HEALTH STAR RATING SYSTEM: CONSUMER USE AND UNDERSTANDING

By

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KEY FINDINGS

A third of Australian shoppers are aware of the HSR – up from 16% in September 2014. However, awareness is not consistent across different segments of the population.

Awareness of HSR is slightly lower among people who are older, from lower SES and/or with a high BMI. Queenslanders are also less aware of the HSR than the national average.

HSR makes it easier to make healthier decisions

- There is a strong understanding that it is to be used to compare products within the same section of the supermarket, however half think it can be used to compare across different sections of the supermarket (i.e. across categories).

While sample size of HSR users is small at this stage, over half of people who used the HSR used it to change behaviour and purchase a healthier alternative. Most have continued to buy this new product.

People are likely to use the HSR, but are not yet going to recommend it to others:

- It is too early to be recommending it as people do not yet know enough about it themselves. An increased awareness will increase understanding, which results indicate will lead to further use and recommendation to others

In summary: People ‘get’ that more stars is better; the HSR lets them know the healthier option and is a quick check / easy way to compare
DISCUSSION

Introduction

Research was conducted in mid-April 2015, four months after launch of the Health Star Rating (HSR) campaign and website, with the aim of benchmarking attitudes, awareness and use (where possible).

This research was conducted when few products were displaying HSR, and so the survey reports actual use and ‘hypothetical’ use of the system. A separate benchmark survey (for campaign evaluation purposes) was conducted prior to HSR launch (September 2014), and shared several comparable measures, which are reported here.

Results

Overall, results are positive: awareness of HSR doubled in seven months from 16% to 33%. A majority of respondents, with or without prior awareness of HSR, demonstrate understanding of the HSR and how to use it.

Although based on a small sample, 83% of respondents who report buying a product with HSR are likely to have used it to improve or reinforce the healthiness of their purchase. Furthermore, 79% continue to purchase that product, suggesting the behaviour change is sustained.

While awareness of HSR has increased, attitudes have not shifted significantly. Trust (38% agree ‘HSR is a system that I trust’) and independence (34% agree that ‘HSR is an independent system) are two areas for improvement: while both measures have improved slightly, consumers are yet to be convinced.

People appear to be ‘reserving judgement’ on HSR, with large proportions answering ‘not sure’ against statements, reflecting a lack of knowledge or understanding.

For two thirds of respondents (67%), the survey is their introduction to HSR. Respondents encountering HSR for the first time are likely to answer correctly when asked to use the HSR in a hypothetical comparison. It is worth noting though, that respondents were more likely to correctly use the system when comparing ‘like for like’ presentations of the HSR device.

When asked to compare different versions of HSR (i.e., with vs without nutrient icons attached) likelihood of incorrect use increases, suggesting the addition of icons adds to confusion (up to 19% - compared to 11% without nutrient icons). As HSR is rolled out, it will be important to monitor whether this confusion persists.

Respondents indicate they are most likely to use HSR on processed foods: breakfast cereals (70%) and muesli bars (60%), and least likely to use HSR on fresh foods: raw meat (18%) and fresh vegetables (11%), as is the intention of the system. There is some uncertainty as to whether the HSR should be used to
compare across category (51% agree they would use HSR to compare products in different sections of the supermarket), which, although a legitimate use of the HSR in some instances, may decrease the overall usefulness of HSR.

Several issues were identified in sub-sets of the population which should be monitored and addressed at early stages of HSR roll out. In some cases, there are opportunities to convert barriers to uptake of HSR, such as low awareness, into solid understanding and desire to use HSR. Two groups who have lowest awareness of HSR are those with higher BMI (Obese Class I & II - 26% aware of HSR) and older shoppers (55-64 years - 24% aware of HSR). Another ‘barrier group’ identified is lower SES, who report less awareness (20%, vs 33% overall) and are less likely to know how to use HSR. This group particularly stand to benefit from the introduction of HSR, due to likelihood of lower levels of health literacy.

Similarly, those who speak a language other than English (LOTE) at home are more likely to be aware of HSR (38%, vs 33% overall), but less likely to know how to use the system (22%; which is 9% less than general population). Aside from translated materials (currently available in 6 languages), messaging about HSR needs to be clear and appealing to ensure that information-disadvantaged people amongst the LOTE population are not left behind.

Food purchase choices of lower SES households are often driven by price. Until HSR reaches considerable market penetration, this group may be less likely to use the HSR. Therefore it is important that messages about HSR continue to reach this group so they will be aware and able to use HSR when the opportunity presents itself. The public commitment by major supermarket chains to apply the HSR across their private label ranges offers encouragement that the option to be guided by HSR will soon be available to price-driven shoppers even when purchasing potentially cheaper ‘home branded’ products.

The majority (60% agreement) of respondents rate the HSR as informative however there has been a decline in ease of understanding (59% - fallen by 8% since September 2014). This may be a factor of increased awareness; those initially aware are more likely to be the most engaged with food labelling and nutrition.

