HACER

Hispanic Advocacy and Community Empowerment through Research

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Steps to a Healthier MN Minneapolis

STEPS TOWARD A HEALTHIER MINNEAPOLIS:

FOCUS GROUPS WITH HISPANIC/LATINO RESIDENTS OF THE PHILLIPS AND NORTHEAST NEIGHBORHOODS OF MINNEAPOLIS

(English Version)

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Executive Summary

This project provided Hispanic/Latino residents of the Phillips and Northeast neighborhoods of Minneapolis an opportunity to dialogue about their understandings and concerns related to increasing physical activity and improving nutrition. HACER carried out 5 focus groups with Hispanic/Latino residents in the two neighborhoods—3 in Phillips and 2 in Northeast. The focus groups took place during the last week of August and first two weeks of September 2005.

Recruitment

HACER collaborated with existing alliances (e.g. organized parent groups, Latino-serving organizations, and churches) to recruit Hispanic/Latino residents of the Phillips and Northeast neighborhoods of Minneapolis. These residents were recruited according to the following criteria:

- Lower income
- Parents of children under 18
- Had been in the US 5 years or more
- Primarily female

Demographic Breakdown

A total of 48 people participated in the focus groups. Of these 48 participants, 40 were Hispanic/Latino mothers and 5 were Hispanic/Latino fathers of children under the age of 18. Approximately 30 percent of the participants were single mothers. All but 7 of the participants actually resided in the Phillips and Northeast neighborhoods. Over 95 percent of the participants were between 18 and 45 years of age. Two-thirds (67 percent) of the participants were born in Mexico, and the other third was from Ecuador and Guatemala. On average, the participants had lived in the United States approximately 8 years.

Findings

As part of this project, The Minneapolis Department of Health proposed four types of interventions to increase physical activity and to improve nutrition. HACER asked the focus group participants to comment on the four interventions. The interventions were:

- Walking clubs
- Culturally-specific fitness classes
- Nutrition classes with cooking demonstrations
- An 8-week fitness campaign incorporating a variety of activities

The participants in the focus groups—with exception to the men—were agreeable to any of the four types of interventions proposed by the Minneapolis Department of Health to increase physical activity and improve nutrition. Preferences depended on each group and on each

individual. One group preferred the nutrition classes, two groups preferred the walking clubs and fitness classes, another group preferred aerobics just for women, and the last group generally liked all of the options.

The participants hoped that the proposed physical fitness and nutrition activities could show them ways to adapt to the climate, food and life in general in Minnesota. They could learn ways to remain active and healthy, even during the winter months. Many of the women said they had not been raised to incorporate exercise as a separate activity in their lives like many women in the United States. Instead they had been raised to serve others, to have and raise children and to take care of their husbands. Even though the participants in the focus groups had lived in the United States for many years, they still found adapting to the food, the cold, and the Minnesota culture to be very challenging.

Below is a summary of the participants' major concerns about each of the Minneapolis Department of Health's proposed interventions.

Walking Clubs

The biggest concerns with the walking clubs were safety, location, daycare for small children and scheduling. Daycare was very important especially for the small children who could not manage on their own. Some participants mentioned that they would like the bigger children to take part in the activity so they could learn how exercise is an important part of daily life. Walking with familiar friends and family was also important.

Culturally-specific Fitness Classes

Many of the participants liked the idea of the culturally-specific fitness classes as long as the instructor was bilingual or spoke Spanish. These classes (e.g. Latin line dancing, Latin aerobics) would offer participants opportunities to stay connected to their language and culture. Again, having a familiar person (i.e. a buddy) to participate with them was helpful to keep them motivated and to make sure that they actually went.

Nutrition Classes with Cooking Demonstrations

The majority of the participants said they would participate in the nutrition classes, provided that the instructor was bilingual or spoke Spanish. They thought these classes were important so they could learn to incorporate a variety of foods in their diets, not just *comida Hispana/Latina*. They wanted to learn about practical substitutes for unhealthy foods, how to read food labels, and about what foods were healthiest for them and their families, at the same time taking into account how food is marketed.

