

CDC Health Communication Evaluation Services Project
Task 08: Formative Research for a
Nutrition and Physical Activity
Health Communication Campaign

HEALTHY EATING AND
PHYSICAL ACTIVITY:
FOCUS GROUP RESEARCH WITH
CONTEMPLATORS AND PREPARERS

Submitted to:

Nutrition and Physical Activity Communication Team
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Atlanta, Georgia

Submitted by:

Westat, Inc.
1650 Research Boulevard
Rockville, Maryland 20850

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EXECUTIVE SUMMARY

Purpose of Study

This focus group study was part of a multiphase research effort intended to inform the design of a national campaign to encourage healthier eating and increased physical activity among a target audience. It was conducted under the auspices of the Centers for Disease Control and Prevention's (CDC) Nutrition and Physical Activity Communication Team (NuPACT).

The goals of this research were to:

- Explore participants' perceptions of the importance of good health in general and healthy eating and physical activity in particular;
- Explore participants' perceptions of important determinants of and barriers to increased physical activity, healthier eating, and the combination of physical activity and healthy eating;
- Assess participants' knowledge of the impact of poor nutrition and sedentary lifestyle on health;
- Explore participants' knowledge related to recommendations for physical activity and a healthy diet;
- Assess participants' reactions to the idea of messages that combine healthy eating and physical activity information; and
- Investigate participants' perceptions of the credibility of sources (both organizational and personal) for healthy eating and physical activity messages.

Background

A total of 136 people participated in 16 groups conducted in four cities (Atlanta, Georgia; Baltimore, Maryland; Kansas City, Kansas; and Los Angeles, California) during March and April 1995. Participants were white and African American adults aged 29-54 who were in either the contemplation or preparation stages for improving their eating habits and/or becoming more physically active. Groups with men and women and with African

American and white participants were conducted separately. Also, separate groups were conducted with healthy eating “contemplators and preparers” and with physical activity contemplators and preparers. Participants’ education levels ranged from high school completion to some graduate-level coursework and were mixed within groups. Also mixed within groups were participants who did and did *not* have children under 18 living in their homes.

Findings

On the following pages, general findings will be discussed first, followed by highlights of the findings within the five discussion guide topic areas. Finally, considerations for campaign planning derived from the findings will be offered.

At the outset, it is important to note that many similarities and few differences existed across the demographic groups. For example, participants across all groups reported facing the same barriers, appreciating the same benefits, and feeling the same motivations to change. All groups were similar in their skills, knowledge, and behaviors regarding healthy eating and physical activity.

Overarching Themes

Five overarching themes were evident throughout the groups’ discussions. These themes consistently emerged in all of the groups and colored participants’ discussions. The themes are particularly noteworthy because they were evident during all phases of discussion, and because most of them surfaced despite the fact that they were not directly addressed in the discussion guide.

- ◆ **Family is a priority** - Family—especially the members of one’s household—appeared to be a key influence on participants’ eating habits and physical activity levels. Also, “being happy with my family” was consistently ranked among the top three in a 10-item “Life Priorities” exercise completed by participants. Family was as important to those participants who do not have children as it was for those who do.

◆ **Life is busy and stressful** - Regardless of their life situation, participants shared a perception that life is busy and stressful. For example, virtually all participants complained about rushing through their days and expressed an acute need for convenience (e.g., fast food, gym nearby home). Lack of time was a chief barrier to healthy eating and physical activity for participants. However, the increased energy and stress relief benefits of healthy eating and physical activity were valued by participants.

◆ **Life stages influence behavior** - Children's ages, more than the ages of parents/participants themselves, influence behavior and lifestyle. Babies' and toddlers' parents spend considerable time in and near home, cooking and eating at home and chasing after their children in the house or at the park. Parents of children from elementary age to early teens devote considerable time to their children's activities away from home (e.g., chauffeuring to and from friends' homes, sports team practices). They tend to feel very busy and to eat on the run, very frequently at fast food restaurants. Once children reached their mid- to late teens, parents reported turning inward and having more time and energy to spend on themselves individually or as a couple (e.g., golfing together or preparing gourmet meals).

Some participants noted age-related changes in their own bodies (e.g., not being physically able to do the kinds of exercise they had once done) or health problems suffered by friends their age (e.g., heart attacks, high blood pressure) as signals of their changing life stages.

◆ **Spiritual, mental, and physical health are connected** - "Being healthy" incorporated more than just physical health for these participants. For many, family troubles, stress, or lack of spiritual well-being could contribute to a sense of poor health as much as any physical ache or pain.

◆ **Being healthy is desirable** - Participants valued good health, perhaps because they were already contemplators and preparers for healthy eating and physical activity. Health is especially valued for enabling one to meet daily responsibilities and also to enjoy life's pleasures. Additionally, healthy eating and physical

activity were seen as deeply intertwined and related to being healthy overall.

Themes Specific to Healthy Eating and Physical Activity

Many of the barriers, benefits, and motivators were the same for both healthy eating and physical activity. Lack of time and internal motivation were the chief barriers for both. Benefits included having more energy to do the things one wants and needs to do in life, losing/controlling weight, averting chronic diseases, feeling good, and looking good. Motivators included setting a good example for children, wanting to live a long life for grandchildren, and having someone else in one's life implement changes. Lack of knowledge was not a primary reason for not initiating dietary or physical activity changes.

Participants spoke of healthy eating and exercise as “phases” (e.g., “when I was in my exercise phase”) rather than as lifelong changes. Women, in particular, often explained that their current weight was not their “normal” weight and told of times in their lives when they had been thinner. Most participants have had extensive experience with attempting changes in exercise and eating habits. They were very knowledgeable about exercise (e.g., knew the exercise “prescription,” owned equipment, had taken aerobic dance classes) and healthy diet (e.g., knew lower fat cooking methods, knew the importance of fruits and vegetables) and also understood firsthand how difficult these changes are to maintain.

Participants across the board felt barraged with ever-changing health-related information. They were weary of new messages, particularly those that contradict others they have heard. Many used the often contradictory nature of health recommendations as a reason, or an excuse, for not changing their behavior.

When asked as a group exercise to “convince the other side of the table” to eat healthier or get more physical activity, participants tended to use three types of messages: identifying the health benefits of changing, offering tips, or pointing out the dangers of not changing. Women tended to use positive, supportive messages more than men; men used negative, risk-related messages more than

women. Both genders expressed dislike for messages that tell people what to do in a commanding tone.

Life Priorities— Highlights

- Participants were asked to rank a list of 10 life priorities. Across groups, the consistent top priorities were: “Being close to God,” “Being happy with my family,” and “Being healthy.” If job or money priorities were mentioned, it was usually by men. Women mentioned putting their family’s needs before their own. Slightly more emphasis was placed on being close to God by African Americans.
- Health is valued and considered a prerequisite for being able to meet daily responsibilities and to enjoy life’s pleasures.

Healthy Eating— Highlights

- Participants’ perceptions of healthy eating were accurate. Eating more fruits and vegetables and eating less fat were the most frequently mentioned ways to eat healthy. Many participants reported having made some healthy changes in their eating habits such as baking instead of frying food or substituting low fat versions of some foods. Many other ways of eating healthier were mentioned, including eating a balanced diet and balanced meals, eating in moderation (e.g., smaller portions, not overeating), drinking skim or 2 percent instead of whole milk, eating fewer sweets, eating more fiber, not eating late at night, avoiding fast food, and eating less salt and sugar.
- Women tended to be the primary ones to purchase and prepare food for the household. Women, more than men, mentioned that their eating and food purchases were oftentimes influenced by their emotional state.
- In addition to the lack of time and internal motivation barriers mentioned above, the following were major barriers: perception that healthy foods are not tasty or filling, the social importance of food, the family’s (especially children’s) food preferences, and ever-changing nutrition recommendations.
- African Americans were more likely to mention traditional foods (e.g., greens with ham hocks, other pork products, fried chicken)

as being a part of their perceived unhealthy eating habits, but important to them nevertheless.

- Most participants did not articulate a need for skills and knowledge related to healthy eating. A few expressed desire for information about ways to cook healthy, but also *tasty*, foods.

Physical Activity— Highlights

- Connotations of “physical activity” and “exercise” differed substantially. Exercise was considered an unpleasant, scheduled, repetitive chore for which special clothing and equipment are needed. Examples included jogging, weight lifting, and step aerobics. Physical activity meant a range of in-motion activities, most of which were perceived as enjoyable. Examples included walking, dancing, and house/yard work. Participants closely associated physical activity with being generally active and busy in life. [NOTE: Though connotations of the two words differed, participants perpetually drifted back in the group discussions to discussing exercise-related issues (e.g., difficulty finding time for jogging or gym) rather than physical activity-related issues. They seemed unaccustomed to thinking about “non-exercise” activities in terms of their health benefits.]
- For these participants, CDC’s scientific physical activity message seemed attainable, but contradictory to their deeply ingrained knowledge of the “exercise prescription.” (Message read: Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.) They questioned whether meeting the recommendation would sufficiently raise one’s heart rate to result in health benefits. Significant confusion surrounded the intended meaning of the terms “accumulate,” “moderate-intensity,” and “most days.”
- Female participants very frequently mentioned feeling guilty for taking time for themselves to exercise (perceived as taking time away from their family). Some women expressed a general concern about the safety of walking or running alone. Women, in particular, valued the social benefits of physical activity (e.g., walking with a neighbor).

Healthy Eating and Physical Activity Combined— Highlights

- Healthy eating and physical activity were closely intertwined in participants' minds. Very often participants were unable to discuss one without also talking about the other.
- No clear pattern emerged regarding whether participants believed they could implement the two behaviors simultaneously; or, if not, which they could most easily implement first.
- African Americans were more likely to note their particular risk for chronic diseases related to unhealthy eating habits and a sedentary lifestyle.

Health Communication— Highlights

- For participants, personal readiness to change is most influential in their receptiveness to a healthy eating and/or physical activity message. Of secondary importance are the message itself and the spokesperson for the message. Of little importance is the message's organizational sponsor.
- Messages—Participants expressed a desire for more positive messages and an aversion to commanding tones in messages.
- Spokespersons—According to participants, an effective spokesperson is someone who has struggled with and triumphed over healthy eating and physical activity challenges; a “regular” person who faces daily challenges similar to those participants face (not a celebrity who faces challenges assisted by a personal trainer and cook); someone who is genuinely concerned about other people and about the topic (not motivated by money).
- Sponsors—The “federal government” was viewed negatively (especially by African Americans); specific agencies, less so. The CDC was considered altruistic and credible, but was associated with infectious diseases, not healthy eating and physical activity. The Surgeon General was also considered altruistic and credible, but was not perceived as someone with whom participants could readily identify, and was sometimes considered too clinical. Nonprofit organizations were heavily favored over those that could be perceived as disseminating the message for monetary gain. No one nonprofit organization was

Considerations for Campaign Planning

frequently mentioned by participants as a good organizational sponsor.

The following items highlight implications and suggestions for campaign design:

- ◆ A campaign could capitalize on cross-cutting themes that are common across gender, ethnicity, and geographic location whenever possible. For audience segmentation, customizing messages for each gender and/or each lifestage offers more promise than tailoring them based on race and/or geographic region.
- ◆ Campaign planners should recognize that internal motivation is key (e.g., “I know what to do...I just don’t do it!”), but some external possibilities exist. Some external motivators were living long for your grandchildren, setting a good example for your children (noted especially by men), and having more energy to complete daily tasks with some energy left over to enjoy life’s pleasures.
- ◆ Focusing on family responsibility and love of family may be a useful campaign theme. Living a productive and healthy life for one’s family was one motivator for participants. Also, positively influencing the health habits of loved ones (children, in particular) was a motivator.
- ◆ A campaign directed at these participants should acknowledge their perception that their daily schedules seem to be out of control. In other words, the constraints and pressures under which participants are working each day should be acknowledged. At the same time, it should be pointed out that one can gain control over a busy schedule. Peer testimonials, possibly including tips and hints for fitting in changes, offer a potentially valuable avenue for acknowledging participants’ situation and facilitating change.
- ◆ The campaign message could be designed to reassure these participants that health benefits can accrue from incremental, manageable changes in their daily lives. Recommended

changes should not be positioned as ones that could create an undue burden on already busy schedules.

- ◆ A campaign spokesperson should reflect participants' profile of an effective spokesperson. An effective spokesperson is a "regular" person who has struggled with and triumphed over healthy eating and physical activity challenges and who is genuinely concerned about these topics and others' health.
- ◆ A campaign design could capitalize on participants' holistic way of thinking about health. For example, healthy eating and physical activity could be linked with priorities like family harmony and spiritual well-being. This strategy may be particularly effective with African Americans.
- ◆ Messages that focus on maintaining changes for a lifetime may prove helpful. Participants have much experience with a "cycle of failure" in which they repeatedly initiate and abandon healthy behavior changes.
- ◆ To address nutrition misconceptions, messages that point out the nutritional value of frozen, dried, and canned fruits and vegetables and the dietary value of eating smaller meals along with several healthy snacks each day instead of three large meals may be useful for these participants.
- ◆ Messages that explain clearly, by offering specific examples, the recommended type and quantity of physical activity appear to be a needed part of the NuPACT campaign. First, it must be clear that the message is not intended to replace the exercise prescription. Also, spelling out the health benefits of following the recommendation is essential. Positioning the recommendation as something that can easily be fit into a busy life and can often be fun may make it more palatable and help differentiate *physical activity* from *exercise*. Finally, participants' often mistaken belief that their current daily activities amount to the recommended level of physical activity should be addressed.
- ◆ Campaign messages focused on physical activity could acknowledge the feelings of guilt faced by women, focusing

on how much more energy they would have for their family if they engaged in regular physical activity. Or, perhaps, a message could point out that selecting physically engaging family activities offers a “2 for 1”—satisfaction and health benefits.

The following report describes in detail the methods used for conducting this research, as well as findings and conclusions drawn from the focus groups with contemplators and preparers for healthy eating and physical activity. A summary table of findings can be found in section 3.8. A summative diagram of conclusions and campaign planning considerations can be found in section 4.4.

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SECTION 1.

BACKGROUND AND PURPOSE OF STUDY

1.1 Goals and Objectives

The roles of healthy eating and physical activity in preventing disease and contributing to quality of life are well documented. The Centers for Disease Control and Prevention (CDC) has estimated that poor diet and sedentary lifestyle may contribute to the deaths of 300,000 or more Americans annually. Healthy eating and regular physical activity not only prevent but are also used in the treatment of a variety of chronic conditions such as coronary heart disease, hypertension, diabetes, obesity, and osteoporosis. The CDC has recognized the critical role that health communication plays in promoting healthy behaviors. As a result, the Division of Nutrition (DN) and the Division of Chronic Disease Control and Community Intervention (DCDCCI) are collaborating to implement a social marketing program to promote healthy eating and increased physical activity. The work of the Nutrition and Physical Activity Communication Team (NuPACT) derives from the fact that all efforts to motivate behavior change must be based firmly on science *and* consumer research. This holds true whether the efforts are at the individual, community, or policy level.

To achieve its mission, NuPACT will:

- ◆ Assess the epidemiological, clinical, psychosocial, political, and economic characteristics of sedentary lifestyles and poor nutrition;
- ◆ Identify target audiences and analyze their needs, values, cultures, and health beliefs;
- ◆ Conduct systematic research, planning, implementation, and evaluation;
- ◆ Work with national and state-level partners who can mobilize their constituents and ensure consistent messages; and

- ◆ Integrate health communication efforts with overall program efforts to reduce chronic diseases associated with poor eating habits and sedentary lifestyles.

1.2 Description of Formative Research

The focus group results detailed in this report are the product of the second phase of a multifaceted formative research effort. The first two stages of this effort were as follows:

- ◆ **Stage 1** - The first phase of the formative research—identifying target audiences—was accomplished by conducting an extensive literature review and assessing information from MRCA’s Nutrition and Food Inventory database (which also includes exercise data). The literature review was primarily designed to assess demographic, psychological, behavioral, and environmental predictors of nutrition and physical activity behaviors. Nearly 100 sources were reviewed, abstracted, and entered into a summative matrix that was used by representatives of CDC and Westat, CDC’s contractor for this project, to select target audiences for focus groups during a meeting in Atlanta in January 1995. *After much deliberation, the target audience selected for CDC’s health communication efforts included African American and white men and women between the ages of 29 and 54 who are thinking about or preparing to eat healthier, get more physical activity, or both.* In short, those people who are already meeting the U.S. Dietary Guidelines and the CDC/American College of Sports Medicine (ACSM) physical activity recommendation were *not* included, nor were those who eat poorly and/or are inactive but do not wish to change. By targeting individuals who are thinking about or preparing to improve one or both of these health behaviors, NuPACT can make the most efficient use of limited resources. A more detailed profile of the target audience for the focus groups is presented in an upcoming section.
- ◆ **Stage 2** - The second phase of the formative research effort—conducted in the spring—was designed to explore, in detail, the target audience’s perceptions, knowledge, and experiences related to healthy eating and physical activity. Focus group research—a qualitative research method that uses guided group discussion—was chosen as the best method for examining the complex issues surrounding individuals’ eating and physical activity behaviors.

NuPACT was interested in addressing issues such as what motivates and what hinders participants' behavioral changes, what sources in people's lives can most effectively influence their eating and physical activity behaviors, what strategies people use when they are trying to make these kinds of changes, and how children in the home influence their behaviors. Focus group research is particularly well suited for addressing such complex issues because it permits in-depth exploration of themes and ideas that surface during the group discussion. The results of this set of focus groups will inform the design of a national campaign to encourage healthier eating and increased physical activity among the target audience.

1.3 Objectives of Focus Groups

This document details the findings from 16 focus groups conducted with the selected target audience in four sites throughout the United States. The goals of this second phase of the formative research were to:

- ◆ Explore participants' perceptions of the importance of good health in general and healthy eating and physical activity in particular;
- ◆ Explore participants' perceptions of important determinants of and barriers to increased physical activity, healthier eating, and the combination of physical activity and healthy eating;
- ◆ Assess participants' knowledge of the impact of poor nutrition and sedentary lifestyle on health;
- ◆ Explore participants' knowledge related to recommendations for physical activity and a healthy diet;
- ◆ Assess participants' reactions to the idea of messages that combine healthy eating and physical activity information; and
- ◆ Investigate participants' perceptions of the credibility of sources (both organizational and personal) for healthy eating and physical activity messages.

SECTION 2. METHODS

2.1 Strengths and Caveats of Focus Groups

Focus groups are distinctly useful as a research technique in that they permit in-depth examination of complex issues. They provide a flexible tool for exploring participants' awareness, behaviors, concerns, beliefs, experiences, motivations, and intentions related to a particular topic. Focus group results are not statistically representative in the way that data from a probability survey are, but focus groups can be structured so participants reflect characteristics of a given population. In addition, different areas of the country can be included by replicating groups in different regions. The written summary of a set of focus groups contains a synthesis of the results wherein all groups are analyzed collectively, general themes are identified, and any contrasts in responses from group to group are presented.

One key to conducting productive focus group research is maintaining individual group homogeneity as much as possible in an effort to help participants feel comfortable expressing their thoughts. For example, NuPACT focus groups were separated along gender and racial lines among the target audience (see section 2.3). It was reasoned, for example, that African American participants might feel more comfortable discussing body image or eating habits with other African Americans, and that men might be more open with other men when talking about the physical limitations they face by being overweight.

Some limitations are, however, inherent in focus group research. It is crucial to remember that the findings from focus group research cannot be generalized to a larger population because sample sizes are relatively small and "the study participants have been selected based on specific characteristics that are 'typical' of the intended audience, yet not representative of that audience" (AMC Cancer Research Center 1994, p. 5). Therefore, all the results presented in this report offer direction for

the next stages of formative research, but should not be viewed as definitive.

2.2 Selection of Focus Group Sites

Four focus groups were conducted in each of four cities for a total of 16 groups. To learn from people in a range of geographic locations, groups were held in Atlanta, Georgia; Baltimore, Maryland; Kansas City, Kansas; and Los Angeles, California. These four locations were chosen in an effort to address healthy eating and physical activity issues with participants living in various regions of the country — the South, East Coast, Midwest, and West Coast. In addition, Kansas City was chosen in order to include participants in more rural locations as well as urban ones (Atlanta, Baltimore, Los Angeles).

Speaking with people from a range of geographic locations was important for several reasons. First, regional differences exist in food preferences, availability, and typical methods of preparation. Second, climatic differences may impact the types of physical activity opportunities that are available throughout the year. Also, people who live in more rural settings may be more likely to grow their own vegetables than those in urban settings. Baltimore was chosen because it is the metropolitan area that most closely matches the psychographic profile of the nation as a whole (Waldrop 1994). Finally, logic dictates that these groups be conducted across the nation because their purpose is to gain information to inform a national communication campaign.

Groups were conducted in each of the four sites using professional focus group recruitment services and facilities. Focus group facilities were selected based on several criteria: access to and familiarity with the NuPACT-selected target audience in their area, previous work with nutrition and/or exercise topics, quick-recruitment capabilities, cost, and moderators' past experience with the organization. Each site was centrally located with easy access and plentiful parking. In each location, two groups were conducted on each of two consecutive evenings, one at 6:00 p.m. followed by another at 8:00 p.m. The 16 groups were conducted over a 4-week period. An African American moderator conducted the African American groups and a white moderator, the white groups. To minimize moderator travel and per diem expenses, two

African American groups were always conducted on the first evening and two white groups on the second evening.

Each facility was equipped with an observation room separated from the focus group room by a one-way mirror. Three of the facilities (Atlanta, Kansas City, and Los Angeles) featured closed-circuit television monitors in additional observation rooms. All groups were audiotaped and videotaped. Participants during the 6:00 p.m. groups were served a light meal prior to the group; at the 8:00 p.m. groups, snacks were served. NuPACT invited people from the health community in each location to observe the focus groups. Several invited observers were present during all groups, except in Kansas City, where only one local researcher observed one of the four groups. Representatives from Westat and NuPACT observed all groups. Participants were informed that observers were present in the adjacent room and that all discussions were being audiotaped and videotaped.

2.3 Selection and Recruitment of Target Audience

Potential participants were carefully selected prior to participation in the focus groups. As noted earlier, participants were selected based on a variety of demographic characteristics and according to their “stage of change” related to physical activity or healthy eating. In an effort to maintain homogeneity of the groups, consumers who already met the healthy eating and physical activity recommendations and/or who were not interested in making any changes in their current behavior were excluded. Persons working in health-related or medical fields were screened out of participation in the focus groups.

A screener developed by NuPACT and Westat was provided to each facility 3 weeks prior to the date groups were held in that site. Because of the complexity of the screening and subsequent assignment to groups, a grid-type worksheet was included with the screener to aid in the recruiting process (see Appendix A). Recruitment at each site began no earlier than 2 weeks prior to the scheduled group. At the end of each day, recruiters filled in the worksheet with the names and characteristics of those consumers who had completed the screener selection process and faxed the worksheet to Westat overnight. Westat staff reviewed these worksheets each morning, selected the appropriate participants based on

the type of group being conducted in each site (e.g., African American men interested in healthy eating), and told the recruiters which consumers to invite to each group. Staff at each site then recontacted those selected to participate to confirm their attendance on the appointed day and time.

2.3.1 Demographic Characteristics

Participants were separated based on two demographic characteristics: gender and race. In addition, the selection process sought to provide a mix of three additional demographic characteristics—education level (used as a proxy for socioeconomic status), age, and the presence of children under 18 years of age living in the home—in each focus group.

2.3.1.1 Gender

Separate focus groups were conducted with men and women. These groups were separated for several reasons. First, the review of literature on physical activity and eating behavior revealed differences related to gender. For example, women tend to be responsible for a household's grocery shopping. Men are more likely to engage in leisure time physical activity than women; women tend to eat more fruits and vegetables than men.

2.3.1.2 Race

As with gender, groups with African American participants and groups with white participants were conducted separately. Participants were screened according to their self-determined racial category. Again, the review of the literature related to healthy eating and physical activity showed a variation in the knowledge, attitudes, and behaviors of African Americans and whites on these topics. For example, body image may be perceived very differently by African Americans than whites. The literature shows that African Americans may perceive a much fuller figure as “normal” than do whites. In addition, some types of foods typically consumed by African Americans are quite different than those consumed by whites (e.g., with a strong emphasis on pork and carbohydrates). Epidemiologic data also show that the activity levels and patterns of African Americans and whites are very different. For instance, African American women are consistently found to be less active than white women (Casperson and Merritt 1993; King 1991). Therefore, African Americans and whites were separated to maintain homogeneity as well as to enhance comfort level in the discussion.

2.3.1.3 Education Level

Because experience has shown that consumers participating in telephone screening are reluctant to give information related to their income, education level served as a proxy for income level. In order to maintain homogeneity and in an effort to include mostly middle-class participants, the lowest and highest ends of the educational spectrum—people who had not finished high school, or those who had completed graduate or professional degrees—were excluded from participation.

Selected participants ranged from those who had earned a high school diploma to those who had completed some graduate-level coursework. Groups were not separated by education; rather the selection process sought to provide a mix of education levels in each group.

2.3.1.4 Age

The target audience selected for the communication campaign and the formative research leading up to it included adults between ages 29 and 54. This range was selected because people begin to experience chronic disease outcomes at these ages, yet their individual risk factors are still modifiable. A mix of 29- to 54-year old participants was included in each group.

2.3.1.5 Presence of Children in the Household

Because NuPACT staff sought to investigate the impact—both positive and negative—children can have on their family’s eating behaviors and physical activity levels, groups included both participants who have children under age 18 living at home and also participants who do not. Participants were not selected or excluded from the groups based on this variable; rather, a mix was sought for each group.

2.3.2 Stages of Change

The target audience selected for this first phase of formative research included adults who are thinking about (contemplation) or preparing to (preparation) improve their eating habits, physical activity levels, or both. People in these stages were chosen as a target audience because they are the most likely to be responsive to communication efforts to move them along the continuum to the next stage. Prochaska, DiClemente, and Norcross’ (1992) Stages of Change Model was used to operationalize this characteristic for screening purposes. The model, as it was adapted by NuPACT for this formative research, is shown on the next page.

Stages of Change Model				
Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
...Does not eat a healthy diet*, and/or does not get regular physical activity** and has no intention of doing so within the next 6 months	...Intends to make healthful changes in diet and/or get regular physical activity within the next 6 months	...Trying to eat a healthy diet and/or get more physical activity, but not doing so regularly	...Eating a healthy diet and/or getting regular physical activity, but has been doing so for less than 6 months	...Has been eating a healthy diet and/or getting regular physical activity for 6 months or more without faltering
*Healthy diet is defined as eating five or more servings of fruits and vegetables and limiting fat (based on U.S. Dietary Guidelines).				
**Physical activity is defined as moderate activity accumulated for 30 minutes at least 5 days per week (based on CDC/ACSM physical activity recommendation).				

This model defines a continuum of *readiness* to respond to a lifestyle change. Only individuals who are in the **Contemplation** or **Preparation** stages were selected to participate in the focus groups.

As part of the screener used for recruiting, a series of five questions (below) served to identify potential participants' current stage of change. Other screening questions included basic demographic questions about gender, race, age, education level, and whether or not children live in the potential participant's household (see Appendix A).

Stage of Change Questions Used in Participant Screening

1. Do you typically eat 5 or more servings of fruits and vegetables each day AND limit how much fat you eat? YES [Skip to Question 3] NO
2. Regarding things like eating more fruits and vegetables and eating less fat, which of the following sentences best describes you? Are you:
 Currently trying to make healthful changes in your diet?
 Interested in making healthful changes within the next 6 months?
 Not interested in making dietary changes in the near future?
3. Do you typically engage in vigorous physical activity such as jogging, aerobic dancing, swimming or strenuous job-related tasks for 20 minutes or more at least 3 days a week?
 YES NO
4. Do you typically engage in more moderate physical activity such as brisk walking, yard work, or heavy house cleaning for 30 minutes or more at least 5 days a week? YES NO
5. Which of the following sentences best describes your physical activity intentions? Are you:
 Currently trying to increase the amount of regular physical activity you get?
 Interested in increasing the amount within the next 6 months?
 Not interested in increasing your amount of physical activity in the near future?

If a potential participant answered “yes” to question 1, and “yes” to question 3 and/or 4, he or she was considered to be in the **Action** or **Maintenance** stage for both and was *not* invited to participate. Similarly, a potential participant who answered “no” to question 1 and “no” to question 3 and/or 4, yet responded “not interested” to questions 2 and 5, was considered to be in the **Pre-contemplation** stage and was *not* invited to participate.

Those who were invited to participate were “interested in” or “currently trying to” make changes to either their current diet or current physical activity levels, or both (i.e., in the **Contemplation** or **Preparation** stage). These contemplators and preparers were then assigned to either a healthy eating group or a physical activity group. Those who had indicated that they were interested in or trying to improve their diet would be assigned to a healthy eating group; those interested in or trying to increase their physical activity would be assigned to a physical activity group.

It is important to note that a person could have been accepted into a group even if he or she were considered in the action or maintenance stage for the opposite behavior. For example, a person who was a contemplator or preparer for healthy eating, but who was considered in the action or maintenance stage for physical activity, would have still been invited to participate in a healthy eating group. Likewise, a person who was in contemplation or preparation for physical activity, but who was determined to be in action or maintenance for healthy eating, would have been assigned to a physical activity group. Further, individuals who were determined to be in contemplation or preparation for both behaviors were assigned to either group. As will be discussed in a future section, two discussion guides were developed for these groups—one focusing more heavily on healthy eating for the healthy eating group, the other focusing on physical activity for the physical activity group.

2.3.3 Screening Process

It is important to note that potential participants went through several layers of screening before actual participation in one of the groups. The complexity of the recruitment process resulted in five separate screening phases.

1. First, recruiters contacted people in the surrounding neighborhood at each site. Each of these potential participants could be excluded at any point throughout the screening process (see Appendix A).
2. Of those who “made it through” screening based on their demographic characteristics, only a portion could be listed on the worksheet because of the algorithm used to determine if they were in contemplation or preparation stages (see Appendix A—worksheet).
3. For those who made it to the worksheet, Westat selected only those at each site who fit the full criteria (both gender and race and stage of change) for groups being conducted at that site (see Appendix B). For example, if a white male in contemplation/ preparation for improving diet made it to the worksheet, but the only white male group being conducted at that site was with those in contemplation or preparation for physical activity, then this person could not be selected by Westat to participate.

4. Among those who Westat selected, some, for various reasons, could not agree to participate on the selected night and time.
5. Finally, of those who did confirm and who arrived at the appointed time, no more than nine were allowed to participate in the group. Five minutes prior to the start of the group, Westat staff and the evening's moderator selected who would stay and who would be excused.

Many more people were contacted to participate in these groups than ultimately participated. Actual numbers of people called by recruiters (Phases 1 and 2 above) are not available; however, the table below shows the number of persons listed on the worksheet, the number of persons selected by Westat for inclusion, and the actual number of participants in the groups at each site.

<u>Location</u>	<u>Contemplators/Preparers Recruited to Worksheet</u>	<u>Selected by Westat</u>	<u>Participated in Groups</u> (Participation rate)
Atlanta	105	56	36 (34%)
Baltimore	69	44	30 (43%)
Kansas City	124	67	35 (28%)
Los Angeles	<u>86</u>	<u>63</u>	<u>35 (41%)</u>
Totals	384	230	136 (35%)

Appendix B contains the schedule of the 16 focus groups and depicts the types of groups conducted at each site based on these demographic and Stage of Change characteristics.

2.4 Focus Group Moderators

Two female moderators, one African American and one white, facilitated eight groups each. For these discussions of health-related, sometimes personal issues regarding eating habits and attempts to lose weight, it was important that each group’s moderator be as similar as possible to members of that group. Also, in general, having a moderator who is of the same race as the group he or she is leading can contribute to the group’s openness and to the quality of the discussion.

After a great deal of discussion with other researchers familiar with the focus group process, a decision was made that matching gender of moderator to gender of group was not necessary. Experience indicates that it is customary and appropriate for a woman to moderate men’s groups, but less customary and appropriate for a man to moderate women’s groups. Therefore, two female moderators, both with experience moderating all-male groups, facilitated NuPACT’s groups.

The two moderators were chosen for their extensive experience—more than 10 years each—moderating focus groups, and for their experience working in the fields of health and nutrition in particular. The two participated in refining the moderators’ guides prior to the first round of focus groups and also suggested improvements after groups at each site. Each of these moderators produced “topline” reports for each set of four groups (see Appendix C). These reports were central to the analysis of findings reported in Section 3.

2.5 Development of Discussion Guides

The discussion guide was developed by CDC and Westat staff based on the goals and objectives of this formative research and the review of the literature. Two versions of the guide were developed—one to focus on healthy eating and the other to focus on physical activity. Each of these guides was modified during the focus group process as improvements became clear based on the group experience. The development and modification of these guides, and of a Life Priorities ranking exercise that participants completed before and discussed during the groups, are also explained below.

2.5.1 Background and Introductions Section

Because both moderators had extensive experience and their own time-tested introductory techniques, opening comments and introductions were not treated in detail in the discussion guide. A very brief outline noting important points to be covered at the outset (e.g., explain what a focus group is, note that the group is being videotaped, encourage participants to speak freely) was provided. Moderators were instructed to answer participant queries about how focus group results were to be used by explaining that the research would be used to develop a national campaign. Moderators asked participants to tell what they do for fun and to name the members of their household as they introduced themselves. Asking for this information early in the discussion helped moderators and observers explore and understand the influence children can have on their parents' eating and physical activity habits.

2.5.2 Life Priorities Exercise

Before entering the discussion room, participants had completed the Life Priorities ranking exercise (see Appendix D) that served as both an additional icebreaker and a lead into the first set of questions in the discussion guide. The list of life priorities used for this exercise contained ten items such as Being healthy, Having a good job, Living a long time, and Being happy with my family. Each moderator processed the issue using more active means than just discussion. The 10-item list was printed on an easel and moderators addressed each item, asking which participants had ranked it number one, number two, and then number three. Participants responded by raising their hands. Rankings lower than three were not recorded. The Life Priorities exercise also helped researchers to understand which priorities are most important and to identify how being healthy fits into that hierarchy. In a still narrower discussion, the issue of how eating habits and physical activity fit into being healthy was addressed.

The list of life priorities used for this exercise was a shortened version of White and Maloney's (1990) 16-item life priorities list. Items were selected from their longer list based on several criteria. "Being healthy" was selected because that priority was the primary one being investigated, and it was also the top item for white participants in White and Maloney's (1990) study. "Being close to God" was selected because African-American men and women ranked it number one in that study. Several of the other items were selected because they bear a relationship to an issue of interest to this project (e.g., fitness, health, family activities, leisure time activities). Items selected for that reason included Being happy with my family, Enjoying

my free time, Looking good, Having a good love life, and Living a long time. The last three items—Having a good job, Making and keeping good friends, and Having enough money—were chosen to round out the list and camouflage its focus on health.

2.5.3 Topical Discussion

NuPACT staff provided the basis for the discussion guide design by identifying the goals to be accomplished by this research effort. It is important to note that guides were designed specifically for contemplators and preparers. Questions assume that the participants are already interested in changing healthy eating or physical activity behaviors. The goals (itemized in Section 1.3) translated into the discussion guide’s five main topics. Those topics are listed below.

Life Priorities—Discussion of how being healthy fits in life priorities; how participants incorporate their own priorities into their daily life.

Healthy Eating—Discussion of how participants define “eating healthy”; what internal/external barriers and motivators exist for participants; what skills are needed to improve eating habits; and what strategies participants would use to convince others to improve their eating habits.

Physical Activity—Discussion of how participants define “physical activity” and “exercise” and the perceived differences between them; participants’ opinions and understanding of a new physical activity recommendation; what internal/external barriers and motivators exist for participants; and what strategies participants would use to convince others to increase their physical activity level.

Healthy Eating and Physical Activity Combined—Discussion of what relationship participants see between healthy eating and physical activity; how participants would make changes in both areas simultaneously; what strategies participants have learned from changing other health behaviors.

Health Communication—Discussion of whose advice participants would listen to; participants’ perceptions of organizational sources (especially the federal government and CDC) as effective sponsors for the messages.

2.5.4 History of Discussion Guide Modifications

Two discussion guides—one emphasizing healthy eating (Appendix E) and one emphasizing physical activity (Appendix F)—were developed for the focus groups. Both guides contained all of the same topic areas and questions, but were tailored for each group by increasing the length of time allotted and adapting the sequence of topic areas to emphasize either healthy eating or physical activity. For example, in the healthy eating discussion guide, the *healthy eating* topic area was covered immediately after the *life priorities* topic area, but before *physical activity*. In the physical activity guide, the *life priorities* topic area was still addressed first, but the *physical activity* topic area followed immediately. The sequence and timeframe for the final two topic areas—*healthy eating and physical activity combined* and *health communication*—remained the same in both guides.

Largely, the discussion guides remained unchanged throughout all of the focus groups. However, some modifications to improve the flow of conversation, clarify questions, and delve more deeply into some issues were made. Modifications occurred following the Atlanta groups (the first set) and following the Baltimore groups (the second set).

Following the Atlanta groups, written instructions for completing the Life Priorities exercise were expanded. This alteration was made in an effort to stop participants from ranking several—or even all—of the priorities as number one. Among other minor changes, the phrase “Please use each number ONLY ONCE” was added. These changes alleviated the problem somewhat, though many participants continued to struggle with the impulse to rank more than one priority as most important. During the group sessions, the moderators verbally helped those participants identify their first, second, and third priorities.

The most significant modifications made to the guide following the Atlanta groups involved the physical activity message. The message itself remained unchanged and reads as shown below:

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

In the original guide, the message was introduced near the end of the discussion. For several reasons, the message was introduced earlier (as the second *physical activity* question) in the modified guide. First, the change simply improved the conversational flow. More specifically, respondents were provided a referent for discussing later physical activity questions such as, “What are some of the things that *keep* you from getting more physical activity?” and “If you were trying to convince someone to get more physical activity, how would you do that?” Second, moving the message forward in the guide helped alleviate the problem of participants’ strong tendency to stray from discussions of **physical activity** (e.g., brisk walking, yard work, housework) to discussions of **exercise** (e.g., jogging, aerobic dance, weight lifting).

Two other changes involving the physical activity message were made following the Atlanta groups. In Atlanta, the message was written on a large easel and presented to participants. In the three subsequent cities, the message was written on an easel and also typed on sheets of paper and given to each participant individually. This slight change was intended to enable participants to better keep the message in mind during the discussion. The final modification made to the discussion guide after Atlanta was the addition of a note to moderators that they should emphasize that the physical activity message is **true**; provides health benefits; and is not intended to replace the commonly known exercise prescription (20-30 minutes of vigorous exercise three times per week) but rather to complement it. Heretofore, participants had doubted the message or questioned whether those who attend aerobics classes or go running three times a week ought to quit and commence more frequent, but moderate-intensity, exercise. For subsequent groups, moderators introduced the physical activity message by telling participants, “From talking to other groups like this, I know that lots of people have heard the advice that you should do 20 minutes of vigorous exercise three times a week. But, we all know that THAT doesn’t work for everyone. So, here is a message for those of us who aren’t able to exercise three days a week for 20 minutes at a time.”

In Atlanta, participants were asked to describe their lives as they would ideally be in order for them to improve their eating habits and get more physical activity. Most responded with a list of unrealistic lifestyle changes such as acquiring cooks, maids, chauffeurs, and personal

trainers. Because we were seeking to learn more about realistic life situations, in subsequent groups (Baltimore, Kansas City, Los Angeles), moderators guided participants toward discussing more realistic types of changes. Following the Baltimore groups, this question was omitted because the answers shed little light on the issue of helpful life changes. Furthermore, this issue was being covered, though less directly, in other areas of the discussion.

Similar guidance was added to the question exploring influential people in participants' lives (*health communication* section). In the original discussion guide, the term "role model" was used in this question, which contributed to participants' listing celebrities like Jackie Joyner Kersee and Cher among those whose advice they might heed. The term "role model" was deleted, and that question was adapted to read, "Who are some of the people you would listen to about healthy eating or physical activity? I'm talking about people whose advice you would really pay attention to." Though participants continued to mention some well-known figures, adapting this question helped guide the discussion toward the influential people in participants' daily lives (e.g., their mothers, their spouses).

Just as researchers were especially interested in the influence of people in participants' daily lives, the issue of community influence was also considered an important one. For groups following Atlanta, moderators were asked to especially focus on what schools, communities, churches, and neighborhoods could do or change to promote healthy eating and physical activity. Just as respondents were asked about the credibility and influence of sources like federal government agencies and nonprofit organizations, they were also asked about sources closer to home. The African American moderator was asked to also probe for important groups specific to the African American community. Questions related to these issues can be found in the *health communication* section of the guide.

The final adaptation made following the Atlanta groups involved the last question in the discussion guide. In Atlanta, the question read, "Who would be a trustworthy, credible sponsor for this [both healthy eating and physical activity] message? Let's start by talking about the federal

government.” Following this, the moderator asked about organizations other than the government. The question was modified to ask about potential sponsors for healthy eating messages, then physical activity messages, and finally the two together. Moderators continued to probe for participants’ opinions about the federal government and the CDC as potential sponsors. The two issues were separated because researchers were interested in observing whether participants themselves saw the issues as potentially paired. The question as originally phrased assumed the pairing of messages and did not allow the additional insight offered by the modified phrasing.

Following the Baltimore groups, some additional adaptations were made to the discussion guide. Because participants continued to struggle somewhat with the phrasing of the physical activity message, moderators were given the answers to common questions about the message so that they could momentarily assume an educator’s role and offer those answers to the participants. Making this change enabled the discussion following the message’s presentation to flow more easily. Prior to this change, some participants had been reluctant to express their opinions about the message because they were not really sure what it meant. The definitions as explained to Westat and to the moderators by NuPACT team members are embedded in the physical activity message below. The phrases at issue are marked with italics.

