



CRITICAL INSIGHTS
RESEARCH FOR PRECISE PRAGMATIC DIRECTION

**Market Perspective:
Healthy Weight Awareness
Collateral**

**Summary of Focus Group
Research Findings**

Prepared for:

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

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Focus Groups • Surveys • Public Opinion Polling

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INTRODUCTION

BACKGROUND AND RESEARCH OBJECTIVES

CD&M Communications and its client, Healthy Maine Partnerships, are in the process of refining communications efforts designed to increase levels of awareness for proper diet and nutrition.

As part of this effort, CD&M Communications commissioned a qualitative research effort to assess the effectiveness of potential creative executions developed for the campaign. In particular, the agency wished to assess the relative impact of the creative ideas on a target audience of representative Maine residents. This report documents the findings of the qualitative phase of the research effort, designed to understand the mindset of several key constituencies.

METHODOLOGY

Three focus groups were convened to discuss the requisite issues. A total of **32** participants took part in the three sessions. The sessions were convened on the following dates and locations:

- July 28, 2005: **Governor's Restaurant
Houlton, ME**
- August 2, 2005: **Critical Insights
Portland, ME**
- August 3, 2005: **Oxford Hills High School
South Paris, ME**

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

- Be at least 18 years of age and with a total annual household income that reflects low to moderate household income levels for both urban and rural residents. 50% of participants who were recruited were required to have children under the age of 18 in the household.

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



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SUMMARY OF THEMATIC ISSUES

Responses, comments, and observations elicited from participants generated a series of common themes. The following roster highlights these principal themes as a precursor to a more in-depth discussion of the research findings.

- **Participants believe that they have healthy eating patterns, however, there is a strong need for increasing their awareness of the fundamentals of good nutrition, as their conversations belied many inaccuracies and inconsistencies.** Participants report that they try to eat healthy by eating fruits and vegetables and other foods low in fat. However, it seems that they are not as conscientious with respect to the diets of their children. For example, several participants observed that their children eat fruits and vegetables, however, they reward their children for eating healthy by giving them soda, candy, and other sweets. Participants also indicated that they have children who are “*picky*” eaters, so parents allow their kids to eat healthier options provided that the kids are eating “*something*.”

Participants estimated that the U.S. Food Pyramid recommends that Americans eat roughly 5-6 servings of fruits and vegetables per day. Again, participants feel that they generally meet that target, however, they estimated that their children most likely fall short.

- **Participants report having adopted new diets to accommodate medical conditions.** Several participants indicated that they, or members of their family, have been diagnosed with diabetes, a heart condition, and/or other medical conditions, which prompted a change in diet (more fruits and vegetables, less fat). When asked to indicate what specific kinds of fruits and vegetables they serve – participants reported watermelons, grapes, apples, prunes, celery, carrots, and tomatoes. Several participants indicated that the fruits and vegetables they serve typically depends upon “*what’s in season*,” meaning that they are more likely to purchase watermelons, for example, in the summer months when the price is more affordable. To “cut the fat” – whether to accommodate a medical condition or encourage healthy eating habits among the family, participants reported limiting fried foods, potato chips, soda, and serving leaner meats.
- **The collateral received positive feedback, however certain items were perceived as being targeted to children, whereas other pieces were considered appealing for both adults and children.** In general, participants perceived the “Switch” brochure and the “fruits and vegetable” mailer as being developed more for children, while they perceived that the “portions” brochure and magnet could target both adults and kids. Although all the collateral was positively received, not all executions were seen as being directed at the parent as decision-maker.



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- **The “Switch” brochure was positively received as a communication for children.** As several participants explained, they “*already know*” the information advertised in the “Switch” brochure. As such, they felt it would be more appropriate for children. Participants indicated that their children would “*love*” the pull-tabs and “*cute*” icons. The suggested “switches” were deemed appropriate and practical in terms of implementation. Participants perceived the Healthy Maine Partnerships sponsorship as a very important component to the piece (they perceived HMP as an important component for **all** the collateral tested), which bolstered the collateral’s credibility as a reliable source.

