Addressing the Obesity Debate: A Consumer Point of View

A Report to:

IFIC
International Food Information Council Foundation

June 19, 2003
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Objectives

- In light of the recent explosion of information and statistics on obesity, the International Food Information Council Foundation (IFIC) wants to know how consumers think about this issue. IFIC asked StrategyOne to conduct research with consumers to explore key themes associated with understanding how consumers regard the obesity issue, and how it relates to their attitudes about weight and health. The overall goal of the study is to get a read on general consumer perceptions of obesity. The output from this process will be used to create consumer messaging on weight management/control.

- Key questions the research attempted to answer are as follows:
  - How do consumers think about managing their weight?
    - In order to gather learning on this topic it is necessary to explore how consumers regard their overall health in general, where it fits in terms of life priorities, and their points of view on weight and their corresponding behaviors – i.e., their eating and physical activity habits.
  - What are the barriers to better managing weight, and what are the motivators?
    - Here, the goal is to identify what prevents consumers from paying more attention to health matters – specifically, food and exercise habits – and what inspires consumers to take action.
Methodology/Caveat

- A total of eight focus groups were conducted for this study.
- Focus groups consist of a group discussion with 8-10 participants, led by a moderator. (A copy of the moderator guide is in the Appendix). They gather in-depth information on a specified topic or service. Participants are asked to share their honest opinions and viewpoints, and are told that consensus and agreement on every issue is neither necessary nor encouraged.
- **Caveat**: Focus groups offer great depth and breadth of information regarding respondent feelings about topics. They help define WHAT consumers think and WHY they feel as they do. But focus groups are qualitative in nature. The results of focus group research are not projectable to larger populations.
Study Procedures/Respondent Profile

- The eight focus groups took place in Chicago and Baltimore (four groups, two among men and two among women, per market).

- To qualify, participants had to meet the following criteria:
  - Be between the ages of 35 and 55
  - Have an annual household income between $40,000 and $80,000 (for middle income groups) or between $25,000 and $60,000 (for the middle-to-low income groups)
  - Feel comfortable discussing issues related to body weight in group setting

- Additionally, participants had to view themselves as successfully managing their weight (“Succeeders”) or struggling with their weight (“Strugglers”). Definitions used for recruiting purposes are shown on the next page. It is important to note that the relative degrees of success or struggle were based on participants’ perceptions.

- Each group had a mix of respondents by marital status, presence of children in the household, employment status, education levels, income levels, and ethnicity. At least 3-4 respondents per group were minorities.

- Those who follow a special diet for medical reasons such as diabetes, heart disease, or cardiac conditions were screened out.

- A specific breakdown of the groups follows on the next page. The recruiting screener is in the Appendix of this report.
## Study Procedures/Respondent Profile

Group composition is shown below.

<table>
<thead>
<tr>
<th>Those Who Perceive Themselves To Be:</th>
<th>Males 35 – 55 Years Old</th>
<th>Females 35 – 55 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Successfully managing weight, either by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Body Mass Index (BMI) of 22 to 32</td>
<td>One group in Baltimore</td>
<td>One group in Chicago (Downtown)</td>
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<tr>
<td>o Perceive themselves to be at a normal weight, slightly or moderately overweight</td>
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<td></td>
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<tr>
<td>o Having lost 10 pounds or more in the past 5 years and kept it off (some in group but not all)</td>
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<tr>
<td>o Perceive themselves to be succeeding or to have moderate success with their weight</td>
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<td></td>
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<tr>
<td>o Mid income</td>
<td></td>
<td></td>
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<tr>
<td><strong>Groups 2 and 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Struggling with weight issues</td>
<td>One group in Chicago (Suburbs)</td>
<td>One group in Chicago (Suburbs)</td>
</tr>
<tr>
<td>o Perceive themselves to be slightly to moderately overweight</td>
<td>One group in Baltimore</td>
<td>One group in Baltimore</td>
</tr>
<tr>
<td>o Perceive themselves to have moderate success or to be struggling with their weight</td>
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<tr>
<td>o BMI 25 to 32</td>
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<tr>
<td>o Mid income</td>
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<tr>
<td><strong>Group 4</strong></td>
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<tr>
<td>• Struggling with weight issues</td>
<td>One group in Chicago (Downtown)</td>
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<td>o Perceive themselves to be slightly to moderately overweight</td>
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<tr>
<td>o BMI 25 to 32</td>
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<td></td>
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<tr>
<td>o Lower to mid income</td>
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</tbody>
</table>
Executive Summary
Executive Summary

- In the flurry of activity that makes up consumers’ daily lives, health – one of their highest priorities – is often neglected.
  - They don’t have enough time to fit in everything they want to do.
  - They don’t always sense immediate consequences of putting their health on the backburner like they do with other priorities like work, home and family.

- This is consistent for both men and women, but for different reasons.
  - Women perceive themselves as caretakers. Many feel selfish if they prioritize their health activities (eating well and exercise) ahead of their children and families.
    - And, many don’t necessarily look forward to exercise, sometimes describing it as “boring.”
    - They see it as just another thing to fit into an already over-crowded, jam-packed schedule.
  - Men assume the role of family provider, so health often takes a backseat to work demands.
    - Men do not see prioritizing health as self-indulgent the way women do.
    - Men claim to enjoy exercise, which is often reinforced by others when activities involve a team sport.
    - But those with children feel guilty exercising because it takes away from time with the family.
Executive Summary

- Consumers have many points of view on issues related to health and weight.

- They hold a broad view of health which includes weight management, weight control, and wellness. As such they see a commitment to healthier living involving overall life adjustment – to initiate the process and to make it last.

- They feel well-equipped with appropriate knowledge and information to make better health choices in terms of diet and exercise.
  - The issue has more to do with being motivated and disciplined to choose to do healthier activities – both in terms of exercise and eating.

