



# CRITICAL INSIGHTS

Strategic Market Research

**REPORT OF FOCUS GROUP  
FINDINGS:  
PERSPECTIVES ON PORTION SIZE  
YOUTH ACCESS TO TOBACCO**

**Prepared for:**

**CD&M Communications**

**Healthy Maine Partnerships**

August 2003

# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>3</b>
Background and Objectives.....	3
Methodology.....	4
<b>SUMMARY OF THEMATIC ISSUES: PORTION SIZE FOCUS GROUP .....</b>	<b>5</b>
<b>SUMMARY OF THEMATIC ISSUES: TOBACCO ACCESS FOCUS GROUP .....</b>	<b>7</b>
<b>SUMMARY OF FINDINGS: PORTION SIZE FOCUS GROUP .....</b>	<b>8</b>
Food Consumption/Physical Activity Overview.....	8
“Typical” Meal .....	8
Restaurant Eating Habits .....	10
Fast Food Eating Habits .....	11
Physical Activity.....	12
Additional Issues .....	12
<b>SUMMARY OF FINDINGS: TOBACCO ACCESS FOCUS GROUP.....</b>	<b>14</b>
Perspective On Tobacco Use.....	14
Access Issues .....	14
Additional Issues .....	16
<b>DISCUSSION DOCUMENT: PORTION SIZE FOCUS GROUP .....</b>	<b>18</b>
<b>DISCUSSION DOCUMENT: TOBACCO ACCESS FOCUS GROUP .....</b>	<b>22</b>
<b>SCREENER: PORTION SIZE FOCUS GROUP.....</b>	<b>24</b>
<b>SCREENER: TOBACCO ACCESS FOCUS GROUP .....</b>	<b>28</b>



# INTRODUCTION

## BACKGROUND AND OBJECTIVES

Healthy Maine Partnerships, in collaboration with its strategic marketing partner, CD&M Communications, is in the process of creating marketing communications materials promoting increased physical activity and nutrition. In particular, these efforts are intended to target low-income families and families in rural areas of Maine.

In the summer of 2003, a qualitative research effort was undertaken to explore prevailing attitudes and perceptions among this audience with regard to exercise and diet. While cognizant of the challenges faced by these populations, both CD&M Communications and the Healthy Maine Partnerships believed research was vital to obtaining a detailed understanding of:

- The obstacles that may prove to be inhibiting factors in the ability to pursue a healthier lifestyle; and
- The salience of the benefits of healthier choices concerning improved nutrition and increased physical activity.

To address these issues, a series of four focus groups were convened with residents in the Machias and Fort Kent areas. 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. 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**

Four groups of low-income adults were convened to deal with the topic of Portion Control.

- Groups were held on August 5th, 2003 in Machias, ME and on August 12<sup>th</sup>, 2003 in Fort Kent, ME.
- A total of 33 respondents took part across the four sessions.

Participants in the research were recruited for participation via telephone and screened to meet specific criteria using scripts and questionnaires developed collaboratively by Critical Insights and CD&M Communications. A copy of the discussion guide and screening document are appended to this document. Eligible participants were required to meet the following criteria for inclusion in the groups:

- Be age 18 to 64, with less than a 4-year college education and with children age 17 or younger living at home;
- Earn less than \$20,000 per year in total household income;

Additionally, a fifth focus group was convened among Fort Kent adolescents, ages 15 to 17 years old, to discuss tobacco access issues. This group was held on August 12<sup>th</sup>, 2003 in Fort Kent, ME and consisted of 11 respondents. A copy of the discussion guide and screening document are also appended to this document.

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.

Those meeting the above criteria were also screened for articulation and asked to participate in a pre-scheduled research session.



## SUMMARY OF THEMATIC ISSUES: PORTION SIZE FOCUS GROUP

- **Obesity is an Epidemic:** Respondents perceive obesity to be an epidemic which is equally attributable to poor diet and lack of exercise. Participants feel that Americans' "on the go" schedules leave them prone to eating quick, unhealthy meals at fast food restaurants and snacking throughout the day. Lack of exercise is perceived to be a result of busy schedules and the "couch potato" mentality.
- **Excessive Portions:** Whether it's eating a "family style" dinner at the table, eating out at a restaurant, or snacking, participants typically allow family members to serve themselves as much food as they want. Few respondents know that the appropriate portion size is roughly equivalent to a deck of cards. In addition, food preparation typically entails cooking more than would be required for a single sitting.
- **Food as a Reward:** Respondents reward their children with food. For example, children get rewarded with McDonald's for good behavior, good report cards or other achievements. Other respondents will give their children dessert as a reward for "cleaning their plates."
- **Eating Out is a Treat:** Respondents consider going out to eat to be a special occasion. As one respondent indicated, "*Going out to eat is a special event, like renting a movie.*" For this reason, they do not consciously choose healthy items from restaurant menus – they order whatever they want and typically eat until they are full. Most respondents patronize Mom and Pop style restaurants like the Bluebird, Sam's Café, and Helens'. Respondents generally go out to eat about twice a month.
- **Unwillingness to Ask for Half Portions:** When dining at a restaurant, respondents are highly unlikely to ask for their entrée to be divided. Their perspective of the experience of going out to eat is that it is a special "treat", and they relish the opportunity to eat as much as they want, in order to "get their money's worth".
- **Children Get to Eat What They Want:** Participants are reluctant to enforce healthy eating habits among their children. They often make whatever their child wants for dinner, like hot dogs and macaroni and cheese. When dining out, parents do not encourage healthy choices such as milk instead of soda or eliminating mayonnaise. Similarly, there is a lack of discernment in terms of what constitutes healthy snacks. Respondents allow their children to snack frequently on unhealthy items, such as muffins, bagels, fruit rollups or "cotton-candy" yogurt.



