

Putting the Dietary Guidelines for Americans into Action: Behavior-Directed Messages to Motivate Parents—Phase I and II Observational and Focus Group Findings

THE 2010 DIETARY GUIDELINES for Americans (DGA)¹ and the 2008 Physical Activity Guidelines for Americans² are the basis for health professionals to communicate messages about healthful eating and active living to the public. The 2010 DGA marks the first time that it includes a focus on the at-risk, overweight, obese population. Accordingly, the DGA emphasizes two overarching concepts: balancing calorie intake with physical activity and selecting nutrient-dense foods.

Guidance experts have noted that Americans struggle to meet nutrition needs within caloric requirements and to incorporate daily physical activity.³ Yet only half of Americans are aware of guidance recommendations,⁴ and many aware consumers are not implementing them successfully.⁵ Recent surveys suggest consumers' knowledge about specific diet and physical activity

recommendations—and about calories and their relationship to weight—is lacking.^{6,7} Many consumers are not making an effort to balance calories consumed with calories burned through physical activity. Meanwhile, two thirds of adults and one third of children remain overweight or obese.^{8,9}

Limited consumer research studying messaging for the DGA recommendations has been conducted, although such research is critical for designing messages with the greatest potential for motivating individuals to action.¹⁰⁻¹³ To address consumer challenges in incorporating recommendations, the Dietary Guidelines Alliance—a private-public partnership among leading food, nutrition, and health societies and industry organizations, in liaison with the US Departments of Agriculture and Health and Human Services—conducted observational research, focus group studies, and a web-based survey of parents with children aged 2 to 17 years. The purpose of these studies was to identify current behavioral practices and beliefs in an effort to develop and test behavior-directed messages to help families achieve healthful, active lifestyles, consistent with the DGA. A secondary purpose was to determine parents' intent to implement related guidance behaviors. Perceived barriers to and motivators for success were also identified.

RESEARCH APPROACH

The Dietary Guidelines Alliance used a three-phase, iterative approach—including observational ethnographies (phase I), focus groups (phase II), and a web-based survey of parents with children aged 2 to 17 years (phase III)—to develop and refine behavior-directed dietary guidance messages and determine parents' intent to implement recommendations (Figure 1). All research

phases were conducted during an approximately 4-month period (August through November 2010), in advance of the release of the 2010 DGA in January 2011 and MyPlate food guidance system¹⁴ in June 2011. Phases I and II were designed to be exploratory and directional in nature, using targeted convenience samples of consumers. Phase III was designed to validate findings from phases I and II and to identify key messages that were most effectively received among the surveyed population. This article reports the findings from phase I observational ethnographies and phase II focus group studies. The results of phase III—quantitative message testing and survey evaluation—will be reported in a subsequent article.

A professional marketing research firm was commissioned to conduct all three research phases. The research firm and study coordinators videotaped the observational (phase I) and focus group (phase II) studies. Observational and focus group participants in phases I and II received monetary compensation.

All materials—including participant screeners, discussion guides, and questionnaires—were developed and approved by Dietary Guidelines Alliance members, the US Departments of Agriculture and Health and Human Services, and the marketing research firm. As is standard procedure for consumer marketing research, subjects were required to read and acknowledge receipt of the firm's privacy policy before participating. Participants were informed that their names and responses would remain confidential and study results would be reported in aggregate form without personal identifiers.

Before phase I, a professional moderator conducted an ideation session with Dietary Guidelines Alliance members to determine