- They don’t like the word “diet” and they don’t believe diets work.
  - To consumers, diet means denial and sacrifice.
  - They are not willing to give up favorite foods and occasional treats just to save some calories.

- Consumers say the ability to maintain their current health/weight is very doable. On the other hand, it is unrealistic for them to think they could be successful trying to make significant health improvements.
Executive Summary

- Many obstacles get in the way of consumers taking charge of the weight, bodies, and overall health.
  - Priorities and time management. Consumers allow other pressures and activities to lessen their ability to effectively prioritize health.
  - Their habits do not keep pace with the changing needs of their bodies.
  - The need to see immediate results for their efforts make many people lose motivation fast.
  - Consumers place the majority of the responsibility on the individual to make appropriate changes and adjustments. Still, on a lesser scale, they see other factors contributing to the problem. These factors include:
    - Convenience and availability of fast food
    - Cultural attitudes/modern living impeding physical activity
    - Genetics, pre-determined body type
    - Corporate and governmental responsibility

- While all consumers are crunched for time, parents with kids have an especially hard time fitting everything in.
  - Parents are often more willing to sacrifice their health needs due to the over-whelming pressures and activities associated with raising children.
Executive Summary

- The key themes of appearance and family represent opportunities to motivate consumers to want to take action.
  - Both activate powerful emotional responses from consumers, but the reasons behind them differ.
  - Appearance is tied to how consumers view themselves, their self-image/self-esteem (inner-directed) and how they relate with others (outer directed).
  - For those with families health is linked with their own mortality and their ability to enjoy family.
- Other motivations for consumers to take charge of their weight include a desire to prevent major illness and disease, but not on the same level as appearance and family.
- While consumers say they hear enough about diet and exercising tips, they did have some fresh ideas for ways to motivate themselves to stick with a routine:
  - Keeping a daily log of food intake
  - Formally scheduling exercise, putting it on the calendar
  - Having a buddy and/or support system (friends, family, and co-workers) to encourage and motivate
Implications and Messaging Opportunities
Implications

- It’s not a lack of information. Consumers need to hear new kinds of information -- or a re-packaging of old information in new and relevant ways.

- It’s all about motivation designed to jumpstart new thinking and behaviors. Consumers need a jolt of fresh messaging. They need to make health/weight more top-of-mind as a priority and receive newer strategies for incorporating healthier living into their schedules.

- Messaging must make health easy and attainable to get people started. They should emphasize small steps vs. major life changes.

- Positive reinforcement is needed to sustain people’s efforts once they start.

- Consumers are looking for help and support on issues related to weight. While acknowledging their own role in achieving and maintaining a healthy weight, they are overwhelmed by the obstacles they face in attaining their goals.
Implications/Messaging Opportunities

- Consumers would benefit from the following messaging strategies:
  
  - **“Plan ahead!”** Although consumers know what to do, they need guidance on when and how to fit it in – both healthy eating and exercise, but more so with food. While consumers tend to think in advance about exercise, they are more likely to make spontaneous (translation – unhealthy) food choices. A new message might be one that emphasizes planning ahead is essential for eating right, along with ideas for how they can structure healthy eating behaviors within limited time frames. This is especially true for those with children.

  - **How to keep pace with body changes throughout the decades.** Consumers talk a lot about how their bodies change over the years and less about the adjustments they need to make in their behaviors and habits as time passes. Consumers could profit from learning more about the specific transformations their bodies encounter with each new decade and how/when they should prepare for the coming decades.

  - **Reinforcement for food behaviors they’re not willing to change.** Consumers say they’re not willing to give up their favorite foods, but they do often feel guilty about it. A communication for this idea could be one that says, “everything in moderation,” but removes the guilt from the equation, and enforces the idea that a healthier lifestyle does not mean denying themselves of what they like to eat.

  - **Setting the expectation that taking charge of one’s health takes time.** Right now, consumers think getting their weight and health under control is a monumental task. That assumption, coupled with their need for instant results, makes them lose motivation. A message that confirms their “far from simple” viewpoint, but stresses it’s “easier than you think, and here’s how” might encourage more people to stick with programs they would otherwise give up on.
Implications/Messaging Strategies

- **Linking consequences of neglecting weight to appearance for both men and women.** Perhaps more than any other motivator, appearance provoked the strongest emotional response when propelling someone to make changes regarding weight. While delivery of such messaging must be handled in a delicate manner, its relevance to consumers should not be overlooked. Importantly, this works for men as well as women, though targeted gender messages would need to be executed separately.

- **Taking time for self is a good thing, not a selfish one.** Consumers allow other things to get in the way of effectively managing their health. Part of it is a lack of planning and/or a lack of time. Part of it is entrenched in gender roles.
  - As caretakers women feel guilty about taking time out for themselves. Women also need to transfer their thinking that exercise is “just another chore” and begin to see that physical activity can be enjoyable and fun.
  - As providers men claim health takes a back seat to work and family demands.

