



CRITICAL INSIGHTS
STRATEGIC MARKET RESEARCH

**HEALTHY MAINE PARTNERSHIPS
SUMMARY
OF
FOCUS GROUP FINDINGS**

Prepared for:

**CD&M Communications
and
Healthy Maine Partnerships**

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Focus Groups • Surveys • Public Opinion Polling

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PURPOSE AND SCOPE OF REPORT

Healthy Maine Partnerships, in collaboration with its strategic marketing partner, CD&M Communications, is in the process of examining the attitudes and beliefs of low- to moderate-income families regarding physical activity and nutrition. To assist in these exploratory data gathering efforts, Healthy Maine Partnerships and CD&M Communications retained Critical Insights, a strategic market research firm based in Portland with extensive experience conducting research with disparate populations concerning social marketing issues. The collaboration focused on conducting a series of qualitative inquiries among representative members of the target audiences in several distinct regions of the State.

This exploration will be used to provide direction for a communications campaign that will target the low- to moderate-income populations of the state with messages that are intended to be compelling endorsements of the benefits associated with attaining a healthier lifestyle. While cognizant of the challenges faced by these populations, both CD&M and the Healthy Maine Partnerships are committed to a detailed understanding of the obstacles that may prove to be inhibiting factors in the ability to pursue a healthier lifestyle and to exploring efforts to increase the salience of the benefits of healthier choices concerning improved nutrition and increased physical activity.

The first prong of this two-pronged effort was to conduct four focus groups among parents of children under the age of 18, whose total household income (THI) fell within the federal guidelines for poverty. Critical Insights conducted these focus group inquiries in Machias, Caribou, Rumford and Portland.

A second phase of the project involved conducting two discussion groups with parents of children under the age of 18, whose THI placed them in a more moderate income range. These groups were conducted in Presque Isle and Sanford.

This summary report will highlight the complete findings of the focus group inquiry conducted between late August and mid-September, 2002.

It should be noted that although focus groups are powerful indices of consumer sentiment, the results of these qualitative inquiries do not have statistical significance. Particularly where only six groups have been conducted, the results should be viewed as leading to directional rather than statistically valid conclusions and are meant only to aid in strategic and marketing guidance.



METHODOLOGY

Six groups were conducted for this research effort targeting parents of children under the age of 18. As noted earlier, four groups were conducted among parents whose THI fell within the federal poverty guidelines, with the remaining groups being conducted with parents from more moderate-income households.

Across the six groups, a total of 59 Maine parents participated in the research effort. The table below summarizes the research plan:

Date	Audience	Location	Time
August 15	9 Parents	University of Maine at Machias	6:00
August 20	10 Parents	Caribou Convention Center	6:00
August 21	7 Parents	Linnell Motel, Rumford	6:00
August 22	12 Parents	Critical Insights, Portland	6:00
September 12	10 Parents	Presque Isle Inn	6:00
September 18	11 Parents	Anderson Learning Center, Sanford	6:00

Participants were professionally recruited using RDD by interviewers in the Critical Insights Information Center. Potential participants were further screened to exclude respondents who had recent previous focus group experience, as well as anyone with any close affiliations with advertising, market research or the media.

During the course of the approximately two-hour discussion sessions, participants in each group were asked to discuss their perceptions of physical activity and nutrition recommendations, the feasibility of adhering to the recommended guidelines, and the personal obstacles they encountered in attempts to comply. In addition, respondents were asked to discuss in detail what they perceived to be the benefits of engaging in more physical activity and better nutritional choices. Following this phase of detailed discussion, participants in each of the groups were queried about the appeal of a “Family Kit,” asked to respond to three print ads, and asked to respond to two different television spots.

A copy of the discussion document used in this research effort has been appended to this report.



SUMMARY OF RESULTS

Following a brief introduction during which participants were informed of the anonymous format of the group, the need for honesty and candor, and the purpose and presence of videotaping and observers utilizing the closed circuit feed, the discussion began.

