A Focus Group Study to Explore Consumer Attitudes Regarding Portion Management and Dietary Fat

Prepared for:
THE DIETARY GUIDELINES ALLIANCE

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1.0 Management Summary
The Dietary Guidelines Alliance (DGA) contracted with Shugoll Research to conduct a focus group study to explore consumer views about portion management and dietary fat and to test alternative message statements on these issues. The results of the study will be used to identify the opportunities and obstacles DGA might face if/when it engages in a public dialogue about management of dietary fat and portion size. Ultimately, the goal of DGA and its partners is to positively impact consumer behavior regarding dietary fat and portion management.

Four focus groups were conducted in Chicago, IL and Baltimore, MD. Two groups were conducted with consumers who are “confident” that they follow a nutritious diet and two groups were conducted with consumers who feel “guilty” about not following a healthy diet on a regular basis. The results of the research are documented in this report.

Conclusions and Recommendations

**Consumer Awareness, Attitudes and Obstacles to Portion Management**

- These consumers acknowledge that they eat too much. Some admit to overeating regularly (“guilty” eaters), while others admit to occasional binging (“confident” eaters). However, awareness of the amount of food they eat does not motivate them to change their eating habits. In fact, these consumers tend not to worry about portion management unless they have a weight problem or a health condition.

- Certain lifestyle/social situations impact these consumers’ ability to gain control over their portion sizes. For example, some people overeat when they are alone, while others tend to overeat when they are in a crowd.
These consumers are generally aware of any number of strategies/tips that can be used to manage portion sizes (e.g., drink water before meals, share an entrée, place a snack portion in a bowl, rather than eating from the bag, etc.). However, they rarely implement these strategies.

Eating out can be a major obstacle to portion management. While these consumers also are aware of a number of tips for managing what they eat in restaurants, they often do not follow these steps.

Women believe there is a stigma attached to the idea of not having or preparing enough food to feed growing children and hardworking husbands. Therefore, more food is generally perceived as better.

Hectic lifestyles have dramatically increased consumer interest in eating out and preparing food in bulk to reduce cooking frequency for convenience purposes. These trends have also resulted in these consumers eating faster.

Childhood experiences strongly impact current eating behaviors. These include:

- Children learn from their parents at an early age not to waste food because “there are children starving in less fortunate parts of the world”. Therefore, the idea of “cleaning our plates” has been engrained.
- Children from large families often had to “fight” for their fair share of food. Therefore, they were forced to eat quickly.

These consumers often use the terms portion size and serving size interchangeably, but do acknowledge there is a difference between the two. They say that a serving size is what is “recommended” they eat and portion size is what they actually do eat, but ultimately don’t think or care about the “technical” differences.

These consumers tend to think that the serving size information on nutrition labels is impractical (i.e., it’s not adaptable to the eating habits of different family members such as kids versus adults, females versus males or to how the product is being used such as for a side dish versus a main dish). Therefore, compliance is low, unless the consumer is following a diet regimen.
Management Summary

Consumer Awareness, Attitudes and Obstacles to Managing Fat Intake

- These consumers are confused about fats. The following were identified as knowledge gaps about fat:
  - These consumers believe that some fats are better for them than other fats but, for the most part, they don't know which fats are which.
  - There is significant confusion regarding what types of food contain which fats. These consumers don't know the difference between polyunsaturated fats, monounsaturated fats, trans fats, etc., and in what foods these fats can be found.
  - Messages about fats are viewed as confusing and inconsistent (e.g., not long ago, the fat in margarine was said to be better than the fat in butter, now it is the reverse). Therefore, these consumers are increasingly skeptical about the information provided and their inclination is to ignore all of it and follow their own advice.
  - Messages about fats often use technical jargon that average these consumers do not understand.
  - Many higher fat foods are perceived as good tasting, while many lower fat foods are seen as not meeting taste expectations.

- These consumers participating in this research were ambivalent about adding information about trans fats to nutrition labels, since they do not understand what these fats are, where they come from, and how they impact their health.

- These consumers are aware of a variety of steps to cut down on fat intake. However, like portion control, awareness doesn't necessarily translate into action unless they have a health problem or feel they are overweight.

- These consumers do not generally think of snacks as meals. They don’t view snacks as “healthy” enough to consider as meals and, therefore, do not include them as part of their total daily food intake.
**Message Evaluation**

- The most positively motivating messages on portion management and fat intake that were tested were “Enjoy foods you like, just be reasonable about how much you choose to eat at one time” and “Fats are part of a healthy, enjoyable diet – choose them sensibly.” These statements reinforce what these consumers already believe, which is that food should be enjoyed and that balance and moderation is preferred over restriction or deprivation. These types of messages provide these consumers with a flexible, rational approach to eating and show respect for these consumers’ ability to self-manage what they eat.

- On the other hand, these consumers are critical toward messages that ask them to do something they feel is impossible (e.g., “tune into their body’s natural cues”), or that include advice that comes across sounding too much like a rule or regulation.