- **Finding ways for families to implement physical activity and healthy food choices into their quality time together.** Consumers seem to separate and distance priorities from one another. When having to make a choice over spending time on their health versus their family, they always choose family. These need not be mutually exclusive. Consumers need more ideas on how to turn family time into time that benefits everyone, from a health perspective. Similarly, opportunities exist to give adults permission to take time for themselves.
Implications/Messaging Strategies

- Consumers had their own suggestions for proposed solutions about how to tackle the weight problems and issues in America – specifically, how those “other factors” could step up more to the plate and do their part. Here’s a sampling of their ideas:

- Consumers view the workplace as taking a more active stance in promoting employee health:
  
  Have workplaces allow an ½ hour of company time for exercise. (Female Struggler, Suburban Chicago)
  
  Have companies offer a free health club membership. (Male Struggler, Suburban Chicago)
  
  Put a gym in every workplace – it eliminates an excuse. (Male Struggler, Downtown Chicago)

  Insurance through your employer should cover a portion of a health club membership cost. (Male Struggler, Downtown Chicago)

- They view the need for more education:

  Educate kids in schools on healthy eating choices. (Female Succeeder, Downtown Chicago)

  Americans need education on how much weight has to do with certain health problems, like high blood pressure, for instance. They need to be shown the relationship between the two. (Male Succeeder, Baltimore)

- They believe corporations must also make modifications:

  Fast food restaurants should stop super-sizing meals. (Female Succeeder, Downtown Chicago)

  Tie some part of corporate responsibility to it. Require fast food restaurants to have a certain proportion of their sales come from the purchase of healthier food. (Male Struggler, Suburban Chicago)
Implication: Target Parents with Kids

- Parents with children and families form a subset audience/population who present a particularly unique set of issues. They are vastly important, and an extremely vulnerable group, because of both the distinct challenges facing them (primarily, time constraints) compared to those who do not have (young) children and because of their responsibility in educating a future generation on healthy eating and weight control/management.

Overall, consumers say they know what to do for better health, but time is often the problem. This is nowhere more apparent than among parents, and as a group, they could especially benefit from guidance on how and when to schedule in better eating and physical activity habits.

- Perhaps because of their children, they are acutely aware of what they need to do, but encounter obstacles:

  I haven’t gotten my groove back since having my son three years ago. I feel like a salmon swimming upstream. I have long-range goals, like getting back to the gym and eating a lot of fruits and vegetables. And, I know if I exercised and ate better, I’d feel better. (Female Struggler, Baltimore)

  It’s like I’m in a tunnel. I know where I have been. I’m seeing what I want to be or where I want to go and I can’t get there. It’s a really long tunnel’. (Female Struggler, Baltimore)

  To improve my kids would have to do fewer activities. (Male Succeeder/Baltimore)
Implication: Target Parents with Kids

- The single greatest factor preventing families from a healthier lifestyle appears to be the combination of added pressures and a lack of time. Parents are often overwhelmed with not only their own responsibilities and schedules, but also those of their kids. They say they lack the time to provide a healthy dinner for their families, and seem to be at a loss for when to fit better eating and exercise into their already cramped schedules.

It’s still a choice we make, but the impact of work, family, and time constraints and the availability of fast food make it difficult. (Male Struggler, Suburban Chicago)

I don’t have time to exercise right now. I get home at 6PM and I want to spend a few hours with my family. Pretty soon it’s 9PM – then what am I going to do? (Male Struggler, Suburban Chicago)

The difference now is that I have more commitments and responsibilities tied to home – I have less self-interest and more interest in family and careers. (Male Struggler, Suburban Chicago)

As a mom, my schedule is so busy. It’s hard to fit in a workout even though I’d like to and I’m motivated to. (Female Succeeder, Downtown Chicago)

In order for me to fit more exercise into my schedule, my family’s going to have to be okay with it if I go play golf for a couple of hours each week. (Male Succeeder, Baltimore)

- Adding to this pressure is the realization that they are accountable for teaching their children good habits.

Parents need to take responsibility and set an example for their kids and not eat junk themselves. (Female Struggler, Baltimore)
Detailed Findings
Life, Priorities and Health
Life and Priorities

- On average, consumers are very busy. Some describe a frenetic pace of activity that makes it difficult to meet their many day-to-day needs. Many of their frequently cited activities* are listed below (in no particular order).
  - Driving/carpooling
  - Working
  - Running errands/returning phone calls
  - Laundry
  - Chores/cleaning
  - Grocery shopping
  - Watching television
  - Spending quality time with children

- Accordingly many claim it can be difficult to focus on their life priorities.

* To prepare for the groups respondents were asked to record their activities throughout a given day on a diary we provided. A copy of the diary is in the Appendix.
Life and Priorities

There is remarkable consistency in how consumers think about their top priorities. These are shown below in no particular order on the left. However, parents are a significant exception. They state a leading priority is managing children and family, one that takes considerable effort, time and energy.

**In General**
- Home
- Work/career
- Health
- Religion/spirituality
- Finances/income
- Relaxation/entertainment

**Parents**
- Children/family
- Home
- Work/career
- Health
- Religion/spirituality
- Finances/income
- Relaxation/entertainment
Parents, in particular, say they often feel rushed, harried, and anxious when completing daily tasks because of the demands on their time, and say they don’t have enough time for themselves.

They feel they don’t have enough time to do the things they say they need and want to do:

*It seems like there’s never enough time to get all this stuff done – I feel rushed and stressed.* (Male Struggler, Baltimore)

*Even during my commute I’m preoccupied thinking of other things that need to be done during the day.* (Male Succeeder, Baltimore)

They cite the lack of personal time, or what they call “me” time:

*It ends up that you never have very much “you” time.* (Male Struggler, Baltimore)

*My only unwinding time is my 5 minute drive to and from work.* (Female Struggler, Baltimore)

*Personal time is always at the bottom of the list when you’re a parent and in leadership positions at work.* (Male Succeeder, Baltimore)

They end up making sacrifices for their families:

*One responsibility of parenthood is putting other people’s priorities ahead of your own.* (Male Succeeder, Baltimore)

*If I had more time, I’d spend it with my kids and spend more time cooking and baking. It’s healthier, and it also provides more family-together time, when you have a sit-down dinner.* (Female Struggler, Suburban Chicago)
Life and Priorities

- Consumers recognize a distinction between what they do on a daily basis and what they say is an important priority. They admit their daily schedules do not always reflect their priorities.

