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Sayaka Nagao-Sato

Silvia Alvarez de Davila

Aysegul Baltaci

Roxana Linares

Alejandro Omar Peralta Reyes

See next page for additional authors

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Authors

Sayaka Nagao-Sato, Silvia Alvarez de Davila, Aysegul Baltaci, Roxana Linares, Alejandro Omar Peralta Reyes, Youjie Zhang, Ghaffar Hurtado Choque, and Marla Reicks

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Sayaka Nagao-Sato

Silvia Alvarez de Davila

Aysegul Baltaci

Alejandro Omar Peralta Reyes

Marla Reicks

University of Minnesota

Roxana Linares

Centro Tyrone Guzman

Youjie Zhang

Medical College of Soochow University

Ghaffar Ali Hurtado Choque

University of Maryland

Community-based programs may contribute to Latino pediatric obesity prevention; however, attendance remains low. This study aimed to identify factors associated with Latino father/male caregiver attendance in family-based adolescent obesity prevention programs conducted as part of a randomized controlled trial. The study used cross-sectional data from 137 fathers in the program, involving eight weekly sessions to improve their children's energy balance-related behaviors. Evaluation data were collected at baseline and post-intervention. Fathers in a waitlisted control group attended sessions after post-intervention data collection. Attendance patterns were identified using cluster analysis: consistently high attendance (50% of fathers), declining attendance (19%), and non-attendance (31%) clusters. Multinomial logistic regression was used to examine associations between attendance patterns and variables. Compared to consistently high attendance, fathers in the non-attendance cluster were more likely to have been assigned to the control group (odds ratio [OR] = 7.86, $p < 0.001$), tended to have lower household income (OR = 2.50, $p = 0.098$), and attended the program at a site where the program occurred weekdays (OR = 0.35, $p = 0.094$). Maintaining contact during waiting periods and providing sessions online or during weekends could reduce non-attendance by enhancing convenience for low-income fathers working multiple jobs.

Keywords: attendance pattern, Latino fathers, community-based intervention, adolescent obesity prevention program

Introduction

Community-based, Latino family-centered intervention programs can address current youth eating patterns and physical activity (Gallo et al., 2020; St. George, Messiah et al., 2018). In the long term, these interventions can address the disproportionately high prevalence of overweight and obesity among Hispanic/Latino children and adolescents compared to youth of other races/ethnicities (Kiraly et al., 2017; Ogden et al., 2020). Family-centered intervention studies to prevent pediatric obesity have commonly involved mothers or female caregivers; however, efforts to also engage fathers and male caregivers are increasing (O'Connor et al., 2018). Compared to mothers, Latino fathers were less involved in food parenting practices because of their traditional cultural roles; however, household dietary intake was influenced by fathers' food preferences and modeling intake of unhealthy foods and beverages (Mena et al., 2015; Zhang et al., 2018). Familism is a cultural value among Latino families that emphasizes warm, close, and supportive family connections resulting in strong relationships between parents and children, which can provide powerful parental support for the attainment of healthy lifestyles among children (Bermudez & Mancini, 2013). Focusing on Latino fathers may enhance the effectiveness of pediatric obesity prevention programs (O'Connor et al., 2018).