Males fall behind on understanding the system, with 37% not knowing how they would use HSR (5% higher than females) and 40% reporting the HSR is not relevant to them (8% higher than general population). It will be worth considering how future messaging could be tailored to encourage consideration of HSR for this group who represent an increasing proportion of main/joint grocery buyers.

Some issues around awareness and engagement are identified in certain geographic locations, specifically regional Queensland (up to 8% less awareness than other states) and South Australia (5% more likely than general population to say that they would not use HSR). Alongside future bursts of
campaign, it may be helpful to target these groups with PR efforts that are geographically directed and relevant in the local context.

The results include a small amount of negativity and scepticism toward the HSR. Realistically, a degree of resistance is to be expected with the launch of any new ‘system’, and it is likely some will remain sceptical. All feedback is an opportunity for learning, and this should help guide information gaps, and counter misinformation in a timely fashion.

Scepticism of HSR is not unexpected. As with many Government-led initiatives there can be talk of an encroaching ‘nanny-state’; on the flip-side, the involvement of the Food Industry might lead to questioning of motives. Both of these sentiments are present in the open-ended comments. In this regard, the broad and public support of trusted advocates and professional bodies should be leveraged, noting as a caution that there were several unfavourable comparisons to the Heart Foundation Tick, which appears to have fallen in public esteem in recent years.

Awareness of the correct use, scope and limitations of HSR will reduce scepticism and build confidence in the rating. This should be monitored carefully as the system is rolled out, as trust is essential to its success.

Conclusions

This research indicates the HSR has the potential to be a simple, easy and quick guide to improving healthy choices for all Australians.

Increased display on shelf, improved awareness and communication of correct usage is likely to improve engagement and usage among the general population.

Careful monitoring and ongoing communication around how the system works and correct usage is important to ensure trust of HSR is built and any early criticisms are addressed.

Any opportunity to emphasise the role of Government and reliability of the system will help to improve credibility with end users.
RESEARCH BACKGROUND & OBJECTIVES

Background

The Australian Government Department of Health, in collaboration with the State and Territory Governments, industry, public health and consumer groups, has developed the Health Star Rating (HSR) system. The HSR is voluntary and is being rolled out across various products and brands.

The HSR has been developed as a clear, simple and easy to interpret nutritional information display on the front of packaged foods, which has the potential to greatly assist people in making healthier food purchases.

This research relates to consumer use and understanding of the Health Star Rating system, and aligns with a second body of research being conducted by Pollinate to evaluate the Health Star Rating campaign. Findings from both of these projects will be included as part of the overall monitoring and evaluation of the implementation of the Health Star Rating System, due to be reported in June 2016.

Objectives

This research project was designed to monitor consumer understanding and use of the HSR system and ability to use the HSR system correctly, including purchasing behaviour in relation to the HSR system, specifically:

**Understanding:**

Measure consumer understanding of the HSR Usage

**Usage:**

Understand how consumers use and interact with the Health Star Rating system, and if their use of the system is correct and as intended

**Consideration:**

Identify triggers, barriers and ‘tipping points’ for consideration of the Health Star Rating system in consumer purchasing behaviour; and

**Optimisation:**

Develop consumer understanding and confidence in the Health Star Rating system, identify groups slow to adopt the system, and ascertain how to break through to these groups. Finally, consider how to address incorrect usage of the system, should incorrect usage be detected.
METHODOLOGY

Results in this report are from the benchmark survey evaluating awareness and accurate usage of HSR conducted in April 2015. The survey included common questions with the HSR campaign evaluation (benchmark) survey (conducted in September 2014). Where relevant, results from the two surveys have been compared.

Survey

The research was conducted using a 15 minute online survey, developed by Pollinate in conjunction with the Department of Health, and aligned with the survey previously developed to evaluate the HSR campaign.

Fieldwork dates

Survey conducted: 16-22 April 2015.
Comparison throughout to the HSR campaign evaluation (benchmark) survey: conducted 16-23 September 2014.

Sample

Nationally representative sample of 1011 main/joint grocery buyer across Australia with representation of Aboriginal and Torres Strait Islander (ATSI), culturally and Linguistically Diverse (CALD), and low socio-economic status (low SES) people.

Table 1 provides a specific outline of the sample.

<table>
<thead>
<tr>
<th>Table 1 - Demographic information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>18 - 24</td>
</tr>
<tr>
<td>25 - 34</td>
</tr>
<tr>
<td>35 - 44</td>
</tr>
<tr>
<td>45 - 54</td>
</tr>
<tr>
<td>55 - 64</td>
</tr>
<tr>
<td>65 or over</td>
</tr>
<tr>
<td><strong>Grocery buyer</strong></td>
</tr>
<tr>
<td>Main grocery buyer</td>
</tr>
</tbody>
</table>
### Gender

| Joint grocery buyer   | 29% |

### Language spoken

<table>
<thead>
<tr>
<th>Only English</th>
<th>77%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainly English</td>
<td>18%</td>
</tr>
<tr>
<td>Mainly LOTE</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Location

