

Preventing paediatric obesity; recommendations from a community-based qualitative investigation

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Summary

Childhood obesity is on the rise, and interventions targeted at pre-school-aged children are essential for the primary prevention of this disease. Physical activity programming and decreasing screen viewing may be advantageous ways to reduce the early onset of obesity. Parents' perceptions regarding effective tools and programmes to target obesity are needed to develop an efficacious programme. Ten semi-structured focus groups were conducted for this qualitative study. Two experienced moderators facilitated all focus groups which were conducted in local day cares, workplaces and play groups, frequented by parents. All focus groups were audio-recorded and transcribed verbatim. Strategies to ensure trustworthiness of the data were employed. A heterogeneous sample of 71 parents were asked about their pre-schoolers' physical activity levels and screen viewing behaviours, in addition to their suggestions for programmes to facilitate the development of healthy habits. Parents agreed that physical activity programming was an ideal way to combat obesity in pre-schoolers. Programming suggestions included involving parents in the programme planning and operation, increasing accessibility to programmes, providing more facilities, better promotional strategies such as the use of a television commercial, and resources/ideas to engage children in the home. Parents' programming suggestions lacked discussion around addressing screen viewing as a viable way to attend to the current obesity epidemic. Parents must be made aware of programmes and resources currently available. Modifying current programmes' scheduling to include morning and afternoon sessions, and arranging for physicians to hand out resources with physical activity ideas, particularly during the winter months, is essential.

Keywords

Pre-schoolers; parents' suggestions; physical activity programmes; screen viewing

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Background

Childhood obesity is on the rise and according to the National Longitudinal Survey of Children and Youth (1998), approximately one in four children between the ages of 2 and 5 were obese (1). Given that 26–41% of obese pre-schoolers become obese adults, it is imperative that interventions be implemented to prevent rather than treat this disease (2). The pre-school years have been identified as a crucial time to intervene, as early childhood interventions may promote lifelong healthy behaviours prior to the development of unhealthy behaviours (3–6). Furthermore, early childhood interventions that coincide with early adiposity rebound are considered critical to help prevent obesity later in life (7,8). Therefore, to curb the nation's obesity epidemic, innovative approaches towards the primary prevention of obesity in young children are urgently needed (7).

All individuals older than 2 years of age benefit from integrating physical activity in their daily lives (9). Physical activity has been identified as a method to prevent and combat obesity in pre-schoolers. It is believed that an active childhood will more likely produce an active adulthood, which leads to a long-term healthy lifestyle. According to the Canadian Fitness and Lifestyle Research Institute, physical activity in childhood: strengthens growing bones, muscles, the heart and lungs; helps prevent obesity; increases self-esteem; and promotes lower levels of anxiety and stress. Despite the overwhelming benefits of physical activity among this age group, most Canadian children are insufficiently active (10).

Although screen viewing (television, video games, computer) has been identified as an effective tool for education, it is replacing active time, leading children to live more sedentary lives (11,12). Screen viewing has been strongly related to the onset of obesity in children (11,12); nevertheless, children between the ages of 2 and 5 have been documented to watch television for more than 25 h per week (10). Television hours increase during the pre-school years, and this comes at a time when habits are beginning to develop (13).

Physical inactivity coupled with, and resulting from, extensive screen viewing are key factors that contribute to the rising obesity epidemic in children. Recognizing these factors, Canada's Physical Activity Guidelines for Children and Youth recommend that children engage in at least 30 min of daily physical activity and decrease their daily sedentary behaviours such as screen viewing by the same amount of time (14). Decreasing television viewing could also have the added benefit of reducing children's excessive intake of calorie-rich food by limiting snacking while watching television (8,15). However, current data on the efficacy of reducing television viewing and subsequently increasing physical activity are limited to small-scale trials in experimental settings (16–18). Although promising results have been found in highly contained settings with small samples, the applicability and effectiveness of these approaches on a population basis remain questionable. Furthermore, although they have been recommended (7,19), very few interventions targeting pre-school-aged children have been designed (20).