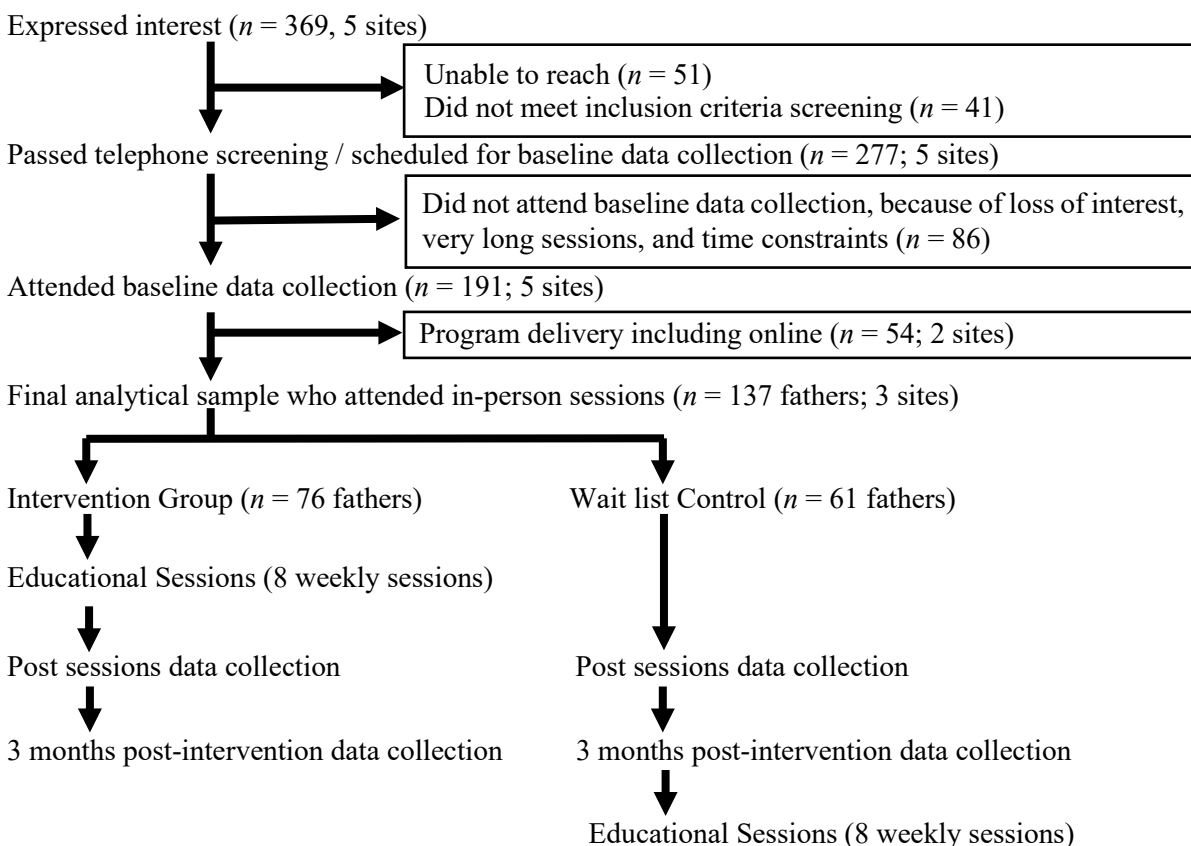
Reported barriers to Latino father participation were identified in previous family-centered programs conducted as part of research studies (Garcia-Huidobro et al., 2016; O'Connor et al., 2018). Garcia-Huidobro et al. (2016) conducted feedback sessions with participants after a program to prevent tobacco and other substance use. Barriers to participation included educational attainment, work status, family conflicts, motivation, marital status, unexpected events, and transportation. A review by O'Connor et al. (2018) reported barriers to Latino father participation in obesity prevention programs, including time constraints, concerns with privacy, and concerns about engaging in physical activities. To promote Latino parent involvement, Garcia-Huidobro et al. (2016) suggested providing childcare, scheduling programs according to participants' availability and/or providing necessary make-up sessions, and having program facilitators with similar ethnic and socioeconomic backgrounds as participants. The Padres Preparados, Jóvenes Saludables is a father-focused, community-based participatory research program conducted in line with these suggestions to improve paternal parenting practices and youth energy balance-related behaviors among Latino father-child dyads (University of Maryland, n.d.; Zhang et al., 2019). To inform future efforts to involve Latino fathers in pediatric obesity prevention programs, this study aimed to test the hypothesis that sociodemographic, individual, environmental, and/or study design factors were associated with Latino father attendance at an in-person program to improve youth behaviors.

Methods

Study Design

The current study used cross-sectional baseline data and attendance data from the Padres Preparados, Jóvenes Saludables program (Zhang et al., 2019). The program was implemented in a staggered fashion between 2017 and 2020 at five research sites in the Minneapolis/St. Paul metropolitan area. As part of the study, participants were randomly assigned to either an intervention or waitlisted control group after the baseline data collection (Figure 1). Randomization was performed using SAS randomization procedures within each site. The detailed procedure has been described elsewhere (Baltaci et al., 2022). Data for this study were from three of the five research sites (two Latino-serving community centers [sites A and B] and one church [site C]). The program was delivered in person to all intervention and control groups at these three sites, except for site C where the waitlisted control group attended a combination of five in-person sessions and three sessions delivered by mobile app. Data from the other two sites were not used in this study because the delivery method was changed from initial in-person delivery to fully remote delivery because of the coronavirus disease pandemic restrictions.