<table>
<thead>
<tr>
<th>Sydney metro</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW (Not Sydney)</td>
<td>13%</td>
</tr>
<tr>
<td>Melbourne metro</td>
<td>18%</td>
</tr>
<tr>
<td>VIC (Not Melbourne)</td>
<td>7%</td>
</tr>
<tr>
<td>Brisbane metro</td>
<td>9%</td>
</tr>
<tr>
<td>QLD (Not Brisbane)</td>
<td>11%</td>
</tr>
<tr>
<td>Adelaide metro</td>
<td>6%</td>
</tr>
<tr>
<td>SA (Not Adelaide)</td>
<td>2%</td>
</tr>
<tr>
<td>Perth metro</td>
<td>7%</td>
</tr>
<tr>
<td>WA (Not Perth)</td>
<td>2%</td>
</tr>
<tr>
<td>Darwin metro</td>
<td>0%</td>
</tr>
<tr>
<td>NT (Not Darwin)</td>
<td>0%</td>
</tr>
<tr>
<td>TAS</td>
<td>2%</td>
</tr>
<tr>
<td>ACT</td>
<td>2%</td>
</tr>
</tbody>
</table>

### Reporting:

Statistical significance is defined as a significant difference at a 95% confidence level throughout the report.

### Research team:

Pollinate is an independent market research consultancy with expertise across a variety of government, Not for Profit and corporate clients.
AWARENESS AND UNDERSTANDING

How well do we know and understand the Health Star Rating?

Awareness

Awareness of the Health Star Rating (HSR) has more than doubled since September 2014; however, total awareness is still relatively low at 33% (compared to the Heart Foundation Tick at 89%).

Spontaneous mention\(^1\) of HSR increased from no mentions in September 2014 to 5% in April 2015. (Note that although the September survey was a ‘benchmark’ survey, Health Star Rating had appeared on pack and in the press due to the initial launch in February 2014). Figure 1 compares awareness of several Australian nutrition labels.

Figure 1 - Awareness of nutrition logos and labelling\(^2\)

\(^1\) Top of mind/other spontaneous means… First mentioned by respondent/other mentions

\(^2\) Respondents were asked: Apart from brand names, can you think of any nutrition logos or labelling that you have seen on food packaging to help you decide how healthy it is? If so, what was it that you saw? …combined with which of the following nutrition logos or labelling on food packaging have you heard of? And shown images/logos.
Base: All respondents (n=1011).

Awareness of the HSR is highest among young people (47% among 18-24 year olds) and lowest among older people (24% among 55-64 year olds). Young people typically show higher levels of awareness to new products, TVCs, and so on, than older people\(^3\), however the increase among young people is particularly notable and worthy of further investigation.

There was a significant increase in awareness from the benchmark measure across every age group.

**Figure 2 - Awareness of HSR by age**

![Bar chart showing awareness of HSR by age group]

Base: All respondents (18-24 (n=137), 25 - 34 (n=185), 35 - 44 (n=208), 45 - 54 (n=186), 55 - 64 (n=145), 65 and over (n=150))

Significant differences in prompted awareness are also seen by respondent Body Mass Index\(^4\) (BMI) – while awareness has increased significantly among obese people since September 2014, it is now notably behind that of healthy weight and underweight\(^5\) people. Awareness is highest among underweight/healthy BMI people (47% and 38% respectively) and lowest among the obese Class II & III\(^6\) (26%).

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\(^3\) Pollinate research- multiple studies cross category- food Industry, digital media, electrical appliances, fashion.

\(^4\) Body Mass Index is a person’s weight in kilograms divided by the square of height in metres. BMI can be used as a screening tool for weight categories that may indicate higher risk of some health conditions, but is not diagnostic of the health of an individual.

\(^5\) Note small base size (n=36)

\(^6\) Obesity classes defined as: Class 1 - BMI 30.0 - 34.9, Class 2 BMI 35.0 - 39.9, Class 3 equal to or greater than 40.0
Other groups already showing a gap in awareness of the HSR are:

- Low SES \(^7\) compared to non-low SES (20% vs. 35%),
- Males compared to females (28% vs. 36%),
- QLD (29% vs. 33% among the total sample), and
- People who speak only English at home compared to people who speak a language other than English at home (32% vs. 38%).

If possible, these groups should be targeted early to ensure they do not fall behind the majority in terms of awareness of the HSR system. The survey also yielded some results relating to general engagement in food shopping that could be considered in conjunction with these findings, which are detailed at Appendix B.

Awareness is driven mostly by ‘on pack’ (52%) and ‘in store’ (25%). Other common sources are ‘on the news’ (16%), store catalogues (14%), food brand or supermarket website (12%). Word of mouth/social media sources, as well as (other) advertising media were also mentioned.

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\(^7\) Low SES is defined as household income under than $30,000 for a single person, living alone/household income under than $50,000 for any other household in combination with an education level of year 12 or below.
Understanding

Figure 4 - Images used in the survey

When shown images of HSR on mock products asked “how would you use the Health Star Rating?” half of the respondents understand ‘more stars are better’ and that the HSR is a quick, easy way to compare products.