“Every American adult should *accumulate 30 minutes or more* [3-5 times per day, sustained for 7-10 minute periods] of *moderate-intensity physical activity* [examples include brisk walking, heavy house cleaning, yard work] over the course of *most days of the week* [5-7 days per week].”

Another modification to the guide made after the Baltimore groups was that a probe was added to more fully investigate what barriers to changing eating and physical activity habits exist for participants. In both Atlanta and Baltimore, one common barrier mentioned by participants was their own lack of motivation or laziness. For subsequent groups, moderators were asked to more fully probe those types of answers in an attempt to discover whether other issues might underlie them. For example, it was hypothesized that what participants were defining as lack of motivation might simply be a lack of some skills.

Some wording improvements in one question were the final adaptation made to the discussion guide following the Baltimore groups. In the original *healthy eating and physical activity combined* section, each moderator told participants that she had heard the following statement and asked them to address its truthfulness: “I can only focus on one improvement in my life at a time. If I’m trying to eat right, I can’t be worried about exercising, too.” The question as it was originally phrased was problematic for two reasons. First, for what may be reasons of social desirability, participants seemed to be asserting that the statement was *not* true. More specifically, after having just completed an hour-long discussion noting the close relationship between healthy eating and physical activity, participants were being asked whether they would be unable to improve both areas of their lives. Even participants who had been expressing difficulty improving each area were telling the group and the moderator that they could indeed improve both at once. The phrasing of that question was adapted to read, “We agree that physical activity and healthy eating go together. If you heard a message encouraging you to do both—and you were really going to try both—where would you start?” Probes were, “Which one would you do first?” and “How would you go about adding in [the other one]?”

The final versions of the two discussion guides are presented in Appendices E and F. In addition, at the end of each group, participants were asked to fill out a short demographic survey (Appendix G). This survey was used to profile the population as described in a later section.

SECTION 3.

FINDINGS

3.1

Methods for Analysis and Interpretation of Findings

The steps used to examine NuPACT focus group results were designed to give researchers an initial overview of all of the groups and then to enable selective study of individual groups and topic areas. As with all qualitative research, the value of focus group findings is especially dependent on researchers' examining results systematically. The procedures used to analyze focus group results are not standardized, which heightens the importance of addressing the data systematically.

The process used to analyze this set of focus groups is based on that recommended by Krueger (1988). In short, Krueger notes that the process for analyzing results must be systematic and verifiable. He recommends processing each group briefly at its conclusion, then developing a total picture of all of the groups, and finally considering particular groups and responses to specific questions.

Though noted earlier, the fact that focus group data are not quantitative or generalizable warrants mention at this point. In analyzing the data, researchers sought common themes, points of interest, and tendencies among participants' comments. For example, if three out of nine participants mentioned past injury as a barrier to physical activity, injury would *not* be interpreted as being a barrier for 33 percent of the population. Rather, injury would be mentioned as a barrier, among others, for some participants.

The following explains the systematic interpretation process as it was used to analyze NuPACT focus groups.

- ◆ **Step 1** - Once all 16 groups were completed, the available data for were compiled. The set of materials for each group

included observers' notes, moderators' topline reports, audiotapes, life priorities exercise sheets, and demographic survey data. Also included were notes from informal post-group debriefings held in each city among researchers, moderators, and other observers. In keeping with Krueger's (1988) recommendation, all data were initially examined at once in order to get a complete overview and begin noting potential trends and patterns for further examination. This activity involved examination of results by researchers individually and then extensive discussion among several researchers collectively. To initiate this overview process, those who had attended all 16 groups noted their impressions and identified points of interest with respect to specific topic areas and groups.

- ◆ **Step 2** - Following the primary overall assessment, results from each group were more closely considered one at a time. During this stage of analysis, each group's results were examined to discern how they reflected, differed from, or added to the tentative assumptions discussed during the first stage. This secondary, closer examination of individual groups was designed to continue the overview process while adding more in-depth analysis than had been conducted during the first stage.
- ◆ **Step 3** - The third step in analyzing these focus group results was considering the data one topic at a time. Conclusions drawn from scrutinizing each discussion topic across the groups were compiled and compared. Similarities and differences between groups (e.g., men and women, African Americans and whites, four geographic regions) were noted. Quotes that particularly illustrated the discussion were extracted from notes and transcripts and used to illustrate the points addressed. All conclusions were checked for accuracy by consulting notes, audiotapes, and topline reports. Additionally, moderators and Westat researchers who had attended the groups examined the conclusions for accuracy.
- ◆ **Step 4** - The final task was to examine the conclusions drawn from the data in terms of implications for a health communication campaign. These conclusions were based on health communication professionals' interpretation of the results.

The discussion of the findings of the focus groups presented here is divided into five major sections corresponding to the five topical discussion areas of the guide (life priorities, healthy eating, physical activity, combination of healthy eating and physical activity, and health communication). Within each of these major sections, a discussion of common themes across all 16 groups is presented first. Then, a discussion of any demographic differences in these themes is noted. These demographic differences could include an analysis of gender, ethnic, or geographic differences, and, where available, the influence of having children under age 18 in the household. A profile of the participant population is presented prior to the topical discussions. A table summarizing the findings discussed in this section can be found in section 3.8.

3.2

Profile of Participant Population

In total, 136 people participated in the 16 focus groups conducted in four cities during March and April 1995. As discussed earlier, the screening process assured an even distribution of gender and race (African American and white) among the 16 groups. Forty-eight percent of the total participants were male and 52 percent, female. The difference in percentage was due to last minute “no shows.” Forty-eight percent were white, and 52 percent were African American. All participants were either contemplators or preparers for healthy eating or physical activity. All statistics reported in this section were derived from the demographic survey given to participants at the conclusion of each group (see Appendix G). These figures are intended to offer a picture of the groups’ composition. The table on the next page depicts the demographic information in total and by geographic region.

The mean age of all participants was 42 (participation was restricted to those between the ages of 29 and 54). Thirty-four percent of the participants were 40 years of age or younger; 66 percent were over 40. Participants in Kansas City and Los Angeles were somewhat older than those in Atlanta and Baltimore. A full two-thirds of all participants were married, with another 19 percent single and 14 percent divorced or widowed. Sixty-five percent of the participants had children under 18 living in the home. The vast majority of these had one or two children living in their household; however, 10 percent reported having three or four children at home, and 7 percent had five or more children living in

the home. Participants in Kansas City were most likely to be married (80 percent) and to have the largest number of children living in the home. The highest incidence of unmarried participants was in Los Angeles, where almost half of the participants also reported having no children living at home.

Participant demographics		All (n=136)	Atlanta (n=36)	Baltimore (n=30)	Kansas City (n=35)	Los Angeles (n=35)
Age	Mean	42	41	41	42	45
				(Percents)		
	29-34 yrs.	15	22	23	12	6
	35-41 yrs.	31	31	40	29	26
	42-48 yrs.	38	33	27	47	40
	49-54 yrs.	16	14	10	12	28
	40 or younger	34	53	40	29	14
	Over 40	66	47	60	71	86
Education	HS diploma	24	27	30	17	20
	Some college	42	50	39	38	38
	College degree	26	17	28	29	31
	Some grad school	8	6	3	16	11
Household Income	<\$20,000	8	3	19	3	13
	\$20,000-\$40,000	37	42	36	41	26
	\$40,001-\$60,000	26	28	29	28	20
	\$60,001-\$80,000	15	19	13	11	19
	\$80,001-\$100,000	10	5	3	17	14
	>\$100,000	4	3	--	--	8
Marital Status	Single	19	17	25	9	30
	Married	67	69	58	80	59
	Divorced/widowed	14	14	17	11	11
Children under 18 Living in Home	None	35	31	35	24	49
	1-2	48	54	42	53	39
	3-4	10	9	16	15	6
	5 or more	7	6	7	8	6

In an effort to attain a mid-range of socioeconomic status (SES) among the participants, education level was restricted to those with at least a high school diploma but without a graduate degree. Twenty-four percent of the participants had graduated from high school (or the equivalent), 42 percent had taken some college courses, 26 percent had an undergraduate degree, and another 8 percent have had some graduate school experience.

Participants in Kansas City appear to have the highest education level within the parameters allowed. To further examine SES level, income was included in the demographic survey but was not asked in the screener because of the sensitive nature of this topic. The survey results show that the largest percentage of the respondents fell into the \$20,000 to \$40,000 annual household income category. Another 26 percent reported household incomes of \$40,001 to \$60,000. Four percent of the participants indicated that they make over \$100,000 per year; 8 percent reported making under \$20,000. Participants in Atlanta and Los Angeles had the widest range of household income levels. Participants in Baltimore had the lowest income levels. These statistics imply that there is not necessarily a strong correlation between education level of the *individual participant* and income level of the *household*. The range of household incomes is most likely wider than would have been preferred to attain homogeneity among the participants. It should be noted, however, that the discussion of healthy eating and physical activity did not seem to be restricted in any way by the range of income levels that may have been present in the groups.

3.3 Life Priorities

Top Three Priorities

Being close to God
Being happy with my family
Being healthy

3.3.1 Common Themes and Top Priorities

In general, most groups considered family and God to be among their top priorities. Although not considered as high a priority as the other two, having good health was more frequently cited than other items on the list, and was almost always part of each group's "top 3" list. Participants commonly expressed that they assigned an item top priority because they considered it to be a prerequisite for the others. In other words, they expressed sentiments such as "if you are close to God, everything else works out." In this case, "everything else" meant closeness to family and striving for good health, in particular. Or, as one participant said, "You can't enjoy anything if you aren't healthy." Sometimes this notion would resurface as the group covered topics other than life priorities. For example, in convincing his peers to get more physical activity, one

man argued, “If you wish to continue the lifestyle you have now, find ways to maintain health. Your health affects everything on the list [of life priorities].”

Participants often cited as a priority things that they did not have. For example, for one man who was unemployed, having a good job was a very high priority. Another respondent who felt harried by the responsibilities of raising five children placed great importance on enjoying free time. Frequently, respondents who had experienced health problems placed great emphasis on being healthy. Two of the items on the list—looking good and having a good love life—were most consistently absent from groups’ top three sets.

3.3.2 Fitting Priorities Into Daily Life

“I made my priorities a long time ago and now more than ever, [it’s important to be] close to God. So I make time and I don’t question it. I make time for my family and don’t let anything else interfere.”

Groups said that the importance of true priorities is significant enough that they do manage to fit the priorities into their busy lives. Many stated that they might, for example, take time to pray before starting their day, or that they attend religious services each week. Similarly, family relationships are maintained by participants doing things such as calling siblings weekly or specifically setting aside time to spend with their children. Efforts to stay or become healthy seemed less likely to translate into specific daily or weekly activities.

Participants commonly expressed their frustration at being too busy or not having enough time to meet life’s demands. Virtually all participants, regardless of demographic and lifestyle differences, seemed to feel this sense of being busy and stressed. Many said that at the end of their work day they were simply too exhausted emotionally or physically to do much more.

3.3.3 Importance of Good Health

“You can’t enjoy anything if you aren’t healthy.”

To begin to focus the discussion on health and away from the other priorities, participants were asked to talk about the importance of health as a priority in

their lives. In general, good health was considered important in that it enables one to do the things one wants or needs to do in a hectic life.

Some participants who had experienced poor health, or had seen their peers fall ill, pointed out that it took a serious disease to recognize the importance of good health. For example, one Kansas City respondent said, “Having been healthy, then getting zapped [with back problems], everything else goes down the drain. Nothing else works if you aren’t healthy.” And another agreed saying, “I broke my leg. Until then, I didn’t think about health. I took it for granted. Now I understand. I watch what I eat, lost weight, and I’m rehabbing the leg. I won’t get caught taking health for granted.”

Some participants mentioned that good health had become more important to them as they got older. They cited maintaining good health as important to setting a good example for their children. Others mentioned that they now were concerned with living long enough and being healthy enough to enjoy their children and grandchildren. Participants also talked about differences that come with age, saying, for example, “You try to prevent what you didn’t used to worry about.” Some had exercised “years ago” and were beginning to acknowledge that a different form of exercise might now be more suitable. Others talked about eating the way they used to, but now gaining weight (and the need to alter eating habits to fit middle-aged realities). They were becoming aware that they had entered a different stage of life that made exercising and eating right different or harder, and that fact called for lifestyle adjustments.

Moderators probed the groups to learn how participants defined being healthy. Participants offered a range of answers related to physical health such as “having perfect stamina,” “not getting sick,” and “having positive feedback on test results” (e.g., blood pressure, cholesterol). One participant said, “I’m glad I can walk. I have no pain. No cancer. I’m not in the hospital.” In general, discussions of being healthy were not limited to physical health in participants’ minds, but also included mental and spiritual health and stress management. For example, one woman called being healthy “a state of mind.” Her comment was echoed by many other participants. One man said, “So really to me it’s mental. Part of it’s mental health, too. Just trying to stay relaxed.”

3.3.4 Demographic Differences— Life Priorities

In terms of life priority rankings, men were more likely than women to include having enough money and having a good job among their top three priorities. Women often talked about putting attention to their own needs—including health—*after* the needs of others in their family. Men did not tend to mention this as an issue for them.

African American groups, in general, were consistently more likely than whites to cite being close to God as their top priority or among their top three priorities. In fact, in one group, two participants briefly—but emphatically—debated whether spiritual well-being was a prerequisite for physical well-being, or vice-versa. Several African American participants emphasized the notion that closeness to God is a prerequisite for the other priorities. For example, one group of participants credited prayer with making them feel refreshed, improving their attitudes, and generally making them feel good. In one city, prayer was likened to exercise in that, like exercise, prayer can invigorate your heart. Though less of an emphasized priority for them, being close to God also regularly appeared among the top three priorities in white groups.

As mentioned above, some participants with children pointed to the children’s influence on their own behavior. Several mentioned wanting to eat right and be physically active in order to set a good example for their children. Also, some participants mentioned those activities as ways to stay healthy and be able to “be around” for one’s children or to be able to see one’s grandchildren.

“Our society is so mobile and we are so stressed and on the run all of the time that it is just so much more convenient to run through the fast food places, and they don’t have broccoli and bananas and so...we put ourselves into a pattern that we almost can’t escape.”

3.4 Healthy Eating— Common Themes

In general, participants stated that they know how to eat healthy. And, their discussions supported that assertion. However, their knowledge does not seem to be necessarily reflected in their eating habits. For example, participants reported knowing that they should limit calories, sodium, and fat intake, yet the convenience and taste of fast food hamburgers still beckon irresistibly at lunch time. Participants voiced one overarching complaint; what *is* and *is not* healthy to eat seems to

change regularly. For some, these constant and conflicting messages offer an excuse or a reason for not changing eating habits.

Many participants noted that they had made some healthy changes in their eating habits over the years. For example, one participant said, “We cut down on red meat. There’s more on TV about what you should eat, so we make more effort than 10 years ago.” Although “I try to watch what I eat” was almost a mantra for participants, there remained a general perception among them that they need to improve their eating habits. Participants said that knowing *what* to do is not the problem, rather actually *doing* those things is the problem.

3.4.1

Definitions of Eating Right and Eating Healthy

*“I would say that’s basically it.
Fruits and vegetables and low fat.”*

Participants were asked what comes to mind when they think of eating right or eating healthy. A variety of answers were consistently offered by participants. Some related to *what* people eat, including eating less fat, less red meat, less salt, fewer sweets, and more fruits and vegetables, drinking skim instead of whole milk, and drinking more water. Some participants referred to food preparation methods, with many mentioning that baking and grilling are healthier preparation methods than frying. Some participants referred to *when* they eat, saying that eating late dinners or eating while in a rush or in a stressful atmosphere is unhealthy. Participants also mentioned that portion control is an important part of healthy eating.

The “four food groups” regularly appeared to be the basis for participants’ understanding of nutrition. Many participants were also familiar with more recent healthy eating tools and guidelines like the “food pyramid,” nutrition labels, and “5-a-day.” Though the food pyramid was mentioned and understood by some—especially women—the transition from four food groups to the food pyramid as a way of understanding healthy eating does not appear to have been made. Participants also talked about the relationship between diet and health problems including elevated blood cholesterol, obesity, high blood pressure, cancer, heart disease, clogged arteries, and diabetes.

In general, most discussions of fruits and vegetables related to *fresh* rather than frozen, dried, prepared, or canned products. Some participants voiced concern over the presence of pesticides on fruits and vegetables. Also, thinking only in terms of fresh produce presented some barriers to dietary change for participants, including the notion that produce is too costly to purchase, especially out of season. Additionally, fresh fruits and vegetables were perceived as too difficult to keep on hand and too wasteful due to spoilage.

3.4.2 Barriers and Motivators— Healthy Eating

Participants were asked, “What are some of the things that *keep* you from making changes in your eating habits?” There was a general feeling that although participants knew what and how they should eat, they did not wish, or were not able, to completely change their eating habits. Many hindrances, both internal and external, were mentioned. A sampling is given below.

Barriers to Healthy Eating

- Lack of will power
- Perceived lack of time (e.g., healthier foods perceived as less quick and convenient than others)
- Lack of motivation (e.g., “Life is hard enough without worrying about eating.”)
- Eating for taste instead of nutrition (e.g., “If I like it [I’ll eat it]. Like cookies and cream [flavored ice cream].”)
- Healthy foods are not satisfying or filling enough
- Not wanting to deprive oneself (e.g., “I never went on a diet because it says, ‘you can’t have...’”)
- Personal food preferences (e.g., “I don’t like vegetables.”)
- Eating to alleviate stress and negative emotions (e.g., “I eat out of frustration with the kids.”)
- Eating to celebrate
- Enjoyment of good food and the pleasures of forbidden foods (e.g., “I love food.”)
- Habits developed over the years
- Eating out (e.g., wanting to get one’s money’s worth at buffet restaurants)
- Influence of others (e.g., husband eats ice cream every night)
- Family preferences (e.g., family eats what the children will eat)
- Advertising (e.g., children see Happy Meal advertisements; the food on television looks so good)
- Cost (e.g., fruits and vegetables more expensive out of season; reduced-fat foods cost more than regular versions of the same product)
- Social importance of food (e.g., “I don’t want to serve guests tofu.”)
- Need for convenience (e.g., “You can’t drive and eat a salad.”)
- Ever-changing nutrition recommendations (e.g., “I heard one just this morning. Not enough fat in your system attributed [sic] to heart attacks. That’s totally contradictory to what I’ve heard the last 15 years.”)

There does not appear to be a single trigger that motivates changes in diet, though participants mentioned several things that can and have helped them improve their diets. Some participants mentioned that starting an exercise program can trigger dietary improvements (but the complementary effect may not be achieved when dietary changes are implemented first). One Los Angeles participant explained the phenomenon saying, “When I exercise, I feel healthier and naturally want to eat healthier. I get on a roll.” Others said that when people in their lives make healthful changes, it considerably helps the participants’ own motivation. Mental states like “having the right mindset” and having “willpower” tended to be important prerequisites to successfully implementing changes.

Participants were asked, “What are some of the things that could *help* you make changes in your eating habits?” Many of their answers reflected the hindrances they had listed. For example, some participants suggested acquiescing to the efforts of a family member who eats healthfully or not “eating for taste” at every meal. However, some participants offered specific tips they do or should follow that could increase their likelihood of eating healthier. Some tips they offered included building a meal around a vegetable instead of a meat dish, choosing healthier foods at fast food restaurants (*Taco Bell’s* new light menu was regularly cited as an example), or buying fruits at farmers’ markets, which are perceived to have lower prices than the grocery store.

Lack of convenience presented a strong barrier for some participants, therefore, several of the tips focused on planning ahead. For example, participants suggested keeping fruit in the refrigerator at work for snacks, planning before grocery shopping, having healthy recipes on hand, and taking leftovers to work instead of eating fast food.

3.4.3 Skills and Knowledge Needed— Healthy Eating

Generally, participants felt confident that they had a good understanding of healthy eating and exhibited their knowledge by pointing out proper methods for cooking low fat versions of traditional foods or ways of substituting healthier ingredients for higher fat ingredients (e.g., using ground turkey, reduced fat cheese). The one misconception that repeatedly surfaced was that only fresh fruits and vegetables offer health benefits. Participants infrequently mentioned canned, frozen, or dried fruits and vegetables in their discussions. Few participants said that they would like to have more information (such as recipes). One useful tool some participants mentioned was learning how to cook healthy foods that taste good and are filling and satisfying. However, lack of knowledge—even for those who said they would like more information—did not seem to be the primary reason participants did not change their diets.

Participants did not articulate any skills that could facilitate improvements in eating habits for them. Some possibilities may be discerned from examining what helps and hinders healthy eating for them. For example, tips for enlisting others' support for one's efforts may prove helpful for those participants whose children, spouse, or friends are sometimes a barrier to a healthier diet. Teaching ways to eat healthfully, yet *conveniently*, may address another of participants' common complaints.

3.4.4 Convincing Others to Eat Healthy

To learn what strategies participants would use to convince another person to adopt healthy eating behaviors, moderators asked participants on one side of the table to convince those on the other side to eat more fruits and vegetables and less fat. This section was designed to offer researchers insight into potentially effective strategies for a persuasive communication campaign. Participants used a variety of techniques including listing the benefits of changing, offering tips for making dietary changes easier, and identifying the dangers of continuing to eat an unhealthy diet. Some of these “persuasive” tactics are listed below.

“Persuasive” Messages for Healthy Eating

- “Chicks dig a guy with an apple in his hand.”
- “[Fruits and vegetables] will make you feel better. They won’t mess up your clothes like a hamburger can.”
- “You’ll be six feet under if you eat Wendy’s and McDonald’s every day.”
- “I have a mental image when I eat a greasy taco...picture your arteries getting it. Try to visualize what it is doing inside and only eat half or a bite.”
- “Think about your children—would you like for them to eat like you?”
- “Keep sliced carrots and celery in Tupperware. And apple slices.”
- “Eat for your stomach not for your eyes.”
- “Write down everything you eat...but that gets old fast.”

It is interesting to note that, in response to others’ efforts to convince him, one man in Baltimore said “I don’t need to be convinced. Everyone wants to do this [eat healthier]. It’s a matter of taking the time to do it.” Not only did his comment reflect the fact that he was either a contemplator or preparer for these behaviors, but it also underscored the general sense across all groups that healthy eating and exercise offer health benefits.

3.4.5 **Demographic** **Differences—** **Healthy Eating**

*“My wife is the health conscious one.
I try to eat what she puts in front of me.”*

Several women complained that their husbands negatively impact their own eating habits. For example, one woman lamented that her husband eats a big, tempting bowl of ice cream every night. Women also mentioned sneaking healthful changes into their family’s diet such as substituting ground turkey for ground beef in chili or pouring skim milk in the 2-percent milk carton. Husbands more frequently mentioned their wives’ positive influence. For example, one man joked, “When my wife’s on a diet, I lose weight.” Another man explained, “My wife watches what we eat. [When I shop] I just grab and buy.” Likewise, a third participant noted, “My wife shops and is very fat conscious. It’s not in the house, so I can’t eat it.”

The food pyramid was mentioned often by women, who were also more likely than men to be familiar with nutrition labels. Women also appeared somewhat more likely than men to control what food was purchased and prepared for the family.

Both women and men spoke of healthy eating in terms of weight loss benefits. But women were somewhat more likely than men to say they had participated in formal weight loss programs (e.g., Weight Watchers) and read diet books (e.g., Susan Powter's Stop the Insanity). Women, in particular, were likely to explain to the group that "this is not my normal weight" or to refer to how much weight they had once lost. Women were also more likely to talk about clothing size.

"Food is celebratory and confirmatory." (female participant)

Women, much more than men, mentioned that their eating is closely related to their emotional state. Many emotions, ranging from happiness to sadness, prompted women to eat. One woman stated, "You use food for a reward or you use food for comfort." Stress was also cited by women as a trigger for eating. One woman summed up a feeling expressed by many others saying, "...if I get real stressed or depressed, get away [from] between me and anything sweet. And like she [referring to another participant] said, I know it's bad for me, but for some reason when I'm depressed or really stressed out that helps." Women also tended to focus on the social aspects of eating more than men. For example, eating at church functions, cakes and snacks brought into the office, and not wanting to serve guests less satisfying and less tasty "healthy" foods were cited as hindrances to healthy eating.

Women seemed to mention their children as a barrier to healthy eating more than did men. More specifically, they would discuss family food preferences, and the time and energy they expend doing things for and with the children, as draining their desire and ability to shop for and prepare healthy meals. However, men seemed to be both aware of and interested in what their children were eating. They often mentioned the importance of setting a good example for their children.

Men were more likely than women to mention work-related pressures, including working long hours and eating late or not taking time to pack or even eat lunch, as a barrier to healthy eating.

When asked to convince others in the group to eat more fruits and vegetables and less fat, men were more likely to describe health problems associated with poor diet than women. For example, one man offered the other group members a graphic description of clogged arteries and bypass surgery, noting that he visualizes this picture when he is trying to resist unhealthy foods. Women were more likely than men to take a positive stance, suggesting to the group approaches for improving their eating habits.

African American participants were more likely than white participants to mention that they lower their sodium intake as a means of improving their diet. In fact, a few mentioned that African Americans in general suffer disproportionately from high blood pressure, diabetes, and other chronic diseases.

African American participants sometimes discussed favorite traditional foods and preparation methods, citing those that are not healthy. For example, several participants cited pork products and frying as contributors to a poor diet for many African Americans. One group of women enthusiastically listed several fatty products that enhance traditional meals—but make them less nutritionally valuable—saying things like, “ham hocks make my greens taste so good” and “you have to have lots of butter.”

In some groups of African Americans, participants discussed cultural differences in the acceptance of overweight. One participant said, “You’d have to go back eons and change history...we don’t find being heavy bad.” These participants considered being “heavy” acceptable and different from being “fat” [obese]. It is important to note, however, that African American participants *did* consider weight loss desirable; although their goals were not necessarily to become thin.

For some African Americans “eating right” and “eating healthy” were two different concepts. Eating right referred to eating enough, eating “three squares,” or eating traditional foods. Eating healthy, on the

other hand, referred to eating less fat, pork, and sodium, and eating more fresh fruits and vegetables.

Regarding geographic differences, participants in Kansas City were more likely than those in more urban areas to mention growing their own fruits and vegetables. Also, “keep farmers happier” was a strategy used to convince others to eat healthier in Kansas City. That kind of message was not mentioned in other locations.

3.5 Physical Activity— Common Themes

*“Just not enough time to get it [exercise] done in your
everyday routine that you’ve got set up.”*

For this research, “physical activity” refers to an active lifestyle. Activities such as yard work, brisk walking, and heavy house cleaning were given to participants as examples of physical activity.

“Exercise,” on the other hand, was defined for participants as activities such as jogging, aerobic dancing, and swimming.

Participants were knowledgeable about several aspects of getting physical activity and exercise. They were aware of the health benefits, could recite the exercise “prescription” (20-30 minutes of exercise, 3 days per week with accelerated heart rate), and identified numerous and varied types of exercise. The greatest barrier, they said, was not knowledge (e.g., knowing what exercises to do, knowing how long to keep heart rate up), but time and internal motivation. They were very aware that they should exercise; many expressed feeling guilty that they did not do it.

“Exercise . . . yuck!”

When asked to differentiate between physical activity and exercise, participants had generally more favorable attitudes toward physical activity than toward exercise. They tended to perceive physical activity as including enjoyable things (e.g., playing with children, taking a walk, working in the garden, engaging in team sports). On the other hand, they tended to perceive exercise as unpleasant, tedious, and uncomfortable.

Despite the fact that participants clearly differentiated between physical activity and exercise in their minds, their conversations on the topic of physical activity tended to drift back to discussions of activities that would

qualify as exercise (e.g., running, weight lifting, aerobic dance). For example, when discussing barriers to *physical activity*, many participants mentioned things that kept them from getting to the gym or running each day. This drifting back to *exercise* seemed to result partly from the fact that participants were unaccustomed to discussing the health value of “non-exercise” activities like lawn mowing. Also, participants frequently discounted the health-related value of chores such as housework or yard maintenance because these tend to be irregular (only on Saturdays or seasonal) and/or short in duration (e.g., “My house is small. It doesn’t take me that long to vacuum.”).

During the discussions, it was clear that participants tended to believe that their *busy* lifestyles were actually *physically active* lifestyles. Based on the examples they offered of what keeps them busy (e.g., chauffeuring children to and from activities, running errands), it was clear that most of those activities do not qualify as physical activity but do indicate a busy life.

As was the case with healthy eating, participants frequently mentioned having tried and failed to sustain exercise as part of their lives. In fact, many had experienced the benefits of a regular exercise program and would talk about having been in an “exercise phase,” relating to the group their weight loss success. Often an injury or other life event interrupted the routine of exercising and it was never resumed. Other reasons for ceasing included meeting a goal (e.g., weight loss), losing interest, or having a major change in their work or personal daily schedule. Although safety was mentioned as a barrier by some, it was not consistently mentioned or emphasized. Lack of time and internal motivation seemed to be the most common barriers to exercise.

3.5.1

Definitions of Exercise and Physical Activity

*“Exercise becomes physical activity
when you begin to enjoy it.”*

Participants were asked what comes to mind when they hear the term “exercise” and what comes to mind when they hear the term “physical activity.” The characteristics of exercise and physical activity differed in consistent ways across groups. In general terms, exercise was perceived as an unpleasant, repetitive chore that required setting aside a specific time for exertion. Exercise was most often done for the purpose of being

healthy, feeling better, and losing weight. One participant summed up a common theme saying, “Exercise...yuck.”

Exercise is:

- Something you do on a regular basis, routine
- Something that requires special clothes and shoes, mindset, and going someplace to do it
- Something you feel in your muscles (e.g., “You have to sweat, or you haven’t done it right.”)
- Torture, pain, boring
- Aerobic dancing, running, weight lifting

Physical activity carried a much more pleasant connotation than exercise and included a range of in-motion activities undertaken with a goal other than or in addition to good health or weight loss. One participant described it this way, “Karate just to keep in shape is exercise; karate to learn a method of self-defense is physical activity.” Physical activity includes a variety of activities related to one’s job, housework or yard work, or fun activities with friends and family.

Physical Activity is:

- An in-motion activity done for a purpose other than, or in addition to, health benefits
- Something fun
- Dancing, bowling, tennis, roller skating, basketball, bike riding, joining a softball team
- Housework, yard work, on-the-job activities (e.g., in the construction trades)
- Climbing stairs, walking from distant parking places
- Riding a bike to work
- Chasing after young children

Physical activities, especially those things that participants do for pleasure and/or with friends and family, were thought to be pleasurable enough that the exertion was not considered uncomfortable. For example, one participant said, “Dancing—who worries about calories and sweat [when you are having] fun?”

Physical activity was, in some cases, not considered by participants to offer enough exertion, or not done with sufficient regularity, to be considered “good for you.” Participants closely associated physical activity with being generally active in life. It was considered by many to be what they already do, or an achievable extension of their normal

3.5.2 Understanding of and Reaction to Physical Activity Message

activities. Many participants noted that unless physical activity “gets your heart rate up,” it cannot possibly provide the same health benefits as activities they regard as exercise.

The scientific CDC physical activity recommendation was presented to gauge participants’ understanding and reaction to it. The message read as follows: “Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.” Responses ranged from the sense that the message is fairly sound to confusion over its meaning. Also, many participants absolutely did not believe that any health benefits could be derived from the recommended amount of activity. However, once the message’s veracity was stressed, most tended to conclude—and like the idea—that they were already getting or could easily achieve the recommended 30 minutes most days of moderate-intensity physical activity. Many participants were intrigued and pleased to think that some of their everyday activities may have health benefits.

“You accumulate 30 minutes just getting dressed in the morning. Sometimes it takes 30 minutes.”

When asked to comment on the wording of the statement, participants found several aspects of the message confusing or troublesome. Often, participants expressed a general sense that the message lacked clarity. One man in Baltimore commented, “Boy, who wrote this? It sounds like a college exam.”

In every group, participants discussed the meaning of three different parts of the message. First, there was consistent confusion about the meaning of “accumulate 30 minutes or more.” It was not uncommon for participants to believe that one could meet that recommendation by getting 5 minutes of physical activity each day for 6 days. One woman summed up this position saying, “5 minutes today, 5 minutes tomorrow, add up to 30 minutes over the week.” For some, it was not clear that the 30 minutes of physical activity could be accumulated over the course of the day instead of accomplished only in a single 30-minute session. For those who said that they understood the phrase’s meaning, they often continued to show confusion by using as examples nonsustained activities (those lasting less than 7-10 minutes) such as parking farther away and

taking stairs instead of the elevator. This continued misinterpretation of which activities would qualify as “sustained physical activity” (even after an extended group discussion) suggests that there is ample probability that adults who are merely exposed to the message could misinterpret it. They could likely inappropriately assume that their daily activities offer sufficient physical activity to assure health benefits.

The term “moderate-intensity” was also questioned by some participants. Among those for whom it was confusing, it was interpreted to mean a range of activities that were moderate to intense.

Even the meaning of “most days” was not consistently interpreted. For some, it meant doing the activity 4 days a week; for others it meant 5 days a week, or every other day. One participant, echoed by others, mentioned that the vagueness of the term “most days” could offer some people an excuse for not getting physical activity on a given day. He recommended specifying the number of days.

The fact that the message’s recommendation seemed attainable was valued by participants. However, many doubted that any health benefits could be derived from the recommended amount of physical activity. In fact, participants frequently noted that the message did not identify the specific health benefits that would be achieved by someone who adheres to this guideline. And, the need to include a benefit as part of the message was stressed. One man commented, “This says *should* and not *why*. Add the benefit.”

Many participants doubted that accumulating 30 minutes of moderate-intensity physical activity 5-7 days a week would improve their health. For example, on several occasions, the sentiment that, “I already do that, and I’m not healthy” was echoed by participants. Additionally, men who have physically demanding jobs were underwhelmed by the message, commenting, for example, “It’s like taking time to breathe.” In other words, that amount of activity is perceived to be routinely exceeded on the job.

When participants would explain or rephrase the message for clarity, they sometimes reverted to their knowledge of the exercise prescription. For example, one man in Kansas City argued that moderate-intensity should

be defined as “whatever raises the heart rate.” A group of women in Baltimore paraphrased the message as, “If you want to be healthy, set aside 30 minutes at least 3 days a week to be good to yourself.” Likewise, a paraphrase offered in another group was simply, “You should exercise 30 minutes a day.” And, “If people took time to get their heart rate up three times a week, it would help their health.”

3.5.3 Barriers and Motivators— Physical Activity

The most compelling barriers to increasing their physical activity, according to participants, were time constraints and an internal lack of motivation or ability to consistently be more active. For example, participants would answer the question, “What are some of the things that *keep* you from getting more physical activity?” with comments like “laziness” and “not motivated.” Although safety concerns were mentioned as a barrier by some, they were not a major barrier for these participants. Discussion also revealed that the few who voiced safety concerns would still be unlikely to consistently engage in physical activity even if those concerns were alleviated.

The difficulty most participants had with discussing *physical activity* rather than *exercise* was reflected in some of the barriers they mentioned. For example, among others noted below are the comment that “[Exercise] is boring” and a complaint about “skinny little girls” at health clubs. Comments such as these indicate that participants have in mind those activities defined as exercise rather than those defined as physical activity.

Barriers to Physical Activity

- Perceived lack of time (e.g., “being a wife and mom 24 hours a day 7 days a week”)
- Lack of motivation, laziness (e.g., “nothing but laziness”)
- Having tried and disliked exercise (e.g., “It’s boring.”)
- Physical and mental fatigue at the end of the work day (e.g., “I get home and I’m dead.”)
- Need to see quick results (e.g., “Results are not quick enough, so people give up.”)
- Influence of others (e.g., “If those around you do not get physical activity, you will not.”)
- Technology enables laziness (e.g., driving instead of walking)
- Television (e.g., a sedentary, but enjoyable way to spend time)
- Health (e.g., cannot exercise if you do not feel well)
- Others at health clubs (e.g., “And you find these little skinny girls in the tight things...and that embarrasses me. I’m not going to go in there.”)
- Need for convenience (e.g., “I won’t drive to it. It has to be at home or at work.”)
- Safety (e.g., perception that it is too dangerous to be outdoors in the evening for women)

Participants were also asked what could help them become more physically active. The ensuing discussion revealed tips for getting more physical activity, benefits participants believe physical activity offers, and motivators that could help themselves and others.

***“Good conversation, good company.
Walk with a friend.”***

Some tips offered by participants related especially to making the physical activity experience as manageable and as pleasant as possible. One participant recommended, “Find something enjoyable then you won’t notice when you are doing it.” Likewise, one woman said, “Good conversation, good company. Walk with a friend.” Some participants offered recommendations to increase physical activity incrementally, saying, for example, “Start small and work your way up. Don’t worry or feel guilty if you don’t do it.” Another recommended writing a plan and making a commitment to follow it. Other suggestions included:

- Do the activity with a friend, family member, or “buddy.”
- Delegate household work. For example, arrange for someone else in the family to fix dinner one night while you walk. Form a carpool for getting children to their activities.
- “Get into the mindset. Separate yourself from [all of the] things you have to do once in a while.”

Some participants commented on the benefits of increasing one’s physical activity. Physical activity, it was believed, could contribute to increasing energy and brain power. Motivators for beginning and maintaining physical activity included physiological reasons (“If the doctor tells you your life is on the line, all other priorities pale.”) as well as appearance (e.g., shedding bulky winter clothes for lighter summer ones that do not cover up fat).

3.5.4 Skills and Knowledge Needed— Physical Activity

The barriers people face in their efforts to increase exercise are substantially more related to motivation than to skills and knowledge. In fact, participants' knowledge of the exercise prescription and target heart rate appeared deeply ingrained. Most participants had started, and subsequently stopped, an exercise program. Many have followed a pattern of starting, stopping, and starting again. The homes of many contain little-used equipment such as a stationary bicycle, Nordic Track, or Health Rider machine. Participants frequently joked about the laundry and dust gathering on their exercise equipment. They also mentioned having unused memberships in exercise clubs.

One issue that is somewhat related to knowledge surfaced. Participants do not tend to think of fun physical activities like bike riding and country line dancing in terms of their health benefits. They are not unaware that the activities are tantamount to exercise, but those activities are simply not ones they do for the purpose of getting a workout.

Virtually no participants mentioned needing functional skills or knowledge that could help them increase their physical activity. They are knowledgeable and experienced with exercise programs, equipment, and walking regimens, among others. However, examining the barriers they mentioned indicates that some higher order skills could possibly help facilitate increased physical activity. In other words, tips that can facilitate behavior change and maintenance rather than education alone could be helpful. For example, improving time management skills, learning techniques for self-motivation, or learning effective ways to enlist family members' support may help address the barriers these participants face. Lower level skills (e.g., proper stretching techniques, appropriate exercise selection) are not among those needed in order for these very knowledgeable and experienced participants to increase their physical activity.

3.5.5

Convincing Others to Increase Physical Activity

As in the healthy eating discussion, participants were asked to convince the other side of the table to incorporate more physical activity into their lives. Participants came up with a wide variety of “persuasive” strategies, some related to positive benefits of incorporating the activity, others related to the risks of not incorporating activity into their schedule. As with healthy eating, the men were more likely to cite the consequences of not being physically active as a motivator, whereas women were more likely to mention benefits as a motivator.

“Persuasive” Messages for Increasing Physical Activity

- “Fun [playing golf] is good for you!”
- “Girl, we need to do it. Let’s do it together.”
- “You could have way more energy just by following this program. Things you like to do, you can do them a little more.”
- “You’ll look good to yourself.”
- “Our bodies are made to eat, breathe, move. You need the whole package to stay healthy.” (an apparent reference to Susan Powter’s motto)
- “You are already doing it. So, just do a little more.”
- “Time for us to start walking and get into that dress.”
- “Get over that bad day.”
- “Go [walking] with a group of people. It’s more fun.”
- “Walk the dog.”
- “Look out for yourself. Women always think of the man first. You can’t live for someone else.”
- “Feel better about yourself.”
- “Your heart needs it. You need it.”
- “We are all brothers and we want you around next year.”

3.5.6

Demographic Differences—Physical Activity

“I was with a personal trainer last year and I loved it... but it was a battle... my daughter, she’s 13. She needs me now more I think that she ever did and so I wanted to be available to her.” (female participant)

Some demographic differences in participants’ involvement with exercise, particularly between men and women, existed. The most prominent difference was that women mentioned that exercise meant taking time out for themselves. For many, taking that time brought great feelings of guilt. They felt that the time they spent walking, using home exercise equipment, or going to the gym was time they should have spent caring for their families. For others, taking that time brought feelings of rejuvenation. The time seemed like a break. One woman summed up both of these perspectives explaining, “What I think of in terms of

exercise is more of an escape. A time to give something to me....for 16 years I felt...locked in and not being able to get out and walk and it's really been awful.”

Although both women and men commented that exercising at lunch time was not a viable option because of the need to shower or fix hair or makeup afterwards, this issue was emphasized more often by the female participants. Some women expressed concerns about the safety of walking or running alone. They were not specific about situations or places that were dangerous; rather, some revealed a general perception that the world is not a safe place.

Some geographic differences also existed among participants. For example, men in Kansas mentioned outdoor activities such as hunting, fishing, and organized team sports among their favorites. Men in more urban areas mentioned sports like pick-up basketball more often. Participants in locations with more dramatic seasonal shifts mentioned the coming of summer with its lighter, more revealing clothes as a motivator for them to improve their diets and/or increase their physical activity. Rarely were very cold or very hot weather mentioned as barriers to physical activity. However, no groups were held in the deep South or farther north where these barriers might be more evident.

3.6

Healthy Eating and Physical Activity Combined—Common Themes

Moderator: “Being healthy. What does it mean?”