Figure 1. Flowchart of Participants



At one community center (site A), staff assisted with recruitment efforts by distributing fliers at community events, social media posts, radio and television announcements, and emailing invitations to their members. They also assisted with phone call reminders to encourage participation. The center also hosted other educational events with staff members who were well-known to participants. This site hosted sessions on Saturday mornings (10:00 a.m.–12:30 p.m.). At the other community center (site B), sessions were held on weekday evenings (5:30 p.m.–8:00 p.m.). Recruitment was done only by study staff with little involvement from community center staff members. At the church (site C), parents and adolescents attended educational sessions immediately (11:00 a.m.–1:30 p.m.) after the adolescents attended a religious education class on Saturday mornings. Church staff assisted with recruitment through notices in the Sunday bulletin and announcements after services. Participants in sessions at this site were members of the church. Childcare was provided at all sites. The study coordinator sent reminders to all participants at each site via text the day before each session.

Both groups were provided eight weekly educational sessions lasting 2.5 hours on Saturday mornings (sites A and C) or a weekday evening (site B). Both groups also completed evaluation data collection sessions at baseline, post-sessions, and three months after the post sessions data collection (Figure 1). The staggered implementation resulted in programs being initiated in winter (January or February), summer (April or July), or fall (September or October) across years and sites. The educational sessions followed an active learning approach, including food preparation and exercise for fathers and adolescents together, separate interactive activities and discussions on healthy eating and physical activity for adolescents and parents, social skills for adolescents, food and physical parenting skills for parents, and joint education on healthy behaviors.

Each weekly session focused on a different topic regarding parenting skills applied to diet or physical activity, which included (1) parenting style and healthy habits; (2) multiple cultures and living an active lifestyle; (3) adolescent development and healthy foods; (4) communication and limiting screen time; (5) rules, expectations, and healthy beverages; (6) managing conflicts and healthy snacks; (7) monitoring, supervision, and fast food; and (8) connecting with your child and family meals. Parent sessions were facilitated by two bilingual educators (one male and one female) who were parents themselves. Facilitators were educators from Extension or community partner organizations or volunteers from the community. Youth sessions were led by a youth educator, mostly in English. All underwent the same intensive training to prepare to facilitate the program.

Attendance at in-person sessions was recorded by the program facilitator or study coordinator (*present* = 1, *absent* = 0) at the beginning of the sessions. Attendance data for app-delivered sessions were treated as missing data because the facilitators could not confirm participants' attendance.

Participants

Latino fathers and early adolescents (10-14 years) were the primary intervention participants; however, mothers were also invited to attend educational sessions and complete evaluation data collection procedures. Eligibility criteria for fathers included self-identifying as Latino, speaking Spanish, and having meals with their early adolescent at least three times a week. Baseline data included parent questionnaires regarding sociodemographic information, food-related activities and the home environment, and height and weight measurements. All parent questionnaires were completed in Spanish. Fathers received cash compensation (\$35) for participating in data collection procedures and provided consent prior to participation. The study was approved by the University of Minnesota Institutional Review Board.

Measures

Height and weight were measured by trained researchers using standard procedures of the U.S. National Health and Nutrition Examination Survey 2015-2016 (Centers for Disease Control and Prevention, 2016). Body mass index (BMI) was calculated as weight (kg) divided by height (m²). Child weight status was classified according to the Centers for Disease Control and Prevention BMI-for-age growth charts (Kuczmarski et al., 2002).

Questionnaires administered at baseline were used to collect information on father-reported demographic and socioeconomic characteristics, perception of family stress and neighborhood unsafety, family meal frequency, involvement in food-related activities, and weight concerns. Demographic and socioeconomic data included age, educational attainment, number of years in the U.S., language spoken at home, marital status, number of children in the home, household income, food or financial assistance, and employment status. Acculturation level was assessed based on the number of years in the U.S. and the language spoken at home (Kandula et al., 2008). Participation in any food or financial assistance programs was assessed (*yes/no*) for the following programs: Special Supplemental Nutrition Program for Women, Infants & Children (WIC), Supplemental Nutrition Assistance Program-Education (SNAP-Ed), free or reduced-price meals at school, and the Minnesota Family Investment Program (also known as Cash Assistance).

