

PROPOSED FRONT-OF-PACK FOOD LABELLING DESIGNS: QUALITATIVE RESEARCH OUTCOMES

1 March 2013



EXECUTIVE SUMMARY

To summarise the findings of this study:

- From this qualitative analysis we identified eight factors that appear particularly influential at the point of purchase across almost all packaged food choices. The nutritional content of packaged food is only one of a number of key factors in the decision-making process and in many categories is not a key consideration. The influential factors are:
 1. Taste/preference
 2. Autopilot
 3. Price/value
 4. Convenience
 5. Occasion/food role
 6. Health/diet
 7. Provenance
 8. Word of mouth
 - An analysis of current consumer behaviour shows health information is not always a priority when making food choices. However, there are clear opportunities to encourage shoppers to make health information part of food choice. In particular, the current complexity of weighing up different elements involved in calculating ‘healthiness’ of packaged goods would indicate that there is a role for additional tools (such as front of package labelling) to assist people in better understanding what they are buying, thus exerting potential influence on packaged food choices.
 - The FoPL scheme would appear to meet key consumer needs in this respect. On the basis of the qualitative findings, the optimal FoPL design – based on consumer preference and the extent to which the overall design will facilitate healthier food choices – is likely to encompass the following design features:
 - A box to enclose all elements of design
 - The grey backed design option (Tank design)
 - Be presented as a stacked display with star rating element sitting above nutrient elements.
 - Use the ‘Health Star Rating’ branding
 - Incorporate the slider / number in star design element
 - Express all values as per 100 grams
 - Include low / medium / high qualifications below the gram / kj values
 - Include the three ‘negative nutrients’ of saturated fat, sodium and total sugar (nb: use of term sugar/s is interpreted to mean total sugar)
 - Include kilojoules
- With regard to the inclusion of positive nutrients - further consideration is needed (also to be delivered through the quantitative study) as to:
- what are the ‘positive nutrients’ of relevance to include (number to be shown, variation by category, etc.),

- whether relevant ‘positive nutrients’ should be included alongside the ‘negative’ nutrients,
- whether relevant ‘positive nutrient’s should be included but separated from ‘negative’ nutrients, or
- whether nutrient information should be restricted to the three ‘negative’ variables only.

NB: the above recommendations are subject to confirmation by the quantitative phase of the study.

- To ensure the scheme achieves broad community acceptance, including support from the various ‘health spokespeople’ consumers listen to, and establishes it as both worthwhile and credible, we believe promotion of the scheme will be necessary. This will be important to establish trust, and to help consumers make the transition from trial (one-off use of the scheme) to long-term or habitual reliance and to drive deeper behavioural and attitudinal change.
- To be successful this information program will be required that meets the criteria of being unique, relevant and credible as follows:
 - Unique: This campaign offers an important opportunity for government (and industry) to communicate in a radically different tone in a public health setting and on a food-related issue. Most public health campaigns give ‘do not’ messages. In addition, much food marketing exists on a guilt-permission continuum where consumers feel judged. In adopting a positive, empowering and non-judgemental message (‘do make good choices’), this campaign can stand out from previous offerings, encouraging consumers to listen and engage.
 - Relevant: The relevance of the scheme will in part come from the execution of its messages rather than the message itself (which is obvious). In the everyday simplicity of the star rating, there is strong consumer relevance. Consumers take this as a sign that government (and industry) has listened and is helping. This is not to oversell the importance of the system – it is, after all, meeting a largely unrecognised need in respect to food issues.
 - Credible: Credibility will come from communicating a broad support base for the system, its independence/government backing and the opportunity to seek more information on the algorithm. However, it will also come from the tone of any communications, which needs to be factual and matter of fact.
- In addition a social marketing approach will need to be incorporated that allows for the targeting of beliefs underpinning resistance behaviours (potentially by category and occasion) in a manner acts to drive usage of the FoPL scheme and facilitate the purchase of healthier food options.