Participant: “For me it means eating properly...I like to exercise ...I’m getting back into it.”

Without any prompting, participants readily and consistently noted a close relationship between eating right and getting physical activity. The two behaviors are seen as closely intertwined and also closely related to being healthy. Participants consistently mentioned both in discussing what things they could or should do to be healthier. They regularly and seamlessly moved from discussing one to discussing the other. Both behaviors were considered to lead to “feeling better, happier” and “having more energy.” Moreover, participants saw all of “the things you do to feel better”—which include healthy eating and physical activity—as interrelated.

Participants were asked about the advantages and pitfalls of trying to simultaneously improve eating habits and increase physical activity. Although the two behaviors were closely interrelated in participants' minds, they were able to discuss their opinions and experiences with making changes in only one or the other behavior. No clear pattern emerged as to whether changes should be implemented simultaneously, or, if not, which behavior should come first. Some participants believed that making changes only in one behavior was foolish inasmuch as any benefits from that change would be diluted by continuing to be sedentary or eat poorly. According to this argument, both changes should—and can—be made simultaneously.

Many other participants, however, believed that one behavior change should naturally be implemented before the other. For example, some argued that they would have to get their eating habits “under control” before they could start exercising. Some stated that they perceived dietary changes as the easier of the two and would, therefore, implement those first. On the other hand, many participants felt that dietary changes would naturally follow physical activity changes. For example, one participant spoke of an increased desire for healthier foods concurrent with exercising.

Participants were also asked to relate what they had learned from having made these or similar changes in the past. For the most part, the discussion focused on changes in eating and physical activity, rather than other health behaviors, though the question had been phrased to include all health behaviors. The most typical comments focused on the need to be motivated from within in order to successfully implement such changes. The barriers and motivators were quite similar for the two behaviors (e.g., feeling better, preventing chronic disease, being able to do the things you want to do in life). A great many of the participants had at some point sought to “diet” or “exercise.” They frequently talked about having started and stopped, and even started again. Efforts were often perceived as goal-oriented rather than as a change in lifestyle. This perception appeared to contribute to the “on-again, off-again” pattern once a goal has been reached or abandoned. Many had enjoyed the health and weight loss benefits of their efforts, but for one reason or another had not maintained the behavior changes. Discussion on this topic revealed that those who approached exercise as a first step seemed more

likely to also begin to eat healthfully. Those who approached dietary changes before physical activity sometimes decided that one change was sufficient.

Throughout the discussions, participants offered tips that had worked for them (e.g., put your gym clothes in the car and go straight from work, find a walking buddy, cook in bulk in order to have healthful leftovers). The tips generally included finding ways to fit diet and physical activity into already busy lives (e.g., “We set our own time. Everyone has the same 24 hours in a day.”) and enlisting the cooperation of others (e.g., “People in your life influence you. If they are couch potatoes, you tend to be.”)

Benefits of Healthy Eating and Increased Physical Activity:

- “Improves mind, spirit, attitude...and your life”
- Enhances your social life
- Retards the aging process
- “I can feel my jeans are looser.”
- Feeling better
- Helping prevent chronic diseases that “run in my family”
- More energy
- Less stress
- Weight loss (goal oriented such fitting into a special dress, plans to attend a class reunion)
- “Be more alert at work. If you want to go out, you feel like going out.”

3.6.1 Demographic Differences— Healthy Eating and Physical Activity Combined

Some demographic differences existed among participants. Men were much more likely than women to say that a friend’s or relative’s (especially a father’s) health problem was the motivational force for them to improve their poor health habits. Generally, the health problems participants referred to were men’s heart attacks or bypass surgery. One comment, “and I ate what he ate,” encapsulates some of the men’s reasoning and fears.

African Americans were keenly aware of the incidence of chronic diseases such as diabetes and hypertension in their families. They mentioned the need to prevent or manage these conditions as reasons for change more frequently than did white participants. Also, the notion that spiritual, mental, and physical health are interconnected touched a particularly

responsive chord among African Americans. Several noted the importance of good health habits to protect the body which is the keeper (“temple”) of the soul. For example, one participant said, “...life is the thing that God gives each one of us. And the sustainer of life is good health. So that has to be a priority.”

No geographic differences were noted among participants on this issue.

3.7

Health Communication— Spokes- persons and Sponsors

“I like hearing from regular people. I mean people that can’t afford to hire a personal trainer...or have the person come in and stock the refrigerator with all the right foods and cook it for them.”

Participants were asked to brainstorm a list of organizations or spokespersons who would be appropriate and believable to sponsor a healthy eating and/or physical activity message. Participants more often wanted to hear the message from “someone like me” than any other type of spokesperson or role model. Someone whose circumstances were similar to their own was considered most credible as a role model and viewed as someone who participants could understand and identify with. They talked about specific role models in their lives, relaying stories about a sister, job supervisor, or friend who had made changes and demonstrated success. Success in this case was often defined as “being in shape” or losing weight.

A Credible Spokesperson is...

- Someone like me
- Someone who has “been there” and understands how difficult these changes are
- Someone who is “not in it for the money”
- Someone who “practices what they preach”

A Credible Spokesperson is NOT...

- Someone who has “been thin all of their life”
- Someone who stands to profit from his or her role as spokesperson
- Someone rich who can have a personal trainer and a cook

Role models in people's everyday lives seemed to offer several advantages for many participants. First, they are people participants see frequently, so they could be helpful for influencing long-term maintenance of changes. Also, they may evoke the sense that, "if so-and-so can do it, I can do it." Many participants noted that having an opportunity to see someone reap the benefits of his or her efforts was encouraging to them. For instance, when asked who he would listen to, one participant answered, "Not exercise fanatics. Someone you know who starts to look better. That's attainable."

In terms of effective persuasive tactics for themselves, participants generally agreed that they want to hear positive motivational stories about successes rather than admonitions from spokespersons (testimonials).

*"I want to hear that I'm doing something
right."*

Despite the fact that participants had clearly defined opinions of who could be an effective messenger, there existed a strong underlying sense that "no one has the answer but me." This sentiment related to participants' opinions that motivation is internal. In other words, the prevailing sentiment was that others can help one along the way, but the participants themselves bear the bulk of the responsibility themselves—"It all comes together. You get to a point and say, 'that's it.'"

Many specific sources and channels, both good and bad, for the healthy eating and physical activity message were mentioned by participants:

- **Personal physician** - When a doctor's admonition to change health habits was considered a warning of dire consequences coming soon, it was perceived as influential and credible. However, although physicians were mentioned as a credible and influential source on occasion, participants often noted that their physician was overweight, or "not a nutritionist," and therefore not credible. Also detracting from the credibility of physicians and other medical professionals was the fact that they frequently "change their advice."
- **Public service announcements and advertising** - Several mentioned commercials for milk; one mother recommended that there should be

similar television commercials for fruits and vegetables. She said, “The milk commercials—‘milk does a body good’—are wonderful. Kids and adults like those. I wish there were fruit and vegetable ads on, too. Kids would love them.”

- **The media** - Often participants mentioned hearing or seeing a message in the media. While the media itself was not criticized, ever-changing and frequently contradictory health and medical advice was often mentioned as a reason not to pay too close attention to the news or the advice it conveys. One man in Atlanta noted “...my theory is if I wait long enough everything I’m eating is going to be good for me eventually.” Participants also mentioned the *New England Journal of Medicine* as credible among media sources.
- **Surgeon General** - The Surgeon General was mentioned in some groups as credible (e.g., “look what he did for cigarettes”) and by others as less so (“depends on who it is”). Some participants considered the position to be too clinically or medically oriented to address healthy eating and physical activity.
- **Celebrities** - Celebrities were generally not considered credible for several reasons. First, they were perceived as receiving money for their appearance or endorsement. In other words, they were perceived as achieving financial gain rather than having the participants’ best interest at heart. Second, celebrities can afford to hire plastic surgeons, personal trainers, and cooks. And, they have maids, chauffeurs, and gardeners so they need not devote time to activities like cleaning and driving children to afternoon activities. Lastly, many celebrities appear to have been thin and fit their whole lives, so they cannot really understand the difficulties and setbacks inherent in improving diet and increasing physical activity. One woman said, “Not Cher. She’s been skinny all her life.” In short, celebrities are not at all “like me.”

There were two notable exceptions to many participants’ disdain for celebrity spokespersons. They were Oprah Winfrey and Richard Simmons. As one man put it, “He [Richard Simmons] understands the pain.” Another said, “Oprah is more convincing [than other celebrities]. She’s been where we’ve been.” Both celebrities were perceived by many as more credible for having been through the

experience of weight loss. This fact seemed to somewhat overshadow the other drawbacks associated with celebrity spokespersons. Nonetheless, many participants still protested, pointing out that Winfrey's lifestyle affords her advantages (e.g., cook, personal trainer) not available to most people battling weight.

Participants did not readily identify what type of organization/group that they would like to hear from, saying that the fact that "you have to want to hear it" was more important than the source. Characteristics of sources that would be less credible were more often expressed than positive attributes of a source, leading to the conclusion that the source is not a significant factor for these messages unless it is perceived very negatively. Negative feelings were most often associated with commercial ventures.

Participants repeatedly cited nonprofit sources as more credible, complaining that, "There is so much commercialism." Nonprofit sources were viewed favorably and considered genuinely altruistic. The American Heart Association was mentioned more frequently than other organizations. Others mentioned included the Red Cross, American Cancer Society, YMCA, President's Council on Physical Fitness, and the American Medical Association. Hospitals were mentioned as having a true interest in keeping people healthy. HMOs and other health insurance organizations were mentioned as also having a true—though monetarily motivated—interest in people's health.

"The government" was almost universally negatively viewed as a source. However, when the discussion narrowed from the federal monolith to specific government agencies, participants' responses were considerably more favorable. For example, participants felt relatively positive about the Department of Agriculture and the Department of Health and Human Services. An agency would be perceived more favorably if it "did research," they said. The President's Council on Physical Fitness was mentioned by some as a good government source.

3.7.1 Reactions to CDC as a Sponsor

“I think their [CDC’s] focus doesn’t have to do with health maintenance in that respect [healthy eating and physical activity]. It has to do with health maintenance in avoiding hepatitis or AIDS or things you can catch.”

CDC was rarely spontaneously mentioned as a source for these messages. However, when specifically prompted by the moderator, CDC was frequently viewed by participants as a more favored source than “the government.”

Positive aspects attributed to CDC were name recognition, association with protecting the public (e.g., from communicable diseases), and “they do the research.” Less positive attributes were the association with AIDS (perceptions that CDC did not act appropriately in response to AIDS was expressed as a negative factor in the Los Angeles groups) and feelings that CDC’s responsibilities did not include nutrition and exercise. For example, one participant commented, “Disease control? What does that have to do with eating cupcakes?” Another summed up a common perception saying, “they take care of epidemics, quarantines.”

Also, while some said that CDC would be credible (believable), they said that hearing messages from CDC would not be as motivational as would testimonials from a peer.

3.7.2 Demographic Differences— Credibility of Sources

The moderator for African American groups probed for both credible sources in general and also for sources more specific to the African American community. Though groups were not prompted specifically for mainstream organizations, they tended to name those such as the American Heart Association, American Red Cross, American Cancer Society, and hospitals at the outset. Only after being prompted for sources specific to the African American community did the groups identify organizations such as the NAACP and the Southern Christian Leadership Council (SCLC). Several African American participants mentioned targeted media such as *Jet* magazine as credible, saying “then I know it is for me.”

The moderator was asked to examine the potential value of churches as a source for healthy eating and physical activity messages. For the most part, participants did not respond enthusiastically to that idea.

Participants explained that those messages would seem out of place in the context of what they sought from attending church activities.

The Nation of Islam is one sponsor several African American participants mentioned as credible. Its members meet several of the general criteria that groups set for sponsors in that they are seen as genuinely concerned about the health and well-being of African Americans, and they are believed to practice what they preach. Though groups noted that the Nation of Islam carries some controversy, focus group members generally agreed that the religious group is accomplishing much at the grassroots level.

General distrust of the government was present across all of the groups, but was particularly pronounced among African American groups. For example, African American women in Los Angeles expressed some skepticism about whether the government is truly interested in the well-being of African American women. In another group, the Surgeon General's credibility was questioned because the position is seen as government-controlled. In one African American group a participant linked CDC with the Tuskegee experiment. However, as was the case for all of the groups, specific government agencies (e.g., Department of Agriculture, Department of Health and Human Services) did not carry the same negative connotation as did "the government."

3.8

Table of Summary Findings

A table summarizing the findings detailed in this section follows. It is organized according to the discussion guide's five topic areas: Life Priorities, Healthy Eating, Physical Activity, Healthy Eating and Physical Activity Combined, and Health Communication.

Summary Table of NuPACT Focus Group Findings
Discussion Guide Topic Areas

	OVERALL	Gender	Race	Region
Life Priorities (Section 3.3)				
<ul style="list-style-type: none"> • Top priorities 	<u>Top Three</u> (consistent across all 16 groups): Being close to God Being happy with my family Being healthy	If job or money priorities were mentioned, it was usually by men. Women mentioned putting their families' needs before their own.	Slightly more emphasis was placed on being close to God by African Americans.	--
<ul style="list-style-type: none"> • Fitting priorities into daily life 	Participants indicated trying to incorporate true priorities into daily life.	--	--	--
<ul style="list-style-type: none"> • Importance of good health 	Health is valued and considered a prerequisite for being able to meet daily responsibilities and to enjoy life's pleasures.	--	--	--

	OVERALL	Gender	Race	Region
Healthy Eating (HE) (Section 3.4)				
<ul style="list-style-type: none"> Definitions of eating right and eating healthy 	<p>Participants' perceptions about HE were accurate. Eating more fruits and vegetables and eating less fat were most frequently mentioned.</p>	<p>Women tended to be household food shoppers/preparers</p>	--	--
<ul style="list-style-type: none"> Barriers and motivators 	<p>Greatest barriers were time and internal motivation. Others included perception that healthy foods are not tasty or filling enough, social importance of food, children's food preferences, and ever-changing nutrition recommendations.</p> <p>Motivators included feeling better, setting a good example for children, wanting to live longer for grandchildren, averting chronic disease, weight control/loss, and having other people in their lives begin eating healthfully.</p>	<p>Wife/girlfriend often an asset for men attempting change. Eating associated with emotional states hindered many women.</p>	<p>Some much-loved but high fat traditional foods pose a barrier for African Americans.</p>	--
<ul style="list-style-type: none"> Skills and knowledge needed 	<p>Participants demonstrated considerable knowledge of HE. Lack of knowledge was not a primary reason for failure to implement or maintain dietary changes. A few participants expressed desire for information about cooking healthy, but also tasty, foods.</p>	--	--	--
<ul style="list-style-type: none"> Convincing others 	<p>Participants' "persuasive" messages included naming benefits, offering tips, and identifying health risks.</p>	<p>Women tended to use supportive messages more than men; men used negative, risk-related messages more than women.</p>	--	--

	OVERALL	Gender	Race	Region
Physical Activity (PA) (Section 3.5)				
<ul style="list-style-type: none"> Definitions of exercise and physical activity 	<p>Exercise was considered an unpleasant, scheduled, repetitive chore for which special clothing and equipment are needed. Examples included jogging, weight lifting, and step aerobics.</p> <p>PA denoted a range of in-motion activities, most of which are enjoyable. Examples included walking, dancing, house/yard work .</p> <p>Participants closely associated physical activity with being generally active or busy in life.</p>	--	--	Hunting and fishing were PA examples at Kansas site; “pick-up” team sports mentioned more in Baltimore and Atlanta.
<ul style="list-style-type: none"> Response to physical activity message 	<p>Recommendation was perceived as attainable, but contrary to deeply ingrained “exercise prescription” knowledge. Participants questioned whether meeting recommendation would sufficiently raise heart rate to result in health benefits.</p> <p>Confusion existed related to the wording of the message (i.e., “accumulate,” “moderate-intensity,” and “most days”).</p>	--	--	--
<ul style="list-style-type: none"> Barriers and motivators 	<p>Greatest barriers included time and internal motivation.</p> <p>Motivators included feeling better, setting a good example for children, wanting to live longer for grandchildren, preventing chronic disease, weight loss/control, and having another person in one’s life implement his/her own changes.</p>	<p>Guilty feelings for taking time for self away from family hindered women. Some women expressed a general concern about safety. Women valued social benefits.</p>	--	<p>Changing from cool to warm weather clothing prompted change for a few.</p>

	OVERALL	Gender	Race	Region
Physical Activity (PA) (Section 3.5)				
<ul style="list-style-type: none"> Skills and knowledge needed 	Participants were well acquainted with exercise prescription and experienced with a variety of types of exercise. Lack of knowledge was not a primary reason for failure to increase PA.	--	--	--
<ul style="list-style-type: none"> Convincing others 	Participants' "persuasive" messages included naming benefits, offering tips, and identifying health risks.	Women tended to use supportive messages more than men; men used negative, risk-related messages more than women.	--	--
Healthy Eating and Physical Activity Combined (Section 3.6)				
<ul style="list-style-type: none"> Relationship between healthy eating and physical activity 	<p>HE and PA are seen as closely intertwined and closely related to being healthy.</p> <p>Participants had attempted HE and PA changes periodically throughout their lives.</p> <p>No clear pattern emerged as to whether changes should be implemented simultaneously or, if not, which behavior should come first.</p>	--	--	--

	OVERALL	Gender	Race	Region
Health Communication (Section 3.7)				
• Message	Participants expressed desire for positive messages. [NOTE: Personal readiness to change considered more important than message, spokesperson, or sponsor.]	Desire for supportive messages especially strong for women.	--	--
• Spokesperson	Spokesperson should be someone who has struggled with and triumphed over HE and PA challenges, a “regular” person (not a celebrity), genuinely concerned (not motivated by money).	--	--	--
• Sponsor	<p>Federal government viewed negatively; specific government agencies, less so.</p> <p>CDC considered altruistic and credible, but associated with infectious diseases, not HE and PA.</p> <p>No one organization surfaced as a particularly salient sponsor for the healthy eating and physical activity message.</p>	--	Dim view of government slightly more pronounced among African Americans. Some outlets and sponsors more focused on African Americans suggested by groups (e.g., <i>Jet</i> magazine, NAACP, Nation of Islam).	--

SECTION 4.

SUMMARY OF FINDINGS AND IMPLICATIONS FOR PROGRAM DEVELOPMENT

4.1 Overarching Themes

A number of conclusions and themes emerged from the findings presented in Section 3 that have direct implications for NuPACT communication efforts. This section of the report summarizes the findings of the study, then discusses them in terms of their implications for message development. First, five general, overarching themes surfaced in each group and influenced all of the discussions. These themes were evident in participants' comments throughout the group sessions. They provide a basis for thinking about how to appeal to these participants and answer such questions as, "What is important to them?" and "What kinds of lives do they lead?" Following this discussion of broad themes, additional trends closely related to the overarching themes but more focused on healthy eating and physical activity will be presented. Broad considerations for campaign planning derived from both the global and focused themes conclude this section. A summative diagram of this section can be found in section 4.4.

It is important to note that one of the major findings of this formative research was that there were many similarities, and few differences, among the participants regarding their knowledge, attitudes, and behaviors related to healthy eating and physical activity. As discussed at the beginning of Section 3, all group discussion was first systematically analyzed for overall trends and themes and then examined for specific demographic differences. Where relevant, these demographic differences are noted in this section.

4.1.1 Family is a Priority

Across all 16 groups, the influence of the family was at the center of much of the discussion. The importance of family was highlighted in that being happy with my family was consistently ranked among participants' top three priorities. Furthermore, participants could readily articulate the specific activities they do to fit that priority into their daily lives.

Family was as important to those participants who do not have children as it was to those who do. As was evident in participants' remarks, family includes not only children and spouses, but also parents, brothers and sisters, and others.

The family appears to be a key influence on participants' eating habits and physical activity levels, in both positive and negative ways. For example, many participants desire to eat more healthfully in order to set a good example for their children. Others wanted to be sure that they would live and enjoy good health long enough to be able to know their grandchildren. However, over and over again, the group discussion centered on how the demands of the family (especially children when they are still at home) leave little time for participants to take care of themselves nutritionally and physically.

Additionally, the influence of the wife/mother on the family's eating habits was a major part of the family theme. The wife/mother (where present) was most often the household manager. Much of the discussion centered on the fact that the wife/mother does the shopping and the cooking; in fact, one Atlanta male noted that "if she [wife] is on a diet, I usually lose 10 pounds." Another Kansas City male participant noted, "I think my kids are going to be healthier because my wife has convinced my kids that an apple or an orange is just as much a treat as, you know, cookies or candy."

Overarching Themes

Family is a Priority

Life is Busy and Stressful

Life Stages Influence Behavior

Spiritual, Mental, and Physical Health are Connected

Being Healthy is Desirable

4.1.2 Life is Busy and Stressful

Regardless of their life situation (e.g., older/younger, working mom/stay-at-home mom, children at home/single adult or couple) participants had in common a sense that their lives are very busy and stress-filled. Second only to motivation, perceived lack of time was a major barrier to changing eating habits and increasing physical activity levels. One male

4.1.3 Life Stages Influence Behavior

participant explained a typical workday: “Well, in the morning I am helping get the kids ready and all that kind of stuff and then just hit the road and don’t have time for breakfast. Then during the day I usually work through lunch or the only time I really ever go to lunch is if my brother stops by the office and he says ‘hey, want to go to lunch?’” For many of these participants, fast food is most appealing for its convenience, and there must be a conscious effort to carve out time for physical activity.

A third, and related, overarching theme that emerged from the focus groups was the influence of the participants’ life stages on their eating and activity behaviors. There are two important aspects to these perceptions of their life stages. First, for those who have children, the *children’s* ages, not their own ages, tend to mark life stages. Secondly, bodily changes, as part of the aging process, influence life stages.

Participants who had toddlers or preschool children tended to have a narrower range of daily movement than those whose children were older. They would spend time at home or nearby places with their children. This was true regardless of whether they worked during the day and spent evenings near home, or whether they spent their days there, too. They often cooked and ate at home. They frequently expressed that their physical activity consisted mostly of keeping up with small children around the house, in the neighborhood, or in the park. Parents with small children tended to feel motivated by their need to both care for and be good role models for their children. In particular, fathers expressed this sense of responsibility for being a role model.

As children grew older (between elementary school and high school) and began to become more involved in social and sporting activities, parents’ lives changed dramatically. They would find themselves involved in carpools and spending evenings and weekends at various events. Stopping for fast food seemed to become more prevalent, particularly as the family dinner hour was forced to shift, or become nonexistent with the children’s ever-changing, busy schedules.

Once children reached their mid- to late teens, parents’ lives again changed. The children were becoming more independent, no longer needing to be chauffeured to and from activities; and parents were less in

control of things such as whether or not the children ate vegetables as part of their dinner or sat in front of the computer or television all evening. Those participants whose children have moved out of their home often reported turning inward and beginning to concentrate more on themselves as a couple. These parents then had a sense of having more time and energy to spend on themselves.

Though not as pronounced as the life changes associated with children's ages, some participants noted changes in their own bodies or those of friends their own age that occurred over time. For example, some commented on not being able to eat as much—or the same types of foods—as they once had; or that they eat the same things they always had, but were now gaining weight. They also mentioned not being physically able to do the kinds of exercise they did as young adults. Some participants referred to their own or a friend's health changes associated with age and long term health habits such as the onset of high blood pressure or diabetes. Several men mentioned their own heart problems, and one discussed in detail his friend's bypass surgery.

As discussed in Section 3, participants did not and generally could not separate spiritual, mental, and physical health. Being healthy incorporated much more than being just physically healthy for them. For many, family troubles, stress, and lack of spiritual well-being could contribute to a sense of poor health as much as any physical ache or pain. While prevalent in *all* the groups, the connection between spiritual and physical health was very pronounced within the African American groups.

These participants are already convinced that being healthy is desirable and good; they *want* to eat healthier and get more physical activity. For them, health is considered a prerequisite for being able to meet daily responsibilities and to enjoy life's pleasures. When considering this finding, it is important to bear in mind that participants were purposely selected because they were contemplators or preparers for healthy eating and/or physical activity.

Perhaps more important than the value participants place on health is the fact that healthy eating and physical activity are inextricably and deeply intertwined components of being healthy for them. Virtually all

4.1.4 Spiritual, Mental, and Physical Health Are Connected

4.1.5 Being Healthy Is Desirable

participants discussed the two together. Unprompted, they identified both behaviors as ones that they would do to be more healthy. Throughout discussions, they would move seamlessly from talking about one to talking about the other and to talking about both together. These findings imply that a combined message would not seem incongruous to these participants.

Another important and related finding is that most of these participants have had long experience with attempting changes in exercise and eating habits. As a result, they are very knowledgeable about topics like lowering fat, eating more fruits and vegetables, reading nutrition labels, achieving their target heart rate, walking for exercise, joining health clubs, etc. Some of the women in the groups mentioned prior experience with commercial weight loss programs like Jenny Craig, Weight Watchers, Nutrasystem, liquid diet drinks, and others. Many had joined and quit numerous health clubs and exercise programs like Jazzercise, BioAerobics, etc. Many of these women could virtually quote the nutritional and exercise advice they had received from those and other sources (e.g., knowing what a person's total daily fat intake should be, that the daily nutritional requirements are based on a 2000 calorie per day diet, that "you have to have aerobic activity for at least 20 minutes to get your heart rate up and then you have to do it a little time more in order to burn fat"). They also knew firsthand how difficult these behaviors are to maintain.

Participants talked about making changes in eating and exercise as phases (e.g., "when I was in my exercise phase") rather than as lifelong, lifestyle changes. They expressed feeling good about themselves when they were eating healthier and getting regular exercise or physical activity. Though they know changes should be lifelong, they were generally goal-oriented as they began to make these changes (e.g., getting into that size 4 dress, going to a wedding or reunion). This perception is one issue that could be tackled in the health communication effort, which will be further discussed in section 4.3.

4.2 Additional Themes

The overarching themes discussed above were prevalent in all groups, notwithstanding gender, race, or presence of children in the household. Other themes emerged throughout the groups, some of which have implications for demographic targeting.

Again, it is important to note that there were many similarities among these groups, and few differences. For example, African Americans and whites were very similar in their skills, knowledge, desires, and behaviors regarding healthy eating and physical activity. Across groups, participants reported facing the same barriers and appreciating the same benefits of a healthier lifestyle. However, there were some interesting eating differences. For example, African Americans were more likely to mention traditional foods as being a part of their perceived unhealthy eating habits but important to them nevertheless. For example, they spoke of eating a lot of pork in general and adding pork fat to their greens, saying “fat gives the food flavor.”

Differences in perceptions of body image between African Americans and whites did emerge in the groups. African Americans were more likely to perceive themselves as “heavy” (which is not seen as negative); whites were more likely to refer to being “fat” or “obese” (which is seen as negative). In addition, African Americans were much more likely than whites to mention their race’s special risk for chronic disease. Previous health communication efforts targeting African Americans about these diseases seem to have been successful. Diabetes and heart disease were mentioned very frequently by African Americans during the discussions of healthy eating in particular. African American males in Baltimore noted, “a lot of black Americans have high blood pressure because we eat a lot of pork,” and “black Americans [are] number 1 for having heart attacks.” Differences between African Americans and whites on the topic of physical activity were minimal.

Very few geographic differences were noted in the focus groups. Male participants in the Midwest mentioned that they hunted and fished as part of their physical activity. Also, Midwest residents mentioned their vegetable gardens as a source of some more healthy foods in the summer months. California participants were more likely to report outdoor activities when discussing physical activity. One Los Angeles female noted that “right now with daylight savings, one of the benefits is that

now I can go walking in the evening. Whereas in the winter, by the time I have a chance to do it, it's pitch black."

4.2.1 Barriers and Motivators for Healthy Eating and Physical Activity

Perceived lack of time and internal motivation were the most common barriers to healthy eating and increased physical activity mentioned by participants. Many people cited their hectic schedules (and their children's schedules), family priorities, laziness, working long hours, and being too mentally and physically exhausted after work as obstacles to their efforts to eat better or exercise. The taste of food, both in terms of the bad taste of low fat food and the good taste of high fat food, and the importance of satisfaction derived from food flavor were mentioned by many as reasons to not eat healthier. Many parents noted that their families would not eat healthier foods and, in fact, some had resorted to "sneaking" healthy food into daily meals. Perceived higher costs and lack of convenience of healthier foods were also consistently mentioned as barriers.

In terms of physical activity, women were much more likely to report that family demands kept them from exercising. They felt guilty about taking time for themselves. On the other hand, men were much more able to work physical activity into their daily working routines or into evening or weekend sports activities. Guilt was generally not an issue for these men. Women were much more likely than men to view social support as a desirable byproduct of physical activity—a time to spend with friends, not the kids. However, their perceived guilt over feeling this way often precluded their engaging in the desired behavior.

4.2.2 "Persuasive" Messages Used by Participants

One method of discovering potentially effective messages to include in the NuPACT communication campaign is to examine the "persuasive" messages employed by these participants in the "convince the other side of the table" exercise that was used in each of the groups. It is interesting to note that men were much more likely to use negative, and sometimes gruesome, messages to convince their colleagues to eat better or get more activity. They often focused on the negative health outcomes that would occur as a result of current bad habits—heart attacks, increased cholesterol, dying young, diabetes, and others—often describing

in graphic detail stories about friends who have now reaped the results of years of abuse. “[One friend] had a quadruple bypass. He had one child in his family and they ate out all the time. A different restaurant every night, both worked and they made a lot of money and his arteries were so clogged he retired...at 54 years old, moved to Tennessee, had 2 years pretty good and then had his quadruple bypass and they said with luck that will hold for 8 years. He since has diabetes very bad and he’s got gout and I personally...attribute it to the way he ate. The junk he ate, you know the rich, fried foods every night of the week. That scares me...it really does and I saw the pictures that they drew of his heart valves and muscles when they went in and five bypasses he had they were like working at 80 percent, 90 percent clogged, so he was this close to being dead!”

Women, on the other hand, were much more likely to use positive messages about looking good in a particular dress or for a special occasion, living longer and healthier for their children, feeling better and having more energy, and being able to spend time on themselves. For example, one woman said, “so, I think by getting some physical activity other than the normal activity that you have in your daily goings-on. I think it improves your mind. It improves your spirit and it improves your attitude. And I think that will improve your life.”

Many tips were offered by the groups as to how to achieve a healthier lifestyle. Some of these included planning meals and shopping lists ahead, scheduling time for exercise, not having “bad foods” in the house, not grocery shopping when hungry, cooking in bulk so there will be healthful leftovers for lunch the next day, walking or joining a spa with a friend both for the social aspect as well as the motivation of wanting to go each day to support the friend (and being embarrassed or ashamed of not wanting to go). One Baltimore woman noted, “I know what would help me—a partner. If someone in the neighborhood would walk with me every day, I would look forward to it. But to put on the headsets whatever or walk around the block by myself is boring. It’s miserable. I have to force myself to do it and therefore I find every excuse I can not to.”

4.2.3 Misperceptions of Healthy Eating and Physical Activity

While most of the participants appeared to be very knowledgeable and to have extensive experience with attempting these healthy behaviors, several widespread misconceptions became apparent during the group discussions. In terms of healthy eating, many participants were under the impression that fruits and vegetables must be fresh to provide any health benefits. As noted earlier, the 5-a-day message seems to have penetrated to these participants; however, they believe that these fruits and vegetables must be exclusively fresh. Participants also noted that eating right means eating “three square meals a day” or not missing meals. They often felt that missing a meal was especially unhealthy; but some believed that skipping meals was a good way to reduce caloric intake. Also, low fat was equated with bad, often bland, taste and was considered to be nonfilling. Eating fast food by definition must be bad for you, they believed.

The term “exercise” is an anathema for these participants. Exercise means drudgery, special equipment and clothing, and going to a gym; physical activity has a more positive connotation associated with everyday and fun activities. Unfortunately, when shown the new physical activity message (discussed below in detail), participants falsely believed that the activities that they are doing now equate to 30 minutes of moderate intensity activity each day. However, when explored deeper, the everyday activities of these participants are not sustained for the appropriate amount of time and, therefore, are not equivalent to the recommended regimen. Similarly, participants equated yard work and housework (which they may do only 1 or 2 days a week) with daily moderate-intensity physical activity.

4.2.4 Reactions to the Physical Activity Message

Participants offered both positive and negative reactions to the physical activity message. On a positive note, participants were pleased that many of their daily activities and activities they considered enjoyable could “count” as physical activity. They generally felt that the message’s recommended amount of physical activity was attainable, which they found very encouraging.

Other reactions were less positive. The exercise prescription was well known, understood, and believed by these participants. In fact, it is so deeply ingrained that participants had considerable difficulty even believing the complementary message presented during the discussion.

Even when moderators emphasized that the message was true, based on research, and intended for those who cannot get as much vigorous activity as recommended, many participants continued to doubt its validity. Because the message as written does not address the need for sustained and accelerated heart rate, it seemed counterintuitive to the participants. Moreover, participants frequently believed that they were currently accumulating 30 minutes of moderate-intensity activity daily, yet were not reaping any visible health benefits. Despite the moderators' best efforts, participants repeatedly strayed back to discussing barriers and motivators in terms of doing 30 minutes of vigorous activity 3 days a week, offering further evidence of the successful communication of the exercise prescription.

Finally, participants were very interested in knowing exactly what health benefits could be achieved by following the recommendation being put forth. They frequently asked questions like, "Why should I do this?"

4.2.5 Spokespersons and Sponsors

Participants' discussions indicate that a hierarchy of importance exists regarding the issue of sponsors and spokespersons. For them, the most important priority was related to themselves rather than to a particular message, spokesperson, or organization. They indicated that they must first be *personally ready* to make these changes before they would be able to respond to any message about healthy eating or physical activity (regardless of sponsor or spokesperson). It should be noted, however, that these participants were all in the contemplation or preparation stage for making one or both of these changes. Therefore, they may have been particularly attuned to their own need or desire to implement healthy behavioral changes.

Once this personal readiness requirement was met, then the message itself and the spokesperson delivering it were considered to be of secondary importance. For these participants, the message was considered to have as much persuasive value as the messenger.

Message sponsorship is third in the hierarchy of importance, following (1) personal readiness and (2) the message and messenger. Participants' seemingly knee-jerk reaction to the suggestion of government sponsorship was clearly negative. There existed a general dislike and distrust of the federal government monolith. Among African Americans,

that distrust was slightly more pronounced. However, when specifically prompted, participants perceived individual government agencies more favorably. Nonprofit organizations—because they are not “in it for the money”—were also perceived favorably. The CDC was generally perceived favorably, but was considered an odd sponsor for a nutrition and physical activity message because of its perceived focus on infectious diseases. One woman said, “I think their [CDC’s] focus doesn’t have anything to do with health maintenance in that respect [nutrition and physical activity]. It has to do with health maintenance in avoiding getting hepatitis or AIDS or things you can catch.” So, while the CDC is largely considered credible and altruistic, messages about eating right and physical activity might seem incongruous coming from that organization. [NOTE: Just prior to the focus groups, the movie “Outbreak” was released. One of the main characters portrayed an infectious disease specialist from the CDC, possibly influencing these participants’ perception of CDC as exclusively infectious disease oriented.]

4.3 Broad Considerations for Campaign Planning

Many implications and suggestions for campaign design can be derived from the preceding discussions. This section will present these suggestions under three broad areas: (1) themes to avoid and themes that may prove effective, (2) possible partnerships for the NuPACT campaign, and (3) issues to consider when selecting channels for the messages.

4.3.1 Themes to Avoid/Utilize

Several themes to avoid or utilize have emerged throughout the discussion of the findings. In general, the findings reveal that the following themes should be *avoided*:

- Avoid perpetuating the notions that engaging in yard work or housework once a week or parking further away in parking lots or walking up stairs will fulfill the need to accumulate 30 minutes of

moderate-intensity activity over the course of most days of the week. Participants realize that yard work or housework is not done on a daily basis, and that walking from a distant parking space does not qualify as a sustained (for 7-10 minutes) moderate-intensity physical activity. When told that yard work, housework, parking further away, or taking the stairs instead of an elevator are examples of moderate-intensity activity, participants have a false sense that they are already achieving this recommendation.

- Avoid messages that focus on achieving a one-time (e.g., weight loss) goal by eating healthier or increasing physical activity. Participants repeatedly mentioned that in the past, they reverted to their original bad habits as soon as they achieved or abandoned their goal.
- Avoid messages that induce guilt for not “doing the right thing” each and every day. Participants, particularly women, want to hear positive messages and need to know that a temporary lapse in their program does not have to be an inducement to quit altogether.
- Avoid using famous role models as spokespersons for the campaign. Participants may admire celebrities like Michael Jordan and Cher for their physical abilities and attractiveness, but they do not find them credible or persuasive and do not readily identify with them. Also avoid using the Surgeon General as a spokesperson. Though perceived as credible and sincere (many participants noted past anti-smoking efforts), the Surgeon General’s position does not offer the sense of having a shared experience as do other, more average spokespersons.
- Avoid relying solely on simple skill building and educating as a focus for the program. Participants already know such things as cooking methods that help reduce fat intake and how many fruits and vegetables they should strive to eat daily. Many own home exercise equipment, have joined health clubs, or once jogged regularly. They are knowledgeable and feel barraged with health-related information. Facilitating more higher order skills (e.g., time management methods, motivational techniques, tips for acquiring/maintaining social support) that address specific barriers may hold more promise than teaching facts or very basic skills.

- When considering partnerships, CDC should be careful to avoid positioning the healthy eating and physical activity messages as ones that are being disseminated for commercial purposes. Participants were very skeptical and suspicious about messages that have an underlying commercial agenda. They value the word of those delivering these types of messages for altruistic reasons over the word of those delivering them for a profit.
- Avoid positioning the CDC physical activity advice as new. Participants were weary of new messages that appear to be contradictory to other messages they have heard in the media. The CDC message is seen as counterintuitive and may be found especially unbelievable given the recent American Medical Association message that only vigorous activity increases longevity (Lee, Hsieh, and Paffenbarger 1995).

The following themes may prove *effective*:

- The campaign could capitalize on cross-cutting themes that are common across gender, ethnicity, and geographic location. For example, associating healthy eating and physical activity with the audience's most important priority—the family—may be useful. Keeping in mind the influence of children on their parents' eating and activity behavior is important.
- Several gender and life stage differences related to healthy eating and physical activity emerged during these discussions. These similarities and differences indicate that tailoring messages according to life stage and/or gender may be more effective than customizing them based on race and/or geographical location.
- Messages that focus on external motivators mentioned by participants—living long to see your grandchildren, setting a good example for your children (noted especially by men), looking good in smaller size clothing, having more energy to do all the things on your to-do list—may be more useful than messages that purport to educate or teach functional skills. Lack of internal motivation was key for most of these participants (“I know what to do....I just don't do it!”).

- It seems that focusing on the audience's family responsibilities and love of family may be a theme for the campaign messages. Living a productive and healthy life for one's family members appears to be a motivator for these participants. The importance of engaging in healthy behaviors each day, in order to have a long healthy life, may offer specific behaviors to be modeled in the messages.
- A campaign directed at these participants should acknowledge their perception that their daily schedules seem to be out of control. In other words, the constraints and pressures under which participants are working each day should be acknowledged. At the same time, it should be pointed out that one can gain control over a busy schedule ("We all have the same 24 hours in a day," is how one participant expressed this sentiment). For example, testimonials from peers offer a potentially valuable avenue for acknowledging their situation and facilitating change. Or, perhaps tips and hints for scheduling physical activity or for cooking quickly and healthfully (or for choosing healthier foods at fast food restaurants) would help enable this audience to make changes.
- In light of participants' life stages and accompanying changes, potentially valuable implications for campaign design include directing a series of campaign messages to adults in these various life stages using motivators specific to them. Relatively new parents could be targeted using messages related to starting healthy eating behaviors very early in children's lives or by showing parents pushing a stroller for 30 minutes at a time most days a week. Messages for parents of young people may need to focus on how to avoid the fast food trap and on methods for working in physical activity between carpools. Once children reach adolescence and the teen years, messages to parents could point out the advantage of at last having time for themselves to start a physical activity program (learning to play golf or start using that dusty exercise equipment) or to start eating more healthfully (more time to prepare healthy gourmet meals). Moreover, parents at this stage of life feel less need to fix the kinds of often unhealthy foods that children prefer.
- Messages that emphasize tradition could be particularly useful for the African American audience. For example, messages that focus on the strength of family and friendships being maintained by walking

together or preparing healthier traditional meals together may be effective.

- A potentially useful and appealing notion is that a healthy lifestyle was perceived by many of the participants as giving people more energy, thereby enabling them to do all of the things they need to do with some energy left over. This appeal relates directly to the common complaint that participants had little energy left after a typical, busy day. As demonstrated by the life priorities exercise and discussions of being healthy, good health is prized because it enables people to get done all of the things that they must do every day. Additionally, the fact that these healthy behaviors reduce stress—a frequently mentioned problem—is a related and potentially valuable selling point for the campaign.
- The campaign message could be designed to reassure these participants that health benefits can accrue from incremental, manageable changes in their daily lives. Also, the changes should not be positioned as things that could create an undue burden on already burdened schedules. For these participants, scheduling a 30-minute physical activity with warm up and cool down several times a week would likely be perceived negatively. Perhaps participants could be encouraged to “do a little” and then “do a little bit more.”
- A campaign design could capitalize on participants’ holistic way of thinking about health. As mentioned earlier, healthy behaviors like physical activity and eating right could be linked with priorities like family harmony and spiritual well-being. Or, they could be portrayed as an integral part of a larger picture of health, encompassing more than just body fitness.
- Participants have had much experience with a cycle of failure in which they start, stop, revert to their old health habits, and then start again to make positive changes. Messages that focus on maintaining changes for a lifetime may help the target audience continue their healthier lifestyles. For example, if the changes were to be implemented for a lifetime, backsliding on one day would not be cause for entirely giving up the new behavior. Messages that encourage participants to engage in healthy behaviors one day at a time could enable them to focus on small daily changes while keeping an eye toward these lifelong changes.