Qualitative research techniques allow for an in-depth understanding of what parents of pre-schoolers would find suitable and valuable for their pre-schoolers, prior to the development of an intervention. Because pre-schoolers' behaviours are mainly under the control of the

parents, understanding parents' perspectives is fundamental to the development of an efficacious health promotion programme aimed at preventing childhood obesity and promoting healthy body weight among 2–5-year-olds.

The current study was part of a larger obesity prevention study, exploring parents' perspectives on physical activity and screen viewing behaviours, in addition to understanding what an effective and appealing programme to increase physical activity and decrease screen viewing would involve (21,22). This paper presents the programming suggestions component of the study.

Methods

Ten semi-structured focus group interviews were conducted with parents of pre-school-aged children between September 2003 and January 2004. Participants were asked about their children's physical activity and screen viewing behaviours and what they believed would characterize an effective programme to encourage appropriate screen viewing and physical activity behaviours in pre-schoolers (Appendix A). The questions were created by the research team and were pilot tested on parents prior to the first focus group. The qualitative method of focus groups was chosen to assess parents' perspectives before developing an intervention. The Canadian Institutes for Health Research funded this project and ethical approval was obtained through the University of Western Ontario.

Participants were recruited from one county in Ontario, Canada through flyers, information sheets and site visits at community locations frequented by parents of pre-school-aged children (five community play groups, three day-care centres, one community resource centre and one work-place). Two of the 10 sites were located in rural areas. Sites from different geographical areas were selected to provide a maximum-variation sample. Homogeneous participants were recruited for each focus group and an overall sample of pre-school-aged parents with diverse socioeconomic status (SES) (education level, income, employment status) were recruited.

To facilitate focus group attendance, childcare, bus tickets and a meal for parents and children were provided. Focus groups were also planned at times when parents would normally be at the selected location.

All focus group meetings were facilitated by one of two experienced moderators and lasted for approximately 1–1.5 h. Parents received a letter of information about the study and signed a consent form prior to their participation. In one focus group, the moderator was known by the participants; however, it was felt that this had minimal impact on their participation. Focus groups were audio-recorded and transcribed verbatim. No new information was received (i.e. data saturation was reached) by the 10th and final focus group.

The PRECEDE-PROCEED Model for Health Promotion and Evaluation was utilized to inform and guide this study as well as its intended outcome of a health education or health promotion intervention (23). The current study represents the first phase of the Model, the

social assessment, which is utilized to determine the target group's perceptions of their own needs or preferences.

Data collection and analysis took place simultaneously using a combination of the editing and template organizing styles outlined by Miller and Crabtree (24). A minimum of two team members independently conducted inductive content analysis on each transcript and compared their findings. NVivo software was utilized to code and categorize emerging themes. Although there was a risk of introducing bias into a study because only one form of data collection was used, a number of strategies were employed to ensure the trustworthiness of the findings (Table 1) (Note: the five components of trustworthiness in qualitative research parallel the quantitative components of reliability and internal and external validity.) (25,26).

Results

Participants

Seventy-one people participated in this study, most of whom were female (68). Participants ranged in age from 21 to 63, with approximately 60% in their 30s. Although all recruitment materials specifically asked for parents, three grandparents significantly involved in the day-to-day care of their pre-school-aged grandchildren participated. Our recruitment strategy appeared to offer relatively homogeneous focus groups, while providing an overall mix of participants with different income, education and employment backgrounds (Table 2). Areas lacking diversity were gender and ethnicity (96% female, 96% Caucasian). Programming suggestions were generally consistent across the various SES groups.

Although most programming suggestions presented by parents were aimed at physical activity, inadvertently, by keeping children active, these programmes may serve to decrease children's screen viewing. Because parents, in general, were not overly concerned with the amount of screen viewing their pre-schoolers watched, the main aim of their programme suggestions was to increase their children's participation in physical activity. A wide range of facilities, resources and promotional themes were discussed, and parents were consistent in their recommendations and requests. Overall interpretations of each finding are provided below, and Tables 3–7 provide clarifying comments from participants.

'Walk to School' programme

Parents suggested a 'Walk to School' programme which would increase physical activity levels of pre-schoolers, in addition to having beneficial effects for parents. Parents agreed that it was an excellent suggestion but child safety was of concern. This programme suggestion is targeted mainly at school-aged children, and although some pre-schoolers are in elementary school, not all are, and as a result, this programme would not reach all pre-schoolers.

