

Exploring motivations and/or perceived benefits and barriers underlying key
parent factors associated with the intake of calcium rich foods
of early adolescents

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Chapter I

Introduction

Although osteoporosis is a disease of the elderly, this disease can occur at a much younger age and can be linked to a deficiency of calcium intake during childhood. Intake of calcium is especially important between the ages of 10 to 13 when bone growth is at a peak (7). Many of the nutrition messages directed at improving intakes of calcium focus on choosing a certain number or servings of calcium rich foods (CRF) per day (e.g., the 3-A-Day campaign, Dietary Guidelines 2005, and MyPyramid). Parents and caregivers have a strong influence on their early adolescent children's eating behaviors and therefore play an essential role in preventing osteoporosis by promoting intake of CRF (4). However, few messages about improving CRF intake among early adolescents are directed at the parent's role. Little is known about what the content of these messages should be, how they would be perceived, and whether they would motivate parents to promote CRF to early adolescents. Key messages could

address motivation and/or benefits to behavior change, barriers and strategies to enable parents to promote CRF intake among early adolescents (2).

Previous research has identified key parent factors that positively influence consumption of CRF in early adolescent children (e.g., role modeling, setting expectations, and availability) (4). In fact, some of these factors have been shown to be associated with bone mass in early adolescent girls (3). As part of the USDA W2003 multi-state project, the objective of this study was to investigate the motivators and/or benefits and barriers underlying parent factors associated with calcium intake in early adolescents, including: role modeling intake of CRF; making CRF available; and setting expectations for intake of CRF. To achieve this goal, we conducted 3 focus groups in our target population of low-income, non-Hispanic white parents with early adolescent children. In the focus group addressing role modeling, utilizing nominal group technique, participants were asked to brainstorm personal benefits received from role modeling intake of CRF. Next, participants shared their responses and as a group ranked the top 3 benefits. Having a smart, focused child was ranked highest, followed by watching children become role models to younger siblings and own children. Having fewer trips to the doctor/dentist while saving

time/money and observing children living better as they grow tied for 3rd.

Participants suggested that having educational videos about CRF and seeing pictures of unhealthy, calcium deficient children would motivate them to role model intake of CRF. Parents reported that barriers to role modeling include: lack of time; defiant, picky eaters; and lack of resources. At the completion of this study, we expect to have a better understanding of the motivators and/or perceived benefits and barriers of key parent factors that influence intake of CRF by early adolescents, which will facilitate the identification of relevant messages that will motivate parents to promote CRF to their children.

Chapter II

Literature Review

Dietary calcium plays a critical role in aiding the strength and integrity of growing bones (1). Adequate intake of calcium is especially important between the ages of 10 to 13 when bone growth is at a peak (8). Insufficient dietary calcium during this critical growth phase increases the risk for osteoporosis and bone fractures later in life (7). Studies have shown that adequate calcium intake in pre-adolescent girls significantly improves bone density during postmenopausal years (12). Furthermore, adequate calcium intake in boys has a high correlation with adequate total body bone mass, especially in the cortical bones.

Unfortunately, most preadolescent children are not meeting dietary calcium requirements (7).

Parents play a major role in shaping the food choices and eating behaviors of their children. Previous research has identified key parent factors that positively influence consumption of calcium rich foods (CRF) in early adolescent children (e.g., role modeling, setting expectations, and availability) (4). Fisher et al reported that mothers who role modeled intake of more milk and less soft drinks also had daughters who followed suit (5). Another study revealed results that these parental factors of role modeling intake of calcium, setting expectations for

intake of calcium, and making calcium available are positively associated with bone mass in early adolescent girls (3). Additionally, parental influences at family meal times resulted in a higher intake of dairy foods by their children (11). Thus, parents and caregivers play an important role in preventing osteoporosis by promoting intake of CRF (calcium rich foods) (4).

