

# **Determining the Barriers to Healthy Living Results from a Focus Group Project**

**Prepared for:  
Healthy Community Coalition, Franklin County  
Healthy Living Initiative Advisory Board**

**Prepared by:  
Amy Black, Ph.D.  
Maine Center for Public Health**

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## Introduction

In response to the health risks of their community, the Healthy Community Coalition (HCC) of Franklin County has proposed their *Healthy Living Initiative* in order to encourage healthy living through nutrition and physical activity.

Greater Franklin County has an escalating rate of obesity and overweight with approximately 60% of adults and 15% of children being clinically obese or overweight.<sup>1</sup> Contributing to the high prevalence in this area of Maine are the realities of rural poverty, being uninsured, and less educated, factors that have all been associated with risk factors for overweight and obesity. According to the 2000 BRFSS, residents of the Franklin County region are less likely to be uninsured and to have a college degree as compared with the overall population of Maine.

The HCC has identified additional barriers to maintaining an active lifestyle such as the accessibility of fitness facilities, limited after-school activities, and dependence on private vehicles to get around. In an effort to learn more about some of the barriers residents of Franklin County face in their efforts to maintain a healthy lifestyle, the Healthy Community Coalition and its Healthy Living Initiative Advisory Board partnered with the Maine Center for Public Health to conduct focus groups in February and March 2006. The aim of the focus group study was twofold: 1) to explore the specific needs of the uninsured, low-income population in Franklin County; and 2) provide formative evaluation findings for the planning stage of the Initiative.

## Methodology

### *Overview*

HCC and the Maine Center for Public Health (MCPH) worked together to conduct a series of three focus groups on the barriers to maintaining a healthy lifestyle for a sample of uninsured, low-income and insured, middle-income residents of Greater Franklin County. One staff member from MCPH and one from HCC conducted the focus groups.

Uninsured participants were recruited from *Franklin Health Access*, an organization serving the uninsured and underinsured in Maine. Insured participants included employees from the local hospital.

In order to obtain a mixture of gender, occupation status, and education, and to ensure that participants were appropriate for the group, all participants were screened before being scheduled to participate in a focus group. The screening questionnaire is included in Appendix A.

Focus groups were conducted in February and March of 2006 and were held at various locations in Franklin County. The uninsured participants were provided a \$50 cash incentive, whereas hospital employees were given lunch.<sup>2</sup> Each group was audio-taped and lasted approximately one hour. Focus groups were conducted using a semi-structured guide (Appendix B).

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<sup>1</sup> According to the 2000 Maine Behavior Risk Factor Surveillance System (BRFSS)

<sup>2</sup> Due to hospital regulations, staff cannot be paid for such services during work hours.

## Exploring the Barriers

### *Participants*

Twenty-seven participants participated in one of three focus groups. The group breakdown is below shown in Table 1.

Table 1. Group Breakdown

<b>Uninsured</b> (N = 18)	<b>Insured</b> (N = 9)
Group 1 <i>n</i> = 10	Group3 <i>n</i> = 9
Group 2 <i>n</i> = 8	NA

Demographics for the uninsured participants (*n*= 18) are presented in Table 2.



Table 2. Uninsured Groups' Demographics, (n = 18)

Characteristic	Frequency	Percentage
Male	4	77.8%
Female	14	22.2%
Age	<i>Range</i> 36—61	<i>Mean</i> 52.1
<i>County</i>		
Franklin	14	82.4%
Androscoggin	1	5.9%
Kennebec	1	5.9%
Somerset	1	5.9%
Years living in County	<i>Range</i> 1-61	Mean 23.4
<i>Live alone</i>		
Yes	3	16.7%
No	15	83.3%
<i>Number of people in household</i>	1-8 <i>Range</i>	2.56 <i>Mean</i>
<i>Children in household</i>		
Yes	7	38.9%
No	11	61.1%
Committed Partner/Married	10	55.6%
Single	8	44.4%
<i>Household Income</i>		
Less than \$9,999	5	31.3%
\$10,000 – 14,999	7	43.8%
\$15,000 – 19,999	1	6.3%
\$20,000 – 29,999	2	12.5%
\$30,000 – 39,999	1	6.3%
<i>Average time physically active/day</i>		
About 30 minutes	3	17.6%
30 minutes – 1 hour	6	35.3%
1 – 3 hours	4	23.5%
Over 3 hours	3	17.6%
Don't know	1	5.9%
<i>Servings fruits and vegetables/day</i>		
Less than one	2	11.8%
1 – 2	12	70.6%
3 -4	3	17.6%
<i>Health Status</i>		
Very healthy	7	41.2%
Somewhat healthy	9	52.9%
Somewhat unhealthy	1	5.9%

As indicated in this table, most participants were female, married or partnered, considered themselves somewhat to very healthy and had annual household incomes below \$15,000. In terms of physical activity, a little over half were active between 30 minutes to an hour a day, approximately 24% were active 1-3 hours and only 17.6% indicated they were active over 3 hours a day. The latter group stated that their occupation involved physical activity (e.g., mechanic, housekeeper). Finally, not one participant indicated that they ate the recommended 5 servings a day of fruits and vegetables. In fact, the majority (82.4%) ate no more than two servings a day.

### *Materials*

MCPH staff worked in conjunction with HCC staff members to develop the focus group guide. All groups were asked the same questions. The guide consisted of ten questions addressing the barriers to nutrition and physical activity. See Appendix B for a copy of the guide.

The first two groups were given a demographic questionnaire asking general demographic questions, the characteristics of their household and their health status. Due to time constraints, demographic data was not obtained for the third group.

### *Procedure*

The three focus groups were facilitated by MCPH and HCC staff members. Group members were assured of the confidentiality of their comments and informed that the groups would be taped for accuracy. All sessions were audio-taped and the HCC staff member took notes on a flip chart. Once all of the groups were completed, MCPH staff transcribed the tapes and compared them to the notes. The same researcher reviewed each transcript and analyzed them for common themes (i.e., themes that occurred within at least 2 groups).