Parents also identified walking in other capacities as an effective way to increase their pre-schoolers' physical activity. Suggestions included walking to the store, rather than driving, or going out the farthest door at the mall and having to walk around to the parking lot (Table 3).

Community programmes run by parents

Parents suggested having drop-in facilities available and monitored by parents as a viable way to increase their children's physical activity level. Similar to the 'Walk to School' programme, concerns for safety of children were issues including screening of parent volunteers. Another concern addressed by participants was whether parents would remain committed (Table 3).

Turn off the TV

Although most participants' suggestions focused on ways to increase physical activity, there were some suggestions to reduce screen viewing. One suggestion was to turn off the television in service of promoting other, more desirable behaviours (i.e. playing outside, playing with toys). Respondents agreed that removing the television would direct pre-schoolers' attention to other things, acting as a stimulus to increase their physical activity. Specifically, one parent stated, 'the less TV, the more active'. Parents discussed the value of having a play area in their home where there was no television to influence the pre-schooler. Parents also suggested the benefit of turning on music as an effective way to facilitate physical activity in the form of dancing (Table 4).

Accessible programmes

The creation of new programmes accessible to all parents was a recurring request made by participants. These programmes included such things as drop-in centres and playrooms at neighbourhood facilities (i.e. libraries, schools). Programme accessibility concerns included: cost, location, transportation, scheduling and availability, sibling issues/ age of children, family-friendly and facility cleanliness. A major reason parents were not currently using programmes and facilities available to them was due to these accessibility factors (see Table 5).

Financial cost—All parents identified cost as a barrier to their pre-schoolers' participation in physical activities. Specifically, the expenses associated with organized sports, as well as the cost of using indoor facilities were discussed. Parents did not mind paying some fees, but needed to feel like they were getting their money's worth. Coupons, discount days and subsidy opportunities may be effective for increasing accessibility for lower-income families.

Location—Parents mentioned the need for more and better locations for physical activity opportunities. Furthermore, parents suggested the use of local churches or schools within their community as a means to provide better accessibility. Participants felt certain areas within the city were identified as having more programming offered. However, upon investigation by the research team, it was revealed that local activity providers have programmes located in most areas of the city. Therefore, lack of awareness of already available programmes may be an issue resulting in people not taking advantage of what is currently offered. Promotional strategies to increase awareness may be an effective intervention. Addressing this issue would involve scrutinizing further what current programmes are available within the community and whether location, availability and costs are suitable for its patrons.

Location may be an even bigger challenge for rural dwellers as there are less physical activity facilities offered within their communities, and travelling into the city may be their only option for participating in formal programmes. However, having to drive into the city creates more barriers to pre-schoolers' use of these programmes including time commitment, cost of travelling, cost of food, and transportation.

Transportation—A few participants suggested providing transportation to programmes, as the pick-up of children from the home, would reduce the barrier transportation poses to parents without vehicles. The convenience and frustration of transporting children (especially in the winter) may prohibit parents from taking advantage of programmes and facilities that are available to them.

Scheduling/availability—Participants indicated that current programme availability and scheduling is inconvenient for many parents. Programmes during the day are not ideal for parents who have daytime jobs; however, evening programmes can prove difficult, as time and transportation may become barriers. The need to schedule programmes around naptime for this age group was stressed.

Coming to an agreed upon schedule would be difficult; therefore, alternating morning and afternoon programmes may service more parents. Also, providing an all day drop-in programme would allow parents to use facilities at their own convenience.

Siblings/age of child—Parents identified that having children of varying ages is challenging when only one is old enough to participate in the programme. Moreover, multiple children are difficult as most programmes for pre-school-aged children require a one-to-one ratio of parent-to-child. Furthermore, parents reported that programmes that are available for this age group are limited, and children participating in the programme have to be toilet-trained, which is not the case for many younger pre-schoolers.

Parents wanted activities that could involve different aged children, and therefore be directed at a wider age range. Gearing programmes with a family-orientated approach was recommended, as it would make changing, feeding and playing with children easier. Important to most parents was the need to have a clean facility.