Table 2 – Coded responses to “How would you use this system?”

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>TOTAL SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET accurate understanding of the HSR</td>
<td>49%</td>
</tr>
<tr>
<td>• The more stars the better/healthier</td>
<td>17%</td>
</tr>
<tr>
<td>• To know what is healthier/better for me</td>
<td>10%</td>
</tr>
<tr>
<td>• As a general/quick guide</td>
<td>9%</td>
</tr>
<tr>
<td>• Comparing the number of stars</td>
<td>8%</td>
</tr>
<tr>
<td>• Buy/choose products with more/the most stars</td>
<td>5%</td>
</tr>
<tr>
<td>• To choose between similar products</td>
<td>3%</td>
</tr>
<tr>
<td>• Four stars would be the healthiest/my choice</td>
<td>1%</td>
</tr>
<tr>
<td>• I wouldn’t use it</td>
<td>6%</td>
</tr>
<tr>
<td>• Don’t know</td>
<td>31%</td>
</tr>
<tr>
<td>• I would have to consider other nutritional information too</td>
<td>5%</td>
</tr>
<tr>
<td>• I would have to know more about the system</td>
<td>3%</td>
</tr>
<tr>
<td>• I would use it</td>
<td>2%</td>
</tr>
<tr>
<td>• I would compare the number of stars, but also consider price before purchasing</td>
<td>1%</td>
</tr>
<tr>
<td>• Other</td>
<td>7%</td>
</tr>
</tbody>
</table>

Base: All respondents (n=1011).
Example verbatim comments:
‘Comparing between same types of food for ones with more stars.’
‘Easily see what is and isn’t good for me - not sure what it’s based on though.’
‘I probably would compare the brand that I usually buy with another that has more health stars.’

31% of Australian’s don’t know how they would use the HSR, similar to 33% in September 2014. These people are:

- Slightly more likely to be male (32% male vs 28% female)
- More likely to be from a low SES household (42% low SES vs 28% other households)
- More likely to speak a language other than English (LOTE) at home (33% LOTE vs 28% English only).

These are potential ‘barrier groups’, and as such it is important to ensure these groups do not become rejecters but are gently migrated towards understanding and a positive acceptance of the system. They may be less involved with health messaging or find it harder to engage with HSR advertising. They may instead be receptive to word of mouth and peer-to-peer recommendations.

Only 6% of people said they would not use the HSR system. These people are:

- More likely to be male (7% male vs 5% female)
- More likely to speak English only at home (7% English only vs 4% LOTE)
- More likely to shop at IGA (10% vs 6% overall)
- More likely to live in South Australia (10% in S.A. vs 6% overall)
- More likely to live in regional Australia (8% regional vs 5% metro).

These groups are already on their way to being ‘barrier groups’ accounting for about 1:20 people. They will likely resist changing their minds from above the line ‘overt’ advertising, but may potentially respond to increased in-store presence and peer-to-peer advocacy, which would create a pervasive but subtle behavioural social norm.

Ratings for trust and independence are two areas for improvement: while both trust and independence have improved slightly, the majority of consumers are not yet convinced. It is worth noting that agreement with the negative statement ‘is irritating’ is low at 12% and statistically stable compared to the previous survey. These results, as well as other perceptions of the HSR are outlined in figure 5, below. The strengths of the HSR are that it is informative and easy to understand, while trust and independence (as mentioned above) are areas for improvement.
Comparison between the two surveys indicates that agreement with statements is relatively stable across the interval. As detailed in Table 3 below, those agreeing that HSR ‘is informative’ remains steady at 60% and is the statement with the highest level of agreement in 2015. ‘Is easy to understand’ has significantly declined from 67% to 59%, and ‘Is independent’ has increased from 24% to 34%.

Table 3 – Agreement with statements about Health Star Rating

<table>
<thead>
<tr>
<th>NET AGREEMENT WITH STATEMENT</th>
<th>September 2014</th>
<th>April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is informative</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Is easy to understand</td>
<td>67%</td>
<td>↓ 59%</td>
</tr>
<tr>
<td>It tells me something new</td>
<td>55%</td>
<td>54%</td>
</tr>
<tr>
<td>It is aimed at someone like me</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>It is believable</td>
<td>45%</td>
<td>46%</td>
</tr>
<tr>
<td>Is a system I trust*</td>
<td>34%</td>
<td>38%</td>
</tr>
<tr>
<td>Is independent</td>
<td>24%</td>
<td>↑ 34%</td>
</tr>
<tr>
<td>Is irritating</td>
<td>10%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Base: All respondents (n=1011). Combined ‘Agree’ and ‘Strongly agree’.  
*Was phrased as “Is a trustworthy system” in the September 2014 survey. 
↓ Represents a statistically significant decrease.  
↑ Represents a statistically significant increase.
Using the Health Star Rating

When just shown the ‘circle’ version of the HSR device (i.e., without nutrient icons), the majority of respondents select the healthier option (90% and 89% across two comparisons):

Please select which you think is the healthier option?