PERCEPTIONS OF PHYSICAL ACTIVITY

- The term “physical activity” elicits very similar responses from focus group participants regardless of their area of residence or income level. While secondary associations occasionally involve work-related endeavors, the majority of primary associations are typical of voluntary “exercise” or “physical activity” associations:
 - Walking
 - Running
 - Aerobics
 - Sports, in general
 - Bicycling
 - Jumping rope
 - Gym
 - Treadmill
 - Swimming
 - Sweating/Raising heart rate
 - Movement of any kind beyond “normal” activity
 - Dancing
 - Anything to “get you off the couch”
- Secondary associations included housecleaning, childcare, yard work, climbing stairs at work, and landscaping. Notably, these types of responses were volunteered by lower-income respondents only after probing from the moderator but were offered on an unsolicited basis by more moderate-income respondents.
- It is important to note that the vast majority of activities mentioned as being representative of physical activity or exercise involved being outdoors. This is a particularly significant association, since weather is a frequently mentioned inhibiting factor in the pursuit of exercise or increased physical activity by lower-income respondents. By contrast, more moderate-income respondents appear to be more aware of indoor recreation options available in their communities that tend to somewhat ameliorate weather-related inhibitions to engage in physical activity.



- Additionally, more moderate-income households tended to discuss physical activity in terms of activities that not only provide exercise benefits, but also allow for family time and interaction. Family outings, couples walking together, and time spent playing sports with children were mentioned more commonly among this cohort of respondents.
- Lack of physical activity, or physical inactivity, translates to “couch potato,” being “fat” and “depressed” and a generally unhealthy profile according to these respondents. When pressed for other examples of physical inactivity, a few respondents noted that “napping” was a healthy example of a lack of physical activity, as was reading. Several more moderate-income respondents noted how society’s dependence upon driving/automobile travel and residential sprawl has driven people away from activities such as walking, biking, etc. Other examples of inactivity noted included:
 - Nintendo/PlayStation
 - Computer time
 - Watching television
- Participants in the groups were asked to indicate their personal level of physical activity, utilizing a scale of 1-10, where a 1 was low and a 10 was high. As has been observed in other health-related inquiries, respondents tended to overestimate their degree(s) of physical activity, with the majority assigning a score of 7-9 to their efforts.
- This overestimation became glaringly apparent in the lower-income groups when the discussion focused on the activities in which participants had engaged during the previous twelve months. Indeed, fully eight-in-ten of these participants had not engaged in any sustained periods of physical activity or exercise within the past twelve months. However, it is important to note that, with one or two exceptions, they voice a strong desire to be more physically active, as they equate physical activity with enhanced self-esteem, a better appearance, and better general health.
- By contrast, more moderate-income respondents assign a more accurate score to their level of physical activity. Notably, however, despite lower scores than those assigned by lower-income respondents, more moderate-income respondents can readily cite examples of recent physical activity. Consistent with lower-income respondents, most of these parents also expressed a desire for opportunities to engage in more physical activity.



- Immediate, tangible benefits to better general health translated to “looking better” but also a longer life expectancy, so as to be available for ones’ children for a longer time. Participants in all groups also noted that physical activity or exercise made them feel more alert, better equipped to deal with stress and generally more capable. Similarly, many respondents in the groups noted that their ability to sleep improved dramatically when they were getting enough exercise or physical activity.
- It is also important to note that, in each group, respondents voiced a sentiment that exercise or physical activity was something that they needed to do “for themselves,” viewing the time allotment as something important that was personally beneficial. Notably, respondents from the more moderate-income groups were more likely to see more indirect tangible benefits such as spending time with family, connecting with loved ones, etc.
- The single most important benefit of increased physical activity to virtually all participants was “the way it made you feel” which translated to increased capability and a sense of empowerment. Positive feelings were seen as both physical and emotional and included such themes as:
 - Empowerment
 - Pride
 - Happiness
 - Fun/Enjoyment
 - Recharging
 - Increased focus
 - Escape/Unwind
 - Shaping children’s values/goals/good example and role model
 - Satisfaction and accomplishment

BARRIERS OR IMPEDIMENTS TO GREATER PHYSICAL ACTIVITY

- Despite a cognitive awareness of the varied benefits of physical activity, there were certain barriers that were consistently cited by respondents in all groups:
 - Lack of time
 - Childcare issues
 - Money/Cost
 - Work schedules
 - Tired/Unmotivated
 - Competing demands
 - Temporary physical incapacity (due to injury, disability or pregnancy)



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- Although “lack of time” was the most frequently cited barrier to greater physical activity cited by all of these respondents, there were variations to this, and other, impediments. These barriers to greater levels of physical activity tended to be different based on venue and, consequently, income level. These geographic nuances are noted below according to community.