## Results

In the following section, the results from the uninsured and insured resident focus groups will be presented. Themes that emerged in response to the focus group questions are presented. They are organized by topic area then question. A table is presented with each major question detailing the following:

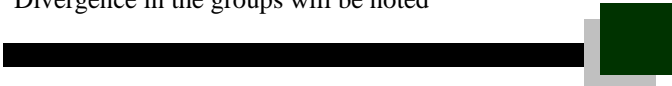
1. The top themes <sup>3</sup>
2. Groups in which the theme occurred
3. Direct quotes illuminating the major themes

**Opening question: *What does being healthy mean to you?***

Table 3. Meaning of “Healthy”

Theme	Group	Quotes
Feeling good	1, 2, 3	<p><i>“Well-rested...having balance in life.” (Group 3, male)</i></p> <p><i>“Being able to carry out the things that I need to over the course of the day.” (Group 1, male)</i></p> <p><i>“Especially not having health insurance, if I can prevent something from going wrong with me...not getting sick” (Group 2, female)</i></p>
Being active/healthy lifestyle	1, 2, 3	<p><i>“Being able to do things with my grandchildren.” (Group 1, female)</i></p> <p><i>“...having an active lifestyle.” (Group 2, female)</i></p> <p><i>“Going out for walks.” (Group 1, female)</i></p> <p><i>“Eating well.” (Groups 2 and 3, females)</i></p> <p><i>“Doing the right thing – watching calories intact, and even exercise.” (Group 3, male)</i></p> <p><i>“Being physically fit” (Group 3, female)</i></p>
Mental and physical health	2, 3	<p><i>“Thinking positively every day, your thought processes have a lot to do with your sicknesses...it’s so important, your mental status has a lot to do with your body.” (Group 2, female)</i></p> <p><i>“...I think health, it isn’t just a physical or a mental, but spiritually too. It’s all, these elements work together...spirituality in whatever aspects you want to take it from.” (Group 2, female)</i></p> <p><i>“And laughter, you’ve got to have some humor.” (Group 2, male)</i></p> <p><i>“I think it’s a spiritual thing, a body thing, satisfaction thing, it’s an overall, not just the physical fitness. You can have the perfect physique, perfect size and all of that and still [be unhealthy]” (Group 3, male)</i></p>

<sup>3</sup> A top theme is one that emerged in at least 2 of the 3 groups. Divergence in the groups will be noted



I think it's a spiritual thing, a body thing, satisfaction thing, it's an overall, not just the physical fitness. You can have the perfect physique, perfect size and all of that and still [be unhealthy]

As the above table shows, participant responses varied very little between groups. The three ways participants defined “being healthy” included, feeling good and not being sick, being active and/or living a health lifestyle and having a holistic sense of health through mental stability and spirituality. Comments across all groups could be organized into these three themes.

## Nutrition

### Questions 1 – 4: Knowledge, social context, norms

The questions in this section were designed primarily to capture the participants’ descriptions of and knowledge about healthy eating. In addition, we asked the participants to identify potential contextual, social factors related to their eating habits. The results are presented below.

#### ***Question 1: What does eating healthy mean to you?***

The most common theme for participants in groups 1 and 2 was the expense of healthy foods. Every participants in these groups agreed that eating healthy was more expensive and often, cost prohibitive. Other themes included eating everything in moderation, watching portions and having the time to eat healthy.

I just think it's awful when I go to Shop and Save and 90% of my grocery bill is fruits and vegetables. And you start thinking about \$1.79 for green beans, I'm thinking, Wow.



Table 4. Meaning of “Eating Healthy”

Theme	Group	Quotes
*Expensive	1, 2	<p>“Affording to buy them for one thing.” (Group 1, female)</p> <p>“Very, very expensive.” (Group 1, male)</p> <p>“Everybody’s on this kick, the diet kick, the healthy kick. They get the price up there.” (Group 2, female)</p> <p>“... And a lot of the farms have gone out of business.” (Group 2, male)</p>
Everything in moderation/variety/portions	1, 3	<p>“I think I eat healthy foods we try to have a variety... I do think I eat healthy at home...it’s a variety – we might have fried foods but we also have stuff on the grill, all these fruits and vegetables in the house.” (Group 1, male)</p> <p>“Balance.” (Group 3, female)</p> <p>“Quantities, portion size.” (Group 3, male)</p> <p>“No soda; or moderate.” (Group 3, female)</p>
Time to eat healthy	1, 3	<p>“Meal planning takes a lot of time...shopping, cooking it the right way, sometimes I get overwhelmed.” (Group 1, female)</p> <p>“I eat more unhealthy, easy, I’m in a hurry.” (Group 1, male)</p> <p>“Time to eat healthy.” (Group 3, female)</p>

\*Note. This theme was unique to the uninsured groups.

**Question 2: What do you consider to be healthy food?**

Across all groups, participants agreed that “healthy food” included fruits, vegetables, fish, lower fat drinks and food, and whole grains.

Table 5. Descriptions of Healthy Food

Theme	Groups	Quotes
Health food: Fruits, vegetables, fish, whole grains, lower in fat	1, 2, 3	<p>“fruits, vegetables...fish....diet drinks ....water” (Group 1, various members)</p> <p>“Fish; fruits and vegetables” (Group 2, various members)</p> <p>“Lots of fruits and vegetables.” (Group 3, various members).</p> <p>“No high fat food or highly processed food.” (Group 3, female)</p> <p>“Avoid trans fat” (Group 3, male)</p> <p>“Whole grain” (Group 3, female)</p>

**Question 2a: How often do you eat these foods?**

Participants in the Health Access groups stated that would like to eat healthy food, but found it difficult because of money and time. Most participants in the hospital group, however, felt they ate pretty healthy, especially at work. Nevertheless, several participants in this group thought it was a struggle to maintain healthy eating habits with time constraints, and lack of willpower. These findings are presented in Table 6

