

Texas Healthy Communities



healthy places to live, work and play

TEXAS HEALTHY COMMUNITIES – WACO PROJECT PHASE II

An Academic-Practice Partnership to Address Healthy Living
in South Waco (76706)

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INTRODUCTION

The American obesity epidemic has become a national prevention priority. Underserved communities are particularly vulnerable to obesity-related risks because of barriers to engaging in healthy living habits. The Waco-McLennan County Public Health District recently detected high obesity levels in some low-income neighborhoods of Waco where environmental barriers to physical activity and healthy eating exist. Additional information is needed about related attitudes, knowledge, behaviors, resource access, and community capacity to invoke change.

For this project, focus groups and household surveys were used to obtain information in zip code 76706. This project was designed to answer the following questions:

- What factors contribute to obesity rates in 76706?
- What self-reported active living-, eating-, and obesity-related attitudes and behaviors exist among participants?
- What resources are participants aware of (resource awareness), using (resource use), and needed (resource needs) to develop and maintain healthy personal and/or family active living and healthy eating habits?

The Texas Healthy Communities – Waco Project: An Academic-Practice Partnership to Address Healthy Living in South Waco (76706) was completed during the spring of 2016. The authors are grateful to all of the stakeholders and community residents who participated in this project. The purpose of this report is to summarize the methods used to collect information and the results from focus groups and household surveys in zip code 76706 in a way that is useful for stakeholders and residents to continue battling the obesity epidemic and improve quality of life in their communities. Furthermore, these methods and findings may serve as model for future work in other communities in central Texas and beyond.

FOCUS GROUPS

The research team worked with leaders of the Waco-McLennan County Public Health District, Baylor University Office of Community Engagement and Service, Cen-Tex Hispanic Chamber of Commerce, and South Waco Elementary School to recruit participants and implement focus groups in the designated zip code area. Based on stakeholder recommendations, we recruited participants for implemented four group sessions for female Mexican immigrants (n=6), female Mexican Americans (n=7), parents/caregivers of elementary school children (n=4), and key informants/community leaders (n=4).

Based on participant requests, one session (for female Mexican immigrants) was conducted in Spanish by trained, bilingual team members; and the other three sessions were conducted in English with a trained interpreter assisting as needed. A semistructured group interview approach was used in each of the 2-hour focus group sessions. An adapted form of active listening, oral validation of group responses, and a “strengths-needs-ideas” sequencing approach were used to build trust and engage the community in a partnered approach to discussion. Questions generally focused on common behaviors, attitudes, barriers, resource access, and intervention ideas related to physical activity and healthy eating habits. Participants were also asked to brainstorm ideas and strategies for promoting physical activity and healthy eating habits in the community.

Transcripts from audio recordings, group-validated summaries written on large flip-charts, and observer notes were coded and used to identify emerging themes. Findings were recorded on a flip chart and validated by each focus group. A summary of group responses is provided below.

Section 1. Common Behavioral Patterns, Motivators, and Barriers

Figure 1 contains a summary of emerging themes related to common behaviors and barriers linked to physical activity and health eating habits. Descriptions of these emerging patterns are then discussed in the subsections that follow.

Figure 1. Preliminary Findings for Physical Activity and Healthy Eating Habits and Barriers, 2016.