- These consumers are highly familiar with a variety of tips to improve eating habits, but generally do not use them in their eating practices.
2.0 Overview
2.1 Objectives

- The Dietary Guidelines Alliance (DGA) acknowledges that these consumers’ management of dietary fat and portion size is key to their leading a healthy lifestyle. Therefore, DGA contracted with Shugoll Research to conduct a focus group study to explore consumer views about dietary fat and portion management and to test some alternative message statements on these issues. The purpose of the study is to understand the opportunities and obstacles DGA will face when it engages in a public dialogue with these consumers about management of dietary fat and portion size. Ultimately, the goal of DGA and its partners is to positively impact consumer behavior regarding dietary fat and portion management.

- The specific objectives of the focus group study are as follows:
  - Identify practices consumers use and obstacles they encounter in managing the amount of food they eat
  - Determine consumer awareness of and views on dietary guidelines for portion size/serving size
  - Obtain reactions to messages on portion management
  - Determine consumer awareness of and views on current dietary guidelines for fat intake
  - Identify practices consumers use and obstacles to managing fat intake
  - Obtain reactions to messages on fat
2.2 Methodology

The focus group technique was selected to accomplish the objectives of the study. A focus group is a panel discussion with 8 to 10 representatives of a selected target market for a particular service, product, or idea. The technique is especially useful for gathering in-depth information on a topic and target market reactions to communications materials. The discussion is led by a moderator who is trained in consumer behavior theories and marketing principles. Participants in the group are encouraged to relate to each other, share attitudes and provide candid opinions regarding the topics presented to them by the moderator or generated by the dynamics of the group. Consensus is not sought. The moderator is not supposed to proselytize or educate respondents. Rather, he or she uses his or her skills to question, probe and clarify responses as well as control the flow of the conversation to cover all relevant areas of interest to the client.
2.3 Study Procedures

- DGA, in collaboration with Shugoll Research, identified and prioritized the study objectives as well as the criteria to be used for respondent recruitment. Four focus groups were conducted, two in each of two markets: Chicago, IL (April 10) and Baltimore, MD (April 11). In each market, one group was conducted with consumers who are “confident” that they follow a nutritious diet and one group was conducted with consumers who are “guilty” about not following a healthy diet on a regular basis.

- Shugoll Research drafted a recruitment screener (see Appendix A) to identify and screen qualified participants. The screening instrument was submitted to DGA for comments and approval prior to the respondent recruitment process. To qualify for participation in the groups, each respondent had to:
  - Be a woman between the ages of 25 and 54
  - Be the primary food shopper for their family or share the family food shopping responsibility with another adult
  - Have an annual household income between $20,000 and $124,999
  - Feel that diet and nutrition are at least relatively important to them personally by a rating of 3 or higher on a 7-point importance scale where 1 means not at all important and 7 means extremely important

- In each group, a mix of respondents by marital status, presence of children in the household, employment status, education level, income level and ethnicity was achieved. An articulation question was asked of each respondent to ensure that study participants would be able to express their opinions adequately in a group environment.

- Respondents who are vegetarians, have specific types of chronic conditions such as heart disease, cancer, high cholesterol, stomach ulcers, hypertension, diabetes, or have food allergies or sensitivities were not allowed to participate in the groups. Respondents also were terminated from group participation if they or any member of their household are currently on or in the last year have been on a medically prescribed diet for health reasons, or on a structured weight loss program or on a “fad” diet.
2.3 Study Procedures

- Respondents who are employed or have a family member or close friend who is employed by an advertising, communications or market research company, by a company that manufacturers, distributes or sells groceries, foods or snacks, or is a reporter or editor, a health professional or a culinary professional were terminated for security reasons. Respondents who have participated in a group discussion within the past 6 months, or have ever participated in one related to food and/or nutrition were not recruited for study participation.

- A respondent was categorized as “confident” or “guilty” based on their responses to a series of attitudinal statements. To be qualified as “confident”, a respondent had to score 26 or higher when rating each of the following statements on a 4-point scale where 4 describes them very well and 1 describes them not at all.
  - I mostly eat foods that are healthy for me
  - I do everything I can to live a healthy lifestyle
  - My daily diet is well balanced and includes foods from all five food groups
  - I eat sensible portion sizes
  - I try to moderate my fat intake
  - My diet consists of a variety of foods
  - I rarely eat large quantities of food in a single setting
  - I exercise 3 or more times a week

- To be qualified as “guilty”, a respondent had to score 19 or higher when rating each of the following statements on a 4-point scale where 4 describes them very well and 1 describes them not at all.
  - I don’t feel the need to restrict my diet so I eat pretty much anything I want, as much as I want, whenever I want
  - My lifestyle makes it difficult for me to achieve a healthy diet
2.3 Study Procedures

- I should be doing more to ensure I am living a healthy lifestyle
- I often feel bad or guilty about my eating habits
- I eat food to comfort myself
- I know I should exercise more, but I can never find the time

- Respondents were recruited from computerized databases. Once a potential respondent was screened and it was determined that she qualified, a cash honorarium was offered to encourage participation in the study and to help guarantee a show of 8 to 10 respondents. When a respondent agreed to participate in one of the group sessions, a confirmation letter was sent out. The letter confirmed the group session time, date, location and promised honorarium, and provided detailed directions to the focus group facility. The day before each group session, all respondents were reconfirmed by telephone.

- Shugoll Research designed a topic guide (see Appendix B) to be used by the focus group moderator when leading the discussion groups. Each session began with introductory remarks and respondent introductions and then proceeded to address the study objectives.