Family stress was assessed using three questions about the importance of family relations, conflict between personal and family goals, and individualism among family members (*not at all worried to extremely worried*; Cervantes et al., 1991). Internal consistency was acceptable ($\alpha = .79$) based on a randomly selected sample of 30 fathers who provided baseline data for this study. Neighborhood safety was assessed using two questions regarding the perception of whether the crime rate makes walking in their neighborhood unsafe during the day and at night (1 = *strongly disagree* to 5 = *strongly agree*; Saelens et al., 2003). A higher value indicated a greater perception that the neighborhood was unsafe. Internal consistency was acceptable ($\alpha = .80$) based on a validation sample of 30 fathers with similar sociodemographic characteristics.

Family meal frequency was assessed with five responses (*never to >7 times/week*) with acceptable test-retest reliability based on previous testing by Fulkerson et al. (2006). Father's participation in food-related activities with their child was based on four questions with coded response options; one assessed father family meal frequency with five responses (*never to >7 times/week*; adapted from Fulkerson et al., 2006). The other three assessed the frequency of father food-related activities with their child (planning meals, buying foods, and preparing foods with response options of 1 = *almost never or never* to 5 = *almost always or always*; adapted from Musher-Eizenman and Holub, 2007). Concern about a child's weight was assessed using two variables adapted from Birch et al. (2001; 1 = *not concerned at all* to 4 = *very concerned*). Internal consistency was acceptable for the food-related activity scale ($\alpha = .085$) and concern about the child's weight scale ($\alpha = .83$) using data from a validation sample of 30 fathers with similar sociodemographic characteristics.

Statistical Analysis

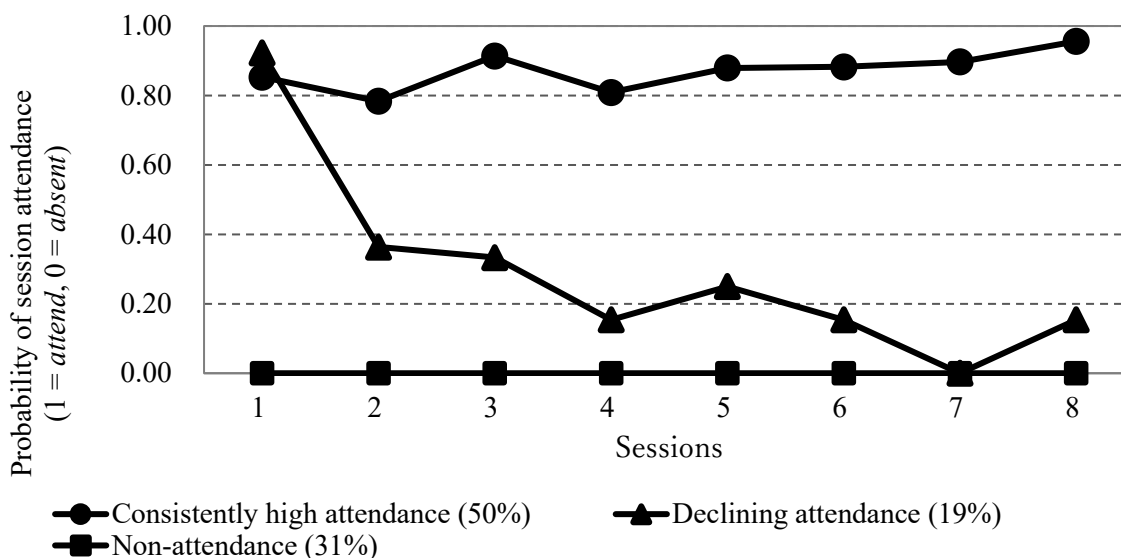
Attendance patterns based on eight sessions were identified using hierarchical cluster analysis data from father participants. The attendance patterns were defined as consistently high attendance, declining attendance, and non-attendance. Relationships between father attendance patterns and predictor variables were examined in three steps. First, differences in predictor variables by attendance patterns were determined to assess the appropriateness for inclusion as potential confounding variables in the following models. Kruskal-Wallis tests were used to detect differences in continuous variables by father attendance patterns. Fisher's exact tests were used to determine differences in dichotomized predictors and nominal variables (Table 1). In the next step, associations between attendance patterns and the assessed predictor variables were examined among fathers using multinomial logistic regression. In the logistic regression models adjusting for the father's age, attendance patterns served as the dependent variable, and appropriate covariates were included as independent variables based on the preliminary analyses ($p \leq .15$). Collinearity of confounding factors used in the models was assessed using tolerance methods ($< .20$ is cause for concern about collinearity; Menard, 2002). The level of significance was set at $p < .05$. Statistical analysis was performed using R (Version 3.5.1) and SPSS for Windows (Version 26).