- **Children Snack Too Much:** Respondents allow their children to snack up to three times a day. Furthermore, kids are allowed to snack on a variety of unhealthy foods such as soda, chips, candy, and ice cream. In addition, popcorn, bagels and muffins are considered to be good snack food for children.
  
- **Children Are Allowed More Leeway in Eating at Home Because It Is Assumed That They Eat Healthy Meals at School or Daycare:** All of the children of these respondents are eligible for Free school lunch and breakfast programs, and thus parents assume that they are eating healthful meals at least twice a day. They are therefore less stringent in their demand that their children consume a healthy dinner as well, preferring to get something that the child will eat without a fuss.



## SUMMARY OF THEMATIC ISSUES: TOBACCO ACCESS FOCUS GROUP

- **Smoking Rate Increases in High School:** Participants feel that more of their peers are smoking because as kids become juniors and seniors in high school, there is more of an expectation/acceptance for smoking. Respondents indicate that as many as 80% of their peers have tried smoking and one in three kids currently smoke.
- **Cigarettes Highly Accessible:** Respondents claim that it is extremely easy for kids to purchase or acquire cigarettes. Primarily, kids have an older person or friend buy cigarettes for them. To a lesser extent, they “bum” cigarettes, steal them from family members, or go across the border to Canada.
- **Fort Kent Small/Close Knit Community:** As one respondent indicated, “*We all have the same last name in Fort Kent.*” Because Fort Kent is such a small, close knit community kids can always find an older person to purchase their cigarettes.
- **Stores Not Checking ID’s:** Participants claim that most Mom and Pop style stores, like GT’s and Gas ‘n Go, rarely check for identification. If employees do ask for an ID, kids show fake identification or simply say, “*I left my ID in the car.*”
- **Chain Stores Harder to Buy From:** Respondents will rarely try to purchase cigarettes at larger chain stores. Shop n’ Save was mentioned as the hardest place for kids to buy cigarettes.
- **High Levels of Awareness for the Dangers of Smoking:** None of the respondents smoke, and all respondents believe they will not be smoking in five years. Most participants have a family member or know someone who has suffered from smoking related health problems. As one respondent indicated, “*I’ve seen what smoking has done to people I love and I don’t want to do it to myself.*”



## SUMMARY OF FINDINGS: PORTION SIZE FOCUS GROUP

Following a brief introduction during which participants were introduced to each other and informed of the structure and purpose of the group, as well as the presence of videotaping and closed circuit feed, the discussion began.

### FOOD CONSUMPTION/PHYSICAL ACTIVITY OVERVIEW

To begin, respondents were asked whether they believe obesity among Americans has become an epidemic. As a whole, respondents feel that obesity has reached epidemic proportions effecting children and adults throughout the country.

Respondents were asked to indicate what they feel effects obesity more – what/how much we eat or how much physical activity we do. Generally, respondents do not believe that one factor effects the issue more, rather, respondents feel that it is an even combination of poor diet and lack of exercise that results in obesity.

- Fast food, soda, chips, and other processed foods high in fat and calories were listed as the main contributors to obesity. Respondents believe that one of the main reasons people eat fast food is because places like McDonald's provide quick, easy meals for people "on the go." Additionally, respondents feel that people are snacking too much. Several participants indicated that one of the main reasons they cannot lose weight is because they constantly snack after dinner.
- Respondents believe that Americans – primarily young children - are not getting enough exercise because they are spending too much time watching television, playing video games, and using the computer. As one respondent indicated, "*Children today have a couch potato mentality.*"
  - Generally, respondents feel that adults do not have enough time to exercise because they are too busy working or caring for the family.

### "TYPICAL" MEAL

The majority of participants sit down with their families to have a meal frequently – on average about five times per week. For the most part, breakfast and lunch are eaten on the go or while people are at work and school, so dinner is usually the designated time when families sit down for a meal.