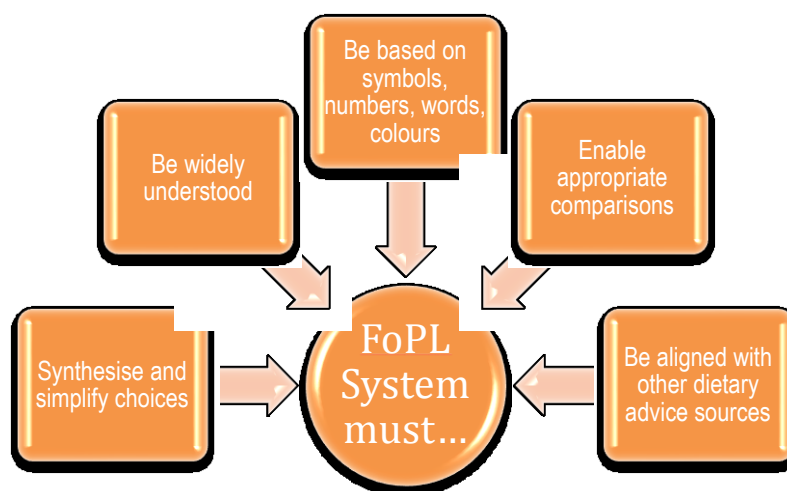
RESEARCH BACKGROUND AND METHODOLOGY

RESEARCH CONTEXT

The development and introduction of a system of comparative front-of-pack labelling (FoPL) for food stems from an agreement by the Legislative and Governance Forum on Food Regulation to support recommendation 50 of the Labelling Logic: Review of Food Labelling Law and Policy (2011). The recommendation states that the FoPL scheme is designed to guide consumer choice towards healthier food options and to guide choice in a number of ways:

1. By enabling direct comparison between individual foods that, within the overall diet, may contribute to the risk factors of various diet-related chronic diseases.
2. By being readily understandable and meaningful across socio-economic groups, culturally and linguistically diverse groups and low literacy/low numeracy groups.
3. By increasing awareness of foods that, within the overall diet, may contribute positively or negatively to the risk factors of diet-related chronic diseases.

The following design principles have been set for FoPL development:



In addition it is a requirement that the system be based on elements that inform choice by assessing both health-benefit and health-risk associated food components; and that the system comprise both the FoPL scheme and consumer education elements.

RESEARCH OBJECTIVES

While various research studies had been carried out in relation to different FoPL systems and how consumers interact and respond to these, none had been conducted using the most recent iteration of the system, incorporating both an interpretive (rating) and nutrient (information / education) element.

A number of design images for each of the two elements were provided for consumer evaluation.

Specifically, the study was designed to meet the following research objectives:

- Provide a background understanding of consumers' knowledge, attitudes, intentions and behaviour regarding food labelling and purchase choices
- Diagnose consumers' ability to accurately use and understand proposed design elements (interpretive and nutrient)
- Assess the likely impact of the proposed FoPL system on consumer choices
- Provide guidance for further design development.

METHODOLOGY

A mixed methodology study was proposed as the best way to meet research objectives.

The qualitative phase (the subject of this report) consisted of 15 group discussions, five accompanied shops and an online bulletin board. The sample frame used for this research activity is detailed within the tables below.

15 x 90 minute group discussions

#	Location	Gender	Segment	MGB	Age / Lifestage	Diet Cons	Literacy / numeracy	Purchase Loyalty
1	Melbourne	F	Gen Pop	Yes	Young single / couple	Yes	Med / high	Mix
2	Melbourne	F	Gen Pop	Yes	Older	No	Med / high	Mix
3	Gladstone	F	Gen Pop	Yes	Young family	No	Med / high	Mix
4	Gladstone	M	Gen Pop	Yes	Young single / couple	No	Low	Mix
5	Gladstone	F	Gen Pop	Yes	Older	No	Med / high	Mix
6	Parramatta (Syd)	M	Gen Pop	No	Older	Yes	Low	N/A
7	Parramatta (Syd)	F	Gen Pop	Yes	Young single / couple	No	Med / high	Mix
8	St Leonards (Syd)	F	Gen Pop	No	Young family	No	Med / high	N/A
9	St Leonards (Syd)	F	Gen Pop	Yes	Young family	Yes	Med / high	Mix
10	Launceston	F	Gen Pop	Yes	Young single / couple	No	Low	Mix
11	Launceston	M	Gen Pop	Yes	Young family	Yes	Low	Mix
12	Launceston	F	Gen Pop	No	Older	No	Med / high	N/A
13	Werribee	M	Indigenous	No	Young family	No	Low	N/A
14	Geelong	F	Indigenous	Yes	Young family	No	Low	Mix
15	Geelong	F	Indigenous	Yes	Older	No	Med / high	Mix