Table 6. Frequency of Eating Healthy Food

Theme	Groups	Quotes
*Inconsistently; hard on a daily basis	1,2	<p><i>“once in a while but hard on a daily basis” (Group 2, female)</i></p> <p><i>“It depends on how much you can afford.” (Group 2, male)</i></p> <p><i>“It fluctuates.” (Group 1, female)</i></p> <p><i>Depends on the season...[eating more in the summer] (various members, Group 1 &amp; 2)</i></p>
**Often, at work	3	<p><i>“We bring them [to work]; the structure of work helps support healthier eating, with less temptations obviously in front of you.”(female)</i></p> <p><i>“In the hospital we have a salad bar. We have access to healthy choices.” (female)</i></p> <p><i>“Plus the variety, you have choices at lunch time [that are fairly healthy]” (male).</i></p> <p><i>The structure at work, you can only eat at certain times, you can’t graze...(female)</i></p> <p><i>While I’m at work, I bring my lunch and I pack it with fruit. Now if I’m at home, I don’t grab that fruit. (female)</i></p>

\* This theme was unique to the uninsured groups

\*\* This theme was unique to the insured, hospital employee group

**Question 3: Do you think your friends and family eat healthy?**

While participant responses varied slightly, the majority of participants in all three groups felt their family members had unhealthy eating habits. Although the minority, a few participants described their families as being “more aware” and offering “healthier choices.”

“...Once you get older and you get scared, you get fat, you get Diabetes...whereas 20, 25, I know my daughters-in-laws eat on the run...they don’t cook like they used to.”



Table 7. Perceptions of Eating Habits of Friends and Family

Theme	Groups	Quotes
Family unhealthy eating patterns	1,2,3	<p><i>"In general... no." (Group 1, female)</i></p> <p><i>"...Once you get older and you get scared, you get fat, you get Diabetes...whereas 20, 25, I know my daughters-in-laws eat on the run...they don't cook like they used to." (Group 2, female)</i></p> <p><i>"No, definitely not." (Group 3, female)</i></p> <p><i>"Not without repercussions." (Group 3, male)</i></p>
*Related to their own habits	3	<p><i>"It makes more work because I end of doing, [making two meals]" (female)</i></p> <p><i>Or taking some comments, like "oh [name] won't eat that or something"(female)</i></p> <p><i>"At one time it was almost a little bit of scorn." (male)</i></p> <p><i>"I've tried to get my mother-in-law to not put butter on every vegetable, we can do that at the table and it just won't change." (female)</i></p> <p><i>"It does affect, when you go and there's dessert there. ...I'm going to eat it." (male)</i></p>

\*Unique to the third group.

As this table shows, the third group discussed ways in which their family's eating habits affects their own. In general their responses spoke to the power of social norms or as one participant explained "it's hard to be different." Thus, the concept of having "healthy homes" may apply here.

**Question 4: What do you consider to be unhealthy foods?**

Similar to their descriptions of healthy foods, all groups agreed that unhealthy foods included high in fat processed foods. A few members of the second group jokingly referred to unhealthy foods as "the good stuff" or "anything that tastes good." In general, the groups mentioned foods typically referred to as "junk food."

Table 8. Descriptions of Unhealthy Foods

Theme	Groups	Quotes
Unhealthy foods: processed, snack foods, high in sugar and fat	1,2,3	<p><i>"I don't really think of any food as being unhealthy with the possible exception of chips." (Group 1, male)</i></p> <p><i>"Sugar... ice cream." (group 1, female)</i></p> <p><i>"Pastries!...processed food...fried foods...saturated fat." (Group 2, various participants)</i></p> <p><i>"Processed." (Group 3, female)</i></p> <p><i>"Stuff that you throw in a cup of butter or something in, and you mix it up. ...Brownies, those brownie mixes are easy and quick." (group 3, male)</i></p> <p><i>"Fast foods, McDonald's." (group 3, male)</i></p>

**Question 4a. Do you eat these foods and how often?**

The groups did not differ much on this question with most participants stating that, like healthy food, their unhealthy eating habits fluctuated. The main difference was that the third group seemed to have somewhat better eating habits due to having more access to healthy choices.

Table 9. Frequency of Eating Unhealthy Foods

Theme	Groups	Quotes
Inconsistently; changes (based on various factors)	1,2,3	<p><i>“Chocolate, I am a choc-o-bolic. And I wish I could stay away from it. ... I don’t have any control.” (Group 1, female)</i></p> <p><i>“Oh yeah.” (Group 2, female)</i></p> <p><i>“Yeah sometimes.” (Group 2 female)</i></p> <p><i>“Sometimes ...if you get depressed...You want something like that, yeah.” (Group 2, female)</i></p> <p><i>“Or if you’re on the road a lot you end up eating [fast food] and that’s almost always a bad choice.” (Group 2, male)</i></p> <p><i>“Too often, honestly, too often. I’m honestly not eating as healthy as some people here. Mostly because of a lack of will-power. (Group 3, male)</i></p> <p><i>“I think there’s a relationship between how active you are as to how unhealthy you eat.” (Group 3, male)</i></p> <p><i>“I have my phases, right now I’ve been pretty good, but I’m a stress eater. I know when I’m eating badly.” (group 3, female)</i></p>

**Question 5: Barriers to Healthy Eating**

As noted in the above quotations, participants provided examples of potential barriers to eating healthy such as time constraints, activity level, and emotional factors (e.g., being depressed). Other factors included boredom, and lack of will power. The specific themes relating to barriers participants face in terms of nutrition are delineated in the following section.

**Question 5. What kinds of things make it hard for you to eat healthier?**

The most common themes in response to this question included having the time for planning of preparing meals and financial barriers to buying healthy foods (i.e., fruits, vegetables, and fish). Not surprisingly, the major difference between the groups was the cost of eating healthier. The members of groups 1 and 2, described the cost of fruits and vegetables as a significant barrier, whereas the third group felt that while healthy options tend to be more expensive, cost is a “consideration,” rather than a “barrier” (at least for them).