8-Week Fitness Campaign

The major concerns with this intervention were language, scheduling, daycare, and location. In one of the focus groups, a proposition was to do the 8-week fitness campaign targeted to Hispanic/Latino men and women that incorporated the above three options into one campaign. The group felt that the campaign could cover a variety of activities by concentrating on a different theme each week, e.g. Latin fitness/dance classes, nutritious cooking demonstrations/classes, yoga/pilates and so on.

By incorporating a wide variety of activities the fitness campaign could expose the Hispanic/Latino participants to activities that would help them to adapt to their new environment in Minnesota and become models for others to follow in their community. Participants could even receive certificates/diplomas for having completed the fitness workshops.

Introduction

The Minneapolis Department of Health and Family Support recently received Federal grant money to work on the issues of physical activity, nutrition, and tobacco use in Minneapolis. The new grant is called *Steps to a Healthier Minneapolis*. As part of this initiative the Minneapolis Health Department contracted HACER (Hispanic Advocacy and Community Empowerment through Research) to gather ideas from Hispanic/Latino residents of Minneapolis on preferred interventions related to physical activity and nutrition.

HACER held 5 focus groups with Hispanic/Latino residents of Minneapolis neighborhoods—3 in Phillips and 2 in Northeast. A total of 48 people participated in the focus groups. Of these 48 participants, 40 were Hispanic/Latino mothers and 5 were Hispanic/Latino fathers of children under the age of 18. Approximately 30 percent of the participants were single mothers. All but 7 of the participants actually resided in the Phillips and Northeast neighborhoods. Over 95 percent of the participants were between 18 and 45 years of age. Two-thirds (67 percent) of the participants were born in Mexico, and the other third was from Ecuador and Guatemala. On average, the participants had lived in the United States approximately 8 years.

The following section contains a summary of the focus groups with Hispanic/Latino residents of the Phillips and Northeast neighborhoods of Minneapolis. HACER asked participants to comment on four core areas related to physical activity and nutrition. They included:

- Understandings & Definitions
- Motivations & Values (internal/personal)
- Barriers & Obstacles (external influences)
- Facilitators

HACER asked participants about the types of interventions related to physical activity and nutrition in which they would like to participate in their neighborhoods. We asked them for suggestions on how to ensure the success of these interventions. Finally, we asked them to provide feedback on four specific types of interventions and whether or not they felt those interventions could be successful. (See Appendix B for Question Guide.)

Understandings, Values, Barriers & Facilitators

Physical Activity

Understandings & Definitions

Physical activity was not limited to exercise or participation in sports; rather participants emphasized that physical activity most often involved daily activities at home, at work, and in the community. Physical activity was what kept one's body moving and healthy. Participants gave examples of physical activity such as: vacuuming, ironing, sweeping,

laundry, walking/hiking, playing with children, stretching, yoga, swimming, playing sports, and dancing. For many of the participants work was their primary source of physical activity. Many said that they spent an eight hour day on their feet and at the end of the day were often too tired to do anything else.

Motivations & Values (internal/personal)

For many of the participants the primary motivation for physical activity was to remain healthy—for themselves and for their children. Physical activity had physical and emotional/psychological benefits. It helped to prevent heart disease, diabetes, obesity, and depression. It gave them more endurance so they did not tire so quickly. As one mother said, "When I haven't gone walking for awhile and when I go out I feel tired. I need to go walking everyday so I feel better." According to another participant, people are physically active because "your body demands it." For many of the participants exercise was a way to relax and distract oneself from boredom, everyday stress and problems of life in the United States.

Another motivator for being physically active was concern over one's appearance and the desire to be more confident about one's body. When asked about her motivation for being physically active, one mother said "It's my photos from when I wasn't married." Being physically active and observing positive results (e.g. fitting into old clothes, more energy) helped to raise one's self esteem. Physical activity was also a way to delay and/or prevent problems associated with aging.

Female participants felt pressure to be physically active from their children, their spouses, and/or their doctors. Multiple participants felt pressure to be physically active to avoid comments about their weight/appearance from their children and spouses. Others wanted to follow their doctor's recommendations to lose weight.

