

Region III Head Start Administration for Children and Families

**Evaluation of the
I Am Moving, I Am Learning Enhancement**

Site Visit Interview Guide for Parent Focus Groups
Fall 2007
(Estimated focus group time: 90 minutes)

INTRODUCTION

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for Mathematica Policy Research, an independent research firm.

We are conducting a study for the Office of Planning, Research, and Evaluation under the Administration for Children and Families to learn about the *I am Moving, I am Learning*¹ enhancement. As part of the study, we want to learn about the types of activities, information, and services you have participated in/received that have focused on promoting physical activity and healthy eating.

- I am going to moderate the discussion. It is really important for everyone to speak up so we can have a lively and informative discussion.
- We ask that you respect each other's point of view. There are no right or wrong answers. You are the experts—we want to learn from you.
- It will be helpful if you speak one at a time, so everyone has a chance to talk.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything.
- We also ask that you not repeat any of the discussion you've heard after you leave today.
- We also want you to know that being part of this discussion is up to you, and you can choose to not answer a question if you wish. Being part of this discussion will also not affect the services you receive through Head Start/Early Head Start.
- I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. After my notes are finalized, I will erase/destroy the tape. Everything you say here will be kept private to the extent permitted by law. When we write our report, we will include a summary of people's opinions, but no one will be quoted by name.

¹ INTERVIEWER: REPLACE LOCAL NAME/TITLE FOR *IM/IL* AS NEEDED. THIS INFORMATION WILL COME FROM THE SAQ.

- If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?
- The discussion will last about **1½** hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.

Once again, thank you for coming today. Are there any questions before we get started?

Let's start by going around the room and introducing ourselves.

Please tell us:

- Your first name (or the name you would like to be called)
- The name and age of your child who is enrolled in Head Start or Early Head Start
- How long your child has been enrolled in Head Start or Early Head Start

A. PARENT ATTITUDES AND BELIEFS

I would like to ask you some questions about your views about your child's overall health. Specifically we want to focus on how you think diet and physical activity relate to your child's health.

Physical Activity

1. If someone describes a child as healthy, what does this mean to you? What do you look for/what are the signs that let you know that your child is healthy? (Good appetite? Physically active? Not sick?)
2. How important do you think physical activity and movement are for a child's overall growth and development? Is it important, somewhat important, or not related to their overall physical health and growth?
3. Why do you think physical activity is important for your child's health? (Gross motor development? Cognitive development? Energy release? Makes you/your child feel good? Socialize with other children? Helps with attention? Helps reduce aggression? Other?)
4. Do you think your child gets enough physical activity? If no, what do you think would help your child to get more activity?
5. Does your family engage in physical activities together? If so, what types of activities? If not, what makes engaging in physical activities as a family challenging?
6. Where does your child usually get most of his physical activity? (Indoors or outdoors? In your yard? In the house? In the street/on the sidewalk? At a neighbor's house? In a

neighbor's yard? At a park? At a community center? At a church/synagogue/mosque? At Head Start? Other?)

PROBES:

- Are there any local resources available to you in the community to promote physical activity for your child, such as public swimming pools, walking trails, playgrounds, community centers with playground equipment, that you can easily get to?
- What are some of the reasons your child does not get as much physical activity as you would like your child to get? (Cost? Lack of open space? Inconvenient location or hours? Interest? Language barriers? Safety? Other?)

7. How much time per week, on average, does your child spend watching television?

Perceptions of Healthy Weight/Overweight

8. Do you worry about your child being or becoming overweight? If yes, why? What sorts of things have you been trying to do to prevent your child from becoming overweight?

9. Why do you think some children are overweight and others are not?

10. Has anyone been told their child was overweight? By whom? Have you been told this by a doctor? Did you agree? Did anyone in Head Start ever tell you this? Who did? (Pediatrician? Nurse? WIC? Family member? Neighbor?) How did that make you feel? Did they work with you to come up with a plan to achieve a healthy weight?

11. Do you worry about your child being or becoming underweight? If yes, why? What sorts of things have you been trying to do to prevent your child from becoming underweight?

12. Do you think you are a good role model/set a good example for your child with regards to engaging in physical activity and eating a healthy diet? Why or why not?