Machias

- In Machias, walking, running or bicycling was not seen as an option to the majority of participants since there are no safe sidewalks. Roads are not clearly marked, are not demarcated by curbs or breakdown lanes, and are frequented by speeding cars and trucks.
 - Personal safety is also a concern to residents of the Machias area, many of whom do not feel safe walking or running alone in the area. Concerns focused on animals (coyotes and cougars) as well as on criminal activity and the possibility of being assaulted.
 - Weather is also seen as a major impediment in Machias.
 - Similarly, there are no high school gyms that are open to the general public, nor community swimming pools or playgrounds for the children.
 - The availability of any extra money for gym memberships, aerobic tapes or exercise paraphernalia (such as reflective vests, etc.) is simply prohibitive for many lower-income residents of this area.

Rumford

- Rumford respondents reflected a higher concern about personal safety based on perceptions of crime in the area. There was a nearly unanimous perception that walking in the areas that might pose less of a traffic threat would result in a significant likelihood of being victimized by drug users, petty criminals or the like.
- Although walking to work was cited by one respondent as her main approach to physical activity, the majority of these respondents were single parents who claimed that they could not find childcare in order to take time for personal fitness.



- Several Rumford residents also noted that they did not need additional physical activity, since they were so busy that they could not even find time to eat as it was. Both of these respondents rationalized that they did, in fact, eat so little that they did not need to increase their levels of physical activity.

Caribou

- Caribou residents were more concerned about traffic and the impact of speeding trucks than they were concerned about crime. However, for most of these residents, the concept of “time” was the greatest impediment to efforts to increase their physical activity.

Portland

- Portland residents were significantly more cognizant of the options that were available to them in their efforts to increase physical activity. Walking and bicycle paths are seen as plentiful and readily available, and with a few exceptions, safety from personal assault while using these facilities was not a major concern. However, weather was seen as a major impediment to outdoor activities, as was the cost of a gym membership.
- When queried about the other options that might be available to them (such as high school gymnasiums, community pools, etc.), these Portland residents noted that although these options were available, the ability to plan to take advantage of them was problematic, given competing time demands.

Presque Isle

- Notably, while time was seen as a challenge among most of these more moderate-income members of this community, it was not seen as completely prohibitive to exercise and engaging in physical activities. Instead, it was seen as more of a challenge that needed to be proactively and, in some cases, creatively addressed. While time constraints and competing demands certainly limit the actual time many of these respondents have available for exercise, they see time issues not as a complete barrier to exercise, but rather as something that makes finding opportunities for exercise more challenging and which can be overcome.



- While living in a region with similar weather to Caribou, these more moderate-income respondents were much less likely to cite weather as being a reason for limited physical activity. Instead, residents saw the weather as more of a challenge, not a barrier. Additionally, these respondents appeared much more attuned to different options available for venues that would enable recreation during inclement weather (e.g. community rec centers, etc.).

Sanford

- A unique impediment to the notion of time- and work-based prohibitions is the rather high incidence of shift work among members of this community. This often makes for irregular working hours and, consequently, irregular hours for engaging in exercise activities.
- As in Presque Isle, these more moderate-income respondents appeared much more attuned to different options available for venues that would enable recreation during inclement weather (e.g. YMCA, rec dept., high school facilities, adult ed classes, etc.).

AWARENESS OF CDC GUIDELINES

- There was a general level of awareness of the CDC guidelines for physical activity reflected by only a few respondents in each lower-income groups.
- However, among the lower-income groups, it should be noted that all of these respondents mentioned that exercise or physical activity was required to “increase your heart rate” or induce sweating in order to be effective. There was virtually no awareness of the acceptability of dividing the recommended 30 minutes into smaller sessions of three 10-minute segments.
- In the more moderate-income groups, there was an increased sense of the guidelines, though few ascribed them to the CDC specifically. Similarly, there was some awareness among these respondents concerning the CDC’s suggestion of dividing exercise periods into 10-minute increments.