- The topic guide was submitted to DGA for approval. Client comments and suggestions were integrated into the moderator’s guide prior to the discussion groups.

- The focus groups were held in a specially designed research facility in each market, one group at 6 PM and one group at 8 PM on a single evening per market. Representatives of DGA and its partner agencies observed each focus group session from behind a one-way mirror. Each group was audio taped and videotaped and the tapes have been made available to DGA.
2.4 Study Limitations

- A qualitative research methodology seeks to develop directions rather than quantitatively precise or absolute measures. Because of the limited number of respondents involved in this type of research, the study should be regarded as exploratory in nature, and the results used to generate hypotheses for marketing decision making and further testing. The non-statistical nature of qualitative research means the results cannot be generalized to the population under study with a known level of statistical precision.
### 2.5 Respondent Profile

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### 2.5 Respondent Profile

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3.0 Summary of Major Findings
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

Awareness of Food Intake

- Most of these respondents seem aware of the amount of food that they eat. However, awareness that they may be eating too much food does not typically translate into concern or change in eating behaviors.
  - Respondents in the “guilty” groups:
    - Are more likely to admit they overeat
    - Do not take serious measures to cut back the amount of food they eat
    - May say they want to eat healthy foods but put enjoyment first
    - Admit to eating foods they feel aren’t as healthy for them more often than foods they believe are healthier
    - Are food lovers and do not consciously watch their weight
    - Often eat until they feel uncomfortable
      
      “I eat as much as I want to eat. I really don’t weigh anything or measure anything. I just eat what I want, when I want it. I don’t care.” (Chicago, Guilty)

      “I don’t eat as healthy as I should. I don’t take the time to eat a vegetable or a fresh salad.” (Baltimore, Guilty)

      “I ate two fried chicken pieces, a breast and a wing. And, I like those fried potato strips.” (Chicago, Guilty)

      “I don’t think about it [managing what I eat] at the time until I’m done and say, ‘Boy, I shouldn’t have eaten all that.’ But while I’m eating it, I don’t.” (Baltimore, Guilty)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

- Respondents in the “confident” groups:
  - Believe they take steps to manage the amount of food they eat
  - In reality, they often overeat more covertly (i.e., in the middle of the night or on a binge)
  - Say they eat healthy foods and prepare foods in a healthy way mainly for weight control
  - Have less concern for the amount of food they eat if they believe the types of food they eat are healthy
  - Tend to eat until they are full, but not uncomfortable

  “I eat several smaller meals. It’s better for you, but I get carried away. I eat in the middle of the night. I am notorious for going to the refrigerator all night long.” (Chicago, Confident)
  “We like to eat a little bit healthier. Foods that are high in nutritional value, high fiber, low fat, lots of vegetables, lots of vitamins and minerals. Fresh compared to canned.” (Chicago, Confident)
  “I always have a vegetable, and a piece of meat. A dessert might be a bowl of fruit.” (Baltimore, Confident)
  “You eat to get full, not to stuff yourself. A lot of people eat to stuff themselves. When I am full, I pull back from the table.” (Chicago, Confident)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

Loss of Control

- These consumers typically eat differently when they are alone as compared to when they are eating with others. Some eat more when they are by themselves largely out of boredom or because they don’t feel that people are watching and/or monitoring what they eat. Others say it’s too much trouble to fix a lot of food when they are alone and, therefore, eat less. Conversely, a number of these consumers feel they eat more when they are with others who are eating a lot; while others eat less when they are in a crowd because they are distracted by the social interaction. These behaviors vary little by respondent group.

“At home, because I am by myself, I get bored. I am just sitting there watching television. My husband is not home. What can I do now? And then a commercial comes on with a big piece of cake or something. I want to go to the kitchen.” (Baltimore, Confident)

“I eat more alone. Nobody can tell me, that’s too much.” (Baltimore, Guilty)

“[I eat] more when I am with other people. Because if I am alone, the only thing I would eat would be vegetables or fruit or crackers. If I am out with others and it’s something good [that others are eating], I would eat more.” (Baltimore, Confident)

“If I’m with friends, I want my friends’ impression of me not to see me shoveling food in my mouth, so I may eat a little less. And, probably because I’m socializing, we’re doing a lot of talking and eating less.” (Chicago, Guilty)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

Consumer Tips

- Respondents in all groups are aware of a number of tips that can be used to manage the amount of food that they eat. The tips mentioned on an unaided basis include:
  - Using a deck of cards or a fist to determine portion sizes to serve
  - Using a serving spoon to measure a portion size
  - Making a shopping list when going shopping so only the amount needed is purchased
  - Putting snacks in a bowl instead of eating out of the bags of chips or cookies
  - Using smaller plates
  - Eating less food but more frequently throughout the day
  - Drinking lots of water before eating
  - Waiting 10 or 15 minutes before deciding to go back for seconds
  - Eating more slowly
  - Not covering the entire plate with food

- Most respondents in the “guilty” groups do not pay attention to these tips
  
  “Oh, please. No. I don’t sit there measuring out a scoop of corn.” (Baltimore, Guilty)

- Respondents in the “confident” group say they try to follow these tips but in reality, many do not.
  