- Most respondents have a list or general idea for what items they will purchase at the grocery store. However, very few respondents plan their meals ahead of time. In



fact, most respondents do not know what they will be serving for dinner until they get home from work.

- Several participants indicated that they make what their children request for dinner, because they know their kids will not eat foods they dislike. As one respondent remarked, *“I let my daughter have anything she wants for dinner as long as it’s not ice cream and chips. I know she eats well for breakfast and lunch so at night if she wants hot dogs and macaroni and cheese, that’s what we’re going to eat.”*
- Most respondents buy their food in bulk. On average, they go shopping at wholesale markets once every two weeks or once a month. Mostly, respondents purchase staple items in bulk such as meat, flour, potatoes, rice, and pasta. To a lesser extent, they also purchase snack items like chips, crackers, juices, and fruit.
  - Respondents are more likely to repackaging their staple items than they are to repackaging snack foods. Large bags of potato chips, for example, are left in the pantry just like any normal size bag of chips.
- Participants serve their meals family style. Only when the children are too young to serve themselves or when kids cannot be trusted to take enough food will respondents portion out the meal. Respondents tend to serve their meals family style because this is how food was served when they were growing up.
  - Respondents typically prepare more food than their families can eat. Even if there is food leftover, the meal can be used for snacks or lunches the next day.
- The likelihood that respondents will start meals with smaller portions is very low. Parents normally start kids out with smaller portions only when their children do not like the food being served. In general, respondents allow family members to serve themselves as much food as they want with little regard to portion size.
  - Very few respondents know that the appropriate portion size is roughly equivalent to a deck of cards.
  - Only one respondent, who suffered from obesity in the past and currently sees a nutritionist, discussed making a conscious effort to control her family’s portion sizes: *“I see a nutritionist and I think portion size has a lot to do with obesity. For example, four ounces of meat is all you’re supposed to have so I serve my children half of that. This way I know that if they have seconds, they still won’t be going over four ounces.”*
- Most respondents force their children to “clean their plates” because they do not want food to be wasted. Other parents enforce a rule that if their children want dessert they must “clean their plates.” As one respondent explained, *“If they want dessert then they have to finish their supper. That’s just something I grew up with.”*



- Two respondents firmly believe in *not* making their children clean their plates because they feel forcing children to eat increases the risk of obesity. *“My mother used to make me and all my brothers and sisters clean our plates and we’re all fat.”*
- The likelihood that family members will have a second portion seems to be dependent upon the meal being served. If the meal is something that everyone enjoys like pizza or hotdogs then people will have seconds. Several participants indicated that if they serve an unpopular meal their children will not finish their first portions and then get snacks from the pantry fifteen minutes later.
- Respondents order “take out” about once a week primarily from pizzerias and Chinese restaurants. Participants usually order more food than their families can eat with the intent that they have leftovers for future meals and snacks. This is typically not the case, however, with most respondents noting that the take-out is frequently finished at the original sitting.

## RESTAURANT EATING HABITS

- On average, respondents go out to eat about two times per month. Dinner is the most common meal people go out to eat for followed by breakfast and lunch. Participants typically eat at fast casual restaurants and Mom and Pop places like the Bluebird, Sam’s Café, and Helen’s. Value and good food are the number one concerns among respondents, because they want to ensure they get “good food for a great price.”
- For the most part, respondents finish their entire meals at restaurants. If there is food leftover, they may or may not ask for a doggie bag depending on where they are dining.
  - For example, if they are dining at a local restaurant, like the Bluebird, then they would have not hesitate to ask for a doggie bag. As one participant explained, because she knows the wait staff at the Bluebird she would not feel uncomfortable asking for a doggie bag.
  - Respondents would be less likely to ask for doggie bags at restaurants in Portland or Ellsworth. Being out of town where no one knows them would make some respondents have increased feelings of hesitancy and awkwardness.
- Respondents exhibited similar sentiment toward the sharing of entrées at restaurants. Again, if they are at a local restaurant and the entrées are too big for them to eat, respondents will share main courses. However, if they dine at a restaurant in Portland, for example, they would be less likely to do so. One respondent explained that she recently went out to eat with a family member in Portland and when she



offered to share an entrée on the menu, her dinner companion said, “*You don’t do that (share meals) here.*”

- Respondents admit they have ordered an appetizer or side dish as their main meal. Typically they would only do this if the appetizer or side dish was the same size as a regular meal, like a mixed platter of hors d'oeuvres
- Many respondents request that their salad dressing, butter or sour cream be put on the side. For the most part, respondents do not do this for health reasons, rather they simply prefer the taste of their food with a specific amount of condiment.