THEME	PHYSICAL ACTIVITY	HEALTHY EATING HABITS
Common Behaviors	<p>Mostly low activity. For those active:</p> <p><i>Kids</i></p> <ul style="list-style-type: none"> • Sports (basketball, soccer, baseball) • Riding bikes <p><i>Adults</i></p> <ul style="list-style-type: none"> • Yard work • Destination (purpose) walking (e.g., dog walking, around mall or flea market) • Family recreation (taking kids to parks) • Zumba 	<p>Mostly unhealthy habits.</p> <ul style="list-style-type: none"> • Salty, high-fat foods • Junk food, processed food, fast food • Unhealthy culture-specific foods • Big portions
Common Barriers	<p>Access Issues</p> <ul style="list-style-type: none"> • Distance to parks (too far to walk – some have no car) • Cost (membership fees) <p>Environmental factors</p> <ul style="list-style-type: none"> • Safety concerns (animals, crime) • Lack of sidewalks • Weather patterns <p>Motivation/attitude factors</p> <ul style="list-style-type: none"> • Low motivation • Difficult to begin and be consistent. • Intimidation/embarrassment <p>Knowledge barriers</p> <p><i>People don't know about:</i></p> <ul style="list-style-type: none"> • Benefits (need proof) • Techniques (how to start, be safe) • Existing sources (accessible/affordable) <p>Other factors</p> <ul style="list-style-type: none"> • Low accountability/support • Other responsibilities/busy schedules • Physical fatigue from long work hours • Health issues make exercise difficult 	<p>Access Issues</p> <ul style="list-style-type: none"> • Cost of “healthy” and “organic” foods • No local/consistent healthy food sources • No consistent nutrition education in schools • Unhealthy foods more convenient <p>Culture/traditions</p> <ul style="list-style-type: none"> • Traditional, unhealthy, foods very important to culture • Kids unfamiliar with “healthy” food choices in school cafeteria (not culturally relevant) <p>Motivation/attitude factors</p> <ul style="list-style-type: none"> • Difficult to form new habits • Low motivation/priority (work/family) • Low self-esteem/self-efficacy • Faulty expectations (weight) • Healthy foods don't taste good <p>Knowledge barriers</p> <p><i>People don't know about:</i></p> <ul style="list-style-type: none"> • Benefits • Techniques (how to select/prepare) • How to interpret confusing media messages <p>Other factors</p> <ul style="list-style-type: none"> • Time (long work hours/busy families)

The participants reported that few community members engage in physical activity. However, children who were active usually engaged in organized sports or rode their bikes in the streets. Adults who were actively more commonly participated in yard work, destination walking, or organized Zumba classes.

Though some community members reportedly paid membership fees to gyms, high costs were emphasized across all groups as a primary barrier to physical activity. Environmental concerns such as safety (loose dogs, crime risk), lack of sidewalks, and weather patterns; and the lack of parks and other free places within walking distance of homes; were also identified.

When asked if healthy eating habits were a norm in the community, the common response was “no.” The groups explained that eating big portions of unhealthy culture-specific foods high in salt and fat content was a common practice. They also pointed to junk food, processed food, and fast food as common food sources due to long working hours and busy family schedules.

Low motivation and other attitudinal issues were frequently named as significant barriers to both behaviors. Embarrassment and intimidation in gyms or outdoor public settings, and the impact of social media on attitudes about appearance, were blamed for low physical activity. These factors also arose in discussions about healthful eating in that those viewed as overweight were said to have low self-esteem, be too embarrassed to ask for help, and less likely to believe in their ability to make dietary changes (self-efficacy). Faulty expectations and a desire for rapid results were said to impact motivation and consistency for both behaviors.

When asked if most community members have the knowledge needed to engage in physical activity and eat healthy foods, a common initial response was that most people know how to do these things but are not motivated to do so. However, when asked about ideas that could be used to promote these healthy behaviors in the communities, the groups also consistently pointed out that few people really understand the true benefits of these behaviors, know how to “get started” in making even small changes, and may not truly know about specific techniques they could use to incorporate these behaviors into their lifestyles. These factors were said to impact motivation, and it was difficult to begin to make small changes and be consistent.

Section 2. Community Recommendations

Figure 2 contains a summarized list of recommendations for how community members can partner with public health professionals and other organizations to promote physical activity and healthy eating in the 76706 zip code.

Figure 2. Preliminary List of Community Recommendations, 2016.

Partnerships and Community Support

- Start with community discussion groups
- Train parents as “teachers of their children”
- Develop school/home partnerships that engage whole families

Physical Activity Strategies/Interventions

- Low-cost/free resources
- Group-oriented programs for adults **with daycare provided**
 - Beginners’ exercise classes (small, age-appropriate, focused on “changing your mindset”)
 - Organized walking groups with a (social) purpose/destination
 - Single-event seminars/health talks
 - Specific activities (water aerobics, Zumba classes)
- Lifetime sports at schools (e.g., tennis, golf)
- Special events for all ages/whole families
 - Special weekend events for whole families/all ages
 - Service-oriented events (e.g., walkathons as fundraisers)
- Individualized/paired opportunities
 - Partnered opportunities
 - Friendly competitions
 - Circuit training
 - Camps
- Information access
 - List of free/low-cost, local places for physical activity
 - Web-based resources: easy-to-follow videos , info about basics and quick tips
 - Radio spots (specific FM stations: 104.1, 100.7, 96.7)
 - Television (Telemundo, Univision, local channels)