Table 10. Barriers to Healthy Eating

Theme	Groups	Quotes
Time/planning and preparing	1,2,3	<p><i>“Planning... recipes” (Group 1, various females)</i></p> <p><i>“Something about putting meals together, I hate it.” (Group 2, female)</i></p> <p><i>“It’s not having enough downtime to think and plan, cut the vegetables.” (Group 3, female)</i></p>
*Money (see note)	1,2,3	<p><i>“I was just in Hannaford’s...you look at the fruit and it’s like \$3 for a cantaloupe!” (Group 1, female)</i></p> <p><i>“And you compare that with ramen at 10 cents a package...and potatoes are very cheap but too much starch...not good either.” (Group 1, female)</i></p> <p><i>“I just think it’s awful when I go to Shop and Save and 90% of my grocery bill is fruits and vegetables.” (Group 2, female)</i></p> <p><i>“I mean it is somewhat more expensive, but I also think about there’s still a lot of choices you can make... But I don’t see [cost] as a barrier.” (Group 3, female)</i></p> <p><i>“...I look at fish that I love in the case and it’s \$9 a pound or something and I think...[but] there’s only 3 of us and a pound is plenty and as my husband says, if we went to Burger King it’s \$15 so let’s have the fish and a baked potato. But I have a hard time paying \$9 for one little thing.” (Group 3, female)</i></p> <p><i>“And fruit’s expensive, when you go and buy fresh fruit, it’s expensive, but...” (Group 3, male)</i></p> <p><i>“I think fruit’s more expensive and even though you might buy some of the more expensive things, but overall you’re not going spend all of your grocery bill on [fruit].” (Group 3, female)</i></p>
Being a parent	2, 3	<p><i>“Yeah they don’t like anything you make – one likes it and one doesn’t... you have to draw the line, it’s not a restaurant!” (Group 2, female)</i></p> <p><i>“Yeah we used to buy a lot of different snacks...I think it is different, you don’t have all those sugary cereals and sodas.” (Group 3, female)</i></p> <p><i>“I have young kids, 9 and 7, if they don’t finish a meal a lot of times I will. I eat more than I should.” (Group 3, male)</i></p> <p><i>“Kids and, kids don’t like everything I want to eat. So yeah.” (Group 3, female)</i></p>
Other factors: knowing how to prepare healthy foods; season	1,2,3	<p><i>“Learning how to cook healthy meals that do taste good.” (Group 1, female)</i></p> <p><i>“Of course around here in the summer it’s usually different. ...I have so many friends that just load me up with stuff.” (Group 2, male)</i></p> <p><i>“Speaking of seasonal...it does depend on the time of year it is because sometimes fresh fruit is actually reasonable depending on the time of year.” (Group 3, female)</i></p>

\* Listed as a barrier for uninsured groups. Group 3 described money as a “consideration,” not necessarily a barrier.

**Question 5a: do you feel you have the access/resources to eat healthy?**

When asked this question, few responses emerged. In general, groups 1 and 2 felt that *Health Access* has provided them with the resources, such as a nutritionist to eat healthier. Moreover, both groups mentioned frozen fruits and vegetables as a good and more affordable source of healthy food. In addition to having a healthy work environment, the third group agreed that eating frozen fruits and vegetables during the winter months helped them eat healthier. A summary of participant responses are included in Table 11.

Table 11. Healthy Eating Resources/Access

Theme	Groups	Quotes
Community resource	1,2	<p><i>“We’re been really enlightened since we’ve been involved with Health Access – my husband is a Diabetic... They had gotten us in to see a nutritionist...meal planning, calorie intake...and the recipes too.” (Group 1, female)</i></p> <p><i>“Health Access provides a lot of resources (blood pressure, cholesterol checks)...it helps” (Group 1, male)</i></p> <p><i>“We used to have a nutritionist at Health Access... [inaudible] very helpful.” (Group 2, female).</i></p> <p><i>“The food’s there, but learning how to use it.” (Group 2, female)</i></p> <p><i>“.....Or showing different varieties.” (Group2, female)</i></p>
Frozen fruits and vegetables	1,2,3	<p><i>Although I find that’s [frozen] what I buy lots of times, because it’s just the to of us, if you buy those bags, you can take out just a portion at a time so there’s less waste, so you’re really getting more for your money... (Group 1, female)</i></p> <p><i>“We do a lot of frozen.” (Group 2, female)</i></p> <p><i>“I think even in the winter, someone was telling me about frozen blueberries. It’s become one of my main [staple].” (Group 3, female)</i></p> <p><i>“Yeab on oatmeal, it’s good.” (Group 3, male)</i></p>

**Physical Activity**

**Questions 1 – 3: Context and knowledge about physical activity**

The questions in this section were designed primarily to capture the participants’ descriptions of and knowledge about physical activity. In addition, we asked the participants to identify potential contextual and social factors related to their activity levels. The results are presented below.

**Question 1. What does being physically active mean to you?**

All groups described physical activity as “important” and defined it in terms of “being active” and “exercise.” No other themes were generated for this question. Examples of their descriptions are provided in Table 12.

For us [my husband and I] it means just getting off the couch and moving.

Table 12. Descriptions of Physical Activity

Theme	Groups	Quotes
Being active/exercise	1,2,3	<p><i>“Just doing more active things – getting outside in the yard.” (Group 1, female)</i></p> <p><i>“For us [husband and I] it means just getting off the couch and moving.” (Group 1, female)</i></p> <p><i>“Just moving, anything to keep your body moving.” (Group 1, female)</i></p> <p><i>“Climbing the stairs instead of taking the elevator.” (Group 2, male)</i></p> <p><i>“Going to the gym and working out.” (Group 2, female)</i></p> <p><i>“Make your heart pump.” (Group 2, male)</i></p> <p><i>“It’s a cardio thing, it gets the blood flowing.” (Group 3, male)</i></p> <p><i>“I think of doing something physical, moving, something physical.” (Group 3, female)</i></p>

**Question 2. What kinds of things physical activity do you do?**

Participants within all groups noted that they would like to be more physically active. Nevertheless, congruent with their descriptions of physical activity, they provided examples of things they currently do to stay physically active. The only difference between the groups was that the uninsured groups tended to describe their physical activity as simply being active in their everyday life (e.g., housework), whereas the insured group tended to discuss ways in which they specifically exercise (e.g., going to the gym, running).

