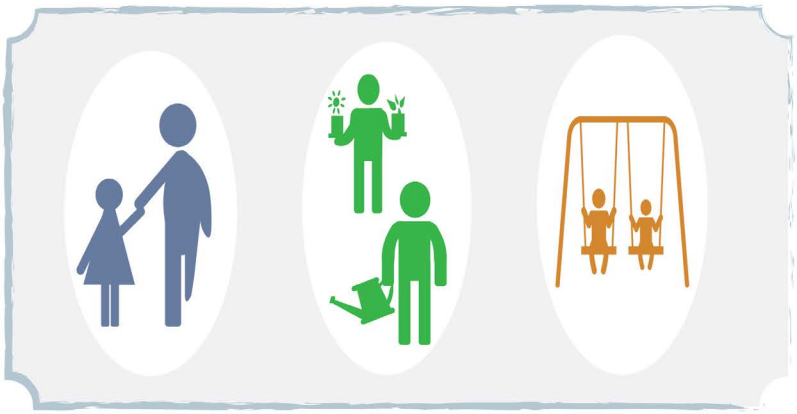
Doctor-Recommended Fruits and Vegetables

Doctors and dietitians meet with overweight kids and their families once a month for at least 3 months to get advice on how to improve their diet and physical activity habits. At the end of each visit, the doctors write prescriptions for fruits and vegetables. The prescriptions are equal to $1 a day for each family member (a family of 4 would get $28 a week). The families fill the prescriptions at selected stores and farmers' markets for free.

WHICH IDEAS COULD WORK IN YOUR NEIGHBORHOOD?

Shape Up Neighborhoods

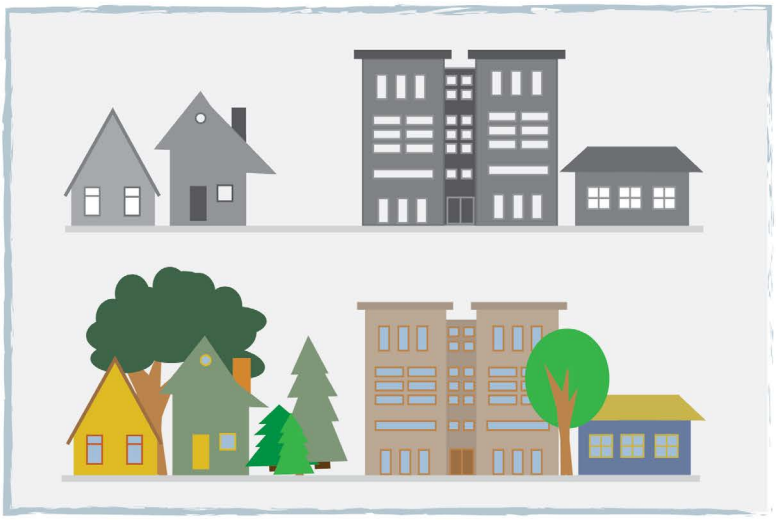
Community leaders and neighbors come together to decide on ways to make their community healthier, and everyone has a voice. They may choose to create more places to eat healthy food, workout, and play. They may open a community garden, fix up a park, or start a walking club, for example.



WHICH IDEAS COULD WORK IN YOUR NEIGHBORHOOD?

Tree Planting

Trees beautify neighborhoods and make outdoor activities enjoyable. Volunteers plant 1,000 trees in yards, schools, and parkways. People go to parks more often and breathe easier in neighborhoods with more trees. There is also less crime and people interact with each other more.



WHICH IDEAS COULD WORK IN YOUR NEIGHBORHOOD?

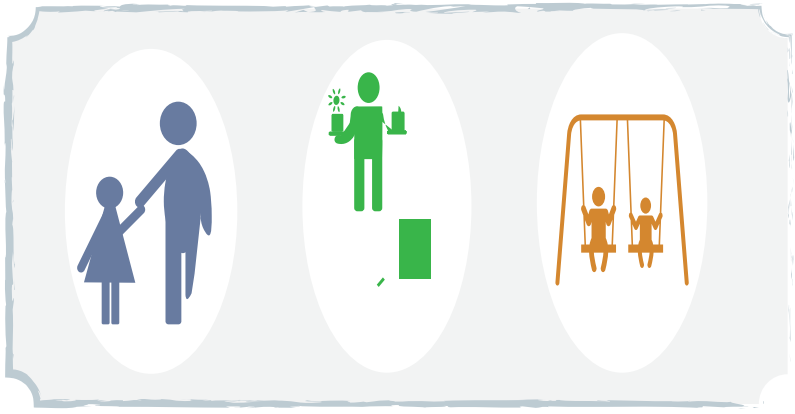
Frutas y verduras recomendadas por doctores

Doctores y nutriólogos se juntan con niños que están en sobrepeso y con sus familias una vez a la semana por un mínimo de 3 meses para que reciban consejos acerca de cómo mejorar su dieta y sus hábitos de actividad física. Al final de cada visita, los doctores escriben una 'receta médica' para frutas y verduras. Las 'recetas' equivalen a $1 al día para cada miembro de la familia (una familia de 4 recibiría $28 a la semana). Las familias surten las 'recetas' en tiendas y mercados sobre ruedas que han sido seleccionados y sin costo alguno.

¿CUÁLES DE ESTAS IDEAS FUNCIONARÍAN EN SU VECINDARIO?

Poner en forma a vecindarios

Líderes de la comunidad y vecinos se juntan para decidir cómo hacer para que su comunidad se convierta más saludable y que todos puedan tener voz en el asunto. Pueden elegir crear más lugares para comer alimentos saludables, hacer ejercicio y jugar. Por ejemplo, pueden empezar un jardín comunitario, arreglar un parque o empezar un club de caminatas.



¿CUÁLES DE ESTAS IDEAS FUNCIONARÍAN EN SU VECINDARIO?

Plantar árboles

Los árboles embellecen a vecindarios y hacen que las actividades al aire libre sean más placenteras. Voluntarios plantan 1,000 árboles en jardines, escuelas y parques. La gente va a los parques más frecuentemente y respiran mejor en vecindarios con más árboles. También hay menos crimen y las personas se relacionan más unas con otras.

¿CUÁLES DE ESTAS IDEAS FUNCIONARÍAN EN SU VECINDARIO?