Obstacles & Facilitators (external influences)

Participants in the focus groups spoke of obstacles that impeded their abilities to be physically active. Many of them said they were just too lazy (*floja)* to exercise. Obviously in Minnesota, one of the obstacles (besides laziness) to being physically active was the cold of winter, when nature "forces you to stay inside." A participant acknowledged that winter should not have such a strong impact on remaining active; however, women in various groups agreed that they were more physically active in the summer. The lack of daycare was another major obstacle that impeded parents from having time to exercise. Other common obstacles were not having enough time because of work/housework and not feeling safe to go out for fear of being robbed or assaulted. Figure 1 summarizes the main obstacles and facilitators.

Figure 1: Obstacles and Facilitators of Physical Activity

Obstacles	Facilitators
Lack of time management or not enough time	Providing classes that teach how parents can manage their time such that they can dedicate some time to themselves
Being raised in a culture that teaches women to serve others first	
Being too tired from work	Scheduling activities before work
Gym memberships are too expensive	Not requiring "contracts" and allowing people to pay (no more than $5) as they go
Lack of programs with instruction in Spanish	Making programs more accessible to Hispanics/Latinos by marketing to them and hiring bilingual promoters, teachers and staff
Lack of awareness about programs near to home	
Not being able to speak English	
Lack of programs with an appropriate time schedule	Planning activities in the morning or taking into account work schedules of participants
Having small children who cannot keep up or manage on their own	Providing daycare and marketing programs as an activity for both the husband and wife or as an activity for the family
Lack of programs that are family-focused or that cater to the husband and wife together	
Lack of support from their spouses (e.g. husbands have traditional expectations for wives, jealousy, distrust, etc.)	
Few programs geared toward Latino men	
Transportation (e.g. needing to drive and many Latina women do not know how to drive)	Providing Transportation/Buses
Weather (esp. cold weather)	Hosting activities indoors
Fear of getting robbed or assaulted in their neighborhood	Activities that are geared for a group of people (or husband and wife) together or hold activities indoors
No one to accompany them and help keep them motivated	Using a buddy-system to keep participants motivated
Pregnancy (e.g. doctor's recommendations, beliefs/myths)	Providing classes geared toward Hispanic/Latina pregnant women
Not knowing how to ride a bike, how to swim, or how to play other sports	Linking people who need basic skills to individuals in the community who can teach them those skills
Television *"las telenovelas"* (soap operas)	

Many of the focus group participants mentioned that they would like to see more activities for the whole family or for couples. The men in the groups either worked or played a sport (e.g. soccer) to stay active, but one of the men was frustrated with the limited types of classes open to men. He had gone to a yoga class with his wife and the instructor told him clearly that the class was only for women.

Husbands could play a role in helping their wives to be more physically active. However, many of the women in the focus groups either did not have a spouse or the husband was often not supportive. Some examples of things their husbands would say for not wanting

to go to the gym with their wives were "you are very fat" and "your waistline looks like a tire." According to one mother the husbands could have said, "You know what? Look, here is a time when you can go exercise and I will take care of the kids for you." She continued:

> *You know that your husband arrives, let's say, at six. So at six in the afternoon you have to have the food ready and everything so he can eat and he just sits there! You wait until he talks about everything that happened during his day and it's over.*

Husbands would complain about their wives' appearance but did little to help them improve their appearance. At the same time, as one husband explained:

> *There are times that the husband wants to change and the wife doesn't and times when the woman wants to change and the man doesn't. That is also a problem. There are many women that want to get into shape but the husbands don't let them and there are some husbands that want their wives to get in shape and the wife doesn't want to and doesn't do it. They have the opportunity and they don't do it. And the woman that really wants to do it can't do it because the husband is jealous or this or that and does not do it. And the woman that has everything doesn't do it.*

In spite of the many obstacles listed, physical activity depended on each person's motivation (i.e. *sus ganas de hacerlo*). One of the mothers stated, "When it comes down to it, if you make up your mind, there is time for everything."