## **FAST FOOD EATING HABITS**

- Participants purchase fast food about once a week at establishments like McDonalds, Subway, and Taco Bell. Often they get fast food as a treat for their kids or because they are just in need of a quick meal. Participants admit that they sometimes “supersize” their fast food meals. When they do “supersize” their meals it is usually all for themselves and not to share.
  - When asked if they would consider intentionally leaving some of their fast food uneaten, most respondents said they would not do this. Going out to eat at fast food restaurants is a treat so they allow themselves and their children to eat until they are full.
  - Respondents only order smaller sized meals when they know their children cannot finish a regular sized portion.
  - Very few respondents choose healthier options like milk instead of soda or no mayonnaise or dressings on their sandwich. Again, respondents typically allow their kids to get what they want because eating out at McDonald’s is a treat.
    - A few respondents felt that giving their children milkshakes to drink was a healthy alternative to soda.
  - Respondents indicate that toy offerings are a big trigger for their children wanting to go to McDonald’s or Burger King. One mother talked about how her kids will often not eat the food, they just want to play with the toys.
- Participants were then asked: *If you knew that one option to becoming healthier was to eat half of what you order, then take the rest home in a doggie bag for another meal, how likely would you be to do that?* Most respondents would not choose this option. Respondents claim they would feel uncomfortable and embarrassed asking a waitress to divide their meals before being served.
  - *“If I go out to eat, I go out to enjoy myself. It would embarrass me to ask for half portions.”*



- Primarily, though, respondents consider going out to eat to be a special occasion. Respondents emphasized that they do not eat out often so when they do go out they want to enjoy themselves and eat as much food as they want. The following verbatims reflect this sentiment:
  - *“Going out to dinner is a treat for me. When you’re on a fixed income and you only go out to eat once a month, to me, it is the biggest treat of the month.”*
  - *“When I go out to eat I want to sit and relax and enjoy my meal. I don’t get taken out that often so if I want baked stuffed haddock then that’s what I’m going to eat.”*

## PHYSICAL ACTIVITY

- Next, the discussion shifted toward the topic of physical activity. To begin, respondents were asked to list the health benefits associated with exercise. Participants mentioned feeling good, having more energy and having feelings of accomplishment. Several participants have lost weight in the past and believe that one of the most rewarding aspects was gaining the confidence that they could accomplish something they once thought impossible.
- Respondents were then asked to think about what types of activities they can do at home to make them more physically active. The top responses were gardening, playing with the kids, and home improvement projects.
  - Respondents do not consider climbing stairs or vacuuming to be exercise. As one respondent remarked, *“I just think of climbing stairs and vacuuming as normal daily activity.”*
- During the spring, summer, and fall months respondents go biking, running, walking, and swimming. In the winter, they typically ice skate, sled, snowshoe, and ski. Also, many respondents’ children participate in school sports.
- Fort Kent residents exercise at Riverside Park, the high school track, or the paved railroad tracks. Machias residents seem to be less satisfied with the recreational venues available. They want the town of Machias to widen the shoulder lanes for bikers, pave over the railroad tracks, and open a public recreation center.

## ADDITIONAL ISSUES

- Participants tend to be quite lenient regarding snacks. On average, respondents will allow their children to snack 2-3 times per day – once in the morning, once in the afternoon, and one time after dinner. And respondents typically allow their children



to snack on anything they want. When asked what types of snack foods they store in the house, respondents listed chips, candy, Gogurt, popcorn, crackers, and leftovers.

- Next, respondents were introduced to some tobacco-related issues. The majority of participants are aware of the Maine Tobacco Hotline. However, respondents showed low levels of awareness for the specific nature of the program. For example, very few respondents knew that the Maine Tobacco Hotline offered free one-on-one consulting and medication.
  - Respondents who smoke are not likely to use this hotline. As one respondent explained, *“I don’t believe it (the Maine Tobacco Hotline) can change your willpower by giving you positive feedback.”*
- Most participants do not have a problem with smoke-free restaurants, as they understand that people should be allowed to eat without cigarette smoke. However, there was more disagreement regarding smoke free zones in bars. Several respondents indicated that smoking in bars should be allowed because going to bars is an activity participated in by consenting adults and children are not effected. Furthermore, respondents perceive there to be high incidence of smoking at bars, and consequently, they feel bar patrons should not be forced to go outside for a cigarette. As one respondent indicated, *“Personally, I feel smoker’s rights are being taken away.”*



## SUMMARY OF FINDINGS: TOBACCO ACCESS FOCUS GROUP

Following a brief introduction during which participants were introduced to each other and informed of the structure and purpose of the group, as well as the presence of videotaping and closed circuit feed, the discussion began.

### PERSPECTIVE ON TOBACCO USE

- To begin, respondents were asked if they think their peers are smoking more or less than they did a few years ago. Across the board, respondents believe there is an upsurge in teen-age smoking as kids become juniors and seniors in high school. Participants believe this is because as they get older there are more people around them who smoke and influencing their decisions to smoke
  - *“I think part of the reason kids our age are smoking more is because there are more influences around us. For example, my best friend smokes.”*
- Within the group, there were no current smokers and very few respondents admit to ever trying a cigarette. Still, respondents believe that about 1 in 3 kids their age smoke. They feel that as high as 80% of kids their age have at least tried a cigarette.
- Even though cigarette smoking can become an expensive habit, respondents do not feel that the cost of cigarettes deters kids from smoking. Respondents believe that once kids become addicted they are more willing to spend money for cigarettes.

