

POR Registration Number: 116-16
PSPC Contract Number: HT372-16-4602
Contract Award Date: March 1, 2017
Delivery Date: April 18, 2017
Contracted Cost: \$148,137.35 (taxes included)

Focus Groups on Use of Healthy Eating Information

Executive Summary

Prepared by:
Corporate Research Associates Inc.

Prepared for:
Health Canada

Ce rapport est aussi disponible en français.

For more information on this report, please email:
por-rop@hc-sc.gc.ca



Suite 5001, 7071 Bayers Road
Halifax NS B3L 2C2
www.cra.ca
1-888-414-1336



Executive Summary

Corporate Research Associates Inc.
Contract Number: HT372-16-4602
POR Registration Number: 116-16
Contract Award Date: March 1, 2017
Contracted Cost: \$148,137.35 (taxes included)

Background and Objectives

As part of its mandate to develop and promote evidence-based dietary guidance, Health Canada is currently in the process of revising Canada's Food Guide. As part of its investigation, Health Canada has commissioned Corporate Research Associates Inc. to conduct qualitative research to better understand how Canadians use healthy eating information to ensure dietary guidance is delivered to the right people in the right format at the right time. The following provides an overview of audiences and the research methodology used for each:

Members from the general public included three audiences, namely youth 16 to 19 years old and adults 19 years and older, divided in two segments (those who have marginal health literacy with scores of less than 4 on the Newest Vital Sign (NVS), and those with adequate health literacy, scoring at least 4 on the NVS). In each of Toronto, Montreal, Winnipeg, and Moncton, one group was conducted with each audience, totalling 12 traditional focus groups (conducted from March 27 to April 5, 2017). Discussions in Montreal were conducted in French, and conducted in English in all other locations.

Health professionals and intermediaries included eight specific audiences: registered dietitians (3 audiences: public health, private practice, and administrative/food service), teachers (2 audiences: elementary and secondary level), community educators, public health nurses, and physical activity specialists. In each of Toronto and Montreal, eight mini-groups were conducted (one per audience), totalling 16 groups across locations (conducted from March 28 to 30, 2017). Discussions were conducted in English in Toronto and in French in Montreal.

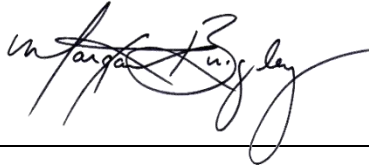
Policy makers included individuals identified by Health Canada, with nine in-depth telephone interviews being conducted from March 31 to April 6, 2017.

Caution must be exercised when interpreting the results from this study, as qualitative research is directional only. Results cannot be attributed to the overall population under study, with any degree of confidence.



Political Neutrality Certification

I hereby certify as a Representative of Corporate Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the **Directive on the Management of Communications**. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.



Signed _____

Margaret Brigley, President & COO | Corporate Research Associates

Date: April 21, 2017

Key Findings and Conclusions

Findings of the **Focus Groups on Use of Healthy Eating Information** suggest that Canada's Food Guide, though recognized as a well-respected authority on healthy eating, is considered out of date and lacks relevance to today's population. While results underscore that Canada's Food Guide has clearly helped to form a broad foundation of public perceptions towards healthy eating, it is considered a prescriptive tool that directs what people should do without providing any assistance on how to do it, as well as lacking relevance to changing lifestyles and eating habits. At the same time, there is still a need for strong, unified recommendations to guide public education and policy development on healthy eating.

General Public

Focus group discussions with the general public reveal that eating behaviours have changed, with less of a focus placed on healthy food choices and eating habits. Participants consistently described a rushed and busy life, where meals or food consumption are typically scheduled around daily calendars, rather than activities scheduled around mealtimes. Eating seems to have become more of a chore or required task, with less time set aside for planning, preparing and eating meals.

Healthy Eating Behaviours and Perceptions

The frequency of meals is primarily driven by participants' schedules, whether it be school schedules, work schedules, sleep patterns, or their families' competing timetables. At the same time, what may have historically been considered traditional family values (i.e., the entire family eating together at a table in the evening) are not necessarily aligned with today's reality. Indeed, having the entire family eat together at a table was generally an exception rather than standard practice among participants, especially for young adults and those with lower levels of health literacy. Interestingly, participants' eating behaviours were often in contrast to their stated belief, suggesting that their current eating behaviours do not necessarily reflect their ideal.