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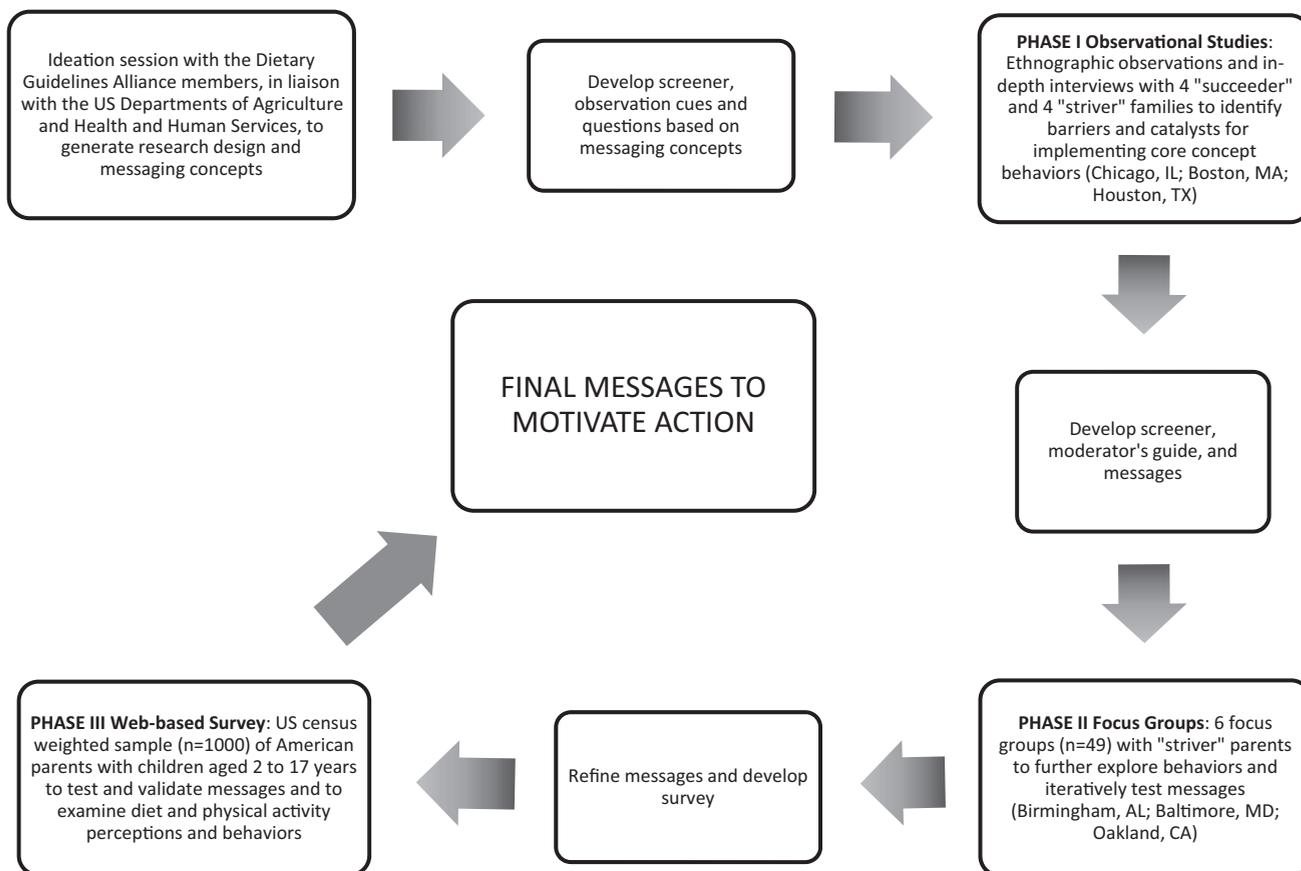


Figure 1. Iterative three-phase research approach to develop and test behavior-directed diet and physical activity messages for parents of children aged 2 to 17 years.

overall research objectives. The Dietary Guidelines Alliance also explored existing consumer research^{10-13,15-17} and used key guidance platforms from the 2005 DGA¹⁸ as well as the deliberations of the 2010 Dietary Guidelines Advisory Committee¹⁹ to identify recommendations that consumers struggled to implement in their daily lives.

Results of this ideation session and consumer research analysis helped identify core messaging concepts (Figure 2) that warranted further examination for message development and were tested in phases II and III.