The “checklist” was not well-received. Participants indicated that they would not bring it to the grocery store because they already know how to shop for healthy foods, and thought that it was somewhat simplistic.

- **The “portions control” brochure also garnered positive feedback; participants indicated that it would appeal to both adults and children.** At the beginning of the discussion, several participants indicated that a primary reason for obesity in America is portion size – not just at restaurants where patrons are “overloaded” with servings, but also in the individual household. Participants admit that they, too, are guilty of “over-serving.” As such, they perceived the “portions” brochure as an effective communication vehicle, which brings attention to the importance of controlling food portions. The second page, which shows a plate divided into separate pieces, according to the appropriate serving sizes for entrée items, also received high levels of favorability. Similarly, the tips for managing portion controls on the inset page were readily accepted and well received.

Participants preferred the cover of the first version – “*Are your portions in proportion?*” because they perceived it to be “*catchy*.” Participants seemed to prefer the rendition of the plate divided with lines, which they perceived as a clearer way to communicate portions.

- **The “fruits and vegetables” brochure also received positive feedback, but primarily as a source for children.** The strong majority of participants indicated that if they received the “fruits and vegetables” brochure in the mail they would save it and read the information. Several participants indicated that they would be even more likely to keep the brochure if the HMP sponsorship was featured more prominently on the front cover. In terms of the information inside, participants indicated that it is valid and very practical in terms of application – they particularly enjoyed the tips concerning how to add fruits and vegetables to meals (that might not be thought of as normally containing fruits and vegetables – i.e. pasta sauce).

Participants perceived the “fruits and vegetables” brochure as more targeted to children, because they considered its information as “*common sense*” to adults. But for children, participants perceived the “fruits and vegetables” brochure as an effective communication, because nutrition information is presented in a “*fun*,” and “*easy to*



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understand” fashion. Several participants indicated that the brochure should feature the HMP telephone number and an affiliated HMP website.

- **The magnet received high levels of acclaim.** Participants indicated that they are likely to keep any “*novelty*” item that is shipped to their homes, whether it’s a magnet, water bottle, pedometer, or calendar. Participants indicated that they would most likely place the magnet on their refrigerator, which would serve as a helpful reminder for everyone in the family to practice healthy eating habits. Again, several participants indicated that the magnet should feature the HMP telephone number and its affiliated website.
- **Participants preferred “Quit Smoking” over the alternative outdoor advertisements.** Participants perceived “Try Again” and “Free Help” as too “*vague*.” Participants perceived “Quit Smoking” as clearer because it appropriately informs audiences that the 1-800# is there to help people quit smoking. Several participants indicated that the “free” component should be incorporated into the final draft of the message. Again, participants indicated that the HMP sponsorship should be more prominent.
- **As a new name for the Maine Bureau of Health, participants preferred “Public Health” over “Maine CDC.”** Nearly every participant indicated that “Public Health” is a clearer designation. Participants perceived “Maine CDC” as too confusing – several asked “*What does CDC stand for?*”
- **Internet usage among participants is very high.** In each group, the majority of participants indicated that they have Internet access – either in the home or at work. In fact, participants in the northern region seemed to have slightly greater access to the Internet than participants in the southern and central regions. Throughout the discussion, participants recommended that HMP should feature its website wherever the HMP logo is advertised, which represents a significant opportunity to bolster levels of awareness on diet and nutrition.



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SUMMARY OF FINDINGS

Presented below are highlights from the focus groups. The responses summarized are reflective of the groups convened. In order to illuminate the observations drawn from the research, some representative comments have been included.