- Messages that explain clearly, by offering specific examples, the recommended quantity of physical activity appear to be a necessary part of the NuPACT campaign. First, it must be clear that the message is not intended to replace the exercise prescription. The participants are accustomed to—and fed up with—new messages that often contradict their lifelong beliefs. Perhaps carefully positioning the additional message as a starting point for those who are not able to meet the exercise prescription’s requirements is a useful way to present it. Also, positioning it as something that could be fit into a busy life would likely make the time commitment required more palatable for the audience. Showing creative ways to work in 30 minutes a day may make the recommendation seem both clearer and more manageable. Additionally, spelling out the health benefits of following this recommendation is essential. For participants, benefits ranging from having more energy to living a longer life were valued.
- Campaign messages focused on physical activity could acknowledge the feelings of guilt faced by women by stressing how much more energy they would have for their families if they engaged in regular daily physical activity. In addition, messages could point out that setting unrealistic goals for physical activity (e.g., running 5 miles) is not necessary; more realistic goals can help avoid failure. Again, the message should be a positive one—stressing that daily demands are overwhelming for all of us; we should be proud of the strides we have made and try to work in a little more, for example, substituting smoked turkey for pork in greens or taking a short walk once a day with a walking buddy or the children.
- Messages related to the availability of facilities in the local area where the participants could exercise appear to be irrelevant for this population. Even when these facilities were available and convenient (e.g., walking trails in their neighborhoods), participants did not report taking advantage of them. Also, safety was not a major barrier for this population.
- To address nutrition misconceptions, messages that point out the nutritional value of frozen, dried, and canned (in their own juices or water) fruits and vegetables and eating small meals and several healthy snacks each day instead of three large meals may be useful for these participants. Also, messages that show participants how to

prepare *tasty* low fat meals (or providing recipes) or how to order the lower fat items at fast food restaurants may be particularly appropriate.

- To address exercise misconceptions, messages could point out that physical activity can be fun as well as healthful. Selecting an activity for leisure or family time that is also physically engaging (e.g., dancing, walking, or tennis instead of watching television) can provide a “2 for 1”—satisfaction and health benefits.
- Testimonials from average people hold promise for these participants. A clear picture of a good spokesperson evolved from the discussions. Participants find their most useful role models in people who are like themselves. For example, seeing the woman at work who has started going to the gym regularly or the couple who walk together each evening make those activities seem possible. Support and encouragement are highly valued, especially among women. Participants seemed particularly jaded about spokespersons and organizations who purport to have their best interests at heart but really have some other reason (especially money or selling products) for trying to persuade them. It is imperative that any spokesperson who disseminates NuPACT messages not be perceived as “in it for the money.”

The most effective messengers are those who are like these participants in two other respects. First, the participants value weight loss and appreciate hearing from someone who has struggled and succeeded in weight loss and its accompanying lifestyle changes. They seemed to value the fact that those messengers understand their own challenges and are nonjudgmental. Participants seemed to need to have the difficult nature of these changes acknowledged, especially in the context of their busy lives. Furthermore, spokespersons who are perceived as never having had to struggle with weight are scorned.

- Positive messages and messages of social support may be particularly effective for women. Women were much more likely to want to hear affirmation of what they had accomplished rather than negative admonitions of what they must do. In general, the message, it seems,

should be positive and encouraging. Benefits of making changes should be highlighted. Even relatively small achievements should be praised. Small transgressions should be acknowledged and permitted. Commanding tones and excessive discussion of dire consequences should be avoided for both men and women.

4.3.2 Possible Partnerships

Participants were asked about credible sponsors for the healthy eating and physical activity message in order to explore potential partnerships for the NuPACT campaign. No one organization emerged as the most credible source for these messages, though nonprofit organizations were heavily favored by participants. Only four organizations were spontaneously mentioned more than once in these groups—the American Heart Association (AHA), the American Cancer Society (often referred to as “The Cancer Society”), the YMCA (particularly for physical activity, sometimes referred to as the “Y”), and the Nation of Islam (mentioned in African American groups). The American Heart Association was the source most frequently mentioned in the groups. For the African American groups, AHA’s prevalence may be the result of the organization’s special effort to communicate with the African American population about their risk for heart disease. The YMCA was viewed as having a family focus, with participants mentioning family activities held at YMCA locations.

4.3.3 Channel Selection

No new channel outlets for messages emerged from the focus group discussions. However, it is important to note that potential channels for the messages were not specifically explored in the groups. The African American moderator was asked to specifically explore in her groups the role of churches in disseminating this message, but they were not seen as places that this audience would expect to hear these messages. Media preferences were not investigated in these groups, as such data are readily available in the literature (and the MRCA database acquired by NuPACT).

What did emerge in the groups was a picture of where participants are during their typical day. This information may provide some ideas for creative channels to utilize for these messages. For example, a typical day in the life of these participants would include preparing for work, commuting via public transportation or car, being at work, seeking a

quick lunch, running errands using the car, delivering children to their scheduled activities, going to fast food establishments (except on Friday nights when they may eat in a restaurant), stopping by the grocery store, and watching television at home. Clearly, participants are exposed to a wide variety of potential outlets for messages regarding healthy eating and physical activity.

Also in terms of channels, it is important to note that for these participants, the message and spokesperson are much more important than the sponsor of the message. This finding has important implications for channel and partnership selection; NuPACT may want to focus its attention on developing a strong, credible message, supplemented by peer testimonials, given through a variety of channels, rather than focusing on developing potential relationships for purposes of credibility. (Other reasons for developing partnerships were not a focus of this research.)

The picture that emerged of a participant's typical day, as well as the importance of personal readiness (followed by message, messenger, and sponsor), were true across all demographic groups. Whatever channel or channels are selected for the campaign, the healthy eating and physical activity message needs to be positive and repetitive. Most of the participants have struggled in the past with achieving these behavior changes, only to be unable to maintain the changes over time. These participants need to be patted on the back occasionally for the small successes they have experienced and then given new tips or techniques or motivation reasons to keep them on the right track.

4.4

Summary of Themes and Implications for Campaign

A diagram summarizing the themes discussed in Section 4 and their implications for campaign development can be found on the following page.

Summary of Themes and Implications for Campaign

Primary Themes

Family is a priority.
Life is busy and stressful.
Life stages influence behavior.
Spiritual, mental, and physical health are connected.
Being healthy is desirable.

Secondary Themes

Chief barriers = perceived lack of time and internal motivation
Chief motivators = children and influence of others in one's life who implement change
"Persuasive" message choices = supportive, encouraging messages, especially among women
Common misconceptions = Fruits and vegetables must be fresh; current daily activities fulfill physical activity recommendation
Reactions to physical activity message = recommendation is attainable, but contradicts deeply ingrained exercise prescription knowledge
Health communication hierarchy of importance = (1) personal readiness, (2) message and messenger, (3) sponsor

Concept Development Considerations

Capitalize on similarities across demographic groups.
Tailor by gender or lifestage rather than race or region.
Recognize internal motivation is key. But some external possibilities exist.
Focus on family responsibility and love of family.
Acknowledge perception that schedule is out of control.
Note that a healthy lifestyle can enable one to meet responsibilities and enjoy life.
Reassure that health benefits can accrue from incremental, manageable changes.
Capitalize on holistic way of thinking about health.
Bear in mind that participants are very experienced with attempting to change these behaviors.
Position changes as lifelong ones.
Use positive, encouraging messages, and social support, especially for women.
Address healthy eating and physical activity misconceptions.
Follow participants' profile of effective spokesperson.

SECTION 5.

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SECTION 6.

APPENDICES

Appendix A. Focus Group Screener and Worksheet

Appendix B. Schedule for Focus Groups

Appendix C. Individual Focus Group Topline Reports

Appendix D. Life Priorities Exercise

Appendix E. Focus Group Discussion Guide [Healthy Eating]

Appendix F. Focus Group Discussion Guide [Physical Activity]

Appendix G. Demographic Survey

Appendix A

Focus Group Screener
and Worksheet

**Formative Research for a
Nutrition and Physical Activity
Health Communication Campaign**

Screening Questions

March 3, 1995

Hello, my name is _____. I'm calling from [company name]. We're helping the U.S. Public Health Service--part of the federal government--with a study about Americans' health. If you qualify for this study, you would be asked to come to [company name] to give your opinions in a group discussion which would last about 2 hours. May I ask you a few questions?

1. Do you work in any of the following fields: health, medical, fitness, or nutrition?

_____ Yes - *[Thank respondent and terminate.]*
_____ No

2. Which of the following age ranges do you fall into?

_____ 28 or younger - *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*
_____ 29 to 36
_____ 37 to 44
_____ 45 to 54
_____ 55 or older - *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*

3. Is your race:

_____ African American
_____ White
_____ Asian *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*
_____ Hispanic *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*
_____ or another race? *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*

4. What is the last grade or year of school you completed?

- Less than high school diploma *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*
- High school diploma or equivalency degree
- Some college
- College graduate
- Some graduate school
- Graduate or professional degree *[Thank you, but we already have enough respondents in this category. May we call you in the future for another study?]*

5. Do you have children under age 18 living in your home with you?

- Yes
- No

6. Do you typically eat 5 or more servings of fruits and vegetables each day AND limit how much fat you eat?

- YES*
*SKIP TO QUESTION #8
- NO

7. Regarding things like eating more fruits and vegetables and eating less fat, which of the following sentences best describes you? Are you:

- Currently trying to make healthful changes in your diet?
- Interested in making healthful changes within the next 6 months?
- Not interested in making dietary changes in the near future?

The next questions are about how much exercise and other physical activity you get during leisure time, in and around your house, or at work.

8. Do you typically engage in vigorous physical such as jogging, aerobic dancing, swimming or strenuous job-related tasks for 20 minutes or more at least 3 days a week?

- Yes
- No

9. Do you typically engage in more moderate physical activity such as brisk walking, yard work, or heavy house cleaning for 30 minutes or more at least 5 days a week?

- Yes
- No

10. Which of the following sentences best describes your physical activity intentions? Are you:

- Currently trying to increase the amount of regular physical activity you get?
- Interested in increasing the amount within the next 6 months?
- Not interested in increasing your amount of physical activity in the near future?

12. Record respondent's sex

- Male
- Female

As I mentioned earlier, the study is a group discussion sponsored by the U.S. Public Health Service. We will be selecting participants within the next couple days. If you are selected and are able to participate in the study, you would be paid \$40 for your time. Refreshments will be served during our discussion.

[Check availability during the week of _____(month), _____(day).]

Could I please confirm your name and address?

NAME: _____

ADDRESS: _____

PHONE: _____

Appendix B

Schedule for Focus Groups

Schedule for Focus Groups (Task 08)

		Wednesday, March 15	Thursday, March 16
Atlanta	6:00p	Black males/CorP diet	White males/CorP pa
	8:00p	Black females/CorP pa	White females/CorPdiet
		Tuesday, March 21	Wednesday, March 22
Baltimore	6:00p	Black males/CorP pa	White males/CorP diet
	8:00p	Black females/CorP diet	White females/CorP pa
		Wednesday, March 29	Thursday, March 30
Kansas City	6:00p	Black females/CorP pa	White females/CorPdiet
	8:00p	Black males/CorP diet	White males/CorP pa
		Wednesday, April 5	Thursday, April 6
Los Angeles	6:00p	Black females/CorP diet	White females/CorP pa
		Black males/CorP pa	White males/CorP diet

Note: CorP = Contemplator or Preparer

Approved: February 23, 1995

Appendix C

Individual Focus Group Topline Reports

**NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
ATLANTA AFRICAN AMERICAN MALE
NUTRITION FOCUS
MARCH 15, 1995**

I. RESPONDENT PROFILE

This group was made up of nine African American males. Several of the men in the group were divorced. Only one lived with a wife only, others lived with their wives and children.

Overall the group described somewhat sedentary activities as their outlets for fun. Only one respondent described physical activity as a favorite pastime, the others were primarily readers, computer lovers, or involved in family activities.

The group appeared to be knowledgeable about basic nutritional guidelines and the benefits of physical activity. The ideas expressed were typically main stream.

Respondents were greeted by the moderator, and given the ground rules for participation. Prior to self introductions of members of the group, the respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common and by design. This is intended to disarm any prevailing racial/cultural paranoia as well as provide encouragement for respondents to relate relevant attitudes and perceptions to the Black experience.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. Though they were given directions to give each a number between one and ten, several of the respondents felt that many of the life priorities warranted a number one rating, and thus had more than one priority rated as number one. An attempt to fix this in the group appeared to be successful.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good

6. Being close to God
7. Making and keeping good friends
8. Having a good love life
9. Having enough money
10. Living a long time

Top Three Priorities

The group identified “Being close to God”, “Being healthy”, and “Being happy with my family “ as the top three life priorities.

“Being close to God” is the foundation for the other life priorities. Being close to God was described as being number one because it allows one to be healthy and happy with ones family. Though everyone cannot be healthy, with God, one can still have a positive outlook and feel good.

One respondent expressed the sentiment that having a good job, along with the implication of having enough money, could be number one because they facilitate the other things on the list. For example, when one has a good job, one can spend more time with the family and do the things necessary to be healthy.

Define Being Healthy

“Being healthy” is not limited to physical health. When *being healthy* is discussed, it must be determined whether one is talking about physical, mental, spiritual well being. If the aspects of health are prioritized, it was generally agreed that physical health is most important, then mental and spiritual. However, there was some dissent among those who believed that you can be physically impaired and still be healthy.

How eating is related to health

A variety of health benefits are related to eating healthy. One very overt example of the relationship of eating to health is in the control of disease. One respondent spoke of changing his eating habits in order to control ulcers. During the course of the discussion, respondents related eating to other diseases with perceived cause and effect relationships such as high blood pressure and diabetes.

When the group identified the components of eating right they included foods with low fat content, fresh fruit and vegetables, fiber, and reduced sugar. Although most of the respondents felt they knew what healthy eating included, the sentiment was expressed that achieving a balanced diet is not easy because one does not always know what foods provide what vitamins, nor how many they need for the day. Further, the whole idea of eating right is said to be complicated by current food production methods. Respondents shared the perception that because

of the way foods are grown, transported and processed that many of the nutrients are lost by the time foods are consumed.

There is a clear understanding among respondents of what changes were required to consume more "low fat" foods, and their importance in the diet. Some respondents were able to cite examples of low fat foods, like skim milk. In addition, method of preparation was mentioned, i.e., baked versus fried fish.

The group generally agreed that everyone knows what healthy eating is, but most simply overdo it when it comes to eating. The key changes identified that must be emphasized in order to *eat healthy* included:

- monitoring calorie intake
- substitute skim milk for whole or low fat milk
- eliminate fried foods
- eliminate highly salted foods
- eat earlier in the evening
- eat less often "for taste"
- eat a variety of things
- do not eat bacon
- grill instead of fry

The list generated indicates that most of the emphasis for this group of respondents is on reduced fat content in the diet, and much less so on the increased consumption of fruits and vegetables.

Enhancers

One of the key motivators for any behavioral change discussed by the group was the involvement of others with the change. One of the prime examples cited was the presence in the household of those who have health problems that are ameliorated with proper diet, e.g., high blood pressure.

"you do it for them, but you're really doing it for yourself"

The influence of a group is a strong motivator. The group generally agreed that things work better when in a group. Respondents felt that when one is around people who concentrate on being fit and eating right, it is easier to join in.

A family history of disease was another motivator. Respondents were exposed to diseases afflicting their family members, where diet appeared to have a cause and effect relationship on the health condition of the family member. The dietary lesson was typically taught by the affected family member. One respondent related a story of his father advising him to never allow his stomach to become large because it contributed to his diabetic condition. While this advice comes to mind for the respondent, it is not adhered to when the desire for the taste of certain foods is a priority.

Respondents' own health conditions may encourage healthier eating. One respondent spoke of making major changes in his diet to help heal his ulcer.

Barriers

“Being healthy” is a priority, but eating healthy is not. Respondents had a litany of reasons for not consistently eating healthy. Some of the same things that encourage respondents to eat healthy are also among those that prove to be deterrents.

Indulgence is a key deterrent. One of the most obvious barriers to healthy eating for the group is that they enjoy the taste of certain foods, and enjoy eating. This contributes to consumption of large quantities of good tasting, typically high fat foods. The sentiment was expressed that Americans are the heaviest people in the world, primarily because of the foods we eat and the quantity of foods.

Cost was perceived as a barrier because of the perception that foods that are healthier for you, cost more. The example cited was related to cuts of meat, and the fact that meats with higher fat content tend to be cheaper. In addition, some of these cheaper fatty meats have been staples of the African American diet, i.e., ham hocks.

The influence of others can be a barrier as well as an enhancer. Food preferences of other family members can be a barrier to healthy eating for those who might prefer healthier meals. This was further substantiated with the sentiment that when you are around people who eat a lot, you also tend to eat a lot. Whereas, if you are around those who are fit, you will strive to be fit.

Human nature plays a key role. Specifically, respondents agree that they are sometimes just too lazy to try to improve their eating. Others attributed this to lack of time for planning and preparation. Further, when respondents view their own health as good today, e.g., low blood pressure, low cholesterol, they may eat for today and pay very little attention to prevention of the onset of these conditions.

To a limited degree, respondents attributed lack of knowledge to their inability to eat healthier. In spite of the conversation which indicated an adequate level of knowledge, some respondents felt they did not know what combinations of foods were healthier, nor foods that could be substituted that would taste good and still provide nutritional benefits.

III. PHYSICAL ACTIVITY

Contrast “Exercise” to Being “Physically Active”

Respondents distinguish physical activity from exercise. Physical activity is anything that causes the body to move whereas exercise was described as a higher and sustained level of physical activity lasting 20-30 minutes. Among the activities used to illustrate each, are as follows:

<i>Physical Activity</i>	<i>Exercise</i>
Work	Walking
Shopping	Aerobics
Working on a car	Riding a bike
Walking	Tennis
Cutting grass	Jogging
	Spa activities

Both physical activity and exercise are viewed as having health benefits. However, exercise involves goals. Exercise is further distinguished from physical activity because it is based on a higher level of exertion and intensity.

Though the group was capable of distinguishing physical activity from exercise in this way, they were unable to cite ways of being physically active without resorting to organized exercise activities.

Barriers and Motivators to Physical Activity

Enhancers

The influence of others was described as the most effective motivator. Having someone to do it with you encourages you. Further, when the activity is a game, such as football, basketball or golf, it is viewed as a lot more fun.

Barriers

The barriers to getting more physical activity were both external and internal. The internal barriers included impatience, which can mean the difference between parking farther away to get more exercise, vs. parking closer and getting where you want to go faster, but with less exercise. In addition, having no self motivation was cited along with the complaint that exercise is boring.

The external factors which act as a deterrent to getting more physical activity included the environment in the area where one lives. The fear of going walking was shared.

The influence of others was also mentioned, “if they are a couch potato, then you are a couch potato.”

IV. HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED

Links Between Healthy Eating and Physical Activity

The following statement was read to respondents to gauge their attitudes on the link between diet and physical activity.

"I can only focus on one improvement in my life at one time. If I'm trying to eat right, I can't be worried about exercising, too."

The group agreed that the statement was untrue. The general consensus of the group was that the two, diet and physical activity work hand in hand. In fact, though there were different points of view on what triggers what, either eating right or physical activity could stimulate interest in the other. The belief was that if a person pays attention to one, then they will pay attention to the other.

However, it was noted that when one exercises there is a tendency to eat better. It was not held true that if one is eating better that one will necessarily exercise. Another connection was that when a person who is regularly active stops for whatever reason, they are forced to be more conscious of what they eat.

One potential downside of increased exercise is the belief that one has earned a reward. That reward, all too frequently, is a food reward.

V. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

The statement above was read to respondents and generated a favorable reaction. The general sentiment was that it was something everyone could do. As a guideline, it was viewed as not too extreme.

As respondents started to examine the statement more closely it appeared that the key words in the statement were: "30 minutes", "moderate", and "most days". There was some objection to the use of "every" as respondents pointed out the exceptions, i.e., those in the population who would be physically unable to achieve this.

In order to convince others to be more physically active, the emphasis would be placed on viewing physical activity as a shared activity, i.e., something they can do together. In addition, the focus would be on how good one will feel when they are more physically active.

Role Models for Healthy Eating and Physical Activity

The initial response to who might be an effective role model for healthy eating and physical activity yielded a list of popular athletes. These included Michael Jordan, Dion Sanders, Jackie Joyner Kersee, et al. It also included those who participate in a variety of sports, such as skaters or tennis players. Celebrity entertainers were also mentioned, specifically Tina Turner or Sidney Portier.

However, when respondents focused more on who might actually motivate a change in their behavior, people closer to their own lives were mentioned. This would include people who may not have been healthy who have since become healthier. It may also include those who have practiced healthy eating habits and have been physically active, e.g., ones own mother, guys at the health club.

Credible Sponsors for the Message

The general reaction to having the federal government serve as a sponsor for this message was unfavorable. However, respondents accepted the idea of entities of the government. The branches of the military were mentioned.

The reaction to the use of the Surgeon General was mixed. There were those who thought there was some credibility, however, there was also the perception that messages from the Surgeon General are too clinical. In addition, there was less credibility for any sponsor who was believed to be getting paid for delivering the message.

CDC was not believed to be an appropriate sponsor because of the agency's strong connection to infectious diseases. Rather than CDC, some area of the Public Health Department would be viewed as more credible because of the belief that they "have my interest at heart".

**NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
ATLANTA AFRICAN AMERICAN FEMALE
PHYSICAL ACTIVITY FOCUS
MARCH 15, 1995**

I. RESPONDENT PROFILE

This group was made up of nine African American females. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they have in common by design. This is intended to disarm any prevailing racial/cultural paranoia which can debilitate a group as well as provide encouragement for respondents to relate attitudes and perceptions relevant to the Black experience.

There were five respondents with husbands and children in the household, one husband only, one single with no children, and two single parents. All described rather sedentary activities as their favorite pastimes. Most enjoyed reading. One had recently joined the Y, ostensibly to increase the possibility of getting more physical activity.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten. Not all of the respondents followed the instructions and there was a limited number who insisted that more than one priority had to be number one. An adjustment was attempted within the group. It was believed to have little impact on the final outcome.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends
8. Having a good love life

9. Having enough money

10. Living a long time

Top Three Priorities

The three top life priorities for the group were “Being close to God”, “Being healthy” and “Being happy with my family”. Most of the group agreed that “Being close to God was number one. There was little distinction in ranking the importance of health and family, with both categories basically as a tie.

Implementation of priorities

“Just do it” was the general sentiment for how these priorities are worked into their lives. Respondents recognize the priorities as a way of life. Most talked about their belief in God and in their belief in the power of prayer.

Regular communication with the family was also cited as something that is routine. It is the routinization of “Being close to God”, and “Being happy with my family” that creates the illusion that respondents have internalized these things. However, though “Being healthy” is as important a life priority, respondents are not pro-active about it. There is nothing analogous to a morning prayer or a call to a sister for these respondents when it comes to maintaining good health or being healthy.

Define Being Healthy

Respondents were not able to clearly define being healthy, but they were able to cite the components. The group generally agreed that being healthy included eating properly, exercising and monitoring ones intake of red meat and fried foods. The sentiment was expressed that the outcome of doing these things could impact ones longevity.

“What I take in can make the difference between living two more years or having a heart attack.”

One respondent equated being healthy to having positive feedback on test results from doctors. In spite of her apparent obesity, having low blood pressure, low cholesterol, etc. were sufficient for her to claim good health.

How being active is related to health

Respondents in this group tended to focus on how busy they are rather than how physically active they are. Much of their activity centers around their children and the places the respondents have to take them.

"I'm constantly going with my child."

"I'm active, but not a healthy active."

It appears that respondents themselves recognize that not all activity is physical activity.

III. PHYSICAL ACTIVITY

Define Physical Activity

This group of respondents defined physical activity as things one does that work up a sweat. This would include:

walking	yardwork
mowing the lawn	dancing
running around	cleaning
walking up and down stairs	shopping
walking around on the job	jumping up and down at a softball game

Contrast "Exercise" to Being "Physically Active"

Respondents easily distinguished exercise from physical activity. The group agreed that exercise focused on one goal and typically included the use of some equipment such as leotards, music, tapes, etc. Exercise might also require that you block out time and make a commitment to do it. Unlike exercise, physical activity is not planned and includes the things "you have to do". All of the respondents in this group believe they are physically active.

Barriers and Motivators to Physical Activity

When asked to imagine a person and what they might have to do to get more physical activity, respondents quickly returned to the definition of exercise. They suggested things like joining a health club or working out on a glider.

However, there were a variety of examples cited for increasing physical activity. These things included walking to speak to a person, rather than calling the person in the next office. Get to work early and walk, and take up a sport were also suggested ways of getting more physical activity.

However, even in light of the fact that there are health benefits that accrue from increased physical activity, the group agreed it is difficult to be motivated to get more. However the group generally agreed that the key to being more motivated comes from within oneself.

Enhancers

One respondent who is motivated, shared the fact that she puts everything she needs in her car and goes directly to the Y from work.

Respondents' own suggestions for getting more physical activity focused little on the motivation but rather emphasized removing some of the deterrents. Specifically, since lack of time is frequently a barrier suggestions such as having maids and chauffeurs were offered.

Ultimately, most focused on the external motivation of having someone else to do it with them. Respondents shared that they would be more likely to walk if friends, spouses or family members went with them.

An atypical motivator for African American women was mentioned. That was being able to fit in a smaller size dress. Previous studies among African American women on this topic have supported the fact that weight control is most frequently mentioned in the context of good health rather than body size goals. Thus when probed further on this issue, respondents included in the benefits of controlling ones weight, looking better with emphasis on skin and hair more so than body type; feeling better, longevity, and being disease free.

Barriers

Lack of time appeared to be the key barrier to getting more physical activity. This is not only attributed to the many activities they are involved in but also to the way they have limited the idea of physical activity. Specifically, respondents said that they are not more physically active because of the following:

- working all the time
- household chores
- school
- TV
- taking care of others

One respondent cited a barrier that has particular significance to African American females. The issue of doing ones hair after a mid-day exercise is particularly inconvenient. This was cited along with having to re-do make-up.

Safety was a concern that might prevent walking. One respondent spoke of the desire for an indoor track to get around the safety issue.

IV. HEALTHY EATING

Define Healthy Eating

Respondents tended to describe rather than define healthy eating. The group agreed that eating right and eating healthy was based both on what you eat, how much you eat and when you eat. Thus it was stated that in order to eat healthy one must monitor the

amount of food eaten and eat in moderation. Meals should be balanced and with special efforts made to reduce the fat content. Further, it was stated that the largest meal of the day should be lunch.

While it was recognized that there are health benefits associated with eating healthy, respondents noted that having a bad diet does not always mean that you will be unhealthy. There is always someone who can be cited who eats anything and everything and lives a long life.

Enhancers

The motivators for eating healthy are both internal and external. Respondents agreed that one must have “the mindset to do it”. Having more knowledge about why you should eat better may contribute to that mindset.

Breaking tradition was seen as necessary to the extent that both respondents and their families have to know that the food doesn’t have to taste bad to be good for you. Thus having good recipes would help.

Planning meals was also viewed as a way to increase the likelihood that a healthier meal will be prepared and eaten.

The most powerful motivator was seen as having a health condition with a cause and effect relationship to ones diet that would force you to change your eating habits in order to regain your health. Unfortunately, respondents placed much less importance on prevention.

Barriers

There are a number of barriers cited by respondents that prevent them from eating healthier. Most of them are external influences. The taste of the food is an important barrier. Respondents grew up on and like the taste of a variety of foods that are traditional in African American homes.

“Ham hocks make my greens taste so good.”

Habits and traditions also included the components of a meal. Some respondents agreed that they had something sweet everyday. Relative to the amount of food eaten, respondents also spoke of family rules that forced you to eat everything on your plate.

There are other deterrents tied to respondents’ own perceptions of healthy food. Specifically, it was mentioned that healthy foods cost more and that they take more time to prepare.

Further, the influence of others was mentioned as a barrier to healthy eating. In this context, respondents noted that they eat as others around them eat.

Conflicting messages in the media about what is and is not healthy actually act as a deterrent because respondents use the excuse that what is good for you changes. They seem to be holding out for the day that their own favorite foods will be declared healthy.

Lack of knowledge of what combinations of foods and how many fats one should have in a day was admitted, but did not appear to be a bona fide deterrent to healthy eating.

V. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

When respondents were exposed to the statement above, the group generally agreed that the message was a good one and one that they were familiar with.

"We've all been told, if you exercise you feel better."

The message restated, was said to mean four days of the week, do something to make yourself more healthy. It does not mean that the activity must be strenuous.

The issues with the actual communication focused on the meaning of "moderate-intensity". Respondents believed that the term could mean different levels of activity for different people, thereby indicating that a phrase like this has more potential to confuse than communicate clearly.

Strategies for Overcoming Barriers

Respondents focused on the benefit of feeling good as a reason to get more physical activity. They also provided dimensions to feeling good which included sleeping better and having more energy. In addition, increased physical activity was credited with reducing stress and allowing you to feel happier.

These types of *feel good* benefits were also associated with eating better. Here the dimensions were that one would feel less sluggish and have more energy. This, in turn, would make you more alert at work.

Eating better was also viewed as a way to keep arteries open and cholesterol down.

Understanding that many people want to see and feel instant results, "instant gratification", respondents felt it was important to tell people to start gradually, and with physical activity, simply pay attention to the things they might already be doing. For example, it was suggested that they walk the dog or just walk around the neighborhood. This would allow and encourage daily exercise.

Role Models for Healthy Eating and Physical Activity

The most credible role models for a message like this are those with a personal success story. Respondents seemed to believe that a before/after message that would be most credible. However, in addition to ordinary people, e.g., supervisor at work, Tina Turner was suggested. Noting that Tina Turner is over fifty, and in visibly remarkable physical condition, this suggestion is understandable.

Credible Sponsors for the Message

In selecting credible sponsors for the message, the federal government as an entity was ruled out. The issue was one of trust. However, respondents suggested agencies of the federal government, i.e., public health agency.

However, it was generally agreed that a nonprofit organization would be best suited to sponsor the message. This would include agencies like the United Way. In addition, it was suggested that any medical association would be credible. This was attributed to the perception that these associations are established in order to better the health of the general public.

Further discussion yielded African American associations that would serve as credible sponsors of the message. This included the Sickle Cell Anemia Foundation or any Black female medical group.

CDC generated mixed reactions. Initially, it was viewed as a good sponsor. Further discussion revealed that the perception of CDC is closely tied to infectious diseases, STDs in general and AIDS in particular.

The group agreed that the actual sponsor is less important than the message. More importantly, the message has to be one that they want to hear.

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 9 Caucasian Men
Date: March 16, 1995
Location: Atlanta, Georgia
Topical Focus: Physical Activity

Nine men participated, ages 34 (two men), 36, 38 (three men), 45, 46, and 48. Four participants had graduated from high school and/or had some college; two had college degrees, two had some graduate level education. Seven of the men had children living at home.

KEY FINDINGS

- . "Being healthy" important in part for the sake of family.
- . "Eating right" associated mainly with lowering fat.
- . Barriers to better eating include time, cost, preferences for other foods.
- . Preference for "exercising" with someone else.
- . Stronger belief than in some groups that "physical activity" is exercise and does have health benefits.
- . Belief that there is no point to being active without paying attention to healthier eating or vice versa.
- . Belief that doctors are a reliable source for information, because it is personally relevant.
- . Recommended pushing insurance companies to give discounts for fitness like they do for not smoking.
- . Lukewarm about Centers for Disease Control sponsoring health messages.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

The men agreed that most of the entries on the list are important to them. Almost of all of the men included "having a good job", "having enough money", and "being happy with my

NUPACT FOCUS GROUPS, Caucasian Men, 3/16/95, Atlanta

family" in their top three. Only a few included "being healthy" in their top three.

"Being healthy":

One man ranked "being healthy" first; three ranked it second, no one ranked it third; two ranked it fourth; one, sixth; one, seventh; and one, eighth. Asked to describe where they ranked it and why, the men talked about a variety of factors they associate with "being healthy". For example, most of those who ranked it lowest simply thought it was less important than other things in the list. The men said:

"As I get older, it's more of a state of mind. I've always been healthy, but now I think about how much longer will I be?"

"I included it [in the top three]. I want to be around for my boys. Show them what to do. Though I feel really healthy, it's 100 percent mental attitude. I won't allow myself to get sick."

"I've had back problems since my 20s, so being healthy is not on my list because I have health problems."

"I ranked health fourth. I'm fortunate to have a healthy life. Staying healthy depends on the individual. I do what I feel I need to stay healthy. I play ball two or three times a week. Being healthy is mental and physical -- your outlook. Even if I don't work out."

What participants do to stay healthy:

Before the moderator specifically introduced the discussion topics of "eating" and "physical activity", the men talked about what they do to stay healthy. The men identified:

Doing what the doctor says
Exercising
Washing hands a lot to get rid of germs the kids bring home
Eating better
Lowering stress

The men said:

"I do what my doctor says when I'm sick."

"I'm not super-disciplined but I try to exercise three times a week for 30 to 40 minutes. I walk or do weights. I feel better, my energy is better. I also wash my hands a lot from being around the kids so I don't catch what they have."

"I try to be aware of what's going on for me. Healthy feels better than sick so I try to go toward things that keep me going. I don't feel guilty if I eat something with 24 grams of fat...If I feel I did something bad like not work out, I would feel bad, so I don't [let myself feel bad]."

"Keep stress out of my life. I have high blood pressure. I know there are more important things than working long hours. I try not to let things bother me."

How "the way we eat" is related to health:

These men felt that there is a strong link between how they eat and how healthy they are. Once the topic of eating healthy was introduced, the men talked mainly about changes they have made over the last few years, especially cutting down on fats. They also cited limiting intake in general, increasing fruits and vegetables, and substituting water for soft drinks. They said:

"My mother still tells me what to eat and how to eat it based on what she reads. We've changed from 20 years ago when it was all red meat and potatoes. If I go to a restaurant, I want what I want and I won't totally change. My dad had bypass surgery, so someday, I may have to change. Nobody's perfect. We eat what we want, just not as much. Real, not diet, drinks. Eat some low fat."

"I like red meat and potatoes. I don't eat hot fudge sundaes all the time. I don't binge. If something looks good, I eat it, some salad. Basically, I watch consumption. I don't eat too much "good stuff". You don't have to go to health foods."

"I try to watch what I eat because I get absolutely no exercise. Fortunately, I'm not overweight. I eat some fresh fruit, which my wife buys, every day. We eat meat and potatoes, but cut down on and eat more beans, lentils, chicken, salmon too. I drink a glass of wine at night and take vitamins everyday. If it's not too inconvenient, I'll do it. Health was near the top for me."

NUPACT FOCUS GROUPS, Caucasian Men, 3/16/95, Atlanta

"I watch my fat intake. I stay away from buffets. I look at low and fat-free products. Some are good."

"I don't do well with it. I try to eat less red meat -- two times a week. It used to be more, but I have high cholesterol and there is a history of heart attacks in my family. I eat a salad instead of burgers for lunch. I used to never eat salad."

"I eat for taste. I cook well and my wife does too. We eat well. It's mental attitude. I may binge for awhile and then cut back. I read the T-factor book and did it for several years. I look at food labels. I try to count calories and maintain 30 to 60 grams of fat per day. I'm always aware of what I'm eating. Sometimes, it just doesn't matter. I usually eat healthy when I'm trying to lose weight."

"I cut out pork, which I love."

"I eat less fried food."

"I'm going from whole to one percent milk."

"My mother didn't fry, so it's not my taste. My wife watches what she eats. I cook what she likes. We eat a lot of vegetables. I like them as well as a steak. I eat what I want, but it changed after I married because my wife cares."

"I carry water rather than buy soft drinks."

Things that KEEP participants from eating healthier:

The men talked about a variety of internal and external barriers to eating healthier:

Time:

"I only have a half hour for lunch at work, so it's easier to get fast food than going without eating if you don't bring your lunch to work."

Taste of healthier foods:

"Especially dietetic, low sodium, non-fat foods. Kraft fat-free cheese is OK, but that mayonnaise. It tastes like axle

grease. If there are fat-free foods that taste good, I'll eat them."

Expense of fruits and vegetables:

"I watch the cost of fat-free. I'll pay extra, but not double for low fat."

Convenience of fast food:

"The convenience of fast food [is a factor]. Those restaurants don't have a lot of low fat. It's burgers, not salads."

Kids' preferences:

"They don't like a lot. My wife doesn't want to cook two different meals so we end up eating burgers and fries, especially when we're trying to get them to eat at all."

"Yes, they fix whatever they think she'll eat. That's what determines what we have for dinner." [Participant lives with sibling -- brother or sister?, spouse, niece.]

"We've battled, but never fixed alternate meals for our daughter. Now at age 11, she'll try new foods. It was difficult, but we kept with preparing meals for adults. She now eats more variety. My parents dictated how much I ate. Adults determined when I was full and I was obese. Kids should decide when they've had enough."

"It's tough when kids watch McDonald's and everything on TV."

Things that could HELP participants eat more fruits and vegetables and less fat:

The men also had ideas about things that help them eat better:

Wives:

"My wife's habits directly influence mine. If she is on a diet, I lose weight. She puts it in front of me..."

"I eat what my wife makes."

NUPACT FOCUS GROUPS, Caucasian Men, 3/16/95, Atlanta

"My wife makes salad every night but meat too. At breakfast, I have cereal and milk at home. I avoid pancakes during the week and have a good lunch. I come home and indulge in whatever she cooks."

"If I'm by myself, I eat a hotdog. If my wife is there too, I fix what she likes. I'm the cook."

Exercise:

"When I'm in that frame of mind [of exercising], I'm more aware of what I eat."

Seasonal foods:

"Good vegetables and lower prices in the spring. In the spring, I can see the fat from Thanksgiving and Christmas."

Seasonal clothing:

"In the summer, [thinking about] wearing swimming trunks and seeing that spare tire compared to wearing loose clothing in the winter. I know my weight is not good. I'm trying to set up the exercise equipment again. It all comes together to a point of saying that's it. Not just one trigger."

Clothes not fitting:

"When I can't get into my pants, it helps my diet."

Eating a variety of foods:

"I read the T-factor. Nutrition is more important than just fat. I eat enough. I get whatever I need through variety."

Description of life as it would have to be to eat healthier:

Healthier foods would have to taste good and be affordable:

"I can't change without both of those. **Affordable** means reasonable cost, like what we spend now. And if it doesn't taste good, we'll drop it eventually."

Time would be less of a barrier:

"So you could fix things you like to take your lunch."

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Less travel:

"I travel so it is difficult. I can't come home to my wife's cooking from city to city. I don't like salad...On the road, chicken has sauces. This is the hardest."

Learning to like other things:

"I guess I'll need to learn to like other things. I won't eat a lot of vegetables. I don't like them."

More convenience:

"I have to make a conscious effort to eat nutritiously. Reduced fat diet helps and I felt better, but it was an effort. It would help if just nutritious food was available and convenient, rather than just one section in the store of low fat, low salt, low taste foods."

Moderation:

"...we don't deprive ourselves of foods we like, but watch how much we eat."

"My wife makes a large pot of spaghetti. I try to cook less so I will eat less, so there isn't an opportunity to eat it all."

Convincing someone to eat more fruits and vegetables or less fat:

[Was not discussed in this order.]

In this group, the men had difficulty convincing each other to eat more fruits and vegetables or less fat without focusing on either the consequences of not eating better (e.g., "You'll die if you eat meat") or lamenting the confusing messages they hear about what is good to eat. For example, they said:

"If you keep eating vegetables, you'll die too. The advice changes. I don't listen. It constantly changes. Aspirin, no aspirin. I listen to health reports, but they're hard to believe, because they change."

"...Doctors in different places say different things. If all the doctors believed and preached the same things, they'd have an influence."

SECTION 2: PHYSICAL ACTIVITY

"Exercise":

Most of the men thought of "exercise" negatively, citing things like routine, boredom, health clubs, and loneliness, but they also believed that "physical activity" is exercise even though examples of it include more "fun" things than exercise per se. "Exercise", for example, evoked the following comments:

"I run for the couch. I don't exercise. I quit when I broke my ankle five years ago. Softball is OK, but it doesn't raise your heart rate long enough."

"I went to the health club. I tried and failed; it was very boring. I can't keep it up myself. It has to be with people. It's no fun by myself. I like to go with people -- preferably people I know. Otherwise, it's hard to keep motivated."

"I agree. I'd rather be with people. I hated jogging. I did it for a year. I see them exercise on TV and wonder why are they doing this?"

"I try to exercise. What works is having a purpose. I will feel better today so I've learned to enjoy it. The direct result is that once I realize that, I'm motivated. I feel better, I'm in a better mood, I have better relationships."

"Physical activity":

"It's completely different [from exercise]. Exercise has a negative connotation -- like pressing weights -- versus enjoyment. Like taking a walk with my wife to get away."

"Physical activity is exercise. In the spring with a friend who's training for a marathon, I ride my bike. That has a purpose; he's training. I'm doing it to help my friend so it has a purpose."

"It's boring just to run or go on the treadmill. It's a waste of time. But out on the ball field is fun and it's exercise. Also, chasing my kids around."

"The important difference is that with exercise, you work your body out. [Notes aren't clear about participant's explanation of difference...]

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"The perception is what you want it to be. Cutting grass is physical activity or exercise. It's how you look at it -- whichever makes you feel better about whatever it is..."

"Exercise has to increase your heart rate for 20 to 30 minutes to build up your heart. Physical activity doesn't do that, so you end up doing nothing."