Healthy Eating Strategies/Interventions

- Local access
 - Better food choices in restaurants
 - Low cost food sources
- Information and education/training
 - *We need information in Spanish*
 - Culturally-relevant cooking classes; lessons in how to make small, doable changes
 - In supermarkets: healthy meal menus and recipes near foods
 - Healthy pot luck events where tasters & cooks can swap tips/recipes
 - Website/digital access (email letters) containing daily menus, tips, lists and reviews of healthy food sources
 - School nutrition curriculum – start educating early
 - Individualized assistance tailored to different needs

The most-commonly mentioned recommendations included an enhancement of local access to low-cost resources, culturally-relevant information available through digital media in Spanish (as well as English), family-friendly education that would enable parents to become teachers and role models for their children, and group-oriented classes and “whole family” events that would encourage families to incorporate these healthy behaviors into their culture and lifestyles.

HOUSEHOLD SURVEYS

The Community Assessment for Public Health Emergency Response, or CASPER, was used to collect information from households about healthy eating and physical activity. These methods are designed to provide quick and valid information about households.

For this project, zip code 76706 was selected to serve as the sampling frame for the CASPER survey. Not every household is selected, so a two-stage cluster sampling method occurred. In the first stage, the zip code was divided into census blocks according to the U.S. Census Bureau. Thirty census blocks were selected, with their probability proportional to the estimated number of housing units in each cluster. In the second stage, seven housing units were selected from each of the 30 census blocks for the purpose of conducting interviews with a household respondent. Seven households were selected with sequential sampling on-site by the interview team using a detailed map of the census block viewed in GoogleEarth.

Eligible household respondents were residents of the selected house ≥ 18 years of age who provided verbal consent to participate and agreed to speak on behalf of all household members. This report includes information provided by the adult survey respondents, referred to as “participants.” Participants provided information about members of the household, healthy eating habits and barriers, and physical activity habits and barriers.

Section 1. Characteristics of the households

In total, 184 households in 76706 participated in this project. There were 596 individuals who lived in these 184 households. 124 households had no children living at the house and 60 households had at least one child living at the house. The average household age for adults was 43.1 years, and the average household age for children was 8.1 years. For household race/ethnicity, 57% of participants reported all household members were Non-Hispanic White, 24% reported all members as Hispanic, 10% reported all household members as Non-Hispanic Black, 4% reported that there was a mix of race/ethnicities, e.g., one member was white and one member was Hispanic, 4% reported all members as other, and 1% reported all members as

Asian. Participants were asked to report if any member of the household used benefits. The proportion of the household that used benefits is presented in Table 1 below.

Table 1. Proportion of households using benefits, 76706 CASPER, 2016.	
SNAP	8.2%
WIC	6.5%
Free and reduced lunches	10.9%

In order to assess the health of household members, participants were asked to report if they or anyone in the household had been told by a doctor that they have a particular health condition. Household health conditions are reported in Table 2 below.

Table 2. Proportion of households with at least one member with a health condition, 76706 CASPER, 2016.	
High Blood Pressure	44.0%
Diabetes	20.7%
Overweight/Obese	34.8%
High Blood Cholesterol	25.5%
Heart disease (not including high blood pressure)	11.4%

Section 2. Healthy Eating

Participants were asked to give information about who shops for food in the household, how often shopping occurs, and about transportation for shopping. This information is presented in Table 3 below.