GENERAL EATING HABITS

- To begin, the Moderator asked participants to discuss whether they consciously consider the quality of nutrition associated with the eating habits of people in their household. By and large, participants confirmed that they make conscientious efforts for everyone in the family to eat healthy. Participants reported that they limit sweets, fried foods, soda, and other foods high in fat, and they try to place an emphasis on lean meat, fruits, and vegetables (i.e. watermelons, grapes, apples, prunes, celery, carrots, and tomatoes).
 - *“I buy carrots, broccoli, and I offer it to my children. We eat a lot from the garden – I grow radishes, strawberries, celery.”*
 - Several participants indicated that they serve fruits and vegetables which are “in season,” meaning that they are more likely to purchase watermelons, for example, in the summer months when the price is more affordable.
- For the most part, participants indicated that they – personally – maintain healthy diets, however, several participants indicated that it’s hard to convince their children to eat healthy. As several participants explained, they often use “treats” (sweets, sodas) as a “reward” for eating healthy.
 - *“I get my daughter to eat healthy foods by giving her treats. That way, she will eat her supper – the treat is her incentive.”*
 - Other participants indicated that they allow their children to eat “whatever they want,” because their children are “picky” eaters. Participants intimated that they are satisfied with their children’s diets, provided that their children are eating “something.”
 - *“I have three children. They are very picky eaters. If all they want is a hotdog, then that’s what they get. I just feed them what they’re going to eat and when they get older I will start watching more what they eat.”*



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- Participants indicated that there have been instances in which a medical condition prompted changes in their family’s diet. Primarily, participants cited diabetes, heart conditions, and/or cancer, which prompted a change in their family’s diet. Because of these medical conditions, participants reported eating more fruits, vegetables, and other foods low in fat.
 - *“I had a heart attack twelve years ago, so I try to cut the fat – or eat very little. I watch my weight.”*
 - *“My son has been diagnosed with diabetes so we’re doing a lot of changes. He wants his Pepsi and potato chips, so for every soda he drinks, I make him drink a glass of water.”*
 - *“My daughter doesn’t have a choice but to eat healthy. She is allergic to milk, soy, and meat.”*
- As a whole, participants estimated that they eat roughly 4-5 servings of fruits and vegetables each day (they estimated their children being closer to 3 or 4). When asked to indicate how many servings of fruits and vegetables the U.S. “food pyramid” recommends, participants indicated, on average, about 5-6 servings of fruits of vegetables per day. Importantly, participants were asked to approximate the size of a serving, and the general attitude was that a serving is roughly equal in size to “*your fist.*”

LOW FAT (I.E. “SWITCH”) BROCHURE

- The Moderator introduced participants to the “Switch” brochure, which uses a series of “pull tabs” to show how unhealthier foods can be replaced with healthier options such as skim milk in lieu of whole milk or pretzels in lieu of potato chips.
- As with each piece of communication tested, participants were initially asked whether the device would appeal to them, personally. As several participants explained, the “Switch” brochure would not appeal to them because the information presented is “*common sense.*”
 - *“I already know this stuff.”*
 - *“It looks like it’s geared towards children.”*
- The “Switch” brochure garnered high levels of support as a communication for children.
 - *“My eight year old would love it!”*
- Notably, participants indicated that they would definitely give the “Switch” brochure to their children.
 - *“It’s simple and easy for kids to follow.”*



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- *“It tells kids why they should be eating healthier. Normally, when you tell a kid to drink skim milk, they ask why – this tells them why.”*
- Participants estimated that their children would definitely appeal to the “pull tabs” and the overall *“friendly,” “fun,”* feel of the brochure.
- *“My daughter loves those pull tabs!”*
- The “switch” suggestions also received high levels of favorability, particularly, the recommendations to “switch” from fried chicken to grilled chicken, and potato chips to pretzels.
- Participants nearly unanimously agreed that they have heard of Healthy Maine Partnerships. They indicated that HMP is a state-sponsored organization, and its purpose is to help Mainers live healthier. Importantly, participants indicated that the HMP sponsorship is a very important component, which bolsters the credibility of the “Switch” brochure.
 - *“Healthy Maine Partnerships makes it look more official.”*
- The “Switch” brochure includes a healthy foods checklist, which is designed to be taken to the grocery for shopping. Participants did not respond favorably towards the checklist because, as several indicated, they *“already know”* what to purchase to eat healthy.
 - *“I already know this.”*
 - *“Basically, I don’t need it because I have general knowledge of what’s healthy and what’s not.”*

PORTION SIZE BROCHURE

- Next, the Moderator introduced the “portions” brochure, which features the headline, “Are your portions in proportion?” Inside the brochure contains facts, tips, and a plate divided into recommended portion sizes. Participants responded favorably towards the brochure.
 - *“It’s a good reminder. It would keep me from going back for seconds.”*
 - *“That’s the main problem for people with weight problems. Portions! I’m guilty of that.”*
 - *“It’s so true.”*
- In terms of the cover, participants preferred the colorization of the PDF copies over the collateral mock up. The mock up was thought to be too dark and not as aesthetically pleasing as the lighter colorization as seen in the PDF copy. Similarly, participants indicated that the food looked more palatable on the PDF.



