Abstract
Objectives: To investigate facilitators and barriers in the home environment and identify communication preferences in order to select intervention strategies for effectively reaching families in support healthy behavior change at home.

Study Design, Setting, Participants, Intervention: Semi-structured focus group interviews with 4 groups, in-person 100% female, 18-65 years old, recruited from local community agencies, private practices, primary care offices, and a community center. The intervention was a text messaging program selected for data analysis.

Outcome Measure, and Analysis: Interviews were transcribed and analyzed using in vivo coding to identify themes. Social Cognitive Theory and Self Determination Theory as theoretical frameworks for theme analysis. Used Dedoose Qualitative Analysis Software.

Results: The most common barrier to providing healthy foods to their children were cost, accommodating child aversions, cultural or familial opposition, and easy access to unhealthy foods. Parents shared interest in engaging in healthy behaviors, and often shared procedural knowledge for teaching healthy goals. The analysis of interview transcripts included 16 content themes related to healthy foods, and simple information, information from a source of authority; opportunities to minimize generational tensions; and consistent and wide-ranging messaging to promote community change. Conclusion and Implications: While parent expressed desires to be healthy, the home food environment presented substantial challenges. Multi-media efforts such as workshops, videos, and text messaging may be useful to shape the sharing of information. Parents thought that information received in text messaging could be easily shared and would act as a voice of authority to support child behavior change.

Introduction
Parents can pay an important role in promoting the health-related messages that children learn in school-based nutrition interventions (1). Review studies of nutrition programs within school settings indicate that programs that include a parent component are more effective for promoting energy balance behavior outcomes (2,3). Additionally, these results are consistent with findings that behavioral interventions within schools are more effective if they involve parents (4). Therefore, integrating applied behavioral change strategies have been particularly beneficial (5,6). Considering the importance of parent involvement in effective programs, the sustainability and feasibility of continued parental engagement is also an important focus of research. Of particular interest is whether text messaging could facilitate effective communication, consent, and effective form of communication for parents. It is estimated that 140% of Americans presently owns a cell phone with a data-capacity preloaded SMS capabilities. (5). Recent reviews of SMS based interventions used in school-related interventions suggest that behavior change is achieved when SMS prompts are included as a component of the interventions. This study aims to explore aspects of the home food environment that support or hinder the behavioral goal of the Food, Health & Choices curriculum by gathering qualitative data from parents of grade school children participating in the program. Additionally, it aims to determine which forms of communication are most effective and preferred among parents for continued nutrition and program information.

Methods
A qualitative exploratory method was used to understand strategies for reaching families to support healthy behavior change at home. A convenience sample of participants was drawn (n=14, 100% female, 50-65 years old). Four focus groups were conducted to address the barriers and facilitators of healthy eating in the home environment, and identify communication preferences for health related messages.

Home Food Environment
A conceptual framework was developed based on interviews from Social Cognitive Theory and Self Determination Theory identifying the food, health, & choices (FHC) curriculum to explore the home food environment with focus on foods at home and access to the preparation of foods personal barriers that family members feeletinn with their ability to provide healthy food to their children, and aspects of the home food environment that facilitated the messages taught in the FHC curriculum.

Communication
Themes were generated based on findings from previous research, and from thematic analysis for the communication sections. Conceptual focus information on the analysis sections. Communicating research findings in text message would likely be easier as a means of communicating with parents about health-related matters. Met themes were generated and in vivo coding was guided by: 1) technique to identify themes, objectives, and priority topics in the FHC curriculum. 2) Methodology: Qualitative content analysis. 3) Themes were labeled and proposed for further discussion. The qualitative research data analysis software program selected for data analysis.

Results: Communication
Major Themes generated from focus groups exploring communication.

Results: Home Environment
Major Themes generated from focus groups exploring the home environment:

Themes
Most Commonly Sited
Illustrative Quote
Perceived Barriers
Child aversions
“I don’t like carrot, she don’t like [names her throat], she don’t like carrots. And I make siew [meat] and I saw her, she’s picking out all the carrots and like what... I said you don’t take some, she won’t eat carrots.”