Facilities

The request for indoor facilities was prominent because it would be useful during the winter season when many pre-schoolers experience a decrease in physical activity levels. Indoor facilities could be helpful if they addressed other parent concerns including good locations, flexible scheduling, and were low-cost. Clean facilities that enabled participation of families with multiple children of different ages were essential.

Parents also addressed the use of other facilities, for example, the use of community churches or local elementary schools as an inexpensive way to provide indoor physical activity facilities. This suggestion makes good use of current resources available in all communities and, provided the logistics are reasonable, would allow for easier access and closer locations within each area.

Parents also suggested the need for other forms of infrastructure including: swimming pools, skating rinks and bike paths. Although these too may facilitate participation in physical activity, they do not specifically address the decrease in physical activity experienced during the winter (Table 6).

Other programme suggestions

Some parents suggested that a tailor-made television commercial would be an effective strategy for showing parents the detrimental effects of screen viewing and the beneficial effects of physical activity. This educational commercial could reach parents who do not take their children to current programmes, play groups, day care or school. Parents supported the use of television as a way to contact the ‘hard to reach’ people, and suggested that the commercial should be directed not only at parents, but at children as well in an attempt to ‘guilt’ parents into participating. The idea of using guilt received a great deal of debate, and parents could not agree on its use. The importance of advertising during the time frames when parents are watching TV was stressed (Table 6).

Promotion of programmes and resources

There were many suggestions on how to promote programmes and facilities to parents including: the school systems, day cares, newspapers, radio and television, Internet, local healthcare provider and public health nurse. However, parents reported that the most effective way to reach parents of pre-schoolers would be through their physician. Because pre-schoolers may not participate in some currently available programmes, and do not necessarily use day cares, the physician seemed like an ideal way to target this population. The need to promote messages carefully was mentioned. Focus group participants reinforced that health promoters need to endorse programmes as beneficial for children, have a softened message, acknowledging that parents are doing a great job, recognizing that some days will be better than others, and delivering the message from parent to parent (Table 6). These suggestions contradict the previous suggestion of using guilt as an effective way to persuade parents to increase their pre-schoolers’ physical activity levels.

Resources/creative ideas for the home

Parents stipulated the need for ideas and resources to be used in the home, because they would make parenting and entertaining children (without using screen viewing) easier. Focus group participants requested simple, creative ideas and activities they could do with their kids. Suggested resource formats included: flyers sent home from the day care with ideas for activities, calendars containing ideas, an activity manual parents could use at home, or providing seminars for parents to come and learn about resources that are available to them.

Parents shared many creative ideas they currently use with their children to get them active. Focus group participants’ ideas included: allowing children to take part in the housework, making use of current recreation facilities in the area (i.e. McDonald’s playroom), and the use of music for dancing (Table 7).

Discussion

Although prior research has demonstrated important correlates to pre-schoolers' physical activity levels including time spent outdoors (27–30) and prompts to be active by adults/parents (30–32), there are few related educational materials available for parents to use (33). Participants in this study confirmed that time spent outdoors facilitated physical activity; however, programmes targeting increases in children's time spent outdoors would have to account for issues related to safety, supervision, weather and equipment (31).

Seasonal differences were identified as deterrents to physical activity levels of pre-schoolers. Parents overwhelmingly agreed that keeping their children active during the colder months was a challenge, and as a result, children watched more television during this time. Previous research corroborates our findings regarding children's physical activity reaching its lowest point during the winter months (27).

Many parents are now enrolling their pre-schoolers in childcare facilities; currently, 40% of children aged 3–4 whose mothers are employed spend more than 35 h per week in non-parental care (34). Childcare facilities were identified by respondents and by other researchers as a source of physical activity for pre-schoolers (34), and many parents rely on childcare facilities to ensure that their pre-schooler is achieving the recommended level of physical activity. Childcare centres may be an effective venue for implementing a health promotion programme for pre-school-aged children as more than 50% of their average daily activity takes place at childcare facilities, between the hours of 9 AM and 5 PM (34).