### ACCESS ISSUES

- Participants listed a variety of ways that kids in Fort Kent acquire cigarettes including “bumming” them from friends and stealing them from their parents. However, minors will primarily buy their cigarettes at stores by getting an older friend or adult to purchase the cigarettes for them. Fort Kent is such a small community that it is easy for kids to find someone to buy their cigarettes.
  - *“Being from a small town, everyone knows everyone so there’s always someone you can ask to go buy you cigarettes.”*
  - *“We all know older people of age who can buy cigarettes for us. It’s (cigarettes) not that hard to get.”*
- Often minors do not need others to purchase their cigarettes because stores are lenient in checking for identification. Respondents know kids who have either purchased cigarettes with fake ID’s or by using an older sibling’s driver’s license.



- *“I had a fake ID and many people (store clerks) didn’t even bother looking at the ID. They just said, “Oh you have one,” and we were able to buy cigarettes.”*
- Several respondents indicated they know kids who have successfully employed the *“I forgot my ID in the car”* line.
- Respondents indicated that they also have the option to walk across the border to Canada where vendors are even more flexible selling cigarettes to minors. The border patrol is not strict so kids find it easy to come and go as they please.
- Even though large groups of Canadian teen-agers frequently cross into Fort Kent, respondents do not believe that they are providing their American friends with cigarettes. Again, it is so easy for kids to purchase cigarettes on their own they do not need Canadians to smuggle packs in for them.
- Mom and Pop style convenient stores, like GT’s and Gas ‘n Go, are the number one destination where kids buy cigarettes. These are the types of stores where fake ID’s are most likely accepted or showing proof of age is not needed. Respondents feel that store owners are not as concerned with enforcing laws as they are with making money. As one respondent indicated, *“I think a smaller store just wants to make a dollar so they take a chance.”*
- The hardest place for kids to purchase cigarettes is Shop ‘n Save. Respondents indicated that Shop ‘n Save is very strict in terms of checking for identification, they always ask for an ID and then scan it through their registers. In general Shop ‘n Save and other large chain stores are the hardest places to buy cigarettes.
  - Respondents do not know any kids who have gotten cigarettes over the Internet.
- All respondents are aware of a situation in which a parent is knowingly providing their underage children with cigarettes. Respondents feel this occurs when the relationship between parent and child is more of a friendship.
  - *“Mt friend’s mom was tired of her son getting in trouble for trying to buy cigarettes so she finally gave up and started buying cigarettes for him.”*
- Respondents feel that kids will always be able to purchase or acquire cigarettes despite new prevention laws. As one respondent indicated, *“It’s so easy for kids to get cigarettes in a town like this. Even if they make the law stricter kids can still get cigarettes from someone they know. It’s almost impossible to stop them.”*



## ADDITIONAL ISSUES

- While no respondents in the group have an older sibling who smokes, three respondents have a parent who smokes cigarettes. About half of respondents admit that one of their four closest friends smokes. Given the large number of people around them smoking, respondents were asked why they have chosen to remain smoke-free. In general, respondents indicate that they are not smoking because of relatives or friends they have who have been effected by cigarettes.
  - *“My grandmother’s best friend just died of lung cancer. My parents smoke and I see what it does to them. My grandfather has the worst cough now because he’s been smoking all his life... So I don’t want to make the same mistakes as them.”*
  - One respondent has a 17 year-old friend with emphysema.
- Respondents were asked to describe the typical smokers and non smokers their age. Smokers are generally kids who “party” a lot, and non-smokers are generally the good students and the kids who don’t go out and “party” on the weekends.
  - One respondent said that one of her close friends who smokes tends to act like she’s a lot older than she really is.
  - Several respondents admit they are often shocked to discover that a non-partier/good student smokes cigarettes.
- Interestingly, respondents say they no longer receive much anti-tobacco-related information now that they are in high school. Respondents believe the reason for this is because the administration probably thinks kids in high school have already made their decision whether to be a smoker/non-smoker.
- When asked to recall anti-tobacco messages their school has provided them with, respondents mentioned having speakers, the “No Excuse” pins, and watching videos. One video that was particularly memorable displayed explicit images of lung cancer and cancer of the mouth.
- Many participants mentioned awareness for the “truth” commercials. Specifically, they remember commercials in which body bags are dropped off at big tobacco headquarters and one in which a tobacco executive tells the Senate cigarettes are non-addictive.
- All respondents believe that if they were to start smoking they would eventually become addicted. When asked what are the chances they will be smoking in five years, every respondent indicated they absolutely will not be smoking. As the following verbatims show, respondents are not going to start smoking because they have seen how it has effected the lives of people around them and they don’t want cigarettes to have the same detrimental effects upon their lives:



