Supporting Statement for Fruit and Vegetable Concept, Message, and Materials Testing

A. Justification

A-1. Circumstances Making the Collection of Information Necessary

On December 10, 2002, OMB gave generic clearance (no. 0920-0572) to CDC for a Health Message Testing System (HMTS) for time-sensitive health messages. Examples of such situations are disease outbreaks, bioterrorist incidents, legislative or high-level administrative mandates with tight timeframes, and historical events that create brief windows of prevention opportunity or change the likely meanings of prevention messages and materials (e.g., posters depicting the World Trade Center after the collapse of the twin towers on September 11, 2001). OMB recognized that, especially in time-sensitive situations, health messages should be clear, accessible and salient and that failure to test and make sure that they are could have serious negative health consequences.

Under the HMTS, OMB has agreed to expedite review of proposals for data collections designated to test health messages for the general public and/or CDC's partners. Under the HMTS, no additional Federal Register notices are necessary, and OMB has agreed to take no longer than three weeks to review proposals. The cumulative number of burden hours approved under the HMTS is 7,500 over a three year period. The test proposed in this package is the third to be submitted since the most recent HMTS renewal and is requesting 365 burden hours. Therefore, this project will reduce the available burden hours to 4,513.

Recent changes have spurred the need to test new messages to help the public increase their fruit and vegetable consumption.

The largest federal program partnership promoting fruits and vegetables, the National 5 A Day for Better Health (5 A Day) program, has experienced important programmatic changes that provide a unique opportunity for fruit and vegetable message development:

- In October 2005, federal leadership of the 5 A Day program was transferred from National Cancer Institute to the Centers for Disease Control and Prevention.
- In March 2007, the 5 A Day program will be re-branded as the Fruits and Veggies: More Matters program. To announce the new program, federal, state, and private sector partners of the 5 A Day program will launch the new name and program recommendations in a national press event in San Francisco. CDC will release findings of a scientific study to accompany this event, and state and local health departments are gearing up to do local press events as well. All of this will be aimed at increasing the public's awareness of the new fruit and vegetable recommendations through the program re-branding that encourages more fruits and vegetables than the former "5 A Day" recommendation.

In addition to these programmatic changes, several changes have occurred in the scientific recommendations related to fruit and vegetable consumption. In January 2005,

HHS and USDA released the sixth edition of The Dietary Guidelines for Americans. These new guidelines marked several important changes for fruit and vegetable guidance:

- Fruit and vegetable quantities are measured in "cups" instead of "servings"
- Fruit and vegetable recommendations for individuals are based on energy requirements, resulting in a recommended range of 2 ½ to 6 ½ cups of fruits and vegetables for adults.
- Consumption of whole fruits (fresh, frozen, canned, and dried) rather than fruit juice for meeting the majority of these daily requirements is suggested to ensure adequate fiber intake.
- Lastly, vegetable intake should be varied to included adequate amounts of these 5 vegetable sub-groups each week: dark green vegetables, orange vegetables, legumes, starchy vegetables, and other vegetables.

The need for improving the fruit and vegetable intake of the public has been recognized both nationally and globally as priorities to decrease chronic disease risk [1,2] Increased fruit and vegetable intake when coupled with decreased energy intake has also been identified as a promising strategy for weight management.[3] Given the prevalence of overweight and obesity in the United States, this strategy is of significance.[4]

Current surveillance data provide further evidence of the need for improved fruit and vegetable intakes. It is estimated women would need an additional 0.8 cups of fruit per day and 0.9 cups of vegetables per day and men would need an additional 1.2 cups of fruit and 0.9 cups of vegetables each day to meet their recommended intakes.[5]

The purpose of this project is to help the American public increase their fruit and vegetable intake through the development and pre-testing of concepts, messages, and materials.

The overall concept that we will be testing is that of strategies to increase fruit and vegetable intake among adults. We will use a "funnel" technique in the focus groups to test this concept. This means that we will start with an icebreaker in which the participants will talk broadly about themselves and their leisure activities. The discussion will then narrow through the following steps: review of draft concepts, feedback on the draft concepts, and finally comparison of the draft concepts and selection of a preferred approach. In addition to testing these broad concepts in phase one, phases two and three will also test specific messages and materials to increase fruit and vegetable intake. We will also gauge reactions to materials that have been revised to include the More Matters branding.