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- Participants considered the facts on the first page very important. Participants did not indicate that the information was new, however, they felt that it was useful – particularly for children. Participants definitely appealed to the plate, which showcased recommended portion sizes.
 - *“I like that the plate shows you that one-quarter of the plate is for bread and rice, and half of it is for fruits and vegetables. It would remind me to eat more fruits and vegetables, and less meat and pasta.”*
 - *“The plate would remind me not to go back for seconds.”*
- The tips also received positive feedback. Especially, tip #3 – “Serve foods from the kitchen counter” - which resonated strongly among participants.
 - *“I never thought of that.”*
- As with the front cover, the rear cover received positive feedback. Again, participants felt the HMP sponsorship was a very important component, which they perceived to add credibility and authority.
- The Moderator introduced a variation to the “portions” brochure, which features language and image modifications. On the cover the variation asks, “You’re looking at the secret to maintaining a healthy weight. Do you see it?” And on the inside the information is presented more briefly and the “portions plate” is divided by thick red lines.
- Participants preferred the front cover of the first brochure, because they perceived *“Are your portions in proportion?”* as *“fun”* and *“catchy.”*
 - *“It grabs your attention.”*
- Participants seemed slightly more positively disposed towards the inside pages of the variation, because they perceived the variation to present the information more succinctly, and, also, the red lines made it easier to understand how portions should be divided.
 - *“The red lines make it even better.”*
 - *“This is a great visual – with the red t-bar.”*
 - A few participants recommended that the plate should include specific information on serving size (i.e. ounces).

FRUITS AND VEGETABLES MAILER

- Next, the Moderator introduced participants to the “fruits and vegetables” mailer – “There’s a way!” - which encourages individuals to incorporate more fruits and vegetables into their diet. The strong majority of participants indicated that they would open and read the brochure rather than “throw it away.”



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- While they indicated that they would be likely to keep the brochure, several participants indicated that they would be even more likely to keep the brochure if the HMP sponsorship was featured more prominently on the front cover.
 - *“If you saw the HMP logo on the cover, you would know it wasn’t a gimmick.”*
- Participants indicated that they *“already know the information”* presented inside the brochure, so they perceived it more for children.
 - *“It’s appealing to children because of all the little characters.”*
 - *“I could circle this item on the brochure and say to my kid, ‘See, this is a snack you can have.’ He would be more cooperative.”*
 - *“The suggestions are not expensive!”*
- Some participants indicated that they would keep the brochure for themselves, because it is a useful reminder to eat healthy. Also, they felt certain suggestions piqued their interest because they introduced *“new”* ideas.
 - *“I think it’s a good reminder. You can look on here and see things that we aren’t eating, and maybe we should be eating.”*
- The Moderator provided participants with a variation of the *“fruits and vegetables”* brochure. *“Easy steps to better health! Have more energy and make every meal better!”* Overwhelmingly, Portland participants preferred the original version – *“There’s a way!”* because they perceived it as more succinct. Oxford Hills participants were relatively split; those who preferred the variation indicated that they were *“intrigued”* by the *“steps.”*
- The variation also featured a new tagline on the inside. The original tagline states, *“There’s a way to eat fruits and vegetables every day!”* and the variation states, *“Eat fruits and vegetables every day!”* Portland participants seemed to prefer the latter variation because the language is more succinct, whereas Houlton participants, again, were more divided. While some Oxford Hills participants indicated that they preferred the simplicity of the language featured in the variation, other Oxford Hills participants indicated that the variation’s language was problematic, because it is *“telling”* them what to do - *“Eat fruits and vegetables every day!”*
 - *“The original shows them what to do, and the new one is telling you. Nobody in Maine likes to be told what to do!”*