  *You have to work to survive to create money to live - our priorities often get confused. We're talking here about what we do everyday and our schedules don't include much time for the real priorities.* (Male Struggler, Baltimore)

  *There are some things in the day that you have to do and some things that you want to do. Often, the things you want to do get left out.* (Female Struggler, Baltimore)

- Consumers tend to gravitate towards convenience in many aspects of their lives.
  - This theme is clearly evidenced in how consumers make food choices. Frequently they cite choosing fast food if away from home, or choosing less “healthy” food choices at home.
  - This explains why they are not as physically active as they know they should be.

- Consumers admit they are less disciplined, and often lax, in managing the priority they call health.
How Consumers Define “Health”

- Consumers think of health in terms of proactive daily measures, like eating well and exercising, that promote a sense of wellness.

- As noted previously, when push comes to shove, they often make less healthy choices in favor of the need to focus on other, more urgent priorities like work, home and/or family.

- There are clear differences in why women put health on the backburner vs. men. This is particularly pronounced among parents with younger children:
  - For women, their role as caretakers and the need to accommodate everyone else first gets in the way of taking care of their own needs. They even feel guilty if they prioritize their health first, stating it may appear selfish to take care of themselves.

  *I usually think of others before myself – the caregiver is the one who is usually in the worst shape* (Female Struggler, Suburban Chicago)

  *As women, because we’re caretakers, it may seem selfish if we prioritize health first.* (Female Succeeder, Downtown Chicago)

  *I always put myself last. I had bronchitis and my doctor wanted to put me in the hospital, but my daughter had a problem and needed surgery, so I wouldn’t go. I ended up getting really sick and then I had to put everything on hold.* (Female Struggler, Baltimore)

  *Health is a lower priority for me, personally, but I know if it were my husband or daughter, I’d take care of them right away.* (Female Struggler, Baltimore)
How Consumers Define “Health”

- Men (those with a family) assume the role of provider, often working long hours to ensure the family’s overall survival.

  *You get into a cycle. You work late because your job demands it, and then you get home and you need to get something to eat. By that time, nothing’s open but fast food so you eat it. Health clubs are either closing or it’s too late in the day to exercise before bed.*  (Male Struggler, Downtown Chicago)

  *My biggest priorities are my kids. Providing for them, keeping them safe, and knowing if something happened to me, they’d be alright.*  (Male Succeeder, Baltimore)

  *Must go to work everyday to keep food on the table.*  (Male Struggler, Baltimore)
How Consumers Define “Health”

- But there is a balance. Consumers also recognize that a failure to be healthy limits one’s ability to function. They realize their own health is all-encompassing; meaning that the quality of their individual health extends outward to affect everyone and everything around them.

  *Health relates to everything else. If you’re not healthy, you can’t do anything else.*  (Female Succeeder, Downtown Chicago)

  As women and mothers, if we don’t have our health, who is going to take care of everyone and every thing?  (Female Struggler, Baltimore)

  If you’re health isn’t there, you can’t provide for your family.  (Male Struggler, Suburban Chicago)

  If you take care of your body, everybody wins.  (Male Struggler, Suburban Chicago)

  If you first take care of yourself, you’ll do better with your relationships with your spouse and kids and you’ll do better at work.  (Male Struggler, Suburban Chicago)

- But a greater sense of urgency only tends to come into play when consumers consider the consequences of neglecting their health from a medical standpoint. While this creates more top-of-mind awareness among consumers, it does not necessarily motivate behavioral change.

  *Some major health change – like a heart attack – would have to happen for me to make health a greater priority.*  (Male Succeeder, Baltimore)

  If a doctor told me I had to do certain things, or otherwise I would die, then I’d pay attention.  (Male Struggler, Downtown Chicago)
Healthy v. Unhealthy

- We asked respondents to imagine and describe two people walking into a room -- “healthy” and “unhealthy.”
- Their descriptions include not only body shape, size and posture, but also encompass what they eat, how often they work out and whether or not they are confident/have a positive outlook on life. Importantly, people associate unhealthy with being overweight, unkempt, and depressed. The most frequently used descriptors for both healthy and unhealthy are shown below in no particular order.

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Active</td>
<td>• Overweight</td>
</tr>
<tr>
<td>• Energetic</td>
<td>• Unkempt</td>
</tr>
<tr>
<td>• Confident</td>
<td>• Smokes/drinks/does drugs</td>
</tr>
<tr>
<td>• Smiling</td>
<td>• Walks slowly</td>
</tr>
<tr>
<td>• Good complexion</td>
<td>• Dejected, holds head down</td>
</tr>
<tr>
<td>• Good posture</td>
<td>• Bundle of nerves</td>
</tr>
<tr>
<td>• Bright and wide-eyed</td>
<td>• Lays on couch</td>
</tr>
<tr>
<td>• Works out/is fit</td>
<td>• Out of breath</td>
</tr>
<tr>
<td>• Positive attitude</td>
<td>• Dull skin</td>
</tr>
<tr>
<td>• Well-rested</td>
<td>• Depressed/negative</td>
</tr>
</tbody>
</table>

Most respondents see themselves as somewhere in the middle on the continuum from healthy to unhealthy. Not surprisingly, succeeders view themselves as a little closer to the healthy side, while the majority of the strugglers were on the other side of the scale, leaning more toward unhealthy. But, even succeeders admit to struggling with their weight and health.
A Holistic Approach to Health

- More broadly, consumers also describe health holistically, involving the components of mental, emotional, and physical health. They state all of these elements must work together in contributing to good health.

- Consumers say health is about appearance and the absence of disease. It’s about looking good and being in excellent medical health.