- *“Most of my family smokes so I know the bad stuff that can happen.”*
- *“Not a chance because I do sports and I don’t want cigarettes to make me worse.”*
- *“There’s no chance. I won’t be around people who smoke. It gives me headaches and makes me sick. I know it will effect me more if I smoke.”*
- *“I’ve seen what smoking has done to people I love and I don’t want to do it myself.”*



# DISCUSSION DOCUMENT: PORTION SIZE FOCUS GROUP

## GENERAL INTRODUCTION

- Topic: Healthy Habits
  - Talking about diet & exercise
  - Evaluating some educational materials
- Ground Rules: All opinions are valid; No consensus required, etc.

## FOOD CONSUMPTION/PHYSICAL ACTIVITY OVERVIEW

- Recently there has been a lot of media focus on the increasing levels of obesity among Americans. Two areas of focus have been on *food consumption* and *physical activity*.
  - Which do you think effects this issue more - what/how much we eat or how much physical activity we do?
  - If you had to choose between becoming more physically active or changing your eating habits to change your weight, which would you be more likely to do?

## “TYPICAL” MEAL

- Now, I would like you to think about a typical meal with your family. On average, how many times a week does the whole family sit down together for as meal?
  - Do you plan your meals ahead of time? For example, do you write a grocery list and plan the meals accordingly?
  - How frequently do you buy your food in bulk?
    - Why do you buy in bulk quantities?
    - What do you typically buy in bulk?
    - Do you repackage bulk items? For example, do you take a large bag of chips and make smaller bags?
  - When preparing your meals, do you prepare your meals for the number of people you serving? For example, if you had 4 people in your household your meal was prepared for 4 people. OR, do you prepare more portions than your family needs? Why?
  - When serving the meal, do you serve “family style”? All the food on the table? Do people tend to serve themselves? OR, is the food portioned on each plate?



- What do you think of starting the meal with a smaller portion? Has this been tried in your hh?
- Do you tell your children to “clean their plates”? Are the plates typically “cleaned” by adults?
- How frequently do people at the table have seconds (more than one helping)? Who is most likely to have additional helpings?
- What about take-out? How frequently do you order “take out”?
  - Who do you typically order “take out” from?
  - When eating “take out” for a meal is it usually consumed at one sitting? OR, is some saved for another meal?



## RESTAURANT EATING HABITS

- Now, thinking about when you go out to eat.
  - When you go out to eat, where do you typically go out? What are your typical choices? (ie. Truck stops, roadside mom and pop places, fast food restaurants, fast casual restaurants, or regular sit down restaurants)?
  - What makes you choose one place over another? [**PROBE:** value, convenience, good food, kids like it (toy included with meal), atmosphere, variety of food, location, etc.]
  - In a typical month, how often do you typically go out to eat? In a typical month, how frequently do you think that you eat *breakfast* outside the home? *Lunch?* *Dinner?* *Snacks?*
  - Is the entire serving usually eaten? Do you ever order the large size? Why do you order the large size?
  - If the entire serving is not eaten, do you ask for a doggie bag? Why or why not? [**PROBE:** underlying resistance for doggie bags such as perception that it makes them look cheap, inconvenient for restaurant staff, etc.]
  - Do you ever share the entrée? Why or why not? Have you thought about sharing an entrée? [**PROBE:** any perceived resistance from restaurant to sharing a serving]
  - Have you ever ordered an appetizer or side dish instead as your meal? Would you considering ordering an appetizer or side dish instead of the main dish?
  - Do you ever order things like salad dressing, butter or sour cream on the side?

## FAST FOOD EATING HABITS

- Specifically thinking about fast food restaurants, when ordering at a fast food restaurant, do you “supersize” your meal? Do you share the food?
  - Is the entire meal usually eaten? Do you or your child leave some food? What do you think of leaving some of the food?
  - Do you ever order a “smaller” size at a fast food restaurant? Why?
  - Do you ever choose healthier options such as milk for the drink, no mayo, or dressings on the sandwich?



- Do you ever order the salad as a main dish?
- Do you ever frequent a fast food restaurant because of the toy being offered with the meal?
- If you knew that one option to becoming healthier was to eat half of what you order, then take the rest home in a doggy bag for another meal, how likely would you be to do that? Would you encourage your kids to do that?

