

Examples of Segment Profiles and Descriptions

Example #1

From: CDC Physical Activity Audience Analysis Report
Prepared by Porter Novelli, October 2004

Susan: Minimally Physically Active Woman Who Pays Attention to Physical Activity and Exercise Stories in the Media

Susan just turned forty. She lives in the suburbs, is married, works full-time, and has two kids. She also has a college degree, and she and her husband's income together is over \$50,000. She fits in physical activity 3 or 4 days a week during a typical week, and tries to spend about 30 minutes doing physical activity on these days. She usually doesn't have time to add in activities to help her increase muscle strength, however.

Susan feels good when she's able to exercise regularly, but wouldn't call herself an exercise enthusiast. She exercises and feels good about it because it helps her stay thin and lose excess weight, and because she knows that it helps keep her healthy. She cares about her health, and tries to do what she can to stay healthy.

She'd consider herself slightly overweight, and is currently actively trying to lose weight. Her appearance is important to her – she wants to look healthy and have an attractive physical appearance. That's why in addition to exercising, she tries to eat a healthy diet, especially one low in fat.

When it comes to health information, Susan is likely to turn to her doctor, family or friends for information, but she also uses magazines, television and the Internet to find health information. She likes to learn about health information, and will often seek it out on her own.



Diana: Minimally Physically Active Woman Who DOES NOT Pay Attention to Physical Activity and Exercise Stories in the Media

Diana is 40 years old, lives in the suburbs, is married, works full-time, and also has two kids. Diana earned an associates degree, and she and her husband make less than \$50,000 a year.

Diana is able to fit in physical activity about 2-3 days during a typical week, and spends about 20 minutes doing physical activity on these days. She isn't entirely sure how much exercise or physical activity she should be getting, and isn't convinced that she could do physical activity 3 or more days a week per week for one month if she had to. One reason for this is that she doesn't enjoy exercise. Plus, she doesn't think that the people who matter most to her care if she exercises regularly or not (and most of her friends don't exercise regularly, anyway).

Diana is somewhat overweight, but is not really trying to lose weight. When she does try to shed pounds, eating smaller portions of food is her first instinct since she doesn't enjoy exercise. Diana also enjoys high-fat foods, and doesn't prioritize eating a healthy diet. She also doesn't concern herself too much about her appearance - not that she doesn't care, but it's not a priority in her book.

When it comes to health information, Diana doesn't spend a lot of time looking for any. When she does, she is likely to do it on her own rather than rely on her health care provider, and turns to family and friends for information. She'll sometimes also turn to magazines, television and the Internet.



Mike: Minimally Physically Active Man Who Pays Attention to Physical Activity and Exercise Stories in the Media

Mike is in his mid-forties, and lives in the suburbs. He is married, works full-time, and does not have any children living at home. He has a college degree, and his household income is over \$50,000.

He does moderate or vigorous physical activity about three or four days a week during a typical week, and spends about 30 or more minutes doing physical activity on these days. He also tries to fit in activities to help him increase muscle strength two or three of the days he works out or fits in some type of physical activity.

Mike feels good when he exercises regularly, and is pretty confident that he can continue exercising three or more days a week on a regular basis. He is somewhat health-conscious, and tries to eat a healthy diet to help keep him healthy. He wants to live a long life, so being active and eating well are important to him.

When it comes to health information, Mike is most likely to turn to his doctor, family or friends for information, but also uses magazines, television and the Internet to find health information. He doesn't usually actively seek out health information, but will rely on himself to learn more when needed rather than rely on his health care providers.



Tim: Minimally Physically Active Man Who DOES NOT Pay Attention to Physical Activity and Exercise Stories in the Media

Tim is also in his mid-forties, lives in the suburbs, is married, works full-time, and has two kids. He took some courses in college, but did not earn a degree. His household income is less than \$50,000 a year.

Tim does physical activity about 2-3 days during a typical week, and spends at least 30 minutes doing physical activity on these days. He's not as likely to do strength-training activities in a typical week, however. He doesn't really enjoy exercise, and doesn't think that the people who care about him care much whether he exercises or not. In fact, most of his friends don't exercise regularly.

Tim is overweight, but not obese. Still, he's not dissatisfied with his weight, and not actively trying to lose weight or eat a healthy diet. He enjoys high-fat foods, and doesn't like low-fat or low-calorie versions of foods. Generally, his health isn't something he thinks about or actively tries to manage. He'll even admit that he doesn't do everything he can to stay healthy.

When it comes to health information, Tim doesn't spend much time at all looking for health information, and doesn't really enjoy learning about health issues. If he were to look for information, he would probably rely on his health care providers.



Mary Lou: Woman 65 or Older in Good Health

Mary Lou is in her very early seventies, and lives in the suburbs. Her husband passed away of a heart condition a few years ago, and she lives in their house where they raised their children.