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MAGNET

- Next, the Moderator introduced participants to a magnet, which recommends eating more fruits and vegetables: “There’s away to eat fruits and vegetables every day.” Participants nearly unanimously agreed that they would keep this magnet if they received it in the mail.
 - *“It reminds you to pay attention and to eat healthy.”*
- Every participant indicated that they would place it on their refrigerator. Participants indicated that by placing the magnet on their refrigerator, it is a good, subtle reminder for everyone in the family to eat healthy.
- Participants reported that they would be likely to keep – and not throw away – other “novelty” item such as water bottles, pedometers, or calendars, which featured similar messages. Water bottles received high levels of favorability.
 - *“Anytime you send novelty in the media, it is something useful, like a magnet or water bottle, then the message will get across.”*
- As a precursor to the discussion on smoking cessation, participants were encouraged to indicate, out of all the communications they saw, what message would most likely change the way they serve meals to their family. For the most part, it seems that the “portions control” brochure resonated the most strongly among participants. Again, participants feel that portions are a primary cause for obesity in America, and they perceived that a brochure like “*Are your portions in proportion?*” touches on an important issue.
 - *“I like the plate. It shows that you can add apples to a regular meal.”*
 - Several participants indicated that the fruits and vegetables mailer also provided useful suggestions. “*Adding the different vegetables and fruits where I didn’t think you could add them (i.e. pasta sauce).*”

SMOKING CESSATION

- The following indicates reported smoking prevalence among participants according to region:
 - **Houlton:** 5 smokers. About ½ pack per day.
 - **Portland:** 1 smoker. About 1 pack per day.
 - **Oxford Hills:** 3 smokers. About ½ pack per day.



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- Nearly every participant indicated that they are familiar with the Maine Tobacco Helpline, and described it as a free service that helps Mainers quit smoking. In fact, one participant indicated that the Maine Tobacco Helpline helped her quit smoking after 50 years. Another participant indicated that her sister quit smoking using the Maine Tobacco Helpline.
- The Moderator indicated that “coaching” and “counseling” could be used to describe the type of service the Maine Tobacco Helpline provides. To this end, participants were queried what is the first thing that comes to mind when they hear the words “coaching” and “counseling.”

	HOULTON	PORTLAND	OXFORD HILLS
“Counseling”	therapist, counseling, problems, help	help, support	mental health, shrink, something you need help for, negative
“Coaching”	guidance, team, teacher, helping hand, listener	sports	teaching, kids, helping, support, positive

- Participants indicated that “coaching” would be a better way to advertise the Maine Tobacco Helpline’s services, because it’s *“friendlier.”*
 - “Counseling is coming from the negative point of view and coaching is coming from the positive point of view.”*
 - “Coaching is not intimidating.”*
 - “Some people will look at counseling and say, ‘I don’t want counseling.’”*
- The Moderator presented participants with a series of advertisements that might be seen on Goodwill Trucks advertising smoking cessation services. Participants indicated that “Free Help” and “Try Again” are too ambiguous.
 - “I like the word, free. It catches my eye but free what?”*
 - “It’s free help, but for what? My husband is beating me, do I call that number?”*
 - As such, participants indicated that they prefer “Quit Smoking,” because it clearly states the purpose of the service. *“It gets to the point.”*



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- Several participants recommended that the “Free Help” piece should be inserted into the final advertisement, because they perceived it would “*catch*” people’s attention.
 - “*Combine free help with the quit smoking, and with the number in the middle.*”
 - Also, several participants recommended more visibility with respect to the HMP sponsorship.