5 x 1 hour accompanied shops at the consumer's local supermarket

#	Location	Gender	Segment	MGB	Age / Lifestyle	Diet Cons	Literacy / numeracy	Purchase Loyalty
1	Sydney	F	Gen Pop	Yes	Older / couple / single	No	Med / high	Mix
2	Sydney	M	Gen Pop	Yes	Young family	No	Low	
3	Melbourne	F	CALD	No	Young family	Yes	Med / high	N/A
4	Geelong	F	Indigenous	Yes	Young family	Yes	Low	Mix
5	Geelong	M	Indigenous	No	Young single / couple	No	Med / high	N/A

Online bulletin board: running for 4 days with new questions posted each day

#	Location	Gender	Segment	MGB	Age / Lifestyle	Diet Cons	Literacy / numeracy	Purchase Loyalty
1	States not included in face-to-face fieldwork (WA, SA, NT, QLD)	F	Gen Pop	Yes	Young single / couple	Yes	Med / high	Mix
2		F	Gen Pop	Yes	Young family	No	Med / high	
3		F	Gen Pop	Yes	Older couple / single	No	Low	
4		F	Gen Pop	Yes	Young single / couple	No	Low	
5		F	Gen Pop	Yes	Young family	Yes	Med / high	
6		F	Gen Pop	Yes	Older couple / single	No	Med / high	
7		F	Gen Pop	Yes	Young single / couple	No	Med / high	
8		M	Gen Pop	Yes	Young family	No	Low	
9		M	Gen Pop	Yes	Older couple / single	Yes	Med / high	
10		M	Gen Pop	Yes	Young single / couple	Yes	Low	
11		F	Gen Pop	No	Young family	No	Med / high	N/A
12		F	Gen Pop	No	Older couple / single	No	Med / high	
13		M	Gen Pop	No	Young single / couple	No	Med / high	
14		M	Gen Pop	No	Young family	Yes	Low	
15		F	Gen Pop	Yes	Young family	No	Low	Mix
16		F	Gen Pop	Yes	Older couple / single	No	Med / high	
17		M	CALD	No	Young family	Yes	Med / high	N/A
18		F	CALD	Yes	Young family	Yes	Low	Mix
19		F	CALD	No	Young single / couple	No	Low	N/A
20		M	CALD	No	Young family	No	Med / high	

All qualitative fieldwork was conducted between 19th December 2012 and 16th January 2013.

The quantitative phase will be carried out following the delivery of this report.

CONTEXTUAL SITUATION AND UNDERSTANDING

The following sections provide a background understanding of consumer attitudes, intentions and behaviour with respect to food choice and labelling as derived through this qualitative study.

PACKAGED FOOD CHOICES

The qualitative research sample encompassed a broad cross-section of consumers including a proportion who are health literate and those with particular dietary needs. However, for these as for general consumers, any single food choice represents the outcome of a complex interplay between a wide range of inter-relating emotional and rational, individual and external factors. For instance, on any one occasion factors might include family, the occasion (i.e. everyday versus special/treat), time to available to prepare a meal, beliefs and attitudes about food values (for instance, provenance), shopping environment... to name just a few.