- Participants in the lower-income groups continued to focus on their perceived time constraints as the major impediment in adopting a regimen of increased physical activity. The majority of participants felt that finding the time to do three separate sessions would be more difficult than committing to a single 30-minute session. However, for those few who felt that the three abbreviated sessions would be more adaptable, given their lifestyles, the following activities were suggested as feasible:
 - Walking
 - Stair climbing
 - Brisk exercise (vacuuming, cleaning, etc. to a brisker pace)
- More moderate-income respondents also believed that while, superficially, exercising in 10-minute increments would appear to be more convenient, it was actually more difficult to find three separate occasions within their busy days where they could stop and engage in distinct periods of activity as opposed to a single, 30-minute period.

NUTRITION/HEALTHY FOOD CHOICES

Focus group participants were also queried about their perceptions of “healthy eating.”

- By and large, participants in each of the groups exhibited a fundamental awareness of healthy food choices: They described a healthy diet as being low in fat and sugar, and including plentiful amounts of fresh fruits and vegetables. Participants in more moderate-income groups also mentioned lean meats, low-fat methods of preparation, moderation in consumption, and appropriate amounts of water.
- The majority of these participants gauged their current dietary habits as “fair,” with roughly equal representation of participants who considered their current diet to be “good” or “poor”.
- “Good” diets consisted of attempts to include fresh foods. It is important to note that those respondents who considered their diets to be good spontaneously noted efforts to limit consumption of fast food, prepared foods, and frozen dinners.



- Those who considered their diets to be poor also spontaneously noted the inclusion of “junk food” and frequent consumption of “fast food”.
- Impediments to a more healthful diet were quite consistent across all venues: Participants noted that they would prefer a healthier diet, but were precluded from eating in a healthier fashion due to the scarcity of two key resources: time and money.
- Money is a more notable barrier among lower-income respondents, who cite difficulty in affording fresh fruits and vegetables and indicate that less healthy meals (including fast food) are often more economical.
- Time and scheduling difficulties are a more significant barrier among more moderate-income families who note how changes in the family unit/family dinners have resulted in more fast food and prepackaged foods, all oriented around the themes of convenience and saving time. In spite of this, many parents appear to make deliberate decisions to set aside time to prepare meals, spend time together, and avoid convenience-based fast foods as much as possible.
- There was a high degree of familiarity with the traditional “Food Pyramid,” but less certainty about what was actually good nutrition. Participants in Portland and Machias noted that there were many inconsistent messages about “good” foods, and noted that some experts extolled the virtues of pasta, while others did not. Similar comments were made in other venues concerning meats, eggs, milk and other foods. Sanford respondents also noted that it was difficult to know what was “currently” healthy, since the guidelines appeared to change with such frequency.
- The vast majority of lower-income participants reflected some level of confusion about what constituted a healthy diet after the inclusion of fresh produce. Differences in methods of preparation were not mentioned in these groups.
- Participants in lower-income groups in Machias, Rumford and Caribou also exhibited a degree of uncertainty regarding the preparation of fresh produce, when and if it was available to them. There appeared to be a strongly held opinion that including fresh produce in a diet was more time consuming in terms of meal preparation.



- However, the major impediment faced by these lower-income participants, was the high cost associated with fresh produce, and the fact that the produce did not have a long shelf life. With the majority of participants only shopping once a month, fresh produce was a luxury item that could only be enjoyed shortly after the shopping was completed. Other sources of fresh produce (home gardens, farmers' markets) were limited in terms of the short growing season.
- More moderate-income respondents are not faced with financial barriers with regard to fresh produce, but rather expressed frustration at the lack of good produce available to them. This is particularly true in Presque Isle as opposed to Sanford.
- According to lower-income respondents, the main benefits of healthy eating involve focus on weight control, general health, and appearance. There was virtually no spontaneous mention of impacting energy levels or learning skills. However, when prompted by the moderator, participants agreed that these were significant benefits, but they were clearly not top-of-mind.