Role modeling good behavior

Solutions/Resolutions to Barriers
Sharing of procedural knowledge
“They have vegetables but mostly I put them in the soup and make them so that... into soup until they all become indistinguishable and there I give them the liquid and everything goes through them.”

Motivations to Change
Dist related diseases
And I... before I would give him juice but the older one and also the little... my little child, they both... they had baby diabetes or what they call baby diabetes; so I cut definitely all the juice and now I give them just water. Now, I don’t care if it’s Saturday or Sunday... I only give them water.

Discussion
Home Environment
As commonly seen in the literature, cost was frequently cited as a consideration in food choice and behavior. Additionally, parents felt that setting a good example as role models for healthy eating was important, and that introducing vegetables early and allowing their children “to get used to their own” was a role that they would encourage. They cited frequently preparing foods in order to accommodate the preferences and needs of their children. Parents were eager to share and received procedural knowledge and skills surrounding food preparation, shopping, accommodating children needs, health, and weight loss, suggesting that barriers for greater food sharing may be effective. Although a lack of preparation of healthy foods and financial hardship are barriers, the accuracy of health-related information was often determined by mental health or home access goals.

A great deal of information was shared surrounding tips and tools that were thought to be healthy, nutritious for food related and household, “healthful” food preparation techniques. For example, parents were often confused between fresh fruits, and those made with artificial, and fresh added flavors like frozen or sugar sweetened that were healthier than those in a box. Across groups, grains were frequently cited as a favorable snack food to provide for their children. In part, this may have attributed to a perception that grains have lower calories and parents were often anaemic, and diet has also been associated with dietary habits. Overall, it was evident that parents wanted to ensure dietary and lifestyle changes that they would improve the health of their family members.

Communications: Although cellular phones are increasing in accessibility and popularity, the use of mobile phones in an intervention requires consent (4). This aspect along with privacy and legal issues is important. The use of mobile phones in an intervention requires consent. Wireless technology is becoming an important means of communication. Acceptance of text messaging could prove to be a useful tool to address barriers and increase acceptability. An important aspect of text messaging is the ability to upload messages to a voice of authority.

Considering that parents indicated that there is a need to support healthy eating in a home environment. Further research is needed to understand the barriers may be measurable. Research needs to be used to enhance data collection, and to explore aspects of text messaging related to acceptance. Like what factors would make parents want to continue to receive text messages, and whether they would expect an option to increase or decrease the frequency of messages.

References
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Food, Health & Choices (FHC): Using Focus Group Data to Determine Effective Family Supports

Food, Health & Choices (FHC) is an evidence-based program that supports individuals and families in the sharing of healthy foods with their children. The program is designed to help families improve their children’s nutrition and physical activity behaviors by using a combination of strategies, including in-person workshops, online modules, and text messaging. The program is delivered by trained facilitators who provide support and guidance to families, and the text messaging component is designed to reinforce the key messages and encourage families to make healthy changes at home.

The program is based on the Social Cognitive Theory and Self-Determination Theory, which emphasize the importance of social support, self-efficacy, and autonomy in influencing healthy behavior change. The program uses a multi-modal approach, including group sessions, individual coaching, and text messaging, to support families in making sustainable changes.

The program has been evaluated in several studies, and has shown promising results in improving children’s and families’ nutrition and physical activity behaviors. The text messaging component has been particularly effective in reinforcing the program’s key messages, and in providing families with ongoing support and encouragement.

The program is designed to be flexible, allowing families to choose the level of support that best suits their needs. The program also offers a variety of delivery options, including in-person workshops, online modules, and text messaging, to ensure that families can access the support they need in a way that works best for them.

The program is available in several languages, and is designed to be culturally sensitive and inclusive. The program’s materials are also available in different formats, including print materials, online modules, and text messaging, to ensure that families can access the information they need in a way that works best for them.

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