At a superficial level, it might seem difficult to make sense of the key drivers of any one decision, let alone make a judgement as to what is required of a national public health intervention (such as front of package labelling) to ensure that it will be appropriate to the needs of all, and ultimately used widely.

What this qualitative analysis of consumer behaviour suggests is that key aspects of these decisions will impact on the ability of front of pack labelling to disrupt purchase habits, inform the formation of new choices and ultimately become accepted as a positive and important consideration when making decisions at the point of purchase.

CURRENT FOOD CHOICE BEHAVIOURS

Key / Influential factors

From this qualitative analysis we identify eight factors that appear particularly influential at the point of purchase across almost all packaged food choices. The importance of these vary according to individual shopping styles, lifestyles, the priority the shopper places on diet and healthy eating, and how convenience-minded or price-sensitive they are. The nutritional content of packaged food is only one of a number of key factors in the decision-making process and in many categories is not a key consideration. Influential factors are:

1. Taste/preference
2. Autopilot
3. Price/value
4. Convenience
5. Occasion/food role
6. Health/diet
7. Provenance
8. Word of mouth

“Food choices is a combination of 1. What I have had before that I liked, 2. What is on special & 3. What people have suggested to me.” (male, 30-39, high literacy, not diet conscious, from internet discussion board)

“Sometimes you just need chocolate” (female, younger family, med-high literacy, not diet conscious, Gladstone)

Each of these influential factors are discussed in greater detail below:

1. TASTE/PREFERENCE

Obviously consumers primarily chose foods that they and their households like, and/or know will be eaten. No matter what the other qualities of a product might be, if the consumer and his/her family don't enjoy this food, they are very unlikely to buy it again.

2. AUTOPILOT

With many consumers in our sample, we see a tendency to put the same ‘favourite’ products (brand and variant) in their basket week after week, with limited variation, shopping within a relatively narrow repertoire. Clearly, this has involved a decision-making process considering one or more of the factors listed above at some point in the past – but even if they read the pack once, they are unlikely to read it again. This limits risk since they have already tried the product and know they like it – and it also makes the shopping trip quicker and easier. Other variants or competitor products have very limited opportunity to catch the eye when consumers are shopping in this mode. Getting the consumer to reconsider these ‘autopilot’ purchase decisions may be challenging... especially if this involves reassessing an established preference with information that questions the wisdom of the choice.

“I am usually in a hurry when doing the shopping and tend to use the products I know. I don't really want to think about it too much. I know what I like.” (female, 60-69, high literacy, not diet conscious, from internet discussion board)

3. PRICE/VALUE

The ways in which people buy on price include:

- *Price is key all of the time:* Some consumers are focussed on always finding the lowest prices, best deals and special offers. This mindset appears quite difficult to shift. It can reflect financial necessity, but not always.
- *Price is key some of the time:* Perhaps more commonly, some consumers shop primarily on price for certain foods, but not others (e.g. will purchase Homebrand flour and sugar, but will buy a branded pasta sauce).
- *Price = value:* A third consumer group equates higher priced products with value and will buy these when discounted, or for a special occasion.
- *Price isn't a consideration:* For a final group, price is not a driving consideration.

Some respondents make use of the 'price per kg' information to make comparisons – this could be between brands, or even between different pack sizes of the same brand.

Some even make their purchase decisions based on which products were running competitions.

4. CONVENIENCE

Convenience is a term that covers a lot of ground with consumers and can mean a wide range of things: it can also be used to rationalise decisions that consumers may not consider otherwise represents their usual orientation towards food. For instance people may cite 'convenience' for the choice of a food that is more easily prepared, but less healthy than another option. Convenience can include not just the amount of effort required to prepare the food, and the size of portions and the packaging, but can go right down to apparently incidental but in fact very influential issues such as the fit of a package on their shelf at home. Consumers who claim to prioritise healthy choices may nevertheless choose tinned or frozen foods over preparing these from scratch on the basis of convenience.

5. OCCASION/FOOD ROLE

A given 'occasion' can drive shopping behaviour in different directions to other more deeply held values. For example, a diet might be broken for a 'treat', price forgotten for a special occasion or for the enjoyment of spending in an expensive store, personal taste neglected to suit the needs of dinner guests.