Many nutritional messages exist to inform the public about certain numbers or serving sizes of CRF. The Dietary Guidelines 2005, providing information regarding CRF intake and the recommended calcium intake daily, is an example of this type of messaging (13). Another example is the 3-A-Day campaign, funded by the National Dairy Council. This campaign specifically targets dairy intake suggesting helpful calcium rich recipes and facts about CRF. It also offers a questionnaire for parents to analyze their and their children's calcium consumption (10). Additionally, MyPyramid.com has many interactive tools to give ideas about healthy eating. Furthermore, it offers ten tips specifically for parents, giving practical solutions to encourage healthy eating as well as role modeling healthy eating (9). Still, very few messages about improving CRF intake among early adolescents are directed at the parent's role. Considering the impact parents have toward encouraging CRF intake in their children, effective messages targeting parents should exist in greater numbers. Little is known about what the content of these messages should be, how they would be perceived, and whether they would motivate parents to promote CRF to early adolescents. Key messages could address motivation and/or benefits to behavior change, barriers and strategies to enable parents to promote CRF intake among

early adolescents (2). Therefore, research is needed to develop, test, and measure the effectiveness of messages based on these factors that motivate parents to promote early adolescent's consumption of CRF.

Chapter III

Methods

*** This study was approved by the Human Subjects Institutional Review Board at The Ohio State University**

Subjects

The target population for this project was non-Hispanic, White, low income parents with children ages 10 to 13. Participants were recruited from a neighborhood located in Columbus, Ohio (Franklinton) with a high population of non-Hispanic, White, low income residents. The site for focus group conduction was Gladden Community House in Franklinton County, Ohio. Each participant received a twenty dollar gift card as an incentive for participation.

Research protocol

Three focus group sessions were planned to address the key parent factors known to influence child intake of CRF: (1) role modeling intake of CRF; (2) making CRF available; and (3) setting expectations for intake of CRF. However, due to difficulty in subject recruitment, only one focus group was conducted (role

modeling intake of CRF). The remaining focus groups will be completed in Summer 2011.

Role Modeling Focus Group

Nominal Group Technique

Nominal group technique was utilized to address perceived benefits for parents in role modeling CRF. The participants were asked the following anchor question pertaining to role modeling:

“When I set a good example about eating and drinking calcium rich foods and beverages, I will personally benefit in this way...”

After a silent brainstorm session, participants shared individual responses in a round robin presentation. After each individual response was recorded on a board in front of the group, a clarification period took place, eliminating duplicate responses. Subsequently, participants ranked their top 3 choices individually. Then, the results were tallied, and the overall top 3 choices of the group were presented. The follow technique was used to calculate the overall top 3 choices of the group:

Scoring Overall Top Results

Each individual’s top 3 results received the following weight: 3 for most important, 2 for middle importance, and 1 for least important. After each weight was given, the number of votes that a specific result received for most important was determined and then multiplied by the

weight. For example, given a particular result was “most important” for 2 participants, then 3 (for most important) was multiplied by 2 (for the number of people that voted for that particular result). The weighted scored would be 6 (3 multiplied by 2).

<u>Weight</u>	<u>Meaning</u>
3	Most Important
2	Middle Importance
1	Least Important

Example calculation:

<i>Benefit</i>	<i>Weight (A)</i>	<i>Scoring Factor (B)</i>	<i>Weighted Score (C)</i>
<i>“I will be a good parent”</i>	3	2	6
	2	1	2
	1	0	0
<i>Total (D)</i>	-	-	8

Traditional Group Technique

After conducting the nominal group technique, a traditional focus group technique was employed whereby participants were asked to provide feedback on the perceived barriers and facilitators in role modeling intake of CRF to their children.

Barriers: “What keeps you from setting a good example for your child to eat and drink CRF?”

Facilitators (strategies): “What might help parents set a good example for your child to eat and drink CRF?”

A tape recording of the focus group was made and transcribed at a later time.

Message Testing

Participants were then asked to provide feedback on preferred mode of messaging:

“How would you like to see or hear the message or information?”

“Where would you like to see or hear the message or information?”

“What language do you think the message should be in?”

Participants were also asked which of the following test messages best resonated with them:

“It’s more than you think”

“Just Drink it.”

“Set a good example – it’s what you do.”

“Raise the bar – do it for them.”

“Bring dairy home – what’s good for them is good for you.”

Chapter IV

Results

Subject Characteristics

The characteristics of the recruited participants for the role modeling intake of CRF to their children focus group are presented in Table 1. The majority of the participants were non-Hispanic or Latino females and between the ages of 41 to 50. An equal number of participants were married or unmarried. Participants had varying levels of education; however, none received a 4-year college degree. Most were unemployed and the rest were partially or fully employed or stay-at-home spouses. The majority of the subjects participated in either SNAP or Free/reduced priced school lunches (Table 1).