In order to capitalize on the public attention garnered by the change in federal leadership and the re-branding of the 5 A Day program, it is essential that these concepts and messages be tested in a timely manner in an effort to begin communication of these important messages to the American public as quickly as possible. Thus, these changes offer a limited prevention opportunity for CDC to develop messages and communication materials around fruits and vegetables at a time when program partners are also

conducting activities to focus public attention on the new fruit and vegetable recommendations and the new program brand.

Under the current proposal, members of the CDC's Division of Nutrition and Physical Activity Communication Team (NuPAC) will work with a contractor, Ogilvy, to develop much need messages and materials related to increasing fruit and vegetable consumption for both Internet use and for print materials. These materials will be broadly disseminated to the public, state and local public health practitioners, physicians and other health providers, and partners.

The testing will be done in three phases of focus group research with a total of 14 standard in-person groups and 4 online focus groups across the three phases of research.

	Phase 1 (concept testing)	Phase 2 (message testing)	Phase 3 (materials testing)
Standard Focus Groups	4	4	6
Online Focus Groups	2	2	0

The first phase will be devoted to testing the new program concepts. The participants will also be asked to review the new "rebranded" materials that reflect the (1) new program name, "Fruits and Veggies: More Matters" and (2) the new CDC leadership role. Phase one will be carried out through four in-person focus groups and two online focus groups. In the second phase, we will test draft messages, again through the use of four in-person focus groups and two online focus groups. In the third and final phase of research, we will conduct six in-person focus groups to gauge audience responses to the draft materials. Using a combination of online and in-person groups for the first two phases of research allows the project both to gather the rich detail provided by in-person groups, including the opportunity to observe the audience's nonverbal reactions, while also allowing the project to gather information from a national sample of respondents. The third phase of research, on the other hand, will be conducted solely through the use of in-person focus groups because in this phase participants will be asked to physically handle draft materials as they review and comment on them. [6,7]

Online focus groups, or "eGroups," are virtual focus groups conducted on-line. Respondents are linked to the moderator via Webcams and enter their comments on a chat room-like link. Participants log in and are simultaneously connected to the moderator and one another. Groups will consist of 20 people.

Feedback and insights gathered on draft concepts during phase one will be used to revise the concepts and develop draft messages for testing in phase two. Once the messages are tested, prototype print and Web-based materials will be developed utilizing the final messages, and these materials will then be tested during phase three. In all phases of research, however, the research team will assess the degree to which the tested concepts, messages, and materials are comprehendible, believable, culturally sensitive, salient, and functionally and motivationally of value. Recommendations for improvements will also be solicited. Audience data collected in this qualitative project will allow CDC to tailor

messages around fruit and vegetable intake to different segments of the population, as well as inform preferences for potential formats and dissemination strategies.

All focus group participants will be recruited through Ogilvy-contracted focus group facilities, which will maintain all identifying information at their facility. Ogilvy and CDC staff will never be shown participants' identifying information. The moderator of each focus group will tell participants verbally that every effort will be taken to ensure confidentiality – that their personal data will not be shared, nor will it appear in any analysis or reporting – prior to starting the focus group questions. Efforts toward ensuring confidentiality also will be described in the consent form, which all participants are required to sign prior to the start of the focus groups. These forms will be stored by Ogilvy in a locked cabinet. Once focus group analysis is concluded, all documents will be destroyed.

All transcripts will be submitted to CDC "anonymously," i.e., no names will be associated with quotes, after all the focus groups are completed. All data will be reported in the aggregate. The findings and information in the report are considered public domain and are available for use by other researchers and CDC partners. Transcripts are kept on file at CDC but the identity of the people making the comments is never disclosed to CDC. Furthermore, CDC will have no way to link responses to participants' names.

Authorization to conduct this study is contained in section 301 of the PHS act (42 USC 241 & 242K) as included in the June 2005 renewal clearance.

A-2. Purpose and Use of Information Collection

Data obtained from this concept and message testing will inform CDC of critical elements (text, pictures, images, etc.) to include and/or omit from current and future messages concerning nutrition in general and energy intake in particular. At the end of the contract term, the contractor will have developed, tested, and delivered to CDC:

- Final electronic files of six existing print materials and web pages revised with the new program logo and brand.
- Final electronic files for print and Web materials developed for two additional audience segments ready for CDC production and distribution.
- Final report of all the testing summarizing key findings for all the groups.

These products and results of the testing will be shared with other government agencies, state and local health departments, and other partners.

