

*Enhancing activity, nutrition and
mental health in overweight
adolescents*

*Stage 1 –
Formative Research*



Physical Activity
and Nutrition
Research

Enhancing activity, nutrition and mental health in overweight adolescents Stage 1 – Formative Research

August 2011

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1.0

Introduction

Around 25% of Australian adolescents are now overweight or obese. Chronic lifestyle conditions formerly associated with middle aged adults and related to inactivity and diet are now prevalent in children and adolescents. Being overweight is related to poorer activity, nutrition and psychosocial behaviours.

The research team successfully adapted a tertiary hospital adolescent obesity intervention and piloted it in a community setting with clinically obese adolescents and their families in 2009 (Curtin Activity, Food and Attitudes Program – CAFAP). This project will change the target group from clinically obese adolescents to overweight and mildly obese adolescents, aiming to change their trajectory and help them avoid morbid obesity. The first stage of the project will refine the program and its evaluation framework based on individual, family and community enablers and barriers so it can be delivered (second stage) by a multidisciplinary team of health professionals in community settings.

CAFAP includes separate components for adolescents and for their parents/primary carers, plus shared components to solidify and emphasise the importance of working together as a family unit to positively change physical activity, nutrition and psychosocial behaviours.

2.0

Aims and objectives

The aim of the larger project is to refine, implement and evaluate a multi-disciplinary family-centred community-based intervention intended to influence the physical activity, nutrition and psychosocial behaviours of overweight adolescents in Western Australia.

Specific objectives are to:

1. Identify key individual, family and community enablers and barriers to the implementation of a multi-disciplinary family-centred intervention delivered in a community setting;
2. Develop and trial a process, impact and outcome evaluation framework suitable for metropolitan and regional communities; and
3. Implement and evaluate a multi-disciplinary physical activity, nutrition and psychosocial intervention with overweight adolescents and their families in metropolitan and regional Western Australia.

This report will present the findings of Stage 1 of the project which ascertained the experiences of past participants of CAFAP and gained an understanding of what would encourage potential participants to become involved in CAFAP if it was available to them in their community.

3.0

Method

3.1 Sample

Adolescents and their parents/carers who were past participants of the pilot program were invited to attend focus groups to discuss their experiences during and after the program, what they liked about the intervention and how CAFAP could be improved.

Adolescents who were overweight and aged 12-16 years, and parents/carers of overweight adolescents were invited to participate in focus groups to obtain their opinions about CAFAP and what would motivate them to be involved in CAFAP if it was run in their local community.

3.2 Recruitment

Past participants: A letter was sent to adolescents and their parents/carers who had been involved in the CAFAP, to participate in a focus group. Follow-up emails and telephone calls were also used to maximise attendance. Participants were also given the option of completing a survey electronically if unable to attend a focus group.

Potential participants: Overweight or obese adolescents and families were recruited for focus groups through general practitioner referrals, other health professional referrals and advertisement through community newspapers, schools, newsletters and radio.

3.3 Focus groups

3.3.1 Focus group Protocol

A focus group protocol was developed to provide information to focus group participants relating to the process and procedure of the group discussion. The protocol included: an introduction to the facilitator and observer; an outline of the purpose of the focus group; group rules relating to confidentiality, honesty, respecting others opinions; and clarifications of terminology to be used (see Appendix 1).

3.3.2 Focus group schedule

Focus group questionnaires was developed to provide facilitators with a series of questions appropriate for each of the groups involved. Guided by themes emerging from the literature together with concepts considered important to address the purpose of this formative study, predetermined areas of inquiry included: related to: who they would ask about a program like CAFAP; what would get them interested in being involved; what problems might arise in completing all components of the program; how would they maintain changes after the program ends; and what services or facilities are available (or would they like) in their own communities to support a healthy and active lifestyle for families.

Whilst the focus group schedule was used to guide discussion based upon areas considered important to the purpose of the research, the flexibility of the discussion allowed the facilitator to follow valuable avenues of inquiry. Emergent themes provided direction for areas of further investigation during subsequent focus groups.

3.3 Focus groups (contd.)

3.3.3 Conduction of focus groups

Separate groups were conducted with adolescents and parents/carers with a facilitator leading discussion using a series of questions relevant to the key outcomes of the research. All participants were provided with an information sheet and a consent form prior to the commencement of the focus groups (see Appendix 2 & 3). Written consent was completed by participants prior to their inclusion in a focus group.

With permission from participants, each focus group was audio-taped for accuracy of transcription and analysis. A trained facilitator and/or observer was present at all sessions to record the content of discussions.

3.3.4 Qualitative data

As soon as practicable following each focus group (within 48 hours), responses to the focus group questions were transcribed and analysed thematically.¹⁻³ The data from each focus group were then amalgamated and the major themes detailed using quotes from participants to support these findings.



4.0

Results

Following the completion of Stage 1 of Curtin University's Activity, Food and Attitudes Program (CAFAP), feedback was sought from parents and adolescents who had taken part in the program and also from potential participants. The aim was to identify barriers and enablers to participation, and explore ways to maximise participation in the community intervention (Stage 2).

4.1 Participant feedback

Two focus groups were held with parents and adolescents who had participated in CAFAP. The aim of the focus groups was to collect participants' feedback on the program, with a view to identifying barriers and enablers to participation, and exploring ways to maximise participation in the community intervention.

4.1.1 Adult feedback – past participants

A focus group involving four parents who had taken part in CAFAP was held in May 2011. Participants were invited to discuss their personal experience of the program and provide feedback on its content and structure. In addition, participants were invited to discuss their views on the community resources which might encourage families to adopt and maintain healthy lifestyles (see Appendix 4).

4.1.1.1 Finding out about CAFAP and joining the program

Three parents found out about the program through Princess Margaret Hospital, as their children had regular follow-ups at that hospital; two of the children were followed up for asthma and had been referred to the program by dietitians, while the third, a child recovering from cancer, had been referred to the program by a physiotherapist. One parent found out about CAFAP through an advertisement placed in the community paper.

One parent pointed out that CAFAP's family-oriented focus had attracted her to the program, another admitted to having joined the program out of desperation as her child's weight kept increasing, while another cited the need for her son to become fit after spending six months in hospital as the reason for joining CAFAP.

What made you and your family decide to be part of CAFAP?

4.1 Participant feedback (contd.)

4.1.1.2 Benefits of the program

Parents cited gaining an understanding of food labels and having a better understanding of the exercise requirements of their children as specific benefits of participating in the program. Above all, however, parents highlighted the opportunity for networking and understanding their children better as the most important benefits of CAFAP. One parent commented:

‘Networking, talking to other parents who had the same problems you had with your child in regards to weight, exercise, and it was great knowing that I was not the only one struggling, that was my biggest thing. And I learned lots; you think being a parent you know lots, but you realise from doing this program that there’s so much that you don’t know in regards to kids and their dietary habits, and also about yourself, you know, you learn a lot about yourself as well doing the program.’