Nutrition

Understandings & Definitions

Nutritious food was healthy food for one's body. It did not necessarily refer to food that tasted the best. Healthy food referred to: vegetables, fruits, meat, fish, milk/cheese and grains. Healthy eating habits included: eating foods with reduced fat and calories; eating fresh foods (e.g. fruits and vegetables); eating foods low in cholesterol; avoiding fast food and junk food; avoiding cooking with too much lard (*manteca)*; eating in moderation/not eating too much; eating during mealtimes; drinking sufficient amounts of water and eating foods high in fiber, protein, iron and vitamins.

Motivations & Values (internal/personal)

Multiple participants from the focus groups emphasized that people's bodies are not the same and food reacts with different people in different ways. As a result, most people chose to eat what "sits well" with them. Many of them mentioned that, although healthier foods were "lighter," these foods often left them feeling hungry shortly after a meal. In spite of everything that she had learned about "healthy food," a participant mentioned (and her group agreed) that in her culture "the secret to good tasting food was the lard."

Eating healthy foods also had other benefits. Many of the parents felt that eating healthy was important for their health and, therefore, the health and well being of their children. Participants acknowledged physical and emotional/psychological benefits to eating healthier foods. After eating healthy foods some participants mentioned that they had more energy, did not have as much gas and they could see a visible difference in the quality of their skin and hair. In addition, as one participant stated, "Eating well is the best prevention against illness and where we come from being 'sick' is a luxury."

Many participants were adamant about their distaste for "American" food and their preference for *comida Hispana/Latina*. As one participant stated, "Our food may be heavier but it is more nutritious." These parents made a point of preparing their children's lunches for school because they complained that their children refused to eat the food offered at school. At the same time, some parents who were more accustomed to American culture were not so averse to eating American food or preparing American food for their children. In situations where the children preferred American food more than the parents, one parent said, "It's just easier to give the American food to the kids." For most of the parents in the focus groups, preparing and eating traditional foods was important in order to hold onto one's own culture.

Obstacles & Facilitators (external influences)

Participants acknowledged the role of marketing and the local environment on their eating habits. In one focus group the participants mentioned that reading food labels was not customary where they came from. Marketing of food, therefore, strongly impacted Hispanic/Latino consumers. One participant used the example of Coca-Cola. She said that in Mexico Coca-Cola commercials were required by the government to include healthful messages in their ads. She said the same practice was definitely not customary in the United States.

The cost of familiar healthy foods was an obstacle. Many of the participants said seldom did they have to purchase fresh fruit in their countries of origin because fruit was plentiful and affordable. No matter one's socio-economic status, people in their countries had relatively easy access to fruit. Also, fast food in those countries was expensive and was a luxury—not the opposite as it is in the United States. In Minnesota, eating healthy foods that were most familiar to them (e.g. avocados, mangos, chayote, cream, Oaxaca cheese, chiles, cilantro, and yucca) was very expensive. As one participant stated, "When you are buying Mexican foods you spend double or triple what you would spend on regular American foods. It ends up being more expensive to eat Mexican food. It becomes a luxury." When the economic resources were not available to purchase their preferred foods, the mothers said that they relied on rice, beans, sandwiches, eggs, ham, tomatoes and bread.

The participants had not experienced barriers to availability of healthy food in their neighborhoods. They felt that they could easily find the healthy foods that they needed in large supermarkets. As one of the participants said, "We have access to everything. What we need to know is what to eat and why." At the same time, many participants complained that they did not have sufficient access to "fresh food." Particularly in one of the focus groups, the participants did not consider the fresh produce in the supermarkets

to be fresh food. They had no idea how long the food had been stored before it was actually put on the floor for sale. Also foods (e.g. milk, fruits, tortillas, bananas and meat) tended not to taste as good as they were accustomed to in their countries of origin.

An obstacle that many of the mothers felt inhibited eating healthy food was the challenge of cooking to satisfy the tastes of everyone in the family. Inevitably, the mothers felt that they adapted to the diets of their husbands and children. What impeded one mother from preparing healthy food was that, "the adults, the ones that work don't like fruits and vegetables that much. So for the same reason, one needs to prepare the food that they like." One of the women was frustrated because not only did she need to cook for her husband and children but she also needed to cook for her fussy brother who lived with them.