FAST FOOD AND SODA

- Fast food appears to be a frequent staple for the majority of lower-income respondents, due in large part to the perception that it is easier to feed a family with limited resources, and the fact that it is considered to be more convenient. Several Machias and Rumford residents noted that they felt it was considerably cheaper to be able to feed a family of four at McDonalds.
- By contrast, more moderate-income respondents appear to see fast food as the exception rather than the rule. Many consciously avoid it at all cost, while others try to avoid it unless time and schedule dictate that it is the only option.
- Across both income ranges, typical consumption patterns range from once a week to several times a month, excluding those moderate-income parents who claim to avoid fast food altogether. For parents of children involved in team sports, frequency of eating fast food increases dramatically during game season when schedules are stressed even further.
- Among fast food specials, there is also a tendency to supersize among lower-income families, although frequently participants claim they supersize when sharing a meal with another person. More moderate-income respondents,



particularly those who avoid fast food, were critical of restaurant marketing that focused on supersizing and emphasized toys in children's meals.

- Soda is consumed by the majority of respondents in fairly large quantities, with many providing a caveat that they are drinking diet soda or mixing it with juice, implying it is a healthier choice. Several lower-income participants noted that they drink at least two liters of soda per day.
- Even more moderate-income respondents indicate drinking quite a bit of soda, with the exception of a few parents who forbid it in the household. Often times, soda is rationalized as a choice based solely on convenience when driving or purchasing a beverage from a vending machine. Some respondents see the predominance of soda in supermarkets and convenience stores as leading to increased consumption. Similarly, ease of access and habit tend to drive the consumption, with some respondents noting that it provided a bit of a break, or relief, for them.
- However, nearly all participants noted that while they themselves might drink soda, they make conscious efforts to limit the amount of soda that their children consume, preferring to have them drink juice. Efforts to limit soda intake for younger schoolchildren are seen as difficult for parents in that they feel that they cannot control what their children, primarily teens with their own money, consume once they leave the house.

FAMILY KIT

- Focus group participants were asked about the appeal and feasibility of a "Family Kit" which would be used to stimulate a commitment to healthier lifestyle choices. For the most part, participants felt that the kit would be a good idea. Particularly appealing was the availability of simple steps or interventions that they could commit to as a family.
- There was also a more limited appeal for the concept of rewards for participation. However, when the rewards translated to the availability of vouchers for more fresh produce, there was considerably more interest on the part of these respondents.
- Similarly, for parents of teenagers, there was some appeal to the availability of vouchers for sporting goods. However, the availability of access to sporting good stores makes this option less feasible in certain remote locations like Machias.



- Changes that were most likely to be adopted from the list provided were fairly consistent across all venues. Those that garnered the greatest levels of commitment and support were:
 - Limiting supersizing unless sharing a meal
 - Turning off the TV at mealtimes
 - Serving a fruit or vegetable at every meal
 - Buying only skim or 1% milk
 - Walking with children for 10 minutes a day, three times a week
 - Limiting fast food meals to once a week

ASSESSMENT OF PRINT ADS

Big Gulp

- Participants in the focus groups were shown three individual print ads, and asked to respond to them. Of the three, the most compelling to the majority of respondents was the “Big Gulp” spot, which provided new information to many about the sugar content of soda.
- Participants in the lower-income groups were most likely to read the spot in the event that they saw it in a newspaper or on a poster at a physician’s office. Similarly, moderate-income respondents felt the spot was very appropriate for a physician’s office or a school, but questioned whether the spot had the stopping power needed to prompt consideration in a cluttered newspaper.
- Most indicated that the information was startling to them and spontaneously noted that the availability of soda at schools was problematic for their children. The factual content “made sense” to these moderate-income respondents, who nonetheless noted that the facts as presented were startling.

Fries

- The depiction of French fries in the second ad, which was focused on illustrating the impact of supersizing, did not appear to act as a deterrent to fast food choices.
- The spot was seen as largely uninformative, and did not stimulate the kind of interest as the Big Gulp spot. The majority of respondents claimed to be



aware of junk food's deleterious effects and, as a result, did not find this message compelling.

- Compared to the Big Gulp spot, the Fries execution was seen as being devoid of any new or shocking information that would engage readers.
- As with the Big Gulp spot, the Fries piece was seen as appropriate for a physician's office or a school, but was not seen as engaging enough for the newspaper.

TV

- The TV spot was seen as informative and as providing new information, but not in the same initially disturbing way as the information called out in the Big Gulp spot.
- The most compelling element of the TV ad was the correlation with the prevalence of clogged arteries in young teens. The callout was seen as informative and disturbing, but not as direct as the facts about calories and sugar in the Big Gulp execution.