Table 1: Subject Characteristics (n=13)			
n (% of total)			
<u>Age (y)</u>		<u>Education</u>	
18 -30	0 (0)	Not completed high school	4 (31)
31-40	4 (31)	Received some high school diploma or GED	5 (38)
41-50	7 (54)	Some college or technical school	4 (31)
50- older	2 (15)	4 year college, university degree, or advanced degree	0 (0)
<u>Gender</u>		<u>Employment Status</u>	
Male	1 (8)	Homemaker/househusband	3 (23)
Female	11 (85)	Not employed	5 (38)
No response	1 (8)	Employed part time	2 (15)
<u>Ethnicity</u>		Employed full time	3 (23)
Non Hispanic or Latino	13 (100)	Retired	0 (0)
Hispanic or Latino	0 (0)	<u>Participants in the following programs:</u>	
<u>Marital Status</u>		WIC	1 (8)
Do not have spouse	5 (38)	SNAP (formally called Food Stamps)	6 (46)
Married	5 (38)	Free/reduced priced school lunches	7 (54)
No Response	3 (23)	None	1 (8)
		No Response	1 (8)

Role Modeling Focus Group: Nominal Group Technique Results

The top three benefits of the participants to role modeling intake of CRF to their children were the following: first, having a smart, focused child (weighted score = 11), second, watching children become role models to their younger siblings and their own children (weighted score = 10), and tied for third, having fewer trips to the doctor/dentist while saving time/money as well as observing their children live better as they grow (weighted score = 9) (Table 2). (All weighted responses are found in the appendix, Figure 1.)

**Table 2: Parents' Top Ranked Personal Benefits
Received from Role Modeling Intake of CRF to Children**

<u>Benefit</u>	<u>Weighted Score</u>
Having a smart, focused child	11
Watching children become role models to younger siblings and own children	10
Having fewer trips to the doctor/dentist while saving time/money	9
Observing children living better as they grow	9

Role Modeling Focus Group: Traditional Group Technique

The participants reported that a lack of time, defiant, picky children, and a lack of money and resources were all barriers to role modeling intake of CRF to their children (Table 3).

**Table 3: Barriers Parents Face in
Role Modeling Intake of CRF to
Children**

<u>Barrier</u>
Lack of time
Defiant, picky eaters
Lack of money and resources

In addition, the participants indicated that having education videos of CRF and seeing photographs of unhealthy, calcium, deficient children would act as facilitators to motivate them to role model intake of CRF to their children (Table 4).

Table 4: Facilitators of Parents in Role Modeling Intake of CRF

Facilitators

Having educational videos about CRF

Seeing pictures of unhealthy, calcium deficient children

Role Modeling Focus Group: Message Testing

The reported preferred mode(s) of messaging that parents would like to see in order to help them role model intake of CRF to their children included the internet (Facebook), electronic games (Wii), television, and pamphlets (Table 5).

Table 5: Parents' Preferred Mode of Messaging

<u>Mode</u>	
Television	Internet (ex. Facebook)
Electronic Games (ex. Wii)	Pamphlets

The participants also determined that out of the five example test messages, the follow three resonated the most with them: Raise the bar – do it for them; Set a good example – it's what you do; Bring dairy home – what's good for them is good for you (Table 6).

Table 6: Top Test Messages Chosen by Parents with Young Adolescents

Test messages

Raise the bar – do it for them

Set a good example – it's what you do

Bring dairy home – what's good for them is good for you

Chapter V

Discussion and Conclusion

Parents with children ages 10-13 years feel they would personally benefit from role modeling intake of CRF by: having and observing their smart, healthy children grow; watching their children learn how to role model intake of CRF themselves; and saving money and time. Furthermore, although barriers of having a lack of time, money and defiant children exist, parents feel that seeing education videos of CRF as well as seeing pictures of unhealthy, calcium deficient children would act as facilitators to role model intake of CRF to their children. Finally, through a variety of modes of media, parents feel that certain messages would encourage them to role model intake of CRF to their children. As part of the USDA W2003 multi-state project, these results discussed above will be added to results from other states in order to, overall, facilitate identification and testing of relevant messages that will motivate parents to promote CRF to their children.