Table 13. Examples of Physical Activity

Theme	Groups	Quotes
*House and yard work	1,2,3	<p><i>"Housework, vacuuming." (Group 1, female)</i></p> <p><i>"Yard work, mowing the lawn in the old fashioned way." (Group 1, female)</i></p> <p><i>"Shoveling snow, but not much this winter." (Group 2, male)</i></p> <p><i>"...splitting wood stuff like that." (Group 2, male)</i></p> <p><i>"Taking care of horses. Shoveling, behind the horses." (Group 3, female)</i></p> <p><i>"You must not forget the "honey-do" list, if you're scratching things off the list you're pretty active." (Group 3, male)</i></p>
Traditional exercise: walking, running, going to the gym	1,2,3	<p><i>"So when I started doing what I was doing [walking on the treadmill] even though I could only do 5 minutes I noticed the difference. And now we're up to an hour a day...3 miles." (Group 1, female)</i></p> <p><i>"In spite of complaining about the mud, I do walk quite a bit." (Group 1, male)</i></p> <p><i>"I walk, when I walk that's my time. ...my thinking time." (Group 2, female)</i></p> <p><i>"I like to do like a half hour each day to keep the blood flowing, I like to. I have my goal. Four to five times a week" (Group 3, male)</i></p> <p><i>"I think 20 or 30 minutes a day. I get up every morning and do this exercise with these 3 ladies on this tape. It's sort of fun. Three times a week." (Group 3, male)</i></p> <p><i>"I go to exercise classes [at the gym]. It's a challenge." (Group 3, female)</i></p>
Other: running around after kids; waking the dog; occupational activity (i.e., manual labor)		<p><i>"Walking the dog." (Group 1, female)</i></p> <p><i>"Well, I'm a mechanic by trade so picking up motors, snowmobiles." (Group 2, male)</i></p> <p><i>"The kids help me, they keep me active, keeping up with them... running around with them." (Group 2, male)</i></p>

\*Only group 1 members specifically mentioned housework/cleaning as a type of physical activity. In fact, the third group did not consider housework to be strenuous enough to be "physical activity."

**Question 3. Do you feel like your friends and family are physically active? [How might this influence your own behavior?]**

Very few common themes emerged from this question, therefore no table is provided. A few participants in group 1 noted that living with a "couch potato" made it hard for them to exercise as it is "hard to do it alone." Mirroring this sentiment, a member of group 3 stated that "when you have friends or family that are active you're more likely to take a walk after dinner or go sit and watch TV." Finally, another member of this group added that her activity level has influenced her sons' activity level, thus arguing that the influence is not linear:

I've been always real active and my sons are very active and I think I contributed to that. They saw, they did and mom and dad are on their nightly walk again. They impacted us but we impacted them as well. (Group 3, female)

**Questions 4 & 5: Individual and Community Barriers to Physical Activity**

This section presents findings related to the participants’ discussion of the barriers they face when trying to stay physically active. These barriers include individual (e.g., motivation) and community (e.g., lack of sidewalks) factors that make being consistently physically active difficult. These findings are delineated in the following tables.

**Question 4. What kinds of things make it hard for you to stay physically active?**

Table 14. Individual Barriers to Physical Activity

Theme	Groups	Quotes
Internal Factors: motivation, discipline, feeling tired (after work)	1,2, 3	<p>“Motivation, discipline. You really have to discipline yourself to make it a daily chore, like brushing your teeth you go out and take a walk” (Group 1, female)</p> <p>“One thing I’m trying to overcome, I used to exercise, ‘Okay, I want to lose weight I need to start exercising.’ I need to get it in my head that I need to exercise because whether I lose weight or not, I’ll be healthier.” (Group 1, female)</p> <p>“When I was working 40-45 hours a week, it was hard to go to the gym, but now that I’m unemployed it’s still hard...you have to make it part of your life.” (Group 2, female)</p> <p>“Discipline (is difficult).” (Group 2, male)</p> <p>“Being tired after work, having to leave your work.” (Group 3, female)</p> <p>“We talked about the definition of health, that whole mind/ body experience and I think the mental energy that we have to maintain for our jobs, I mean those batteries are dead...I amaze myself at my lack of energy some days.” (Group 3, male)</p>
Time constraints: Finding the right time to exercise, (particularly with work)	2,3	<p>“I found when I wasn’t working I would take the time to go out I think it just helped me, go out and walk. ... I walked more when I wasn’t employed than now that I am employed. When I’m employed I sit down in front of a computer all day.” (Group 2, female)</p> <p>“You know the gym is really important to me because I can’t force myself to stuff at home and so the gym is really where I do most of my stuff. I just have to work it in, mostly after work.”(Group 2, male)</p> <p>“That’s what I have trouble with too. Going to classes after work, I mean I try, but it’s so easy to turn right and go home than to turn left and go all the way down to the gym...” (Group 3, female)</p> <p>“I’ve actually found that the morning is a better time to exercise for me. Because that’s the only thing you do before work or whatever. You know you come home and there’s so many other things you need to... do.... So in the morning there’s less things to disrupt your routine”(Group 3, male).</p>

## Exploring the Barriers

Financial constraints (including issues related to transportation)	1,2	<p><i>“The cost of joining a health club is really prohibitive” (Group 1, male)</i></p> <p><i>“I’d like to have a place to go, that I can afford to go. because I live out in the country” (Group 1, female)</i></p> <p><i>“Can’t afford it, I live too far, not worth it.” (Group 2, female)</i></p> <p><i>“Yeah the family plan is like \$400/year.” (Group 2, male)</i></p>
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As indicated in the previous quotations, participants in all groups discussed various barriers to staying active. For most of the participants, finding the time to fit physical activity into their daily routine is a major challenge, particularly those with children and full-time jobs. Moreover, the lack of time and motivation are linked in that many participants discussed feeling “too tired” or “mentally fatigued” after work, therefore, limiting their motivation to exercise. It is important to note, that while they mentioned this as a barrier several participants discussed ways in which they have overcome this barrier (e.g., getting up earlier, exercising at work, “re-energizing” by going on a walk). For example, as one woman in the first group explained,

My Dr. told me that if you do something 40 days it becomes a habit, so I try to mark it [my physical activity] on the calendar.