General

- The HMP logo and tagline were seen as imparting a degree of credibility to the ads, and as increasing the likelihood that they would be read. Several respondents noted that they would be less likely to dismiss the messages, or question their accuracy, if the information were presented by a division of the Bureau of Health. This reaction was similar across all income groupings.
- Awareness of the HMP brand was limited, with the exception of some more well read respondents in the moderate-income groups who had followed the settlement talks and the subsequent formation of the Partnership. However, the connection with the Bureau was largely credited with imparting credibility to the messages.

ASSESSMENT OF TELEVISION SPOTS

In addition to the "Family Kits" and print ads, participants were shown early stage television spots that dealt with themes similar to those presented in the print executions: consumption of soda and fast food.



- Although participants found both spots to be appealing and informative, the “Soda” spot was seen as much more visually disturbing and motivating. Parents felt that the music was appropriate, and were particularly moved by the glimpse of an overweight student moving across the screen.
- The overflow of soda into the glass was seen as a particularly effective vehicle to underscore the impact of soda consumption and the current levels of excess among today’s young people.
- A particularly disturbing element of the spot to many respondents was the factoid that teenage boys are consuming an average of 900 cans of soda per year.
- Again, this information spurred discussion concerning young people’s access to soda in school and when unsupervised by parents. The spot tended to mobilize certain parents to action, with the intention of eliminating soda sales at school.
- Although seen as entertaining, the “Fast Food” rough cut was somewhat less compelling overall, perhaps because the depiction of the French fries was not seen as particularly unattractive by participants, particularly lower-income respondents for whom fries are often a mealtime staple.
- Although these respondents recognized the ultimately negative theme of the spot regarding excessive consumption of fried foods, they were also quick to point out that they felt that the interactions between characters in the rough cut seemed positive and that the characters in the spot appeared to be having a good time. Unlike the visuals in the “Soda” spot that clearly presented the theme of the ills of excess, the visuals “Fast Food” execution did not clearly communicate a sense of negativity.
- Regionally, this spot was not seen as particularly effecting in inhibiting the frequency of fast food consumption to participants, particularly those in Machias and Rumford. However, it did appear to have a more pronounced impact in Presque Isle and Sanford.
- The spot was seen as fairly effective in reinforcing the concept that there are negative consequences for supersizing, particularly for children.



PERSPECTIVES ON TOBACCO USE/TAXATION ISSUES

As a final line of inquiry, participants were queried about their smoking habits and attitudes.

- In all but the Portland group, nearly half of the participants in the lower-income groups were current smokers. Incidence of tobacco use existed, but was more limited among the more moderate-income respondents in Sanford and Presque Isle.
- When asked about their opinions of the current level of the tobacco tax, responses were evenly divided among lower-income groups with a higher incidence of smokers. A certain percentage feel that the higher the tax, the greater the inhibiting factor on tobacco consumption. However, the majority of respondents felt that the tax was too high, particularly since they do not have any concrete awareness of what the tax is being used for.
- Non-smokers and former smokers in the groups tended to respond more favorably to continued taxation of cigarettes in order to fund health initiatives.
- It is important to note that there is a fairly solid level of skepticism attached to any taxation efforts, but particularly those involving tobacco, since there are few concrete correlations of the benefits of a tobacco tax on these participants, particularly lower-income respondents. None of the participants in any of the groups were certain of *how* the monies were actually allocated.
- Of those who felt that the tax was being applied to efforts aimed at reducing youth smoking, there was less of an objection to the tax, but there serious doubts as to *how much* was actually being applied to that effort.