On top of needing to satisfy everyone's tastes was the issue of time management. Some of the mothers mentioned that they often ate very little during their workday. Instead they would wait and eat a large dinner when they came home. Other mothers did not have the time to cook the healthiest foods, especially when they needed to work. A single mother commented, "When I go to work the kids stay at home alone. I leave them the food that is the easiest." Upon returning from work, often the food that was the least healthy was the fastest to prepare. As one mother explained, "We are not preparing the foods that even we are accustomed to, and we end up hurting ourselves." Figure 2 (next page) summarizes the obstacles and facilitators to eating healthy foods.

Figure 2: Obstacles and Facilitators to Eating Healthy Foods

Obstacles	Facilitators
Not having enough time to make healthy meals	Learning how to manage time better for meal preparation
	Learning how to make "easy," good-tasting, healthy food
High cost of healthy, familiar foods	Lowering prices for healthy, familiar foods (e.g. avocados, mangos, chayote, cream, Oaxaca cheese, chiles/peppers, cilantro, and yucca)
Deceptive marketing of food	Learning how to read food labels including what was in the food and its relationship to their body
	Requiring healthful messages even in the advertisements of unhealthy foods
	Learning how to see through the marketing of foods in order to know which foods were really the healthiest
Limited access to fresh foods	Having areas that sell fresh fruit and vegetables close to home so they can go shopping for fresh food more frequently
	Labeling foods according to how long they have been stored before sale
Having to adapt/conform to the diets of family members who do not like healthy food	

Solutions: A Community Perspective

Suggestions to Increase Physical Activity and Improve Nutrition
Nearly all of the focus group participants mentioned that they enjoyed walking either with family or friends. Most of them were dismayed with the lack of any programs that specifically targeted Hispanic/Latino couples. The following is a list of activities that the focus group participants said they actually did already.

- Working/Housework
- Walking (in groups)
- Running
- Biking
- Team Sports (e.g. basketball, volleyball, soccer, baseball)
- Going to neighborhood parks with children

The following is a list of activities that the participants said that should be more available/accessible in their neighborhoods.

- Swimming lessons
- Pay-as-you-go opportunities at local gymnasiums (no more than $5)
- Exercise Dance lessons (e.g. Latin line-dancing, Latin aerobics)
- Yoga/Pilates
- Going to state parks/hiking
- Cooking classes for a variety of types of foods
- Classes to learn about healthy foods
- Ads for unhealthy foods that incorporated healthful messages

Ensuring the Success of Interventions in the Hispanic/Latino Community
Regardless of the type of physical activity and nutrition intervention implemented, participants emphasized that certain considerations needed to be taken into account in order for the intervention to be successful. Whether or not Hispanic/Latino parents would actually participate in the activities proposed by the Minneapolis Department of Health depended on the following factors:

Safety: They mentioned that during whatever activity in which they would participate they needed to feel safe. Feeling safe did not necessarily equate to involving the police since some of the participants did not trust the police. It meant that the activity took place in a safe location and that they and their children could safely arrive to the location.

Daycare/Youth Instruction: The programs/activities needed to be family-focused, involving men, women and children. While parents were doing one activity they wanted to know that their children would also be taking part in fun and educational activities nearby. Many of the parents felt that they rarely had alone-time and daycare offered them that opportunity.

Bilingual/Bicultural Instruction: In order for Hispanic/Latino parents to benefit from a program intended to increase physical activity and improve nutrition, instruction needed to be provided in the appropriate language. The bicultural piece referred to having an instructor who knew how to cater information about other cultures and unfamiliar activities to moderate to low-income Hispanics/Latinos such that they could use the information in their daily lives. For example, one participant emphasized—and others agreed—that she did not want to participate in a cooking class that would then require her to spend $200 on a new cooking pan just to make the same food at home.

Not Necessarily Latino-specific Activities: Although participants said that they would enjoy activities specifically related to Latino culture, they emphasized that classes or activities did not necessarily have to focus on activities that were traditional to Latino cultures (e.g. soccer, cooking traditional foods, salsa/merengue classes). In fact many participants said they would enjoy learning about foods and activities from other cultures, albeit with bilingual/Spanish instruction.