CDC physical activity message:

[Was introduced later in the discussion, not here. Covered here to coincide with order that discussion guide was changed to for subsequent groups.]

The men generally believed the message, but recommended that the purpose or benefits be included. For example, they said:

"What's the point of the statement. Each person will read this differently. Is this supposed to be the government? Or what?"

"If it's better defined, then we can decide if we're guilty or not. As it is, it is very vague."

"Explain it so it makes sense and I'll believe it's true."

"Say do it to be healthier."

They also questioned and/or recommended changes in the following wording in the message:

Moderate intensity:

"How do you think of moderate physical activity? Is that carrying my sample cases into a store? Sometimes, it seems like it."

Accumulate 30 minutes:

"What is accumulate -- minutes in a row or over the day?"

"What is moderate exercise?"

"Accumulated. Over the day? Or in one segment?"

"I think it's continuous."

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"It doesn't say that. The time needs to be defined. Does it mean above normal? Raised heart rate?"

"By this definition, everyone does it except an invalid."

"Yes, we all qualify."

Most days of the week:

"At least four or five. A 'honey-do' list on the weekend."

Things that KEEP participants from being more physically active:

No time
Bad weather
Mechanical problems with tools creating diversion
Not feeling well
Kids' schedules
Lack of motivation

Things that could HELP participants be more physically active:

The men felt that making it more convenient to be active was the important. They said:

"I won't drive to it. It must be at home or work."

"Yes, companies used to look at workers' well-being. They don't care now."

"We put up a basketball hoop at work and we use to play, but the company took it down because of liability insurance."

Focusing on more than one improvement at a time:

The men felt that eating better and being more physically active are too inter-related to separate. They said:

"They go hand in hand. If you're trying to lose weight, you watch what you eat and walk. I would walk two miles four or five times a week and diet to lose weight. If you exercise, but eat steak, you defeat the purpose."

"You have to do both. If you eat 1,000 calories but just sit, you won't lose weight."

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"We all do some physical activity all day, so if you cut calories, you would be doing something better even if you don't exercise. You're still doing better even if you just do one and not the other. If I can do something, I will rather than say I can't do it all so I won't do anything. It's a start."

"But you don't see good quick results. It takes both to look in the mirror and not see Homer Simpson staring back at you. Most people do it to lose weight."

Who participants would listen to:

In this group, the men generally agreed that they would listen to their doctors. They said:

"There are no reliable sources except your own doctor. If they tell you, I'll do it. I trust him."

"[His advice] applies to me [so I believe it]."

"You have to selectively believe what you hear. Some of it doesn't make sense, so you temper it with common sense."

There were also some favorable comments about corporations and insurance companies "pushing" health messages. For example, everyone agreed with the following comment:

"Have insurance companies give financial incentives [for fitness] like they do for not smoking."

The "government" would not be a good source because:

"We rely on these people to really tell us. The truth is, who has the right answers? No one has the answers for me but me. I have to decide what to believe, the **New England Journal** or whatever."

One man responded favorably to the moderator's question about the **Centers for Disease Control**:

"Yes, because they figured out Legionnaire's disease. It's impressive."

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 9 Caucasian Women
Date: March 16, 1995
Location: Atlanta, Georgia
Topical Focus: Nutrition

Nine women participated, ages 31, 35, 38, 39, 44, 45, 47, 49 and 50. All of the women had graduated from high school; five indicated they had "some college". Four had children at home; two mentioned grown children. The group included several women who revealed during the discussion that they had lost significant amounts of weight. For example, one woman had lost 75 pounds; another lost 195 pounds and was hospitalized at 70 pounds for anorexia and bulimia.

KEY FINDINGS

- . Wide variety of concepts associated with "eating right", not just focused on weight loss and calories.
- . More positive perceptions about "exercise" than in some groups, and less skepticism about the benefits of "physical activity".
- . Nevertheless, some concern about whether there are benefits to activity that does not elevate heart rate or make you sweat.
- . Time, inconvenience, and lack of motivation were barriers to better eating and more physical activity.
- . "Real people" would be most influential: co-workers, boyfriends, and others who can inspire or cajole.
- . CDC's physical activity message "is beneficial", but some parts of it are confusing.
- . "Non-profit" sponsors and physicians have more credibility than the government in general or CDC specifically.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

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The women agreed that the life priorities exercise was challenging to complete. Almost all of the entries on the list were in the group's lists of top three priorities. Several put "having a good relationship with my family" as their top priority. Others explained their priorities as follows:

"[I put being close to God first] for joy, peace and happiness. To not depend on other people."

"Free time: able to relax after work. I'm striving for it."

"Being healthy: it gives you a good attitude when you have to go to work. If you're not healthy, you don't feel good. I don't work out, but I'm in good health."

"Being healthy":

One woman ranked "being healthy" first; one ranked it second; two, third; one, fourth; three, fifth; one, sixth; and one, eighth.

The women explained their concepts of "being healthy" as follows:

"I am reasonably healthy though I have not made a commitment to do things to be healthier. so obviously it isn't as important as other things." [Participant had ranked "being healthy" #5 on her list.]

"Ten years ago, it would have been #1. It meant more then. "Now, I'm just satisfied." (ranked "being healthy" #6)

"I'm glad I can walk. I have no pain. No cancer. I'm not in the hospital."

"It's very important. I was in very good shape. I lost 75 pounds and then I lost my health, so now I know it is very important. If you don't have your health, then you don't have anything."

What participants do to be healthy:

Eat right
Get at least a little exercise, like yard work
Get a decent night's sleep

Drink water
Avoid too much alcohol
Avoid smoking; stay away from places with smoke
Eat, sleep, exercise

SECTION 2: HEALTHY EATING

"Eating right":

The women had a wide variety of ideas about "eating right":

"Loading up on too many sweets or too much fat is detrimental. For your teeth and you don't feel good."

"Balanced meals."

"The food groups. A little of everything in the food pyramid. Even if you can't get all the servings. And drink water."

"Forbidden foods -- buffalo wings. I've got to have them sometimes, but I feel guilty if it's bad for you. I try to fix a balanced meal, but it's difficult to watch the fat in everything and have it taste good."

"Cut back on fats. My problem is sweets. I lost 18 pounds cutting back fats a year and a half ago and I don't miss them. I eat fruits and vegetables."

"My mother is diabetic. I cook for us, so we eat chicken and sometimes that steak on the grill. We cut down on salt and fat, but use herbs that taste good."

"I have a hard time keeping on a schedule. It's so busy. We're so rushed...to eat right. I belong to Weight Watchers, but it's hard. I eat salad, but I don't like vegetables."

"We don't add salt and we watch fat. But we eat late, so it's potluck for us. We eat a lot of pasta to eat lighter. During the week, it's hard on busy days."

"Supplements to diet to get nutrients. It's almost impossible to get it all through your diet. Five fruits and vegetables is impossible."

Things that KEEP participants from eating healthier:

The women cited:

Time

Inconvenience of healthier foods

Cost of healthier foods

Temptations from socializing

Temptations from family's preferences

They said:

"Time for working women to plan and cook, then eat. It ends up being 7:30 or 8:00. And, after a stressful day, you don't want to think healthy."

"Convenience and cost: I make macaroni and cheese out of the box because it is cheap and lasts over a few days."

"Volume. I can't drink 10 glasses of water a day."

"Socializing: I don't want to serve guests tofu. Or, if you eat out, you don't want to order something healthy; you want to order something you like. Or when you see food at a buffet, or covered dish supper at church..."

"If I like it, like cookies and ice cream."

"The kids and my husband. He eats ice cream in front of you every night."

(This reference to ice cream was followed by general discussion of favorite brands and flavors of ice cream. Several of the women could quote the grams of fat in a serving of different brands and flavors.)

"People bringing cakes to work."

"If I don't see it, I don't want it. If I do see it, I eat it and once I start, I can't stop, especially with sugar."

"Eating late at night."

"Other people in your life on a different schedule make it difficult."

Things that could HELP participants eat healthier:

The women identified several things that would help them eat healthier, but also added how difficult it is to sustain motivation and commitment. Aids for healthier eating included:

Keeping temptations out of sight
Have a cook and a trainer (like Oprah)
Lower stress
Better time schedule
Someone to grocery shop and cook
Larger meals at lunch and less at night

Comments about overcoming internal barriers included:

"You just have to get in the habit and be very mentally strong to start it."

Convincing someone to eat more fruits and vegetables/less fat:

When the women tried to convince each other to eat more fruits and vegetables or less fat, they used a variety of benefits:

"You can eat large portions [of things like fruits and vegetables]."

"Your energy will last longer."

"Fat and sugar make you sleepy."

"Eat low fat: you'll be less hungry."

SECTION 3: PHYSICAL ACTIVITY

"Exercise"/"physical activity":

These women did not have as many negative connotations for "exercise" as participants in some other groups. "Exercise" evoked:

"Aerobics. Working out, dance, walk, bowl."

"Country dancing. I hate anything that hurts, like aerobics. I like hiking. It's fun and it's outdoors. A treadmill...no way."

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"Step aerobics, weight lifting, biking, all at the gym."

"Health Rider. I like it and use it except when I am renovating the house or doing yard work."

"I used to do aerobics, weights, and walking. That's exercise."

"Physical activity" means:

"Lifting boxes at work, but not for long periods of time. Walking during the day without getting your heart rate up."

"Physical activity means using the stairs instead of the elevator at work. Taking the long way around at work to get your heart rate pumping."

"There are two different types of exercise. One is aerobic for lung and heart strength. Physical activity is just as good for burning calories. Even if it's not aerobic, even in short spurts."

The women still expressed some concern about whether "physical activity" "counts". They said:

"Don't you have to get your heart rate up for it to be beneficial?"

"You may not increase lung capacity, but it still burns calories."

"You have to get your heart rate up for 20 minutes for it to be exercise."

"Walking down the hall at work gets my heart rate up, but I don't consider walking at work as exercise."

"It depends on your definition of healthy. I don't exercise, but I'm not sick. I am tired and overweight."

"I read that yard work is good. I'm exhausted afterwards, but I don't feel like I had a workout."

"If it doesn't hurt, it doesn't count."

"You have to raise your heart rate and sweat."

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"I started exercising and I feel so much better, but I don't count cleaning. It's not sustained."

"To count, it has to be sustained for 20 minutes, make you hurt, and sweat."

Things that KEEP participants from being more physically active:

Distractions like television and phones

Fatigue

Too busy

Laziness

The women explained barriers to being active as follows:

"TV: a good show distracts you. Or phone calls."

"Mental fatigue after work."

"Good intentions, but too much to do the evening. One hour of the evening is so precious. I open the mail, pay bills. If I walk, I'm thinking of what else I should be doing instead."

"I set up exercise equipment, but I don't use it."

Things that could HELP participants be more physically active:

Note that women talked about the role of healthy eating in helping them to be more active. They also cited the influence that having more control of their time would provide and the benefit of having someone to "exercise" with. They said:

"Having a partner."

"A personal coach to get me to do it. I don't know which exercises to do. I want instant results. If I only lose three pounds in a month, it's not enough."

"Have a healthy meal ready."

"Have healthy recipes."

"More control over time. It's hard when you work full time. You need a mother or a wife."

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Asked if there were things their communities or employers might do to facilitate more physical activity, the women all talked about things that employers might do, though one said her employer's incentives have not helped her:

"In New Jersey, employers are required by law to give you an hour to work out at lunch."

"My husband's company reimburses him for sports club membership, but he doesn't want to do it either."

"You have to be mentally prepared first or you won't do it. Weight Watchers come to my company for less money. And local health clubs. [The company] reimburses you and provides financial incentives, but I just say I don't need the money."

CDC physical activity message:

The women thought this would "be beneficial", but had several recommendations about the wording. In particular, they were confused about "accumulate 30 minutes"; some women thought it meant over the course of a week. Comments included:

"It would be good if I did this."

"If it includes walking in the office, then I do exercise."

"Is that 30 minutes at a time?"

"Is that accumulate in eight hours or seven days?"

"Accumulate is not clear."

"Say get or have instead of accumulate. Dust accumulates."

"Moderate intensity is not clear. Delete intensity."

"Say five or six instead of most days."

"Give an example of physical activity -- like using the stairs instead of the elevator."

Convincing someone to be more physically active:

The women agreed that it is important to stress the benefits of getting more physical activity, not the consequences of not

being active. They mentioned the "brain on drugs" public service announcement as an example of negative and ineffective communication.

Their strategies for convincing each other to be more active included:

"[Physical activity] burns fat and calories."

"You'll feel better, have more energy, look better, get less sick."

"Do curls while you watch TV. Lift a can of beans at your desk."

SECTION 4: HEALTH COMMUNICATION

Who participants would listen to:

Most of the women mentioned personal acquaintances who had been successful, with "success" usually associated with weight loss. Some women mentioned their doctors. One said her "mother" influences her. Comments included:

"I was inspired by the story of a friend. Ask them how they lost."

"My boyfriend."

"Co-workers who have done it."

"Co-workers who are successful. People at work are the first to notice a weight loss."

"Not Cher. She has been skinny all her life."

"Oprah is more convincing. She's been where we've been."

"No, I can't relate to [famous people]"

"They aren't real. They've had surgery and trainers. Like Jane Fonda."

Organizations to sponsor the message:

There was general agreement that non-profit or medical sponsors would be more credible than a government agency. For

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example, the women suggested:

American Heart Association
Red Cross
Hospitals

They were not enthusiastic about the Centers for Disease Control:

"What is that?"

"No, they test drugs and diseases. There is a negative connotation. It is about diseases, not health."

Re: Surgeon General

"Better."

Asked whether there were things their communities could do to facilitate physical activity, the women said:

"[Provide] an area to go walking with the neighbors."

"Perimeter Mall permits walking, but it does not help motivate you during the day. No one wants to get sweaty during the day."

"Our school gym is open until 5:00. Later would be useful."

NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
BALTIMORE AFRICAN AMERICAN MALE
PHYSICAL ACTIVITY FOCUS
March 21, 1995

I. RESPONDENT PROFILE

This group was made up of eight African American males. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common by design. This is intended to disarm any prevailing racial/cultural paranoia as well as to encourage discussion on issues relevant to the Black experience.

The group make-up relative to household composition was split between those with a wife and children and those with wives/mates and no children.

There were a variety of levels of physical activity represented in the group, including those who had physically intensive jobs, those who participated in exercise activities and those who were sedentary.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends
8. Having a good love life
9. Having enough money

10. Living a long time

Top Three Priorities

The three top life priorities for the group were "Being close to God", "Being healthy" and "Being happy with my family". Most of the group agreed that "Being close to God" was number one. There was little distinction in the ratings of "health" and "family".

Implementation of priorities

Respondents in this group questioned the whole idea of fitting their priorities in because they are, after all, their priorities. For the group, it appeared to be more accurate that the priorities are the foundation for everything else, rather than something that must be worked in.

For some, everything was said to start with God. Others focused more on their families, stating that "the family takes care of you". When the respondent's focus was *being healthy*, it was explained that good health gives you the ability to do other things, including have time for your family and to develop your relationship with God.

Define Being Healthy

Respondents offered a comprehensive description of "being healthy". It included behaviors, such as eating right and exercising. It focused primarily on various states of being, including having "perfect stamina", being disease free and being healthy spiritually.

How being active is related to health

Respondents generally believe that being physically active can contribute to being healthy. One respondent emphasized that physical activity contributes to one's stamina. However, the group agreed that someone can be inactive and still be healthy.

III. PHYSICAL ACTIVITY

Contrast "Exercise" to Being "Physically Active"

Initially, this group made no distinction between physical activity and exercise. Though they cited different examples of each, they generally agreed and concluded that both physical activity and exercise burn energy. However, there was the implication that exercise might be more intense, because it was described as requiring that you go to the

point of exertion. Physical activity was viewed as more individualized. The following lists are examples of each.

Exercise

Nordic track
Jogging
Running

Physical Activity

Push-ups
Weight lifting
Jumping jacks

Respondents' understanding of physical activity also allowed activities such as walking down the hall, getting up to change the TV channel and driving to work everyday to be included.

Respondents identified the key difference between the two as the fact that exercise is planned and physical activity is not planned. However, from the descriptions given, a more accurate interpretation of what they are saying may be that exercise is more regimented and physical activity less so.

Barriers and Motivators to Physical Activity

Enhancers

Respondents were able to identify lots of things that they could do to be more physically active, but found it more difficult to identify reasons, or motivators for being more physically active. The key reason is that with increased physical activity, one would be in better physical health. Key health benefits cited were, "stronger legs, stronger heart, and stronger lungs".

It was mentioned that being more physically active would also contribute to a healthier attitude.

Money was suggested as a motivator. This was in the context of using a bicycle to get to work rather than paying for public transportation.

Barriers

Lack of motivation and the physical environment seem to be the key deterrents to getting more physical activity. Specifically, respondents cited procrastination and laziness as key reasons that they are not more physically active. In addition, they prefer to do other things, like watch TV. Lack of motivation also surfaced in the idea that some respondents do not feel they need anymore physical activity than that they already get with the physical labor of their jobs.

Issues with the respondents' physical environment were related to crime and fear of crime. The example given was the respondent who no longer jogs because of drive by shootings in his neighborhood.

IV. HEALTHY EATING

Define Healthy Eating

Respondents defined healthy eating in terms of what it should include and what it should eliminate. Specifically, in order to eat healthy, one must eat three meals a day plus snacks. Those meals should be made up of foods from the four food groups, e.g., bread, dairy, as long as it is low-fat and not whole milk. Also, mentioned were fish, poultry, greens and cereal. The foods suggested for elimination were fried fatty foods, e.g., scrapple or pancakes.

The amount of food consumed was also a component of healthy eating. It was stated that one should eat "efficiently not sufficiently", which means one should "eat in proportion to the amount of energy you expend."

Nutrition Message

The reaction to the nutrition message of increasing intake of fruits and vegetables and reducing intake of fat was mixed. It appeared that though the message rang true for respondents, they were unwilling to adhere to it. This was evidenced by some of the far-fetched comments about the message. Specifically, respondents spoke of the belief that fruits are not always good for you and the threat of pesticides. One respondent went so far as to suggest growing your own fruits and vegetables as an alternative for these Baltimore city residents. Comments such as these often indicate that the message as stated has no particular relevance for those hearing it.

Enhancers

Connecting healthy eating to quality of life and length of life seemed to be a powerful motivator. This was related to the respondent's argument that one reason for eating healthy is to be around the next year.

Recognizing your responsibility to be a role model was also cited. Respondents recognized the influence ones eating habits can have on the children. It was agreed that it is important to set a good example.

"... be a perfect example for your family."

"The kids eat what I eat."

However it should be noted that respondents feel that they can draw the line on this line of thinking as needed. That is when they resort to the traditional, "do as I say, not as I do" parenting style.

Though the group appeared to be generally knowledgeable about some suggested dietary guidelines, education was cited as a way to get people to eat healthier. The education should focus on the things that are bad for you, however, it was emphasized that there should be only one message, not a million different messages.

Though designated education, respondents actually agreed that more emphasis was needed on behavior modification. Specifically, it was the perception of the group that African Americans plan their meals around the meat that will be served.

"We put the meat in the basket first at the store."

It was believed that a healthier approach would be to select the vegetable first, and build the meal around the vegetable.

The suggestions provided by this group as ways to motivate people to eat healthier seem to be sound. However, it should be noted that when respondents were asked whether they would do some of the things they suggested, the response was "no".

Barriers

It was pointed out by one respondent that African Americans are predisposed to, and have high blood pressure because of the amount of pork eaten. The group agreed with this sentiment and went further to attribute this to the availability of pork in groceries that serve the Black community and the higher cost of more healthful foods.

"Blacks eat more scrapple because it is cheap."

"Black [grocery] markets can not afford the good foods."

Lack of time was cited as another factor that prevents healthier eating. The evidence of this is the frequency with which respondents eat fast food or carry out foods. It was added that the fast food restaurants are also a way to get a hot lunch, particularly when there is no microwave available at work.

V. HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED

Links Between Healthy Eating and Physical Activity

The connection between healthy eating and physical activity was viewed as limited. The group was somewhat split with some saying that they are related while others did not believe they were. The relationship between healthy eating and physical activity generally accepted by the group was that a person "must eat the right kinds of food to have the energy to exercise".

Strategies for Overcoming Barriers

When asked what led to behavioral changes to improve ones health, respondents seemed limited to medical conditions, and even the death of loved ones. For example, one respondent spoke of making changes when the doctor advised him to cut back on sodium with a view toward controlling high blood pressure. Apparently the knowledge that high

blood pressure can lead to stroke and the impact of seeing friends die from strokes motivated a reduction in salt intake.

In addition to the doctor's advice, getting more education on the health condition was said to contribute to the change. This included watching television shows on strokes and heart attacks.

The following statement was read to respondents to gauge their attitudes on the link between diet and physical activity.

"I can only focus on one improvement in my life at one time. If I'm trying to eat right, I can't be worried about exercising, too."

The overall reaction to this statement is that it is false. The belief was that if you are doing one, you are thinking about the other.

"You will feel yourself feeling better."

VI. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

The initial reaction to this statement was unfavorable. Respondents rejected the stiff, academic tone of the language.

"Boy, who wrote this? It sounds like a college exam?"

Respondents interpreted the message to mean that one should get 30 minutes of exercise each day. The interpretation of this included that one should simply "take a walk". It was also added that because of the physical nature of one respondent's work, i.e., laying brick and putting up studs that he does not "need [no] more exercise".

The group really did not understand the meaning of "moderate-intensity". It was described as contradicting itself, with moderate meaning "slow" and intensity meaning "fast". The group agreed with the recommendation that the statement be changed from "moderate-intensity physical activity" to read "moderate activity". The group also expressed a strong negative reaction to specifying the message for "Every American". The typical reason for this emphasized all those who are exception, i.e., those with physical limitations.

Role Models for Healthy Eating and Physical Activity

Respondents were asked to identify who would be able to credibly communicate the message of physical activity to them. The sources were both internal and external, and included one's "own conscience", as well as your wife, doctor and even the Surgeon General.

Credible Sponsors for the Message

The following list was generated when respondents were asked to identify who would be a credible sponsor of a message to encourage getting more physical activity, versus those who would be more credible encouraging healthy eating, as well as who would be credible as a sponsor of a message to do both things.

Physical Activity	Fruits and Vegetables	Both
OSHA	Dick Gregory	AMA
Red Cross	Heart Association	Cancer Society
NAACP	Lung Association	Heart and Lung Association
60 minutes	Cancer Association	
Church		
United Black Charities		

The key difference in the suggestions is that the organizations recommended for fruits and vegetables as well as those that can do both are organizations associated with disease and/or medicine. This is not the case with those recommended for the sponsorship of messages related to physical activity. There is no consistency in these except for the connection to the community for some. OSHA related most to those with more physically intensive jobs.

CDC was not recommended nor viewed as an appropriate sponsor. That is attributed to the fact that the CDC image is more closely related to communicable diseases such as sexually transmitted diseases and tuberculosis.

**NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
BALTIMORE AFRICAN AMERICAN FEMALE
NUTRITION FOCUS
MARCH 21, 1995**

I. RESPONDENT PROFILE

The group was made up of eight female respondents. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common and by design. This was done to disarm any prevailing racial/cultural paranoia as well as to sensitize the group to any issues that might be relevant to African Americans.

Only one respondent did not have children. While most of the respondents had one to two children, one had five. This particular respondent had quite a bit of influence on the group because she was also a vegetarian. Though her comments about meat may have increased the number of unfavorable comments on red meat, respondents seemed generally truthful in reporting their views.

The group described rather sedentary activities as their favorite pastimes.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten. Not all respondents followed the instructions. A limited number insisted that more than one had to be number one. An adjustment during the group was believed to have little impact on the final outcome.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends
8. Having a good love life

9. Having enough money

10. Living a long time

Top Three Priorities

The three key priorities for the respondents were "Being close to God", "Being happy with my family", and "Being healthy". Other priorities were cited that were directly related to the respondent's own life or lifestyle. For example, the respondent with five children placed a great deal of importance on "Having free time".

Implementation of priorities

Respondents have internalized the most important priorities, making them part of their way of life. Behaviorally, however, only "God" and "family" are *matter-of-fact* in their lives.

Respondents spoke of being able to go to God in prayer at anytime, i.e., "twenty four and seven". They exemplified their relationship with God, by describing the frequency of their prayer and meditation. They also spoke of wanting to provide a spiritual base for their children.

Being close to their families was demonstrated in the way they interact with their children. The group generally agreed that they attempt to spend time with their children, doing things that do not require money. This might include playing games or talking.

The discussion of the relationship of being healthy to eating revolved around one respondent's declaration that she is vegetarian. She espoused a number of benefits that accrue to vegetarians. It was noted that respondents were in awe of her commitment about this practice. It did not appear to be vegetarianism per se that was important but rather the proactive practice to take control of one's health. They were particularly awed by the fact that the respondent's children had never eaten McDonald's fast food.

There was one respondent who voiced an objection to the practice. It appeared to be a rather defensive discussion to rationalize her own meat eating behavior. However, it also demonstrated the belief held by some that there is an interconnection between spirituality and health. Specifically, the respondent felt that any food could be sanctified by prayer, thus removing any possible harm.

III. EATING HEALTHY

Define eating healthy

Respondents defined eating healthy in terms of quantity of intake, what is eaten, when you eat, and the health impact. Thus a comprehensive definition of eating healthy as

stated by the group indicates that healthy eating would include three meals a day, and that breakfast is the most important of those meals.

The "what" for healthy eating includes the "*three* basic food groups", i.e., fiber, bread, fruits, and cereals. No one in the group offered a correction to this aspect of the definition, indicating somewhat of a knowledge gap in this area among these respondents.

Eating more vegetables was also mentioned as what should be eaten. The need to monitor the level of fat intake was also mentioned. However, it should be noted the negative theme surrounding meat consumption probably surfaced because of the influence of the vegetarian in the group.

Self esteem was also associated with eating right. Respondents generally agreed with the sentiment that when you eat right you feel good everyday about who you are.

Enhancers

Respondents generally agreed that the things that might help them to improve eating habits would be emphasis on the children, meal planning, attitude and the influence of others. It should be noted that planning was also linked to lack of time. Respondents agreed that if they had more time they might also plan more.

Attitude encompasses a variety of feelings. For example, if respondents feel guilty about the way they eat, they might then eat better. Further, if respondents could apply more of a future orientation to their health they might improve their eating. Specifically, respondents spoke of the absence of certain health problems, but did not relate their diet to the onset of those problems. Most did not initially see a cause and effect relationship between diet and health. Maintaining an open mind about changes that could lead to improvements in health was also viewed as an important aspect of ones attitude.

The influence of others, if positive, could make a positive difference in eating habits. Respondents thought a starting point would be to get family members to agree to changes. Husbands and their eating habits were seen as a barrier. However, setting a better example for ones own children, including them in the preparation, and teaching them better eating habits was viewed as a motivator for changing ones own eating habits. Respondents agreed that a key is to realize that changing eating habits is part of improving yourself, your own health and your own life. It has to be something you do for yourself.

Planning has a variety of components that would help change eating habits. The first component is working with an expanded set of knowledge that might come from using a variety of cook books or taking cooking classes. In addition, it would include shopping from a list, to get the supplies for the planned meals and minimize impulse and possibly less healthful purchases.

Respondents also cited feeling better as a motivation for selecting more healthful food choices over less healthful ones. For example, choosing a piece of fruit instead of a candy bar was said to give you more energy.

Barriers

The key barriers to healthy eating appeared to be related to time management, stress, habits, money, and lack of knowledge about healthful eating. Respondents spoke of having busy days, with a variety of child care and household tasks that interfere with planning meals and typically lead to quick easy meals. Quick, easy meals typically and frequently means fast food.

It was generally agreed in the group that "stress" leads to overeating. Respondents spoke of eating "whatever comes closest to my hands". This seemed to refer to between meal snacking.

Habits, and the traditional foods respondents grew up on that are not viewed as healthy today, was also a barrier. However, without a significant motivator, respondents believe it is too difficult to make changes.

"Life is hard enough without worrying about eating."

Respondents generally shared the perception that it is more expensive to eat healthy. Leaner cuts of meat were perceived to be more expensive.

III. PHYSICAL ACTIVITY

Contrast Physical Activity and Exercise

Respondents noted very little difference between physical activity and exercise. Both were said to include movement, and when you are physically active the perception is that you are getting exercise. Exercise, however, is considered harder and requiring discipline. Physical activity is frequently associated with things you might do for fun.

Physical activity and exercise can also be contrasted by the types of activities respondents associate with each term.

Exercise

Jog
Work out

Physical Activity

Walk
Shopping
Sex
Skating
Shoveling dirt
Housecleaning
Up and down stairs

Though eating right is an important part of being healthy, several participants in the group agreed that diet alone is not enough. You can not be healthy without physical activity. Part of the rationale is that one of the health benefits associated with physical activity is better circulation, an important component of good health.

Enhancers

Self motivation, and the influence of others are perceived to be the strongest motivators for getting more physical activity. Respondents constantly returned to the theme that it has to start with them. They not only have to want to do it, but also have to believe that it will have important health benefits for them. When they recognize that, then they will also recognize that getting more physical activity is a way that they, as women, are taking care of themselves.

Getting others to participate in some form of physical activity with you was viewed as mutually motivating. Partners can motivate one another.

The themes respondents stressed when convincing others to get more physical activity emphasized feeling better, not only physically but emotionally, thereby enhancing self esteem. It was mentioned that once you get started, it can become something you look forward to and something that becomes part of your life.

Barriers

Lack of motivation appears to be the greatest deterrent to getting more physical activity, followed by time, lack of energy, and the absence of a sense of urgency relative to the association between being healthy and being physically active. Some typical comments included:

"Some people don't think they need exercise."

"The results are not quick enough, so people give up."

"I'm so tired I have to lay down. I can't do anything."

"It's hard"

IV. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

The initial reaction to the message was favorable. Respondents agreed that it sounds good. However, given their understanding of the message, the requirements did not sound challenging enough.

"Should be more."

"5 minutes today, 5 minutes tomorrow, add up to 30 minutes over the week."

The comments above indicated that the message was not clear for all respondents. Those who had a different interpretation suggested that the requirements put forth in the message were not very challenging at all, even though it was believed that the 30 minutes was over the course of one day.

However, respondents acknowledged that the message should be specific and include examples so that people have a better idea of the types of activities that qualify. The implication was that it may sound too challenging for those who do not equate physical activity with the things they are already doing, e.g., walking or housecleaning.

The phrase moderate-intensity was confusing for the group. They all appeared to translate it to mean a range of moderate to intense.

The group agreed that the following paraphrases seemed to communicate the message:

"If you want to be healthy, set aside 30 minutes at least 3 days a week to be good to yourself."

"Do something, even if it's just housecleaning, to get your heart rate up at least once a day."

Role Models for Healthy Eating and Physical Activity

The group was divided over who they might believe, some believed those who are trained on the topic would be more credible while others thought it would be those who have a track record, i.e., someone who lives what they say. In discussing those who are trained, some disagreed with the idea of including doctors because of the perception that doctors are not always knowledgeable about nutrition. A specialist, i.e., a nutritionist would have more credibility.

People with whom the respondents have direct contact were also viewed as credible. Thus, they would know the person before and after they had made changes in their lifestyle.

Credible Sponsors for the Message

Respondents were not always knowledgeable of the exact name of the organization, but those they mentioned included the Heart Association, Cancer Foundation, Nutritional Society and the Red Cross.

One organization, both African American and religious was mentioned, i.e., the Nation of Islam. Most in the group acknowledged that along with the bad press in the media, they are also accomplishing a lot on a grass roots level within the community. This is particularly true when it comes to nutritional advice. The caveat here is that there is a lot of baggage with this organization, not only because of the press but because in Christianity, such an integral part of the Black community, it is typical to reject non Christian teachings.

It should be noted that the respondent who suggested the Nation of Islam is from New York, where the community is typically more accepting of the Black Muslims. Thus their credibility might vary from region to region.

The federal government was not viewed as a credible source. It was stated that the government only serves their constituencies. This perception, was coupled with the implication that African Americans may feel disenfranchised and thus not part of the constituencies being served.

The perception of CDC that they only "know about diseases" limited the degree to which respondents feel their sponsorship would be relevant.

The Surgeon General's Report also generated a mixed reaction. While it is credible, there is some doubt that they always provide *all* the information they have. The issue of what to believe was raised.

In summary, respondents felt this conversation covered nutrition and physical activity, health, and exercise. They felt that the study was attempting to find out what would motivate respondents.

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 6 Caucasian Men
Date: March 22, 1994
Location: Baltimore, Maryland
Topical Focus: Nutrition

Six men participated in the group, ages 28, 36, 42, 47, 50 and 52. Two men had completed high school; two had "some college" and two had graduated from college. Half of the participants had children.

KEY FINDINGS

- . Generally high awareness of healthy eating strategies: lower fat, moderation, more fruits and vegetables.
- . Tendency to stress consequences of not eating right, rather than benefits. Stressed benefits though of being more active.
- . Tendency to think of exercise and physical activity as more similar than other groups.
- . Found CDC physical activity message confusing and recommended several changes.
- . Attributed difficulty getting more physical activity and eating right to lack of time and laziness or lack of will power, but also said that one cannot be healthy if inactive.
- . Believed that more convenient packaging for healthy foods, more substitutes for food temptations would improve eating habits.
- . Kids would be a "credible" influence for these men.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

1. "Life Priority" exercise:

These men generally agreed that ranking the entries on the list was difficult because the various entries seemed so inter-related.

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The most common priorities in the "top 3" were "having a good job", "being happy with my family" and "being healthy". Other "top 3" answers included "making and keeping friends" (two men put this) and "being close to God (one man put this).

Opinion was divided about how easy or difficult it is to "fit" top priorities into daily life:

"My wife and I juggle who spends time with the kids -- whoever has the least problems during the day."

"It's easy. If it's important to you, you will find the time. You are always busy."

"Being healthy":

These six men ranked "being healthy" #1, #2, #3, #4, and #8 (two ranked it eighth).

The men had different ideas about what "being healthy" means and noted that it can mean different things at different times in one's life. It may mean "not being sick", or a combination of mental and physical circumstances including whether one is happy with family. For example, one man said he thinks of himself as healthy because:

"I don't see the doctor too often. I seldom get sick. [Being healthy means] being able to do what you want."

Another talked about the relationship between "being healthy" and "having a good relationship with my family", noting that the quality of family life is a factor in health. "Being healthy" is a matter of not only being "disease free" but of mental health as well. He described a difficult time his family went through with one of his sons and how the stress of that time had made it difficult to feel healthy.

How the "way we eat" is related to health:

The men generally agreed that the "way we eat" is related to health. One even talked about the importance of not only what one eats but of the importance of eating in a "stress-free atmosphere". He said:

"The atmosphere in which you eat is important. I can't eat at work; it's too stressful. I'm rushed, I feel bloated...I need to leave to relax first..."

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However, several also said they believe it is possible to "eat a bad diet and still be healthy". For example, one man said:

"I know families with terrible eating habits and they are healthy. Their kids aren't sicker than mine, so I wonder..."

The group also expressed concern about how confusing nutrition messages are, with one participant commenting on news that day about a study indicating that a diet too low in fat can be as bad as a high fat diet.

SECTION 2: HEALTHY EATING

"Eating right":

The participants associated the words "eating right" with a variety of things generally recommended for healthier eating. For example, "eating right" evoked:

"Veggies"

"Three squares from the food groups, on a round plate."

"Eat fruits. I cook, I bake -- chicken. My wife watches what the family eats, she's a diabetic. My habits are bad. I'm often in a rush and don't eat until lunch. Then it's fast food or a grocery store salad bar. The family meal at night is important even with the kids' busy schedules. We eat pizza on Fridays."

One participant also said that "eating right" is about eating in a relaxed atmosphere.

"More fruits and vegetables":

The men seemed generally aware that "more fruits and vegetables" means "five a day", but they also talked about how being busy, stressed, and tempted by other foods all make it difficult to eat well. For example, they said:

"That [five a day] is quite a bit. Maybe two a day [is more like what I do]. But I take a multi-vitamin."

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"[more fruits and vegetables] means whatever I can squeeze in. Sleep is a lot more important than breakfast...At work, I pointed out that it would be nice to have fruit now and then [to go with the free doughnuts available there]...My weight is more a problem of **when** I eat than **what**. I've gained weight switching to a more sedentary and stressful job."

"Moderation of the amount [I eat] is the problem."

Things that KEEP participants from eating healthier:

The men all talked about lack of will power, temptations and/or general laziness as barriers to healthy eating. They also cited time, especially for busy families, as a factor. For example, the men said:

"No will power to stay away from everything you're not supposed to eat."

"If fruit is [sitting right] there, I'll eat it. But I'm too lazy to take it to work. [And when] I go to the cafeteria, I skip over the vegetables and get soup with mashed potatoes with gravy."

"You have to force yourself to make a commitment and stick to it. It's laziness."

"A weakness for sweets. If it's in the kitchen, get out of that room quick. If you aren't exposed to it, you won't think about it."

"Time -- not enough to eat right."

"As the kids get older, it's hard to eat together. We haven't eaten a meal together in 10 years, versus in my family growing up, we ate promptly at 6:00 -- mom didn't work."

"With younger kids, you tend to be more regular. You need to be...Today, it ends up with dinner being sometime between 5:00 and midnight."

"Too tired."

Things that could HELP participants eat healthier:

More convenient single serving packaging of healthy foods

"Convenient packaging [for something fruit-related]. Like NutriGrain bars that I eat for breakfast. Of course, there's oranges. How much more convenient can you get...it's in its own package. But I don't take the time and my excuse is, I'll save it for the kids. We pack it in their school lunches, but not in mine."

"NutriGrain is the only product with true fruit. Manufacturers are missing the boat. 'Grab and go' fruit: I'd try it."

Substitutes for temptations

"My wife watches what we eat -- I just grab and buy. She switched to turkey sausage and I can't tell the difference. Some of it's pretty good. You can eat healthy and eat what you like by looking at the ingredients."

Cooking in bulk

"I cook in bulk, like two loaves of French toast. [then freeze the leftovers to cook a slice at a time]."

Convincing someone to eat more fruits and vegetables and less fat:

Three of the participants tried to convince the other three to "eat more fruits and vegetables and less fat". The first "convincer's" approach was emphasis on the consequences of not eating right, but the second "convincer" introduced the role of exercise. The third stressed benefits:

"I had two friends who, between them, have had five bypass operations. They ate out all the time. His arteries got clogged and he had to retire at 54. Also he got diabetes from all the junk food he ate -- rich fried foods. That scares me. It really does."

"Clogged arteries isn't good. Exercise -- get more exercise, to get the stuff out of your system."

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"If you eat fruit, if you eat light, you will be able to tell the difference when you sleep at night. If you have a salad, you'll feel full and refreshed, not like a lump."

The three participants who the others tried to convince seemed most persuaded by the fear approach, but still focused on the difficulty of finding time to eat better. These men said:

"The graphic description about the bypass...I was scared straight of how serious a condition can occur. It's enough to convince you, especially if you know a person."

"I've heard of blood pressure and bypass [implications] before. It's making the time to do it. My wife helps. She hides the salt."

"I don't need to be convinced. Everyone wants to do this, It's a matter of taking the time to do it. If you feel the benefits, then you'll be convinced."

SECTION 3: PHYSICAL ACTIVITY

Relationship between being active and being healthy:

The men generally agreed that you cannot be inactive and still be healthy. One even pointed out his theory that "a coronary can come when you retire and become inactive." A few told stories about older men who have "stayed healthy" by "staying physically active". The men said:

"[Being active is] tremendously important. But again, it's laziness. I get home and I'm dead."

"Even with the weight I've gained, I've stayed active...If I'm staying at my desk and not moving a lot, I can watch my blood pressure go up and you don't feel good about yourself. [I try to] get a quick lunch and walk 30 minutes, or exercise before work and then you feel better. I like racquetball, swimming, bicycling, for tackling this extension of love handles joined at the middle."

"Exercise" and "physical activity":

These men did not make as much distinction between examples of "exercise" and of "physical activity" as participants in some other groups. The word "exercise" evoked examples of both

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"vigorous" activity and examples of physical activity such as those introduced later to exemplify CDC's physical activity message.

"Gym, regime, working certain muscles."

"Including yard work. Lifting camera equipment at work is just like lifting weights."

"Brisk walking is exercise. Meandering is not."

"Park farther from work."

"I used to do more. I felt better than when I am less active, so I try to watch for it. I try to plan for it now. To take long walks. Bicycle. [I've noticed that] I take the kids to soccer and they exercise, but I'm just a spectator."

"...Brisk walking is exercise and doesn't require equipment except shoes. The state of mind is important for it to be beneficial."

CDC physical activity message:

Participants found the message confusing. They were not sure it was meant for everyone and not sure how they personally "fit". General reactions included:

"It's subject to interpretation. It's a real nice statement, but everyone is different. 30 minutes is different to each individual. If you do strenuous and your system isn't prepared, you can have more problems so this is hard to believe. Hard to imagine doing this."

"It's a planned activity. I have to plan to run or ride a bike."

"I agree with the statement. I'm not sure it will increase health. Your system metabolism becomes used to it and it becomes not enough. I do this, but I'm not healthier -- because my body expects it."

"I do this now. Three hours a week. In nice weather, I run an hour three times a week. Now that I'm older, I want a more balanced workout. I go to the gym, but don't like all those who work out for competition. I'm trying to go regularly."

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Specific concerns and advice about the message included:

"This says should, not why. Add the benefit."

"Add examples."

"Explain days, moderate intensity, accumulate. Is it 30 minutes a day or a week?"

"This lets you interpret it as it's OK to put it off until tomorrow."

"What's the source?"

"The vagueness of most days provides an excuse. Say, at least a minimum of four days."