  “I don’t do that every day [look at portion sizes]. I don’t look at it every meal.” (Chicago, Confident)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

- These consumers also are cognizant of a number of tips to control the amount they eat when they go out to a restaurant. All these consumers have heard of tips like sharing an entrée with another person, ordering appetizers instead of a full meal, asking the waiter to halve the portion and put it in a take-home container, ordering from the children’s menu, not eating at buffets, etc.
  - “Guilty” respondents rarely follow these tips and often go to a particular restaurant knowing that it serves larger portions or has a buffet.
    “That’s why I pick buffets. I like everything. I go up three or four times.” (Baltimore, Guilty)
  - “Confident” respondents profess to taking of these steps when they go out, but some freely admit to often using the occasion to overindulge.
    “I don’t eat the big portions at restaurants. I know I’m going to have it at lunch the next day.” (Baltimore, Confident)
    “It’s harder if it’s really good, to say, ‘I will take this home.’ Sometimes it’s, ‘I will eat only half.’ But, you eat your half, and half of the other half.” (Baltimore, Confident)

Preparation and Serving of Meals

- Children in the household influence the amount and type of food that is prepared. If these consumers have children, they are more likely to try to prepare healthy foods. However, their childrens’ busy schedules also make it more difficult to plan and prepare meals properly. Mothers often fix more food because they feel their growing children need extra helpings. This attitude and behavior varies little by respondent type.
  “My son likes to eat healthy foods and I want him to eat them. He is very much into sports and we always need to have something we can pull out [for him to eat].” (Chicago, Confident)
  “I have a 13 year old now, and he eats a little differently than he did two years ago. I was giving him ½ of a chicken breast two to three years ago. Now, he’s at 1-1/2 chicken breasts. If at the end of a meal, he’s still hungry, the next time I will say, ‘Ok, I have to purchase an extra package of chicken’.” (Baltimore, Guilty)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

- Similarly, there is a belief across all groups that men need more food than women. These consumers in both the “guilty” and “confident” groups tend to prepare and serve more food for their husbands or for male relatives or guests than for themselves or other women.

  “My husband eats much more, at least twice, what I eat. I serve the kids, and I get a little more than they do, and then he gets the rest.” (Baltimore, Confident)

  “If we have chicken breasts, I fix one for me, two for him, and vegetables, one heaping spoonful for me, two for him, that type of thing.” (Chicago, Guilty)

- Other aspects of food preparation and serving of meals varies greatly by respondent segment.
  - “Guilty” respondents more often:
    - Cook more food than they know they need so they have enough in case family members want more
    - Serve family-style from the table so family members have access to as much food as they want
    - Cook larger amounts of food just a few times per week so they don’t have to cook every night

      “I put our food on the table. The girls don’t want to get up and get their own, so everything comes to the table and they get it themselves.” (Baltimore, Guilty)

      “I always tend to overcook because you never know. And we’ll set it at the table. If I don’t do that, I’m back in the kitchen serving seconds.” (Chicago, Guilty)

      “With three boys and my husband, and I work a full-time job, I make double, on purpose. I can barely get dinner on the table two nights a week. If I cook on Monday and I cook eight chicken breasts, we have them on Tuesday and Wednesday. I might cook another big meal on Thursday. Friday it’s potluck.” (Baltimore, Guilty)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

- “Confident” respondents more often:
  - Put together plates of food for each family member from the stove because they know how much each person in their family eats
  - Let family members serve themselves from the stove
  - Cook and serve just enough for one meal

  “I usually put everything on everybody’s plate. After 26 years, [I know what they want].” (Baltimore, Confident)
  “I don’t serve at all. I tell everybody that the dinner is ready [and they get it from the stove].” (Chicago, Confident)
  “I only cook and put on my plate what I know I’m going to eat. That’s why there aren’t any leftovers.” (Baltimore, Confident)

Derivation of Eating Habits

- Many of these consumers’ eating habits are ingrained from childhood. Few of them admit to throwing excess food out after a meal. Their parents insisted that children finish all the food on their plates and taught them not to waste food. Others describe childhoods spent fighting for food in large families when food was placed on the table and children encouraged to grab what was there until it was gone. Those who didn’t get all they could at first were left out.

  “When you were younger, you would be conditioned to feel like whatever you put on your plate you are supposed to eat, depending on where you grew up or your household.” (Chicago, Confident)
  “I think it all goes back to childhood, to how we were raised, what we were told when we were eating. When you left food on your plate, you’d hear, ‘There are children in Africa starving to death.’ We heard that all the time.” (Baltimore, Guilty)
  “I grew up in a family where food would hit the table and whoosh, people descended on it and it was gone. If you were slow, you just missed it.” (Chicago, Guilty)
3.1 Identify Practices Consumers Use and Obstacles They Encounter in Managing the Amount of Food They Eat

Perception of Portion Control Tips

- These consumers feel that many of the tips or serving guidelines are unreasonable and unrealistic. Most of these consumers find them difficult to adhere to on a regular basis. They say the portion sizes suggested by the tips are too small and they don’t want to exert the self-control necessary to follow the tips.

  “I don’t typically [follow the tips]. As far as portions are concerned, the amounts vary. I know how much I’m going to eat. I’d never say that I’m going to get a big spoonful of this or a big spoonful of that.” (Chicago, Confident)

  “When they talk about a piece of meat, it should be about the size of a deck of cards. That’s just a tiny size. No one I see usually eats that little. I don’t have a measuring device. I’m not that crazy about that sort of thing.” (Baltimore, Guilty)
3.2 Determine Consumer Awareness of Portion Size/Serving Size

Confusion Around Portion Versus Serving

- These consumers are generally not concerned about the difference between portion size and serving size. Many use the terms portion size and serving size interchangeably but do understand that there is a difference between the two terms. They say that serving size is what is “recommended” and portion size is what they actually eat.