Mary Lou walks with friends and does other types of physical activity a couple of days a week, but is not likely to do activities that help her increase her muscle strength. She enjoys some physical activity, but doesn't necessarily enjoy exercising. She also has arthritis, so needs to be careful in the activity that she does. Still, she feels good about herself when she is active, and knows that her kids are pleased, too.

Mary Lou is slightly overweight, and does want to lose some of her excess weight. She is still concerned about her appearance, and tries to eat a healthy diet. She wants to live a long life, and wants to do everything she can to stay healthy.

When it comes to health information, Mary Lou relies on her doctor for information, and thinks that her doctor does provide her with practical health information. She sometimes will even bring up something she read or heard in the news that she thinks is relevant to her personally. She's interested in learning about her health, and makes a point to read and watch stories about health.



Tom: Man 65 or Older in Good Health

Tom is in his late sixties. He just recently retired and lives with his wife in the suburbs. He has a college degree, and his income is more than \$50,000 a year.

Tom tries to do physical activity four or more days a week, and spends more than 30 minutes doing these activities on the days that he is active. Sometimes he also will do activities that help increase his muscle strength. He doesn't always enjoy physical activity, but feels good when he is active, and knows that his wife and kids are pleased, too. With his high cholesterol and high blood pressure, he knows that being active and eating well are important.

Tom is slightly overweight, but generally tries to eat a healthy diet. His health is important to him, since he wants to live a long life, and in the best health possible. That's why it is important to him to be informed about health issues, even though he doesn't enjoy learning about health issues.

Tom has a good relationship with his doctor, and relies on his doctors for information.



Example #2

From: Wisconsin Nutrition and Physical Activity Program; Footprints to Health: Franklin Neighborhood Initiative

These segments were developed by the Wisconsin Nutrition & Physical Activity Program from formative research gathered during the development of their Footprints to Health: Franklin Neighborhood Initiative. This initiative targets parents of elementary school children living within the Franklin neighborhood. Information used to develop these segments came from an extensive literature review, a summer pilot program, focus groups, key informant interviews, intercept interviews, an environmental scan, and observational data.

Segment	Brief Description
Early Adopter Parents	<ul style="list-style-type: none"> • Volunteers at after school functions • A core group of about 25+ parents from Franklin consistently participate in school-related activities • Math & Science nights are popular events • Most are Caucasian, higher educated & higher income • Are eating some fruits and vegetables; some are just short of meeting the daily recommendations • Includes members from school's Parent-Teacher Organization • Kids and parents liked fruit and vegetable tasting • Top 3 activities parents liked to do included walking, biking, and playing games • Parents felt kid should be active and parent should be a good role model and encourage child's participation
Southeast Asian (Hmong) Parents	<ul style="list-style-type: none"> • Larger families, supervision problems • Hmong children help more at home • Language barriers • Some can't read food labels • Culture shift between generations – younger: American diet, older: traditional diet. Families serve 2 meals • Worried about overweight, willing to be involved • Hard to combine Hmong and Caucasian in meetings • Older people have no "sports" skills • Hmong Association has no youth coordinator, refers to YMCA • Like to garden, fish & walk • Don't consume much fruit • Lack of health insurance • No Hmong on school's Parent-Teacher Organization
Slow to Action Parents	<ul style="list-style-type: none"> • Transportation issues • Patients receptive to making change – usually prepped prior by physician • Parents aren't active • Physical activity access issues due to cost, transportation & related child care • Parents don't encourage outside activity because it requires supervision • Lack of physical activity and games knowledge • Older children busy watching younger siblings • Younger kids not allowed Boys & Girls Club, only serves grades 5-12 • Lack of nutrition knowledge • Food access issues due to costs and transportation • Little low fat food choices at grocery store of choice • Limited food choices at grocer

More Detailed Segment Profiles

Early Adopter Parents:

Data collected from the first two rounds of focus groups and several key informant interviews led to the notion of an “early adopters” segment. Franklin Elementary school staff noted that there is a core group of parents who generally participate in school-related events and are heavily involved with the school’s Parent-Teacher Organization (PTO). The coalition learned that the demographics of this “core” group of parents include highly educated, higher-income Caucasians. A second round of focus groups included some participants from this audience segment. Time was identified, again, as one of the biggest barriers towards eating healthy and being active. As anticipated, kids are parents’ biggest motivators. Moreover, coalition members noted that the parents who participated in the summer pilot had similar characteristics (high-income, highly educated). Parents from the summer pilot reported consuming about 4 servings of fruits and vegetables daily and were physically active 3 days per week.