Perceptions of healthy eating are generally consistent across audiences and locations. The concept of 'healthy eating' is grounded around the premise of Canada's Food Guide, and is primarily understood as a balanced and varied diet, with limited processed and fast foods. Without exception, fresh food (fruits and vegetables), and locally grown or natural food are deemed to be healthier than processed food. At the same time, the inclusion of additives, steroids, and genetically modified foods is considered problematic. Healthy living also extends beyond food to being active and adopting a healthy lifestyle. Ultimately, it was felt that healthy foods positively contribute to the body's functioning, while unhealthy foods negative impact a person's overall health.

The general public consistently and accurately articulated what factors positively and negatively contribute to healthy eating. That said, despite their apparent knowledge, many concurred that their behaviour often contradicts what they know, primarily because of a lack of time, lack of willpower, and lack of ability to make change by not knowing how to apply their knowledge. In essence, they often choose the 'easy' and less healthy option because of their life situation or because it reflects the path of least resistance. Despite the perceived inabilities of many to make healthier lifestyle choices, increased knowledge and better understanding of the importance of healthy eating habits are deemed essential across audiences and locations. Consistently, it was felt that it is imperative to tell people why it is important to eat healthy and how they can easily impact change.

It appears that most members of the general public do not base their choice of food on established nutritional guidelines and recommendations, but rather choose their food most of the time based on price, taste, familiarity and availability. Across locations and audiences, findings clearly show that members from the general public generally do not actively seek information related to healthy eating, unless motivated to do so by personal circumstances, including such things as disease, chronic health conditions, allergies, or a specific interest in health or fitness. Those who do look for information on healthy eating do so out of necessity, rather than by choice. As such, there appears to be a continued need for public education campaigns about healthy eating, as well as positioning recommendations to be actionable and easily incorporated into today's eating habits.

Information Classification

Group discussions revealed three distinct segments within the audiences under study when considering the current use of healthy eating information. These included those who are *needs-based information collectors*, *health-conscious information gatherers*, and *passive information receivers*. Accordingly, each segment's use of information varies considerably. *Needs-based information collectors* generally have or live with someone who has a chronic health condition or disease that requires attention, and as such, they place a high degree of attention on food selection. *Health-conscious information gatherers* have a focus on their personal health, with their interest often driven by weight, body size, or fitness. They are most interested in food content or composition information, including protein, carbohydrates, sugars, and sodium, as well as paying attention to caloric intake. Finally, *passive information receivers* generally do not seek information on healthy eating to assist with their food choices.



With a few exceptions, most people have an interest in healthy eating information, but at a simplistic or holistic level that holds personal relevance, rather than looking for numeric details (be it calories, daily allotments or portion size). Instead, there is a preference for general guidance on what people should do, why they should do it and how they can do it. Indeed, when considering information on healthy eating, participants across locations and audiences prefer to get advice with a task associated with it that allows them to effectively make changes in their eating habits based on their lifestyle. The provision of realistic tips for healthy snacks or ideas on how to create quick and healthy meals within a limited budget was endorsed and welcomed. In addition, the ability to customize information for themselves holds interest across audiences. Undoubtedly, the internet will play a key role in the provision of such information both as an information resource where the general public can access helpful information, and as a social media tool where they can share useful advice and direction with others.

When asked which resources are considered most trustworthy or reliable on the topic of healthy eating, participants first named health practitioners, followed by media, with television, talk shows, and the Internet (in general) being consistently mentioned. While the Government of Canada was generally not spontaneously mentioned as a regular source of information on healthy eating, it is regarded as a reliable and trustworthy resource that plays an important public education role. Given the general public's limited interest in seeking out nutrition information, findings suggest such information should be made available to them in a format that is simple to understand and easy to access, with a preference for disseminating information where it is consumed (e.g., television, internet) and where food decisions are made (e.g., grocery stores, schools, restaurants).

Health Professionals & Intermediaries & Policy Makers

The roles of various health professionals / intermediaries varied notably both across and within each audience type. Individual consultations are more customized to clients' needs, while group education tends to include broader health concepts and recommendations. Moreover, the need for information varies by audience and their respective use of healthy eating information and advice (whether an end-user or an intermediary). Despite a diversity of goals being identified by intermediaries and health professionals based on their respective roles, most aim to help with the adoption of healthy eating behaviours and the prevention or healing of specific illnesses or conditions. Educators often referenced how they created their own tools or games from a variety of collected materials to teach children about healthy eating.