(Parent Participant, Focus Group)

All parents agreed that participating in the program had brought them closer to their children, and they talked affectionately about enjoying one-on-one time with their children during the drive home after the sessions. One parent said:

‘The closeness was brilliant; it wasn’t just what the course set out to do, it did bring the parent and the child together on another level.’

(Parent Participant, Focus Group)

4.1.1.3 Barriers and enablers to participation

The timing of the sessions was widely identified as a potential barrier to joining CAFAP. Parents identified the early starting time of 4.00pm as an issue, and a starting time of 4.30pm was suggested. Parents generally felt that they had to rush to make it to the session on time, and one reported occasionally having to have dinner in the car. Also, driving to Curtin during peak hour meant that parents had to leave work early and make up for the time lost on CAFAP days. However, parents thought this effort worthwhile because it was beneficial to their children; as one parent commented:

‘It was to help my son, and you’d do anything to help your kids; if it means putting yourself out and losing for yourself who cares – as long as it benefits your kids, you do it.’

(Parent Participant, Focus Group)

Time constraints were commonly identified as a barrier to completing home exercises, and parents wished that they had been able to complete them during the session. One parent reflected:

‘While I’m having the dinner, I’m doing the washing, doing the drying up, the ironing, whatever needs to be done, but that extra bit of paper, by the time you get to 10.30 it’s like ‘oh, my god, no way, just leave it.’

(Parent Participant, Focus Group)

Parents did not report any issues completing the follow-up questionnaires and fitness tests because they were done at the venue.

What were the benefits to you and your family of being part of CAFAP?

4.1 Participant feedback (contd.)

4.1.1.4 Program content and format

Parents thought that the program could have run for longer – an extra week or two – as there was a common perception that the sessions were not long enough, resulting sometimes in an overload of information. In particular, parents thought that the psychology sessions could have been longer and that the psychology component should have been given more priority early in the program to allow parents to open up and share their issues and concerns.

One parent explained:

‘That would have allowed a little bit more time in the six weeks to get to the finer aspects of where we, not go wrong but where we to look at, whereas I found that half the session you really needed to really open up [...] we didn’t know each other’

(Parent Participant, Focus Group)

Parents thought very highly of all facilitators, but it was commonly felt that there was insufficient time to discuss issues with them. One parent reflected:

‘All the parents were so into it [...] that’s why you sort of needed an extra hour per session or a few weeks onto it, yeah. [The facilitators] were just fantastic, you couldn’t have asked for anything better.’

(Parent Participant, Focus Group)

Parents enjoyed joining the kids in the gym and suggested having more of these sessions, and they also enjoyed the involvement of their younger children.

One parent felt that the session on energy input and output could have been expanded and more emphasis placed on showing the kids the effects of unhealthy eating, however, another parent pointed out that some children were not mature enough for that information to ‘register’. In addition, one parent thought that the section on food additives could have been expanded.

All parents enjoyed the cooking session and thought that the children would have benefited from it too. Parents did not clearly understand the purpose of the tasting session, and they suggested that the session should be amended so that it exposed children to new foods or tastes, for example humus, instead of using foodstuffs (apples were given as an example) with which children were likely to be familiar.

Parents wished to have had catch-up sessions after completing the program, and they suggested refresher courses. One parent emphatically exclaimed:

‘My god, I wish we could do it again!’
(Parent Participant, Focus Group)

4.1.1.5 Changes made as a result of CAFAP

The most commonly reported positive outcome from participating in CAFAP was an increased awareness of the food that is put on the table, which resulted in more awareness when shopping, for example checking the labels for fat and salt content. One parent spoke of having adopted a family exercise routine as a result of the program, having family cycling races every Saturday and using goal-setting skills learnt during the program. This parent explained:

‘We tackle everything in minute things; if five ks still frightens you, then we’ll drop down to one, and so what. If you’re only at the very beginning, the first time you get on your bicycle you cycle one k, so what, that was better than doing nothing yesterday.’

(Parent Participant, Focus Group)

What else could we have done to help you make more positive changes?

4.1 Participant feedback (contd.)

4.1.1.6 Community resources for healthy families

Schools were identified as the most important community resources to help children and their families adopt and maintain a healthy lifestyle. There was a perception that schools were not doing enough, and that what was taught in class about nutrition was undermined by the unhealthy food offered at school canteens despite the implementation of systems based on the WA Health Traffic Light System. One parent cited an example which highlighted this issue:

‘My daughter’s doing Year 8, she’s doing home economics. Guess what they’re cooking? Chocolate cake, simple as that. I mean, it’s nice to have, but they’re not taught that it’s nice to have a little bit, yes, and once in a blue moon it’s ok; but they don’t, they sit there and they have it for morning tea, chocolate cake.’

(Parent Participant, Focus Group)

Parents suggested that nutrition and physical activity programs should be introduced in schools earlier, starting in primary school, as it was perceived that the teenager years might be too late. One parent lamented that her other daughter had been too young to participate in CAFAP.

Parents wished for more accessible leisure centres where children could go while parents were at work, as entry fees were seen as a barrier to access. They also wished for community exercise groups, as it was perceived that everything had to go through sporting clubs, and more direction as to where to find people with similar interests to form a walking or cycling group.

Parents viewed programs such as CAFAP as beneficial because they combined physical activity with information about food, and they wished for more information on healthy food shops in their communities, and support for community gardens.

4.1.2 Adolescent feedback-past participants

A focus group involving four adolescents who had taken part in the program was held in May 2011 (see Appendix 5). (Adolescents and parents focus groups were in separate rooms).

4.1.2.1 Benefits of the program

All adolescents reported benefits from participating in the program, even though two indicated that it had been their parents’ decision and they had had no say in joining the program. Reported benefits from CAFAP included weight loss, increased energy, being able to join in sport activities with friends, and learning about nutrition and physical activity. One teenager enthusiastically commented:

‘I’m a success story, look at me now! I can run upstairs and do weights. You just need to look at me to see. I was so big before.’

(Teenage Participant, Focus Group)

Adolescents also reported acquiring goal-setting skills, and this was mentioned as a valuable benefit of the program.



4.1 Participant feedback (contd.)

4.1.2.2 Barriers and enablers to participation

Online advertising was seen as the most effective way of promoting the program and maximise participation, and having a website showing people having fun. Also, allowing the whole family to come along to the session – i.e. siblings, not just parent and child – was suggested, as was opening the program to older participants – 16- and 17-year-olds – because older adolescents had difficulty relating to younger ones. One teenager who was 15 at the time of the program commented:

‘There was only one person who was turning 15 at the end of the year, and they don’t really have much to talk about, and it’s just all of them were talking about their younger kinda things.’