Results

Three hundred sixty-nine families expressed interest in the Padres Preparados, Jóvenes Saludables program, with 277 families remaining after screening for eligibility. Data were analyzed in the current study from 137 fathers who completed baseline data collection and were invited to the sessions (Figure 1). The voluntary enrollment rate of eligible families was 69.0%. Mean age and BMI of fathers who attended in-person sessions were 41 ± 7.2 years and 29.5 ± 3.8 kg/m².

Three participant attendance patterns were identified for fathers according to cluster analysis results (Figure 2). The first cluster indicated that the probability of session attendance was retained at over 0.78 through all eight sessions, labeled as “consistently high attendance” ($n = 68$; 50%). The second cluster showed initial high attendance and then gradually decreased with the probability of attendance dropping from 0.92 for the first session to 0.15 for the last session, labeled as “declining attendance” ($n = 26$; 19%). The last cluster identified an attendance pattern where fathers did not attend any sessions, labeled as “non-attendance” ($n = 43$; 31%).

Figure 2. Attendance Patterns of Latino Father Participants in Adolescent Obesity Prevention Program Sessions ($N = 137$)



Assigned group, household income, concern about child’s weight, and father’s age were significantly different by father attendance patterns (Table 1). Site, neighborhood safety, and number of children in the home tended to differ by attendance patterns. After assessment for multicollinearity, assigned group, household income, concern about child’s weight, site, neighborhood safety, and number of children in the home were included as covariates in the multinomial logistic regression model adjusting for father-reported age ($n = 117$; Table 2). Compared to consistently high attendance, non-attendance was significantly associated with control group assignment, $OR = 7.86$, 95% CI [2.46, 25.1], $p < .001$. Two predictors, site B ($OR = 0.35$, 95% CI [0.11, 1.19], $p = .094$) and lower household income ($OR = 0.50$, 95% CI [0.85, 7.39], $p = .098$), were marginally associated with non-attendance. Compared to consistently high attendance, declining attendance was significantly associated with household income ($OR = 0.19$, 95% CI [0.04, 0.77], $p = .021$). Cox Snell’s pseudo R^2 of the analysis model was .37.

Table 1. Demographic Characteristics and Relationships Between Attendance Patterns in Adolescent Obesity Prevention Program Sessions and Potential Confounding Variables Among Latino Fathers (N = 137)