## PHYSICAL ACTIVITY

- Now, turning the discussion to exercise.
  - What do you think the benefits of exercising are? (Weight loss, improved health, energy levels increased, flexibility, etc.)
  - When thinking about exercising in your home, what types of activities can you do to make you more physically active? [**PROBE:** dancing, vacuuming, walking up & down stairs, etc.]
  - Did you know that any activity that causes some exertion can improve your health?
- As you know, we had a rough winter this past year.
  - What do you typically do during the cold winter months? What types of physical activities do you do during the winter?
  - Do you participate in any winter sports such as skiing, ice skating, snowshoeing, etc?
  - On a scale of 1 to 5 where a 1 means “not at all physically active” and a 5 means “extremely physically active,” how active would you say your lifestyle is in the winter?
  - What types of resources are available in your community to keep you physically active during the winter months? [**PROBE:** ice skating rinks, walking trails, etc.]
  - What do you think your community could provide to make more people physically active in the winter?



# DISCUSSION DOCUMENT: TOBACCO ACCESS FOCUS GROUP

## GENERAL INTRODUCTION

- Topic: Tobacco Use
- Ground Rules: All opinions are valid; No consensus required, etc.

## PERSPECTIVE ON TOBACCO USE

- There has been quite a bit of discussion about tobacco use among kids. From your perspective, do you think kids your age in this area are smoking more or less than they were a few years ago?
  - Why is that?
  - Approximately what percentage of kids your age smoke in the Ft. Kent area?
  - What about the cost of cigarettes; Is that a factor in how much kids smoke?
  - How many of you have tried cigarettes? How many currently smoke at least once a day?

## ACCESS ISSUES

- In general, how do most underage kids get hold of cigarettes? (list; probe)
  - What percentage are bought, as opposed to borrowed from friends or stolen from parents?
- On a scale of 1-5, where 1 is “easy” and 5 is “very hard”, how easy is it for kids to buy cigarettes in this area?
  - Is it necessary to have a fake ID?
- Where have you (or your friends who smoke) gotten their most recent pack of cigarettes?

Convenience Store	
Discount Store	
Drugstore	
Gas Station	
Internet	What website? www.
Restaurant	
Vending machine	



- In your opinion, where is it easiest to get cigarettes if you are under age?
- Who typically will check ID, and who won't? (by store type)
- When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to **show proof of age**?
  - Have you, or have any of your closest friends ever been refused (because of your age) when you tried to buy cigarettes?
    - Have you ever been able to convince somebody to sell cigarettes to you when they initially refused?
- Do you have a sense that retailers actually take this law seriously?

Do you think that the retailers in your area think it's OK for kids under 18 to smoke?



## SCREENER: PORTION SIZE FOCUS GROUP

Hello. My name is \_\_\_\_\_, and I work for a public opinion research firm called Critical Insights. We are currently interested in speaking to parents of children under the age of 18 about healthcare issues. We are merely conducting research, and are not attempting to sell you anything. Could I speak with the person who makes decisions about health-related issues in your household?

1. Do any of your children under the age of 18 currently live with you?
  1. YES      °      **CONTINUE**
  2. NO        °      Ask to speak to decision maker; Repeat Intro.
  
2. Do you, or does anyone in your immediate family work for a marketing research firm, advertising agency, or public relations firm?
  1. YES      °      Those are all the questions I have. Thank you for your time.
  2. NO        °      **CONTINUE**
  
3. When, if ever, was the last time you participated in a focus group discussion?
  1. 0-12 MONTHS    °    Those are all the questions I have. Thank you for your time.
  2. 1 YEAR OR LONGER/ NEVER °      **CONTINUE**
  
4. What is the last level of education that you have completed?
  1. GRAMMAR SCHOOL (1 – 8) °    **CONTINUE**
  2. SOME HIGH SCHOOL           °    **CONTINUE**
  3. HIGH SCHOOL GRADUATE °    **CONTINUE**
  4. SOME COLLEGE                   °    **CONTINUE**
  5. COMPLETED JR /COMM. COLL.    °    **CONTINUE**
  6. COLLEGE GRAD. °    Those are all the questions I have. Thank you for your time.
  7. POST GRAD. °    Those are all the questions I have. Thank you for your time.
  8. DON'T KNOW/REFUSED



5. Into which category does your age fall?

- 1. 18 to 24
- 2. 25 to 34
- 3. 35 to 44
- 4. 45 to 54
- 5. 55 to 64
- 6. 65 and older ° Terminate
- 7. DON'T KNOW/REFUSED ° Terminate

6. Including yourself, how many people live in your household?

- 1. ONE ° THANK AND TERMINATE
- 2. TWO
- 3. THREE
- 4. FOUR
- 5. FIVE
- 6. SIX
- 7. SEVEN
- 8. EIGHT

7. What are the ages of your children?

---

8. Into which of the following categories does your household income fall?

1.	\$20,000 or less ° CONTINUE
2.	\$21,000 or more ° THANK AND TERMINATE
8.	DON'T KNOW ° THANK AND TERMINATE
9.	REFUSED ° THANK AND TERMINATE



9. Would you say you are very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable sharing your opinions with a group?