Chapter VI

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Chapter VII

Appendix

Figure 1: Perceived Benefits with weighted scores from role modeling focus group: nominal group technique

Benefit	Points
Having a smart, focused child	11
Watching son (child) become a role model to younger siblings and their own children	10
Less trips to the doctor/dentist; saving time and money	9
Benefit to them to live better as they grow	9
He (child) is getting good vitamins	6
I will be in better health to watch him grow.	6
Having fun with my children	5
I can enjoy the foods myself	4
I will feel emotionally stronger	4
I can keep up with the child	4
Opens up conversations about family genes	3
Have a good night sleep	0
I am getting calcium, too.	0
Not seeing my child obese	0
Seeing my child have a healthy smile	0

** **Bold** = top 4 benefits

Role Modeling Script (used during focus group session)

1. **Consent** (Revise the following preamble as needed to fit your situation)
The purpose of the consent form is to explain your rights as a participant in this research study. It's the [*insert University name*] way of protecting you and your interests. I'm going to briefly go over the form with you, section by section, and answer any questions that you may have. When we are finished, if you are not interested in participating in the project, just let me know. You can keep this copy for your records.

In the first part of the form we explained the purpose of this study. Calcium is an important nutrient for children who are 10-13 years old. That's why we asked parents of 10-13 year old children to participate in this study. The types of foods and beverages that children eat and drink can affect whether they get enough calcium. Parents can help their children get enough calcium from the foods and drinks they consume by setting a good example.

The purpose of this study is to better understand what makes parents and other caregivers want to set a good example for their children by eating foods with a lot of calcium. We will use the information you give us today to develop targeted messages to parents so they can help their children get enough calcium.

Under the **Procedures** section, we explain what we will ask you to do. Today you will be participating in a focus group discussion. We will ask questions to better understand what makes parents want to set a good example for their children by eating foods with a lot of calcium. This discussion will last about an hour and a half.

Our main brainstorming activity will have 4 stages:

- First, we will ask you to brainstorm for about 5 minutes on your own.
- Then you will present your answers one by one to the group.
- Next we will work together to make sure everyone understands the answers.
- Then you will rank the answers on your own with note cards.

We will give you a \$[*x amount*] gift card for [*x place*] for the time you spend with us today.

The **confidentiality** section of the form lets you know that the records of the study are private, no one will be able to identify a subject from any report we might publish. Only the researchers will have access to the records. We are taping the discussion today and only the researchers will have access to the

tapes. To maintain confidentiality we will just refer to you by your first name. We ask that you do *not* put your name on this form or on the short survey we ask you to complete about yourself.

In the **Voluntary Nature of the Study** section, we explain that your participation is voluntary; if you don't want to participate it won't affect your relationship with the [*insert University name*]. If you decide to participate, you are free not to answer any question or withdraw from the study at any time.

My **contact** information is at the bottom of this form. If you have questions about the study after you leave today you can contact me at the phone number listed. If you have questions now, I would be happy to answer them.

2. Introduction

I am [*name of moderator*] and I will lead the discussion. [*Name of assistant*] is our note taker and time keeper. [*She/he*] will make sure we are on track. Before we have everyone introduce themselves, I want to let you know that we are not looking for right or wrong answers to our questions today; we are just interested in hearing your thoughts. Now, I would like each person to introduce themselves, your first name only and the name and age of your 10-13 year old child.

3. Let's get started (Initial activities)

***NOTE: a minimum of 6 people in each group must be present in order to do both the NGT and focus groups. If less than 6 people, then just ask them the focus group questions (p. 7)**

A. Group agrees on a name to refer to calcium-rich foods and beverages

Before we get started, I want to briefly show you some examples of foods and beverages that have a lot of calcium. [*Show photos of calcium-rich foods and beverages (CRF/B)*]. Calcium-rich foods and beverages help to build bones. Before we go any further, I would like you to tell me what you would like to call these foods and beverages? What do you think we should refer to them as?

[*Write name for future reference. Substitute this name where ever we see (THESE FOODS) in the NGT script.*]

Think only about your 10-13 year old child when participating in this discussion. If you have more than one 10-13 year old child living with you, please choose one child in this age range and answer questions with only this child in mind.