Related to this is the way consumers frame (or define and categorise) certain foods to fit prescribed roles in their lives. For instance, decisions with respect to the choice of what consumers describe as their 'everyday foods' (which could include milk, bread, cereal, pasta and sauces) might be more about health or price than other foods they nominate as a 'treat' (which could include frozen meals, or cheese as well as confectionery) which might instead prioritise taste, fun and enjoyment...

6. HEALTH/DIET

A focus on health and diet can influence some consumers to impose strong-limits on food choices. This might concern broader ideas of what is 'healthy' (discussed in more detail below), issues to do with weight control, or food avoidance based on allergies or intolerances. We note that 'health' as a mindset might also apply only to certain foods or times of the year, or be based on the application of particular tools or strategies (i.e. a certain diet type).

For some individuals, health or particular dietary issues can be the dominant mindset influencing their style of shopping: alternatively it can be a consideration that arises in relation to some food categories but not others (for instance, cereal but not foods considered 'treats'). The former group will proactively seek out healthy or diet options all year round, and across all or almost all food purchases; the latter group may go through periods of trying to be healthy, or focus more on health for certain products than others.

“We are very particular about what we eat as we are on a high protein low carb diet” (male, 18-29, high literacy, diet conscious, from internet discussion board)

“I’ve started visiting a nutritionist to lose the baby weight, and my shopping habits have changed completely” (female, younger family, med-high literacy, diet conscious, Melbourne)

“I pay more attention in the soccer pre-season, when I’m trying to keep trim” (male, 30-39, high literacy, not diet conscious, from internet discussion board)

7. PROVENANCE

For a minority, the origin or provenance of food is a strong influence (i.e. Australian or even more locally made, low food miles, sustainable, organic) and can be a key factor in decision making. While this is often about supporting the Australian economy, the carbon footprint of foodstuffs was also mentioned as a factor, as was health (i.e. a lack of trust in how certain countries farm their products) as well as taste.

“Australian products get first choice regardless of price. If I can’t buy AU I usually go for a well-known brand & taste, but in saying that I bought a well-known Ozzie brand of tinned pineapple rings the other week that were tasteless so won’t be buying them again.” (male, 50-59, high literacy, not diet conscious, from internet discussion board)

“I look for Tasmanian, then Australian. It’s a cold climate here which I think means more taste... plus you do think about the poor bugger trying to grow it and make a living.” (male, older couple, high literacy, not diet conscious, Launceston)

8. WORD OF MOUTH

Some of our sample also talked about the influence of friends or family on their shopping behaviour. For example, if a friend recommends a particular brand or product, or if the kids have tried something at someone else’s house and enjoyed it, this puts it on the radar for future shopping trips.

Of course, we also know that advertising and point of sale displays and packaging all play significant roles, though of course this is rarely something that respondents admit to.

Secondary drivers

Under these dominant mindsets sit a series of ‘secondary’ influences driving purchase decisions which also play a role in supporting or influencing food choice. Given the focus on positive nutritional choices in this study, we have illustrated these drivers with respect to ‘health’ examples.

- **Tools:** these might range from catalogues (maximises price); online shopping (maximises time) as well as tools that help maximise health/diet, such as nutritional panels, nutritional claims or endorsements. The latter in particular act as a shortcut to food choice when purchasing a new item or when time constrained.

- **Strategies to support values:** for instance, when it comes to health, some deliberately avoid certain aisles in the store (e.g. confectionery, biscuits, chips, soft drinks).
- **Environmental cues and influences:** The above tools and strategies are all influenced by a wide number of environmental cues and influences. In health terms consumers report a number of 'pre store' positive influences: nutritionists, doctors, magazines or word of mouth (including friends or relatives who are 'good at this sort of thing' and can to provide them with the right advice). As mentioned above, consumers themselves are less able – and willing – to articulate the influence of commercial marketing including advertising (pre-store) and store layout and packaging (in-store) in influencing their choices.