"If you make it too many days, people will back off."

Things that KEEP participants from being more physically active:

The men cited barriers to being more physically active that were similar to those for eating healthier:

"Time, schedule."

"Laziness. Get out of bed."

Things that could HELP participants be more physically activity:

Several of the men mentioned the value of having a partner because the "peer pressure" or "not wanting to let them down" would help sustain a commitment to being more active.

Asked whether the community or their employers could do something, the men suggested:

"Health fairs where they have risk assessment questionnaires. That's really good. I signed up."

"If the workplace was more regular...Now you work until you're finished and the hours are longer. Your employer is the cause of the problem with your schedule...if you could have a break during the day."

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One man added an example of observing employees of the Social Security Administration (located in Baltimore) "jogging in mass groups" because they have the time to change and jog. He felt that this is an asset to employers because it leads to less sick time and major medical expenses.

Another participant said the city of Baltimore had started a program of giving workers "mileage awards" for exercise. The program "benefits employees and the insurance costs of employers."

Convincing someone to get more physical activity:

The "convincers" pointed out the benefit of activity, citing the role your health plays in other aspects of life. They suggested scheduling time for physical activities. However, they also consistently used the word "exercise". One man even stressed the importance of getting "exercise, not just physical activity". The "convincers" said:

"If you wish to continue the lifestyle you have now, find ways to maintain health. Your health affects everything on the list [of life priorities]."

"Schedule time to get [reads the physical activity message]."

"To look healthy and be healthy, exercise regularly."

"You need planned exercise, not just physical activity. Something you do to be healthy versus what you get paid to do. That's physical activity. You have to do real exercise."

SECTION 4: HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED

Connection between eating right and physical activity:

Everyone agreed that these are linked, but commented about how difficult it is to implement changes. Participants said:

"It is something we should all do. We are all convinced, especially at my age, but I'm lazy."

"If you feel good, you are doing enough."

Focusing on more than one improvement at a time:

"It is difficult. I slacked off of exercise when work and school conflicted. Something had to give."

"It's hard when you have other priorities."

SECTION 5: HEALTH COMMUNICATION

Who participants would listen to:

"Sports-related people who are fit. Not famous people, but average fit."

"Your peers and co-workers. They tease you when you are gaining."

None of the participants mentioned "family" or reacted much to questions about the influence of either family or celebrity spokespersons.

The men were concerned about sources such as "the medical establishment" if research generating health advice "is done for income" or involves selling products. For example, they said:

"Not the medical establishment. They don't want you to be healthy."

"Not the *New England Journal of Medicine*, medical people. There is little true value if they're doing the study for income. So, it's good for information only. It's up to the individual whether you believe it."

"[also negative] is people selling on cable. The demonstrators."

Instead, they emphasized that a sponsor should be a "non-profit, unregulated" group, possibly a "local" group or their kids. For example, someone said:

"[I listen to] my kids. I try to eat healthy to be around for them. Use kids to say it and I'll listen. Anything that will harm their image of you will work."

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There were some positive comments about messages from "nutritionists" with an example of the Giant Food (a Baltimore/Washington area grocery chain) nutrition messages.

They also disliked the idea of "the government" as a sponsor. When asked about different parts of the government, the men said:

Re: Surgeon General

"No, too political. And you have to find one first."

Re: The Centers for Disease Control

"No, they all have an ax to grind. Eat this, send money."

What participants will tell people about the focus group topics:

The men said they would describe the focus group discussion as follows:

"Nutrition, exercise."

"We sat around not doing moderate intensity physical activity."

"I'll tell my wife I didn't learn anything, but I refocussed due to this list [of life priorities]."

"I didn't learn anything, but it was interesting and made me re-focus on physical activity and diet."

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 8 Caucasian Women
Date: March 22, 1994
Location: Baltimore, Maryland
Topical Focus: Physical Activity

Eight women participated in the group, ages 36, 40 (3 women), 41, 42, 46, and 47. Four participants had attended college; four had graduated. Seven of the eight women had children. This group included two women who were extremely overweight.

KEY FINDINGS

- . "Being healthy" frequently associated with losing weight and having more energy. One can be healthy without being fit -- but one cannot have a bad diet and be healthy.
- . "Being there for the family" as a motivation for wanting to be healthier.
- . Belief that "moderate" intensity physical activity "isn't good enough".
- . Belief that the physical activity of daily life does not have health benefits.
- . Some interpretation that "accumulate 30 minutes" in the physical activity message meant 30 minutes over the course of the week, instead of the day.
- . Having a partner to walk with would help sustain more regular physical activity. But, also a perception that solitary "exercise" time is private time for a busy woman.
- . "Eating right" was almost always linked to losing weight.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

The women felt that it was difficult to rank the entries on the list from 1 - 10 because several things were equally

important to them. Appearing most often on these participants' "top 3" lists were "being happy with my family", "being healthy", and "being close to God". Five women ranked "being close to God" as #1.

No one ranked "being healthy" first or second, but four women ranked it third, three ranked it fourth, and one ranked it fifth. Several of the women felt it was easiest to "fit" their priorities about "being close to God" and "being happy with family" into their lives. Even when health is a priority, though, it is hard to fit in the things one must do to be healthy. Participants said:

"I always put God first and family second. These are easy. Health is important, but I put myself last in making it happen."

"God is first and family goes hand in hand with that. Then health. It is hard to fit it all in; there's not enough time. Health is the least of so many things you have to do."

"Being healthy":

For most of the women, "being healthy" was linked mainly with weight and eating right. Several also spoke about wanting to have more energy -- which they believed they would if they lost weight. For example, the women said:

"[When you're healthy] you weigh less. You have more energy to bike with my husband."

"Its' hard to keep the weight off with the kids now that I stay home."

"I'm healthy now, but I won't be for long so I need to lose weight and 'live-it' instead of diet. Something I can live with forever because weight comes back. Stress is part of health for me -- my job and being a single parent. I battle with eating right and exercising constantly."

"I am healthy -- low blood pressure, low cholesterol...but I'm aging, obese, and I won't remain healthy unless I get fit."

"I've cut back on foods with preservatives. I use natural products, more fruits and vegetables, less protein, less

fat. You can eat a tray of cabbage and lose weight. You have to exercise to keep it off. You have to make permanent changes."

"As I get older, I have less energy than I did have. So I've become more aware of what eat. I want to be around to see the kids grow up, so it's now or never."

SECTION 2: PHYSICAL ACTIVITY

The women associated "being active" with exercise they "do not have time for". They believed that their daily lives involve a lot of physical activity, but that this is not beneficial to their health.

These women felt that it is possible to be inactive and still healthy, but noted that one would have less stamina and be less likely to live as long.

Relationship between being active and being healthy:

"It depends on the activity. Chasing kids around and driving them everywhere is active, but you don't lose weight. It adds stress. It takes a toll."

"Being active with a purpose is better for you."

"I'm less active now. I'm exhausted at night. I tried exercising. My husband runs at lunch. I can't; I have the kids. Exercise is good for your mental well-being as well as burning calories."

"I'm very active...running around all the time. [But] exercise gives energy, increases your endurance, and reduces stress if you do it regularly."

"Exercise"/"physical activity":

Most of the women linked the word "exercise" mainly with aerobic activities that involve setting aside a specific time and elevating heart rate. They did not really believe that their daily activities have health benefits because they "don't sweat" or do enough to "burn calories" or "elevate heart rates". Only a few women cited as "exercise" things like brisk walking. Typical comments included:

"[Exercise is] torture, pain."

NUPACT FOCUS GROUP RESEARCH, Caucasian Women, 3/22/95, Baltimore

"Exercise is] three times a week, 30 minutes, with an elevated heart rate to burn fat."

"Brisk walk, bike swim, treadmill -- aerobic."

"Aerobic and other kinds of exercise for strength and flexibility. I get bored...I have to be outside with someone."

"It's a lifestyle: park away from the mall entrance. Walk instead of drive. Exercise is physical activity that you incorporate into your lifestyle." (Check transcript)

"What I hate about it, is you buy the equipment and it sits in a corner. It is completely marketed versus being active -- the clothes, the gym. And Americans are more obese than ever."

"[Yard and housework] is good, but not enough."

"[Yard work counts] if you do it long enough, but it's not a commitment once a week. It doesn't increase your heart rate."

"Gardening isn't exercise, but it made me sore. Exercise is more of an escape, something for me...Now I use my new Nordic track in the morning for myself."

(Note that three of the women said they have Nordic tracks.)

"Exercise is work. If you don't enjoy it, you quit. Physical activity at home does not help. Stairs hurt my knees. Physical activity hurts; it doesn't make me healthy. I need a detailed exercise program, but I won't stick with it."

"I joined Bally's. It was embarrassing with the young skinny girls. I quit. I couldn't keep up."

"[Exercise] is aerobic. At least three times a week for 20 minutes to increase your heart rate, then 10 more minutes to burn fat. "

"There are other kinds of exercise too. Walking, swimming, biking, circuit training to build muscle, flexibility, sports -- when I was younger -- that we don't do now, like tennis and hiking."

CDC physical activity message:

The women understood that the message was trying to communicate the difference between vigorous exercise and other physical activity, but they were not sure they believed that moderate activity could have benefits. They said:

"It would be nice if it would make lives more fit and healthy, but I do this and it doesn't."

"It's a horrible mindset that it has to be painful to do it. It bothers me that we've all been trained...set up...to lose by doing something that we don't like, resent, stop. So this statement is much better, but it's not what we've been told."

"It is not beneficial unless it is 20 or 30 minutes at a time."

"I'm walking now, but if you're just living your life -- sitting at a job, riding to work...I don't vacuum every day or rake leaves. Unless I do it on purpose..."

"If [this is true], then why are 70 percent of the people overweight? It's not true."

"I do this, but I'm not sure it makes you fit."

"Any mom at home with children gets this. Most people do dishes, laundry. Is that moderate intensity?"

They had some specific concerns about several other aspects of the message's wording. These included:

"Accumulate? [What does that mean?]"

"[Does this mean] 30 minutes a day or for the whole week?"

"Is it 30 minutes over a day or a week?"

"Accumulate? It doesn't do anything for you if you don't get your heart rate up."

"Moderate intensity physical activity -- what is this? Running after the kids for three seconds at a time?"

"What is the purpose? Thin? Healthy? Breathe better?"

"It's missing the why. What will it do for me?"

Why American?"

Why adults? Kids need it too."

The women generally agreed that "most days" means about five days.

Things that KEEP participants from being more physically active:

All of the women talked about how other time commitments and distractions keep them from being more active -- or getting more exercise. It was difficult for the women to focus on moderate physical activity instead of vigorous exercise. They said the following about what keeps them from being more active:

"Tiredness. Fatigue."

"Cars and TV. Sitting instead of moving."

"Other responsibilities. With small children, you have to watch constantly."

"Working long hours at your job. My day is eight to 11 hours, sometimes 70 hours a week."

"Work responsibilities. Sometimes I bring work home. I had a personal trainer and loved it, but it was hard to do. I tried so hard, but then he left the gym. My daughter needs me at night."

"My schedule makes it hard to stick with."

"It's hard to go to the spa with all the thin people. But they are there for the same reasons as me. I made friends and had a lot of social support. Now I have no car to go."

"I would park closer, but with four small kids, it isn't safe for them."

"It's windy and cold."

Things that could HELP participants be more physically active:

The women generally agreed that having someone to walk or work out with helps sustain a commitment to being more active.

Someone also said that doing things with the family can be an opportunity to be more active. Women said:

"Someone to do it with me. In the neighborhood, to walk with. It's boring to do it alone. Time goes quickly with someone else."

"Put an ad in the paper to ask for walking partners."

"I need someone to watch the kids."

"It has to be something interesting or I hate it. It's boring."

"In general, family things. Swimming, biking, sports that fit into regular life. This is how it should be."

"Classes for beginners so it isn't so strenuous."

"Have your carpool pick you up five blocks from home."

"Plan it for your child so they won't look like you."

Convincing someone to become more physically active:

When the women tried to convince each other to be more physically active, they tended to offer "tips" about how to do this -- such as eating better -- and to point out benefits such as more energy and self esteem. Note that the women consistently used the word "exercise", not "physical activity". They said:

"Cut back on fats. Get moderate exercise three days a week. You'll be more fit, have more energy. You'll feel better about yourself."

"When you tried it, didn't you feel better?"

The "convinces" were still skeptical:

"But you have to do it forever."

"Is this a benefit I want? Is this a goal? I'm doing this and I don't feel better."

"If you tell me it doesn't have to be planned, that there are definite benefits, but you have to think about it and incorporate it into your lifestyle."

SECTION 3: HEALTHY EATING

"Eating right":

The women were very knowledgeable about healthy eating. They cited established principles such as "five fruits and vegetables" and "limiting fat".

To these women, "eating right" meant:

"Cut back on fat."

"Five fruits and five vegetables a day."

"The food pyramid."

"Less than 30 percent total fat intake. I was doing a great job, then I got sick..."

Relationship between how we eat and being healthy:

The women did not believe that you can have a bad diet and still be healthy. However, someone also noted that "a lot of people don't eat five-a-day and their cholesterol and blood pressure are still OK. They're healthy, but not fit."

Things that KEEP participants from eating healthier:

The women listed a wide variety of internal and external barriers to healthier eating, including:

Cost of healthier foods, like fruits and vegetables
Lack of preparation time
Stress and emotions (food as a reward, for comfort)
Skipping meals
Kids' preferences
Portions
Commercials promoting temptations
Habit
Bedtime snacks
Eating too fast before the body can say "full"

Sample comment included:

"It's expensive especially in the winter to eat right."

"Kids are learning to cook. They make cakes and cookies. I eat them. I eat out of frustration with the kids."

"It's not what you eat; it's how much. You should eat when you're hungry. We're not in touch with our bodies and we have too much available to eat in America."

Things that could HELP participants eat healthier:

All of the comments focused on calories and weight loss tips. The women said:

"Nutritional labels help, but they lie. They're based on 2,000 calories a day. It's too high. Even 1,000 is too high."

"I tried chewing 30 times, but it doesn't work. Eat slowly so you can tell when your stomach is full."

"I like the food pyramid. My six year old likes it. There are no bad foods. It's portions, not calories."

Convincing someone to eat more fruits/vegetables and less fat:

Here again, the women talked exclusively about tips for eating to lose weight. They said:

"Change your thought process. Think about what goes in your mouth."

"Write down everything you eat. But that gets old fast."

"Writing it down helped me think about what I ate: two cookies, instead of the whole bag, five fruits and vegetables..."

"Diets control me. They make me want to eat."

"The diet word is not good. Eating healthy is better."

SECTION 4: HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED:

Relationship between eating right and being physically active:

The women agreed that eating right and being active are linked:

"You can't be fit with one and not the other."

"When you're working out, you eat well."

"They're physically linked. When you eat fat and sugar, your energy fails. If you're not active, you're tired and you don't cook."

Focusing on more than one improvement at a time:

"It's OK to do one step at a time. Then add on."

What participants have learned from past changes:

Again, everything the women talked about having learned focused on weight loss:

"Walking and having orange juice and a bagel in the morning, a modest lunch. Fruit as a snack. It will work."

"If you eat more in the morning and at lunch, then less at night, you lose. You burn it off."

"But it's hard, to eat [less and lighter] at family dinners."

"Walking worked. Having a neighbor as a partner worked."

SECTION 5: HEALTH COMMUNICATION

Who participants would listen to:

The women emphasized how important it is to listen to themselves, but also cited their kids as an influence. They were not sure they believe their doctors or medical research in general. Only celebrities who have personally lost weight would be good spokespersons. The women said:

"I listen to me and how I feel. I don't care about others. It is how you feel and how you feel about yourself. For me, I'd feel better if I weighed less, not out of breath, able to walk into stores and buy clothes."

"I know what to do. But you have to be ready, prepared, disciplined to do it."

"I smoke...My kids come home from school and tell me to smoke outside. I feel guilty."

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"I hate Cher. She was never fat. How can she relate?"

"Richard Simmons, Susan Powter, Ricki Lake -- I've read their books and I respect them. They've lost weight."

"[Re doctors] I have to consider the source. Is he fit? Is it the latest information or two years old?"

"I wouldn't listen to my doctor. He smokes and he's overweight."

"[The credibility of medical research] depends on who funds the research and what they say changes."

Organizations for sponsoring message:

The women suggested the following as good sources for health messages:

Colleges with research labs

Nutrition newsletters ("I subscribe to one -- Center for Nutrition -- and they are "right on.")

American Heart Association

They said they would not listen to:

For-profit sources such as Nike
Skinny person on Nordic track
Commercials trying to sell something
Medical researchers if you don't know the funding source

In general, the word "government" evokes negative reactions:

"I think of lobbyists and congressmen talking money from lobbyists."

"I'm sure they have our best interests in mind, but the level of trust has gone down."

Re: The Surgeon General:

"Depends who it is."

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Re: The Centers for Disease Control:

"I do listen to them. Their track record is good. Then you use your common sense."

Re: President's Council on Physical Fitness

"I would pay attention to Arnold [Schwarzenegger], but not that old Congressman who needed a job [Tom McMillan]."

What participants will tell people about focus group topic:

"Learning or discussing ideas for how to live and be healthier."

"Gathering information on how we think about nutrition and exercise."

"There's a new message about physical activity. It sounds good and I'm going to apply it."

"I'll take the statement home and tell my husband that what I'm already doing is healthy."

**NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
KANSAS CITY AFRICAN AMERICAN MALE
NUTRITION FOCUS
MARCH 29, 1995**

I. RESPONDENT PROFILE

This group was made up of nine African American males. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common and by design. This is intended to disarm any prevailing racial/cultural paranoia which can debilitate a group as well as to raise their consciousness on those issues that may be directly related to the Black experience.

Overall the group was busy, and probably somewhat physically active. Many enjoyed pastimes which take them outside, e.g., golf, fishing and camping. The two most sedentary of the group enjoyed TV and videos. One respondent identified riding bikes as a favorite.

Six of the respondents were with their wives, one respondent was divorced and another was single. One respondent did not disclose his marital status. All had children, though some had adult children not living with them.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten. Respondents generally followed the instructions. Adjustments were made within the for those who did not understand.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends

8. Having a good love life
9. Having enough money
10. Living a long time

Top Three Priorities

The three top life priorities for the group were "Being close to God", "Being healthy" and "Being happy with my family". Most of the group agreed that "Being close to God" was number one. Plus, there were several mentions of "Having a good job".

Implementation of priorities

The discussion on each of the priorities selected reflected the respondent's logic on what made his first choice first. For example, when God is number one it was believed that one's spirituality was the foundation for everything else. Prayer was credited with making you feel refreshed, having a better attitude, and making you feel good. When compared to exercise it was said that exercise can invigorate your heart, but so can a prayer.

When family was selected as the number one choice, it was because of the well being associated with interacting with one's family. As one respondent put it, "my children make me feel happy". Further, he believed that when he is happy his children are also happy.

How eating is related to health

The impact of eating on being healthy encompassed not only what one eats but also when one eats. Respondents agreed that schedules and eating can have a negative impact on one's health when it means that you eat late and then go directly to bed.

Taste and tradition continue to drive food selections. The group agreed that as African Americans there are foods in the diet that may contribute to negative health consequences.

"Us Black folks eat what we want, then worry about it later."

However, it was also mentioned that eating right can have a cause and effect relationship with feeling better. One respondent, who has been more conscious of his dietary intake as a result of his wife becoming a vegetarian, said:

"When I wake up and I feel better, I know I've eaten right."

III. EATING HEALTHY

Define eating healthy

Eating right and eating healthy were described as two different things. Eating right appeared to be more limited, and focused on eating the correct things and only certain things. This was said to include vegetables, fruits, greens along with lean meat and fish.

It was believed that healthy eating can not be generalized to the general population. Respondents take into consideration a variety of individual factors which make a way of eating "right" for them. This idea was supported when respondents spoke of the Black experience and the fact that their parents consumed greens and lots of pork. The proof was the longevity of their parents.

However, it was generally agreed that some of the components of healthy eating included eating three square meals a day, and that these meals would include foods from the basic food groups. These foods are expected to provide the vitamins and minerals that you need without adding too much fat or sodium.

Eating less red meat was also mentioned. The benefit of that was reduced cholesterol levels.

How much one eats was also considered an important component of eating right. Yet, quantity of food needed was also considered an individual thing. It was believed that your body will let you know what you can eat, and that may depend on how active an individual is.

Enhancers

Taste is such an important part of the eating experience that respondents need to be reassured that healthy eating will still be good tasting as opposed to the perception that more healthful foods will be bland. Thus it was stated that having a cookbook that makes healthy foods taste good could help. In addition, the idea of cooking foods in a variety of ways, with less salt and more spice was suggested.

A powerful internal influence is ones own will power. However, there appeared to be a link between will power and having a bona fide reason for eating healthy. One example cited was being denied a job because of weight requirements. Yet, it was stated that being forced to do something makes it even harder to do.

Establishing goals and posting those goals on the refrigerator were cited as helpful strategies.

The association between good health and reduced risk of disease were also cited as strong motivators. The connection between a high fat diet and increased risk of prostate and colon cancer was cited.

The idea that eating better makes you feel better was raised again. Here, it was stated that with increased intake of fruits and vegetables, metabolism increases, so you feel less heavy, making it easier to work, and making you feel better.

Barriers

Many of the barriers to healthy eating seemed to be a function of family traditions both in foods selected and method of preparation; and, lack of time coupled with the availability of fast food. For example, one respondent who is making changes acknowledged that they used to fry everything, but now bakes more.

“We eat what we are comfortable with, what we enjoy.”

Lack of time is frequently the rationale for eating fast foods.

The absence of trauma in ones life is frequently a barrier. Changes that would be required to eat right or eat healthy typically occur after something has gone wrong.

IV. PHYSICAL ACTIVITY

Define Physical Activity

Respondents defined physical activity as any motion of the body. It burns calories and makes you breathe. Examples of physical activity included walking, chopping wood, dancing, shopping, sports, etc.

Contrast “Exercise” to Being “Physically Active”

Physical activity was characterized as being fun. It might include contact sports or even things that one does everyday, like walking a dog or a doing a home improvement project. Exercise, on the other hand, was viewed as something that one does alone. It involves repetitive, planned, and regimented activity. For example, exercise might include push-ups, or weightlifting.

However, respondents added an attitude component to the contrast between physical activity and exercise. Physical activity is viewed as fun. Exercise becomes physical activity when you start to enjoy it.

Barriers and Motivators to Physical Activity

Enhancers

Improved health is one of the key benefits identified as a result of increased physical activity. Among the benefits cited were a stronger heart, feeling better, having more energy, and being able to do more.

Involvement of family members and/or friends was said to be helpful in getting more physical activity. Of course it would entail motivating the family member to participate. The motivation cited was:

"I want to live longer with you."

Enhanced self esteem was even seen as a by product of getting more physical activity. Recognizing that no one wants to be a couch potato or slouch, being more physically active was viewed as "an ego thing".

Looking better, particularly as a result of better muscle tone was also a perceived benefit of being more physically active.

Barriers

Respondents were quick to say that time was a key barrier to getting more physical activity. However, one respondent dismissed this as an excuse, citing that "we set our own time." The group generally agreed that getting more physical activity simply was not a priority, and therefore time was not allotted to it.

Lack of energy was cited as a barrier to getting more physical activity.

V. HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED

Links Between Healthy Eating and Physical Activity

The belief of the group is that when healthy eating and physical activity come together you gain control over your health. In fact, they viewed them as interrelated in the sense that you will not be able to do physical activity if the body has not been properly nourished.

Strategies for Overcoming Barriers

In trying to make changes to improve eating habits and levels of physical activity, it was agreed that it may be easier to start with physical activity. The belief here was that the effects of increased physical activity could override the effects of a less than optimal diet. In addition, changing eating habits was viewed as more difficult than increasing levels of physical activity, because changing the way you eat requires a conscious decision and commitment.

Some respondents agreed that starting by changing ones eating habits would be more effective because of the knowledge they have about the foods that are best for them.

One respondent had made a change in both eating habits and physical activity. He was motivated by the fact that he was getting older, and could feel himself getting tired. This was his attempt to slow down this aspect of the aging process.

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"They do disease stuff, not healthy stuff."

**NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
KANSAS CITY AFRICAN AMERICAN FEMALE
PHYSICAL ACTIVITY FOCUS
MARCH 29, 1995**

I. RESPONDENT PROFILE

This group was made up of nine African American females. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common and by design. This is intended to disarm any prevailing racial/cultural paranoia which can debilitate a group as well as to raise their consciousness on those issues that might be directly related to the Black experience.

Six of the respondents were married, three were divorced. All had children, including one respondent who was divorced and had ten children ages 23 months to 24 years.

Respondents' favorite pastimes tended to be relatively low intensity physical activity, such as travel and shopping. Otherwise their favorites were sedentary, including renting movies, reading, and watching TV soap operas.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten. Respondents generally followed the instructions. Adjustments were made in the group when this was not done.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends
8. Having a good love life

9. Having enough money

10. Living a long time

Top Three Priorities

The three top life priorities for the group were "Being close to God", "Being happy with my family", and "Being healthy". All nine respondents included "Being close to God" and "Being happy with my family" in their top three.

Implementation of priorities

Respondents focused primarily on "Being close to God" when describing how they were able to fit their priorities in their lives. The fact was, they considered their priorities a way of life rather than something that needed to be worked into their lives.

Several religious denominations were represented, thus different ways of being close to God were cited. For example, one respondent takes her family to church on Sunday. The Christian Scientist taught her children the power of prayer.

Another respondent described her relationship with God as that which makes the rest of her life work. Specifically, if she is close to God, then she feels healthy. The way her body works determines how she handles other things. Thus, her physical and mental well-being influences how she is with her family.

Pro-active steps were described that promote the closeness with God, including listening to something uplifting on the way to work; saying silent prayers as needed; and, sharing things heard from the pastor.

How being physically active is related to health

Respondents found the link of physical activity to being healthy somewhat limiting. For some, there was a need to include spirituality as well as mental health when talking about being healthy. In fact, being healthy drew upon the three previously identified priorities, as one respondent stated she can't be healthy without her family and God.

The sentiment of the group is that you cannot take your health for granted. Further, that being physically active does not equate to good health.

III. PHYSICAL ACTIVITY

Contrast "Exercise" to Being "Physically Active"

Exercise was described as including activities such as jogging, aerobics, walking, weight lifting and running. In addition, exercise was said to include sit-ups, climbing steps, stair stepping, and bowling.

While there was at least one negative reaction, "yuk" when exercise was mentioned, another respondent spoke of how she felt when she was exercising more. Physically, she felt stronger even to the point of having little chance of being ill; emotionally, she felt more confident with higher levels of self esteem.

On the other hand, physical activity was said to include cleaning house, chasing children, yard work, dancing, bowling, roller skating, and physically intensive jobs, such as teaching first grade.

A key difference between exercise and physical activity, other than specific activities associated with them is the way respondents feel about them. For example, if an activity is fun and sporadic and has variety, then it is believed to be physical activity. On the other hand, if an activity is routinized, done on a regular basis, feels like work, and requires special clothes or shoes, then it is considered exercise. It was generally agreed that exercise has a negative connotation.

However, the positive aspect of exercise is the health benefits associated with it. Possibly more important is the perception that those benefits will be quickly realized when one exercises.

Barriers and Motivators to Physical Activity

Enhancers

Respondents identified the way you feel, the connection to spirituality, the involvement and encouragement of others, and attitudinal changes as the key motivators for increasing physical activity.

In arguments to motivate others to be more physically activity, feeling better was stressed. The benefit of that was described as actually giving you more energy/time for the other priorities in your life.

In addition, recognizing that ones body is a temple for God, elevates the importance of how the body is treated.

It was also noted that many people are probably already doing what the physical activity message suggests, for them it would be motivating to acknowledge the good job they are doing and then encourage them to do more.

It was also emphasized that good health should not be taken for granted. The point was made that just because you have been healthy thus far, does not mean that you will continue to be healthy without taking some steps yourself.

Changing ones own attitude was believed to be one of the most powerful motivators. However, the motivation for changing ones attitude was most elusive during the discussion.

Barriers

A key deterrent to increased physical activity is the belief that being busy is the same as physical activity. Respondents spoke of running around all day and being so tired at the end of the day that they just wanted to go to bed. However, discussion revealed that few of the things they were doing required moderate-intensity physical activity. Most were driving children and sitting at athletic events in which their children participated. The group subsequently recognized that they were "busy" but not necessarily "physically active".

Lack of time actually translates to not making physical activity a priority. Respondents have not prioritized physical activity. One respondent noted that physical activity is one way of taking care of yourself but that "we aren't as selfish as we should be -- where we can take out 10 minutes for self".

IV. EATING HEALTHY

Define Eating Healthy

Eating healthy was described as eating well balanced meals from the four food groups. The foods eaten would include low fat foods, fresh fruits and vegetables. There would be a minimal amount of meat. Surprisingly, the newer nutritional guideline, i.e., five servings of fruits and vegetables a day was also mentioned.

Healthy eating is not only described in terms of what is eaten but also how much is eaten. The focus is on not eating too much food. For example, healthy eating was said to include 3-4 ounces of meat.

Knowledge of the right things to do to eat healthy did not equate to doing the right things. Respondents spoke of eating too many sweets and other habits they recognize as unhealthy.

"I don't eat breakfast. No time for lunch. I don't eat a lot, but I eat the wrong things."

Barriers and Motivators to Healthy Eating

Enhancers

Time, knowledge, and availability of healthy foods could make a difference in whether respondents eat healthy. If healthy eating was made a priority then time would be allotted for planning meals and taking more control over their content.

Knowledge of how to eat healthy had less to do with nutritional guidelines than with knowing what is in packaged foods. Respondents claimed they do not have time to read labels, particularly since there are so many things in food.

The other key was having healthy foods at home, either already prepared or ready to be prepared. Two different types of experiences were described. For one respondent, healthy food choices are in the home ready to be prepared because she shops through a shopping club and buys six months supply at one time. Another respondent, with a large family cooks large pots of food to have three days supply of cooked food on hand.

Self esteem was tied to eating healthy. The connection was that you don't feel as good about yourself when you eat the wrong things as you do when you eat the right things.

Reassuring and educating people that healthy foods can be good tasting was an important motivation.

Setting an example for children was also seen as a motivator for eating healthy.

"Think about your children and how they eat. Would you want them to eat like you."

This point led to the recommendation that people sit down and eat with their children, and let the children learn from your example.

"I think healthy and I think of family and how my mother always cooked. We ate together. My parents were more in control of what I ate."

Barriers

Taste, time and convenience contribute to respondents' poor eating habits. First of all, respondents like the taste of certain foods, whether they are considered healthy or not. One respondent went so far as to call hers a food addiction.

"I love food."

Lack of time takes away from planning and routine, which could facilitate healthy eating. Respondents agreed with the sentiment that you eat when and what you can fit in.

"I drank Coke all day and didn't eat until tonight. Otherwise, candy."

The convenience of buying fast foods has also had an unfavorable impact on eating healthy. Respondents have come to rely on frequent meals from McDonald's, Taco Bell, or pizza.

V. HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED

Links Between Healthy Eating and Physical Activity

It was the sentiment of one respondent that healthy eating and physical activity have everything to do with one another. Living requires that you eat, breathe and move. However, it was generally agreed that you can do one and not both, but that it is healthier if you include both.

There was no agreement on whether starting with healthy eating motivates physical activity or vice versa.

VI. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

Respondents had issues with many parts of the statement as written. The word "should" was problematic for some of the respondents. It not only created the impression of a command but also begged the question, "why should I". It was recommended that the word "should" be changed to "needs". Further discussion indicated that an even more effective word substitution for "should" would be "can benefit from". However, it was noted that the statement would need to specify what those benefits are.

The respondents expressed some of their own conflicts with other parts of the phrase. First they wanted the feeling of inclusiveness, "we are all the same" thus requiring the elimination of the word "American". However, they also wanted to express the fact that we are all different, so that would eliminate the use of the word "every".

The respondents' statement might read:

Most adults can benefit from 30 minutes or more of moderate physical activity over the course of most days of the week

Another reaction to this statement was that it suggested an activity level lower than the aspirations of the respondents, particularly a respondent who said she *wants* to exercise.

Role Models for Healthy Eating and Physical Activity

It was generally agreed that people who have experienced changes in eating habits and physical activity levels would be the most believable. This tended to rule out celebrities as this person was described as someone with a track record.

One commercial, i.e., for profit source was named as credible, and that was Weight Watchers. This organization is credible because people are known to get results with Weight Watchers.

Other credible deliverers of this message would be health care providers such as doctors and nutritionists. The caveat here is that doctors lose credibility when they are out of shape.

Credible Sponsors for the Message

Respondents believed that this message could come from a variety of sources. Non-profit organizations were thought credible. The Red Cross was mentioned as a possible sponsor.

A government organization that focused on health care was also deemed credible. It was believed that the concern of this type of agency is the high costs of health care. This type of effort would be viewed as a way the government can investment in preventative medicine. The government agencies mentioned included the Department of Health and Human Services and the Department of Agriculture.

It was believed that the government could add credibility. The results achieved with the Surgeon General's messages to stop smoking were support for the idea of government credibility.

The Center for Disease Control (CDC) was not viewed this way. There was a general sentiment of distrust expressed. Respondents were unable to make the connection between disease and eating right. The initial reaction against CDC was so strong that it seemed that the respondents were simply reacting to the name of the organization. However, further discussion revealed that respondents had knowledge of the fact that CDC does a lot of research and focuses on epidemics and quarantines.

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 8 Caucasian Men
Date: March 30, 1995
Location: Overland Park, Kansas
Topical Focus: Physical Activity

Eight men participated. The seven who completed data sheets indicated ages of 33, 35, 42, 44 (2), and 45. Most of the men had college degrees. Five of these seven men had children at home. (Nine men arrived for the group, but one was ill and was dismissed shortly after the group began.)

KEY FINDINGS

- . "Being healthy" meant mainly not being sick, though some participants said they "do more" to be healthy now that they are getting older.
- . "Exercise" is something you do expressly to get a workout. "Physical activity" is something that you don't set out to do, but get as a result of another activity: work, hunting, mowing the lawn.
- . Low motivation for most participants to be more active than already are. Much more motivation to eat healthier with more evidence of dietary changes over the last decade.
- . Wives strongly influence positive eating changes by serving healthier foods.
- . Physical activity message encouraged participants to consider how active they already are and how much more attainable "exercise" is if time blocks of less than 30 minutes are truly beneficial.
- . Very strong guidance to use "real people" in promoting health messages. If "real people" are featured, the sponsor does not really matter.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

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Most of the men felt it was fairly easy to rank their top three to five priorities, but more difficult after that to distinguish what was important. Of the original nine men in the group, eight put "being happy with my family" in their top three; four ranked it first. Seven of the original nine put "being healthy" in the top three; two as #1. Four men put "being close to God" in the top three; three ranked it first.

Several of the men said they fit their priorities in because they are essential. For example:

"If you don't have a job, you can't be happy with family, you're not happy period."

"I made my priorities a long time ago and now more than ever, [it's important to be] close to God. So I make time and I don't question it. I make time for family and don't let anything else interfere."

Only a few men said it is not easy to fit in priorities:

"It's not easy to make time with the family...I operate my own business so have to make time. I work at it and sometimes it's hard."

"Being healthy":

Meant:

"Not ending up always catching a cold."

"Being able to do activities, not hold back from what you want to do."

"Not being sick."

What participants do to be healthy:

"I just get lucky. I don't do anything. I'm just not susceptible."

"It used to mean working out. Now, I've had a couple of heart attacks so I take medicine. It's stress-related."

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It's mental. I try to stay relaxed." [participant was well under age 50]

"It changes as time goes along...as I got older, you become aware of [things like] cholesterol. Then you work at diet. It's easier if you eat at home, which I don't. I know I should exercise, but...time. You try to prevent what you didn't use to worry about..."

"It's harder to get in shape every year. I've always been healthy so it's not a concern, but things are not as easy as they used to be."

SECTION 2: PHYSICAL ACTIVITY

"Exercise"/"Physical activity":

"Exercise" evoked images of sports and traditional forms of exercise. The men said:

"Running"

"Going to the gym."

"Walking"

"Swimming, running."

"Sports"

"Physical activity" evoked "chasing kids", but little discussion about other distinctions between exercise and physical activity.

The men did not believe one can be inactive and healthy. They cited as benefits of activity:

Feeling better

Having more energy and stamina

Being able to sustain activity for longer

As one man put it:

"If you're not active, your metabolism slows, you put on fat. It's harder to work out."

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The men did not initiate an association between home/yard or work activities and physical activity. In fact, when asked where day to day activities fit in, there was general agreement with the following comments:

"[Yard work, mowing the lawn, etc.] is physical activity, but I don't think of it as exercise. [For work] I climb a ladder 20 or 30 times a day and I don't think of that as exercise. I think of doing my job, not for my own good."

"I think of [yard work] as probably the only exercise I get. If I cut down a tree with a handsaw -- my chainsaw broke...I'm Mr. Sedentary."

Once the idea of day to day activity was introduced, though, the men began talking about other sources of regular activity:

"I take the stairs instead of the elevator. I do that and don't even think about it anymore. It's quicker and good for you."

"I do chin-ups in the basement when I inspect houses. I consciously work activity into the job."

"I have a desk job but get up and walk around to get things moving."

The men then summarized their notion of the differences between exercise and physical activity as follows:

"Exercise" is activity you do specifically with the intent of exercising -- lifting weights or sports.

"Physical activity" could mean anything inclusive of activities normally associated with "exercise" that you do in conjunction with doing something else. For example, you walk in the woods when you go hunting. Or you happen to get exercise by doing your job. "Exercise" is not the goal of the activity.

CDC physical activity message:

Almost all of the comments about the message were about the notion that one can benefit from activity in smaller time blocks

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than 30 minutes as most of the participants had previously believed. The men said:

"This makes sense rather than setting aside 30 minutes."

"This gives people more of a tool to rationalize 'ok, I get enough'."

"I took a quick inventory [of my day] and I'm probably 15 minutes shy. Probably most people are in the same category. You may go up the stairs and pant but it's only a few minutes. I [don't have time] to park far from the job site. But, is it a goal? Well, yeah."

"Now that you say that, if you say, 'add it up' people may try to do it more."

"This looks pretty easy. I probably do this at work. Then do I exercise at home? It's changing clothes and the time for a shower that bother me."

"I do this eight hours a day, unloading at Sears. I get home. I'm tired. I run to get rid of the stress, even in the snow."

"I don't do this. Should I strive for it? Sure."

The men expressed some concerns and suggestions about specific parts of the message:

Moderate intensity:

Some of the men questioned whether activity has to elevate heart rates and whether moderate intensity is the same for everyone. The men said:

"It's all relative. It could mean opening a can of beer."

"Whatever raises the heart rate."

"It's not defined. It's should be specific, like about raising the heart rate."

Accumulate 30 minutes over the course of a day:

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This was the most important and best received part of the message. The men seemed to feel that the most important part of the message was that one can accumulate 30 minute in "bits and pieces":

"Seven to ten minutes at a time...gives you something more realistic that more people can do...like walk at a coffee break. It might let people know that exercise is more in their reach. Even those of us who said we could rationalize..."

Most days:

Several men assumed that "most days" means about four instead of five. The men also felt that the number of days should be specified.

"I don't get 30 minutes 'most days'. It's too ambiguous. It should say, 'five days a week'."

Asked how they might explain the message in their own words, the men said:

"You should exercise 30 minutes a day."

"Try to attack [exercise] in shorter blocks: 10 minutes three or four times a day...Small blocks make it a more workable deal."

"I'd day, 'no less than seven minutes, not seven to ten."

"Define, 'sustained for seven minutes'."

The men also wanted to add benefits to the message such as:

"You'll live an extra ten years and be healthier."

What KEEPS participants from being more physically active:

Time:

"I still can't set aside seven to ten minutes."

"If you do two hours in one day, does that count [as four days worth of 30 minutes]?"

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Motivation:

"I don't want to do it. It costs too much time, effort, pain, to lay my book down to mow the lawn. I don't want to pay the price."

"I'm lazy. I get home after work and I don't want to get out and walk. And I have no time at work."

Kids:

"I'd rationalize playing with the kids, but that isn't sustained activity."

Things that could HELP participants be more physically active:

More parks and bike trails:

Several participants agreed with the following comments about parks and bike trails:

"I lived in Los Angeles [where there were lots of parks]. In Kansas City, there's one. There are neighborhood parks, but the basketball courts are not useable. I'd take my daughter and dog to the park if there was one nearby."

"For me, if there were more bike trails on the highway. [Right now] you have to drive to [a trail] and then ride back to the car."

More convenience:

"[It's not the activity itself but] you have to get ready, do it, take a shower, change clothes. I'm busy."

"We have a gym in the office, but few find or make the time."

Convincing someone to be more physically active:

Most of the men stressed various benefits -- sex appeal, family time, self esteem and so forth -- to convince each other to be more active. For example, they said:

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"The greatest motivator is still fear. Show someone with a heart attack and ask, 'Is this what you want to have? To avoid it, exercise seven to ten minutes...'"

"[I had a heart attack] I exercised daily. I was 140 pounds and in the best shape. Now I'm 190. This is hard. [You need to] point out the benefits. It makes you feel good, a feeling really worth going for. For your health and self esteem."

"You'll feel better. The adrenalin rush is worth going for..."

"You'll be happier, spend more time with your family and look better, the sex appeal thing."

"It still comes down to time management. Everyone has the same time in the day. Get your priorities straight."

"You can kill two birds...be with you family and engage in activity together. You'll look good and feel good."

"I'll do it anyway. It kills the stress."

The "convinces" pointed out:

"Having someone to do it with is an issue. Family might be an approach."

"None of these arguments works with me. I'm invincible, I won't have a heart attack. And I'm married so I don't have to attract another one. I don't want to walk with my wife."