Focus group participants wanted accessibility to facilities that are close and reasonably priced, along with the addition of new facilities. However, Burdette and Whitaker found that despite similar requests, children in their study lived near a playground. This implies that the development of more playgrounds for children may not influence their physical activity levels (29), and a more efficient programme may involve providing parents with ideas and resources for the home.

We encourage future researchers to consider the current study's limitations. Specifically, due to the nature of qualitative research, and the sampling method utilized, the parents who volunteered to participate in the current study are not representative of parents of pre-school-aged children. Although a maximum-variation sample (based on SES) was recruited, the self-identified parents in this study may have been keen and therefore, particularly receptive to obesity prevention programming for their pre-schoolers. Furthermore, participants were recruited from only one county and other areas of the province or country may have yielded varied findings. The majority of participants in the current study were women, and future researchers may benefit from targeting fathers' groups specifically to determine whether their suggestions for pre-schoolers' programmes differ from the potentially gendered offerings of female participants.

Regardless of the aforementioned limitations, the current study offers valuable insights into parents' programming suggestions deemed appropriate for pre-schoolers. Specifically, the research team recommends that: currently available physical activity programmes for pre-schoolers be modified to include both morning and afternoon activity opportunities;

currently available programmes be marketed and publicized through physicians and, ironically, television commercials; partnerships between local physical activity programmers and childcare facility operators are critical; potentially underutilized indoor facilities, such as church gymnasiums, be considered for indoor activity opportunities during the winter months; currently available home-based resource manuals for pre-schoolers (such as Active Start, Let's Move-Let's Play, Sport Fun) (35) be reviewed and considered; and, if appropriate, new home-based resource manuals or calendars be developed and disseminated. We also encourage parents to participate in physical activities with their pre-schoolers; establishing themselves as active role models will help to normalize physically active lifestyles at a very young age. These recommendations will be provided to the local community programming groups as well as the local Health Unit within the city that hosted the current study.

A next step, emanating from the current community-based investigation, may be to conduct a larger-scale province-wide assessment of parents' receptivity to the recommendations that have emerged from the current study. This information would enable both researchers and programmers to assess the applicability of these anti-obesity measures in their jurisdictions.

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Appendix A

Focus Group Questions

Introduction and ice-breaker question: Thank you for coming today to help us gain insights into preschooler's health behaviours. Before we start, we'd like to know how many children do you have and what are their ages?

We have noticed an increase in the amount of media and news attention given to early childhood health, and in particular to how it relates to physical activity and screen viewing (television, playing video and computer games, surfing the net).

Please think of a typical day in the life of your pre-schooler. How many hours each day does your preschooler engage in physical activity? How many hours each day does your preschooler spend 'screen viewing'?

- 1 How important is it to encourage appropriate levels of physical activity in preschoolers?
- 2 How important is it to encourage appropriate screen viewing time in preschoolers?
- 3 What do you think about your preschooler's physical activity behaviours?

Probes

- what does your preschooler like to do? Not like to do?
- How often?
- How do you feel about that?

- 4 What do you think about your preschooler's screen viewing behaviours?
- 5 What is your opinion about encouraging healthy habits early in children's lives (that is, during the preschool aged years)?

Canada's Physical Activity Guidelines recommend that children engage in at least thirty minutes of physical activity each day, and build up to 90 minutes each day [flip poster up for participants to see as this is stated].

- 6 What is your reaction?

Probes

- is it reasonable? Why?

And, the Canadian Paediatric Society recommends that children should watch less than 1 or 2 hours of television a day [flip poster up for participants to see as this is stated].

7 What is your reaction?

Probes

- is it reasonable? Why?

8 Given the reality of the lifestyle of parents of preschoolers, what would parents be willing to do to encourage healthy levels of physical activity for their preschooler each day? Encourage appropriate screen viewing time each day?

9 If a program were being created specifically to encourage healthy levels of physical activity and appropriate screen viewing time for preschoolers, what would that program have to look like to be effective?

- a. What would make parents actually use the program?
- b. What would best help parents to accomplish the goals of encouraging healthy activity levels and appropriate screen viewing time for preschoolers?
- c. What would be the obstacles?
- d. As a parent, what can be done to ensure that your preschooler continues to be active into his or her school years?