At present, CDC is known by both the general public and professional health audiences as the federal lead for the 5 A Day program. Without conducting this message testing with these audiences, CDC will not be adequately prepared to fulfill its leadership responsibilities and communicate effective messages related to fruit and vegetable consumption to the public.

A-3 Use of Improved Information Technology and Burden Reduction

The proposed project will utilize qualitative analysis methods in two types of focus group (structured discussion) formats – eGroups and standard in-person focus groups. eGroups are virtual focus groups conducted on-line. In eGroups, respondents are linked to the moderator via Webcams and enter their comments on a chat room-like link. Some of the advantages of this methodology include:

- The groups can consist of up to 20 people.
- All responses are automatically recorded, therefore eliminating the need for transcription.
- eGroups create time and cost-efficiencies because there is no need to travel to various locations.
- eGroups allow for greater geographic and regional diversity than regular focus groups.
- It is possible to expose eGroups to the same visual stimulus (formats for message delivery, logos, etc.) on their computer screens that a regular group would see in person.

Ogilvy will work with facilities to recruit participants for focus groups using conventional focus group recruitment methods and a "screener instrument" (See Attachment IX). Facilities will identify potential participants first through their existing databases, which they own and maintain. Some participants may also come from referrals from those people contacted from the facilities' databases or from community partners. Facilities may also conduct random dialing into selected neighborhoods in which the facilities feel that potential participants may reside. Finally, facilities may place ads or fliers in community centers to let potential participants know about the opportunity to participate in the focus groups.

A screener instrument is a questionnaire that has been designed for recruiters to identify qualifying participants during the course of a brief telephone conversation. "Screeners" are carefully thought out so that the questioning process is short, easy to-understand, friendly, and efficient.

Screeners will be administered to potential participants during the course of short telephone calls, during which recruiters will explain that participants will be reimbursed for their time and travel to the focus group and for any parking fees if applicable. Reimbursement will be $50. In-person focus groups will be held in locations that are convenient and easily accessible by public transportation, and where parking is safe and easy. The group discussions will be held in clean, safe, comfortable environments and will be conducted by professional moderators. eGroups tend to minimize travel even more because participants typically do not have to travel to have access to a computer.

To minimize burden to the respondents, respondents in the in-person focus groups will be asked to provide information orally. In the case of the eGroups, information will be

solicited by a moderator who in online using a chat room format. For both types of groups, moderator's guides have been developed specifically to ensure that the discussion is limited (60 minutes for eGroups and 120 minutes for standard focus groups), and to ensure that the questions are well-organized, flow well together, and are easy to understand and answer. (See Attachment V for Concept Testing; Attachment VI for Message Testing, and Attachment VII for Materials Testing.)

A-4 Efforts to Identify Duplication and Use of Similar Information

A literature review and environmental scan were completed to assess what is already known about messaging about fruit and vegetable intake. While some groups have developed new messaging surrounding the fruit and vegetable consumption recommendations of the Dietary Guidelines for Americans 2005, we could find no audience-based testing of these messages. In addition, no messages have been developed that incorporate the new Fruits and Veggies: More Matters logo. This proposed project would be integral in delivering these new messages to the public.

A-5 Impact on Small Businesses or Other Small Entities

No small businesses or entities are involved in this activity.

A-6 Consequences of Collecting the Information Less Frequently

This is a single data collection, not an ongoing activity. The need for collecting this information is time-sensitive as the release of the new logo and brand of "Fruits and Veggies: More Matters" is imminent. The public/private partnership known as "5 A Day" has enjoyed a great deal of public visibility since its inception in 1991. It is critical that the new name and logo be as powerful a message (or more so) as the 5 A Day program. The national press event to kickoff this transition – and the communication materials to be developed to back it up -- is intended to spark public awareness of the change. Also, because the Dietary Guidelines are relatively new, this project also fills a gap in the knowledge needed to understand how to effectively communicate the new recommendations surrounding fruit and vegetable consumption to the public.

Inability to conduct this study will prevent CDC from capitalizing on an important opportunity to produce effective messages to help the consumer implement strategies to increase fruit and vegetable intake. Findings from this project will serve to inform the development of messages and materials for the general public that will motivate them to eat more fruits and vegetables. This positive change in dietary habits could potentially help prevent obesity and reduce risk of chronic disease. There is an urgent need to improve eating habits and reduce the prevalence of obesity and overweight, particularly now while public awareness is high.