	n (%)	Attendance Pattern, n (%)			p-value
		Consistently high attendance (n = 68)	Declining attendance (n = 26)	Non-attendance (n = 43)	
		----- Median (25th-75th percentiles) -----			
Father's age	137 (100)	41 (37-46)	42.5 (40-48.5)	38.5 (33-42)	.043
Number of children in the home	130 (100)	2 (2-3)	2 (2-3)	3 (2-3)	.137
Food-related activities with their child	131 (100)	12 (9-15)	11 (8-15)	13 (10-15)	.413
Concern about child's weight	130 (100)	4 (2-4)	3 (2-4.3)	4 (2.3-5.8)	.033
Stress in family	133 (100)	6 (4-9)	6 (3-9.5)	6 (3.3-8)	.853
Neighborhood safety	129 (100)	4 (2-7)	4 (2.8-6.3)	2.5 (2-6)	.137
		-----Frequency, n (%)-----			
Fathers' BMI					
< 30	75 (56)	35 (47)	13 (17)	27 (36)	.403
≥ 30	60 (44)	33 (55)	12 (20)	15 (25)	
Educational attainment					
< High school	53 (39)	31 (59)	8 (15)	14 (26)	.243
≥ High school	83 (61)	36 (43)	18 (22)	29 (35)	
Acculturation					
Low	119 (88)	58 (49)	22 (19)	39 (33)	.685
High	16 (12)	8 (50)	4 (25)	4 (25)	
Marital status					
Not married	12 (9)	3 (25)	3 (25)	6 (50)	.223
Married	123 (91)	63 (51)	23 (19)	37 (30)	
Household income					
< \$25,000	55 (42)	27 (49)	5 (9)	23 (42)	.027
≥ \$25,000	77 (58)	39 (51)	19 (25)	19 (25)	
Employment status					
Not full-employed	17 (13)	10 (59)	2 (12)	5 (29)	.739
Full-employed	114 (87)	56 (49)	24 (21)	34 (30)	
Participation in food assistance programs ^a					
Never	94 (71)	44 (47)	18 (19)	32 (34)	.848
≥ 1 time	38 (29)	20 (53)	7 (18)	11 (29)	
Family meal frequency					
<7 times/week	81 (60)	41 (51)	19 (24)	21 (26)	.185
≥ 7 times/week	55 (40)	27 (49)	7 (13)	21 (38)	
Child's weight status					
Underweight/normal weight	55 (40)	28 (51)	10 (18)	17 (31)	1.000
Overweight/obesity	82 (60)	40 (49)	16 (20)	26 (32)	
Assigned group					
Intervention group	76 (55)	47 (62)	18 (24)	11 (15)	< .001
Control group	61 (45)	21 (34)	8 (13)	32 (53)	
Session season					
January or February	28 (32)	13 (46)	4 (14)	11 (39)	.22
April or July	60 (68)	25 (42)	13 (22)	22 (37)	
September or October	49 (40)	30 (61)	9 (18)	10 (20)	

	<i>n</i> (%)	Attendance Pattern, <i>n</i> (%)			<i>p</i> -value
		Consistently high attendance (<i>n</i> = 68)	Declining attendance (<i>n</i> = 26)	Non-attendance (<i>n</i> = 43)	
Site					
A	72 (53)	41 (57)	12 (17)	19 (26)	.069
B	34 (25)	11 (32)	6 (18)	17 (50)	
C	31 (23)	16 (52)	8 (26)	7 (23)	

Note. Kruskal-Wallis test, Fisher's exact test.

^a Special Supplemental Nutrition Program for Women, Infants & Children (WIC), Supplemental Nutrition Assistance Program-Education (SNAP-Ed), free or reduced-price meals at school, and the Minnesota Family Investment Program (also known as Cash Assistance).

Table 2. Factors Associated with Latino Father Attendance Patterns in Adolescent Obesity Prevention Program Sessions (*N* = 117)

	<i>OR</i>	95% CI	<i>p</i>
Declining attendance vs. Consistently high attendance			
Assigned: ref; Intervention	0.76	[0.23, 2.52]	0.655
Household income: ref \geq \$25,000	0.19	[0.04, 0.77]	0.021
Concerns for child's weight	1.28	[0.88, 1.87]	0.197
Site B: ref Site A	0.85	[0.18, 4.01]	0.837
Site C: ref Site A	0.72	[0.21, 2.46]	0.598
Neighborhood safety	0.92	[0.73, 1.17]	0.496
Number of children	0.63	[0.34, 1.19]	0.157
Non-attendance vs. Consistently high attendance			
Assigned: ref; Intervention	7.86	[2.46, 25.1]	< 0.001
Household income: ref \geq \$25,000	2.50	[0.85, 7.39]	0.098
Concerns for child's weight	1.31	[0.93, 1.85]	0.124
Site B: ref Site A	0.35	[0.11, 1.19]	0.094
Site C: ref Site A	0.91	[0.24, 3.50]	0.895
Neighborhood safety	1.05	[0.82, 1.34]	0.689
Number of children	0.87	[0.54, 1.41]	0.568

Note. Multinomial logistic regression models adjusting for the father's reported age.