<table>
<thead>
<tr>
<th>1 HEALTH STAR RATING</th>
<th>3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 HEALTH STAR RATING</td>
<td>90%</td>
</tr>
<tr>
<td>These are the same</td>
<td>7%</td>
</tr>
<tr>
<td>2.5 HEALTH STAR RATING</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
</tr>
<tr>
<td>These are the same</td>
</tr>
<tr>
<td>7%</td>
</tr>
</tbody>
</table>

When comparing the circle device against the device with the nutrient icons attached, the majority (81%) are still able to identify the healthier option, however the likelihood of incorrect use increases from 1 out of 10 respondents to 2 out of 10 respondents.

Please select which you think is the healthier option?

<table>
<thead>
<tr>
<th>2 HEALTH STAR RATING</th>
<th>11%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 HEALTH STAR RATING</td>
<td>81%</td>
</tr>
<tr>
<td>These are the same</td>
<td>8%</td>
</tr>
</tbody>
</table>
When comparing two devices with nutrient icons, most respondents (87%) correctly identify that they are the same:

Please select which you think is the healthier option?

These are the same 87%

When given the task of comparing two Health Star Ratings, both with 4 stars but slightly different nutrient icons, around 7 in 10 respondents select the device with lower ‘negative’ nutrients (energy, saturated fat, sugars and sodium) as the healthier option, as would be generally indicated by Australian Healthy Eating Guidelines as a healthy approach.

However, 1 in 4 respondents take the stars at face value and answer “these are the same”, which is also technically correct.

Please select which you think is the healthier option?

These are the same 25%

These results indicate that when presented with ‘like for like’ comparison of the HSR devices people are more likely to make the correct choice.

Section summary

- A third of Australians are now aware of the Health Star Rating, however awareness levels differ across society, particularly men, LOTE households, Queensland and lower socio-economic groups.
- Understanding of the HSR is on target – people know more stars = better and that this is a comparative tool to help choose the healthier option.
- The HSR device with nutrient icon is somewhat confusing, particularly when compared with the circle alone, although the clear majority still understand which the healthiest option is.

**Areas for further investigation**

- Awareness is higher among LOTE respondents, but this group are more likely to say they do not know how the system works - are there higher levels of curiosity about the system among this group?
- Is the HSR easier to read than other nutritional information?
- Awareness is lower among men - do men shop differently – more list-based shopping or being told what to purchase & less browsing, therefore less noticing of pack changes?
- Awareness of the HSR is highest among young people in particularly and worthy of further investigation to understand this?

**USE OF THE HEALTH STAR RATING**

What do we think about using Health Star Rating?

**Attitudes to the Health Star Rating**

The majority of shoppers believe the HSR is “easy to use” (58%) and “makes choosing foods easier” (57%). Complimenting this result, only 17% of respondents agreed that HSR “is confusing”. However, there were around one in three respondents who were yet to commit either way against these statements, with 33%, 32% and 36% respectively answering “neither agree nor disagree” to these measures.

While there is room for improvement on ‘attention grabbing’ (42% agreement), and ‘standing out on the pack’ (49% agreement) these attributes are likely to increase overtime with more packaging displaying the stars and greater familiarity.

It is also worth noting that net disagreement is relatively low against each of the positive statements.
Using Health Star Rating

When asked to rate the HSR against a number of statements, the HSR scores relatively well for making it easier to identify the healthy option (73% agreement), thinking about the healthiness of food (73% agreement) and helping to make a decision about which foods to buy (67% agreement).

However, 23% of respondents state that the HSR is ‘just not relevant to me’. These people are more likely to be male (27% vs female 21%), speak English only at home (24% vs 19% LOTE), are shopping for someone with dietary requirements related to a chronic health condition (32%), or are more likely to shop for someone with food allergies or intolerances (27%). These latter two groups – people with specific shopping needs – are understandably not going to see the relevance in the HSR as other factors are more important.
Figure 7 - Agreement with statements about usefulness of Health Star Rating

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes it easier for me to identify the healthier option</td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Helps me think about the healthiness of food</td>
<td>5%</td>
<td>5%</td>
<td>18%</td>
<td>47%</td>
<td>26%</td>
</tr>
<tr>
<td>Helps me make decisions about which foods to buy</td>
<td>4%</td>
<td>4%</td>
<td>22%</td>
<td>43%</td>
<td>24%</td>
</tr>
<tr>
<td>Makes me want to buy healthier products</td>
<td>4%</td>
<td>4%</td>
<td>22%</td>
<td>40%</td>
<td>24%</td>
</tr>
<tr>
<td>It’s just another thing on a pack that makes shopping more confusing</td>
<td>6%</td>
<td>6%</td>
<td>29%</td>
<td>40%</td>
<td>22%</td>
</tr>
<tr>
<td>It is not relevant to me</td>
<td>26%</td>
<td>28%</td>
<td>28%</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Base: All respondents (n=1011)

**Use of Health Star Rating within category**

Fitting with the intention of the system, people say they are most likely to use HSR for processed food categories and less so for fresh food categories.