ADDITIONAL ISSUES

- The majority of participants indicated that they have access to the Internet. Most seem to have access either at home or work. Participants indicated that they would be very likely to “log on” to find information about eating healthy. Currently, several participants indicated that they visit weightwatchers.com and similar sites for recipes and other health tips.
- Finally, the Moderator indicated that the Maine Bureau of Health is going to change their name to “Maine CDC” or “Public Health.” The majority of participants indicated that “Public Health” is preferable over “Maine CDC,” because it is a clearer designation. “Maine CDC” is perceived as too “*confusing.*” Several participants asked, “*What does CDC stand for?*”



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**APPENDIX A:
DISCUSSION GUIDE**

DISCUSSION GUIDE

HEALTHY WEIGHT AWARENESS COLLATERAL

Introduction/Warm-up

Facilitator intro/explanation of group discussion processes...

- No right or wrong answers
- Honest, candid opinions are required
- Anonymity

Today, we're going to be talking about some health-related issues. There are no right or wrong answers, we're just interested in your honest thoughts and opinions.

To begin tell me a bit about yourself, your family... [Gather brief background on family situation, work, activities, children, etc.]

Eating Habits

To begin, let's talk a bit **about diet and nutrition...**

- Lately, there seems to have been a lot of emphasis on the importance of proper diet for both adults and children. Thinking about your own household situation with your family, do you consciously consider the quality of nutrition or the eating habits of people in the household?
 - For instance, have you made modifications to diet in response to anything happening with someone in the household? If so, what do you do?
 - Do you try to limit the amount of fat in your diet?
 - (ask for specific examples of what respondents are doing)
 - Do you try to eat fruits and vegetables each day – if so, how many. If not, why not.
 - What does the “food pyramid” say is an appropriate amount of fruit/vegetables each day?
 - (ask for specific examples, amount of fruits/vegetables each day)



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Low Fat (i.e. “Switch”) Brochure

- I am going to ask you to take a look at a draft **brochure** that deals with low fat healthy eating habits. Let’s review for a bit, then, I am going to ask you to give me some feedback on the brochure.
 - First of all, how likely would you be to use this for yourself? Similarly, how likely would you be to use this with your children?
 - What is your first reaction upon seeing this: how likely would you be to read it?
 - What do you think of the overall idea? What is the basic message?
 - Is it easy to read and understand what they are suggesting?
 - Do the tips to reduce dietary fat make sense? Would you add or delete some?
 - How realistic are they given your lifestyle?
 - How likely are you to implement any of them?
 - Why or why not?
 - How useful is the information to you personally?
 - Is there anything you would like to know that is not in the brochure?
 - Have you ever seen (or heard of) the Healthy Maine Partnerships?

Portion Size Brochure

- Now I’d like you to take a look at another draft brochure dealing with the topic of portion size...
 - First of all, how likely would you be to use this for yourself? Similarly, how likely would you be to use this with your children?
 - Let’s start with the cover:
 - What do you think about the front and back cover designs of the brochure? Why?
 - Let’s talk a bit about some of the content, which I’ll read to you...
 - How clear is the message about portion sizes? Why?
 - What about the narrative?
 - Are these portion-size suggestions helpful?



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- What about the serving tips? How likely would you be to try them? Why?
 - Realistically, how likely are you to try the tips and advice in this brochure?

Fruits and Vegetables Mailer

- Now I want you to take a look at another **draft brochure on eating fruits and vegetables**, something which you might receive in the mail.
 - First of all, how likely would you be to use this for yourself? Similarly, how likely would you be to use this with your children?
 - First, if this showed up in the mail – how likely would be to... [For each. PROBE: WHY]
 - Look at it?
 - If no, why?
 - Open it?
 - Read some of it?
 - Read all of it?
 - If yes, why is that?
 - What is your first reaction upon seeing this?
 - What do you think of the overall idea? What is the basic message?
 - Is it easy to read and understand what they are suggesting?
 - Do the tips make sense? Would you add or delete some?
 - How realistic are they given your lifestyle?
 - How useful is the information to you personally?
 - Is there anything you would like to know that is not in the brochure?



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Magnet

- Lastly, I want you to take a look at a draft magnet.
 - First, if this showed up in the mail – how likely would be to use this magnet? [PROBE: WHY?]
 - Where would you be likely to place the magnet... ?
 - [PROBE]...
 - Refrigerator?
 - Some other place?
 - What do you think of the overall idea? What is the basic message?
 - In addition to the magnet, how likely would you use a water bottle, a pedometer, or a calendar with healthy messages?
 - First, if this showed up in the mail – how likely would be to use any of these? [PROBE: WHY?]
- What do you see in the materials you saw tonight that is most likely to change the way you serve meals to your family?