PHASE I. IN-DEPTH OBSERVATIONAL STUDIES

Phase I Purpose

The purpose of the observational studies—ethnographic observations with in-depth interviews—was to gain insights into family behaviors related to diet and physical activity and guide the message development process.

Phase I Approach

Ethnographic observations and in-depth interviews were conducted with four “striver” and four “succeeder” families (Figure 3). Because official definitions of these groups do not exist, the researchers developed questions to screen families based on behaviors related to guidance recommendations for the core messaging concepts (eg, “Select foods from all food groups that are rich in nutrients and lower in calories”). Parents’ reported frequency of consistently completing the behaviors enabled the researchers to identify them as succeeders. Strivers were those who had the most difficulty in consistently achieving balanced diet-related behaviors and/or incorporating physical activity into their lives.

A mix of succeeders and strivers was recruited for observation in their home environments to determine behavioral differences between the two groups. The in-home ethnographic

observations were conducted in August 2010 in three cities: Chicago, IL; Boston, MA; and Houston, TX. Researchers selected a mix of cities throughout the United States for both phase I and the phase II focus groups (discussed later in this article), collectively, to obtain a geographic distribution of subjects. Each session lasted 5 hours and included at least one meal occasion.

Specific observations included meal/snack preparation and consumption and physical activity. Environmental factors supporting observed behaviors and barriers to achieving successful behaviors were noted. Direct questions included meal/snack preparation and consumption patterns, diet behaviors and balance with physical activity, and access to related diet and physical activity information. Researchers interpreted and summarized the findings to determine common themes and implications for message development.

Core messaging concepts	Corresponding behaviors
<i>Calories</i>	Understanding the impact of calories on weight Paying attention to calories from foods and beverages during any one meal or snack
<i>Physical activity</i>	Being more physically active as a family
<i>Energy balance</i>	Making an effort to balance the amount of food and beverages the family eats and drinks with level of activity
<i>Portion size</i>	Paying attention to portion size and, if necessary, reducing the amount of food and beverage served and eaten at any one meal or snack
<i>Higher calorie foods and beverages</i>	Managing higher calorie food and beverage choices in a way that does not affect family members' weight
<i>Nutrient-rich foods and beverages</i>	Serving nutrient-rich foods and beverages (such as whole grains, lean meats, low-fat dairy, fruits, and vegetables) to the family more often

Figure 2. Dietary Guidelines Alliance core messaging concepts and corresponding behaviors to be tested with parents of children aged 2 to 17 years.

Question Asked	"Striver"	"Succeeder"
In general, how successful do you feel your family is at making healthful food-related choices and actions? <i>Please use a scale of 1-5 where "1"=not at all successful and "5"=very successful.</i>	Not successful	Successful
In general, how successful do you feel your family is at making healthful choices when it comes to physical activity? <i>Please use a scale of 1-5 where "1"=not at all successful and "5"=very successful.</i>	Not successful	Successful
[If making an effort] About how many days a week, on average, would you say your family is successful at each of the following? (Activities related to core concepts tested): <ul style="list-style-type: none"> ● Manage our weight by balancing the calories consumed with the calories burned ● Select foods from all food groups that are rich in nutrients and lower in calories (such as fruits and vegetables, whole grains, lean meats, low-fat dairy) ● Include indulgent foods without compromising our weight or the overall healthfulness of our diet ● Make conscious decisions to manage our weight by controlling portions at meals and snacks ● Think ahead about nutrition needs when planning or preparing meals or snacks 	Trying 3, but doing no more than 1 consistently (4+ days/week)	Doing 3 or more consistently (at least 4+ days/wk)
How many days per week are members of the family physically active for at least 30 minutes or more (either 30 minutes at once or spread throughout the day)?	No more than 3 days/wk	At least 3 days/wk and doing some form of energy balance

Figure 3. Criteria developed for "strivers" and "succeeders" to test behavior-directed diet and physical activity messages with parents of children aged 2 to 17 years. Definitions of strivers and succeeders were based on questions regarding diet- and physical activity-related actions for the core concepts of inquiry. Parents' answers to these questions determined their classification as strivers or succeeders. *Strivers* were those who had the most difficulty in consistently making balanced diet-related choices and/or incorporating physical activity into their lives. *Succeeders* reported greater frequency of the various diet and physical activity behaviors.