(Teenage Participant, Focus Group)

Adolescents thought that the program should be run in the community. One teenager said they would have liked to do the program again, but the rest were unsure, and one pointed out that reminder lessons might be a better option to having to learn everything all over again.

Adolescents did not report any major barriers to keeping up with the program activities. Home activities were not experienced as a issue by adolescents, who even suggested that there should be more activities, with one teenager calling for one activity every day. Similarly, the majority of adolescents found the forms easy to complete, and no barriers were reported relating to completing the questionnaires and physical fitness tests.

Is there anything about the program that you think could potentially stop families enquiring about or joining the program?

4.1.2.3 Program content and format

Adolescents enjoyed the content of the program overall, and valued the fact that it included physical activity and nutrition components. They cited the cooking and nutrition sessions (reading food labels, visualisation of sugar content of drinks), as well as the exercise classes as the program components they had enjoyed the most. Goal-setting was also cited as valuable, and having more goal-setting exercises was suggested.

Feedback on the gym sessions suggests that adolescents did not find them challenging enough. Although adolescents made positive comments about the facilitators, they suggested that instructors should be stricter, and one teenager commented: ‘they need to be harder on kids’. It was also suggested that participants should be able to play their own music (iPod) during the sessions, or have music that ‘makes you exercise faster’. A buddy system was perceived as being motivating by most participants, and a buddy randomly allocated from within the group was preferred to a friend. Adolescents suggested ‘tag-teaming’, and one commented:

‘Would be great to train with someone else in the group. Random assignment would mean you meet more people. [You] could ‘tag-team’ one exercise until you can’t go anymore.’

(Teenage Participant, Focus Group)

In addition, adolescents suggested changing sports every week, as some found it boring to do the same sport every week, and one teenager reported not having participated in any sports during the program.

Setting up a website with lessons, tips and ideas was also suggested.

The timing of the sessions elicited mixed responses, and while some adolescents were happy to leave school early, one lamented having missed school.

4.1 Participant feedback (contd.)

4.1.2.4 Lifestyle changes as a result of CAFAP

Adolescents reported feeling fitter and stronger after completing the program. They also reported an increased awareness about junk food. All participants enjoyed the goal-setting exercises, and some reported having maintained their goal-setting skills following the completion of the program

In order to sustain the changes implemented as a result of CAFAP adolescents suggested having a website with more ideas and tips, and one teenager suggested that a virtual reality game should be developed that would involve whole body movement, pointing out that Wii Fit does not require whole body movement and can be played sitting down.

4.1.2.5 Community resources for healthy families

Teens cited team sports such as T-ball as community activities helping families stay healthy; also mentioned as beneficial were inter-school sports.

Is there anything in your community that you think could help your family to stay motivated to continue to make changes in your lives?

4.2 Potential participant feedback

In addition to the focus groups involving participants in CAFAP, feedback was sought from potential participants, including adolescents and parents. The aims were to obtain the views of potential participants on the program content and format, explore whether they would be interested in attending a program like CAFAP, and identify potential barriers and enablers to participation. Feedback was obtained through four focus groups involving 4 adult and 39 adolescent potential participants. In addition, feedback was obtained in writing from four additional parents and one adolescent. All feedback has been incorporated herein.

4.2.1 Adult feedback – potential participants

A focus group session involving four parents was held in July 2011 (see Appendix 6). In addition, feedback was also received in writing from four parents.

4.2.1.1 Sources of information on healthy programs

The majority of parents reported that they would seek information on programs on physical activity and nutrition for their children from their general practitioners. The Internet, school nurses, community sports centres, teachers, work colleagues and friends were also cited as potential sources of information.

Parents thought that a program like CAFAP would benefit their children as it would provide them with healthy lifestyle strategies. Parents valued the program's whole-family approach, and the combination of physical activity and nutrition components. One parent noted that it was important to have the information coming from somebody else, rather than from the parent to the child, while another pointed out that a program such as CAFAP would provide adolescents with a safe environment where they would not be harassed or bullied because of their weight issues.

4.2 Potential participant feedback (contd.)

4.2.1.2 Barriers and enablers to participation

Time and timing issues were commonly identified as the main barriers to joining and staying in the program, and these related to the time spent driving and fitting in other family commitments, including children's extracurricular activities and parents' work. Focus group participants indicated that the best time for the sessions would be immediately after school, and that the sessions would have to finish at 5pm at the latest; this was seen as the only window of opportunity between school and other extracurricular activities. To avoid rushing home and having to prepare a quick dinner, one parent suggested that each family could bring a healthy plate and share it with other participants at the venue.

Parents also identified the location of the sessions as a potential barrier to participation. The school was regarded as the best location, and one parent pointed out that giving the increasing price of fuel, the sessions should ideally be held within 10 kilometres.

Lack of recognition from parents that their child's weight is an issue was also identified as a potential barrier to joining the program. However, children's motivation was not seen as a barrier by most participants. One parent commented:

'I think most of them would be right, it's just the issue of... I mean, like my daughter didn't like doing phys ed here [the school] because of the attitude of the other kids, the skinny kids right, yeah, they kept harassing her and picking on her because of her weight.'

(Parent, Focus Group)

Cost was also cited as a potential barrier, and parents agreed that the program would need to be affordable, given the increasing cost of living and families' tight budgets. One parent said:

'The Government should see fit to subsidise something like this alright, 'cause they keep talking about 'we've gotta do something about the obesity of our children'. If they're not going to put the money forward, then there's... I mean I work two jobs just to try and make ends meet, I don't have the extra money to spend on stuff like this.'

(Parent, Focus Group)

Among parents who took part in the focus group, there was a perception that paying a small fee per session – an upfront payment was considered unaffordable – would be preferable to having free sessions. One parent explained:

'I think it was made free too, you might get people who might not really wanna be there for the right reasons, and it might be a bit too overcrowded.'

(Parent, Focus Group)

With regard to barriers to staying in the program, other commitments – including work commitments and children's other interests and extracurricular activities – were seen as potential barriers. Some parents also thought that they might stop being involved in the program if they or their kids did not enjoy the program, or if the kids were pushed too hard. One parent noted:

'I think the only thing that would really stop somebody would be a huge personality conflict, right, with the kids with the trainers, instructors, whoever is running it, 'cause if the child doesn't like the person, they're not gonna sit there and listen.'

(Parent, Focus Group)

Only one parent raised the duration of the program as a potential barrier.

Parents suggested strategies to engage families and encourage them to stay involved in the program. These strategies included: having a variety of sessions so that parents can choose the time that suits them, making the program fun, praising the kids for the efforts, setting goals, and having rewards at the end of the program.