Table 3. Shopping for food, 76706 CASPER, 2016.	
Food shopper in household	
Female adult	54.3%
Male adult	19.0%
Adults take turns	19.6%
Family goes together	6.0%
A child	0.5%
Someone else	
How often	
Multiple times per week	29.3%
1 time per week	40.2%
1 time per 2 weeks	25.0%
1 time per month	4.9%
Transportation to buy food	
Personal vehicle	92.4%
Family or friend's vehicle	4.3%
Public transit (bus)	0.5%
Walk	0.0%
Bicycle	0.5%

Almost all participants (99.5%) were aware that eating healthy foods improves their health outcomes, and the majority of all participants (84.2%) believed that the members of their household knew the difference between healthy food and unhealthy food. One-third (33%) of participants reported that vegetable oil was the kind of fat usually used for frying, sautéing, and baking at home, and about one-third (32%) of participants reported that olive oil was the kind of fat usually used for frying, sautéing, and baking at home. Participants were also asked to think about the items currently in their household refrigerator, freezer, or pantry. The proportion of households that reported each food item in their home at the time of the survey is presented in Table 4 below.

Table 4. Proportion of household with each food in home, 76706 CASPER, 2016.	
Fresh fruit	84.2%
Fresh vegetables	89.1%
Frozen fruit	54.9%
Frozen vegetables	71.7%
Canned fruit	53.8%
Canned vegetables	77.7%
Low fat milk (non-fat, 1%, skim)	54.3%
Whole grains (100% whole wheat bread or pasta)	85.9%
Lean protein (chicken, turkey, low fat ground beef)	88.9%
Beans	90.2%

Participants were asked to report about how many cups of fruit and vegetables they ate or drank (i.e., 100% fruit juice or 100 pure vegetable juice) each day. Participants were asked to report the fruit and vegetable consumption for themselves and for the oldest child living in the household. The usual daily fruit and vegetable consumption for the adult participant is shown in Figure 1 and the usual daily fruit and vegetable consumption for the oldest child in the household is shown in Figure 2 below.

Figure 1. Fruit and vegetable consumption per day for adult respondent, 76706 CASPER, 2016.

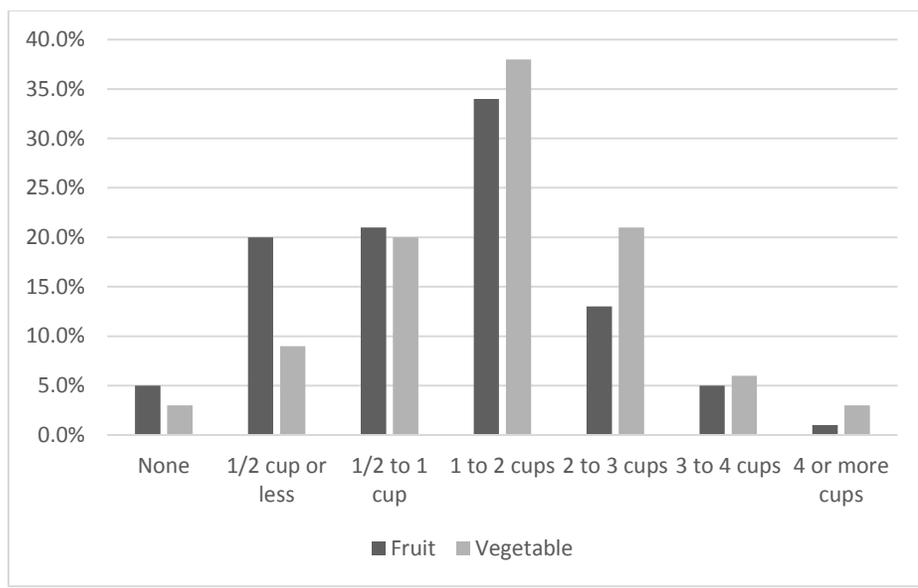
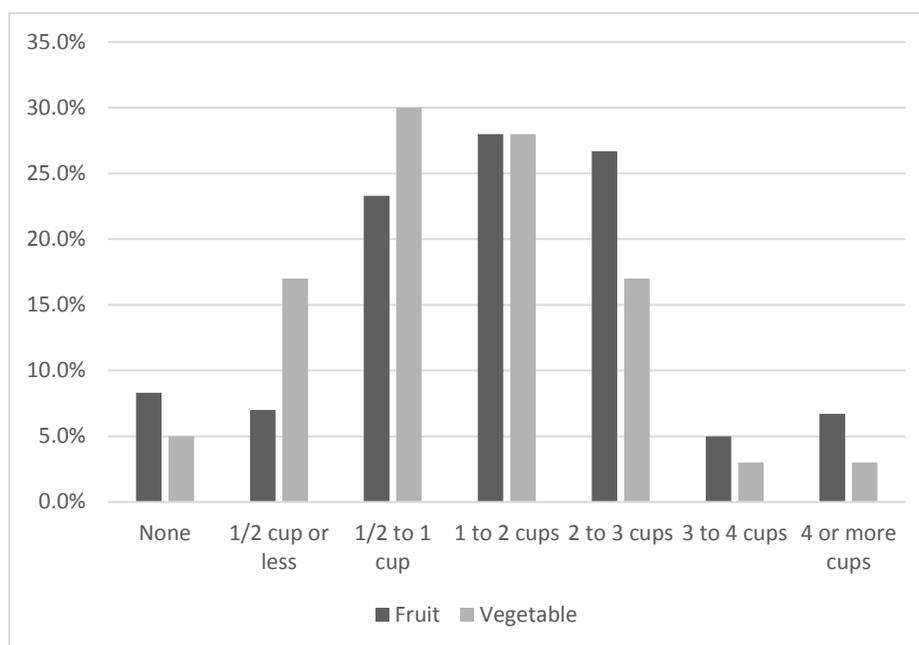