Table. Demographic characteristics of phase I family-based observational studies (n=8 families) and phase II focus groups (n=49 parents) to determine implications for dietary guidance messaging with parents of children aged 2 to 17 years

Characteristic variable	Observational studies	Focus groups
	←———— n (%) —————→	
Sex		
Male	2 (25)	19 (39)
Female	6 (75)	30 (61)
Age of parent (y)^a		
18-34	3 (38)	13 (27)
35-54	4 (50)	36 (73)
55+	0 (0)	0 (0)
Overweight/obese^b		
No parents	7 (88)	15 (31)
One parent	0 (0)	29 (59)
Two parents	1 (13)	5 (10)
Ethnic background		
Non-Hispanic white	3 (38)	18 (37)
Non-Hispanic African American	2 (25)	20 (41)
Hispanic	3 (38)	11 (22)
Other	0 (0)	0 (0)
Marital status		
Single	3 (38)	14 (29)
Married/living with partner	5 (63)	28 (57)
Divorced	0 (0)	7 (14)
Widowed	0 (0)	0 (0)
Other	0 (0)	0 (0)
Employment		
Employed full-time	6 (75)	33 (67)
Employed part-time	1 (13)	6 (12)
Not currently employed outside home	1 (13)	10 (20)
Other	0 (0)	0 (0)
Education		
High school or less	0 (0)	11 (22)
Some college/college graduate	7 (88)	34 (69)
Graduate/professional school	1 (13)	4 (8)
Annual household income (\$)		
<35,000	0 (0)	6 (12)
35,000-49,999	3 (38)	18 (37)
50,000-74,999	1 (13)	14 (29)
75,000-99,999	1 (13)	8 (16)
≥100,000	3 (38)	3 (6)

(continued on next page)

Phase I Findings

Participant Demographics. The majority of observed families were two-parent households (63%) with one (63%) or two (25%) children. Children’s age ranges (2 to 17 years) were evenly distributed. All study parents were younger than 55 years and had at least some college education (see the Table).

Barriers to and Motivators for Being Healthy. Observations reinforced commonly perceived barriers to being healthy, including cost, taste preference, time, accessibility, lack of motivation, and know-how, especially among strivers. Motivators for being healthy were primarily noted by succeeders and included the desire to feel better, a physician’s recommendation to manage a health condition such as weight, or interest in recipes or health-related information available in the media. Succeeders planned ahead; thought about overall diet for the entire day or week, including food consumed outside the home; and involved the whole family in shopping, cooking, and physical activity.

Family dynamics tended to hinder healthful behaviors in the study sample. Parents valued family time and reported not wanting to fight about diet- and physical activity-related decisions. Being a role model was an important goal for parents, but they noted difficulty in leading by example and enforcing “house guidelines” concerning diet and physical activity.

PHASE II. FOCUS GROUPS

Phase II Purpose

The purpose of the focus groups was to develop and prioritize messages to be tested within each core concept (eg, calories, physical activity). Focus groups further explored behaviors, barriers, and catalysts and gathered initial reactions to draft messages for each concept.

Phase II Approach

Initial messages went through an iterative process in the focus groups, were refined based on participant preference and feedback, and were quantitatively tested in phase III (which will be discussed in a subsequent article).

Table. Demographic characteristics of phase I family-based observational studies (n=8 families) and phase II focus groups (n=49 parents) to determine implications for dietary guidance messaging with parents of children aged 2 to 17 years (continued)

Characteristic variable	Observational studies	Focus groups
Region in United States		
Northeast	1 (13)	16 (33)
Midwest	3 (38)	0 (0)
South	4 (50)	16 (33)
West	0 (0)	17 (35)
Number of children in household		
1	5 (63)	21 (43)
2	2 (25)	23 (47)
3	1 (13)	3 (6)
4+	0 (0)	2 (4)
Age of children (y)^c		
0-1	0 (0)	2 (4)
2-5	3 (38)	21 (43)
6-9	3 (38)	17 (35)
10-12	3 (38)	15 (31)
13-17	3 (38)	30 (61) ^d

^aOne parent in the observational study did not disclose age.