SECTION 3: HEALTHY EATING

"Eating right":

Asked what the words "eating right" evoke, the men first made mainly comments about not caring what they eat or about not eating healthy:

"I eat what I want. I don't care. My cholesterol is low. My family lives long. I don't do anything."

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"It's 1:00 PM and you're starving. You go to the drive-through and scarf down something and keep going."

"I eat what my wife fixes. She's the health-conscious one low sodium, low fat, low taste. It makes no difference to me."

A few other men also talked about their wives' influence:

However, they also acknowledged things they have tried to do -- and in a few cases, the influence of their wives. Comments included:

"My wife is the health conscious one. I try to eat what she puts in front of me. She has found things that taste good. Tonight we had a Mexican casserole with buffalo meat, low fat cheese and baked chips. Or there's turkey sandwich with no fat mayo, low fat cookies."

"We changed. My wife makes low fat sandwiches and puts in carrots and fruit everyday. Then I eat what I want on the weekends."

"We cut down on red meat. We had raw vegetables tonight. There's more on TV about what you should eat, so we make more effort than 10 years ago."

"My wife keeps more fruit around. I'll grab one at night or on the way out. If [junk] isn't there, I don't eat it."

Despite this focus on changes they -- or their wives -- had implemented, most of the men agreed that you can be healthy even with a bad diet. A "bad diet" seemed to mean skipping meals or eating at fast food restaurants frequently.

Things that KEEP participants from eating healthier:

Availability:

"Availability. For a quick stop, it's chips or pastry. If it was a banana or apple..."

Weather:

"Also, the weather in California will affect availability."

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Cost:

"Cost has stopped me. The reduced fat and sodium costs more. My wife buys it but I won't."

"The grilled chicken at the fast food places is more than the fried chicken."

Things that could HELP participants eat healthier:

Improving the taste:

"Make the good [healthy] stuff taste better. It has gotten better in the last 10 years."

"Right. We had steamed fish last night. I tried not to say anything [negative]."

Avoiding temptations:

"Cut down on soda pop."

"My wife decided not to buy cookies...She put fruit in the cookie jar."

Convincing someone to eat more fruits and vegetables/less fat:

As with the physical activity message, the men stressed various benefits of healthier eating more so than consequences of NOT eating healthy:

"Chicks dig a guy with an apple in his hand."

"Show pictures of clogged arteries."

"You'll have a healthier digestive system..."

"Keep farmers happier. [Fruits and vegetables] will make you feel better. They won't mess up your clothes like a hamburger can."

Two men did advocate a fear message:

"You'll be six feet under if you eat Wendy's and McDonald's every day."

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"It cuts down your chance of colon cancer. When you get older, you start thinking about that stuff."

But one participant was quick to point out that scare tactics do not work:

"You can't scare me into it. I don't think I'll die sooner. Give me the benefits. Skin tone...energy want to see hi-tech, high-flash. Pound me with the benefits and information."

Where participants would START if planning to make changes:

In this group, more men seemed to say that they would make eating changes first. However, they also noted the importance of getting the family involved and striving to combine changes in eating with changes in activity. The men said:

"Start as a family. Communicate with your family. Make a plan and ask for their support."

"Healthy snacks."

"The message has to be kept in front of you. Like the health clubs at New Year's. Stick with [promoting it] awhile. But then you have to keep me convinced."

"Start with a combination."

"I agree, it should be a combination, but realistically, eating [right] is easier than exercise. Eating I do anyway. Exercise, I have to make a point to do."

SECTION 4: HEALTH COMMUNICATION

Who participants would listen to:

The men emphasized personal sources of information, complaining about how often the advice they read changes and confuses them. They said:

"[Rely on] yourself." (two said this)

"I used to listen to AMA releases on NPR but they are constantly changing. I've kind of given up on that."

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"Every week something else is bad for you. Then may not be as bad next month."

There was also general agreement that **wives** and **kids** are an influence. One man said his kids come home from school with messages for a "bottom up approach". He said:

"It seems to work: [kids say] 'Aren't you recycling? Wear your seat belt.' Educate the kids in school and they'll tell the parents."

Most of the men did not regard **doctors** as a good source for information.

Organizations to sponsor the message:

The men had little to say about organizations that would be credible sponsors for the health messages discussed. They reacted with silence to the moderator's inquiries about the American Heart Association and the American Cancer Society. They were negative about inquiries regarding the government and the Surgeon General.

They did say that the Centers for Disease Control is "better" than other government sources, because, as one man put it:

"[With CDC] you think prevention, vaccines, Those things more than bureaucracy."

Someone added:

"It can be CDC, but use real live people who have been through it -- heart attack, obese. A public service announcement with the HEW [sic] logo real small at the end."

"A real person saying, 'I'm healthier, happier. I exercise.' The source is not important if it is positive and it makes sense."

"Who ran, 'this is your brain on drugs'? No one knows the sponsor but we all remember the message."

"I'd listen to someone from this group, not a celebrity. Everyday common people."

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 9 Caucasian Women
Date: March 30, 1995
Location: Overland Park, Kansas
Topical Focus: Nutrition

Nine women participated, ages 34, 35, 36, 40, 41, 42, 44, 45, and 46. All of the women had graduated from high school or had some college. Only two of the women had college degrees. All but one of the women had children living at home.

KEY FINDINGS

- . Extremely family-oriented and concerned about teaching children healthy habits.
- . Concept of "exercise" that encompasses more day-to-day activity or recreation than in other groups. BUT
- . Strong skepticism about whether any activity "counts" if heart rate and pulse are not elevated.
- . Time, motivation, and cost, especially for eating right, were barriers to healthier habits.
- . Personal contacts are influential including mainly doctors and friends.
- . Non-government, health organizations were named as potentially good sponsors for messages.
- . CDC was not mentioned until the moderator asked. Some favorable response, especially if CDC co-sponsors with other health organizations.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

Like women in earlier groups, most of the women felt that the exercise was difficult to complete. The top three responses were clearly "being close to God", "being happy with my family" and "being healthy". "Being close to God was ranked first by

NUPACT FOCUS GROUPS, Caucasian Women, 3/30/95, Overland Park

five women; seven included it in their top three. Everyone included "being happy with my family" in their top three; three women ranked it first. Five women put "being healthy" in their top three.

The women said "you try" to fit your priorities in, and for some women, it was easy:

"It's quiet in the shower, so [I pray] there. And we home school our children so we are family-oriented and together a lot."

"It is easy; all the priorities are connected."

"I concentrate on the top three because they're priorities..."

Other women said it is not so easy:

"I have trouble [fitting in priorities]. I work and free time is the first thing to go. I have stress at home and on the job. It's a struggle."

"Being healthy":

The women indicated that "being healthy" means several things:

"Eating right."

"Feeling good: attitude has a lot to do with how you feel. Smile a lot."

"Being able to accomplish the things you want to get done."

"Feeling good. Having energy. When I feel good, everything else works. When we are close to God, everything else falls into place."

"Getting rest is important."

"Getting rest" comments evoked several nods of agreement.

SECTION 2: HEALTHY EATING

Relationship between eating right and health:

The women generally agreed that eating right is "extremely important" to health and were also generally familiar with healthy eating tools and/or guidelines such as the food pyramid, "five a day", and "use fats sparingly". One woman described the food pyramid in substantial detail and noted that one is supposed to eat the most from the bottom of the pyramid.

Several women mentioned their families as an influence on how they eat. One woman said that she is diabetic and her family's food preferences make it difficult for her:

"...it's hard to get my family to work along with me -- to get kids to eat vegetables. They like to eat what I can't eat and they won't eat what I do, like broccoli."

Another woman talked about what a positive influence her children's sports activities have been on the family's eating:

"I would be happy with junk [but] the boys demand [healthy] food."

Other comments also focused on the influence of children:

"Tell [kids] that fruits and vegetables are for their health. [Helps prevent cancer later on.] They listen."

"I raised them healthier. I feel guilty if I send them for fast food."

Things that KEEP participants from eating healthier:

Cost:

There was lively discussion and strong agreement about the cost of eating healthier, especially in the winter and in households with children. For example, women said:

"The boys eat everything in the house. A bag of apples only lasts two days."

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"It's cheaper to buy soda, bake cookies, and buy chips. Juice is too expensive."

"Fruits and vegetables are especially expensive in the winter. We can afford more in the summer. We grow vegetables, not fruits. What we grow is all we have."

"The kids go on splurges. I'll have oranges left and they spoil. They won't eat them. So I buy what's quick and prepackaged. Fresh fruit spoils. I'm tired of throwing it away."

"Cost is the biggest factor. My kids like fruits and vegetables and we do eat peas, corn, and potatoes."

Time and convenience:

"I come home from work or school and grab a granola bar. It's easier than vegetables and dip."

"You have to take the time. It takes longer to slice fruit than get a Ding Dong."

"Our society is so mobile, stressed and on the run. Fast food is so much easier than they don't have fresh fruits and vegetables...We make our kids what we feed them. And they'll do it to their kids."

Family preferences:

In addition to what women said earlier about children's preferences, they also talked about husbands' preferences and other aspects of the family influence:

"My husband doesn't like vegetables. He'll only eat potatoes, green beans, and corn. No fruit. So it's hard to get my son to do it...My husband is the problem since he's in good shape. The kids don't see the need to [eat more fruits and vegetables]."

"I tried an experiment. One day a week, I'd take the kids to the grocery store. Each week one could pick out a vegetable and help me cook it. Do you know how many kinds of lettuce there are? It didn't work. It wasn't like picking out [????]."

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Things that could HELP participants eat healthier:

Most of the discussion about what helps focused on lowering fat or calories and techniques for achieving that. For example:

Striving to lower fat and use low fat products:

We're cutting fat...trying to stay at 30 percent or less. It's hard to figure out -- you need a calculator -- but it's working."

"I buy low fat milk and put it in the two percent carton. Now my husband has no problem with it after six months. He had an image of skim milk as horrible. Also, with chili, I use half ground turkey and he hasn't figured it out."

"My family is very fat conscious."

"My college daughter wanted to cut down on fat for her figure. I bought low fat cream cheese, butter and milk. I was so surprised, no one noticed the difference. I had the boys do a blindfold test and they misjudged the one percent milk."

Women also said they:

Cut calories with diet soda.
Eat pretzels, not chips.
Keep junk out of the house.

One noted, for example that she stocks bananas -- "They're portable."

One woman enthusiastically recommended that there be a commercial for fruits and vegetables like the one on television for milk. She said:

"The milk commercials -- 'milk does a body good' -- are wonderful. Kids and adults like those. I wish there were fruit and vegetable ads on too. Kids would love them."

Convincing someone to eat more fruits and vegetables/less fat:

When the women tried to convince each other to eat more fruits and vegetables or less fat, they focused almost

exclusively on giving each other tips for serving healthier foods to children. They stressed variety, "fun" arrangements of food, treats used sparingly, having cut-up vegetables and fruits on hand and so forth. For example, they said:

"Use a variety. Make it interesting and fun. Like cheese over broccoli like on the commercials."

"For kids, I put chocolate syrup on a banana. Cinnamon on apple sauce. To get in a serving of fruit at lunch and dinner. Fresh or canned. Grapes in a dish and in lunches for school. Usually, they eat it."

"Buy fresh fruits and vegetables. They have no preservatives, they're natural, convenient. Keep fruit salads in the fridge. Have vegetables sliced in the fridge with low fat dips. They can eat all day long. It's more economical than things in boxes. You can grow it."

"With little kids, be imaginative. Make faces on the plates [with food]. Make broccoli trees. Try a variety to find something they like. Use a fruit topper on low fat ice milk. They think of it as dessert."

"Keep sliced carrots and celery in Tupperware. And apple slices."

"Adolescents want to look good. If they think fruits and vegetables will make them look good..."

"I want my kids to know that junk isn't a snack. A snack is frozen grapes and bagel."

SECTION 3: PHYSICAL ACTIVITY

"Exercise"/"physical activity":

"Exercise" evoked:

"No time."

"Pain"

"Walking is good."

NUPACT FOCUS GROUPS, Caucasian Women, 3/30/95, Overland Park

"Ride the exercycle and read a book."

"Sit-ups and push-ups -- but it can be walking, swimming, biking, things you like to do. Not things you don't like...We do things as a family. It's low impact. My husband takes the kids to the gym for basketball with his friends. We combine [activity] with family time."

"My doctor told me to park far from the grocery store and use stairs."

"Physical activity" meant:

"Exercise means pain. Physical activity sounds fun. Like camping."

"Physical activity is more interesting. Exercise is boring. We have a home gym. I try to watch exercise videos. They're boring. If I had friends in a group, I'd enjoy it. I get the kids in leotards and it's still not exciting. We like to walk though."

"Richard Simmons is very entertaining."

"Vacuuming, housework, yard work, taking care of animals, gardening, mowing the lawn for exercise with the [baby?] in a backpack."

"Mopping floors. Climbing steps."

CDC physical activity message:

The women seemed somewhat intrigued that some of the activities that are part of their regular day -- especially housework -- could "count" as beneficial physical activity. They said:

"Something is better than nothing. At least it gets you moving."

"Does it include housework? Then it shouldn't be hard to do. Just vacuum every other day."

"This seems more attainable. Almost everyone does some moderate activity every day -- especially a housewife."

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However, some were skeptical about the idea that there could be any benefits to daily activities or to activity without an elevated heart rate -- even after the moderator explained that research indicates that there are benefits. Women said at various points in the discussion:

"It goes back to heart and pulse rate. For it to do any good [these have to be elevated] or you're wasting your time."

"Do you have to elevate your heart rate to qualify for this?"

"Does what we do during the day count? Carrying laundry doesn't last long. Doesn't it need more time?"

"I walk, but my heart rate doesn't go up so does that count?"

The women were critical about or confused by some of the terms in the message. For example, one woman did not like the message proscribing a specific amount of time per day for physical activity -- which, she thought, some people do not need or cannot fit in. She said:

"I don't agree [with the message]. It's a set [time] limit. If you feel you are healthy and don't need it, you shouldn't have to do it if you feel good. Why be pressured to do it? I'd have to have more time. Someone to show me how to fit it in."

Other parts of the message also generated questions and confusion. For example:

Moderate intensity:

The women could not agree about how to interpret the words "moderate intensity". They said:

"Moderate intensity is ambiguous, a relative term to a lot of people."

"Does it mean you get your heart rate and pulse up?"

"Moderate intensity is different for me than for someone else."

NUPACT FOCUS GROUPS, Caucasian Women, 3/30/95, Overland Park

"I think it's walking, stair climbing, getting your heart and pulse up, but not sweating like crazy, but it feels like a workout."

"To me, moderate is like Jazzercise."

Most days of the week:

The women did not agree about what is meant by "most days". They believed it meant "every other day" or "four days" or "five to six days".

Accumulate:

It was not clear to the women that the 30 minutes of physical activity could be accumulated over the course of the day instead of accomplished only in a single 30-minute session.

Every American adult:

More than in most other groups, the women questioned whether the message could apply to all adults. One woman, for example, asked about people in wheelchairs and said, "I can do more than my 80-year-old grandmother. It shouldn't be the same."

Asked to explain the message in their own words, the women reworded the message in a variety of ways, often adding their sense of what the benefit might be -- for example, losing weight. The women said:

"The recommendation is try to get in five times a week, 30 minutes a day of moderate intensity physical activity...oh, please, this doesn't sound like me."

"I'd say to my husband, 'This could help us lose weight if we could figure out how to do ten minutes four times a day.'"

"I'd tell them to exercise 30 minutes a day -- in short intervals five times a day, but I thought it was 20 minutes..."

Things that KEEP participants from being more physically active:

Time and motivation:

NUPACT FOCUS GROUPS, Caucasian Women, 3/30/95, Overland Park

Time and motivation were the greatest barriers to being more active, though the women generally agreed that they could achieve the message's recommendation three to four days a week. About what makes it difficult, they said:

"Time and schedule make it difficult to do five days a week."

"I'm in a rush. I don't have seven to ten minutes at a time."

"I have time. It's motivation."

"[you have to] lock kids in the bathroom so you have a chance to go out."

Other barriers mentioned at least once included:

Crime:

"It's hard to walk at 10:00 PM or 4:00 AM. It's not safe."

"My problem is getting from the car to the mall. There's no security in the early morning."

Weather:

"Weather is a problem for walking."

Distractions:

"TV is the thing for children. You need a rule that they can't watch so they go out and play..."

Cost:

"We have a fitness center [at work] but it's too expensive to join. It's there but it's not realistic for me."

[Babysitting is expensive.]

Things that could HELP participants be more physically active:

The women's ideas about what might help touched on overcoming lack of motivation, thinking about the benefits and

having companionship:

"Deciding to do it and making it routine would help."

"Time that you put into exercise makes you feel twice as much energy."

"If I was in a group, it would help."

"When I went to the Y, that helped."

"If there was instant gratification."

Convincing someone to be more physically active:

The women were "stumped" at first by the moderator's request to talk about how they might convince or help someone to be more active. Following questions from the moderator about things the community or employers could do, they finally mentioned:

"Get out and walk."

"[Think of things] to do at home. Stairs, Stairmaster, bicycle, walk in the park with the family. You can go to the park for free with your family, though it's harder in the winter."

"Do your floors on your hands and knees instead of with a mop."

"It's hard with young kids, but some workout places offer babysitting."

"Find someone to trade off babysitting with."

Relationship between eating right and physical activity:

The women agreed that these go hand in hand -- and noted that physical activity makes you hungry. They differed though on "where to start" with a commitment to change habits. Many of their comments reflected the influence of family on their thinking. For example, one woman said:

"I'm more concerned about the children than my husband and myself. I would tell them [eating and activity are] inter-

related. [It's about] energy and feeling good."

Most said they would start with a focus on eating better, (at least two of the women had diabetes):

"Food. Physical activity is not a problem for kids."

"Eat right in order to exercise."

"Start with a family conference. Lay it down in black and white. Healthwise, this is what I need and it won't hurt you. The eating part is first."

"I can control what the family eats versus telling [husband to run]. He eats what's in the house."

Other participants said they would start with more physical activity:

"Exercise first: walks, housework. It's easier to budget [than adding more fruits and vegetables]."

"You crave healthier food if you exercise."

SECTION 4: HEALTH COMMUNICATION

Who participants would listen to:

The women cited mostly personal sources of information as credible:

Doctors:

"My doctor said I gained weight. She's told me to add physical activity as well as cut fat to get my metabolism up...The body is made to work, not sit."

Friends/mother:

"If you see it works for them."

"People I trust."

A few women cited "newspapers" or other publications like women's magazines or Readers Digest, but one also said she doubts

NUPACT FOCUS GROUPS, Caucasian Women, 3/30/95, Overland Park

what she reads because precautions and advice keep changing. She said, "Bacon was going to kill us."

Organizations to sponsor the physical activity message:

American Dairy Association
American Medical Association
American Cancer Society
American Heart Association
YMCA
Boy/Girl Scouts

Asked about the Surgeon General, most participants were neutral or negative:

"No, too interested in social issues."

"I have a problem trusting government."

Recommendations for promoting the nutrition message:

Handouts at the grocery store
Schools

Reaction to Centers for Disease Control as message sponsor:

Several women thought CDC would be a good sponsor, though no one mentioned it until the moderator asked about it. However, a few said "no" and one said "Big brother: we want to get away from that." Another said:

"CDC would be good because of [doing things] with killer bees, epidemics and working with American Medical and American Cancer [check transcript for participant wording]. That's their business -- journals and keeping track."

How participants will describe the focus group to friends and family:

"I'll put on a video and exercise."

"I'll tell my husband to be a good example to the kids."

"How to change your lifestyle and be healthier."

"I'll walk."

NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
LOS ANGELES AFRICAN AMERICAN MALE
PHYSICAL ACTIVITY FOCUS
APRIL 5, 1995

I. RESPONDENT PROFILE

This group was made up of nine African American males. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common and by design. This is intended to disarm any prevailing racial/cultural paranoia which can debilitate a group as well as make the respondents more sensitive to issues from their own perspective.

The group was mixed with married and single respondents. The singles tended to have roommates. The married respondents had children, most of them school age, in the household.

This group seemed to have pastimes that lend themselves to moderate levels of physical activity. Those who were sedentary focused on music, and spectator sports.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten. All respondents did not follow the instructions and an adjustment was made in the group.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends
8. Having a good love life
9. Having enough money

10. Living a long time

Top Three Priorities

The three top life priorities for the group were "Being close to God", "Being happy with my family" and "Being healthy". Most of the group agreed that "Being close to God was number one. There was little distinction between *health* and *family*. One single made the first mention of "Having a good love life".

Implementation of priorities

God is a part of the lives of the respondents whether they are involved in organized religion or not. The quality of the other life priorities is said to be based on how God works in their lives. That included the belief that God helps cleanse the soul and that leads to being healthy and happy.

Spirituality also reinforces the belief that the "body is a temple". As such, it has to be treated accordingly, requiring that one watch what is eaten and thus taken into the body.

How being active is related to health

A couple of respondents questioned how they got in the group because of what they recognize as bad and potentially unhealthy habits. They drink, eat whatever they want and are relatively sedentary.

Generally it was agreed that being physically active burns calories and keeps muscles toned.

III. PHYSICAL ACTIVITY

Define Physical Activity

Physical activity was defined as movement. *"It begins the moment you put your feet on the floor in the morning."*

Contrast "Exercise" to Being "Physically Active"

The group agreed that the distinction between exercise and physical activity is that exercise is regimented and typically strenuous; and physical activity is natural, and can include anything you are doing. Exercise was said to include a work out, playing basketball, sex and jogging. Physical activity was said to include digging in a garden, dancing and bowling.

The group agreed that they could stand to get more physical activity.

Barriers and Motivators to Physical Activity

Enhancers

A medical condition was believed to be able to motivate someone to be more physically active.

“If the doctor tells you you’re going to die.”

Planning physical activity, including setting goals was believed to be a motivator. However, before doing this it was recognized that one would have to make a commitment, and work physical activity into your lifestyle.

One respondent said that once you set your goals, if you then fail to do what you planned you might say “I’ve messed up”, but the group disagreed, saying that you don’t want to create feelings of guilt.

Identify the lack of commitment to physical activity as what it is, neglect and a subtle form of self abuse

Rely on the involvement of family members. Children in particular were viewed as great motivators because they can play incessantly.

Ministers in churches can incorporate physical activity as part of the church routine. One suggestion was to have the congregation come early and take a walk before the service.

Barriers

Lack of desire and lack of time were the key barriers to being more physically active. The conversation that followed indicated that these are almost one and the same. The reason is that when someone says lack of time it really means that physical activity is not a priority, because respondents have time to do all the other things they want to do.

Lack of desire was also connected to comfort with a society that requires less physical activity during the day. It was pointed out that things that used to be done manually are now automatic, even rolling down a car window.

“If you can do it easy, we do it easy.”

One respondent concluded that there are no barriers to being more physically active, it just is not a priority.

The cause and effect relationship between physical activity and good health, or more specifically, longevity, was also questioned. The respondent described the good health of

his 87 year old, energetic grandmother who eats whatever she wants and does "no push-ups".

Crime and violence in the community prevent some outside forms of physical activity.

IV. HEALTHY EATING

Define Eating Healthy/Eating Right

Healthy eating was said to include health food. The food must contain certain proteins and vitamins. Fish and chicken would be included. The method of preparation would be limited to baking, and frying would be eliminated. The diet would include a lot of grains, fruits and vegetables. It would be characterized as low fat and high fiber.

Barriers and Motivators to Healthy Eating

Enhancers

Concern for your family, particularly your children, and the influence you may have on their eating habits was viewed as key motivator.

"If I was with my wife I would be careful about what I bought, what I ate and what she ate."

The onset of medical conditions with cause and effect relationships to the foods you eat, such as high blood pressure, are also triggers for changing eating habits.

"My family has high blood pressure. My father had a stroke. I can't worry about dying."

Self motivation is seen as the most important motivator, recognizing that only the person needing the change can make it.

"You have to be ready. Just like an addiction, no one can convince you 'til you are ready. Otherwise it does not work."

Barriers

Key barriers to healthy eating is the desire for the taste of certain foods, the need to quickly satisfy hunger, lack of time, tradition/habit, laziness, and lack of motivation.

Respondents eat what they like, and when they are hungry they eat the first thing that they can. If that means fast food, then they eat fast food.

V. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

Respondents interpreted this message to mean that you should start an exercise program that included 30 minutes of sweating and running. The group understood the term "accumulate" and described it as 3 10 minute increments of activity during the day. In that time you can either be physically active or exercise.

Their understanding of the phrase led respondents to believe that this is something they are already doing.

"You can do this unconsciously."

Those who have physically intensive jobs believe they are doing at least this amount of physical activity on their jobs.

Respondents did not think that the requirements put forth in the statement were enough to get ones heart rate up, therefore what is described can not be considered exercise.

Role Models for Healthy Eating and Physical Activity

Respondents agreed that the most believable deliverers of this message would be those closest to you, i.e., members of the family or a loved one.

Almost all celebrities and professional athletes were eliminated from consideration because of the perception that they are paid for all the messages they deliver. However, one celebrity would be believable, and that was Oprah Winfrey. That was because of Oprah's own changes in eating habits and activity levels which transformed her before the eyes of the public.

Oprah fit one of the most important criteria, i.e., that the person has had experiences with the changes they are suggesting. This person would be most credible if he/she provided a real life testimonial.

This group also suggested a reverse role model. That is, someone who is fat and out of shape. The point of this would be to show you what you will be like if you do not change your eating habits or activity levels.

Credible Sponsors for the Message

In addition to suggesting health care organizations, respondents listed a number of African American organizations. These included NAACP, Urban League, and Southern Christian Leadership Council (SCLC).

The government was not viewed as an appropriate sponsor.

A surprise commercial sponsor of the message was recommended, major insurance companies. The rationale was that they have a vested interest in the health of the population and are associated with preventative maintenance.

CDC was not viewed as an appropriate sponsor. The image respondents have of CDC is that of an organization whose primary concern is major diseases, e.g., AIDS, herpes, or epidemics. They are recognized as "the people doing the research", and as such should make their findings known. As African Americans, the perceived involvement of CDC with the Tuskegee study, also raises issues of trust.

The mention of the Surgeon General generated a negative reaction.

**NUTRITION AND PHYSICAL ACTIVITY FOCUS GROUP SUMMARY
LOS ANGELES AFRICAN AMERICAN FEMALE
NUTRITION FOCUS
APRIL 5, 1995**

I. RESPONDENT PROFILE

This group was made up of eight African American females. Prior to discussing the general purpose of the group, respondents' attention was pointed to the fact that being African American is one of many characteristics they may have in common and by design. This is intended to disarm any prevailing racial/cultural paranoia which can debilitate a group as well as encourage them to make statements when issues were particularly relevant to the Black experience.

The group was skewed with more single than married respondents. However, most still described their favorite pastimes as sedentary activities like gambling, watching TV, and playing cards. Travel was also mentioned, but not in connection with any additional activities.

This group seemed to truly lack motivation. It seemed that for both eating healthy and physical activity that there were built in responses that indicated how far down in their list of priorities each of these things was.

II. LIFE PRIORITIES

Respondents were asked to rank order ten life priorities before entering the focus group room. The instructions emphasized the need for each of the priorities to have a single number between one and ten. All respondents did not follow those instructions so an adjustment was made in the group.

The list included the following life priorities:

1. Having a good job
2. Being happy with my family
3. Enjoying my free time
4. Being healthy
5. Looking good
6. Being close to God
7. Making and keeping good friends

8. Having a good love life
9. Having enough money
10. Living a long time

Top Three Priorities

The three top life priorities for the group were "Being happy with my family", "Being close to God", and "Being healthy". Though these generated the greatest number of show of hands, it should be noted that there were also several mentions of "Having enough money" and "Having a good job". This is attributed to the composition of the group, i.e., more singles.

Implementation of priorities

When speaking of making life priorities fit in, respondents invariably begin with their relationship with God. The sentiment expressed in this group is that "putting God first allows everything else to fall in place". Some of the proactive things they do to practice their faith include praying and going to church. All were vocal about God, though not all placed the same emphasis on their relationship with God.

One respondent considered "Being healthy her number one". She attributed this to the fact that her parents died recently. That traumatic event led her to make changes in her attitude which might ultimately result in changes that will improve her health.

Define Being Healthy

This group as a whole suffered from lack of motivation. All were able to describe the socially acceptable practices, quickly adding that they do not do them. Everyone seemed to be *putting their mind to it*.

"I know all the right things to do, I just don't do them."

"I learned alarming things at my last physical. It's coming, but it hasn't hit me yet."

III. HEALTHY EATING

Define Healthy Eating

Respondents were knowledgeable about the current nutritional guidelines, based on the pyramid. Thus, healthy eating for them included adding more fruits and

vegetables. However, as with other things this group knows to do, one respondent stated unapologetically that though the pyramid is posted on her refrigerator, she "pays no attention to it".

Barriers and Motivators to Physical Activity

Enhancers

The onset of health conditions typically motivates changes in eating habits. While one respondent said that the results of a physical caused her to change from bacon and eggs to substitutes, another whose blood pressure went up said that she could only give up the sodium for a couple of days.

Self motivation is the key to changing eating habits. The apparent problem with this group is that they do not want to make a changes if it interferes with the pleasure they derive from food.

The group identified feeling better, having more energy, and the reassurance that healthy foods can taste good and those thing which might motivate a change in behavior. However, it was agreed that while those things sound "nice", they really can not affect change for these respondents.

Barriers

The desire for instant gratification seems to be a major deterrent to healthy eating and it seems to override any health concerns respondents may have.

"I don't like to deny myself the things I like."

"... when I'm hungry I'll eat whatever I can."

Eating right takes work. Respondents are looking for convenience and taste.

It's easier to drive to Taco Bell."

The perceived role of food was seen as a barrier. Specifically, food is seen as celebratory and conciliatory and tends to be the focal point whether one is celebrating or commiserating.

Availability of tasty snacks keep respondents from eating right. Respondents spoke of having cookies in the office.

Eating healthy is perceived to cost more. Some of this perception may be a function of the Los Angeles location because respondents included organic foods in their list of healthy food. In addition, it was stated that fish cost more than red meat, and that fat free products cost more.

The influence of others was also said to be a barrier to healthy eating. Respondents tend to eat or want to eat what is being eaten around them.

Nutrition Advice

Respondents tended to reject the nutrition advice as presented because it was interpreted as a command. One respondent compared it to telling someone to go to AA. Respondents offered suggestions of what to do, but few reasons for doing it.

IV. PHYSICAL ACTIVITY

Contrast "Exercise" to Being "Physically Active"

Exercise was said to include walking, sweating, running, climbing stairs, tennis, swimming, dancing, housecleaning, sex, sit ups, and going to a gym. Physical activity requires that you move your body. It involves exertion, sweat, and can be strenuous.

It was difficult for the group to separate the two on the basis of activities. However, attitudes about the two distinguished them. Exercise was said to require extra effort, specialized equipment, going to a separate place. It might also include the use of machines.

Physical activity on the other hand was described as fun. For further contrast, it was said that children do not exercise. However, they are physically active and have lots of fun and in the process get lots of exercise.

Barriers and Motivators to Physical Activity

Enhancers

Respondents do not give themselves credit for the physical activity that is already a part of their lives. For example, some are walking to and from the bus stop at home and at work; others are climbing stairs. However, they have formed such a rigid interpretation of the term physical activity that they believe these things are not included.

Assuming responsibility for one's own health was considered one way of motivating oneself to make changes. Respondents acknowledge that better health is one of the outcomes of increased physical activity.

Having a safe physical environment for walking, including trails was suggested as a way of alleviating the fears of walking in the neighborhood.

The influence of others seemed to be one of the only things that would lead to a change in behavior. This amounts to *borrowed* motivation from friends or family members.

Barriers

Lack of motivation is the primary barrier, followed by lack of time which means that physical activity is not a priority. Some respondents agreed that it is *just being lazy*.

"I need to want to do it more than [I want to] lay in the bed and watch TV."

Physical activity is not considered more important than the other things respondents want to do.

Physical activity is not viewed as a part of everyday life. Physical activity is frequently tied to other life goals which require losing weight. For example if someone has to attend a wedding or class reunion, then they will establish goals. Once the goal is reached and the occasion is behind them, they go back to the old ways.

When physical activity is tied to weight loss, it has less appeal for African American women. The public perception of the norm has never been represented by Black women. Thus, the sentiment was expressed that if the benefit of physical activity is being a smaller size, it is not a relevant benefit.

"We don't find being heavy bad, because our men don't find us being heavy a bad thing."

V. HEALTHY EATING AND PHYSICAL ACTIVITY COMBINED

Links Between Healthy Eating and Physical Activity

The group generally agreed that there was a connection between physical activity and exercise. They did not agree on which leads or motivates one to make changes in the other.

"If you eat right, you still have to move. You still have to burn calories off."

When changes in eating habits was believed to be first, it was with a view toward cleansing the system and having more energy.

VI. HEALTH COMMUNICATION

Reactions to Health Message

Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.

This statement seemed to lack specificity for the respondents. One of the first changes suggested to the statement was to indicate that people need to get their heart rate up at least 3-4 times per week.

The requirements set forth in the statement were also viewed as less than goal oriented. The group generally agreed that this is a starting point. In fact, because it was seen as innocuous, it was viewed as somewhat of a motivator because it provides an easy way to start.

The language describing the frequency in the statement was confusing. Respondents were unclear on the fact that the requirement was for activity 7-10 minutes 3-5 times per day; some thought it was for the week.

Respondents asked for specifics, but when these were provided, they did not treat them as examples. They interpreted them literally and proceeded to describe why the activities suggested would not work for them.

"My husband does the yardwork."

"I'd have to live in a mansion to get this from housecleaning."

Role Models for Healthy Eating and Physical Activity

The key criteria for any person delivering the message is that they have experienced and practice the changes they are recommending. In addition, people who are close to you, who have a personal relationship with you, such as family or significant others, are believed to be credible.

The issue with this is that while a spokesperson may be credible, they may not necessarily be motivating. Respondents still believe that self motivation is the most powerful.

Credible Sponsors for the Message

Respondents agreed that they would believe a sponsor who has nothing to gain from the message. Thus organizations such as the American Heart Association, Overeaters Anonymous, Department of Agriculture, Girl Scouts, Olympics Committee, and even Weight Watchers were listed.

There was some skepticism expressed about the interest of the government in African American women. The question was raised of whether the government was even looking at this constituency.

CDC was not viewed as an appropriate sponsor. The reaction was mixed on whether it was a trusted organization. At issue is the fact that their image places them closer to serious communicable diseases like AIDS. In addition, a more negative perception was the increased fear that often comes with the involvement of CDC, because the situations they handle are serious. Lack of trust also raised concerns about the perception that CDC has had a history with using minorities as "guinea pigs".

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: Caucasian Men
Date: April 6, 1995
Location: Calabasas, California
Topical Focus: Nutrition

Nine men participated, ages 46, 47, 48 (2), 50, 52, 54, 54, and 57. This group was the only white male group with no one under 40 and the only one with half or more over age 50. Observation of the group suggested that some of the men may have given an age for themselves younger than was true. It's CALIFORNIA and no less, a Los Angeles suburb. Four of the men had college degrees; three had "some college"; two had a high school diploma. This group also had the fewest participants with children at home (5).

KEY FINDINGS

- . "Eating right" associated with weight and paying attention to effects of aging on metabolism, concern about cholesterol and lowering risk of heart disease.
- . As with most groups, time and motivation were the most common barriers to healthier habits.
- . Wives and the foods they buy/won't buy were common positive influence on men's eating habits.
- . Skepticism about whether CDC physical activity message is true unless "moderate intensity" means generating elevated heart rate.
- . Most participants believed their lifestyles already "fit" the message; they do not need more physical activity. Fewer negative comments about the word "exercise".
- . Emphasis on "benefits" to encourage people to adopt healthy habits.
- . No strong suggestions about potential sponsors for messages.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

NUPACT FOCUS GROUPS, Caucasian Men, 4/6/95, Calabasas, CA

As in all groups, several of the men found the ranking exercise easy for their top priorities and harder once they got beyond the first three or four priorities. Eight of the nine men put "being happy with family" in their top three; seven as #1. Eight of the men also put "being healthy" in the top three, including two who put it first. Both of these men indicated that recent injuries or surgery made it easy to put health at the top. Three men put "being close to God" in the top three.

The men said "they try" to fit their priorities into their lives, though as one put it, "Sometimes the priorities seem like the hardest to make time for." Two who had recent injuries said it changed their perspective, making health a priority. They said:

"Having been healthy, then getting zapped with [back problems] everything else goes down the drain. Nothing else works if you aren't healthy."

"I broke my leg. Until then, I didn't think about health. I took it for granted. Now I understand. I watch what I eat, lost weight, and I'm rehabbing the leg. I won't get caught taking health for granted."

Relationship between eating and health:

The men agreed that eating and health are relate. They were especially weight-conscious, mentioning slower metabolism as they age. They also referred to the importance of watching cholesterol as a deterrent to heart disease. For example:

"If you're overweight, you're not healthy. If you eat right and exercise, you're healthier. I was skinny and suddenly my metabolism changes...For 35 years I could eat one way. Then like a freight train...You have to do something...I do it for a job or a girlfriend. I need something BIG [as a motivator.]"

"There's a problem as you get older with metabolism. One of the pleasures in life is eating...you want a balance."

"If it stood still, I ate it. Now after four bypasses, it's not worth it. I can't eat a lot of things I like. How long I live is not as important as how good. It may not be worth it [to live a long time]. My doctor said get off your motorcycle and exercise. So I walked to the bank and got hit by a truck."

NUPACT FOCUS GROUPS, Caucasian Men, 4/6/95, Calabasas, CA

"I eat to live. I don't live to eat. I don't want that eclair. I have to watch cholesterol and like to keep my weight down...When I start to get full, I stop."

Some thought you can eat a bad diet and still be healthy -- for awhile. The men felt that you just cannot tell who will have problems from a bad diet. They said:

"It depends. Some people can smoke and drink, then live to 100."

"Yes, it's possible, but not probable."

"Eventually it will catch you. It caught me. I've had to change."

The men seemed fairly familiar with the wisdom of eating more fruits and vegetables ("that's a given" or "eat as much as you can") and even moreso, with cutting dietary fat. Some said:

"I lost 20 pounds by watching fat. In place of pie and milk, I had an apple, salad at McDonald's, less dressing. I just cut back."

"The hospital told me 30 grams of fat. You can forget everything else."

"30 grams just sounds like a number. The answer is: less than I eat now."

Things that KEEP participants from eating healthier:

Time:

"Sales on the road, eating in the car. I can't drive and eat salad."

"I'd love to do certain sports three or four times a week, but it's hard to fit in once a week."

Habit:

"When you're young, you grab a cookie, not fruit. Habits stay with you."

Depression:

"I'm depressed. I sit in the chair and watch TV. It's the

NUPACT FOCUS GROUPS, Caucasian Men, 4/6/95, Calabasas, CA

quantity of food I eat. Someone has to give me a better reason not to eat."

Cost with kids:

"With six kids, you go through 10 pounds of bananas and oranges in a weekend. They eat it quickly."

Habits:

"It's back to habits."

Delayed consequences of poor eating:

"Part of the problem is, it's longterm. You eat unhealthy for years before it has an effect. A candy bar gives instant gratification. The consequences [take a long time]."

Schedule:

"It's important to watch what you eat, but also when and where you eat."

Things that could HELP participants eat healthier:

Wives:

"Marry a Gestapo colonel like I did. She won't buy [junk]. I sneak it."

"My wife shops and is very fat conscious. It's not in the house, so I can't eat it."

"My wife shops, so I had to cut fat."

Keeping busy:

"Keep occupied with other things. Hobbies. You eat less if you get so busy you forget to eat lunch."

Exercise:

"When I exercise, I feel healthier and naturally want to eat healthier. I get on a roll."

"When you're not exercising, you figure you might as well eat."

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"Tricks":

"You find shortcuts. Put [junk] across the room so you won't get up to get it. Stupid things to make you think about what you are doing."

Availability:

"If the food is good for me and tastes good, I'll do it. If there are blueberries instead of cookies on the table...they're not as readily available as cookies."

Convincing someone to eat more fruits and vegetables/less fat:

The men employ several tactics to convince each other to eat healthier foods: scaring each other, giving tips for healthier eating, and stressing the benefits. They said:

"I had bypass surgery and diabetes. I want to enjoy life."

"Listen to Pete." [who just revealed his bypass experience]

"What you eat is what you are."

"What do you enjoy the most? You won't be able to do it anymore. I want to be around to enjoy my grandchildren."

"Don't keep pie around the house."

"Try non-traditional meals. Grapes and bread taste good."

"I've never seen a fat 80-year-old."

"Exercise"/"physical activity":

Men in this group did not associate "exercise" with as many negative concepts as participants in most other groups, though they did think of "physical activity" as linked with more enjoyable things than exercise. "Exercise" evoked:

"Swimming, rated #1 by doctors."

"Sweat. Once you get to that point, it's self-sustaining, You feel good, but...it's easy to get off track."

"Walking, running, lifting weights."

"Regimentation"

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"Physical activity" was related to exercise ("they're first cousins"). It made people think of:

"It's different from exercise, but it has the same effect, like three or four miles of walking, or yard work. It makes you sweat. I've done that, but I don't think of it as exercise."

"Exercise is walking or running but physical activity is ping pong...something I enjoy."

"I'm amazed at the jogger who hires a gardener and goes to the gym to work out."

"Physical activity is working on your car or bike and working up a sweat. It amounts to the same [as exercise] but you enjoy one and not the other. Something you pick to work on."

CDC physical activity message:

As in other groups, men were skeptical about whether anything that does not elevate heart rates can have benefits.

"I don't believe it."

"Don't you have to get your heart rate up?"