  Looking good but also being in good medical health go hand-in-hand for me. (Female Succeeder, Downtown Chicago)

  Health is a state of being – it’s about being strong and fit and not having any type of disease – anything from a cold to cancer. (Female Struggler, Suburban Chicago)

  Self and health go hand-in-hand. If you feel good about health, you feel good about self. (Female Struggler, Baltimore)

  Health is about overall wellness – mind, body, and spirit. (Female Struggler, Suburban Chicago)

- Good health also means no restrictions and limitations on what they want to do physically at any given time, whether that’s climbing a flight of stairs or playing ball outside with their kids.

  The unhealthy person has to think, “Can I reach down and pick up that pen on the floor?” The healthy person doesn’t give it a second thought. (Male Succeeder, Baltimore)

  To me, health means being able to do everything you want to do without hindrance of any kind. (Male Struggler, Baltimore)
Finally, many consumers recognize that being healthy is really a commitment to an overall lifestyle that includes both eating well and exercising. It’s about taking overall control of one’s life to better ensure that healthy eating and exercise happen.

Fitness and health is really more overall – it’s about a lifestyle. It’s about maintaining. Eating well and exercising are only part of the journey to get to fitness. (Female Succeeder, Downtown Chicago)

It’s really a commitment to an overall lifestyle. It starts with working out, and extends to eating habits and choices. You need to be conscious of it everyday. Pretty soon, your life starts to revolve around it, but it’s important to keep up that commitment. (Male Struggler, Suburban Chicago)
Where Consumers Stand On Issues Related to Weight
It’s NOT A Lack Of Information

- Consumers assert that they know what they need to do to take optimal care of themselves and manage their weight, both in terms of eating right and exercising. They point to the numerous amounts of relevant and accessible information available to guide them in the right direction on these fronts, and can readily recite tips on healthy eating and physical activity. They state the issue is not a lack of information or knowledge. Instead they claim it is a choice, or series of choices, they make to not actively eat well or exercise. This too is consistent among strugglers as well as succeeders.

It’s not like we don’t know what to do, but we just don’t do it – we could all write a book on what you’re not supposed to do. (Female Struggler, Suburban Chicago)

You know you need to eat less and exercise more – everybody knows this. You just don’t do it. (Female Succeeder, Downtown Chicago)

I choose to eat a doughnut instead of a piece of fruit. I know in my head what’s right. (Female Struggler, Baltimore)

Sometimes it’s all consuming – when I know I’m not eating right or exercising. I feel guilty because I know what I should be doing but I’m not. (Female Succeeder, Downtown Chicago)
Dieting and Losing Weight

- Consumers dislike the terms “dieting” and “losing weight.” Such words are immediate turn-offs because they conjure up images of sacrifice, denying oneself, and eliminating favorite foods, which is precisely why consumers say dieting doesn’t work. Simply put, consumers don’t want to give up anything or deny themselves because it takes away from their enjoyment of life.

While dieting doesn’t appeal to them, they do strive to achieve health. This desire, on the part of consumers, does not necessarily carry over to behavior changes, even though they recognize the need to make overall lifestyle adjustments in order to sustain the ability to be healthy.

*Diet is a dirty word.* (Female Succeeder, Downtown Chicago)

*To me, the word “diet” means sacrifice.* (Female Struggler, Suburban Chicago)

*The word “diet” needs to be taken out of our vocabulary.* (Female Struggler, Suburban Chicago)

*I finally got away from all those diet words and now I just watch what I eat.* (Male Struggler, Suburban Chicago)

*Diet means suffering and giving up the things you like.* (Male Struggler, Baltimore)

*Losing weight means you have to give up the things you love.* (Female Succeeder, Downtown Chicago)

*I try not to worry about the pounds and instead think more about getting in shape. Muscle actually weighs more than fat.* (Male Struggler, Suburban Chicago)
Choosing the Moment over the Long-Term

- Consumers tend to make food choices moment by moment instead of planning out ahead.

  *I do what I want. It feels good in the moment, but later I know it was bad.* (Female Struggler, Suburban Chicago)

  *Life’s too short – if the holidays are here, I’m going to eat and deal with it later.* (Female Struggler, Suburban Chicago)

  *I had that piece of chocolate cake. I felt kind of bad, but it’s something I wanted; I figured, “I’ll suffer later.”* (Female Struggler, Suburban Chicago)

  *I’m a meal eater of opportunity. I keep a crazy schedule. It may be 2-3 days before I have another sit down meal. I drink a lot of soda. I snack. When I get like this I feel out of control.* (Male Succeeder, Baltimore)

- Consumers are not willing to remove certain foods from their overall diet. Bottom line – consumers will go ahead and have that bowl of ice cream when the urge strikes them. They will question whether they should indulge - either at that time, or reflecting upon it later – but the desire for favorite foods will often prevail.

  *I watch what I eat, I dance. But, I’m not going to give up my wine.* (Female Succeeder, Downtown Chicago)

  *Eating is an enjoyable experience for me – it makes me happy. I don’t eat anything I don’t want.* (Male Succeeder, Baltimore)

  *I would rather exercise more to keep off the weight than give up the foods I enjoy.* (Female Succeeder, Downtown Chicago)

  *I would be better at managing my weight if I gave up soda. I drink too much regular soda.* (Female Struggler, Suburban Chicago)

  *I have no self-control when it comes to candy – I’m like my kids.* (Male Succeeder, Baltimore)
We asked respondents to rate themselves on a scale from 0 to 100 where 0=unhealthy and 100=healthy. While many respondents saw themselves right in the middle, answers still touched upon the extremes - from one man who gave himself a ten to others who said they were at eighty.

Then, respondents were asked to name what they would need to do to improve their health score a little (by between 10-20 points) and what they would need to do to improve it a lot (by 30-40 points). Consumers view 10-20 points as “better” and achievable, while regarding 30-40 points as “near-perfect” and not only unrealistic, but also undesirable. They stated near-perfect health reflects an imbalance of the other extreme. They also acknowledge this is not the norm for the average person.