Advertising the program through major radio stations – particularly those that are popular with adolescents – was seen as the most effective way to encourage families to attend the program. Parents also mentioned leaflet drops and advertising in the healthy food section of supermarkets. Sending a notification in school newsletters was also seen as an effective strategy, as the program would be linked in with the school, kids would know about it, and parents would be more likely to read the school newsletter that is mailed to them than the community paper.

4.2 Potential participant feedback (contd.)

Parents suggested setting up a website with all necessary information about the program, including testimonials from previous participants, and an on-line registration form with payment abilities. Parents suggested that the program should be advertised as a lifestyle change, as the following exchange between parents attending the focus group illustrates:

‘Say ‘we’re about a lifestyle change’, not a diet, ‘cause that’s what you need to do, actually, a lifestyle change, otherwise you’re just gonna yo-yo for your whole life.

Like feeling healthier, more than looking healthier. And feeling better within yourself.’

(Parents, Focus Group)

This approach was thought to be motivating for adolescents:

‘I think at this age, liking who they are and who lives inside their skin, being proud of themselves, is important to them.’

(Parent, Focus Group)

Parents believed that adolescents should attend the course willingly, for ‘the right reasons’. When discussing possible incentives to participation, vouchers – for example for a sporting shop – were seen as a good alternative to money. One parent despaired that school rewards tend to be lollies or vouchers for fast-food outlets.

Who would you ask or where would you look for information about a program about nutrition and physical activity for teens?

4.2.1.3 Program content and format

Parents were keen to participate in joint sessions with their children, and they thought that combining joint sessions where parents and children are together and learn together with separate sessions for adults and adolescents was the best approach. Most parents said that they would be happy to join their children during the first gym session, although one thought that the first session should be tailored to what each child wants to achieve, and another pointed out that they would discuss it with their child first.

In terms of program content, parents valued learning something new each week, for example, learning a new recipe every week and how to adapt it to different family sizes. They also valued having the opportunity to ask questions.

E-mailing electronic copies of the follow-up forms was perceived as the most effective strategy to get families to complete them, as parents pointed out that children were already working on computers. Having no postage involved was seen as an additional advantage. In addition, parents suggested keeping the questions to a minimum and using a simple format – for example agree/disagree boxes to tick. Parents suggested arranging the tests and measurements immediately after school, and negotiable times and reminder phone calls were also suggested as additional strategies to maximise participation in follow-up activities.

4.2.1.4 Maintaining changes after completion of the program

Parents believed that seeing the beneficial results of the program would keep the whole family motivated to maintain lifestyle changes. They thought that providing online support would help families upon completion of the program, and they suggested creating a website with recipes and tips for exercise.

4.2 Potential participant feedback (contd.)

4.2.1.5 Community resources for healthy families

Among the existing community resources which might help keep their families healthy, parents cited public parks with physical activity equipment, gyms, local sports clubs, and community health centres. Finding the time and inclination to go were seen as barriers. Parents reported limited awareness of similar programs available in the community. One parent mentioned that her local community sports centre had planned to run a program for teens and pre-teens, but it was cancelled because of lack of interest.

Parents' wish list for their community included having gyms accessible to all ages. One parent pointed out that adolescents cannot access gyms until they are 16, and another lamented that high schools do not have gym equipment for adolescents who do not enjoy playing sports. Parents also wished for more family events involving parents and young kids, community fun days targeting being outdoors and having fun, on-going healthy programs, information meetings, and annual health check-ups. Finally, parents wished for more activities for kids who do not enjoy sports; cadets programs were mentioned as a good alternative (Emergency, Navy, Air Force), however, their location was seen as a barrier to access.

4.2.2 Adolescent feedback – potential participants

The views of adolescents were mainly captured through three focus groups; the sessions involved 39 adolescents in the same age group as that targeted by CAFAP and were held in June 2011 (see Appendix 7).

4.2.2.1 Sources of information about lifestyle programs

The Internet and the gym were the most commonly cited potential sources of information about programs on nutrition and physical activity for teens. School resources (brochures, student services, school principal) were also mentioned. Although one teenager mentioned the school nurse as a potential source of information during one of the focus groups, other participants disagreed as they were concerned about confidentiality issues and feeling self-conscious. Advertising campaigns on TV, notice boards in shopping centres and chemists were also cited as potential sources of information.

Adolescents thought they would be interested in taking part in a program such as CAFAP if it was free (so 'you're not forced to drop out for lack of money'), and other friends had done it. Having a role model supporting the program, for example an AFL team, was suggested as a strategy to promote the program. Adolescents believed that learning practical skills related to food and creating a safe environment where overweight kids would not have the fear of being bullied were important aspects of the program.



4.2 Potential participant feedback (contd.)

4.2.2.2 Barriers and enablers to participation

Adolescents thought that lacking motivation and not liking exercise would be barriers to joining the program. The fear of being alone (without their friends) was also raised as a significant barrier and hinted at the impact of social networks on their well-being; one teenager commented:

'If you feel alone going there, that's really bad.'
(Female Teenager, Focus Group 2)

Adolescents believe that being with other adolescents they did not know might be confronting. An exchange between two adolescents during one of the focus groups highlighted some of the perceived social implications of attending a program such as CAFAP:

'I don't think that adolescents would like to admit that they're overweight.'

'Yeah. The reputation of having to go there [the program] and stuff.'
(Male Teenager, Female Teenager, Focus Group 1)

The location of the venue (too far away) was also seen as a potential barrier to joining the program, as was any cost involved.

With regard to families, adolescents identified time as a barrier to joining the program, as families are busy. Lack of information about the program was also mentioned as a potential barrier, as was lack of awareness and education among parents; an exchange between two students highlights these issues:

'If your family think it's ok to live like that, like nothing's happened now, what would happen like three years later. And also if they're already used to the fact that they're obese, if they see someone suffering, say, going to the gym, and if their daughter or son's getting stressed out from the exercise, they'll think 'oh, you're ok being obese, let's not do it'.'

'Some people don't have parents who are really that smart; they haven't had an education possibly. I mean, some people also have parents who are addicted to drugs or alcohol, and that possibly could impact on them'
(Female Teenager and Male Teenager, Focus Group 2)

One student pointed out that some parents do not trust the Government, and they might not trust a program which they perceived as being promoted by a Government-funded institution such as a university.