Figure 2. Fruit and vegetable consumption per day for oldest child in household (among 60 households with children), 76706 CASPER, 2016.



Participants were asked about potential obstacles or barriers to healthy eating, including cost, time, location, transportation, knowledge, preparation skills, and taste. Participants were read seven statements and were asked to agree or disagree with each statement for themselves or for anyone in their household. The proportion of participants that agreed with each statement is presented in Table 5 below.

Barrier Statement	Proportion of Agreement (%)
It costs too much to eat healthy food (COST)	42.4%
I don't have time to think about eating healthy (TIME)	15.2%
There is nowhere to buy healthy food near me (LOCATION)	6.5%
I do not have transportation to buy healthy food (TRANSPORTATION)	4.9%
I do not know what healthy foods are (KNOWLEDGE)	5.4%
I don't seem to have the skills to prepare or cook healthy food (SKILLS)	12.0%
Most healthy foods just don't taste that great (TASTE)	15.8%

Section 3. Physical Activity

Participants were asked to provide information about physical activity habits and barriers. Overall, 45.1% of households reported a gym or recreational facility (e.g., Golds Gym, YMCA) membership. Participants were asked to report about the types of physical activity that they, any other adults in the household, and children want to do. This information is shown in Table 6 below.

	Survey participant	Adults in house	Children (among 60 households with a child)
Walking/Hiking	71.7%	66.3%	73.3%
Playing recreational sports	33.7%	34.2.0%	80.0%
Running/Jogging	37.5%	33.7%	48.3%
Lifting Weights	40.8%	33.2%	23.3%
Bicycling	36.4%	22.2%	66.7%
Group fitness (e.g., boot camps)	26.6%	22.3%	23.3%
Playing competitive sports	21.7%	21.7%	61.7%

Participants were asked about their vigorous and moderate physical activity during the last 7 days. Vigorous activities refer to activities that take hard physical effort and make you breathe much harder than normal, like heavy lifting, digging, aerobics, or fast bicycling. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal, like carrying light loads, bicycling at a regular pace, or doubles tennis. Participants were asked to report physical activities that they did for at least 10 minutes at a time. [Statistical note: The average, or arithmetic mean, is the sum of all the numbers in the set divided by the amount of numbers in the set. The median is the middle point of a number set, in which half the numbers are above the median and half are below. The median is sometimes reported instead of the average if there are extremely high or extremely low numbers that are skewing the average.]