^bBody mass index calculated from self-reported weights and heights and categorized according to Centers for Disease Control and Prevention standards. http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html. Accessed March 29, 2012.

^cMultiple responses allowed.

^dIncludes one 18-year-old child.

In September 2010, an experienced moderator conducted six 90-minute, videotaped focus groups in Birmingham, AL; Baltimore, MD; and Oakland, CA. Groups were divided by income: \$50,000/year or less and \$50,000/year or more, with one group of each conducted in each city. Only striver parents (n=49) were recruited to examine their reactions to the messages because they likely needed more assistance in implementing behaviors related to the core messaging concepts than “succeeders.” Respondents were screened for key demographic characteristics: sex, age of parents and children, ethnicity, and income (Table). After initial introductions and rapport-building exercises, laddering techniques were used to encourage participants to express their thoughts regarding the messages.

Phase II Findings

Participant Demographics. The majority of the focus group participants

were women (61%). Among participants, 41% were non-Hispanic African Americans and 22% were Hispanic. A majority of participants had one (43%) or two (47%) children and 48% had an annual household income level below \$50,000 (see the Table).

Barriers to and Motivators for Being Healthy. Striver parents discussed many pressing concerns, including economic difficulties, that they considered more important than diet, physical activity, and health. Many were struggling to meet basic needs, much less prioritizing diet and physical activity behaviors.

Reactions to Core Messaging Concepts

Calories. Parents reported that they did not, nor were they willing to, count calories for themselves and family members. In addition, many lacked a basic understanding of calo-

ries—in general and in relation to weight management—including how to consider calories in the context of total diet.

Physical Activity. Parents reported understanding the benefits of physical activity for themselves and their children. Many parents reported they were active at some point in their lives and experienced the benefits firsthand. Their biggest challenge was staying committed and finding time to be active. They prioritized social benefits, such as learning to be a team player and building confidence, as key reasons to involve their children in structured physical activity. Still, parents indicated time spent on children’s activities decreased time available for their own physical activity and often compromised the perceived healthfulness of their family’s diet choices.

Energy Balance. As in previous research,^{10,16} participants did not readily understand the term *energy balance*. Once explained, parents indicated they understood the concept but were reluctant to count every calorie and struggled to stay motivated to be physically active. They revealed that planning ahead increased their awareness of the family’s overall consumption and their opportunities for physical activity.

Portion Size. Most parents reported not paying attention to portion size, often considered a proxy for measuring calories by health professionals. Parents reported not knowing how much they or their children should eat every day. Several individuals said that the amount consumed “depended on their mood.” Some believed portion size is unimportant.

Higher-Calorie Foods and Beverages. Most parents believed higher-calorie foods and beverages could be incorporated successfully in moderation and when planned in the context of the overall diet. They expressed interest in wanting to know more about how to incorporate these foods without compromising weight.

Nutrient-Rich Foods and Beverages. Although participants could name at least one example of a nutrient-rich