Adolescents suggested that kids would be encouraged to join the program if their friends had done it, to fit in better at school and gain self-confidence. They suggested promoting the program through schools, having brochures which teachers or physical education staff could discuss with students. One teenager explained:

'I think definitely having the teachers talking to the class, so that the class actually knows that there is such program, and then the teacher would have more information, like 'we have this brochure, just come and ask any time you want'.'
(Male Teenager, Focus Group 2)

Having somebody who had taken part in the program promote it or appear in a promotional video was also suggested, as that was perceived as a proof that the program works. Offering fun activities, and tailoring the program to kids, getting them to say what they want to get out of the program were also seen as strategies that would encourage adolescents to join the program. When asked to give their opinion on rewards, adolescents preferred money to a specific item which might not be of interest to them. Other than money, something that would promote a healthy lifestyle was favoured, and adolescents suggested iPods (reasoning that one can exercise with them), gym equipment, or a gift card.

Adolescents cited not seeing any results, not enjoying the program, and lack of motivation as barriers to staying involved in the program, and they suggested having rewards such as a gift voucher or an excursion when reaching specific goals during the program. Participants at one of the focus group perceived the eight-week program as too big a commitment for families; however other adolescents regarded the duration of the program positively, as it would help families get into 'the groove of things' and they would be more likely to continue with the program.

4.2 Potential participant feedback (contd.)

Adolescents suggested giving special treatment to kids who are not motivated or not good at socialising, and one teenager alluded to the ‘teenage mothers programs’ in place at some schools and suggested having a ‘friendly face’ liaising with participants and monitoring attendance. Adolescents believed that families should be asked about the program and what could be done better. Finally, adolescents suggested keeping in contact with others and creating a network of participants in the program.

4.2.2.3 Program content and format

Adolescents identified having music, having a good, supportive trainer, and having the support of family and friends as enabling teens to enjoy the gym sessions. Adolescents suggested having games and group activities and one female participant suggested dancing. In addition, an outing, for example rock-climbing, was suggested, as it would encourage kids and show them what they could achieve at the end of the program which they might have been unable to achieve before. Teens thought that the sessions should get harder every week, which would help participants to push themselves.

A buddy system for the gym sessions was seen as beneficial, as it would make participants feel less lonely, and a buddy of a similar age was preferred. Adolescents identified potential drawbacks to the buddy system if they were assigned somebody they disliked, or the buddy lacked commitment or was too competitive and put them down. A mix of genders for the gym sessions was favoured by most adolescents, but a buddy of the same gender was preferred.

Would having a buddy training with you help? How?

Adolescents suggested that the forms should be short and easy to complete, preferably consisting of multiple choice questions; and they said that participants should be given a choice between a paper version and an electronic version which could be e-mailed. Sending messages through Facebook was also mentioned as a strategy to encourage kids to complete the forms. In order to maximise participation in follow-up questionnaires and tests, adolescents suggested having a program facilitator who remained in contact and liaised with teens after the program. One teenager pointed out:

‘Once you’ve moved on, you don’t feel as comfortable talking to them again’

(Male Teenager, Focus Group 2)

4.2.2.4 Maintaining changes after the program

Adolescents thought that seeing good results (not just losing weight, but ‘feeling so much healthier in yourself’), and having family support would encourage participants to maintain lifestyle changes adopted during the program. When discussing the role of the parents, one teenager commented:

‘Cause it’s a lot about the parent. You need to get the parent involved because, like you said, they’re in control of the food and, like, the computer playing and stuff. So basically you have to talk to the parent, I guess, and then make them see what they’re doing to their child – they have to do this.’

(Female Teenager, Focus Group 1)

Getting support from others participants in the program was identified as important, and adolescents suggested keeping in touch, having meetings and organising reunions inviting former participants. Adolescents also suggested that they program should provide a brochure with tips and advice on what to do after the program.

4.2 Potential participant feedback (contd.)

4.2.2.5 Community resources for healthy families

Local parks and gyms were the most commonly cited community resources which might help family stay healthy. However, gyms were perceived as expensive, and lack of motivation was also seen as a barrier. One teenager commented:

'It's more deciding if you're gonna get that help, if you've got to go to the gym, it's not that the gym goes to you.'

(Female Teenager, Focus Group 2)

Adolescents also mentioned skate parks, cycling routes, and facilities for those interested in basketball, football or gymnastics, however, some adolescents pointed out that not everybody was interested in sports. One student mentioned the availability of healthy recipes on the notice board at their local shopping centre.

Adolescents wished for a one-stop-shop where they could find information on all the available programs which were relevant to their age group. They also wished for more family-friendly activities in their community, and for affordable and healthy alternatives to fast food, as it was perceived that healthy food was more expensive.

4.2.2.6 Feedback on recruitment flyers

Adolescents were invited to provide feedback on the recruitment flyer used during Stage 1, and they were also invited to comment on three alternative flyers with different designs and colour schemes.

CAFAP flyer

Adolescents valued positively that the flyer highlighted that the program was free; they also liked that it included Curtin University's name, which they perceived as giving credibility to the program. However, adolescents thought that there was too much writing on the flyer, and that it looked 'a bit like everybody else's'.

Activ8 flyer

Good pictures and good facts were among the positive features highlighted by adolescents. The dark colour scheme elicited strong mixed responses, and while some thought that the black background made it stand out, others thought it might make people not notice it.

Some thought that the dramatic colour was good because it conveyed the message that obesity is bad and you should do something about it, and one teenager compared it to other advertising campaigns:

'When you see those car crash ones, and you see the anti-drugs ads and that, and they're all really dark, you know.'

(Male Teenager, Focus Group 2)

Contrasting with this view, another teenager thought it was 'scary', adding:

'It looks like you're going to get tortured or something.'

(Male, Focus Group 2)

Stepping Stones flyer

Adolescents liked the colour and the picture, however, they thought there was too much information and suggested having the stepping stones as the main feature on the first page and the information on the course on another page.

Ph:t flyer

Adolescents liked the name, which they said was 'cool' and 'clever', and they appreciated the fact that the adolescents on the image looked like real adolescents. They also thought that the message 'time to take action' connected with people.

Could you look at these four flyers and tell me which you like and why?

References

1. Broom, A 2005, 'Using qualitative interviews in CAM research: a guide to study design, data collection and data analysis', *Complimentary Therapies in Medicine*, vol. 13, pp. 65-73.
2. Pope, C, Ziebland, S & Mays, N 2000, 'Qualitative research in health care: analysing qualitative data', *British Medical Journal*, vol. 320, pp. 114-116.
3. Roding, K & Nordenram, G 2005, 'Students' perceived experience of university admission based on tests and interviews', *European Journal of Dental Education*, vol. 9, pp. 171-179.



