

Kent County Obesity Focus Group Summary September 26 and November 14, 2005 Focus Groups

The Kent County Health Department hosted two evening focus groups on September 26 and November 14, 2005, each with a central issue of “Obesity in Kent County.” The first gathering took place in the third floor conference room at the Kent County Health Department in Chestertown, Maryland. Ample parking and elevator access were available to the group, comprised of members from “Citizens Against Tobacco Smoke” or CATS. The second focus group was held in the Comfort Inn conference room, also located in Chestertown, Maryland. The participants for this group were recruited through targeted stakeholder invitations to health professionals and through news circular and newspaper ads. Again, ample parking and disability access was provided to the second group, along with healthy meal choices. In total, there were 36 unduplicated citizens participating in both groups. Of this total, 20 were African American, 16 were Caucasian, seven were male, and 29 were female. Note that two additional African American female participants attended the second focus group who also attended the first focus group. All participants were in the middle to elder age ranges. Charlene Perry, Wellness Coordinator, and Nicole Morris, Project Coordinator, also attended both groups and presided over the meeting. Linda Walls, from Just Cause Consulting, led the focus group discussions, which lasted for approximately one hour.

Background and Introduction: Ms. Walls described the purpose of the focus group by saying that the State of Maryland’s Department of Health and Mental Hygiene and the Kent County Health Department are very concerned about the high incidence of obesity among Maryland citizens and would like citizen opinions about obesity causes and solutions. She described the focus group process and asked members to refer to the hand-out featuring the five focus group questions. Members were invited to take a few minutes to read over the questions and contemplate responses.

Ice-Breaker: As an exercise to warm up the group for expressing thoughts and ideas, Ms. Walls asked each member to share their first name and one favorite healthy food choice or one favorite physical activity. Most responses mentioned walking, drinking water, and eating favorite seafood and fruits.

Focus Group Questions: Five questions were planned for the focus group. Each question is listed next followed by a summary of responses. Responses are organized within this report according to common themes. Those responses mentioned by both groups are listed first and noted as such, followed by responses provided by either the 9-26 focus group or the 11-14 focus group and noted as well. Responses specific to the 9-26 GROUP ONLY are indicated in *italic* font.

1) Is obesity a problem in Kent County? If so, to what extent?

All members from both groups agreed that obesity is a problem in Kent County. *The first group estimated the problem occurring among 20% of the population*, whereas the second group estimated the problem occurring among 50% to 60% of the population.

Additional comments from the second group included:

- More common in young kids
- Tends to be more of a rural problem, because people in cities don't have to rely upon transportation, they can walk
- Higher in the South than in the North
- It is everywhere

2) What are the Barriers to preventing obesity in Kent County?

- Convenience in accessing unhealthy foods (BOTH GROUPS) – *Being in a hurry and stopping by McDonald's or other fast food places; Acme fries chicken and makes it easily available; Food is easy and accessible; Microwavable food; People do not have time to prepare healthy foods; Vending machines are always filled with things that are not good for you; Convenience stores make it easy to eat bad foods; Everything convenient is processed with sugar and fat; If you are hungry, you'll eat the first thing that is available*
- Personal motivation and responsibility are weak (BOTH GROUPS) – *People do not follow through even though they know what is good for them; They overeat because they are not motivated to do otherwise; They (obese people) don't want to; People have a physical addiction to food, especially sugar; So few meals are eaten at home; Lack of planning; Barriers are a lot of the blame, There is a lack of self-responsibility*
- Institutional food is not always nutritious (BOTH GROUPS) – *(School menus are) Not nutritious or not prepared in line with dietary guidelines; Sets up bad habits for children; Not impressed with the school menu, kids do not have a voice in what they eat; Not impressed with hospital food either, they could set an example*
- Background/ Genetics (9-26 GROUP ONLY) – *Color of skin and culture leads to obesity; Family history*
- Lifestyle (9-26 GROUP ONLY) – *Working parents; Being parents; People are tired; People do whatever is easiest*
- Perception that it costs more to eat healthy (11-14 GROUP ONLY) – *It's cheaper to buy soda than milk; Serving sizes, people go for quantity over quality; Our economy is based upon cheap foods; It's cheaper for parents to buy a big bag of chips for \$2 as compared to a bag of apples*
- Lack of awareness about healthy foods, nutrition, and preparation (11-14 GROUP ONLY) – *Lack of education; Lack of cooking skills; You have to read labels; Adults don't understand what is on a label and that the first ingredient is most numerous in that food; Sabotage, there are so many diets out there and people get confused; People are overwhelmed with info on good and bad choices; Low fat may have low sugar, but people think they can eat more*
- Advertising is a powerful negative influence (11-14 GROUP ONLY) – *Cartoon commercials feature bad, fast foods; There are not many healthy ads; Ads feature empty calories*

3) What are the barriers to being active in Kent County for people who are overweight or obese?

- Lack of access to fitness facilities or prompts (BOTH GROUPS) – *Expensive; Most people can not afford them; No safe places to go, people could get hurt; Lack of physical education*

in schools; Lack of sidewalks (to promote safe walking); No mall; No bike paths; Kids can't walk to school; Parents are concerned about safety, this prevents their children from walking or biking; Organizations do not have intramural teams like they used to; After dark, you have to pay to go somewhere to exercise

- Health problems that prevent exercise (BOTH GROUPS) *Keep people from being active; Fatigue contributes too; Such as Asthma; It's a vicious cycle, you don't exercise because you feel bad, but then not exercising makes you feel bad*
- Lack of time (BOTH GROUPS) - *There is no time to fit it into everything else; Parents are challenged with time constraints; Parents' laziness, Televisions act as babysitters; Single parenthood*
- Overweight people are uncomfortable (BOTH GROUPS) - *People are too embarrassed to ask for help; It can be embarrassing to exercise in public*
- Lack of motivation (9-26 GROUP ONLY) - *Laziness; People just don't want to do it*
- Computers/television (9-26 GROUP ONLY) - *Distracting for children and adults*
- Our over-reliance on motorized equipment (11-14 GROUP ONLY)

4) What are Kent County's strengths when considering the challenge of obesity?