This work is essential to CDC's capacity to act as the federal lead of the National 5 A Day for Better Health program in this time of change. There are no legal obstacles to the data collection.

A-7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the guidelines of 5 CFR 1320.5.

A-8. Comments in Response to the Federal Register

A. The 60-Day Federal Register Notice (FRN) for 0920-0572 was published in the *Federal Register* on August 3, 2004, Vol. 69, No. 148, pp. 46545-46546. The 30-Day FRN was published on June 20, 2002, Vol. 67, No. 119, pp. 42004-5. There were no public comments made to either FRN (see attachment #1).

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A-9. Explanation of Any Payment or Gift to Respondents

In order to ensure an appropriate response rate in recruiting participants for the focus groups, participants will receive a $50 incentive. Research on participation in focus groups indicates that, without providing minimal levels of monetary compensation, insufficient numbers of participants will attend and results will not be useful.[8] Compensation will vary slightly across sites based on local differences in the cost of living.

A-10. Assurance of Confidentially Provided to Respondents
The proposed project has been reviewed by CDC's Privacy Officer, who determined that the Privacy Act does not apply. Although the contractor, Ogilvy, and the focus group facility subcontractors will use identifiable information for purposes of respondent screening and focus group scheduling, they will rely on a previously established record system. Any respondents identified through other means (e.g., referrals) will be added to the previously established record system.

The contractor to CDC, Ogilvy, will subcontract with three professional focus group facilities to conduct the focus group interviews. Each focus group facility will provide Ogilvy with names, addresses, and telephone numbers of potential respondents, enabling Ogilvy to conduct screening and to make interview appointments. However, telephone numbers and other information will only be used for these purposes and will not be linked to the focus group data. All other identifying information or potentially identifying information will be maintained at the focus group facility in its proprietary files, and will not be accessible to CDC staff. The signed consent forms will be stored by Ogilvy in a locked cabinet. Once focus group analysis is concluded, all documents will be destroyed. During audio taped focus group sessions, participants may refer to each other

by first name, but names will not be recorded in the written transcripts of the sessions. To safeguard respondent privacy, audio tapes will be destroyed after transcripts are completed. All information provided by respondents will be maintained in a confidential manner, unless compelled by law.

Privacy during the eGroup sessions is protected by virtue of each participant, during initial login, is asked to enter his or her first name. In this way, during the chat sessions (or, in our terminology, the Discussion Rooms), we see participants' comments attributable to only the name they entered. Note that this name could be "Ann" or it could be "Trucker" or whatever they prefer to be identified as. The system records this login name so we can demographically profile participants. In terms of recruitment, participants will be recruited from a double opt-in 4.5 million member consumer research panel. Ogilvy will not gather identifying information (name, address, etc.), but that info is held by the panel owner.

Although this data collection does not require IRB review and approval, study procedures are consistent with conventional ethical practices for collecting data from human participants. Respondents will be advised of the nature of the activity, the length of time it will require, and that participation is purely voluntary. Respondents will be assured that they will not incur any penalties if they choose not to participate in a focus group, or not to respond to any specific questions (probes). Respondents will be informed that their responses will be treated in a confidential manner and that CDC plans to release all project results in aggregate report formats that do not identify individual respondents. Information describing the provisions for safeguarding privacy will be provided in writing on the consent form, and will also be reviewed verbally by the moderator prior to initiating the focus group discussion. During the focus group discussion, first names only will be used.

After the focus group discussion, the contractor will prepare a transcript and analysis that does not contain respondents' names or other personal identifiers. The contractor will send the anonymous transcript to CDC, where it will be kept on file. The de-identified findings and information in the report are considered public domain and are available to anyone interested. CDC plans to disseminate the findings to other public health professionals and CDC partners.

A-11 Justification for Sensitive Questions

There are no sensitive questions in the moderator's guides.

A- 12. Estimates of Annualized Burden Hours and Costs

Each standard focus group discussion will last no longer than two hours. The burden estimate is based on our experience in recruiting for and conducting focus groups. Each online focus group will last no longer than one hour.

A-12.A Estimated Annualized Burden Hours

Men and women will be recruited in equal numbers, and their distribution is described in Section B-1. Each recruiting phone call (with use of the screener) is expected to last five minutes at the most. It is estimated that it will take two calls for every successful recruit, each call lasting 5 minutes. The standard focus groups will last no more than 2 hours each. Online focus groups will last no more than 1 hour each. Estimated annualized burden hours and respondent costs are presented below. The total burden hour request for this data collection is 365. This is the seventh request submitted under the HMTS renewal and will reduce the available burden hours to 4,513.