Appendices

- Appendix 1. Focus group protocol
- Appendix 2. Information sheet
- Appendix 3. Consent forms
- Appendix 4. Focus group questions – Adult -
past participants
- Appendix 5. Focus group questions –
Adolescent - past participants
- Appendix 6. Focus group questions – Adult -
potential participants
- Appendix 7. Focus group questions –
Adolescent - potential participants

FOCUS GROUP PROTOCOL

My name is _____ (facilitator) and this is _____ (observer). We are both from Curtin University. We are here today to discuss a program we have developed named CAFAP or the Curtin University's Activity, Food and Attitudes Program (CAFAP). CAFAP encourages families to become healthier through a healthy diet, regular exercise and healthy attitudes. It is not a weight loss program however research has found that a healthy lifestyle program can help people to find a stable and healthy weight.

Before we start our discussion, I would like to go over a few formalities of this session. You will notice a consent form in front of you. If you are happy to be involved in the discussion after reading the consent form, please sign the form and return it to the group facilitator.

You have been supplied with a nametag to make it easy to identify everyone in today's discussion group. Do you have any questions or comments before we start?

Just before we get started I would like to go through some information about the procedure of the focus group.

GROUP RULES

Confidentiality

We are recording this session. This is because we consider all the information you provide us is important and don't want to miss any of it. The information will be typed up and you will not be identified in any reports from the study.

Honesty

Please answer the questions honestly. There are no right or wrong answers and we are interested in hearing your opinion. Tell us what you really think and feel not what you think you should feel, or what you think we want to hear.

Speaking

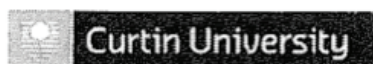
To ensure that everyone gets a chance to speak we ask that only one of you speak at a time. If someone is speaking wait until they are finished and then speak. You may not always agree with what another person has said. We want to hear that, but remember that we all have the right to express our own thoughts and feelings.

Freedom to Leave

If anyone is uncomfortable with anything that we talk about at any time please feel free to leave the room or sit quietly and not comment.

Terminology

We will be using the term 'CAFAP' when discussing the Curtin University's Activity, Food and Attitudes Program. Please feel free to ask for clarification on any point as we go through our discussion today.



Participant Information Sheet

Title: Enhancing activity, nutrition and mental health in overweight adolescents: Stage 1

Name of Investigators: Professor Leon Straker, Associate Professor Alexandra McManus, Associate Professor Deborah Kerr, Dr Angela Fielding, Dr Melissa Davis, Emily Ward, Kyla Smith, Dr Anne Smith, Dr Rebecca Abbott, Professor Tim Olds and Professor Tony Wright

General Purpose, Methods and Demands:

Around a quarter of Australian teenagers are overweight, which increases their risk of poor physical and mental health. Effective programs are urgently needed to help overweight teenagers develop and maintain healthy activity, food and attitude habits.

Curtin University has developed a special program for overweight teenagers and their families. The aim of this project is to gain information from overweight teenagers and their families on how to make this program as easy, effective and the results as long lasting as possible.

Adolescents who are overweight and aged 12-16 years, and their parents/carers, will be invited to participate in a focus group to obtain their opinions about Curtin's healthy lifestyle program. A focus group helps researchers to find out what people think about certain products or services. A trained facilitator will run the focus group by asking a series of questions to help group members discuss their thoughts, perceptions and opinions. During our focus groups we will ask a series of questions to help teenagers and parents/carers discuss what they think may work well and what could be improved for the healthy lifestyle program.

You have been invited to attend a focus group with 8-10 people at a convenient location.

- Separate groups will be run for adolescents and parents/carers.
- The discussion will take 1 hour of your time.
- The person leading the focus group will make an audio-tape recording of the discussion but your name will not be attached to any comments. During the discussion, you may use a name other than your own if you wish.
- We will also ask you to fill out a short questionnaire detailing age and school level details. Your name will not be recorded on this sheet.
- We will give you a gift voucher for \$20 at the end of the discussion, in recognition of your time and effort.

Risks, Discomforts and Benefits:

You will only participate if your parent/you are satisfied you understand what is expected of you and the risks, discomforts and benefits of the study.

The main risk to you is the discomfort of thinking and talking about why you/your child is overweight. This may be the main benefit to you/your family also, as it may help you to develop healthier habits.

Your input will help us develop a better program and so help other teenagers and their families develop better habits and so live happier, healthier lives.

Appendix 2. Information sheet (contd.)

Confidentiality:

All information provided by you will be confidential and no personal identifying details will be collected. Your identity will not be disclosed in any published material resulting from the study.

Request for more information:

You/your parent are encouraged to discuss any concerns you have regarding the study with study staff at any time. If you would like, we can send you a copy of the summary of the study when we have analysed all the discussions.

Consent to Participate:

If you decide to participate in this study after considering this information, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without discrimination, judgment or penalty.

Further Information:

If you have any further queries, please don't hesitate to contact Professor Leon Straker on 92663634 or l.straker@curtin.edu.au

This study has been approved by the Curtin University Human Research Ethics Committee (Approval number HR30/2011). The committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. Its main role is to protect participants. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth WA 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au

Thank you very much for your involvement in this research, your participation is greatly appreciated and will help improve the health of Australian teenagers.



Participant Consent Form – Parent/Carer

Title: Enhancing activity, nutrition and mental health in overweight adolescents: Stage 1

Name of Investigators: Professor Leon Straker, Associate Professor Alexandra McManus, Associate Professor Deborah Kerr, Dr Angela Fielding, Dr Melissa Davis, Emily Ward, Kyla Smith, Dr Anne Smith, Dr Rebecca Abbott, Professor Tim Olds and Professor Tony Wright

I have read the Participant Information Sheet. Any questions I have asked have been answered to my satisfaction. I agree to participate in this research but understand that I can change my mind or stop at any time. I understand that all information provided is treated as confidential. I agree that research gathered for this study may be published provided names or any other information that may identify me is not used.

- I understand the purpose and procedures of the focus group.
- I have been provided with the participant information sheet.
- I understand that the focus group itself may not benefit me.
- I agree for this focus group to be tape recorded.
- I understand that my involvement is voluntary and I can withdraw at any time without prejudice.
- I understand that all information will be securely stored for 5 years before being destroyed.
- I have been given the opportunity to ask questions.
- I agree to participate in the study outlined to me.

Participant

Date

Investigator

Date



Participant Consent Form – Adolescent

Title: Enhancing activity, nutrition and mental health in overweight adolescents: Stage 1

Name of Investigators: Professor Leon Straker, Associate Professor Alexandra McManus, Associate Professor Deborah Kerr, Dr Angela Fielding, Dr Melissa Davis, Emily Ward, Kyla Smith, Dr Anne Smith, Dr Rebecca Abbott, Professor Tim Olds and Professor Tony Wright

I have read the information Participant Information Sheet. Any questions I have asked have been answered to my satisfaction. I agree to allow my child to participate/to participate in this research but understand that my child/I can change my mind and stop at any time. I understand that all information provided is treated as confidential. I agree that research gathered for this study may be published, provided names or any other information that may identify my child/me is not used.