*Achieving near-perfect health – is this attainable? Yes, when I become a millionaire and I can hire a personal trainer who is on me to push me to do what I need to. Is it realistic? No. (Male Struggler, Baltimore)*

*Those really healthy people – there’s something wrong with them. They’re like robots. (Female Succeeder, Downtown Chicago)*

*If we were all at 100% healthy, we’d be stick figures. (Female Struggler, Baltimore)*

*If you’re 100% healthy, I see other absences in your life – you have no fun and don’t take time for other things. There’s no balance. (Female Succeeder, Downtown Chicago)*

*A lot of models don’t really look healthy. The [plus-size] model, Emme, who’s a larger woman, has this attitude that says, “I’m healthy, energetic, and this is how I’m supposed to be.” (Female Struggler, Baltimore)*
Ability to Get Healthier

When consumers mentioned specific actions they could take (or are already taking) to improve their health by the more realistic 10-20 points versus 30-40 points, their responses reflect the notion that small steps are better and more achievable than huge changes:

To improve by 10-20 points, I’d drink more water, put less butter on breakfast foods, watch less TV.  (Female Struggler, Baltimore)

I think of exercise as preventative – that’s how I concentrate on health.  (Female Succeeder, Downtown Chicago)

I wanted to lose weight, so I kept a diary of everything I ate.  I noticed I would nibble whenever I was stressed.  I’ve tried to stop doing that and I’ve lost weight and now I’m maintaining.  (Female Struggler, Baltimore)

If I worked to improve by 30-40 points, I’d become bored.  I’d have to give up sweets and I don’t want to do that.  (Male Succeeder, Baltimore)

I gave up ice cream and now I eat fruit sorbets.  (Female Succeeder, Downtown Chicago)

I used to eat ice cream in a bowl, now I eat it in a cup.  (Female Struggler, Baltimore)

To me, maintaining good health is about balance, exercise, rest and not over-indulging in alcohol.  (Female Succeeder, Chicago)

To improve by 40 points, exercise would then become a job, and not an adventure.  (Male Succeeder, Baltimore)

I would eat more slowly and chew my food, not eat after 8 PM and stay away from soda.  (Female Struggler, Baltimore)
Overweight v. Obese

- Consumers hold strong points of view on what they consider to be the differences between overweight and obese.

- To them, overweight signals a lack of effort or laziness on the part of an individual. To this they attached only modest implications.

  Overweight means that you know your ideal weight, but you’re over it – maybe by five, ten pounds. (Male Struggler, Suburban Chicago)

  Overweight is being anywhere from 10-20 pounds over what you should be. Obesity is a serious health risk. (Male Struggler, Downtown Chicago)

  Is it really possible that two-thirds of Americans are overweight or obese? That seems awfully high to me. (Male Struggler, Baltimore)

- By contrast, obesity means carrying at least an additional 30 pounds and indicates a medical problem that warrants a doctor’s attention. Accordingly, consumers generally associate obesity with more severe personal and/or social implications.

  Someone who’s obese is more than 30 pounds overweight. (Male Succeeder, Baltimore)

  Obesity is extreme heaviness that requires a doctor’s supervision. (Female Struggler, Suburban Chicago)

  If you’re obese, you’re huge – you’re way off the scales. (Female Struggler, Baltimore)

  Obesity is more medical. Your health is in danger. (Male Struggler, Suburban Chicago)

  Obesity is becoming an epidemic – I heard about it on the news. (Female Struggler, Baltimore)
Barriers To Improvement
Barrier: Bodies Evolve/Habits Don’t

- Consumers readily acknowledge that their bodies change over the years and decades. They talk at length about how they cannot do what they used to do when they were younger and how their bodies are not as forgiving. However, (even though they inherently realize it) the one key element consumers do not voice is the need to alter their habits as their bodies change.

  *It’s in the back of my mind – I know that sooner or later I’ll change my habits.* (Female Struggler, Suburban Chicago)

  *When I turned 31 or 32, I started to feel different than I had in my twenties. Now that I’m in my forties, I’m feeling something again.* (Male Struggler, Baltimore)

  *Twenty years ago, my boss said I’d put on weight once I hit my thirties and he was right.* (Male Struggler, Downtown Chicago)

  *Your metabolism changes as you age.* (Female Struggler, Baltimore)
Barrier: Response Time

Consumers admit it is difficult to work on better managing their health/weight. Many claim they need to see quick results, not only to get motivated to start but also to sustain their efforts. From experience they know the response time is slow, if at all.

*The trouble with staying motivated for me is that I need to see quick results and that doesn’t always happen, even when you’re working on it.* (Male Struggler, Downtown Chicago)

*I need an instant gratification kind of thing.* (Male Struggler, Downtown Chicago)

*It’s about seeing something right away to keep you motivated.* (Female Struggler, Suburban Chicago)

*If I start a new program and don’t see immediate results, I get discouraged and impatient.* (Female Succeeder, Downtown Chicago)

Some say there is an imbalance – negative effects from being unhealthy show up much faster than positive effects from attempting to be healthy.

*It’s so easy to eat 10 cookies – it takes five minutes, but then it two weeks to work those cookies off. There’s an imbalance there.* (Male Struggler, Suburban Chicago)
Barrier: Activity v. Exercise

- Some consumers say they have no time for exercise.
- Men tend to view “activity” as physical activity. Consequently, activity and exercise then become synonymous for them. Men tend to think of both as strenuous. Hence, both count towards achieving health. They enjoy such activities and often do it in groups with others, such as a team sport. For men, exercise is perceived as fun, and allows for some personal time, or what many men called “me” time.