  “I think it’s equal. If you take a portion of a chicken, that is a serving. One serving is equal to one portion.” (Baltimore, Confident)

  “When they say serving size, typically that is smaller than an average adult would eat. But a portion for me, if it’s something I like, might be this whole plate, as opposed to a portion to someone else.” (Chicago, Guilty)

Confusion Around Food Labels

- Part of the confusion about portion and serving sizes stems from information these consumers get from food nutrition labels. These consumers feel that the serving sizes on food nutrition labels are not large enough for adults and, therefore, do not realistically represent what people eat. They also do not understand how to adequately measure serving sizes when planning meals. Therefore, these consumers say the guidelines on serving sizes are only useful for people on a diet or watching their weight (i.e., they have a reason to make the effort to understand and follow the serving size suggestions).

  “The [serving size] on the box is always too small. It’s more for a child. You’ve got little bitty [servings].” (Chicago, Guilty)

  “I don’t think [serving sizes] are accurate. It depends on what portion you want.” (Baltimore, Confident)

  “I guess it depends on what it is. Like a box of macaroni and cheese, the serving size on there I would consider small if that’s all you were going to have for dinner. I don’t know what they consider a serving size for a side dish to go with your meal.” (Chicago, Guilty)

  “I think that if you are trying to watch your weight, they [serving size guidelines] are very helpful. If you are not counting calories or on that type of a plan, then they’re not much use.” (Baltimore, Guilty)
3.2 Determine Consumer Awareness of Portion Size/Serving Size

Views of Food Guide Pyramid

- Similarly, while most respondents are aware of the food pyramid, they do not know how big “one serving” of a specific type of food is by looking at the pyramid. Those who admit to using it (a few in the “confident” groups), follow it mainly to determine the types of food they should be eating. Many say they would have trouble following the pyramid on a daily basis, especially those in the “guilty” groups.

  “The food pyramid is my nemesis. It makes me feel guilty, like I’m not being a good mother because my children have only had one vegetable today when they’re supposed to have five servings. They’ve probably [only] had five pieces of fruit all week.” (Baltimore, Guilty)

“Don’t Tell Me What To Do” Syndrome

- Some respondents don’t want to follow guidelines on the food nutrition labels and the food pyramid because they dislike being told what to do. These consumers feel that restrictions of this type should not be necessary for adults in a free society.

  “I never follow rules and regulations. It is hard, it is not fun.” (Chicago, Confident)
3.3 Obtain Reactions to Messages on Portion Management

- Respondents were shown three statements that could be used as communications messages to encourage these consumers to practice portion management.
  - **Enjoy foods you like, just be reasonable about how much you choose to eat at one time**
  - **Tune in to your body's natural cues – it will know when it's hungry and when it's full**
  - **Snack calories can add up. Consider snacks small meals and balance them out with the other foods you eat during the day**

- The first two statements were tested in all groups. The third statement was tested in all groups except the “confident” group in Chicago. In both groups in Chicago, each statement was tested with support points.
  - **Enjoy foods you like, just be reasonable about how much you choose to eat at one time**
    - Portions aren’t always reflective of the actual serving size. For instance, one average muffin or bagel may actually be equal to three serving sizes
    - Give up your membership to the “clean plate club” and join the “1/2 plate club”
    - When at a restaurant that serves large portions, eat ½ of what you’re served and take the other half home to enjoy the next day
    - Fill your plate with small amounts of a wide variety of foods – it will help you resist putting large portions of one food on it at once
    - If you do need to feel you’ve “cleaned your plate,” eat off of a smaller plate that holds less food
    - At home, place individual servings on each plate instead of serving the meal “family style”
  - **Tune in to your body’s natural cues – it will know when it’s hungry and when it’s full**
    - Eat slowly – this will give your brain time to register when your body is actually full. It will also allow you to savor and enjoy your food!
    - Eat only when you’re hungry – stop as soon as you’re satisfied or no longer hungry
3.3 Obtain Reactions to Messages on Portion Management

- **Snack calories can add up. Consider snacks small meals and balance them out with the other foods you eat during the day**
  - Eat snacks from a plate or a cup rather than from the bag – you’ll have a better idea of how much you’re eating
  - Opt for “true” single serving snacks rather than from a larger package to avoid over-eating

- For the most part, respondents feel that all the statements contain common sense messages they have heard before. Reactions to the messages did not differ between the “guilty” and “confident” groups. The best liked message was the statement “Enjoy foods you like, just be reasonable about how much you choose to eat at one time.” It was rated positively by many respondents who were asked to rate the statements using a happy, neutral or frowning face. This statement was rated negatively by almost no one, while few were neutral towards it. The message was preferred by many because of its emphasis on enjoyment and not deprivation. These consumers want to feel like they are in control of their eating, but also want to eat foods they enjoy.
  