- I understand the purpose and procedures of the focus group.
- I have been provided with the participant information sheet.
- I understand that the focus group itself may not benefit me.
- I agree for this focus group to be tape recorded.
- I understand that my involvement is voluntary and I can withdraw at any time without prejudice.
- I understand that all information will be securely stored for 5 years before being destroyed.
- I have been given the opportunity to ask questions.
- Parent – I consent to my child participating.
- Teenager – I assent to participate in the study outlined.

Parent/guardian Date

Participant (teenager) Date

Investigator Date

Appendix 4. Focus group questions – Adult - past participants

FINDING OUT ABOUT AND GETTING INTERESTED IN THE PROGRAM

- Q1. How did you hear about CAFAP?
- Q2. What made you and your family decide to be part of CAFAP?
- Q3. What were some of the things you weighed up in making your decision to be part of CAFAP? Positives? Negatives?
- Q4. Is there anything about the program that you think could potentially stop families enquiring about or joining the program?
- Q5. What were the benefits to you and your family of being part of CAFAP?
- Q6. What challenges, if any, did you or your family have sticking with the program?
- Q7. Some people had trouble remembering to do the home activities. Would it have helped if we had reminded you via SMS or email?
- Q8. Did you or your family have any problems filling out or returning the forms during the program? What were these problems (if any)?
- Q9. Did you or your family have any problems doing the questionnaires or the physical fitness tests?

KEEPING UP THE CHANGES

We are interested in your opinion about the program content. That is if you felt the people who led each session knew what they were doing and if the sessions fitted together well.

- Q10. Can you tell me what you thought of the content of the program overall?
- Q11. What did you think about the people who led the sessions?
 - Did the sessions flow well week to week?*
 - Did the facilitators seem to know what they were talking about?*
 - Were the people who led the sessions easy to talk with?*
 - Did they seem genuinely interested in you and your opinions?*
 - Did each session build on the previous sessions?*
- Q12. Which parts of the program did you like best?
- Q13. Which parts did not help or could have been better?
- Q14. What changes have you made because of CAFAP? Positives? Negatives?
- Q15. What did you think of the goals setting during the program?
 - How could make goal setting more useful to your family?
- Q16. What else could we have done to help you make more positive changes?
- Q17. Sometimes we had trouble getting families to come back for testing 3 and 6 months after the program finished.
 - Q17a Was this a problem for your family?
 - Q17b How could we make this easier for families?
- Q18. What do you think would help you to continue to make positive changes in your life after a program like CAFAP has finished?
- Q19. Is there anything in your community that you think could help your family to stay motivated to continue to make changes in your lives?
- Q20. If you had a wish list, what other services or support do you think would help your family to become healthier?
- Q21. Is there anything else you would like to raise about their experiences with CAFAP?

Appendix 5. Focus group questions – Adolescent - past participants

FINDING OUT ABOUT AND GETTING INTERESTED IN THE PROGRAM

- Q1. How did you hear about CAFAP?
- Q2. What made you and your family decide to be part of CAFAP?
- Q3. What were some of the things you weighed up in making your decision to be part of CAFAP? Positives? Negatives?
- Q4. Is there anything about the program that you think could potentially stop families enquiring about or joining the program?

STAYING WITH THE PROGRAM

- Q5. What were the benefits to you and your family of being part of CAFAP?
- Q6. What challenges, if any, did you or your family have sticking with the program?
- Q7. Some people had trouble remembering to do the home activities. Would it have helped if we had reminded you via SMS or email?
- Q8. Did you or your family have any problems filling out or returning the forms during the program? What were these problems (if any)?
- Q9. Did you or your family have any problems doing the questionnaires or the physical fitness tests?
- Q10. Sometimes it is hard to stay motivated during the gym sessions and to put in an effort all the time. Is there anything that you can think of that would have helped you work hard and stay motivated during the gym sessions?
- Q11. Would having a buddy train with you have helped? How?

KEEPING UP THE CHANGES

We are interested in your opinion about the program content. That is if you felt the people who led each session knew what they were doing and if the sessions fitted together well.

- Q12. Can you tell me what you thought of the content of the program overall?
- Q13. What did you think about the people who led the sessions?
 - Did the sessions flow well week to week?
 - Did the facilitators seem to know what they were talking about?
 - Were the people who led the sessions easy to talk with?
 - Did they seem genuinely interested in you and your opinions?
 - Did each session build on the previous sessions?
- Q14. Which parts of the program did you like best?
- Q15. Which parts did not help or could have been better?
- Q16. What changes have you made because of CAFAP? Positives? Negatives?
- Q17. What did you think of the goals setting during the program?
 - How could make goal setting more useful to your family?
- Q18. What else could we have done to help you make more positive changes?
- Q19. Sometimes we had trouble getting families to come back for testing 3 and 6 months after the program finished.
 - Q19a Was this a problem for your family?
 - Q19b How could we make this easier for families?
- Q20. What do you think would help you to continue to make positive changes in your life after a program like CAFAP has finished?
- Q21. Is there anything in your community that you think could help your family to stay motivated to continue to make changes in your lives?
- Q22. If you had a wish list, what other services or support do you think would help your family to become healthier?
- Q23. Is there anything else you would like to raise about their experiences with CAFAP?

Appendix 6. Focus group questions – Adult - potential participants

FINDING OUT ABOUT AND GETTING INTERESTED IN THE PROGRAM

- Q1. Who would you ask or where would you look for information about a program about nutrition and physical activity for teens?

The CAFAP is a free activity and nutrition program for teens aged 12-16 years who are overweight. The program involves the whole family, showing both teens and their parents what they need to do to get their weight, health and lifestyle back on track. CAFAP will take place in local gyms or community centres.

It runs for eight weeks during school term, with two sessions each week (each session is two hours). Teens spend the first part of every lesson in the gym with a physiotherapist while parents talk with dietitians, social workers or physiotherapists. Everyone works together in the second part of each session to learn practical skills relating to food, activity and how attitude can help us to be healthier.

- Q2. What would get you interested in a program like CAFAP?

STAYING WITH THE PROGRAM

- Q3. What do you think could stop families joining a program like CAFAP?
Q4. What do you think could stop families staying involved in a program like CAFAP?
Q5. How could we overcome these problems?
Q6. What would encourage you and your child to join CAFAP?
Q7. Would you like to be involved in the first one or two gym sessions with your child?

KEEPING UP WITH THE CHANGES

- Q8. Forms need to be completed before, during and after the program. We have had some trouble getting families to come back for testing 3 and 6 months after the program finished.
Q8a. What would encourage you to complete the forms we need?
Q8b. How could we make this easier to fill out the forms and get them back?
Q9. What do you think would help you and your family to continue to make positive changes in your life after a program like CAFAP has finished?
Q10. Is there anything in your local community now that could help you and you family to be healthier?
Q11. What services or support in your community do you think would help your family to become healthier?