Table A-12.A (1) Estimated Annualized Burden Hours

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden (in hours)	Total Burden (in hours)
PHASE 1: Concept Testing (4 groups)				
Women				
Recruiting call	36	1	5/60	3
Focus group	18	1	2	36
Men				
Recruiting call	36	1	5/60	3
Focus group	18	1	2	36
			Total, Phase 1	78
PHASE 2: Message Testing (4 groups)				
Women				
Recruiting call	36	1	5/60	3
Focus group	18	1	2	36
Men				
Recruiting call	36	1	5/60	3
Focus group	18	1	2	36
			Total, Phase 2	78
PHASE 3: Materials Testing (6 groups)				
Women				
Recruiting call	54	1	5/60	5
Focus group	27	1	2	54
Men				
Recruiting call	54	1	5/60	5
Focus group	27	1	2	54
			Total, Phase 3	117
			Total	273

Table A-12.A (2) Estimated Annualized Burden Hours for Four Online Focus Groups

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden (in hours)	Total Burden (in hours)
PHASE 1: Concept Testing (2 groups)				
Women				
Recruiting call	40	1	5/60	3
Focus group	20	1	1	20
Men				
Recruiting call	40	1	5/60	3
Focus group	20	1	1	20
			Total, Phase 1	46
PHASE 2: Message Testing (2 groups)				
Women				
Recruiting call	40	1	5/60	3
Focus group	20	1	1	20
Men				
Recruiting call	40	1	5/60	3
Focus group	20	1	1	20
			Total, Phase 2	46
			Total	92

A-12.B Estimated Annualized Respondent Costs

Table A-12.B Estimated Annualized Costs to Respondents

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden (in hours)	Hourly Wage Rate	Respondent Cost
Women	103	1	1.5	$15.90	$2,456.55
Men	103	1	1.5	$15.90	$2,456.55
				Total	$4,913.10

The value assigned to respondent time is based on the average U.S. hourly wage rate, as published by the U.S. Bureau of Labor Statistics, February 2005 (posted at http://www.bls.gov/news.release/pdf/empsit.pdf .) To minimize the chance that participation in the study would entail loss of respondents' regular income, focus group meetings will be held during evening hours; i.e., people who choose to participate will be those who either are not employed outside the home, or who work during the day, or who have that particular evening off to attend the focus group.

A-13 Estimates of Other Total Annual Cost to Respondents or Record Keepers

There are no costs to respondents, other than their time for participating in focus groups.

A-14. Annualized Cost to the Government

Costs to the government include the costs of the contractor, Ogilvy, and the cost of the CDC project officer who will oversee the contractor's efforts. The cost is as follows for the implementation of concept and message testing:

Concept and message testing with segments of a general adult audience – 14 focus groups

	Hours	Hourly rate	Cost at hourly rate	Other costs (travel, focus group facilities)	Total
Contractor	37	$141	$5,217	$ 80,625	$85,842
FTE	37	$39	$1,443	5,625	$7,068
Total	74		$6,660	$ 86,250	$92,910

*Calculation assumes 9 participants per standard focus group and 20 per online focus group.

A-15. Explanation for Program Changes or Adjustments

This is new data collection associated with an existing generic clearance.

A-16. Plans for Tabulation and Publication and Project Time Schedule

After testing the messages and materials in this project, the final versions will be available on CDC's website and distributed to partners, states, and the public. The dissemination plan for these products includes production of web and print materials, which will be part of a broad CDC effort to provide user-friendly materials for the consumer/general public. Audience testing strongly enhances the likelihood of messages resonating with the audience, and it boosts the chances of audience recall and behavior change. Results of the testing are also likely to be shared with other health professionals as appropriate so that they can either distribute the materials, or else so they can use the audience insights to create their own communication products. The project schedule is as follows.

Phase 1

Activity/Deliverable	***Target Date***
Begin recruitment	1 week after OMB approval
Conduct data collection	4-7 weeks after OMB approval
Topline report to CDC	8 weeks after OMB approval
Draft final report to CDC	10 weeks after OMB approval
CDC review of report	11 weeks after OMB approval
Final report and message recommendations to CDC	12 weeks after OMB approval

A-17. Reason(s) Display of OMB Expiration Date is Inappropriate

Not applicable. The OMB expiration date will be displayed.