  *It makes you feel good if you are trying to do something for your health. It relaxes you.* (Male Succeeder, Baltimore)

  *When you exercise regularly you definitely see an improvement.* (Male Struggler, Chicago)

  *Exercise. I find it increases my energy.* (Male Succeeder, Baltimore)

  *You can actually have fun when you’re improving your cardiovascular system if you’re doing sports, or something like that.* (Male Succeeder, Baltimore)

- By comparison, women view activity and exercise as two separate things. They also think of activity in a different way than men do. They claim to be active in doing many things, but admit such activities are rarely strenuous. Many women claim they just don’t like exercise and think of it as just another thing to fit into their schedules. Women stressed how hard they think exercise is, and consistently used the term “working out” when talking about exercise.

  *Activity and exercise are different. Activities are something you do every day, exercise you have to set aside time for.* (Female Struggler, Suburban Chicago)

  *All the running around you, you think that would be enough. It feels like exercise, but apparently, it’s not enough.* (Female Struggler, Baltimore)

  *Activity is something you do for pleasure, exercise is something you have to do.* (Female Struggler, Suburban Chicago)

  *I don’t like exercise. I’ve never cared for it and I don’t enjoy it.* (Female Struggler, Suburban Chicago)

  *The only reason I exercise is because my doctor has told me that I have to do it.* (Female Struggler, Suburban Chicago)

  *Exercise is something I feel like I should be doing but don’t.* (Female Struggler, Suburban Chicago)

  *I don’t want to exercise because it’s so hard.* (Female Struggler, Suburban Chicago)
Who Plays A Role In Health
The Role of Other Factors in Health

- Most consumers feel the lion’s share of responsibility for one’s health belongs to the individual.
  - Respondents were asked during the focus groups to state the percentage (from 0-100%) they would attribute to personal responsibility vs. other, external factors. Answers ranged from about 50 to 100 percent on personal responsibility, with the average being approximately 80 percent personal responsibility, 20 percent other factors.

- But most also admit their ability to make healthy choices is far from simple.

- Many also acknowledge that other cultural, lifestyle, and societal forces play a role (the 20%).

- Consumers also say it’s less expensive and more convenient to eat unhealthy, or often fast food. Still, they see it is about personal choice:
  
  * It’s cheaper to eat unhealthy food. (Female Struggler, Suburban Chicago)
  
  * When you’re busy, you’re more likely to go get fast food. (Female Struggler, Suburban Chicago)
  
  * Your kids want to go to a fast food restaurant. You know it’s not good for you, but you hate to waste food so you end up eating the fries even if you don’t want to. (Male Succeeder, Baltimore)
  
  * It is personal responsibility, but society could help out a lot. If fast food wasn’t so readily available, it would help. It would force us to consider healthier alternatives. (Female Struggler, Baltimore)
  
  * You still have the choice to make the decision to go to that fast food restaurant. (Female Struggler, Suburban Chicago)
The Role of Other Factors in Health

- Consumers feel the issue of weight cannot be solely attributed only to personal responsibility. Consumers do not believe the individual can be alone in this struggle. They need and desire help and support, but feel many other factors get in the way. For instance:

- Consumers acknowledge how today’s lifestyles impede opportunities for physical activity:

  It’s hard to be physically active in today’s world, but it still comes down to choices. (Female Succeeder, Downtown Chicago)

  Our lifestyles are different now. Before, people used to walk places; now, everyone drives everywhere. (Female Struggler, Suburban Chicago)

- They credit genetics as playing a role:

  I don’t think it’s just diet and exercise. Other things can come into play, like genetics. (Male Struggler, Downtown Chicago)

- They also go so far as to say greater societal forces impact their weight issues:

  I’d be more successful in managing my weight if we change American society in a way that goes away from an emphasis on complex carbohydrates, which the body changes into fat. Most people just don’t get it. (Male Struggler, Baltimore)

  While I think the majority of it is personal responsibility, it’s not just pure and simple. I think it should be more of a public health issue, like smoking. (Female Struggler, Baltimore)

- And, they feel government and corporations need to assume some liability:

  The fast food industry does have to take some responsibility. Their concern is not about healthy eating. It’s about making the most money they can. (Male Struggler, Baltimore)

  It’s our choice, but we do get a lot of mixed signals from corporations and government. (Male Struggler, Suburban Chicago)
Motivational Themes

*Primary Themes That Strike A Strong Emotional Chord*

*An Impetus To Help Inspire Behavioral Changes In Consumers*
A Motivator: Appearance

- For men and women, a prime area of motivation emerges for addressing their weight – appearance. Unprompted, consumers speak at length about their weight and body in relation to how they think they look. This issue strongly resonates with consumers and hits home from an emotional perspective, because consumers closely tie their self-esteem and self-image to their appearance.

Women, in particular, recount their ups and downs with weight in terms of clothes sizes, recalling their exact dress size at various times in their lives – going back five, ten, even twenty years. They candidly admit that their weight prevents them from doing certain activities, such as going to the beach or pool and wearing a bathing suit at a public swimming pool or avoiding dressing rooms.

*I’m very self-conscious in a bathing suit. I would get in a pool only if I could tell everyone to buzz off.* (Female Struggler, Baltimore)

*When I went to the pool over the summer, I kept thinking that there were people there who knew me but had never seen me that way before. I wondered if they thought differently of me.* (Female Struggler, Baltimore)

*When I get in a dressing room…it’s not always a pretty sight.* (Female Succeeder, Downtown Chicago)
A Motivator: Appearance

- Women more frequently cite the impact weight has on wearing the clothes they want:

  *Success with my weight would be losing another ten pounds. I’m doing well and maintaining right now, but I want to feel even better. I want to be able to wear something “hoochey” with little straps if I want to.* (Female Succeeder, Downtown Chicago)

  *It’s awful when your clothes don’t fit anymore – it’s just an awful feeling. Women are supposed to look good and look neat.* (Female Struggler, Baltimore)

  *I used to buy fitted clothes. I would like to be able to buy cuter clothes.* (Female Succeeder, Downtown Chicago)

  *I don’t like wearing sleeveless things. I think about how others see me and I don’t want them to think, “Look at her and her fat arms – she shouldn’t be wearing that.”* (Female Struggler, Baltimore)

  *I’ve not worn a bikini because of my weight.* (Female Struggler, Baltimore)
A Motivator: Appearance

- For men, the issue is of weight focuses on the broader impact, more than just clothing.
  