Appendix 7. Focus group questions – Adolescent - potential participants

FINDING OUT ABOUT AND GETTING INTERESTED IN THE PROGRAM

- Q1. Who would you ask or where would you look for information about a program about nutrition and physical activity for teens?

The CAFAP is a free activity and nutrition program for teens aged 12-16 years who are overweight. The program involves the whole family, showing both teens and their parents what they need to do to get their weight, health and lifestyle back on track. CAFAP will take place in local gyms or community centres.

It runs for eight weeks during school term, with two sessions each week (each session is two hours). Teens spend the first part of every lesson in the gym with a physiotherapist while parents talk with dietitians, social workers or physiotherapists. Everyone works together in the second part of each session to learn practical skills relating to food, activity and how attitude can help us to be healthier.

- Q2. What would get you interested in a program like CAFAP?
- Q3. Here is a sample of our advertising flyer.
- Q3a. How would you decide if this program could help you?
- Q3b. What would encourage you to ask about a program like CAFAP?
- Q3c. What would put you off being involved in CAFAP?
- Q3d. What do you think would be the most important things we could do to help teens your age to be involved in an activity and nutrition program like CAFAP?

STAYING WITH THE PROGRAM

- Q4. What do you think could stop families joining a program like CAFAP?
- Q5. What do you think could stop families staying involved in a program like CAFAP?
Prompts: not knowing other teenagers in the group, time (after school), length of program, other after school commitments lack of interest
- Q6. How could we overcome these problems?
- Q7. What would encourage you to join CAFAP?
- Q8. What do you think would keep you motivated to stay with the gym part of the program?
- Q9. Would having a buddy training with you help? How?
- Q10. Do prefer people training with you to be the same age as you? Why?
- Q11. Do you have any preferences about the gender of people training in your group?

KEEPING UP WITH THE CHANGES

- Q12. Forms need to be completed before, during and after the program. We have had some trouble getting families to come back for testing 3 and 6 months after the program finished.
- Q12a. What would encourage you to complete the forms we need?
- Q12b. How could we make this easier to fill out the forms and get them back?
- Q13. What do you think would help you to continue to make positive changes in your life after a program like CAFAP has finished?
- Q14. Is there anything in your local community now that could help you and you family to be healthier?
- Q15. What services or support in your community do you think would help your family to become healthier?
- Q16. Could you look at these four flyers and tell me which you like and why?

Are you a teenager who is overweight?

OR

Are you the parent or carer of a teenager
who is overweight?

We are looking for teenagers aged 12-16 years who
are overweight, and their families, to be involved in
Curtin University's Activity, Food and Attitudes Program (CAFAP).



Curtin University's Activity, Food and Attitudes Program

What is it:

- CAFAP is a FREE program designed for teenagers who are overweight.
- It runs for 8 weeks, during the school term, with twice weekly sessions.
- Teenagers spend the first part of every session in the gym with our physiotherapist.
- Parents spend the first part of every session with the dietitian, social worker or psychologist learning about how to help their teenager.
- Teenagers and parents work together in the second part of the session to learn practical skills relating to food, activity and attitudes.

When is it:

- CAFAP runs every term.
- The next CAFAP group starts on _____

Where is it:

- CAFAP is run from two different sites in the Perth metro area.
 - MIDLAND: Midland community centre, 00 Something St, MIDLAND 6050
 - COCKBURN CENTRAL: Cockburn community centre, 11 Another St, SUCCESS 6160
- Families can choose which location is more convenient for them.

More info:

- Phone Kyla (Study Coordinator) on 9266 3694
- Email Kyla on cafap@curtin.edu.au
- Check us out on facebook

AKTIV8

Because it's time to activate yourself



What's holding you back? If it's your weight, we can help.

Living a fully activated life is all about getting everything in balance - particularly food and exercise. If you're not getting the balance right, and weight is an issue for you, you're not alone - an estimated 1.5 million Australians under the age of 18 are overweight or obese. If the trend continues, by 2020 a third of all children and young people in Australia will be overweight.

Aktiv8 is a free activity and nutrition program for teenagers aged 12-16 who are overweight. The program involves the whole family, showing both teens and their parents what they need to do to get their weight, health and lifestyle back on track. **Aktiv8** is run by Curtin University, but takes place at a local gym in your area, supported by a team of trainers, dieticians and social workers. Most importantly, **Aktiv8** is great fun.

Aktiv8 has already helped many Australian teenagers to get their weight under control and to feel great about themselves again. Check it out online to find out more.

AKTIV8.COM.AU



stepping stones

“

I need to take some steps to deal with my weight.

”



Well done.

Admitting this is the first one.

More and more young Australians are realising that eating the wrong food and not being active enough is having a big impact on their lives, and how they feel about themselves. In fact, an estimated 1.5 million Australians under the age of 18 are overweight or obese. If the trend continues, by 2020 a third of all children and young people in Australia will be overweight. It's time to take action.

Stepping Stones is a free activity and nutrition program for teenagers aged 12-16 who are overweight. The program involves the whole family, showing both teens and their parents the steps they need to take to do to get their weight, health and lifestyle back on track. **Stepping Stones** is run by Curtin University, but takes place at a local gym in your area, supported by a team of trainers, dieticians and social workers. Most importantly, **Stepping Stones** is great fun.

Stepping Stones has already helped many Australian teenagers to get their weight under control and to feel great about themselves again. Check it out online to find out more.

steppingstones.org.au



Search "stepping stones Australia"

A quiet little question for teenagers and parents of teenagers...

Are you a bit worried about your weight, or about the weight of your teenaged kids?

You're not alone - an estimated 1.5 million Australians under the age of 18 are overweight or obese. If the trend continues, by 2020 a third of all children and young people in Australia will be overweight. It's time to take action.

Phit is a free activity and nutrition program for teenagers aged 12-16 who are overweight. The program involves the whole family, showing both teens and their parents what they need to do to get their weight, health and lifestyle back on track. **Phit** is run by Curtin University, but takes place at a local gym in your area, supported by a team of trainers, dieticians and social workers. Most importantly, **Phit** is great fun.

Phit has already helped many Australian teenagers to get their weight under control and to feel great about themselves again. Check it out online to find out more.

Phit

The nutrition & activity
program for teens



phitteens.com.au



Search "phitteens"

A stylized human figure is composed of numerous thin, orange, rectangular strips. The strips are arranged to form the head, torso, arms, and legs of a person in a dynamic, slightly twisted pose. The figure is positioned on the left side of a dark teal, rounded shape that serves as a background for the text.

*Physical Activity
and Nutrition
Research*