13. What would help you and your child reach or maintain a healthy weight? How could your Head Start program help?

Healthy Eating

14. How important do you think healthy eating is for a child's overall growth and development? Is it important, somewhat important, or not related to their overall health?

15. Why do you think nutrition is important for your child's health? [Mainly to see if they spontaneously link this to body weight] How important is your child's weight to their health?

16. Do you think your child has a healthy diet? If NO, in what ways would you like to see it change?

17. Are there any local resources available to you in the community to promote healthy eating, such as grocery stores with fresh fruits and vegetables, farmers' markets or programs/trainings on healthy eating?

18. Do you use these resources/engage in these activities? If not, why not? (Cost? Inconvenient location or hours? Not home for meals? Interest? Limited access to fresh fruits and vegetables? Vegetables and fruits spoil? Other?)

19. Who decides how much food your child gets to eat? What size portions your child eats? What happens if your child doesn't want to eat? What happens if your child wants seconds?

PROBE:

- Does someone else choose? (Grandmother? Other family member?)
- Do you ever disagree with other family members or Head Start staff about the types of foods your child should be eating? If so, what kinds of things do you disagree about? What happens when you disagree?

20. Is it hard to say no to your child about what types of foods he/she eats? About the amount of food your child eats?

21. Does your family eat meals together? If so, how often? If not, why not?

22. Does your family eat meals with the television on? If so, how often?

B. ENHANCED *IM/IL* SERVICES

Now I would like to talk about the activities and services that the Head Start program offered last program year and this program year to improve children's diets and increase the amount of physical activity your children get, both at home and at Head Start.

1. During program application, were you asked specific questions regarding nutrition choices and activity levels? IF YES: What types of questions were asked?
2. Did you complete a service plan or Family Partnership Agreement? Did the agreement include any statements about nutrition choices and physical activity levels?

IF YES: What types of information about nutrition and activity were included on the agreement?

3. Did you complete a family service needs assessment? Did the assessment include any statements about nutrition choices and activity levels?

IF YES: What types of information about nutrition and activity were included on the assessment?

4. Have you attended any workshops, trainings, or parent meetings sponsored by Head Start that focused on health promotion topics, such as ways to choose healthy foods for you and your child and/or ways to increase the amount of physical activity you and your child get?

IF NO, ASK:

- Were you invited to any events? What are some of the reasons you did not attend?
- Do you plan to attend these events in the future?
- Are there changes the Head Start program could make to these events that would make it easier/more appealing for you to attend?

IF YES, ASK:

- How did you learn about the event?
- Were the events for parents and children? Parents only?
- What topics were covered during these events?
- Were the topics covered focused on improving your child's behaviors related to healthy eating and physical activity, your own behaviors or both?
- How was information presented? In a lecture format? By actively engaging attendees in activities?
- Who presented the information? (Health manager? Education manager? Teachers? A speaker from another organization? Other?)
- Where did the activities take place? (Head Start center? Community center? Park or playground? Local public school? Health center of clinic? Other?)
- What did you learn at these events? Did you learn any **new** information at these events—things you did not already know? Was the information useful?
- Did you or other members of your family disagree with any information that was presented at these events? Please describe. Why did you or your family feel this way?
- Were you given anything to take home at these events? (Handouts? Recipes? Props for activities? Financial incentives? Other?)
- Were food and beverages served at these events? Please describe the food and beverages that were served.
- Did the program offer transportation to the events?
- Did the program provide child care at the events, if children were not included?

5. Have you participated in any events or socializations at the Head Start program or sponsored by the program that focused on nutrition or physical activity topics? For example, cooking classes, exercise programs, wellness events, health fairs, walks?

IF NO, ASK:

- Were you invited to any activities? What are some of the reasons you did not attend?
- Do you plan to attend these events in the future?
- Are there changes the Head Start program could make to these activities that would make it easier/more appealing for you to attend?