"If people took time to get their heart rate up three times a week, it would help their health."

The men commented about several specific parts of the message, addressing:

Accumulate:

"At a stretch or total? Five minutes or an hour."

"Accumulate means 'adding' not all at one time."

"I don't think it's true. The 'accumulate' should say 'do 30 minutes'."

Moderate intensity:

"Means getting your heart rate up."

"Moderate gets your heart rate up a little, you're not out of breath..."

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Asked how they would put the message in their own words, the men said:

"You should accumulate 30 minutes of moderate activity to be a healthier person."

"Honey, I just found out that I have to play golf every day."

Most of the men felt that their current lifestyle "fits" the message:

"Yes, when I am working. I have a bad back and it's hard to stand, so I am constantly pacing at work. That would fit."

"I do this as a painting contractor."

"Yes, I do walking and weights."

"I do a lot of walking at work."

"Yes, sit-ups."

"Yes, in cardiac rehab."

Things that KEEP participant from being more physically active:

Laziness and habits:

"I joined Bally's but I never went. I love movies and books and TV."

Time:

"When I work, I work 20 hours a day. It's very hard to find time. I could not take three breaks [for ten-minute walks]."

Things that could HELP participants be more physically active:

More time:

"I set aside an hour a day for me. I told my wife to do the same thing. For exercise...to relieve tension. I try to do it every day."

Convincing someone to be more physically active:

The men said they would try to motivate someone by:

"Telling him to 'take off all your clothes and look in the mirror. When was the last time you saw your feet?'"
***[He didn't say "feet", but the notes this is being prepared from say "feet".]

"Buy him a G-string and tell him to fit in it."

"Show a video of a bypass operation like in the movie All That Jazz."

"Ask him, 'When was the last time you got laid?'"

Where participants would "start" if planning to improve habits:

Most of these men generally agreed that "you have to do both" (improve eating habits and become more active). No one really emphasized starting with one or the other or indicated that they thought one would be easier than the other. They said:

"You have to ease into it. 10 sit-ups, then 20, then 30."

"When you feel yourself getting into shape, you watch everything. You make sure you get exercise and eat right."

"It's a state of mind. If you're sick of the way you look, then you do it. Like AA, you have to hit bottom. You have to decide to change."

SECTION 4: HEALTH COMMUNICATION

Who participants would listen to:

Girlfriend

Relatives:

"They'll tell you."

Someone you know:

"Not exercise fanatics. Someone you know who starts to look better. That's attainable."

"Not celebrities."

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Organizations to sponsor the message:

American Heart Association:

"For public service announcements."

American Diabetes Association:

"It makes sense. They're not selling anything. If you have it, it attracts you."

Surgeon General:

"Generally, the position lead the country healthwise."

"No, the government is too broad."

President's Council on Physical Fitness:

"Without Arnold's name."

Centers for Disease Control:

"I was thinking that...But I'm jaded with government people and whom to believe. The facts change. I'm confused. I thought CDC, but what do they have to do with exercise?"

YMCA

What participants will tell people about the focus groups:

"About health in general."

"You should have picked overweight people."

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FOCUS GROUP RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

TOPLINE SUMMARY OF INDIVIDUAL GROUP DISCUSSION

GROUP PROFILE

Participants: 9 Caucasian Women
Date: April 6, 1995
Location: Calabasas, California
Topical Focus: Physical Activity

Nine women participated, ages 40, 42, 43 (2), 44, 45, 49 (2), and 53. This was the only white female group with no women under 40. Four of the women had high school diplomas; four of the women had college degrees. This group had the most women with no children at home (4).

KEY FINDINGS

- . The only white group in which few people put "being close to God" as a top priority.
- . Strong connection between "being healthy" and "being happy with family". It takes one to have the other.
- . Influence of the emotional effects from the 1993 earthquake on community morale and corresponding incidence of depression affecting health habits.
- . Most women believed the CDC physical activity message but a few wondered about the importance of elevating heart rate.
- . If planning to make changes, more women thought they would try to increase activity first; then eating better would naturally follow.
- . "Real people" should be featured in messages encouraging healthier habits.
- . No one would trust the "government" but there were several favorable comments about CDC specifically.

SUMMARY OF DISCUSSION

SECTION 1: LIFE PRIORITIES

"Life Priorities" exercise:

As with all the groups, women thought many of the entries on the list were "important". Eight had "being happy with family" in the top three; five put it first. Seven had "being healthy"

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in the top three; three put it first. Unlike other groups, only two women had "being close to God" in the top three. There was general agreement that 'living a long time' is "not important" if one doesn't have the other things on the list.

The women thought it was fairly easy to fit the things that are important to them into their lives:

"Having a happy family is something you do daily. Talking to them, just being with them. It's most important."

"Fitting in free time can fit with the happy family. Being with our daughters."

"Being healthy":

Health was very important to these women and meant a variety of different things. The concept of "being healthy" was broader than in most groups encompassing both physical and mental well-being and a capacity to work and enjoy family or other aspects of life. Women said:

"That was #1 for me. At least peace of mind about health. Then you can work on the other stuff."

"I just spent six weeks at home with a herniated disk. Good friends, family support have been important. I can't buy my health. Without it, I'm nothing."

"Being able to enjoy my family, go out with them, hike, to work. Everything comes from health. The older I get, the more I realize it. As you see older people around you and their older parents' problems."

"I was sick for a year in my 20s so my whole focus is health. If you have your health, you can function and do everything else versus having all your energy focused on getting well."

SECTION 2: PHYSICAL ACTIVITY

Relationship between health and being active:

The women believed there is a definite connection. They said:

"I walk seven miles a day. Until I injured my back and can't. The ability to exercise gives you freedom. You feel

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so much better. You recognize the beauty around you. Your endorphins give you a natural high and you feel you can do anything."

"They are definitely related. I'm not active and I'm not healthy. I'd like to be more active."

"My dad is 85 and as a farmer, he had daily exercise until his 70s. He and his friends are getting older, so you really see the benefits of keeping going as long as you can. If you stop, that may be it."

"A healthy body leads to a healthy mind."

"Many times, women are more healthy than men. They are more active in the home with constant movement. Not like men."

"I'm sure [activity and health] are related. I hate to exercise and I hope I never do. I run around every day at work but I don't exercise. I believe you need 20 minutes of aerobics. I don't take care of myself right now."

Only one woman was skeptical about the benefits of activity for longer life. She said:

"I'm cynical. I went to a funeral for a 38-year-old health conscious man. He exercised..."

"Exercise":

The discussion about exercise evoked references to the 1993 earthquake. Most of the women felt that this event has been a significant disruption in their lives, one that has interfered with health habits.

The word "exercise" triggered:

"Something I hate. I'm living proof of what everyone says. I did Weight Watchers, Jenny Craig to go to my high school reunion. I lost 50 pounds with exercise. Walking on a treadmill. After the earthquake, I gained it all back."

"My doctor told me [about the importance of activity]. So, starting Tuesday, I've been walking and it does feel better."

"Since the earthquake, we are so predisposed to getting our houses back together, that takes away from other things."

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"Years ago, I ran like a lunatic with a tremendous amount of effort. Now I take vigorous walks...Now on my own, I like it."

"I hate it...It is an effort. [With the] treadmill, it goes in spurts. I don't like it. When I do [exercise] I get a high. I don't pig out...I don't want to waste what I did."

"Physical activity":

"It's the same as exercise. I was so dormant before Jenny. Every little thing I did was exercise for me."

"I'm not a disciplined exerciser. I like tennis. It's my exercise, but is an activity. It's helpful to have someone to do it with, like regular walking."

"A sport -- doing something. Exercise is work. That's bad."

"Dancing. Like country western. Two or three times a week."

"[Physical activity] is a nice way of saying [exercise]. It sounds better."

"...None of the people in aerobics get to look like Jane Fonda. Going to the gym is social. If you really want to exercise, forget it."

"I agree. The girls at the gym looked at me like 'why are you here?' I felt bad."

"There is a huge difference between physical activity and exercise. Physical activity is walking slowly...Exercise is to get the body to function better. Get the heart pumping. To keep the body in better shape."

"Parking far away can be physical activity, but not exercise."

The women did not bring up housework, but when the moderator did, they all agreed that housework would be classified as physical activity. One noted specifically that it is "not exercise".

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CDC physical activity message:

A few women spontaneously tried to convince some of the others who were skeptical about the message that it is true, that even without sustaining aerobic effects, there can be benefits: shaping up, burning calories. They addressed mainly comments such as:

"I believe it's true, but I work full-time. When am I going to do this?"

"I don't buy it. If you don't get your heart jumping, what good can it do? You have to keep it up longer."

The women offered comments and suggestions about specific parts of the message:

Accumulate:

"Ten minutes? Five minutes? What does it mean? How do you add it up?"

Moderate intensity:

"[Does that mean] in a range from moderate to intense?"

"My exercise is cardiovascular, toning, and stretching for stress. I use stretching tapes. I feel better than running."

"Do something. MOVE."

"This needs defining, with examples."

"Moderate intensity changes from person to person depending on what shape you are in."

Most days:

All of the women generally agreed that "most days" means five to seven. One said:

"The [same number of days] that you work, with two for relaxation."

Asked how they would explain the message to a friend, the women said:

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"I walk on my lunch hour. Two miles, for 30 minutes, five days a week. I'd tell them: get 30 minutes a day of moderate activity and you can do it in 10-minute increments."

"You don't have to exercise in one block of time. It's beneficial even in smaller blocks of time."

"Doing anything is better than doing nothing on the couch."

Things that KEEPS participants from more physically active:

Your state of mind, laziness:

"I have the time. I need motivation like the reunion."

Momentum:

"I don't know what happens. Once you start, it's hard to start back."

Family demands:

"I am a wife and mom 24 hours a day. My work is never done."

Safety

Weather and darkness

Time

Fatigue

Work

Things that could help participants be more physically active:

Having someone to go with you:

"I go with the girls at work at lunch. I won't walk alone."

"If my husband came home earlier, we could walk together if he wanted to."

"[having partners] makes a tremendous difference. If one doesn't feel like it, the other push."

"My husband is a disciplined exerciser and he tries to get me to be. I don't. That's why I do tennis with a group of women. It's social and something I really like. It's important to have someone

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Indoor options:

"My mom walks the mall three times a week with a friend before it opens."

Convincing someone to be more physically active:

Most of the women stressed positive benefits and expressed them in terms of what had worked for them personally. They said:

"For myself, when I do any activity, anything extra. It makes a big difference in how I think on the job or at home. It improves the mind, spirit, attitude, and your life."

"I started walking in the park where we all knew each other. It enhanced my social life. I felt better about myself and when you're through, you don't have the same hunger pangs and tastes."

"You suffer less PMS and cope better by doing physical activity."

"It retards the aging process. The best reason of all!"

SECTION 3: HEALTHY EATING

"Eating right":

Meant:

No fat (several agree)

No junk

More fruits and vegetables (several agree)

More fiber

However, the women also noted some confusion about what really constitutes healthy eating:

"Every other minute on TV: sandwiches are no good, coffee is no good. What IS healthy?"

They noted as well the difficulty of eating the things they believe are healthiest for them:

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"It depends on where my mind is. Everything in moderation is OK, but then sometimes I think I have to eat salad every night."

Relationship of eating to health:

"Science has proven it is important and can prevent heart disease."

Things that KEEP participants from eating healthier:

Time:

"I get home from work and if I have to cook, I'll kill myself."

Convenience of fast food:

"I don't like to do icky stuff like clean and cook. It's easier, though expensive to go to a restaurant and the kids love it. Like McDonald's."

"I'm too tired to cook dinner."

The women also mentioned:

Difficulty of keeping fresh foods at home
Declining quality of fresh fruits
Preferences for other foods

Things that could HELP participants eat healthier:

Low fat substitutes:

There was considerable discussion about the importance of cutting dietary fat by substituting other products such as low fat salad dressings and frozen yogurt or cooking lighter -- baking chicken. The women agreed with statements such as:

"After you've done it, it's easy. When you go back...you get uncomfortable and sluggish."

Information children receive in schools:

"The kids are much more aware than when we were in school."

"LA schools have fruit machines."

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"[Kids] learn in athletics that they feel better."

Convincing someone to eat more fruits and vegetables/less fat:

"I've heard eating fruits and vegetables brings longer life and beautiful skin. Along with drinking water, it gives you glowing skin."

"I have a mental image when I eat a greasy taco...picture your arteries getting it. Try to visualize what it is doing inside and only eat half or a bite."

"Have a glass of wine at night, but do aerobics before you drink the wine." (General agreement about the benefits of wine)

"Fruits and vegetables are really good for the colon so you don't have to have a colonoscopy."

"Keep away from fats. I can feel my jeans are loose. That does it for me."

"Drink water. The earthquake helped me learn to drink water more."

"In the afternoon when you get hungry, what your body really wants is water. Drink water."

Where participants would START if planning to change:

About half of the women thought they would increase activity first and that would stimulate changes in eating habits. They said:

"Physical activity is more important -- to speed up the metabolism. If you see positive results, then you get the rest to go along. It worked for me."

"Physical activity is first. Then you don't feel like eating unhealthy. You make different choices."

"Walking is the first step. Before dinner."

"When you walk, you feel good. Good food comes naturally."

Other women thought they would begin by changing their eating habits. They stressed the importance of being prepared with healthy foods. They said:

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"Make an effort to stock up on non-fat foods and fruits and vegetables. So when you're hungry you have the correct things to choose."

"I'd start with food and work on not feeling guilty when I throw out what rotted."

"Try carrots and apples to eat in the car."

"You need to be prepared, just like having diapers for a baby. You have to give it thought and effort to begin. Then there are fewer obstacles."

SECTION 4: HEALTH COMMUNICATION

Who participants would listen to:

Although the first woman to respond said "Jane Fonda" she also revealed that she does not use them except to watch. Most of the women stressed the importance of "real people" who "can't afford a trainer and aren't making money from [the message].) Women felt that information from people who have struggled is more credible. They also mentioned Richard Simmons ("he's not perfect").

One woman also said that she had been influenced by a doctor on television. She said:

"I heard from a doctor on TV 'do 10 minutes a day'. To me, that put in my mind that I can do that. It left me thinking I can, I will do it."

There was general agreement that family may **not** be a good influence. One woman talked about her husband encouraging her to go out to eat and that makes it harder to eat right and lose weight.

Organizations to sponsor the messages:

TOPS (Take Off Pounds Sensibly)

American Heart Association (for the physical activity message)

Not the government:

"I don't believe anything they say."

Not the Surgeon General:

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There was general agreement that "you can't trust the government." Women said:

"They don't know and they don't care."

"Everything causes cancer."

Centers for Disease Control:

"That's better."

"There is a lot of privatization in CDC. Their research is more credible. Hospitals are doing it and giving information to the government."

"It sounds more concerned."

But:

"They knew about AIDS and didn't stop it."

Appendix D

Life Priorities Exercise

There are ten items on the list below. Please take a moment to tell us how important these things are to you by ranking them from 1 to 10.

Place a "1" beside the most important item, a "2" beside the second most important, a "3" beside the third most important, and so on. Please use each number ONLY ONCE.

- _____ **Having a good job**
- _____ **Being happy with my family**
- _____ **Enjoying my free time**
- _____ **Being healthy**
- _____ **Looking good**
- _____ **Being close to God**
- _____ **Making and keeping good friends**
- _____ **Having a good love life**
- _____ **Having enough money**
- _____ **Living a long time**

Appendix E

Focus Group Discussion Guide [Healthy Eating]

**NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FORMATIVE RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN**

"HEALTHY EATING GROUP" MODERATOR'S TOPIC GUIDE

March 28, 1995
Final Guide

Topic: Adults' knowledge, attitudes, behaviors, and beliefs (KABB's) regarding nutrition and physical activity

Overall

Objectives of Groups : Assess participants' KABB's regarding nutrition and physical activity and use the information gained to enhance an upcoming nutrition and physical activity campaign.

I. Background and Introductions (10 MINS.)

**Before entering the discussion room, participants will have completed the written portion of the "Ranking Life Priorities" introductory exercise.*

Welcome and Opening Comments

Thank participants for agreeing to come.

Explain what a focus group is.

Encourage participants to speak freely throughout the discussion. Not seeking consensus. There are no right or wrong answers.

Identify topic in broad terms. Use the phrase "going to talk about some of the things on the list you just read."

Tell how long group will last (about 90 minutes).

Mention that moderator may interrupt to move group along.

Mention that the session is being audiotaped (and videotaped) and observers are present behind the one-way mirror. Also, information that group discusses will be analyzed as a whole--will not be analyzing individuals independently. No participant names will be used in any analysis of the discussion. Information given by the group will not be available to the general public.

(**NOTE:** If a participant asks how the information will be used, the answer "to develop a national campaign" should be given.)

Introduction of Participants:

Could we begin by each of you telling us your first name and a little something about yourself like whether you're married or have kids [*ask for ages*]? Let's start with you [*address one participant*].

II. Discussion Areas

Life Priorities: Section 1 (10 MINS.)*

1. Which items from the list did you place as your top 3?

Probe for why those items ranked above the others.

If "being healthy" is mentioned, probe for what "being healthy" means to participants (e.g., not being sick, looking fit and trim, or just being able to get out of bed every day).

2. Think about your top 3 most important items. Tell me how or *if* you are able to fit them into your life?

Probe for whether highly valuing an item necessarily means incorporating it into your life, or not.

TRANSITION INTO NUTRITION DISCUSSION...

3. We've talked some about (or we haven't mentioned) "being healthy." I'd like to focus in on that a bit. Let's talk about how the way we eat is related to our health.

Probe for how the way we eat fits into being healthy. How important is it? Can you have a bad diet and still be healthy?

-----END OF SECTION 1-----

*Time allotments are included as a guide to indicate the relative importance of each section.

Healthy Eating: Section 2
(25 MINS.)

1. **When I say "eating right" or "eating healthy" what comes to mind for you? What do you think of when you think of eating right or eating healthy?**

Explore participants' definitions of eating right.

Probe for knowledge including questions like:

--What does eating "more fruits and vegetables" mean to you? And, How many fruits and vegetables should someone like you eat?

--What does eating "less fat" mean to you? How much less? If something is "fat-free," how does it fit into a healthy diet?"

Section 2 continued on next page...

Healthy Eating: Section 2

2. **What are some of the things that KEEP you from making changes in your eating habits?**
Probe for what might keep someone from changing the things they would like to change.

IMPORTANT: Probe for both internal barriers (e.g., feelings, beliefs, personal traits) AND external barriers (e.g., influence of family, children, friends, coworkers, community, availability of resources).

[MODERATORS' NOTE: Probe for any underlying causes for answers like "no willpower," "it's in my mind," or "laziness."]

If children or spouse have not been mentioned, probe for how--or, if--they might hinder change.

3. **Now that we have talked about things that keep us from making changes, what are some of the things that could HELP you make changes in your eating habits?**

IMPORTANT: Again, probe for both internal suggestions (e.g., feelings, beliefs, personal traits) AND external suggestions (e.g., influence of family, children, friends, coworkers, community, availability of resources).

Ask for *specific* suggestions:

What are some things your family (spouse, children) could do that would be helpful?

Your community? (Specify also, African-American community for African-American groups.)

Your schools?

Your neighborhood grocery store?

Your church?

Your office/workplace?

Some of you mentioned packing a lunch instead of eating fast food (or another example), what could you do to make that happen?

Section 2 continued on next page...

Healthy Eating: Section 2

4. (If necessary, use the following probe.)
What would you need to learn how to do in order to eat healthier?

(Fine for some to say they do not KNOW what they would need to learn.)

Prompts, if needed, to generate discussion include:

- . how to cook tasty, low fat foods
- . selecting, storing, preparing, or serving fruits and vegetables or lower fat foods
- . how to make healthy foods more convenient
- . how to read nutrition labels
- . how to ask for low-fat salad dressing in a restaurant
- . develop a new habit of choosing low-fat foods when shopping

Probe for perception of ability to overcome barriers.

5. **Some people find that nutrition recommendations for the public are confusing...**

If the advice is that people should eat more fruits and vegetables, and eat less fat, how would you convince someone to do this?

(MODERATORS' NOTE: Use "convince the other side of the table" technique. Avoid having a single spokesperson and get as many suggestions as possible. May want to give each side a set time (2-3 mins.) to give as many reasons as possible.)

Probe "Convincers":

-Would you concentrate on the health problems that are caused by bad eating habits---or, would you talk more about the benefits of eating right (e.g., look good, feel better)?

Probe "Convincees":

-What are the tradeoffs of doing these things?

-If you're convinced, what things are keeping you from doing what they say to do?

-----END OF SECTION 2-----

Physical Activity: Section 3

(15 MINS.)

(NOTE: This section can be cut back if running over time on healthy eating section.)

1. (Explore participants' definitions of exercise and physical activity.)

When you hear the term "exercise," what comes to mind? What does "exercise" mean to you? What are some examples?

When you hear the term "physical activity," do you think it's different from "exercise"? What does it mean to be physically active? What are some examples?

How about things like housework, yard work, physical labor on the job, home remodeling projects, and such. Do you consider these to be exercise or physical activity?

What is it about these particular activities that make them fit/not fit your idea of exercise?

If there is a difference between "exercise" and "physical activity," probe deeply to find out what difference is.

Probe beyond conceptualization of the terms to learn whether participants perceive "physical activity" as an overarching life issue.

Physical Activity: Section 3

2. **From talking to other groups like this, I know that lots of people have heard of the advice that you should do 20 minutes of vigorous exercise 3 times a week. But, we all know that THAT doesn't work for everyone. So, here is a message for those of us who aren't able to exercise 3 days a week for 20 minutes at a time.**

[Hand out papers]

Look at the message on your sheet. Researchers have found that you can get health benefits from doing this. *[Emphasize that health benefits will occur.]*

(Message reads: "Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.")

(MODERATORS' NOTE: This recommendation is *NOT* suggesting that those who already get regular, vigorous exercise should *add or change to moderate exercise*. Rather, the message is intended for people who get little or no physical activity.)

What do you think about this message?

What do these terms mean to you ("accumulate," "moderate-intensity," and "most days of the week")? *[Keep discussion brief.]*

EXPLAIN terms before continuing:

Accumulate - must do 7-10 minutes at a time, 3-5 times a day

Moderate-Intensity - examples include raking leaves, brisk walking, heavy housecleaning

Most Days - at least 5 days per week

Let's think...if you were to tell this message to your neighbor or friend, how would you say it?

(MODERATORS' NOTE: Avoid discussion of "exercise activities" like step aerobics, jogging, weight lifting. Keep participants focused on activities like the following:

- leisure time activity like brisk walking, bicycling, running around with their kids in the yard
- activity at home like yard work and heavy housecleaning
- activity in the office like rushing around all day between offices, taking walks at lunch
- activity on the job like construction work, lifting boxes)

Keep in mind that those are the kinds of physical activities we'll focus on for the rest of the discussion.

Section 3 continued on next page...

Physical Activity: Section 3

3. What are some of the things that KEEP you from getting more physical activity?

Probe for what might keep someone from changing the things they would like to change.
 [MODERATORS' NOTE: *Keep the group focused on physical activity, not exercise.*]

IMPORTANT: Probe for both internal suggestions (e.g., feelings, beliefs, personal traits) AND external suggestions (e.g., influence of family, children, friends, coworkers, community, availability of resources).

[MODERATORS' NOTE: *Probe for any underlying causes for answers like "not motivated," "it's in my mind," or "laziness."*]

If children or spouse have not been mentioned, probe for how--or, if--they might hinder change.

4. Now that we have talked about the things that keep us from getting more physical activity, what are some of the things that could HELP you add more physical activity into your daily life? (Question is *ESPECIALLY* important for the "interested in nutrition" group because some members may already have good physical activity levels.)

IMPORTANT: Again, probe for both internal suggestions (e.g., feelings, beliefs, personal traits) AND external suggestions (e.g., influence of family, children, friends, coworkers, community, availability of resources).

Ask for *specific* suggestions:

What are some things your family (spouse, children) could do that would be helpful?

Your community? (Specify also, African-American community for African-American groups.)

Your schools?

Your neighborhood?

Your church?

Your office/workplace?

Some of you mentioned "walking partners" (or another example). What could you do to make that happen?

Section 3 continued on next page...

Physical Activity: Section 3

5. (If necessary, use the following probe.)
What would you need to learn how to do in order to become more physically active?

(Fine for some to say they do not KNOW what they would need to learn.)

Prompts, if needed, to generate discussion include:

- . how to manage time better
- . self-discipline to choose stairs over the elevator

Probe for perception of ability to overcome barriers.

6. **Thinking back to the message we talked about earlier (*refer to printed message on sheet*). If you were trying to CONVINCe someone to get more physical activity, how would you do that?**

(MODERATORS' NOTE: Use "convince the other side of the table" technique. Avoid having a single spokesperson and get as many suggestions as possible. May want to give each side a set time (2-3 mins.) to give as many reasons as possible.)

Probe "Convincers":

-Would you concentrate on the health problems that may be caused by physical inactivity---or, would you talk more about the benefits of getting physical activity (e.g., look good, feel better).

Probe "Convincees":

-What are the tradeoffs of doing these things?

-If you're convinced, what things are keeping you from doing what they say to do?

-----END OF SECTION 3-----

Healthy Eating and Physical Activity Combined: Section 4
(15 MINS.)

1. (Optional Question) If it has not come up, ask whether eating right and being physically active are related to each other in any way? How are they related?

2. **We agree that physical activity and healthy eating go together. If you heard a message encouraging you to do both--and you were really going to try both--where would you start?**

Probe:

Which one would you do first? [*Probe for why.*]

How would you go about adding in (physical activity or eating right)?

Probe:

When you're ready (to start doing the *other* one) how would you start?

3. **What kinds of things have you learned from changing some health behaviors (e.g., getting more rest, cutting back on salt or caffeine, stress management) that might help you in improving your eating habits/increasing your physical activity level?**

Probe to learn what strategies could be useful--or have been useful for some in the past--for overcoming barriers.

----END OF SECTION 4----

Health Communication: Section 5
(15 MINS.)

TRANSITION TO HEALTH COMMUNICATION: **We've talked about how you would convince other people to increase their physical activity levels and eat healthier. Now, let's talk about who YOU would listen to....**

- 1. Who are some people you would listen to about healthy eating or physical activity? I'm talking about people whose advice you would really pay attention to.**

Probe for variety of answers including:

- regular people, people like them
- relatives, friends
- Surgeon General or others in medical professions (e.g., doctors, nurses)
- celebrities, famous people

- 2. Look back at the *physical activity message* on the sheet in front of you. What organization would be a trustworthy, credible sponsor for this message?**

Are there some organizations you can name that are already doing a good job with these messages?

Probe for a variety of organizations including nonprofit, governmental and for profit.

(NOTE: For African-American groups, also probe for African-American organizations in particular.)

- 3. Think back to the *nutrition advice* about fruits and vegetables and lowering fat. What organization would be a trustworthy, credible sponsor for this message?**

Are there some organizations you can name that are already doing a good job with these messages?

Probe for a variety of organizations including nonprofit, governmental and for profit.

Section 5 continued on next page...

Health Communication: Section 5

4. Would there be any organizations that would be a good source for BOTH messages?

(If it hasn't already come up....)

Probe to find out the credibility of the federal government:

--Is it government's role/responsibility to sponsor this message?

(If it hasn't already come up....)

Probe for name recognition and credibility level of the CDC.

--Is it the CDC's role/responsibility to give advice about nutrition and physical activity?

(Particularly explore whether their perception is that CDC only deals with communicable diseases)

Probe for recognition and credibility of the Surgeon General's Report.

5. When you go home tonight, what will you tell your spouse or your best friend about the discussion tonight?

-----END OF SECTION 5-----

III. Wrap up and Departure (5 MINS.)

Check with observers and quickly cover any final issues if necessary.

Offer an opportunity for any *short* final comments participants would like to make.

Have participants complete short demographic questionnaire before they leave the room.

Thank participants for their time and insights.

Give instructions for getting incentive money.

Appendix F

Focus Group Discussion Guide [Physical Activity]

***NUTRITION AND PHYSICAL ACTIVITY (NUPACT)
FORMATIVE RESEARCH
FOR A HEALTH COMMUNICATION CAMPAIGN***

"PHYSICAL ACTIVITY GROUP" MODERATOR'S TOPIC GUIDE

March 28, 1995
Final Guide

Topic: Adults' knowledge, attitudes, behaviors, and beliefs (KABB's) regarding nutrition and physical activity

Overall

Objectives of Groups : Assess participants' KABB's regarding nutrition and physical activity and use the information gained to enhance an upcoming nutrition and physical activity campaign.

I. Background and Introductions (10 MINS.)

**Before entering the discussion room, participants will have completed the written portion of the "Ranking Life Priorities" introductory exercise.*

Welcome and Opening Comments

Thank participants for agreeing to come.

Explain what a focus group is.

Encourage participants to speak freely throughout the discussion. Not seeking consensus. There are no right or wrong answers.

Identify topic in broad terms. Use the phrase "going to talk about some of the things on the list you just read."

Tell how long group will last (about 90 minutes).

Mention that moderator may interrupt to move group along.

Mention that the session is being audiotaped (and videotaped) and observers are present behind the one-way mirror. Also, information that group discusses will be analyzed as a whole--will not be analyzing individuals independently. No participant names will be used in any analysis of the discussion. Information given by the group will not be available to the general public.

(NOTE: If a participant asks how the information will be used, the answer "to develop a national campaign" should be given.)

Introduction of Participants:

Could we begin by each of you telling us your first name and a little something about yourself like whether you're married or have kids [*ask for ages*]? Let's start with you [*address one participant*].

II. Discussion Areas

Life Priorities: Section 1 (10 MINS.)*

1. Which items from the list did you place as your top 3?

Probe for why those items ranked above the others.

If "being healthy" is mentioned, probe for what "being healthy" means to participants (e.g., not being sick, looking fit and trim, or just being able to get out of bed every day).

2. Think about your top 3 most important items. Tell me how or *if* you are able to fit them into your life?

Probe for whether highly valuing an item necessarily means incorporating it into your life, or not.

TRANSITION INTO PHYSICAL ACTIVITY DISCUSSION...

3. We've talked some about (or we haven't mentioned) "being healthy." I'd like to focus in on that a bit. Let's talk about how being active is related to our health.

Probe for how being active fits into being healthy. How important is it? Can you be fairly inactive and still be healthy?

-----END OF SECTION 1-----

*Time allotments are included as a guide to indicate the relative importance of each section.

Physical Activity: Section 2
(25 MINS.)

1. (Explore participants' definitions of exercise and physical activity.)

When you hear the term "exercise," what comes to mind? What does "exercise" mean to you? What are some examples?

When you hear the term "physical activity," do you think it's different from "exercise"? What does it mean to be physically active? What are some examples?

How about things like housework, yard work, physical labor on the job, home remodeling projects, and such. Do you consider these to be exercise or physical activity?

What is it about these particular activities that make them fit/not fit your idea of exercise?

If there is a difference between "exercise" and "physical activity," probe deeply to find out what difference is.

Probe beyond conceptualization of the terms to learn whether participants perceive "physical activity" as an overarching life issue.

Physical Activity: Section 2

2. **From talking to other groups like this, I know that lots of people have heard of the advice that you should do 20 minutes of vigorous exercise 3 times a week. But, we all know that THAT doesn't work for everyone. So, here is a message for those of us who aren't able to exercise 3 days a week for 20 minutes at a time.**

[Hand out papers]

Look at the message on your sheet. Researchers have found that you can get health benefits from doing this. *[Emphasize that health benefits will occur.]*

(Message reads: "Every American adult should accumulate 30 minutes or more of moderate-intensity physical activity over the course of most days of the week.")

(MODERATORS' NOTE: This recommendation is *NOT* suggesting that those who already get regular, vigorous exercise should *add or change to* moderate exercise. Rather, the message is intended for people who get little or no physical activity.)

What do you think about this message?

What do these terms mean to you ("accumulate," "moderate-intensity," and "most days of the week")? *[Keep discussion brief.]*

EXPLAIN terms before continuing:

Accumulate - must do 7-10 minutes at a time, 3-5 times a day

Moderate-Intensity - examples include raking leaves, brisk walking, heavy housecleaning

Most Days - at least 5 days per week

Let's think...if you were to tell this message to your neighbor or friend, how would you say it?

(MODERATORS' NOTE: Avoid discussion of "exercise activities" like step aerobics, jogging, weight lifting. Keep participants focused on activities like the following:

- leisure time activity like brisk walking, bicycling, running around with their kids in the yard
- activity at home like yard work and heavy housecleaning
- activity in the office like rushing around all day between offices, taking walks at lunch
- activity on the job like construction work, lifting boxes)

Keep in mind that those are the kinds of physical activities we'll focus on for the rest of the discussion.

Section 2 continued on next page...

Physical Activity: Section 2

3. What are some of the things that KEEP you from getting more physical activity?

Probe for what might keep someone from changing the things they would like to change.
 [MODERATORS' NOTE: Keep the group focused on physical activity, not exercise.]

IMPORTANT: Probe for both internal suggestions (e.g., feelings, beliefs, personal traits) AND external suggestions (e.g., influence of family, children, friends, coworkers, community, availability of resources).

[MODERATORS' NOTE: Probe for any underlying causes for answers like "not motivated," "it's in my mind," or "laziness."]

If children or spouse have not been mentioned, probe for how--or, if--they might hinder change.

4. Now that we have talked about the things that keep us from getting more physical activity, what are some of the things that could HELP you add more physical activity into your daily life?

IMPORTANT: Again, probe for both internal suggestions (e.g., feelings, beliefs, personal traits) AND external suggestions (e.g., influence of family, children, friends, coworkers, community, availability of resources).

Ask for *specific* suggestions:

What are some things your family (spouse, children) could do that would be helpful?

Your community? (Specify also, African-American community for African-American groups.)

Your schools?

Your neighborhood?

Your church?

Your office/workplace?

Some of you mentioned "walking partners" (or another example). What could you do to make that happen?

Section 2 continued on next page...

Physical Activity: Section 2

5. (If necessary, use the following probe.)
What would you need to learn how to do in order to become more physically active?

(Fine for some to say they do not KNOW what they would need to learn.)

Prompts, if needed, to generate discussion include:

- . how to manage time better
- . self-discipline to choose stairs over the elevator

Probe for perception of ability to overcome barriers.

6. **Thinking back to the message we talked about earlier (*refer to printed message on sheet*). If you were trying to CONVINCЕ someone to get more physical activity, how would you do that?**

(MODERATORS' NOTE: Use "convince the other side of the table" technique. Avoid having a single spokesperson and get as many suggestions as possible. May want to give each side a set time (2-3 mins.) to give as many reasons as possible.)

Probe "Convincers":

-Would you concentrate on the health problems that may be caused by physical inactivity---or, would you talk more about the benefits of getting physical activity (e.g., look good, feel better).

Probe "Convincees":

-What are the tradeoffs of doing these things?

-If you're convinced, what things are keeping you from doing what they say to do?

-----END OF SECTION 2-----

TRANSITION TO NUTRITION: "Now that we've talked for a while about physical activity, let's focus on another aspect of being healthy. I'd like to talk about how we eat."

Healthy Eating: Section 3

(15 MINS.)

(NOTE: This section can be cut back if running over time on physical activity section.)

- 1. When I say "eating right" or "eating healthy" what comes to mind for you? What do you think of when you think of eating right or eating healthy?**

Explore participants' definitions of eating right.

Probe for knowledge including questions like:

--What does eating "more fruits and vegetables" mean to you? And, How many fruits and vegetables should someone like you eat?

--What does eating "less fat" mean to you? How much less? If something is "fat-free," how does it fit into a healthy diet?"

- 2. How does the way we eat fit into your idea of being healthy?**

Probe for how the way we eat fits into being healthy. How important is it? Can you have a bad diet and still be healthy?

Section 3 continued on next page...

Healthy Eating: Section 3

3. **What are some of the things that KEEP you from making changes in your eating habits?**
Probe for what might keep someone from changing the things they would like to change.

IMPORTANT: Probe for both internal barriers (e.g., feelings, beliefs, personal traits) AND external barriers (e.g., influence of family, children, friends, coworkers, community, availability of resources).

[MODERATORS' NOTE: Probe for any underlying causes for answers like "no willpower," "it's in my mind," or "laziness."]

If children or spouse have not been mentioned, probe for how--or, if--they might hinder change.

4. **Now that we have talked about things that keep us from making changes, what are some of the things that could HELP you make changes in your eating habits?** (Question is *ESPECIALLY* important for the "*interested in physical activity*" group because some members may already be maintaining healthy diets.)

IMPORTANT: Again, probe for both internal suggestions (e.g., feelings, beliefs, personal traits) AND external suggestions (e.g., influence of family, children, friends, coworkers, community, availability of resources).

Ask for *specific* suggestions:

What are some things your family (spouse, children) could do that would be helpful?

Your community? (Specify also, African-American community for African-American groups.)

Your schools?

Your neighborhood grocery store?

Your church?

Your office/workplace?

Some of you mentioned packing a lunch instead of eating fast food (or another example), what could you do to make that happen?

Section 3 continued on next page...

Healthy Eating: Section 3

5. (If necessary, use the following probe.)
What would you need to learn how to do in order to eat healthier?

(Fine for some to say they do not KNOW what they would need to learn.)

Prompts, if needed, to generate discussion include:

- . how to cook tasty, low fat foods
- . selecting, storing, preparing, or serving fruits and vegetables or lower fat foods
- . how to make healthy foods more convenient
- . how to read nutrition labels
- . how to ask for low-fat salad dressing in a restaurant
- . develop a new habit of choosing low-fat foods when shopping

Probe for perception of ability to overcome barriers.

6. **Some people find that nutrition recommendations for the public are confusing...**

If the advice is that people should eat more fruits and vegetables, and eat less fat, how would you convince someone to do this?

(MODERATORS' NOTE: Use "convince the other side of the table" technique. Avoid having a single spokesperson and get as many suggestions as possible. May want to give each side a set time (2-3 mins.) to give as many reasons as possible.)

Probe "Convincers":

-Would you concentrate on the health problems that are caused by bad eating habits---or, would you talk more about the benefits of eating right (e.g., look good, feel better)?

Probe "Convincees":

-What are the tradeoffs of doing these things?

-If you're convinced, what things are keeping you from doing what they say to do?

-----END OF SECTION 3-----

Healthy Eating and Physical Activity Combined: Section 4
(15 MINS.)

1. (Optional Question) If it has not come up, ask whether eating right and being physically active are related to each other in any way? How are they related?

2. **We agree that physical activity and healthy eating go together. If you heard a message encouraging you to do both--and you were really going to try both--where would you start?**

Probe:

Which one would you do first? [*Probe for why.*]

How would you go about adding in (physical activity or eating right)?

Probe:

When you're ready (to start doing the *other* one) how would you start?

3. **What kinds of things have you learned from changing some health behaviors (e.g., getting more rest, cutting back on salt or caffeine, stress management) that might help you in improving your eating habits/increasing your physical activity level?**

Probe to learn what strategies could be useful--or have been useful for some in the past--for overcoming barriers.

----END OF SECTION 4----

Health Communication: Section 5
(15 MINS.)

TRANSITION TO HEALTH COMMUNICATION: We've talked about how you would convince other people to increase their physical activity levels and eat healthier. Now, let's talk about who YOU would listen to....

1. **Who are some people you would listen to about healthy eating or physical activity? I'm talking about people whose advice you would really pay attention to.**

Probe for variety of answers including:

- regular people, people like them
- relatives, friends
- Surgeon General or others in medical professions (e.g., doctors, nurses)
- celebrities, famous people

2. **Look back at the *physical activity message* on the sheet in front of you. What organization would be a trustworthy, credible sponsor for this message?**

Are there some organizations you can name that are already doing a good job with these messages?

Probe for a variety of organizations including nonprofit, governmental and for profit.

(NOTE: For African-American groups, also probe for African-American organizations in particular.)

3. **Think back to the *nutrition advice* about fruits and vegetables and lowering fat. What organization would be a trustworthy, credible sponsor for this message?**

Are there some organizations you can name that are already doing a good job with these messages?

Probe for a variety of organizations including nonprofit, governmental and for profit.

Section 5 continued on next page...

Health Communication: Section 5

4. Would there be any organizations that would be a good source for BOTH messages?

(If it hasn't already come up...)

Probe to find out the credibility of the federal government:

--Is it government's role/responsibility to sponsor this message?

(If it hasn't already come up...)

Probe for name recognition and credibility level of the CDC.

--Is it the CDC's role/responsibility to give advice about nutrition and physical activity?

(Particularly explore whether their perception is that CDC only deals with communicable diseases)

Probe for recognition and credibility of the Surgeon General's Report.

5. When you go home tonight, what will you tell your spouse or your best friend about the discussion tonight?

-----END OF SECTION 5-----

III. Wrap up and Departure (5 MINS.)

Check with observers and quickly cover any final issues if necessary.

Offer an opportunity for any *short* final comments participants would like to make.

Have participants complete short demographic questionnaire before they leave the room.

Thank participants for their time and insights.

Give instructions for getting incentive money.

Appendix G

Demographic Survey

We appreciate your help with the following survey. Having demographic information about focus group participants will help us better understand the information we learn from the group discussions.

1. Gender:

- Male
- Female

2. Age:

years

3. Marital status:

- Single
- Married
- Divorced/Widowed

4. Race/Ethnicity

- African-American/Black
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White
- Other

5. Formal education history:

- High school diploma or equivalency degree
- Some college
- College degree
- Some graduate school

6. Household information:

Household income:

- Under \$20,000/year
- \$20,001 - \$40,000/year
- \$40,001 - \$60,000/year
- \$60,001 - \$80,000/year
- \$80,001 - \$100,000/year
- Over \$100,000/year

Number of children (under age 18) living in household:

- None
- 1-2 children
- 3-4 children
- 5 children