B. Introduce the topic of parental role modeling with regards to CRF and beverages that children consume. Explore feelings about role modeling using a picture deck activity.

“When children see their parents eating and drinking (THESE FOODS), they are encouraged to eat and drink (THESE FOODS). This is called setting a good example. I want you to start thinking about what it means or how it would make parents feel to set a good example for their child to eat and drink (THESE FOODS).”

In the next step of our discussion today, I am going to show you an assortment of pictures for you to study. [*Spread out the pictures on the table for everyone to see and so that everyone can reach them.*]

We want to know how setting a good example for your child to eat and drink (THESE FOODS) makes **you feel**. Think for a minute about how **you feel** about setting a good example for your child to eat and drink (THESE FOODS). Now, look at the pictures on the table. Please pick at least one picture that illustrates how **you feel** about setting a good example for your 10-13 year old child to eat and drink (THESE FOODS). We want to know how the picture(s) you choose relates to how **you feel** about setting a good example for your child to eat and drink (THESE FOODS). Feel free to think outside the box and be creative with your answers and how they relate to the pictures. You may pick more than one if you have different feelings you would like to share.

Take your time and please do not talk to each other yet. After you've chosen your picture(s), we are going to go around the room and discuss how your feelings about setting a good example for your child to eat and drink (THESE FOODS) relate to the picture you chose. Each of you will get to share your story with everyone in the group.

[*Wait 3-5 minutes until everyone has had a chance to look at the pictures and think about what they are going to say. Time doesn't matter here; just watch to make sure everyone is ready to participate in the next step of discussion.*]

Has everyone had a chance to think about how setting a good example for your child to eat and drink (THESE FOODS) makes **you feel**? Have you chosen at least one picture to help describe your feelings? So, let's go around the room now and talk about the picture(s) you've chosen and why you chose them. Does someone want to go first? (Someone's name), can you tell us about the picture you chose and the way it relates to how **you feel** when you set a good example for your child to eat and drink (THESE FOODS).

[In a round robin format, everyone will share their picture and explain why they chose it.]

4. NGT process

Now we will begin a structured brainstorming session which will be done in four stages followed by some additional questions. I briefly explained the four stages of our brainstorming session when we read through the consent form. I will also explain each stage as we go. Any questions so far?

Ground rules

- Time limit – Each section has a time limit. *[Name]* will help me keep on track according to these limits.
- Move friends – If you are sitting next to a friend, we need you to move.
- Talking/discussions – We would like to be able to hear everyone's comments, so please do not talk while someone else is talking.
- Cell phones – If you have a cell phone, please turn it off so it does not disrupt our discussion.

A. Brainstorming

Remember, we said that when children see their parents eat (THESE FOODS), they are encouraged to eat them. This is called setting a good example.

So the question is:

When I set a good example about eating and drinking (THESE FOODS) for my child, **I will personally benefit** in this way:

[Have assistant moderator pass out Handout #1, instruct participants to fill in the blank with the term used to describe (THESE FOODS).]

Think about this very broadly. I want you to write down as many ways you can think of that **you** would personally benefit from setting a good example for your 10-13 year old child by eating and drinking (THESE FOODS). There are probably many different ways. I want you to work on your own to write down as many different ideas you can think of for how **you** would personally benefit from setting a good example for your child by eating (THESE FOODS).

We really need you to “think outside of the box”. You have about 5 min to come up with as many ideas as you can. When you are writing down your answers, please think of short, to the point ideas/phrases because we will write your answers on the flip chart/board. There are no right or wrong answers. Also, if it is

easier for you, you can write down your ideas in your native language and then we will discuss them with the group in English. We have given you space to write down eleven items, but you do not have to write something in every space. Overall, we want to hear as many ideas as possible as you have. This is a brainstorming session.

B. Round robin presentation of individual responses

At this time we will go around the table one by one giving one answer at a time. It is important that we speak one at a time because we will be writing all of your ideas on the flip chart/board. We will still be working independently – so, if someone gives a response that makes you think of something else, write it on your list, and you will be given a chance to contribute it to the group.

But if someone presents an idea that is the same as yours, mark it off your list, and go on to the next one. For example, if I asked you something like “How do you get kids to eat more fruit?” And someone says “Put fruit in a bowl on the table.” That is the same idea as “Put fruit on the counter.”