A-18. Exceptions to Certification for Paperwork Reduction Act Submissions

None.

Section B: **Collection of Information Employing Statistical Methods**

This is qualitative data collection. Statistical methods will not be used.

B-1. Respondent Universe and Sampling Methods

The participants in the focus groups will be adults ages 24-60 years. All groups will be recruited for a mix of family income (low to middle income) and education levels. Participants will be recruited using standard focus group recruitment methods -- by calling their household and administering a screening questionnaire to pre-qualify them. Potential participants will be identified using a variety of resources. Most will come from an existing database (or list) of potential participants which is owned and maintained by each focus group facility. Others will come from referrals (either from those people found in the facilities' databases or from community resources), and some may come from dialing into selected geographies (or neighborhoods) in which the facilities feel that potential participants may reside.

B-2. Procedures for the Collection of Information

Ogilvy will collect the data for this project by contracting with focus group facilities in three locations. Using telephone-based focus group recruitment processes, the facilities will contact potential respondents and screen them for eligibility and interest in the study by asking the predetermined questions on the "screener."[9]

Focus group facilities will first use their existing databases of potential participants, which they own and maintain. Some participants will come from referrals from those people contacted from the facilities' databases or from community partners. Facilities will also conduct random dialing into selected neighborhoods in which the facilities feel that potential participants may reside. Finally, facilities will place ads or fliers in community centers to let potential participants know about the opportunity to participate in the focus groups.

After arriving at the facility and consenting to be in the study, the respondents in each group will meet in a room with a trained moderator and a one-way mirror, behind which will sit CDC and Ogilvy staff. The moderator will explain the study, inform the group of

taping and observation, and lead a discussion using the guides provided in Attachment E. Responses will be collected by audiotape, and observers will take notes. After the group meeting, the tapes will be transcribed for qualitative analysis by Ogilvy staff, and then destroyed.

B-3. Methods to Maximize Response Rates and Deal with Non-response

Respondents will be recruited primarily from registries of potential participants that are owned and maintained by the focus group facilities. These potential participants have indicated to the facility that they are interested in being offered opportunities to participate in focus groups. Recruitment for each focus group will continue until the targeted number of participants has been achieved.

To encourage participation, focus group meetings will be held in locations that are convenient and easily accessible by public transportation, and where parking also is safe and easy. The group discussions will be held in clean, safe, comfortable environments and conducted by professional moderators.

B-4. Tests of Procedures or Methods to be Undertaken

Standard focus group discussion procedures and analysis of findings will be used.[10] The focus group guides will be thoroughly reviewed by CDC and Ogilvy staff and pretested internally (using no more than nine individuals) to assess the clarity and understandability of the questions.

B-5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Data, or focus group comments, will be analyzed once the focus groups are completed. The persons who assisted with designing the data collection and who will analyze the data are:

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References:

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2. At-a-Glance 2004: Physical activity and good nutrition: Essential elements to prevent chronic diseases and obesity." Centers for Disease Control and Prevention. Web site link: http://www.cdc.gov/nccdhph/dnpa/pubicat.htm.
3. National Health and Nutrition Examination Survey 1999-2000. And, Finkelstein, EA, Fiebelkorn, IC, Wang, G. National medical spending attributable to overweight and obesity: How much, and who's paying? *Health Affairs* 2003; W3; 219-226. For a good overview of economic issues, visit this CDC web page: http://www.cdc.gov/nccdhph/dnpa/obesity/eonomic_consequences.htm.
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9. Ibid.
10. Ibid.

List of Attachments

Attachment I:	Federal Register Notices. 60-day FRN published August 3, 2004 (Vol. 69, No. 148, pp. 46545-46546); 30-day FRN published February 10, 2005 (Vol. 70, No. 27, pp. 7112-7113).
Attachment II:	Federal Home Page for **Healthy People 2010**
Attachment III:	Executive Summary, HHS/USDA *Dietary Guidelines for Americans 2005*
Attachment IV:	Home Page for USDA **MyPyramid**
Attachment V:	Focus Group Moderator's Guide: Concept Testing
Attachment VI:	Focus Group Moderator's Guide: Message Testing
Attachment VII:	Focus Group Moderator's Guide: Materials Testing
Attachment VIII:	Documentation of Inapplicability of IRB Review
Attachment IX:	Recruitment Screener/Telephone Script
Attachment X:	Consent Form for Focus Group Participants