Policy development also plays various roles, from raising public knowledge about healthy eating, to establishing guidelines for the consumption of healthy foods within schools, daycares, recreational centres, hospitals, and long-term care facilities. Not surprisingly given their role, policy makers aim to establish guidelines and sound healthy eating habits to guide food choices made by the general public and administrators of publicly-funded institutions.

While participants recognized the value of the work they do, the promotion and education of healthy eating is challenged by the public's socio-economic conditions, limited food knowledge, a resistance to



change, perceived influences of the food industry, and institutions' budgetary restrictions (e.g., schools, daycares, hospitals). Similarly, healthy eating policy development and implementation is challenged by both internal organizational limitations (limited resources and political priorities), and external influences. The need to increase public education regarding healthy eating behaviours is clearly recognized across audiences.

To varying degrees, information is relied upon by intermediaries, health professionals, and policy makers. All recognized that there is a wealth of information available which can make it difficult to identify credible sources. As such, it is not surprising to note that participants are interested in a centralized source of reliable and up-to-date information on nutrition. It also speaks to the need for materials that are flexible, simple, attractive, and highly actionable, to provide educators and communicators with tools to effectively engage the public.

Across audiences, most information gathering by participants happens online, either through the use of a search engine, or on specific websites or blogs. Print materials are also useful, particularly to give to the end users as a quick reference. A large part of the information search is conducted to enhance intermediaries' and health professional's knowledge for their discussions with patients or clients. There is a reliance on public sector sources, international organizations, and specialists who share their opinions on personal websites or blogs.

Canada's Food Guide is also used across audiences, although to varying degrees. Primary level teachers make the greatest use of this tool, as its teaching is incorporated into the curriculum. That being said, it was mentioned that there lacks proper educational materials to teach Canada's Food Guide to younger children. At the same time, the recommendations for children are deemed as targeting an age-group that is too broad. Policy makers are also likely to rely on the recommendations it includes to develop their own policies or to guide the development of more tailored recommendations. In general, the Guide is used because it is the only recognized source of national nutrition guidelines.

That being said, the Guide is criticized for being outdated in both its content and recommendations, and for perceived influence by industry. The concept of precise food measurement to teach food portions is deemed irrelevant, with the use of an imagery or illustration (e.g., palm or hand, thumb, fist, plate image) or using actual props, being most common among intermediaries and health professionals when providing general education on healthy eating. The Guide also lacks an appropriate representation of ethnic foods now available in Canada, which makes it look dated and lacking in relevance. Overall, there is a desire among intermediaries, health professionals and policy makers, to update the Guide and have easy access to supporting resources that are more closely aligned with how people use and interact with healthy eating information today.

In terms of conveying the concept of 'good' and 'bad' food, categorizing foods based on the frequency of consumption (e.g., foods to eat frequently, occasionally, or rarely) appears most appropriate and is currently applied by many. The idea of food variety (i.e., ensuring a variety of items on the plate) is also an important concept currently being used. Other concepts related to nutrition, such as calories and



energy consumption, are rarely introduced in public education, and are primarily used in professional counselling to treat an illness, address a health condition or as part of a physical training regimen.

In general, policy development directed at the general public or community organizations uses knowledge regarding nutrition trends and broad recommendations. By contrast, policy development and implementation directed at meal planning in licensed or educational / health facilities require more detailed nutritional information and guidelines.

It should be noted that the food industry is viewed as having a strong influence on public organizations' food choices and on the general public's taste preferences, in addition to being perceived as influencing Governments' recommendations on nutrition. This situation makes healthy eating policy development challenging. It also makes the work of intermediaries and health professionals more difficult, given the prevalence of junk food, and the perceived misinformation circulated by industry.

At the same time, increased public interest for topics related to food consumption and production was identified as helping with the development of healthy eating policies. The same can be said for having a single reference (i.e., Canada's Food Guide), and increased knowledge sharing and collaboration across jurisdictions, are important facilitators supporting policy development and implementation.

Finally, evidence-based research is of paramount importance for health professionals / intermediaries, although this information is not related to the end audience. Likewise, understanding the scientific rationale supporting recommendations is valued by policy makers to support their decisions, although it is not consistently referenced in policy documents. Having access to such information is deemed of great importance, but more so as a separate piece for internal reference, rather than for distribution.