Probe for descriptions.

Smoking Cessation

- Finally, I want to talk to you about some issues related to smoking, which has been a real hot topic lately. To begin, how many here smoke? Probe for frequency (less than half a pack per day, 1 pack per day, etc.)
- When you hear the word “counseling,” what is the first thing that comes to mind?
- When you hear the word “coaching,” what is the first thing that comes to mind?
- I want to talk a little bit about the Maine Tobacco Helpline. First, how many here have heard of the Maine Tobacco Helpline?
- Maine Tobacco Helpline service offers free support to help people quit smoking. Another way to phrase it is “coaching” or “counseling.” Between “counseling” and “coaching” – which term would you prefer? Why do you say that?
- Test HMP 1-800-quit smoking ads (advertised on Goodwill Trucks).



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Additional Issues

- What is the most important message you'll take away from what you saw tonight?
 - In other words, if someone asked you what you did tonight, what one thing would you tell them you learned?

Internet access:

- Do you have access to Internet? Where? - home, work, schools, libraries.
- Would you use it to find health-related tips for you and your family. Where would you go? What websites?
- The Maine Bureau of Health is considering changing their name and you could be helpful in deciding what that new name will be. Which do you prefer? Maine CDC (Center for Disease Control), or Public Health?

Probe



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**APPENDIX B:
SCREENER**

MCVHP SCREENER

Hello. My name is _____, and I work for a public opinion research firm called Critical Insights. We are currently interested in speaking to Maine residents about health-related issues. We are merely conducting research, and are not attempting to sell you anything.

I would like to ask you a few questions; if you qualify for participation in the research, you would be paid for taking part in a casual discussion group.

1. Are you the person who is either the primary decision-maker or someone who plays a significant role concerning health-related issues in your household?

- 1. YES **CONTINUE**
- 2. NO **THANK; THEN ASK: May I please speak to either a decision maker or someone who plays a significant role in these issues?; REPEAT INTRO**

2. Do you or does any member of your immediate household work for or have an affiliation with...? **[READ LIST BELOW; IF 'Yes' TO ANY – THANK & TERMINATE]**

	<u>YES</u>	<u>NO</u>
1. An advertising agency?	[]	[]
2. A market research company?	[]	[]
3. A newspaper, radio station, or TV station?	[]	[]
4. An organization called <i>Healthy Maine Partnerships</i> ?	[]	[]

3. In the last 12 MONTHS, have you participated in a discussion group where you went to a facility or conference, answered questions from a moderator, and were paid for your participation in that discussion?

- 1. YES **THANK AND TERM**
- 2. NO **CONTINUE**

So that I can be sure that we would have an appropriate representation of people in our discussion group, I need to ask you some demographic and classification questions.

4. How many adults, age 18 or over, live in your household? And how many children aged 17 or younger live in your household? **(RECORD FIGURES BELOW)**

Total adults: _____
 Total children: _____

TOTAL HH MEMBERS: _____
(Recruit 50% parents)

DK/REF **THANK AND TERM**



5. Into which of the following categories does your total annual household income fall, before taxes? [**READ INCOME RANGES AND RECORD RESPONSE; COMPARE RESPONSE TO “Total HH Members” ABOVE AND SCREEN ACCORDINGLY.**]