Location: The activities needed to be close to where the participants lived. If not, the program needed to take into account transportation issues.

Capacity-building: Ideally instructors would be bilingual individuals from the Hispanic/Latino community and/or easily accessible. The Department of Health's proposed activities could train Hispanic/Latino residents in the community appropriate skills so these individuals could transfer those skills to others, creating a sort of multiplier effect or chain reaction in the community.

Effective and Appropriate Marketing: Many of the participants mentioned that they often received new information by word of mouth. However, they also mentioned that advertising could occur on the most common radio stations (e.g. *El Rey, La Mera Buena*) and television stations with programming in Spanish. One participant mentioned that it would be helpful to post information in the women's clothing stores along Lake Street or Central Avenue. Parent groups at local churches were also an excellent place to disseminate information. Promotion for the activities should be in both English and Spanish.

Favored Strategies and Solutions

The Minneapolis Department of Health proposed four types of interventions to increase physical activity and improve nutrition. HACER asked the focus group participants to comment on the four interventions. The interventions were:

- Walking clubs
- Culturally-specific fitness classes
- Nutrition classes with cooking demonstrations
- An 8-week fitness campaign incorporating a variety of activities

The participants in the focus groups—with exception to the men—were agreeable to any of the four types of interventions proposed by the Minneapolis Department of Health to increase physical activity and improve nutrition. Preferences depended on each group and on each individual. One group preferred the nutrition classes, two groups preferred the walking clubs and fitness classes, another group preferred aerobics just for women, and the last group generally liked all of the options.

In general, the participants hoped that the proposed physical fitness and nutrition activities could show them ways to adapt to the climate, food and life in general in Minnesota. They could learn ways to remain active and healthy, even during the winter months. Many of the women said they had not been raised to incorporate exercise as a separate activity in their lives like many women in the United States. Instead they had been raised to serve others, to have and raise children and to take care of their husbands. Even though the participants in the focus groups had lived in the United States for many years, they still found adapting to the food, the cold, and the Minnesota culture to be very challenging.

Below is a summary of the participants' major concerns about each of the Minneapolis Department of Health's proposed interventions.

Walking Clubs

The biggest concerns with the walking clubs were safety, location, daycare for small children and scheduling. Daycare was very important especially for the small children who could not manage on their own. Some participants mentioned that they would like the bigger children to take part so they could learn how exercise is an important part of daily life. Walking with familiar friends and family was also important.

Culturally-specific Fitness Classes

Many of the participants liked the idea of the culturally-specific fitness classes as long as the instructor was bilingual or spoke Spanish. These classes would offer participants opportunities to stay connected to their language and culture. Again, having a familiar person (i.e. a buddy) to participate with them was helpful to keep them motivated and to make sure that they actually went.

Nutrition Classes with Cooking Demonstrations

The majority of the participants said they would participate in the nutrition classes, provided that the instructor was bilingual or spoke Spanish. They thought these classes were important so they could learn to incorporate a variety of foods in their diets, not just *comida Hispana/Latina*. They wanted to learn about practical substitutes for unhealthy foods, how to read food labels, and about what foods were healthiest for them and their families, meanwhile taking into account how food is marketed. Another major concern was that the classes take into account what cooking materials (e.g. pots, pans, utensils) were available to participants at home. The classes should not be advertisements to sell cooking materials.

8-Week Fitness Campaign

The major concerns with this intervention were language, scheduling, daycare, and location. In one of the focus groups, a proposition was to do the 8-week fitness campaign targeted to Hispanic/Latino men and women (e.g. couples) that incorporated the above three options into one campaign. The group felt that the campaign could cover a variety of activities by concentrating on a different theme each week, e.g. Latin fitness/dance classes, nutritious cooking demonstrations/classes, yoga/pilates, swimming lessons and so on.

By incorporating a wide variety of activities the fitness campaign could expose the Hispanic/Latino participants to activities that would help them to adapt to their new environment in Minnesota and become models for others to follow in their community. Participants could even receive certificates/diplomas for having completed the fitness workshops.