Discussion

The attendance patterns of Latino fathers in an eight-session father-focused program to prevent youth obesity conducted as part of a research study indicated that attendance could have been improved for about half of the fathers. Only about half of fathers were categorized as having consistently high attendance, while the other half were categorized as having declining or non-attendance. Classifying fathers in the non-attendance cluster was associated with having been assigned to the control group and marginally associated with household income and attending the program at site B compared to fathers in the consistently high attendance cluster. Compared to consistently high attendance, declining attendance was significantly associated with household income.

The attendance clusters in the current study showed patterns that were similar to two previous studies of parenting practice interventions primarily attended by Latina mothers (Mauricio et al., 2018; St. George, Petrova et al., 2018). They included consistently or sustained high attendance, similar to the consistently high attendance pattern in our study. Patterns described as moderate and decreasing or mid-program and early dropouts were similar to the declining attendance pattern in our study. Consistently low or non-attendance patterns were similar to our non-attendance pattern (Mauricio et al., 2018; St. George, Petrova et al., 2018). The proportion of participants (primarily mothers) in non-attendance groups in these studies ranged from 13% to 17%, which was lower than the 31% of fathers in the non-attendance cluster in our study. These two studies also analyzed predictors of attendance patterns. One reported that the consistently high attendance group had a lower acculturation level compared with the lower attendance groups (St. George, Petrova et al., 2018), and the other showed that an early dropouts group reported less acculturation than the sustained attenders group (Mauricio et al., 2018). However, no associations were observed between acculturation and attendance patterns in our study. Further studies are needed to evaluate the acculturation variable as a predictor of attendance patterns of fathers versus mothers, with attention to how acculturation was assessed.

Previous studies reported several barriers to fathers' participation in programs to improve children's health conducted as part of research studies. In three studies, father-reported barriers were work commitments; home relocation; cost of services/compensation; and knowing the effectiveness, contents, and benefits of the program (Davison et al., 2017; Morgan et al., 2011; Tully et al., 2017). Among Latino mothers and fathers, one intervention study to prevent problem behavior among Latino adolescents described associations with attendance and the number of people at home; household income; parents' education attainment; and barriers of transportation, childcare, and work/financial problems (Coatsworth et al., 2006). Another intervention study to prevent children's mental health problems in a Latino population reported associations between attendance, economic stress, and interparental conflict (Wong et al., 2013). Among the factors identified in previous studies, only household income was associated with attendance in the current study. Our results may not have been consistent with these previous studies because our program was conducted at two sites where the participants regularly attended other programs (sites A and C); therefore, participants may have had fewer transportation barriers. In addition, recruitment by familiar staff at these sites could facilitate providing information regarding the program and sending reminders to enhance participation. At all program sites, childcare was provided for younger children of participants, thus allowing parents to attend the program more easily. In addition, we did not measure other outcomes, such as economic stress or work/financial problems, that were examined in other studies (Coatsworth et al., 2016; Wong et al., 2013).

Probability of session attendance dropped by about half between sessions 1 and 2 among fathers in the declining attendance group. Fathers in the declining attendance group were more likely to have higher household incomes compared to those in the consistently high attendance group. Those with higher incomes may tend to work longer hours and have greater difficulty finding

time to attend programs. Follow-up contacts after session 1 may improve the attendance of fathers in the declining group.

In our study, fathers in the non-attendance cluster were more frequently assigned to the waitlisted control group than those in the consistently high attendance cluster. Waitlisted control group participants attended sessions five months after baseline data collection based on the study design. During this period, changes could have occurred that limited session attendance. For instance, unpredictable work schedules, school, and home schedules may have been altered; conflict among household members may have changed; and/or fathers may have lost motivation, similar to potential predictors of low attendance reported in a review and a focus group study (Garcia-Huidobro et al., 2016; O'Connor et al., 2018). In future studies using a community-based participatory research approach, fathers could be consulted to provide further input into alternative study designs that can adequately assess effectiveness yet address issues with waitlist control group non-attendance.