  “What I liked most about this statement was, ‘Enjoy the foods you like.’ To me, that says don’t completely deprive yourself of anything. If you enjoy the foods you like in a reasonable amount, I think that’s healthy.” (Chicago, Guilty)

  “I think you should enjoy something you like. But I think you have to be aware that just because I like this, I am not going to eat the whole thing. I am going to get a reasonable portion and that is going to be it.” (Baltimore, Confident)

- The main criticism of the statement is that it is an oxymoron. In other words, these consumers don’t think it is always possible to eat a reasonable amount of foods they enjoy, therefore, they do not believe the message is realistic. Some also feel that the statement is too vague about what constitutes a “reasonable” amount. The message could be misinterpreted as an excuse to eat too much of foods not good for them just because they enjoy those foods.
3.3 Obtain Reactions to Messages on Portion Management

“I think everyone would like to think they’re in control, but then when you get right down to it, you lose control.” (Chicago, Guilty)

“I’ve tried many times [to eat reasonable amounts of foods I enjoy] and couldn’t do that.” (Baltimore, Guilty)

“If it’s foods you like, it could be pizza. That might not be good.” (Chicago, Confident)

For most respondents in Chicago, the support points complement the statement and provide additional information to help these consumers better gauge what “reasonable amounts” of food are. These consumers are particularly receptive to the support point “Portions aren’t always reflective of the actual serving size...” and feel that this statement helps them better understand what a serving size means. A few respondents had negative reactions to the support points and are resentful of “others” trying to get them to control their eating.

“[The support points make me feel] better about the statement, because it’s defining what reasonable is. All the things below emphasize more of what a portion or a reasonable amount is.” (Chicago, Guilty)

“I think that it is very educational. I’m going to smaller plates and doing some of these other tips. They all work well together.” (Chicago, Confident)

“I like the statement [on portions] because I think that people need to be aware that portions of muffins, bagels, whatever may actually not reflect the dietary standard for a serving size.” (Chicago, Confident)

“This one has too many regulations. I’m going home, I’m not going to prison.” (Chicago, Confident)

“It makes you seem you aren’t in control of what you’re eating. It’s making it sound like you’re not enough of an adult to figure out, ‘Hey, I need to stop eating now.’” (Chicago, Guilty)

The other two statements “Tune into your body’s natural cues...” and “Snack calories can add up...” were rated less positively. For both statements, fewer rated them positively, while more were neutral or negative.
3.3 Obtain Reactions to Messages on Portion Management

- “Tune in to your body’s natural cues...” makes sense to these respondents, however, they do not feel that this statement would motivate them to better manage the amount of food they eat. This is because these consumers’ eating habits are so engrained or emotionally based they often ignore their bodies and eat when they are not hungry or eat well past the full stage. Many acknowledge that they eat for emotional reasons and consider that to be listening to their body’s cues. Several mention that their bodies say they are hungry all the time, so paying attention to their bodies would be counterproductive. Respondents do not feel that managing the amount of food they eat is easy, and that the effort requires more discipline than the statement suggests.

“It makes sense, and it’s a fact. Your body will tell you when to eat and when not to eat, but sometimes when you are hungry, you cannot eat. You’re either in the wrong place or it’s not the right time or you’re in the middle of rush hour.” (Chicago, Guilty)

“Sometimes I can tell if I am hungry, but other times I eat when I am really not hungry. It’s lunchtime, time to eat lunch. So you just do it.” (Baltimore, Confident)

“The statement is very true, but food is a psychological thing. We use food as a reward. So we pay no attention to our body. We’re getting ready to party, so we have ice cream and cake.” (Baltimore, Guilty)

“I think you have to use brainpower. You can’t just go based on your body. You really have to say, ‘I still want that third plate of food, but my mind knows to kind of cut it out.’” (Baltimore, Confident)

- The support points make the “Tune in to your body’s natural cues...” statement a little more clear to respondents. However, realistically it is not a message they think they can follow.

“It makes the statement clear. They [the support points] clearly tell me what I should be doing all along.” (Chicago, Confident)

“It sounds good. This is what everybody should do, eat slower, manage your portions, but the fact of the matter is, in today’s lifestyle, it’s just not realistic.” (Chicago, Guilty)
3.3 Obtain Reactions to Messages on Portion Management

- Some of these consumers agree with the statement “Snack calories can add up...”. They like the idea that people can eat snacks as long as they are balanced out with other foods and agree that eating several small meals throughout the day may be better for some people. Others were less receptive to the message. They do not agree that snacks are meals and are concerned that the statement may be construed to mean that eating snack foods is acceptable as a meal.

“The first line, snack calories can add up, is so true. Considering them small meals and balancing them out, you are better off eating six small meals than three large meals.” (Baltimore, Confident)

“I just don’t agree with it. When you’re just a little bit hungry but you’re not really hungry enough to eat a meal, you just snack on something, to hold you over until you eat.” (Baltimore, Guilty)

“It is really something I had to think about. I never really considered snacks as small meals, not every time I eat something. I never thought about it that way.” (Baltimore, Confident)

“If you think of a snack as an apple, a banana and an orange, then it’s a healthy snack, but when your typical snack consists of a bag of [chips] and a [diet soda] or something, you really shouldn’t have it.” (Chicago, Guilty)

- The support points help these respondents determine acceptable serving sizes of snacks. However, for some of these consumers, the additional information does little to define what is meant by snacks.