Another woman from the third group stated her strategy for staying motivated:

You find time, I sign up for races. I’m a terrible runner, I’m slow, slow back of the pack runner but I sign up for races every year and put it on the board. It’s just a motivator.

Finally, while it was a common theme across all the groups, several participants noted several medical issues (e.g., arthritis) as preventing them from staying as active as they would like to be.

***Question 5. Are there specific things about living in your community that make it harder or easier for you to have a healthier lifestyle?***

The most common responses to this question related to living in a rural setting or “out in the country.” Thus within all groups participants noted the lack of good lighting, lack of sidewalks and in some instances, wild animals, as challenges to staying physically active. Few responses referred to community barriers to healthy *eating*. Finally, group 3 noted the community norm of “isolation” as a barrier to implementing healthy living activities. The themes are presented in Table 15.



Table 15. Community Barriers to Physical Activity

Theme	Groups	Quotes
Not feeling safe (no sidewalks, bad lighting, animals)	1,2,3	<p><i>"It's kind of hard being out in the country because you have to deal with all kinds of animals, not just dogs -- chickens, geese, occasionally even a cow." (Group 1, female)</i></p> <p><i>"I do see a lot of people walking when the weather is nicer, in Wilton. Because there's sidewalks there..."(Group 1, female)</i></p> <p><i>"[Wild animals?] Oh yeah....at certain times and certain places, yeah." (Group 2, male)</i></p> <p><i>"Basically the animals aren't...it's few and far between...it's not a smart idea to be jogging through the woods during deer season." (Group 2, male)</i></p> <p><i>"Cars...not enough light." (Group 3, male)</i></p> <p><i>"I think that is true. Even on my road, there's not good walking." (Group 3, female)</i></p> <p><i>"I think even with the walking issue, a lot of people don't like walking after dark." (Group 3, female)</i></p>
Inconvenient geographically, transportation issues	2,3 (1 person)	<p><i>"...there's no sidewalks." (Group 2, female)</i></p> <p><i>"...it's [the fitness center is] 20 miles from my house."(Group 2, female)</i></p> <p><i>"But you're looking at time and convenience...opportunity. I know a lot of people wouldn't be able to drive to where there's sidewalks, a lot of families, particularly in Northern Franklin County are single vehicle families".(Group 3, female)</i></p>
*Lack of low-cost activities	1, 3	<p><i>The only building in my town that functions sort of as a community center is where you go to all the potluck suppers. ...it's the Grange.. They don't have activities for like physical [activity] or anything like that, it's eating." (Group 1, male)</i></p> <p><i>"Once you live in a larger community that has a high school where you could walk the trail... but living in a small rural community, we don't a school in our town. So there's no access to some facility where there's a track or something" (Group 1, female)</i></p> <p><i>"But I think the other piece of that is it is rural, and there aren't a lot of facilities. And income levels have, \$250 may be steep for some families and individuals. We get a discount." (Group 3, female)</i></p>
Weather	1,2	<p><i>"I have a hard time in the winter of just activities beyond exercise, in the summer there's plenty to do... I try to get in some cross-country skiing but I hate the cold."(Group 1, female).</i></p> <p><i>"You've either got the ice or the mud where I live." (Group 1, male)</i></p> <p><i>"Long winters. Really if the weather's good then you can go out" (Group 2, female)</i></p>

## Exploring the Barriers

Other: no child care, culture of isolation, lack of leadership	3	<p><i>“For me it’s child care. The fitness center offers child care from like 9 to 10 or something on week days and I think that’s what works for them with students but it’s not [good for me].” (female)</i></p> <p><i>“I think there’s a lot of things out there and I think people say, yeah I’d like to do that, but there is sort of a culture in rural Maine of, isolation...I don’t think people would join a group that they’re not already connected with to do physical activity.” (female)</i></p> <p><i>“Society wide, the majority of individuals are waiting for somebody to plan something for them. It’s ‘yeah I’d like to do it,’ but tell when, where and how. ...either they don’t the initiative or the ability to plan that.” (male)</i></p>
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\* While this theme did not directly emerge from group 2, participants advocated for a reduced rate for the fitness center. This theme came up again in the participants’ discussion of community needs.

Clearly, the participants listed numerous community factors that limit their physical activity. However, participants across all three groups noted that the community has benefits as well. For example, the fact that the fitness center *exists* and offers one free day a month was listed as a benefit. Moreover, member of groups 2 and 3 listed various community activities that they perceive to be beneficial. As a member of the second group explained:

Everything that’s bad about it is good about it: fitness center, a lot of trails for hiking, good walking, around a small town people are friendly, and Wal-Mart has a walking course along the aisles. (Group 2, male)

The participants of the third group concurred and argued that there are many “opportunities” for “self-development” within Franklin County. In order to explore this theme further, we asked them to describe additional community activities that would support healthy living.

## Strategies for Change

***Closing Question. What is the one thing that would really make it easier for you to make more nutritional choices and to be more physically active?***

This final section includes the participants’ suggestions for community activities to support or enhance healthy living in Franklin County. As indicated in the following table, the most common response was having a “buddy system” which they described as a motivator for physical activity. Illustrating this point further, following the first group several members exchanged phone numbers to start planning a “walking group.” Other suggestions for community interventions included increasing access (e.g., reduced fees, more healthy activities or choices), activities targeted to specific groups and community champions. Most suggestions related to physical activity, however, group 1 noted the importance of having healthy choices at community dinners (e.g., at churches are the Grange) and community fairs.