- 1. VERY COMFORTABLE                   ◦       **CONTINUE**
- 2. SOMEWHAT COMFORTABLE           ◦       **CONTINUE**
- 3. SOMEWHAT UNCOMFORTABLE       ◦       **CONTINUE**
- 4. VERY UNCOMFORTABLE           ◦       Those are all the questions I have.

Thank you for your time.

**ARTICULATION SCREEN:**

Now, I would like to ask you a simple question to get your mind going. There are no right or wrong answers to this. If you could leave tomorrow for your dream vacation, where would you go and what would you like to do?

**(MUST PROVE ABILITY TO SPEAK CLEARLY AND TO BE EASILY UNDERSTOOD.)**

---

---

---

**IF ABLE TO SPEAK CLEARLY AND TO BE EASILY UNDERSTOOD, PLEASE INVITE:**

The reason for these questions is that we are conducting a market research study and would like to invite you to participate. The discussion group will be held on:

- 1. GROUP 1 and 2 - **MACHIAS**: Tuesday, August 5, at 6:00 P.M. at the University of Maine at Machias in Torrey Hall:

The discussion will last approximately 90 minutes and you will receive \$50 for your participation. Would you be interested in participating in this study?

- 1. YES                   ◦       **CONTINUE**
- 2. NO                   ◦       Those are all the questions I have. Thank you for your time.



Could I please have your first and last name? **VERIFY SPELLING!**

\_\_\_\_\_

What is your mailing address? **VERIFY SPELLING!**

\_\_\_\_\_

I reached you at... \_\_\_\_\_ **VERIFY PHONE NUMBER.**

What is your fax number? \_\_\_\_\_

Thank you for agreeing to participate. We will be sending you a confirmation letter with directions to [INSERT VENUE]. If you are unable to participate, please call us at 780 - 8096 so we can fill your place. We look forward to hearing your ideas.

INTERVIEWER \_\_\_\_\_

DATE \_\_\_\_\_



# SCREENER: TOBACCO ACCESS FOCUS GROUP

## ASK FOR ADULT WHO LIVES IN HOUSEHOLD.

Hello. My name is \_\_\_\_\_, and I work for a public opinion research firm called Critical Insights in Portland. We are currently interested in speaking to young people aged 15-17 in a focus group setting about health, physical activity and nutrition-related issues. Do you have any children within that age group currently living in your household?

- 1) YES          CONTINUE
- 2) NO           Thank you for your time

Would you have any objection to our speaking with your child in order to determine if he or she meets the guidelines for the focus group? We are merely conducting research, and are not attempting to sell anything, or to enroll your child in any type of program.

- 1) YES, I OBJECT                  Thank you for your time
- 2) NO, NO OBJECTION            **CONTINUE**

Before speaking with your child, I have two quick questions for you. Do you or does any member of your immediate family work for a marketing research firm, advertising agency, or public relations firm?

- 1) YES                          Those are all the questions I have. Thank you for your time.
- 2) NO                          **CONTINUE**

Do you or does anyone in your immediate family work in the media (newspapers, television, radio)?

- 1) YES                          Those are all the questions I have. Thank you for your time.
- 2) NO                          **CONTINUE**

## WHEN YOUNG PERSON COMES TO PHONE:

Hello. My name is \_\_\_\_\_, and I work for a public opinion research firm called Critical Insights in Portland. We are currently interested in speaking to young people in grades 6-8 about their thoughts and ideas regarding health. We are merely conducting research, and are not attempting to sell anything, or to enroll you in any type of program.

How old are you?

- 1. BELOW 15                    Those are all the questions I have. Thank you for your time.
- 2. 15                            **CONTINUE**
- 3. 16                            **CONTINUE**
- 4. 17                            **CONTINUE**
- 5. 18 or older                  Those are all the questions I have. Thank you for your time.
- 4. DK/RF                       Those are all the questions I have. Thank you for your time.

2. Have you participated in a focus group discussion within the past year?

- 1) YES          Those are all the questions I have. Thank you for your time.
- 2) NO           **CONTINUE**



RECORD GENDER:

MALE  
FEMALE

**INVITATION:**

You are invited to attend a small discussion group to be held at:

**Fort Kent GROUP:** on Tuesday August 12, 2003, at 4:00 P.M.

The discussion will last approximately 60 minutes and you will be paid \$35 for your participation. Can we count on you to attend and will you have transportation?

- 1. YES  CONTINUE
- 2. NO  Thank you for your time.

Could I please have your full name: **PLEASE VERIFY ENTIRE SPELLING!**

\_\_\_\_\_

Could I please have your address: **PLEASE VERIFY ENTIRE SPELLING!**

\_\_\_\_\_  
\_\_\_\_\_

Could I please have your phone and a fax number if available:

EVENING PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Thank you for agreeing to participate. We will be sending you a confirmation letter with directions to ???. If you are unable to participate, please call us at 780 - 8096 so we can fill your place.

We look forward to hearing your thoughts and ideas.

INTERVIEWER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