The goal is to get as many different ways as possible for how **you** would personally benefit from setting a good example for your child by eating (THESE FOODS). So, what ways would **you personally benefit** by setting a good example for your 10-13 year old child? Let’s begin.

[If parents state something as a benefit to their child or others, ask them: “Could you restate that in terms of how it is a benefit to you personally?” However, be aware of differences that exist and let them say what they will – both rational and emotional responses.]

B. Clarification –teamwork for understanding

Now we will be working as a group to make sure that we as researchers and the group understand what is meant by each response. Remember that we want to use the information you give us today to develop targeted messages to parents so they can help their children get enough calcium.

We also want to make sure that all of the responses are different from each other because in the next stage you will be voting on them. And for your vote to count, it is important that it is not be split between similar ideas. Please keep all of this in mind as we go through each response. If you don’t understand something, it is very important that it is made clear, because if you don’t understand what is meant by one of these responses, it is very likely that someone else doesn’t understand as well.

[For each response, ask “Are there any questions or comments group members would like to make about this item?”]

D. Ranking

[Pass out 1 index card to each participant.] Do not write your name on the card. Looking at the entire list of responses on the board, I want you to pick the **3 benefits that are most important** to you. They don’t have to be the ones that you gave. They should be ones that are most important to you from your personal point of view. Write down these 3 benefits on your index card listed in order of importance, from most important to least important. Please write the number 3 next to the benefit that you ranked as most important, number 2 next to the benefit of middle importance, and number 1 next to the benefit you ranked as least important. [Watch to see that everyone has finished.] Please pass your card to the note taker.

Now we are going to calculate the results and then share how everyone ranked their top choices.

[Allow a few minutes to calculate the top choices. For each benefit that received one or more votes, multiply the weighting factor (A) by the scoring factor (i.e., number of votes) (B) and then sum the weighted scores (C) to calculate the total weighted score (D) (see below).]

<u>Weight</u>	<u>Meaning</u>
3	Most Important
2	Middle Importance
1	Least Important

Example calculation:

<i>Benefit</i>	<i>Weight (A)</i>	<i>Scoring Factor (B)</i>	<i>Weighted Score (C)</i>
<i>“I will be a good parent”</i>	3	2	6
	2	1	2
	1	0	0
<i>Total (D)</i>	-	-	8

Let's look at what the group decided were the most important benefits to having (THESE FOODS) in your home so your child will eat them. Your top choices were [*list them in first, second, and third place.*]

Others that you found very important include [*mention all the others*]. Let's take a few minutes to discuss this.

1. How do you feel about the results we just found?
2. Do you think there are items that you listed that should be included in the most important category? If so, what are they?

E. Additional Discussion Questions

Now we are going to ask a couple more discussion questions. Remember, when children see their parents eat and drink (THESE FOODS), they are encouraged to eat and drink (THESE FOODS). This is called setting a good example.

(Facilitators/strategies)

1. What might help parents set a good example?

Probe: What helps *you* eat and drink (THESE FOODS)?

(Barriers)

2. "I have a magic eraser here in a small shiny tin. Imagine that this magic eraser can wipe away anything that that keeps you from **setting a good example** for your child to eat and drink (THESE FOODS). Now, I am going to ask that each of you hold it and answer the following question: 'What would you use the eraser on in your life?'"

[*Have the participants pass the eraser on to the next participant to take turns.*]

5. Delivery Channels and Messages

The next step of our project is to share information to help parents want to set a good example to their children by eating and drinking (THESE FOODS). This information could be shared as messages in a campaign in various forms – internet (facebook or twitter), posters, television, radio, billboards, etc. If you were to participate in a program like this for parents, we're interested in knowing:

How would you like to see or hear the message or information?

Where would you like to see or hear the message or information?

What language do you think the message should be in?

How do you feel about these test messages?

- It's more than you think
- Just drink it
- Set a good example – it's what you do
- Raise the bar – do it for them
- Bring dairy home – what's good for them is good for you

6. Closing Remarks

This concludes our focus group session. Thank you for participating with us today. You have given us valuable information that will help us develop messages for parents to promote (THESE FOODS) to their children. You've been a huge help!

Handout #1:

When I set a good example about eating and drinking

_____ for my child,

I will personally benefit in this way:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____