STRATEGIC IMPLICATIONS

- There is clearly a strong disconnect between awareness of healthy behaviors and the ability or willingness to implement them evidenced by the majority of respondents, particularly those in the lower-income cohort. While more moderate-income respondents were able to draw this connection and have realized benefits of healthy activity and strong diet, lower-income respondents perceive significant barriers in this regard.
- This may be the result of the combination of actual barriers to implementation (such as the lack of availability of safe walking/biking areas, lack of awareness of exercise options in the community, and lack of income to purchase fresh produce) and perceptual barriers (such as feeling overwhelmed by the task at hand when combined with other elements of subsistence living, lack of motivation/sense of hopelessness, etc.).
- Participants in these groups did respond well to efforts to provide specific tips and tools for both increasing physical activity and healthier eating that could be easily assimilated into daily life. The ability to commit to a few, specific tasks seems less overwhelming than committing to an overall goal of “becoming physically fit.” Incremental changes that are cognizant of lifestyle issues are more readily adopted.
- A key difference between low- and moderate-income cohorts is the ability to alter one’s lifestyle and commit to the choice of better health and improved diet. While more moderate-income respondents had made these lifestyle choices in the face of a loss of convenience and greater outlay of funds, relatively few lower-income respondents appear willing or able to make and adhere to this type of commitment for the reasons outlined previously.
- Another important consideration among the lower-income cohort is somewhat less obvious. Although the majority of these respondents noted that increasing their physical activity was something that they needed to commit to “for themselves,” this positioning may make it easier to dismiss these efforts as selfish, in a population that is far too accustomed to making accommodations based on practical concerns. Correlating the ability to engage in more physical activity to a benefit that is focused on being more accessible (for a longer period of time) for one’s children may be a positioning that is more effective with this population.



- There also appears to be a concerted lack of awareness among the lower-income cohort both in terms of engaging in increased physical activity as well as in terms of how to eat in a healthier way without incurring additional time constraints in meal preparation. In many respects, a lack of awareness of tactical steps and options is a key driver in perceived barriers that are precluding families from engaging in physical activity and improved diet. Providing information, options, and encouragement concerning ways to become more physically active in one's own community and quick recipes for cost- and time-efficient meal planning efforts could make these task seem less insurmountable.
- More problematic to lower-income populations is the lack of resources to be used for fresh produce throughout the month, when food stamp vouchers limit shopping efforts to monthly excursions. If produce vouchers could be distributed on a weekly or bi-weekly basis, participants would be less likely to fear spoilage and more likely to incorporate fresh produce into their diets.
- Similarly, among more remote populations in the state, the limited availability of high quality fresh produce also poses a barrier for many families who wish to obtain fresh fruits and vegetables.
- Soda is also a major problem in terms of consumption for the lower-income population, many of who have developed high consumption habits and whose children are following suit and also consuming vast amounts of soda. Communications stressing the benefits (both nutritional and budgetary) of water (flavored with a spritz of juice or lemon or lime) and high-quality/no sugar added juices may begin to raise awareness of other options. However, easy access, low cost, and long shelf lives serve to draw parents to soda while options such as water and juice are seen as less desirable by some children. Parents did exhibit notable reactions to the concept of excessive soda drinking by their children when they cannot monitor their consumption, and might be more amenable to these messages if they felt that drinking water and juice could be made more appealing. More moderate-income parents were more likely to articulate steps to intervene in the soda-consumption of their children, albeit with the caveat that "you do what you can". The ready availability of soda, both in schools and recreational centers, is problematic in terms of limiting access according to these parents.
- It is also important to note that potatoes are a frequent staple of diets to low-income residents of Maine, particularly in northern regions of the state and that depicting French fries as an undesirable symbol of fast food is perhaps not the most effective deterrent. Rather, focusing on the grease and fat content of fast food meats may be a more effective image.
- The availability and promotion of a resource listing for free or inexpensive venues for physical activity (school gyms, tracks, walking trails, indoor mall space, etc) would be particularly beneficial in providing an additional impetus for participating in more physical activity when the weather (or safety issues) may be an impediment. This is



particularly true for lower-income residents who do not appear as proactive or resourceful in seeking out these opportunities as more moderate-income residents.

- In examining advertising executions, consideration should be given to alternative ways of intersecting the lower-income populations. Given current levels of newspaper readership and the demography of readership of large dailies, it is possible that newspaper print efforts may need to be supplemented by alternate means of print distribution in order to reach these disparate populations, such as doctor/clinic offices, WIC offices, schools, community centers, etc.
- The most effective executions, be they television or print, appear to follow a formula of succinctly presenting new and often disturbing information that serves to debunk an existing myth (i.e. soda is not that harmful, etc.), along with disconcerting visuals that reinforce the messaging. This formula was employed quite effectively in the soda-themed executions in both broadcast and print and less effectively in the fast food-oriented executions.
- It is also important to communicate the current utilization of tobacco tax revenues to improve the health of the Maine population, as a way of generating more support for the current levels of taxation. Currently, very few of these representative respondents are aware of the manner in which they benefit from tobacco tax revenues. These participants seemed particularly supportive of efforts to reduce prevalence in Maine's youth population, but need a broader awareness of the utility of the tax in order to be more supportive.