To Member-Check

Provide an oral summary of the focus group discussion, then ask: Is this an adequate summary?

Final Summary and Request for Information

- 10** Our focus today has been on discussing the physical activity and screen viewing behaviours of preschoolers. The focus of our overall study is to explore strategies for healthy body-weight promotion and obesity prevention among preschoolers. Is there anything else you would like to add or suggest or ask about?
- 11** What do you think is the most important thing we discussed today?

Table 1

Measures to ensure data trustworthiness

Credibility	Member checking was carried out during and at the end of each focus group to ensure the researchers correctly understood the responses from participants.
Dependability	Following each focus group, four of the five research team members met to debrief and summarize each focus group, and detailed minutes were recorded. Also any biases were voiced, recorded and considered to ensure that the analyses were not influenced by researcher bias. Detailed information was documented for the purpose of an audit trail.
Confirmability	Inductive content analysis was performed independently and simultaneously by two researchers, who later met to compare their analyses. Data were examined for similarities and differences across the interviews and emerging themes were identified. A summary of the analysis was prepared and discussed. The fifth team member independently reviewed all 10 transcripts and engaged in peer-debriefing with the other team members.
Transferability	The research process has been documented in detail, thus enabling potentially interested parties the ability to determine whether our results are transferable to other settings.

Table 2Participant demographics ($n = 71$)

	Percentage (%)
Gender	
Male	4
Female	96
Participant age	
20–29	27
30–39	62
40–49	7
50–59	1
60+	3
Annual family income	
\$0–24 999	20
\$25 000–59 999	32
\$60 000–99 000	35
\$100 000	13
Highest education level	
High school	16
College	45
University	40
Current employment status	
Part-time	23
Full-time	42
No paid employment	35

Table 3

Walk to School programme/community programmes run by parents

Walk to School programme

"I've actually thought that I would like to find a way to promote and develop community programs similar to the way they develop the Block Parent program but have a Walk to School program for parents like myself. I could devote a morning or two a week to walk with a group of kids who normally would be driven to school, to walk with them, get them there safe, drop them off at school and get the exercise myself and promote the walking to school. But I can't do it five days a week with my kids ... It's good for me and it's good for them and it's good for my dog, like it's good for everybody"

"If you're going to the convenience store, walk to the store ... instead of taking the elevator, taking the stairs. So with my kids I try to do that in the mall, go up the stairs even though it takes a lot longer and walking to the store instead of taking the car"

Community programme run by parents

"A group of parents willing to involve themselves let's say once a week or once every two weeks for two hours and go to the gym and oversee the children just playing. I think parents would be interested, those who are motivated to keep their children active"

"You know, where five days a week there is a spot where children can go to play at that gymnasium, have a parent that goes around, or have a parent who goes around to pick up the children each night. Other parents alternate. I could do something like that once or twice a week but I can't do it five days a week." Another mother agreed, "there is no trouble volunteering two hours of my time for a night a week and if you could have several other parents and have them committed to it"

"That's another big thing is commitment. Everyone likes the idea but then something comes up and they have to call and they have to cancel or whatever. I see it all the time when you are trying to organize things in the community as it is. You get all these people who are interested in a good idea but then really can't commit to a time. So I mean time commitment is a big thing but if you had it well organized ..."

Table 4

Turn off the TV

“... They have to go and choose something else to do. I think that’s maybe the route we go with preschoolers, not making them active but making them do something else other than TV. Then when they are school age, they won’t be choosing the TV all day and they won’t want to watch TV all day because they’ll know there’s other things to do”

“I think it would be nice to have a space for playing where there was no TV because most of us have our TV in the rec room which is also the kids playroom ... it would be nice to have enough space that you had a playroom somewhere else where there was no television because it would be a lot less tempting.”

“... the less the TV, the more active”

“I know at our house, throwing on a CD, our son has got a hold of an old Billy Ocean CD, it’s the greatest hits from who knows when. He’ll go down there and put it in and start dancing and jumping all over the place. You know, it’s as simple as that. It doesn’t have to be the total you know, commit to a sports activity and have to try to get there at this time and have to do all that stuff”

Table 5

Accessible programmes

Financial cost

“We like all those free things. We really appreciate free. I’m trying to get it through we really appreciate free ...”