Table 16. Suggestions for Community Change

Theme	Groups	Quotes
Buddy system	1,2,3	<p><i>"I think if we took the initiative...I'd be more willing [in a group]" (Group 1, female)</i></p> <p><i>"We could all go together [going through Health Access]." (Group 1, female)</i></p> <p><i>"[Having a buddy] that way you couldn't back out." (Group 2, female)</i></p> <p><i>"I think that would be good, but I can do it by myself, if I had a partner that would be nice"(Group 2, female)</i></p> <p><i>"The group thing [is motivating]". (Group 2, female)</i></p> <p><i>"I think that's a motivating factor and quite frankly that's why I got a dog ten years ago so.... I could walk." (Group 3, female)</i></p> <p><i>"It does make a big difference, you've got somebody to go on walks with. " (Group 3, female)</i></p> <p><i>"You've got a co-worker, spouse asking you, 'when are you walking?'...Somebody besides just yourself." (group 3, male)</i></p>
Increased access: more activities, choices, free	1, 3	<p><i>"More hiking trails." (Group 1, male)</i></p> <p><i>"More access [time offered, more options]" (Group 1, female)</i></p> <p><i>"Dance classes". (Group 1, female)</i></p> <p><i>"Fairs that have healthy foods, rather than cotton candy." (Group 1, female)</i></p> <p><i>"Things that are free." (Group 1, female)</i></p> <p><i>"I know Wilton really works hard...they're really into involving the families but they could do more for adult physical activity, I know they do a lot of kids stuff" (Group 1, female)</i></p> <p><i>"I think the Rec. Departments that are setting up baseball and soccer how come they couldn't have an adult component of that?" (Group 3, female)</i></p> <p><i>"Creating some sort of special...whenever I drive through Brunswick/Bath/Topsham area I'm always so impressed with the [bike lanes; walking]. Accessible, convenient structure. Accessible, safe, free."(Group 3, female)</i></p>
Reduced fee at fitness center	1,2	<p><i>"Reduced rate for UMF fitness center". (group 2, female)</i></p> <p><i>Reduced scholarship/fees for gym membership (perhaps through Health Access) (Group 1, female)</i></p>

## Exploring the Barriers

<p>Other: more advertising, community champions, targeted groups (e.g., worksites), incentives</p>	<p>1, 2, 3</p>	<p><i>“Better advertisement of activities ...a newsletter...Know how to get resources”. (Group 1, various members)</i></p> <p><i>“More education; information needs to be handier.” (Group 2, male)</i></p> <p><i>“The idea of training champions or if you took already active people and moved them from point A to point B, all the activity in point B would pick up. There are people are that just create activity, and being around those people, people tend to do things. So if you could train and encourage to do that, and then they go out...” (Group 3, male)</i></p> <p><i>“Hiring people who are active champions.” (Group 3, female)</i></p> <p><i>“I think if you provided time during the work hours to do something, I’d just like to try it. ...if you did it and you paid people to do it, they don’t have come back at night, they don’t have to stay late at work to do it.” (Group 3, male)</i></p> <p><i>“Important to think about what population you’re targeting, what population you can impact the most... what might work for the hospital might not work for the convenience store worker.” (Group 3, female).</i></p>
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As indicated in Table 16, the primary difference between the Hospital employees and the members of Health Access was the focus on worksite interventions (i.e., intervention at the hospital). The participants from Health Access were more concerned with increasing access to *community-based* activities, whereas the hospital employees argued that by having one organization set the “example” other organizations will follow. Moreover, divergent from groups 1 and 2, the third group felt it was critical to tailor inventions to specific populations rather than attempting a community-wide activity. Interestingly, however, all groups felt that organizations such as the Hospital, Health Access, and the Rec. Departments should take the lead on *planning* community activities. The primary difference, again, was the *type* and *location* of such activities. Finally, a clear barrier for groups 1 and 2 was the lack of *information* on already existing activities. In contrast, the Hospital employees have access to both healthy food choices and physical activity through their employment at the Hospital, therefore, illuminating the disparity in access between the groups even further.

## Recommendations

The following recommendations are driven by the focus group results and represent several suggestions that the Advisory Committee can use to form the Healthy Living Initiative.

### INDIVIDUAL AND COMMUNITY BARRIERS

- 1) Consider issues of cost, transportation and other access issues specific to different communities within Franklin County when planning a community initiative. Taking a local community-focused approach will best address community-specific barriers such as transportation issues.
- 2) Take into account seasonal variables for both nutrition and physical activity when planning and evaluating the initiative (e.g., how they relate to intended outcomes). Moreover, participants' perception of seasonal barriers (e.g., fruits and vegetables more expensive) is important to consider when planning activities.

### PROGRAM COMPONENTS

- 3) Design a program incorporating the "buddy system" or community "champions" concepts to overcome the perception of community "isolation" and increase individual and community motivation.
- 4) Consider free, adult-oriented activities such as dances, healthy community dinners, and incorporating healthy messages, choices at existing community fairs. (Note: Take into account potential gender differences when planning activities, as the majority of participants were women).
- 5) Increase access to information on healthy choices and initiative messages via newsletters, existing community/local press, and websites.