  When I think of taking care of my body, I think of a six-pack stomach and a great shape. (Male Struggler, Suburban Chicago)
  
  It motivates me when I see Men’s Health magazine with pictures of guys who are cut. (Male Struggler, Suburban Chicago)
  
  Looking in the mirror is tough – I hate looking in the mirror. I would be so happy with a flat stomach. (Male Struggler, Downtown Chicago)
  
  I’m concerned about my weight because I want to be attractive to women. (Male Succeeder, Baltimore)
  
  My wife said that I expect her to look nice, so I want to look nice for her, too. (Male Struggler, Suburban Chicago)

- Interestingly, men and women default to thinking and/or addressing their weight when something related to their appearance triggers them to take action. Suddenly, because of appearance, overall health jumps more to the forefront of priorities.
  
  When I go up a clothes size, I say to myself, “Okay, it’s time – I’ve got to do something.” (Female Succeeder, Downtown Chicago)
  
  When health becomes a higher priority for me, it usually means I’ve gained weight and my clothes probably don’t look good on me. (Male Succeeder, Baltimore)
  
  I notice the affect of my weight when my clothes don’t fit. The way I carry myself starts to change. (Male Struggler, Downtown Chicago)
  
  When I go shopping for new clothes, maintaining my health suddenly becomes an issue. (Female Succeeder, Suburban Chicago)
A Motivator: Family

- Family holds just as strong of an emotional pull - in terms of motivation - as appearance, although for different reasons.
  - Consumers talk about how certain moments related to family provide a wake-up call to jump-start their health into higher gear.
  - Parents talk about being short of breath when playing with their children, leading them to consider their own mortality and imagine what it would be like if they weren't around for key moments with their families.
  - There’s also a desire among parents to fully participate in their lives with the family, which includes enjoying physical activities together.

To me, being fit means being able to lift my daughter in the air. (Male Struggler, Suburban Chicago)

When I’m running after my kids and I’m out of breath, it makes me wonder if I’m going to see them graduate. (Male Succeeder, Baltimore)

Once I was jogging with my daughter and I couldn’t keep up with her - that really hit home. (Male Succeeder, Baltimore)

I want to be able to bounce my grandkids on my knee. (Male Struggler, Downtown Chicago)

I coached Little League and one time I was chasing a kid and he had to run with all his might to get away from me. That felt really good. (Male Succeeder, Baltimore)
A Motivator: Preventative Health Measures

- Appearance is a strong (short-term) motivator that can and does translate into behavior, ("my pants are too tight.") Such mentions spur people to immediately go on diets and start exercising. Although appearance isn’t always sustaining as a motivator, without a doubt it propels people to action in terms of their weight.

- On the other hand, consumers did name health and medical-related issues as more of long-term motivators. These factors serve as inspiration to pay more attention to their health, but importantly – and unlike appearance – do not necessarily spur any changes in behavior. Consumers bring up chronic diseases that run in the family, such as diabetes, and generalized risks, like heart attacks and strokes, and worry if they do not take appropriate measures they will suffer from problems later in life. But, even though consumers have these thoughts and considerations, they do not really do anything about it.

I would like to lose the weight because I’m growing older and more susceptible to problems – why become a risk? Our family has made a commitment to helping each other. (Male Struggler, Suburban Chicago)

I think more about my health now that I can’t do as much – I can’t run up and down the stairs and I have problems with arthritis. (Female Struggler, Suburban Chicago)

I pay more attention to my health now because when I go to the doctor I hear moderately bad news – “you should watch this” – whereas before, everything was fine. (Female Struggler, Suburban Chicago)

Things might not be affecting me now, but if I don’t watch myself, things could catch up with me later. Diabetes runs in my family. (Male Struggler, Suburban Chicago)

A major health change or disease would motivate me to pay more attention to my weight. (Male Succeeder, Baltimore)

I think more about my health now, because I’m getting to the age my parents were when they got sick. (Male Struggler, Baltimore)
Motivational Tips

- Consumers emphasize they know what to do in order to take charge of their health, such as getting enough physical activity, eating smaller portions, and stocking the kitchen with healthy snacking options. Since they say they have heard this information so many times, they consider themselves experts on the do’s and don’ts of healthy behavior. That said, consumers did share other tips - ones that have either worked for them, or ones they believe would help them to incorporate better habits into their daily lives. These include:

- Keeping a daily food intake log

  For a while, I was writing down everything I ate in a given day. That really helped me look at my habits and make modifications, because I couldn’t believe everything I was eating in one day until I saw it on paper. (Female Struggler, Baltimore)

- Scheduling fitness on the calendar as you would any other appointment (they say they are more likely to do it if it is designated at a specific time)

  You have to schedule it and fit it in with many other things demanding your time. If you don’t schedule it, it doesn’t happen. (Male Struggler, Suburban Chicago)

  I need to put it on my calendar. (Male Struggler, Suburban Chicago)

- Having others around to provide encouragement

  What works for me is encouragement from my family and the people I work out with. It’s making it fit into your schedule. I work out while my wife takes our kids to church – I play basketball with other guys. (Male Struggler, Suburban Chicago)

  People at work, your wife and kids can all motivate you. (Male Struggler, Suburban Chicago)

  If I had someone to motivate me, that would be great – it would get me off the couch on the weekends. (Male Struggler, Downtown Chicago)