South East Asian (Hmong) Parents:

Several key informants at the Franklin Elementary School noted Hmong parents as “hard to reach”, as they often do not participate in school-related events. Additionally, Hmong parents often require translators at parent meetings. To confirm these initial assumptions, key informant interviews with officials from the Wausau Area Hmong Association were completed. Important information obtained from these interviews included Hmong parents noticing a shift in culture, their increasing concerns about the health of their children, and that they are unable to read food labels. Additionally, it was noted that most Hmong adults do not know how to be physically active via traditional American lifetime sports (i.e. tennis, basketball, etc.), but rather get their activity from purposeful activities such as fishing and gardening. Interestingly, the *Schools Project Community Report 2004* noted that physical activity levels were the lowest for South East Asian students. The Wausau Area Hmong Association also noted that Hmong children and adolescents are consuming a more Americanized diet (i.e. convenience foods including TV dinners), while most Hmong adults continue to consume a traditional diet (i.e. rice and vegetables). This audience was not selected at this time to receive any specific tailored intervention components; however this segment will likely be exposed to some of the dosage of the proposed intervention strategies included in this proposal. Given that future funding is available, it is highly likely that this audience segment will be phased in to the initiative in the near future as part of the HEAL Coalition’s long-range plan after the *Footprints to Health Franklin Neighborhood Initiative* has been evaluated via a post-survey in April 2007.

Slow-to-Action Parents:

In the entire formative assessment process, this segment was the most difficult to reach. The coalition made several attempts to recruit individuals from this segment for focus groups. The second round of focus groups, which offered gas cards, a meal, and free child care as incentives, was more successful at getting representation from this segment. Cost of fruits and vegetables, viewed as being “too expensive,” was a major barrier mentioned during focus groups. To further investigate assumptions about this segment, intercept interviews were completed after school at the Franklin Elementary School to capture more information about the factors that influence the behaviors in this group. The HEAL Coalition completed over 20 intercept interviews with parents who were picking their children up from school. Intercept interview results included a majority of parents describing themselves as being pretty active and “doing okay” with more room for improving fruit and vegetable consumption. From the interviews, lack of time was mentioned repeatedly by parents as a barrier to eating fruits and vegetables and being active. Resistance from family members, specifically children, in trying new fruits and vegetables was identified by some parents. Additionally, this audience was not selected at this time to receive any specific tailored intervention components; however this segment will likely be exposed to some of the dosage of the planned intervention strategies included in this proposal. Given the availability of future funding, it is highly likely that this segment will also be phased in the near future as part of the HEAL Coalition’s long-range plan after the *Footprints to Health Franklin Neighborhood Initiative* has been evaluated via a post-survey in April 2007.

Example #3

From: Segmenting Audiences to Promote Energy Balance: A Resource Guide for Public Health Professionals

These segments were developed by CDC, the National Cancer Institute, and Porter Novelli through statistical analysis of Porter Novelli's Styles© research database. This analysis identified five "energy balance" segments that characterize U.S. adults according to attitudes and behaviors concerning nutrition, physical activity, and weight control. For additional information about these segments, more detailed profiles of each, and to download the entire resource guide, see www.cdc.gov/dnpa/socialmarketing.

Brief Description of the Segments:

- 1. Balance Seekers** (approximately 24% of population): This group is highly motivated. They are dissatisfied with their weight, actively trying to lose weight, and are confident in the ability to engage in dietary and physical activity behaviors to achieve this goal. Well informed about healthy eating and physical activity behaviors, they have social support networks in place that help keep them motivated. Despite their motivation and confidence, 39% were overweight, and 19% were obese.

- 2. Seeking but Struggling** (approximately 23% of population): Approximately one-half of this segment were obese (53%) and another 35% were overweight. Members of this group are dissatisfied with their weight and recognize the threat to their health. They are trying to eat a healthy diet but often eat when they are stressed or upset. They don't like to exercise but are pleased with themselves when they do. Motivated to eat well and exercise more, they have confidence in their ability to engage in physical activity behaviors but have low self-efficacy for making dietary changes.

- 3. Actively Balanced** (approximately 13% of study population): This audience was among the two segments with the highest proportion of participants with healthy weight according to body mass index measures (63%). Group members are generally satisfied with their weight and are not trying to lose weight. They actively engage in healthy eating behaviors and regular exercise. Health is a priority in making lifestyle choices.

- 4. Out of Balance** (approximately 22% of population): More than one-half of the respondents in this segment were obese (56%), and about one-third were overweight (31%). They are dissatisfied with their weight and recognize the threat to their health. But, unlike the *seeking but struggling* and *balance seeker* segments, they are unmotivated to make healthy lifestyle changes. They are the least physically active group, don't get any satisfaction from physical activity, and have no intention to limit calorie intake to lose weight. They are not confident they can be more physically active, eat less, or lose weight, and they have less social support for these behaviors.

- 5. Passively Balanced** (approximately 18% of population): This segment had the second highest proportion of persons with healthy weight (56%). Although they tend to be at a healthy weight, they make no conscious or active effort to maintain healthy weight. Unlike the members of the *actively balanced* audience, members of the *passively balanced* audience have low motivation and little interest in healthy eating habits. They are the most physically active group and are very confident they can stay thin or lose weight but are generally not trying to lose weight.