Our evaluation study identifies facilitators and barriers to participation among families participating in the treatment arm of Stanford ECHALE. This culturally tailored obesity prevention trial consisted of a combined intervention with two main treatment components: 1) a folkloric dance program; and 2) a screen time reduction curriculum designed for 7–11 year old Latinas and their families. We conducted 83 interviews (40 parents and 43 girls) in participant homes after 6 months of enrollment in the ECHALE trial. The Spradley ethnographic method and NVivo 8.0 were used to code and analyze narrative data. Three domains emerged for understanding participation: 1) family cohesiveness; 2) perceived gains; and 3) culturally relevant program structure. Two domains emerged for non-participation: program requirements and perceived discomforts. Non-parametric, Spearman’s rank correlation coefficients were calculated to assess the relationships with participant attendance data. Sustained participation was most strongly influenced by the domain perceived gains when parents reported better self-esteem, confidence, improved attitude, improved grades, etc. (Spearman r = .45, P = .003). Alternatively, under the domain, perceived discomforts, with subthemes such as child bullying, participation in the combined intervention was inversely associated with attendance (Spearman r = -.38, P = .02). Family-centered, school-based, community obesity prevention programs that focus on tangible short-term gains for girls may generate greater participation rates, enhance social capital, and promote community empowerment. These factors can be emphasized in future obesity prevention program design and implementation. (Ethn Dis. 2013; 23[4]:452-461)

Key Words: Obesity Prevention, Behavioral Health Interventions, Girls, Latinos

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INTRODUCTION

High rates of obesity and subsequent diabetes exist among Latino youth1–7 and are associated with heart disease, and lower life expectancies.8 There is a need for effective prevention programs for Latino youth.9–11 Despite the progress made in programs designed to reverse excessive weight gain among children, obesity remains a major public health concern.7,12 In the United States, increases in obesity among Latino children13–14 have reached epidemic proportions and among Mexican American girls, rates remain persistent at 18.6 percent.3,4,7 Moreover, this rise in obesity contributes to co-existence of type 2 diabetes in children.15–18 Researchers conservatively estimate that the lifetime risk of developing diabetes (both Type 1 and Type 2) for Mexican American youth born in 2000 or later is 45.4% for boys and 52.5% for girls. Decreased life expectancy is predicted for these children.8 Moreover, the built environment where many Latinos live limits opportunities for physical activity and increases the opportunities for engaging in sedentary behavior such as screen time (ie, television, videos, and computer). These factors may also contribute to excessive weight gain.19–20

The purpose of our research was to identify facilitators and barriers to participation in the treatment arm of the Stanford Expressing Culture and Health through Activity and Lifestyle Education (ECHALE) Study. The Stanford ECHALE was a culturally tailored obesity prevention trial where the treatment arm consisted of a combined intervention with two main treatment components: 1) a folkloric dance program; and 2) a screen time reduction curriculum designed for 7–11 year old Latinas and their families. This solution-oriented research design, targeted young Latinas in the low-income neighborhoods where they lived and attended school. Solution-oriented research is designed to directly inform practice and policy questions, such as what works and how to implement it, through experimental research, rather than studying causes and risk factors.21

METHODS

Participants

We randomly selected 78 families out of 128 families randomized to the ECHALE trial treatment condition. These 78 families were called by telephone and invited to participate in this ethnographic sub-study. We stopped recruitment when we enrolled the a priori desired sample size of 40 families (including 43 girls). Parents