Fathers in the non-attendance cluster in the current study tended to have lower household incomes than those in the consistently high attendance cluster. This finding was consistent with a study by Coatsworth et al. (2006), where low attendance in family-centered programs was associated with lower household income among Latino and African American mothers. In contrast, fathers in the declining cluster in this study had higher household incomes than those in the consistently high attendance cluster. In addition, Wong et al. (2013) showed that participation in a parenting intervention among Mexican-origin fathers was not associated with household income. O'Connor et al. (2018) identified time constraints as a major barrier to participation by Latino fathers because time for work was a priority. In low-income Latino families, fathers may need to work multiple jobs to support the family's needs. Attending programs in summer or winter sessions might be limited by seasonal work among some families (Garcia-Huidobro et al., 2016). In the current study, the proportion of consistently high attendance fathers was more than three times higher than that of non-attendance fathers among those who participated in September or October, while the proportions were similar among those who participated in January or February and in April or July.

The tendency for fathers who attended the program at site B to be in the non-attendance cluster may be partly explained because sessions delivered at this community center were held on weekday evenings, while the programs at the other sites were held on Saturday mornings. Attending sessions on a weekday evening may have been difficult at the end of a workday for parents and a school day for children. Another parenting intervention program for Latino parents and children also identified program scheduling as a significant barrier to fathers' participation (Garcia-Huidobro et al., 2016). Other factors, such as familiarity with the site staff and programs and proximity, may also have affected attendance. In-depth interviews with participants and facilitators may provide additional information about barriers to attending the current program.

This study had several limitations. Low-income participants were recruited in a limited geographic area, which may not represent the Latino population in the U.S. Additionally, we could not include data from the participants who did not attend the baseline data collection. Finally, baseline data represented the initial condition of the participants and may not have reflected the situation of fathers in the control group after the waiting period.

Implications for Practice

The study design, which included a waitlisted control group, could be improved to increase Latino father participation in father-focused programs to prevent pediatric obesity. For example, contact could be maintained with waitlisted control group participants during waiting periods using email, phone calls, text messages, and newsletters to remind participants about upcoming sessions and keep participants engaged in the study. Reminders could be coordinated with implementing sites through social media groups to enhance participation after the waiting period is completed. In addition, other approaches to control intervention trials should be explored to meet the needs of potential participants. For example, waitlisted control groups could receive sessions with unrelated useful content at the same time as treatment groups to serve as an active comparator group but without standard treatment for the same health issue. Discussions regarding other strategies to improve Latino father participation could be held with community agency staff, session facilitators, and participants to generate strategies to address issues specific to local or regional groups. In the current study, the research team held follow-up meetings with community agency staff and session facilitators after sessions were held at site A to address participant attendance. In addition, focus group interviews were conducted with participants after the project ended to explore barriers to participation. Sessions could be delivered in a blended format, online, or remotely; ingredients for recipes could be delivered to the home; and sessions could be delivered at worksites or churches after work or services to enhance convenience, and therefore participation, for those with lower household income who may spend more time working away from home.

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Sayaka Nagao-Sato was a research scholar in the Department of Food Science and Nutrition at the University of Minnesota during the implementation of this study and is now a Ph.D. student at Ochanomizu University, Japan. Please direct correspondence about this article to Sayaka Nagao-Sato at g2170508@edu.cc.ocha.ac.jp or sayaka.nagao.sato@gmail.com.

Silvia Alvarez de Davila is an associate Extension educator in the Center for Family Development at the University of Minnesota Extension, Robert J. Jones Urban Research and Outreach-Engagement Center.

Aysegul Baltaci was a graduate research assistant in the Department of Food Science and Nutrition at the University of Minnesota and is now an NIH T32 postdoctoral fellow in the Division of Epidemiology and Community Health at the University of Minnesota School of Public Health.

Roxana Linares is the executive director of Centro Tyrone Guzman, a social services organization in Minneapolis.

Alejandro Omar Peralta Reyes is a research coordinator in the Extension Center for Family Development at the University of Minnesota.

Youjie Zhang is a lecturer and research scholar in the Department of Child and Adolescent Health and Social Medicine, School of Public Health at Medical College of Soochow University, China.

Ghaffar Ali Hurtado Choque is an assistant professor and Extension specialist in the School of Public Health at the University of Maryland.

Marla Reicks is a professor and Extension nutritionist in the Department of Food Science and Nutrition at the University of Minnesota.

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