IF YES, ASK:

- Please describe these activities. What did they involve?
- How did you find about these activities?
- Who led the activities? (Head Start staff? Other program staff? Community partner staff? Other?)
- Who attended the activities? (Head Start families only? Head Start and other families? Parents only? Parents and children? Head Start teachers and other staff? Health center of clinic? Other?)
- Were the activities for parents and children? Parents only?
- Where did the activities take place? (Head Start center? Community center? Park or playground? Local public school? Other?)
- What did you learn at these events? Did you learn any **new** information at these events—things you did not already know? Was the information useful?
- Did you or other members of your family disagree with any information that was presented at these events? Please describe. Why did you or your family feel this way?
- Were you given anything to take home at these events? (Handouts? Recipes? Props for activities? Financial incentives? Other?)
- Were food and beverages served at these events? Please describe the food and beverages that were served.
- Did the program offer transportation to the activities?
- Did the program provide child care during the activities, if children were not included?

6. Have you received any educational materials or other handouts related to nutrition or physical activity from the Head Start program? (Food pyramid? Suggestions for physical activities to do with your child? Choosy Kids handouts? Songs and movement activities? Recipes? Other resources on nutrition? Other resources on physical activity?)

IF YES, ASK:

- Please describe these materials.
- When and how did you receive these materials?
- What did you do with these materials? (Read them? Discard them? Share them with others? Other?)
- What did you learn from these materials? Any new information? Was this information useful?
- Was there any information you disagreed with? Please describe. Why did you feel this way?

7. Does anyone at Head Start give you advice about meals and feeding your children? Who? What kind of advice do they give? Do you generally follow or listen to the advice that they give you? Why or why not?
8. Are there other types of training, education, information you have received about nutrition and physical activity through Head Start? Please describe.
9. Do you know of other/any efforts taking place in your community to improve healthy eating or increase physical activity for your child or your family?

PROBES:

- How did you learn about these efforts? Who sponsors these efforts? (WIC? Local hospital or health clinic? Local community center or YMCA? Public school district? Other?)
- What does it mean to participate in these efforts? Please describe these efforts. What is the focus? What are the efforts aiming to achieve?
- Do you participate in these efforts? Why? Why not? (Lack of time? Cost? Lack of transportation? Lack of child care?)

C. OPINIONS ABOUT *IM/IL* ENHANCEMENT

Now I would like to talk about what you liked and disliked about the activities, events, and information offered by the Head Start program about health promotion [as part of *IM/IL*]². I'd especially like to know what you think works or doesn't work about the activities, events, and information offered by the program.

1. What parts of the events and activities you attended did you like? The materials you received? Why did you like these parts? What parts did your child like?
2. What parts did you dislike about these events, activities, and materials? Why did you feel this way? What parts did your child dislike?
3. Have your beliefs about the importance of healthy eating changed since the program implemented the [*IM/IL* enhancement]? Since your child entered Head Start? How have they changed?
4. Do you think the services you and your child received through Head Start [as part of *IM/IL*] changed the types of foods you and your child eats? How?

IF NO, ASK:

- Why not? (No new information? Unable to implement the changes because of barriers? Disagree with information? Lack of time? Cost? Lack of transportation? Lack of child care? Family dietary preferences? Other?)

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5. Do you think the services you and your child received through the Head Start [as part of *IM/IL*] changed the types and amount of physical activity you and your child engage in? How?

IF NO, ASK:

- Why not? (No new information? Unable to implement the changes because of barriers? Disagree with information? Lack of time? Cost? Lack of transportation? Lack of child care? Family dietary preferences? Other?)

6. What types of activities, events, and information about physical activity and healthy eating would you be interested in participating in during the coming program year? Why?

PROBES:

- Are there any topics you would like to see covered at future events or in educational materials you receive? Please describe.
- Are there specific activities you would like the program to offer? Please describe.
- Why are these important to you?

7. What types of information/materials would you like to receive from Head Start?

8. What changes do you think the program should make to the [*IM/IL* enhancements]? Would these changes make the events, activities, and materials more useful for you? Why?

9. Would you recommend the events, activities, and materials to other families? Why or why not?

D. LESSONS

1. What have you liked most about your Head Start program's efforts to increase children's physical activity and improve children's eating habits?

2. What have you liked least?

3. What advice would you give to another Head Start program that is thinking about implementing an *IM/IL* enhancement like the one at your program? Other Head Start parents?

4. Is there anything you would like to share with me about these topics that we have not yet discussed?

WRAP-UP

I am now finished with my questions. Is there anything else you would like to add before we end our discussion?

Thank you very much for speaking with me and sharing your experiences and feedback on the *IM/IL* enhancement at your Head Start program.