Breakfast cereals, muesli bars and pre-prepared meals were the top 3 categories, followed by ready to eat foods, breads, snacks and yoghurt:

---

- When asked: *For foods you normally buy, in which of these categories would you be likely to use the Health Star Rating to assist in your product choice? (Select as many as apply).*
People generally understand how to use the HSR device correctly as a ‘like for like’ comparison (for most, in the survey setting), however half (51%) think it can be used to compare across different sections of the supermarket. This is an area of the HSR that may require further investigation as consumer experience of HSR moves from the hypothetical to practical, to ensure that the HSR is being used for appropriate comparisons. Figure 9 shows the level of agreement with statements around using HSR with category and across category.

Base: All respondents (n=1011).

Figure 8 – Likelihood to use Health Star rating in category

Figure 9 - Using HSR for comparison at the supermarket

Base: All respondents (n=1011).
Are we using the Health Star Rating? Are we using it correctly?

Use of Health Star Rating

Among those aware of HSR, the indication is that HSR is driving behaviour change in store. Just under half of those who have used the HSR (43%) state they have compared the HSR to other nutritional information on pack, and 42% have used the HSR to determine which product to buy when choosing something new. Positively, more people have used the HSR to buy a different product because it had a higher HSR (36%) than those who have bought a different product because it had a lower HSR (26%). Figure 10 outlines these findings.

Figure 10 - Use of HSR in store

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compared the HSR to other nutritional information on pack</td>
<td>43%</td>
</tr>
<tr>
<td>Used the HSR to determine which product to buy when choosing something new</td>
<td>42%</td>
</tr>
<tr>
<td>Bought different product from usual choice as it had a HIGHER HSR</td>
<td>36%</td>
</tr>
<tr>
<td>Bought different product from usual choice as it had a LOWER HSR</td>
<td>26%</td>
</tr>
</tbody>
</table>

Base: Those aware of HSR (n=337)

The data also indicates that, outside of the shopping environment, people are talking about and researching the HSR. Of those aware of the HSR, approximately a quarter have talked to others about the HSR (24%) or looked up further information about the HSR (23%). Approximately one in six of those aware of the HSR (15%) have visited the HSR website.

Figure 11 - HSR prompted behaviour outside of store

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talked to others about the HSR</td>
<td>24%</td>
</tr>
<tr>
<td>Looked up further information about the HSR</td>
<td>23%</td>
</tr>
<tr>
<td>Visited the HSR website</td>
<td>15%</td>
</tr>
</tbody>
</table>

Base: Those aware of HSR (n=337)

When people are looking up information about HSR, they are seeking a greater understanding of the HSR and what the nutrition information is behind the stars:

‘I was looking for information regarding what products have a high health star rating, that is 3.5 or above.’

‘To understand the system better and make informed choices.’

‘Who instigated and determined the ratings.’
“Looked up by whom it is funded to determine how independent the rating can be.”

When comparing the HSR to other information on pack, people are looking at more specific nutritional information:

‘The star showed the basics, the other info was more detailed & included those nasties which I avoid such as artificial muck.’

‘About sugar and proteins.’

‘I compared the cereal which was low GI low sugar low salt and which was better for you.’

Also at this early stage, there is some misunderstanding of HSR, and when purchasing a product with a lower star rating, this is mostly done out of a misunderstanding of the system:

‘Cause I am trying to be healthy.’

‘I am unsure how the system works.’

However, there are also times when the stars are to be ignored; when cost is a driving factor:

‘Cost reasons, product availability’

‘If the product is the same price I will always pick the healthier one’

... Or other times when people will not compromise taste – or convenience – for health;

‘Yes - if it was a specific ingredient in my cooking.’

‘Love for brand’

‘The wife said so’

**Recall of use of Health Star Rating**

Figure 12 - Recall of use of HSR

Only 8% of respondents recall buying a product with HSR displayed, approximately half (51%) of the total sample is unsure, which is expected as only 33% of respondents were aware of HSR.

The remainder (41%) report that they have not purchased a product displaying HSR.

Base: All respondents (n=1011)

However, almost all who report buying a product with HSR used it to reinforce or improve healthy shopping choices, indicating the HSR is having a positive
impact on shopping behaviour. Of those who used the HSR to purchase a product, 25% stated the HSR confirmed they should buy their regular product. The majority (57%) stated the HSR influenced them to buy a product they have not previously purchased, showing the HSR is helping to drive positive behaviour change. The remaining 17% stated the HSR did not influence their decision.

Figure 13 - Health Star Rating influence on product choice

57% purchased new product.
Base: Respondents who had purchased a product displaying HSR (n=77)

Furthermore, 79% of those who purchased a new product due to using the HSR have continued to purchase that new product. Noting that the base of respondents for this result is currently small, the early indication is that HSR is changing behaviour, and this is having a lasting effect.
Of the small number (n=14) who said that the HSR did not influence their choice, some relatively predictable themes emerge:

- **I stick with what I know**
  - I just buy the brand I regularly buy (3 people), I buy what I know I/my family will eat (2 people)

- **Issues surrounding HSR**
  - Don’t know enough about the system and how to use it (3 people), don’t think it is a trustworthy system (2 people), not enough products with stars to compare (1 person), didn’t see it until at home (1 person)

- **More important factors when shopping**
  - Decision based on price (1 person); prefer to read the nutrition information (1 person).