- Access to opportunities for physical activity (BOTH GROUPS) - *Curves, Lots of centers; located in Chestertown, Galena, and Rock Hall; We try to walk regularly; Freedom Walk; Walking paths such as Washington College (is it still available?) and Garnett School; Parks with trails such as Wilmer Park and Worton Park; Walking is available at Edesville in Rock Hall; Sometimes churches have exercise programs; First Methodist Church; There is the place near Dixon-Valve (Athletic Club); There are places (for bicycle riding), but cars are dangerous; Curves in three locations; Kent Athletic Center; The town is full of sidewalks; The college has a track open to the public for free; Worton Park has a track that is free; There are a lot of Parks & Recreation programs for youth in the summer and they have programs for adults also; Bowling alley; Lots of open areas; Washington College has an indoor pool that can be used in the winter; Echo Hill*
- Other nutrition and health programs (BOTH GROUPS) - *Health Department, Provides support if asked; There are many programs; Health workers are willing to help; Hospital has programs for nutrition; Health Department has programs; Physicians are referring children to dieticians; Schools offer breakfast and lunch all summer*
- Doctors (9-26 GROUP ONLY) - *Most of the time they will tell you what you need to do*
- TV programs/ exercise tapes (9-26 GROUP ONLY) - *These are available to everyone*
- Agricultural and maritime access (11-14 GROUP ONLY) - *Lots of farm land, access to fruits and vegetables; Farmer's Market; Chesapeake Fields; Some farms allow you to pick your own crops; Fresh fish in Rock Hall; Cooperative Extension*
- Corporate/company resources (11-14 GROUP ONLY) - *There is a health food store in town; Companies are becoming more aware of wellness; Health insurance companies are starting (to become more aware)*

5) What are Kent County's needs in consideration of the obesity problem?

- Educate the public (BOTH GROUPS) - *Use forums and doctors; Have workshops; People need to know what to eat; Convince people to join programs; Keeping it going, participation*

will build up; Parents don't see kids as fat, they are "fluffy"; Change happens at a grassroots level, we need to get the information to the leaders who can pass it along; Food Pantry could be educated on healthy choices; Take information to the churches; Offer free seminars, hold them at schools, and open them to the public; Go to groups that have higher obesity rates; Make people aware they are overweight, educate on BMI and fat content; Break information cycles in families

- Improve marketing techniques (BOTH GROUPS) – *Provide transportation to the sources; (Provide transportation) to forums and exercise clubs*; Target eating establishments to offer more fruits and vegetables or label healthy choices; Have clubs sponsor challenges, like "The Biggest Loser"; Have a film company document the community's progress; People need incentives to come; Have a community health fair; Provide transportation; We need to de-stigmatize obesity
- Make programs affordable (9-26 GROUP ONLY) – *Make exercise clubs affordable; Inexpensive*
- Create good support systems (9-26 GROUP ONLY) - *Buddy System; Encouragement for motivation*
- Create a resource directory (11-14 GROUP ONLY) – So many things in the county that people do not know about; Make a booklet of all of the resources or perhaps a website to be in conjunction
- Increase opportunities for healthy activity and nutrition (11-14 GROUP ONLY) – Pressure on town to revive park project, for some reason the plans died; Cool technology activities like the dance machine could encourage kids to move more; Having fun activities that are not necessarily competitive; Go back to basics like picking up a ball or jump roping; Would like a fitness trail, with different activities like places to do incline sit-ups; Start a "Rails to Trails"
- Change policies (11-14 GROUP ONLY) – Physical education (in the schools) should be mandatory; Tax refund for healthy bodies; People with food stamps (should only be allowed to get) can get certain (healthy) foods
- Conduct early intervention strategies (11-14 GROUP ONLY) – Encourage parents to get assessed; Identify kids when they enter the school system and counsel at-risk children and families

With extra time available to the 9-26 GROUP ONLY, the facilitator opened the floor for **any other suggestions the members could think of to reduce and prevent obesity in Kent County**. The following response themes were noted:

- *Call to action – Organize people; They must be willing to take action*
- *Cooking/nutrition classes – Churches or the Health Department could host; Nutritionists at churches; How to read labels, serving sizes, low carbs*
- *Seminars – Describe how obesity affects health*
- *Drinking water – Drink plenty of water every day*
- *Exercising equipment – Furnish for groups, because it is expensive*
- *Role models – Like one member of this group; Share success stories*
- *Motivation -Prizes/incentives; Makeovers; Success stories; You have to be ready, put action behind prayer*
- *Exercise programs – Use shows on TV; Tapes available at the library*

At the conclusion of both focus groups, Ms. Walls, Ms. Perry, and Ms. Morris thanked everyone for their opinions and ideas. Ms. Walls explained that the suggestions from both groups would be joined in a summary report and would be taken into consideration by the Health Department. Ms. Morris closed the 11-14-05 meeting with an invitation for participants to attend a December team meeting to select and implement feasible strategies. She indicated there were funds available for the remainder of the fiscal year (through June 30, 2006) that may be applied to selected strategies.

END OF FOCUS GROUP SUMMARY (for both groups)