Core messaging concepts	Selected participants' statements related to core messaging concepts	Implications from phase I and II findings	Behaviors for phase III web-based survey evaluation ^a
<i>Calories</i>	"No one ever taught us about calories." "I just don't know what the calorie is and what it does to you."	Educate consumers regarding the role calories play in weight management	Believe calories impact weight Pay attention to the calories your family gets from foods and beverages during any one meal or snack
<i>Physical activity</i>	"When I come home from work, make dinner, [and] clean the kitchen, I just don't feel like exercising anymore." "Playing on a team makes your kids involved, makes them develop social skills."	Give consumers practical ways to fit exercise into their day and family time as well as strategies to stay motivated	Be more physically active together as a family
<i>Energy balance</i>	"Calories are part of larger life, and I can't spend my whole life on counting all the calories." "I'd like to make a better plan [for] the meals and exercise routine in the week and shop accordingly."	Use simple messages without broaching the burden of counting calories in and calories out	Balance the amount of foods and beverages your family eats and drinks with their level of activity
<i>Portion size</i>	"It's hard to determine. I guess you know when you're full." "I eat until I'm full, and if it's good, I'll keep eating after I'm full." "I always hear my parents in the back of my head saying, 'Finish your plate.'"	Focus on reducing the overall amount of foods and beverages consumed or eat/drink a little less at every eating occasion	Be aware of and, if necessary, reduce the amount of foods and beverages served and eaten at any one meal or snack
<i>Nutrient-rich foods and beverages</i>	"My kids just love broccoli and blueberries and strawberries, so we have lots of them in the house. We mostly base our shopping on what our kids will eat."	Emphasize the importance of including vitamins and minerals in the diet; educate consumers on where to find and how to incorporate nutrient-rich foods, with calories as a secondary message	Serve nutrient-rich foods and beverages (such as whole grains, lean meats, low-fat dairy, and fruits and vegetables) to your family more often
<i>Higher calorie foods and beverages</i>	"We want our kids to know what cake and [fast food] are, but we want them to understand what is healthy food, and that it is sometimes OK to have the treat for lunch, but that you have to balance it with the healthy stuff." "I think you can eat anything if you balance it out."	Focus on "how to" do it, the importance of balance, and the pitfalls of deprivation	Manage higher calorie food and beverage choices in a way that does not affect your family's weight
^a Phase III results will be discussed in a subsequent article.			

Figure 4. Core messaging concepts, selected participants' statements, and implications from phase I family-based observational studies (n=8 families) and phase II focus groups (n=49 parents) to determine implications for dietary guidance messaging with parents of children aged 2 to 17 years. Findings from phases I and II informed phase III web-based survey evaluation (n=1,000 parents).

food, usually fruits or vegetables, most reported needing more practical education on additional nutrient-rich foods and beverages and how to increasingly include them in their diets.

Messages emphasizing "more nutrient value for your calories" were not readily understood because participants did not comprehend calories in general.

OTHER KEY FINDINGS

During in-depth interviews, parents participating in the observational studies reported trying to live a healthful lifestyle

and trying to set a good example, in terms of diet and physical activity, for their children. All parents had a general desire to be healthier and feel better about themselves, yet most did not have specific goals related to these desires.

As observed in the focus groups, consumers knew much less regarding the core messaging concepts than anticipated. Higher- and lower-income focus groups had similar reactions to the core messaging concepts. Messages that drew analogies to further explain key concepts, such as budgeting for calories, were considered useful.

Overall, focus group results illustrated that customary messages that consumers often find appealing—concise, practical, prescriptive, and indicative of a benefit^{11,20}—also appealed to participants in this study. Parents preferred messages that indicate each family or individual is unique and let parents know they are in charge. Like previous research,²¹ these studies found that messages that encourage planning ahead and making a healthful, active lifestyle a family matter may convince parents to take time to jointly set goals and take action.

Limitations

The classification for “succeeders” and “strivers” was developed for this research and has not been validated. Participants in the observational studies may have exhibited behaviors and provided answers to questions that they perceived to be socially desirable. The focus group discussions were videotaped but not transcribed, limiting use of qualitative software programs to verify threads of findings. Qualitative results are not representative of the US population. Focus group results cannot be generalized to the overall population but can be used to direct quantitative research.

IMPLICATIONS FOR RESEARCH AND PRACTICE

Consumer insights are critical for developing behavior-directed messages that motivate action.¹⁰ Focus group findings reinforced the observational research findings and revealed the need for messaging that may motivate consumers to

action. Collectively, these qualitative results provide insights regarding consumers’ specific diet and physical activity behaviors, as well as related messages for phase III quantitative testing and survey evaluation (Figure 4).

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