The small base of responses to this question means that these results are indicative only at this stage of the research, however these themes will need to be tracked over time to understand these barriers to use, and if they persist.

**Section summary**

The majority of shoppers believe the HSR is easy to identify healthy options and make decisions about which foods to buy. Few respondents agreed that HSR “is confusing”.

Most people know how to use the system correctly – within category – although there is still some confusion as to whether the system can be used to compare across categories.

Most people expect to use the system among processed food categories and not within fresh food categories.
Although few people know if they have bought a product with the HSR displayed, of those who have, the HSR is encouraging them to make healthier/healthy choices (i.e. change to a healthier product or reinforce current choice).

**Areas for further investigation**

- 51% agree the HSR makes it easier to compare products in different sections of the supermarket.
  - How will this play out in reality? How do people actually use it across category?
  - What is the best way to communicate the accurate usage of the HSR system?

**WHAT DO WE THINK OF HEALTH STAR RATING?**

**Likelihood to use Health Star Ratings**

At the time of fieldwork for this research, the scope of the roll-out was still small. Accordingly, around half of respondents (49%) report that they are not sure how many products display HSR, and there is also widespread recognition that the HSR is not on most products (44%), as seen in Figure 15.

Figure 15 - Number of products regularly purchased that display Health Star Rating

<table>
<thead>
<tr>
<th>How many products that you regularly buy have the Health Star Rating?</th>
<th>49%</th>
<th>17%</th>
<th>19%</th>
<th>9%</th>
<th>6%</th>
<th>1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>No products</td>
<td>A few products</td>
<td>About half of products</td>
<td>Most products</td>
<td>All products</td>
<td></td>
</tr>
</tbody>
</table>

Base: All respondents (n=1011)

In contrast, the majority (61%) reported that they would like to see the HSR on more or all products, as detailed in Figure 16.
Four out of ten (40%) respondents report being highly likely to use the HSR on a regular basis. Figure 17 shows a detailed breakdown of these findings.

However, the ‘top 3 box’ scores (high likelihood to use HSR – 40% across all respondents) varies notably among the following groups:

- Bought product with HSR: 52%
- Healthy weight range: 37%
- Overweight: 50%
- 18 to 24: 34%
- 55-64: 46%

The highest intention to use HSR is among overweight (50%) and older Australians (aged 55-64, 46%), which may be due to perceived necessity/relevance, and on the flip side, it may be that younger people and people within a healthy weight range are not as concerned about their health so are less likely to use the HSR.

Table 4 shows proportions of coded responses outlining why respondents are likely to use HSR.
Reasons for using Health Star Rating

Table 4 - Reasons for being likely to use HSR (coded verbatim responses)

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am health conscious/want to make healthy choices</td>
<td>31%</td>
</tr>
<tr>
<td>Easy to use/understand/see</td>
<td>18%</td>
</tr>
<tr>
<td>To compare/differentiate between foods/products</td>
<td>13%</td>
</tr>
<tr>
<td>Assist choice</td>
<td>8%</td>
</tr>
<tr>
<td>Quick health check</td>
<td>7%</td>
</tr>
<tr>
<td>Provides the information I need / is informative</td>
<td>3%</td>
</tr>
<tr>
<td>As a nutrition guide / food contents</td>
<td>2%</td>
</tr>
<tr>
<td>Trust of accuracy</td>
<td>2%</td>
</tr>
<tr>
<td>Because its good</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4%</td>
</tr>
</tbody>
</table>

Base: Respondents likely to use Health Star Rating (n= 409)

*Some responses met multiple codes, percentages do not sum to 100 for this reason.

Respondent verbatim regarding why they are likely to use the HSR provides a clearer understanding, in people’s words, as to why they would use the system:

‘It gives me a quick and easy way to tell at a glance whether a food product is something I should buy or not.’

‘Makes it easier to choose and would be better for my family.’

‘I like to have a visual to help me quickly compare foods, especially foods I haven’t tried before. The stars are much easier than looking up kilojoules etc.’

‘I think a lot of things have a lot of hidden ingredients, if it was on front of pack make it easier to pick between products.’

‘It’s a visual aid on the front of the pack to determine whether further investigation is warranted.’

‘I would be likely to use the Health Star Rating because I want my family to eat and live healthy.’

‘Because I am quite health conscious, I would base some of my choices on the health star rating.’

‘Easy to compare between products of the same type.’
Reasons for not using Health Star Rating

Those who reported that they would be unlikely to use the HSR were asked why not. Note, this was only n=87 of the n=1000 sample. Respondent verbatim indicates there are three main attitudinal barriers to uptake of the HSR:

1. I don’t need it
2. I don’t trust it
3. I don’t care for or understand it

It is worth noting that some of the reasons given included misinformation, such as the rating being ‘for sale’ to food companies. Although we can assume that there are a core of people who may never change their opinion on the usefulness of the Health Star Rating (some may be silent, others vocal detractors), there is opportunity to convert those who have mistaken beliefs about the system and how it works. In this sense, it is worth monitoring the reasons given for rejecting HSR as the system rolls out.