“They [the support points] are trying to tell you also to control the size of your snack. That whatever you do, however you snack, it should be in a controlled manner.” (Chicago, Guilty)

“Snacks still isn’t defined in terms of what exactly are you considering a snack, fruit or chips or something else.” (Chicago, Guilty)
3.4 Determine Consumer Awareness of Fat Intake

- Generally, across all groups, the respondents understand that the body needs fat to function but that eating too much fat can pose serious health risks. However, they are confused about which types of fats may be considered healthy or unhealthy and what foods contain specific types of fat. Most say that unsaturated fats are better than saturated fats, and that vegetable fats are better than animal fats. Some also say that omega-3 fatty acids are a good kind of fat and can be found in fish. However, very few know what monounsaturated or polyunsaturated fats are although they have heard the terms. No one really knew about trans fats. These terms are considered technical jargon that have little meaning or relevance for the average consumer.

  “I think fat is good. You need fat in your body.” (Baltimore, Confident)

  “The doctors say saturated fats are worse than others, because that’s what is supposed to cause the high cholesterol.” (Baltimore, Guilty)

  “There is polyunsaturated and then there is unsaturated fat. I don’t really know the difference. You are better off with less poly or less than saturated – I forget how it goes.” (Chicago, Confident)

  “They say omega-3 fatty acids are really good for you. I take flaxseed oil every day because the omega-3 fatty acids are good for your cholesterol. Fish [also] has omega-3 fatty acids.” (Chicago, Guilty)

- The consumers in all groups are skeptical of information they receive about the fat content of foods due to the changing results of studies reported in the media. The conflicting information they read and hear contributes to their confusion about fat in their diets and, frankly, often causes them to ignore nutrition messages all together.

  “Part of the confusion, for me, is everybody comes out with something different. One day you should eat fish; the next day you shouldn’t. Eat beef, don’t eat beef. Your head goes spinning and you think to yourself that you need to be a dietician in order to understand what you should and shouldn’t do.” (Baltimore, Guilty)

  “One day this kind of fat is not good and the next day it is. Butter is not good but margarine is. Or, the reverse. I just try to be moderate because I figure it is all going to balance out eventually.” (Baltimore, Confident)
3.4 Determine Consumer Awareness of Fat Intake

These consumers obtain most of their information about fats and healthy eating from the popular press including television shows, magazines and health food cook books. A few have used the Internet for this type of information. Some respondents in all groups read information about fats and other ingredients on food nutrition labels; others do not. Those who read the labels often find them confusing and believe the information can be misleading. The consensus among respondents is that there is so much information available about fats and fat intake that it can be somewhat overwhelming at times.

“I get information from health books that my Mom used to have. And ‘Cooking Light’ [magazine]. I've never had a bad recipe once from there.” (Chicago, Confident)

“Sometimes on the [TV] news they'll have health clips, and tell what's new in the fat department.” (Baltimore, Guilty)

“I read labels and I sometimes get confused between the fat and the other things. How can you eat low in calories when it has so much fat?” (Chicago, Confident)
3.5 Identify Practices Consumers Use and Obstacles to Managing Fat Intake

- Consumers in both the “guilty” and “confident” groups are aware of a variety of steps they can take to cut down on the fat in their diets. These include:
  - Drinking low fat or skim milk
  - Cutting fat off pieces of meat
  - Not eating margarine
  - Cooking with olive oil
  - Cutting down on red meat and dairy products
  - Buying leaner cuts of meat
  - Buying snacks and other foods labeled “low fat”
  - Eating more fruits and vegetables

- “Guilty” consumers admit to eating too much fat

  “I think I eat way too much fat. I eat chicken with the skin on it, sometimes sweets, cakes, the ice creams. Most of my fat probably comes from some form of meat.” (Baltimore, Guilty)

- “Confident” consumers are more likely to say they follow these steps to cut down on fat

  “I am aware of the level of fat in my diet and I try and limit it to a certain degree. I drink non-fat milk, no margarine and try to eliminate red meats and dairy as well. Dairy is really high in fat.” (Chicago, Confident)

- Respondents in all groups believe the benefits of cutting down on fat are living longer, leading a healthier life, feeling better, having more energy, looking better and maintaining low cholesterol. Nevertheless, a number of consumers across all the groups do not worry about their fat intake or the types of fat they eat because they feel they eat fat in moderation and do not have a health problem.
3.5 Identify Practices Consumers Use and Obstacles to Managing Fat Intake

“I care, but I just don’t do anything particularly. Until the doctor points something out, that’s when I’ll take it into consideration and really do it.” (Baltimore, Guilty)

“I eat fat. Fat is good. I don’t think you should over do it. I just watch it on particular items.” (Baltimore, Confident)

Respondents cite several obstacles that make it difficult for them to practice healthy eating habits. The obstacle most often mentioned is a lack of time to prepare healthy foods and, therefore, a greater reliance on convenience and fast foods. These consumers believe that convenience foods have a higher fat content. In addition, respondents like the taste of many high fat foods and, conversely, equate low fat products with bad taste.