- | | |
|--------------------------------------|---|
| Under \$17,000 a year | CONTINUE IF <u>AT LEAST 2 HH MEMBERS</u>
TERM IF ONLY ONE HH MEMBER |
| From \$17,000 to just under \$21,000 | CONTINUE IF <u>AT LEAST 2 HH MEMBERS</u>
TERM IF ONLY ONE HH MEMBER |
| From \$21,000 to just under \$26,000 | CONTINUE IF <u>AT LEAST 3 HH MEMBERS</u>
TERM IF 2 OR FEWER HH MEMBERS |
| From \$26,000 to just under \$30,000 | CONTINUE IF <u>AT LEAST 4 HH MEMBERS</u>
TERM IF 3 OR FEWER HH MEMBERS |
| From \$30,000 to just under \$34,000 | CONTINUE IF <u>AT LEAST 5 HH MEMBERS</u>
TERM IF 4 OR FEWER HH MEMBERS |
| From \$34,000 to just under \$38,000 | CONTINUE IF <u>AT LEAST 6 HH MEMBERS</u>
TERM IF 5 OR FEWER HH MEMBERS |
| From \$38,000 to just under \$42,000 | CONTINUE IF <u>AT LEAST 6 HH MEMBERS</u>
TERM IF 5 OR FEWER HH MEMBERS |

6. What was your age at your last birthday? _____ (**RECORD AGE FOR PROFILE; RECRUIT A MIX**)

- | | |
|--------------------------|--|
| 1. 18 to 29 years old | CONTINUE |
| 2. 30 to 44 years old | CONTINUE |
| 3. 45 to 54 years old | CONTINUE |
| 4. 55 to 64 years old | CONTINUE |
| 5. 65 years old or older | CONTINUE |
| 6. DK/REF | REPEAT NEED ONLY FOR CLASSIFICATION; IF REFUSED, THANK AND TERM |

7. What is the last level of education that you have completed?

- | | |
|----|--|
| 1. | GRAMMAR SCHOOL (1 - 8)
CONTINUE |
| 2. | SOME HIGH SCHOOL
CONTINUE |
| 3. | HIGH SCHOOL GRADUATE
CONTINUE |
| 4. | SOME COLLEGE
CONTINUE |
| 5. | COMPLETED JR /COMM. COLL.
CONTINUE |



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6. COLLEGE GRADUATE
CONTINUE
7. POST GRADUATE
CONTINUE
8. DK/REF **REPEAT NEED
ONLY FOR
CLASSIFICATION; IF
REFUSED, THANK/TERM**
8. Would you say you are very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable sharing your opinions with a group?
1. VERY COMFORTABLE
CONTINUE
2. SOMEWHAT COMFORTABLE
CONTINUE
3. SOMEWHAT UNCOMFORTABLE
CONTINUE
4. VERY UNCOMFORTABLE
THANK AND TERM
5. DK/REF
THANK AND TERM
9. Do you have any health, visual, or hearing difficulties that might make sitting in a conference room taking part in a discussion that would last approximately 90 minute difficult for you?
1. YES **THANK AND TERMINATE**
2. NO **CONTINUE**

ARTICULATION SCREEN:

My last question is a departure from the types of questions I've been asking you to this point and it's a chance to use your imagination.

If you could trade places with someone for a day, either someone you know, a celebrity or a fictional character, who would you trade places with and why? **[RECORD ANSWER BELOW]**

(RESPONDENT MUST PROVE ABILITY TO SPEAK CLEARLY AND TO BE EASILY UNDERSTOOD. IF ABLE TO SPEAK CLEARLY AND TO BE EASILY UNDERSTOOD, PLEASE INVITE.)

(OBSERVE GENDER)

1. MALE



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2. FEMALE

Those are all the questions I have. The reason for asking these questions is that we are conducting a market research study and would like to invite you to participate. We will be holding an informal group discussion on:

- GROUP 1: July 28, 2005 5:30PM
GOVERNOR'S RESTAURANT, HOULTON
- GROUP 2: August 2, 2005 5:30PM
CRITICAL INSIGHTS, PORTLAND
- GROUP 3: August 3, 2005 5:30PM
OXFORD HILLS HIGH SCHOOL, SOUTH PARIS

The discussion will last approximately 90 minutes and you will receive **\$75** in exchange for your participation. Can we count on you to attend?

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

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

And what is your mailing address? (**VERIFY SPELLING**)

What is your daytime phone number? _____

What is your occupation? _____

And for confirmation purposes, I reached you at _____ **VERIFY PHONE NUMBER.**

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

INTERVIEWER: _____

DATE: _____



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