Verbatim responses included:

‘Because I like to evaluate for myself. I have my own thoughts on the subject.’
‘COS I EAT WHAT I WANT.’
‘I know what to buy I don’t need this.’
‘I buy food based on price, it’s harder to afford food that is better for you.’
‘Because it depends on your own needs as to what is considered healthy. For me gluten free is more important than how much sugar is contained in a product, but less sugar would obviously receive a higher rating.’
‘Don’t trust this system. Just like the heart tick. Companies just manipulate the system.’
‘Cannot trust the manufacturer to be honest and accurate. If it were rated by and independent authority I might consider it.’
‘Don’t care about the health star rating it is a waste of time.’
‘I just grab the 1st thing I need that is cheap. I never read or understand ticks and crosses on packaging. I’ve heard that they are fake to sell food.’

Net Promoter Score for Health Star Rating

Net Promoter Score (NPS) provides a measure of how likely people are to recommend your product or organisation. This is calculated by subtracting the detractors (those who score 0-6) from the promoters (those who score 9-10).
A ‘good’ NPS is generally relative to the applicable category (see Appendix A), however, for a unique proposition such as HSR, the NPS is a useful comparison between segments within the respondents researched.

NPS for the HSR is currently low overall (-32), which is to be expected with low awareness (i.e. you cannot recommend something if you are not aware of it). However, the NPS increases significantly when calculated on ratings given by those aware of the system (prior to the survey) (-17), and increases again when calculated on ratings given by those who have purchased a product with HSR displayed (12).

Encouragingly, this demonstrates that the more engaged people are with the HSR, the more likely they are to recommend the system to others.

Figure 18 - Net Promoter Score across different levels of engagement

Base: All respondents (n=1011).

Section summary

- People are keen to see the HSR on pack, and four out of ten are highly likely to use the HSR on a regular basis.
  - It can be assumed this will increase as more people discover and understand the system, as more products displaying the HSR appear on shelf.
- People will use the HSR because it is an easy way to make healthier choices.
- Reasons for not wanting to use it vary – I don’t need it, I don’t trust it and/or I don’t care for/understand it.

Areas for further investigation

- Older, overweight people state they are more likely to use the HSR
  - What are the barriers to usage among older, overweight (males) who are aware of the HSR?
CONCLUSION

1. **A third of Australians are aware of the HSR**, although older people and people with a high BMI are less aware of the HSR than young people and/or people with a healthy and/or low BMI.

2. **Most people understand how to use the system**, they ‘get’ that more stars = better and that the HSR is a comparative tool to help choose the healthy option.

3. Of those that have bought a product with the HSR displayed, the **HSR is driving positive behaviour** reinforcement by affirming people’s healthy shopping choices, or positive behaviour change by leading to people buying new, healthier products.

4. **There are areas to investigate further**, particularly awareness and usage of the HSR among males and how this can fit in to their shopping habits, and how to communicate the HSR should not be used to compare products across different, unrelated categories.
APPENDIX A – Example Net Promoter Scores

Figure 1: Most industries show a wide range of Net Promoter scores across competing brands

Source: Bain & Company – The powerful economics of customer loyalty in Australia (July 2013)
APPENDIX B – Australian Grocery Shopping Habits

Figure B1: Considerations when choosing groceries

<table>
<thead>
<tr>
<th>I think about my weight when choosing groceries</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6%</td>
<td>11%</td>
<td>25%</td>
<td>41%</td>
<td>18%</td>
</tr>
<tr>
<td>I think about my health and wellbeing when choosing groceries</td>
<td>2%</td>
<td>5%</td>
<td>20%</td>
<td>46%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Base: All respondents (n=1011).

- Agreement with both statements is **lower** among men and among low SES households.
- Agreement is significantly **higher** among those aware and buying products with the HSR.

We like to think we are actively aware of, and thinking about healthy eating when in the supermarket however despite these claims, when choosing a new food only a third of us will check if the product is healthier than other options:

Figure B2: How often do you compare how healthy products are?

<table>
<thead>
<tr>
<th>How often do you compare how healthy products are?</th>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>16%</td>
<td>15%</td>
<td>21%</td>
<td>17%</td>
<td>8%</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

Base: All respondents (n=1011).

There is a disconnect between saying we buy healthy vs. taking the effort to look at what is in the food we buy, and this differs by sub groups:

- **Some people just don’t compare:** Obese people and low SES households are less likely to compare products to see how healthy they are.
- **The low hanging fruit:** Those who compare products to see how healthy they are, are more likely to be aware of the HSR, to have bought a product with the HSR displayed, and be advocates of the HSR.
- **The youth of today:** Interestingly, young people (18-24) don’t compare products as much as older age groups, however this age group have the highest awareness of the HSR (47% awareness vs. 33% among total sample).