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DISCUSSION GUIDE

GENERAL INTRODUCTION

- Introduction of participants
- Get number of children in household, gender and age
- Topic: Healthy Eating and Exercise
- Ground Rules: All opinions are valid; No consensus required, etc.

PHYSICAL ACTIVITY

- How do you define “physical activity”?
- Now I would like you to think about the opposite, what do you think being “physically inactive” means?
- During the past 12 months have you participated in any physical activity such as aerobics, biking, running or walking for exercise?
- On a scale of 1-10, with 1 being very inactive and 10 being very active, how physically active are you now? How physically active would you like to be? Why?
- On average how much physical activity do you engage in during the week? Ask for examples of activities and duration of time.
- IF NOT ACTIVE, what are the top **five reasons** (“barriers”) that prevent you from being physically active?
- Do you know what the CDC recommendation for physical activity for healthy adults currently is? In other words, do you know how much exercise you should be getting during the week to achieve healthy benefits? (If no, tell them that it’s 30 minutes a day, 5 days a week.)
- What would it take for you to be physically active for 30 minutes a day, 5 days a week?
- Would it be easier if you broke up the 30 minutes into three 10-minute segments? What would you do during those 10 minutes to meet the CDC requirements? **GET SPECIFIC EXAMPLES.**



- Describe any physical barriers in your town or community that might make it difficult to be more physically active? [PROVIDE EXAMPLES IF NECESSARY: SIDEWALKS, NO SAFE PLACES, ETC.] What could you town or community do that might make it easier to be more physically active?
- What do you think are the benefits of physical activity? **Probe for underlying factors.** (e.g., *lose weight = less likely to have heart attack, can play with grandchildren*)
- If you have exercised in the past, have you experienced the following?
 - INCREASED ENERGY
 - IMPROVED SLEEPING PATTERNS
 - BETTER ABLE TO HANDLE DAILY STRESS
 - FEEL BETTER
 - IMPROVED SELF IMAGE
 - BETTER ABLE TO COMPLETE DAILY CHORES
 - LOSE WEIGHT
- What would you consider the most important to you?

NUTRITION/HEALTHY EATING

- What do you consider to be nutritious? How would you describe your nutrition habits? (GOOD, FAIR, POOR)
- If you perceive yourself not eating healthy, what are the top **five reasons** why you are not eating in a more healthy manner?
- What do you consider to be a healthy diet?
- Are you familiar with the food pyramid?
- Have you dieted to lose weight in the past twelve months? Have you ever tried dieting? **Probe with which diet?** how long?
- How often do you eat fruits and vegetables?
- What would it take for you to eat fruits and vegetables every day?
- How often do you drink soda?
- What would it take for you to stop drinking soda?



- On an average, please tell me how many times in an **average month** you eat out at fast food restaurants? Take advantage of offers to supersize your meal at a fast food restaurant?
- What would it take for you eat out at fast food restaurants less often?
- What do you think are the benefits of healthy eating? **Probe for underlying factors.** (e.g., *lose weight = less likely to have heart attack, can play with grandchildren*)

HEALTHY EATING AND EXERCISE

- How do you feel when you eat healthy and exercise regularly?
- How do you feel when you don't healthy and don't exercise regularly?

AD TESTING

- Test the kit: Ask questions about the **family kit**
- Test appeal of 3 print ads ;
 - Test familiarity/credibility of HMP
 - Test likelihood of reading the ad
 - Test recognition of new information
- What is your first reaction to this video?
- What message(s) is communicated?
- How do you relate to this video? What does it make you think about?
- How effective do feel this message is to you?



TOBACCO USE

- How many of you smoke? (Frequency?)
- What do you think about the current tax on cigarettes? (Too high, low or just right?)
 - What is the tobacco tax actually used for?



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