Appendix A

Screening Questions

HEALTHY LIVING INITIATIVE  
(Health Access; low-income & uninsured participants)

[Note: Minimum of 8 participants, maximum of 10 participants per group]

Name: \_\_\_\_\_

Town: \_\_\_\_\_

Way to contact (phone) \_\_\_\_\_

Screener's name: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your interest in participating in our group discussion about your experiences with being healthy. Before we assign you to a group, we just need to know a little about you so that can make sure you're in the most appropriate group. Your answers will only be used to ensure that our groups have a good mix of people from our community.*

1. Male  Female  ?

2. Are you between the ages of:

18 and 39

40 and 59

or 60 and over

3. Which category best describes your household income?

Less than \$40,000  over \$40,000  (*I'm not sure of the exact numbers, but we want folks who are considered low-income*)

4. Do you currently have health insurance? Yes  No  (*for these groups we only want the uninsured or Medicaid recipients*)

a. If yes, are you currently covered by Medicaid or Mainecare (??) for health insurance?  
Yes  No

b. Do you have any other type of health insurance (such as HMO membership) for your household? Yes  No  (*if yes, then they are not eligible for the focus groups*)

5. What is the highest level of education you completed?

Some high school

Completed high school

Some College



**Exploring the Barriers**

completed college  Other   
(Try to include a good mix of education levels, if possible)

**6. Finally, how healthy would you say you are?**

- Very healthy
- Somewhat healthy
- Somewhat unhealthy
- Very unhealthy

**a. Have you been diagnosed with a chronic disease such as Asthma, Diabetes, etc...?**

Yes  No

(If yes, they are still eligible for the group, we just want to make sure we have a mix of “healthy” and “unhealthy” in the groups)

**\*\* Invite them to participate in either the 2pm or 6 pm group depending on availability of space and if possible try to keep a mix of ages, gender and educational level. ALL participants should be low-income. NO spouses or partners allowed in the same group.**

**Group information:**

The group discussion will be held at 2pm or 6 pm at [ADDRESS]. We will provide light refreshments. The group will last approximately 2 hours and you will be paid \$ 50 in appreciation for your time. Will you be able to attend?

Yes  No

*Once they have agreed to attend, thank them for their time and let them know that if they have any questions about the group they can reach Amy Black (facilitator of the group) at 629-9272 or Lesa Rose at 645-3136 X 5117. Someone may call them to remind them of the group ???*

**Participant names – Health Access**

*(Note. Please try to include a mix of participants, if at all possible)*

<b>Group 1</b>	<b>Group 2</b>
<b>1.</b>	<b>1.</b>
<b>2.</b>	<b>2.</b>
<b>3.</b>	<b>3.</b>
<b>4.</b>	<b>4.</b>
<b>5.</b>	<b>5.</b>
<b>6.</b>	<b>6.</b>
<b>7.</b>	<b>7.</b>
<b>8.</b>	<b>8.</b>
<b>9.</b>	<b>9.</b>
<b>10.</b>	<b>10.</b>



## Appendix B

### Focus Group Guide

#### PREAMBLE

Thank you very much for agreeing to participate in this focus group discussion today. I'm Amy Black, with the Maine Center for Public Health and I'll be your facilitator for this session. Lesa Rose, from the Farmington Healthy Community Coalition is sitting in as the co-moderator. Lesa will be taking notes during our discussion and may ask you a few questions toward the end of our session.

As you know, you are all here today because you are [involved with Health Access] and agreed to talk to us about staying healthy. We are interested in learning about your experiences with nutrition and exercise. This focus group is one is a series of four that we will conduct as we plan for our Healthy Living Initiative here in Franklin County.

In a group interview it is really important that you feel free to openly talk about your feelings and opinions. There are no right or wrong answers. I want to know what you think and feel. I am tape recording the session in order to ensure accuracy in writing up the results. While I will use quotes from our session, your responses will not be linked to your name in any way – all identifiers will be removed and everything you say to me is confidential. I can't, however, prevent others in this group from talking about it, but I do ask that you each respect each other's privacy. So please do not talk about what each other says in this group

Because our session is being recorded, I may remind you to speak up and to talk one at a time so I do not miss anything that you say. Although I will be asking the questions, I want you to talk to each other as well as with me. Thank you again for giving me your time and sharing your experiences.

I. Introduction – name tents; introduce themselves [15 minutes]

[Ice breaker]: When we talk about being healthy, what does that mean to you?

#### **Nutrition [45 minutes]**

II. Context/social norms/knowledge

[Q1]. What does eating healthy mean to you?

a. Why do you think eating healthy is important?

[probe:] Is it important to you?

[Q2]. What do you consider to be healthy food?

[probe for fruits, veggies]

How often do you eat these foods?

Where do you get these foods?

[Q3] Do you think your friends and family eat healthy?

a. How does it relate to your own eating habits?

[Q4] What do you consider to be unhealthy foods?

[probe for high fat foods, soda/sugar drinks]

## Exploring the Barriers

How often do you eat these foods?  
How might your family, friends influence this?

### III. Barriers

[Q1]. What kinds of things make it hard for you to eat healthier?

[probe for cost, time constraints, portion sizes]

[Probe; are there things about your life such as being a parent that makes it hard for you to eat healthy?]

a. Do you feel you have access/resources to eat healthier?

### Physical Activity and Exercise [45 min]

IV. Context and knowledge about physical activity

[Q1]. What does being physically active mean to you?

a. Why do you think it is important?

[probe:] Is it important to you?

[Q2] Do you feel like you are physically active?

What kinds of things physical activity do you do? [how often? Does not have to equate to exercise]

b. Do you feel like your friends and family are physically active? [how might this influence your own behavior?]

### V. Barriers

[Q1]. Would you like to be more active?

What kinds of things make it hard for you to stay physically active?

[time constraints, weather, access, TV]

[Probe: are there things about your life such as being a parent that makes it harder for you?]

b. Do you feel you have the access/resources to be more physically active?

[IV. Conclusion; barriers/strategies for increasing PA and nutrition

[Q1]. Are there specific things about living in your community that make it harder or easier for you to have a healthier lifestyle (i.e., nutrition/physically active?)

[Q2]. Are there specific community activities that would make this easier?

Who do you think should take the lead on these activities?

[Probe]: role of other community organizations (churches, worksites, schools, hospitals)

[Q3] Finally, what is the one thing that would really make it easier for you to make more nutritional choices and to be more physically active?