Exploring Rural People’s Perceptions of Weight-Healthy Attributes of Community Place

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Background
Generating Rural Options for Weight (GROW) Healthy Kids and Communities aims to prevent overweight and obesity in rural children and communities. Many characteristics of rural communities are associated with overweight and obesity in children, including environmental attributes that make it difficult for children to access and consume healthy foods and participate in physical activity to maintain a balanced energy equation.

Methods
GROW:HKC encourages community health action through resident engagement in research that uses various activities to identify supports/barriers to healthy eating and physical activity. HEAL MAPPS™ is the tool developed by GROW HKC researchers to help collect the qualitative data with and from communities.

Results

Personal Observations

Poll of CRM dimension: local leadership

1. Not at all
2. Mildly engaged
3. Moderately engaged
4. Very engaged

P polling results conflicted with remarks stating local leadership was a barrier to a healthy lifestyle. Community perceptions indicate that residents are unaware of how the local environment affects individual health, and that Wells, NV would currently be unable to support effective health interventions.

Personal Development
Through my URAP-apprentice position with GROW:HKC, I developed a better understanding of:

• How personal/community perceptions reflect awareness of an issue
• How different aspects of the built environment affect the health and habits of people in a community
• How health models are applied to research and how they support health interventions
• Early stages of planning a health intervention and how research leads to program funding
• Different mediums of qualitative data used to interpret themes and characteristics of communities
• How to use NVivo 10 for qualitative research and data management.

URAP has given me the opportunity to (1) relate concepts from class to real world public health situations, and (2) provided me the tools to apply practical knowledge to future positions when working to implement community health programs.

Objectives
• Asses features of the community environment that are viewed as obesity promoting and preventing
• Assess perceptions of the community’s readiness to support resources and implement obesity prevention efforts.

Target Community: Wells, Nevada
• Population of approximately 2,000 people:
• 27.6% of the residents are under the age of 18 years
• 37% of students are receiving free or reduced lunch
• 28.6% of children in Nevada that are entering kindergarten are overweight or obese.

My personal objectives were to better understand how people’s perceptions play a role in understanding and participating in health interventions. I also wanted to gain experience working with qualitative data and applying it to health research.

Obesity Prevention Study Framework

Health Payoff

Community Needs Assessment

Community Readiness Model

Poll of CRM dimension: local leadership

After evaluating the community conversation, the Wells, NV scored “3” on the CRM, indicating that the community is vaguely aware of how the environment affects population weight health.

Identified supports to HEAL include:
• Year-round youth sports
• School recreation programs
• Outdoor trails and parks
• School’s Food assistance program and hot lunches

Identified barriers to HEAL include:
• Unmaintained or nonexistent sidewalks throughout Wells
• Safety concerns at public parks
• Lack of local food production
• Limited access and high cost of fresh fruits and vegetables

My role as an research apprentice was to code results from the Wells, NV community conversation into nodes that represented the six dimensions of the Community Readiness Model (CRM). NVivo 10, qualitative research software, was used to manage the project.

Community Readiness Model
CRM assess community readiness to implement effective programs. CRM is composed of six dimensions:

1. Community knowledge about the issue, Community efforts, Community knowledge of efforts, Local Leadership, Community climate, Resources related to the issue

The results, stage of community readiness and emerging themes, were provided back to the community in a written report.

Stage of Community Readiness

1. Unaware
2. Ready
3. Not ready
4. No interest
5. Aware
6. Not aware
7. Involvement
8. Active
9. Emergent

Community Assessment

Poll of CRM dimension: local leadership

Participants consistently polled higher than the community conversation data suggested.

“Basketball court (really an old tennis court). There used to be a net. It’s in bad shape and not utilized.”

“Bountiful Baskets can’t do anything within the city. Since they are a co-op they can’t get a business license so they can’t distribute. So we have people that want to help but the city is limiting us.”

“Unhealthy. It’s really expensive. Trying to get fresh vegetables and fruit is a challenge”

“Try Pepsi? It’s really expensive. Trying to get fresh vegetables and fruit is a challenge”

The produce is lousy. It’s really expensive.

HEAL MAPPS routes were generated in Wells, NV.