“Now I find because we are basically a single-income family and we don’t have a lot of income, that if it’s free, I’m there ... If it’s reasonable, if it’s inexpensive or free, then I want them to be exposed to it”

Location

“More locations”

“I guess it’s making it closer to everybody’s house, that kind of thing. Like the churches or elementary school”

“If they had something closer, that would be nice. Most of those programs are in London so by the time you get the older kids home from school ...”

Transportation

“Yes, come and pick us up, like every Thursday this is happening, here’s the bus that is going to take us there. We are going to go and do this stuff and it will end up bringing you home ...”

“I actually have a girlfriend in London who is a single parent, on fixed income and there are times when it really is difficult. It takes her two and a half hours to get somewhere on a bus and it’s just not feasible to do it”

“There is the whole thing of frustration in getting them there”

Scheduling/availability

“Five days a week there is a spot where children can go to play at that gymnasium”

“This is the only thing around this area that even has anything for pre-school children, isn’t it, one day a week for two hours?”

“I would like to see something more during the day and what I understand is that people who have older kids would like to have it after school as well”

Siblings/age of child

“Just more sports available for the younger 2 to 3-year olds”

“I want to do more group sports but I’ve got two different ages to worry about”

“Yes, so more family orientated stuff”

“So I found yes, the skating was great but what do you do with your infant when you’re trying to teach your 3-year old how to skate”

Table 6

Facilities/other programme suggestions/promotion of programmes and resources

Facilities

“Like a slide set because they can be brought indoors. Balls to kick around. A great big gym-sized room basically, just run and kick balls”

“Just indoor places to go. I don’t usually have trouble thinking of things to do in the summer because you want to be out, just for your own well-being” What better place to run around. I mean the school is open, that would be awesome”

“So I could bring cheese and crackers, I didn’t have to go buy the fries at the counter”

“Yes, and the cleanliness is huge”

Other programme suggestions – advertising

“This would be nasty but showing a few examples, like one family doing nothing and showing the child five or ten years later obese, with diabetes, going to the doctor, blah-blah-blah and then showing the other child, the parents having fun with the kid growing up and then ten years later see where they’re at, sort of thing”.

“I think my point is I would hate to see advertising motivating as a guilt thing. I think I would rather see it as education, perhaps if we could educate parents more, then maybe we might see a change. But if you guilt me, forget it. I’ll walk out the door and I’ll say I don’t need this”

Promotion of programmes and resources

“I know that one thing that I like and that I’m finding with groups that I’m doing is that parents also want to know [hear]: We know you’re doing the best you can and here’s some tips to do that much better. I think I heard somebody say you don’t want to put them on the defensive. I know I get that way ... so the messages need to be softened. It’s the hardest job”

“I think to promote it as being good for the kids. Like it’s a healthy, good thing to do for kids”

“But you go to see the doctor all the time, the kids have to see a doctor no matter what, at some point. Doctor’s offices have pamphlets there, like here read this, this is what’s available for your child”

Table 7

Resources/creative ideas for the home

“What about a calendar for a fridge? I’d always take an extra calendar in my house ... Yes, each calendar you could focus a couple of different things, make a commitment. And get your kids involved. I mean my kids would love to push me to check off every time we’ve done something, make a calendar that would be a challenge for people to engage in activities”

“So how about a list of 15 quick and easy activities you can do with kids that you might not have thought of before, that you have your stuff around the house. You don’t need to organize anything ...” “Parking at the other end of the mall and when you go in one door, go out the wrong door and have to walk all the way around as a family and skip and hop and try to make it fun. So we try to be creative in ways to increase the activity to help her out so that she does get a little bit extra and to make it fun and a family sort of thing”

“I take my children to the downtown market when it is raining because in the upstairs area there is NOTHING and they can just run around and around. We came upon it by accident. It’s ideas like this that perhaps need to be shared”

“Go to McDonald’s Playroom”

Resources/creative ideas for the home

“Mine loves vacuuming”

“Turn off the TV and turn on Raffi”