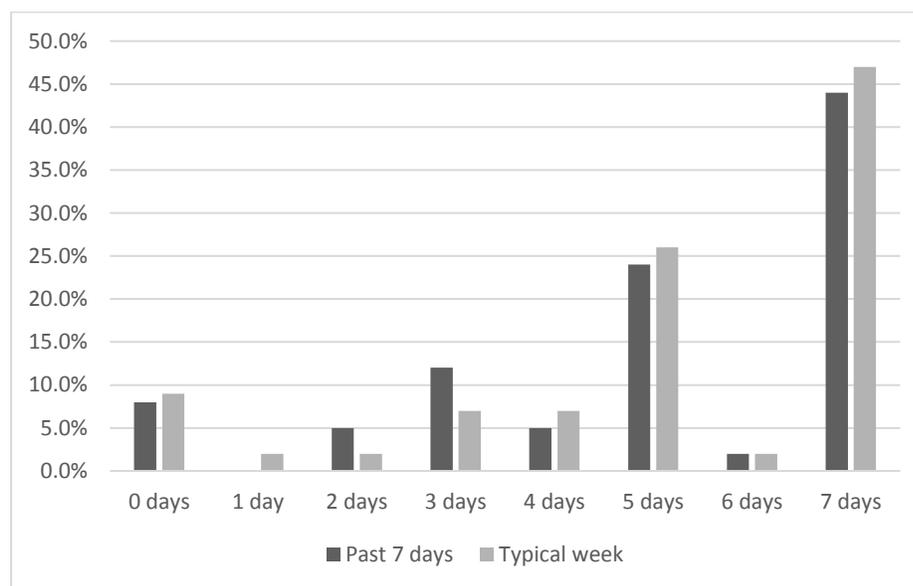
For vigorous activities, the average number of minutes over the last 7 days was 103.9 minutes and the median over the last 7 days was 60.0 minutes; 34% of participants reported no vigorous activities for the last 7 days. For moderate activities, the average number of minutes over the last 7 days was 106.2 minutes and the median was 60.0 minutes; 24.5% of participants reported

no moderate activities for the last 7 days. Participants were also asked about walking. Overall, 10.9% of participants reported no walking for at least 10 minutes over the last 7 days and the average number of minutes of walking over the last 7 days was 94.1 minutes.

Participants were also asked about sedentary behavior, or time spent sitting while at work, at home, while doing course work, or during leisure time. This included time spent sitting at a desk, visiting friends, reading, traveling on a bus, or sitting or lying down to watch television. During the last 7 days, participants reported sitting an average of 334.7 minutes (median=300.0 minutes) on a week day. During the last 7 days, participants reported sitting an average of 256.8 minutes (median=240.0 minutes) on a weekend day.

Participants were asked to report on how many days the oldest child living in the household was physically active for a total of at least 60 minutes per day, both over the last 7 days and over a typical or usual week. Information on the oldest child in the household was reported for the 59 households with a child in Figure 3 below. Regarding sedentary behavior, participants reported that the oldest child spent an average of 263.2 minutes (median=240.0 minutes) sitting on a week day and 271.6 minutes (median=240.0 minutes) sitting on a weekend day.

Figure 3. Number of days the oldest child in the household was physically active for at least 60 minutes, 76706 CASPER, 2016.



Participants were asked about potential obstacles or barriers to physical activity, including cost, time, location, transportation, sidewalks, bicycle lanes, desire, skills, safety, and fatigue. Participants were read twelve statements and were asked to agree or disagree with each statement for themselves or for anyone in their household. The proportion of participants that agreed with each statement is presented in Table 7 below.

Table 7. Proportion of agreement with barrier to physical activity statements, 76706 CASPER, 2016.	
It costs too much to be physically active (COST)	9.2%
Physical activity takes too much time (TIME)	17.9%
Places for me to be active are too far away (LOCATION)	10.3%
There is no transportation to places to do physical activity (TRANSPORTATION)	7.1%
The sidewalks are nice to use around my home (SIDEWALK)	41.8%
There are bicycle lanes to use around my home (BICYCLE LANES)	22.9%
The adults in the house don't want to be physically active (DESIRE)	14.1%
I don't seem to have the skills to be physically active (SKILLS)	7.1%
There are too few free places for me to be physically active (FREE)	17.9%
The children in the house don't want to be physically active (CHILDREN)	6.0%
My neighborhood is safe for physical activity (SAFETY)	83.2%
I am fatigued by physical activity (FATIGUE)	51.1%