Appendix

Appendix A: Methodology

In collaboration with existing alliances (e.g. organized parent groups, Latino-serving organizations, churches), HACER recruited Hispanic/Latino residents of the Phillips and Northeast neighborhoods of Minneapolis. These residents generally met the following criteria:

- Lower income
- Parents of children under 18
- Had been in the US 5 years or more
- Primarily female

HACER held 5 focus groups with Hispanic/Latino residents of Minneapolis—3 in Phillips and 2 in Northeast. The focus groups took place during the last week of August and first two weeks of September 2005. A total of 48 people participated in the focus groups. Of these 48 participants, 40 were Hispanic/Latino mothers and 5 were Hispanic/Latino fathers of children under the age of 18. Approximately 30 percent of the participants were single mothers. All but 7 of the participants actually resided in the Phillips and Northeast neighborhoods. Over 95 percent of the participants were between 18 and 45 years of age. Two-thirds (67 percent) of the participants were born in Mexico, and the other third was from Ecuador and Guatemala. On average, the participants had lived in the United States approximately 8 years.

Appendix B: Interview Guide

Steps to a Healthier Minneapolis Focus Group Questions
August 23, 2005

Demographics
Age
Gender: male/female
Race/ethnicity
Children under age 18 living at home: yes/no
How long living in the US
Address, nearest intersection or Minneapolis neighborhood (if known)

Introduction of the Focus Group – 5 min.
The Minneapolis Department of Health and Family Support recently received Federal grant money to work on the issues of physical activity and nutrition in the city. The new grant is called Steps to a Healthier Minneapolis. The Health Department would like your feedback on potential programs and to learn about what you think about eating healthy and being physically active. Your input will help shape future programs offered in our city.

Participants introduce themselves – 5 min.
Please say your name, and tell us your favorite food and your favorite physical activity.

Physical Activity – 20 min.
Definition
When you think of physical activity, what comes to mind?
What do you do on a daily basis that gets your body moving and keeps you active?
Motivations/Values (internal/personal)
What motivates you to be physically active/exercise?
What do you get out of being active, staying fit and/or exercising?
Obstacles/Facilitators (external influences)
What are some of the things that get in the way of your being physically active?
What are some of the things that make it possible/easier for you to be physically active?
[Examples: Child care/availability/cost/ neighborhood stores, sidewalks/tools/safety, others…]

Nutrition – 20 min.
Definition
When you think of good nutrition/nutrition/healthy diet, what comes to mind?
Example: If you went food shopping for a healthy meal, what would you pick-up/buy?
What does good nutrition mean to you?
Motivations/Values
What motivates you to eat well?
What do you get out of eating foods that keep you healthy and well?
Obstacles/Facilitators
What are some of the things that keep you from eating healthy foods/foods that are good for you?
What are some of the things that make it possible/easier to eat healthful/foods that are good for you?

Solution – 40 min.

Physical Activity

What types of activities would you actually like to do to be more physically active?

What types of activities/things would you like to see occurring in your neighborhood in order to encourage people to eat healthier foods?

Nutrition

If you and your family wanted to eat healthier meals, what kinds of things would you do?

Probes: would you participate in activities:

To learn more about healthy foods? Where to find them or how to prepare them?

To learn more about good eating habits?

What types of activities/things would you like to see occurring in your neighborhood encouraging people to eat healthier foods?

We'd like to hear your opinions about some activities being considered for the Steps to a Healthier Minneapolis grant to increase physical activity and encourage good nutrition:

1. Walking clubs [What do you like? What don't you like? Would you do it? Alone, with family or with other adults]
2. Fitness classes relating to culture (e.g. aerobics, traditional dancing) [What do you like? What don't you like? Would you do it? Alone, with family or with other adults]
3. Nutrition classes with cooking demonstrations [What do you like? What don't you like? Would you do it? Alone, with family or with other adults]
4. Fitness Campaign (i.e. 8-week sessions where people would track their physical activities, health eating, health screening.) [What do you like? What don't you like? Would you do it? Alone, with family or with other adults]

Of all the ideas that we have talked about today, which one of the activities would you most likely do?

What would make this [the activities that generated the most excitement] successful in our community? (Probe on cultural specifics)

Closing – 1 min.