“We’re all rushed in life. We go for the quickest preparation. We’ve got kids to get to ball fields, and somebody is always running out the door. Preparation has to be short.” (Baltimore, Guilty)

“A lot of people don’t have free time which could affect what they’re going to cook. Sometimes you don’t want to fix food when you go home, so you might have a tendency to pick up something that probably has a higher fat content.” (Chicago, Confident)

“Even though I know I shouldn’t have fried chicken all the time, I like the taste of it.” (Chicago, Guilty)
3.6 Obtain Reactions to Messages on Fat

- Respondents were shown several statements that could be used as communications messages to encourage them to manage their fat intake.
  - Trans fats are present in varying amounts in many types of foods, including most foods made with partially hydrogenated oils, such as sweet baked goods and fried foods, and some margarine products

  *Be sensible about eating foods with trans fats. Like saturated fats, trans fats tend to raise blood cholesterol and need to be eaten in small amounts*

  - Eat a diet low in saturated fat by choosing low-fat dairy products, lean meats and poultry most often—and enjoy higher fat options as an occasional treat
  - Fats are part of a healthy, enjoyable diet – choose them sensibly

- Reactions to the statements did not differ by respondent type. Most respondents who rated each statement using a happy face, a neutral face or a frowning face, positively rated the statement “Fats are part of a healthy, enjoyable diet – choose them sensibly,” a few were neutral toward it and no one disliked the message. Rated lower are the messages about trans fats and the statement “Eat a diet low in saturated fat...” Each garnered fewer positive ratings. A number of respondents were neutral or negative towards the trans fats message and the “Eat a diet low in saturated fat”...message.

- Respondents like the positive focus of the statement “Fats are part of a healthy, enjoyable diet – choose them sensibly.” They feel that it is a credible statement because they believe people need some fat in their diets. Many also believe that it is realistic to expect them to choose fats “sensibly”. A few feel, however, that “sensibly” is a vague term and they would need more information to help them decide what is good fat and what is bad fat or how much fat in their diet is healthy so they can make a sensible choice.

  “Personally, I know you have to have some fat in your body. This to me is more realistic. Instead of saying cut all fat, which is totally impossible and wouldn’t be healthy for you anyway.” (Chicago, Guilty)
3.6 Obtain Reactions to Messages on Fat

“I like the term ‘enjoyable.’ You have to enjoy what you are eating. So I think it is just a good idea. Sensible is a good word. I think it [the statement] is a nice combination of healthy, enjoyable and using common sense.” (Baltimore, Confident)

“Basically I have a problem with it not being more informational. What kind of fats [are they referring to]? It doesn’t say what percentage of your diet [should be fat] to be healthy.” (Chicago, Confident)

Similarly, many respondents like the statement “Eat a diet low in saturated fat…” because they feel it gives them the choice of eating higher fat foods along with lower fat foods. The messages put a positive spin on fat intake in a way that was credible to these consumers since many admit that they like to reward themselves with an occasional treat or make “trade-offs” when they eat a higher fat food by eating foods lower in fat at another meal. Respondents also say the message is educational and describes a diet low in saturated fat. Some, however, are confused by the number of types of fat (saturated fat, low-fat, higher fat) mentioned in the statement. A few consider the statement too long and wordy.

“It tells me that if I do eat things low in saturated fats and I’m conscious of it, then every once in awhile I can have the good stuff. Once in awhile you can do it and not feel bad about it.” (Baltimore, Guilty)

“This really resonates with me. It is a little bit wordy but I think it gets the message across. It conveys what people who are conscious about their health are going to do in terms of treating themselves now and then. I like the word options, that leaves it up to the individual. I like the word occasional because that is the approach I like to take.” (Chicago, Confident)

“It seemed a little confusing to me. [Is it saying that] saturated fat must be good if you can have a diet that’s low in that? That must mean it’s good?” (Chicago, Guilty)
3.6 Obtain Reactions to Messages on Fat

- Generally, respondents across all groups feel that the trans fats statements also are educational. They clearly inform them about the types of food containing trans fats and the reasons they should be eaten sparingly. A number of respondents, however, feel that the statements provide too much information. They introduce yet another type of fat to keep track of when these consumers already are confused about fats in their diets. Others feel that the statements do not do an effective job of educating people about trans fats and feel that some of the terms used are not well defined.

  “I think the statement is directly to the point. They’re telling you what to stay away from and exactly how to do it. And if you’re going to eat it, make sure you only eat a little bit of it because its not good.” (Baltimore, Guilty)

  “The first statement tells you where to find it and the second tells you what to do about it, ‘Be sensible’, and what it does. They kind of go together.” (Chicago, Confident)

  “I don’t like to have to think about it that much. It’s too confusing. You have to check too many things. They have to make things simpler for us, because we don’t have time for all this.” (Baltimore, Guilty)

  “It doesn’t tell me enough or give me enough information about what trans fats are or partially hydrogenated oils. I need more education on that. [Also] ‘some margarine products’ is vague, too.” (Chicago, Confident)

- Respondents had mixed reactions to putting information about trans fats on food nutrition labels. Those who feel labels should be augmented with this information say the label would then give a more complete picture of all types of fat the food contains. Those who don’t think labels should mention trans fats would not find the additional information useful unless they knew more about what those fats are.

  “I would think [it should be added to the labels]. They have one [type of fat], why not the other?” (Chicago, Guilty)

  “I’m neutral about it [trans fats on food labels] because I don’t really know what trans fats are.” (Baltimore, Confident)
Appendix A: Screener
Appendix B: Moderator’s Topic Guide