Implications for the introduction of a front of package labelling system

- Because there is no one singular mode within which individual shoppers approach food choices – due to the fluidity and large number of permutations of possible food choice approaches – it is not possible to develop a simplified segmentation with respect to altering behaviour (as is often done as part of social marketing activity). The system and its marketing must fit consumer needs as more broadly defined above.
- However, there are also clear areas in the framework where it is possible to make a public health intervention. There are areas where behaviour can be 'nudged' towards more positive choices. Food labelling, and the associated behaviour – identifying and making choices based on which is the healthier food – fits well within this territory.

CONSUMER DEFINITIONS OF HEALTHY FOOD

At the broadest level, consumers conceptualise 'healthy food' along a continuum and generally with reference to what is clearly not healthy, which most find easier to define. Thus 'healthy' is NOT full of sugar, NOT full of fat, NOT over processed...

At the healthy end, food is defined by the extent to which it appears not to be processed – appears natural, organic, raw, has simple ingredient lists, and/or ingredients that have been publicised as 'healthy' (olive oil, wholegrains etc.). At the 'unhealthy' end of the spectrum we find foods that are categorised by the extent to which they appear processed – in relative terms they are more highly manufactured, have complex ingredient lists, numbers instead of ingredients.

Interestingly, it appears that while consumers have fewer difficulties in populating either end of the spectrum – the very healthy (fruit, vegetables) and the very unhealthy (lollies, chips) – the mid-range of the spectrum can present more difficulties for all but the well informed (although it can be that more knowledge makes for more difficult choices).

Consumers say that nutrition is not always entirely straightforward – i.e. it is not divided into purely ‘healthy’ and ‘less healthy’ or ‘unhealthy’ products, and often involves a play off where they need to weigh up the pros and cons of what the food might offer.

This has significant ramifications for the ease with which consumers can judge packaged foods, which tend to fall in the mid-range of the spectrum through to the highly unhealthy end.



The reasons for difficulty in judging the health of packaged foods are clear – they stem from the competing health claims they make, along with contents that are not clearly visible on a first read of packaging, or through accepted food truisms. For instance many types of muesli or muesli bars appear to have whole, natural ingredients and can therefore be interpreted as being healthier unless the consumer examines the nutritional panel (and realises the relative sugar or fat content) or considers the quantity that should be consumed as part of a healthy diet.

“If I’m looking at muesli bars I’ll try and find the one that’s got the most natural ingredients or raw ingredients like lots of raw nuts... and while that will have a higher fat content I know it will be better for me...” (female, young single/couple, med-high literacy, diet conscious, Melbourne)

“I’m mostly concerned with the naturalness of the ingredients rather than amounts of fat or sugar. For instance I will buy cream that doesn’t contain thickening chemicals even if it is a much higher fat level. So I don’t even check those things. Same with sugar. I would much rather eat something high in sugar than high in corn syrup or artificial sweetener.” (female, 30-39, high literacy, diet conscious, from internet discussion board)

The challenge of reaching informed decisions with respect to packaged goods was further illustrated in the research process. Respondents were asked to bring along one example of a healthier packaged food and one example of an unhealthier packaged food from their own home. For instance within one group two participants brought along identical containers of tinned fruit – one as an example of a healthy food ‘as it is fruit’ and one as an example of an unhealthy food ‘as the syrup has a high level of sugar’. Further examples of the challenge faced when determining what constitutes a healthy food choice included a participant who presented a pack of raw nuts as being unhealthy on the basis that they could cause an allergic reaction, and a participant bringing in a cereal as her healthy choice that was found to contain higher sugar and sodium than the biscuit that she nominated as her unhealthy choice.

The issue here is that ‘healthier choices’ are made on the basis of a range of different factors, and will be determined differently by individuals depending on which factors they prioritise.

Despite the lack of consistency across these discussions, participants themselves don’t necessarily see that making healthy food choices is currently difficult when they are in-store. Australian consumers do not generally express a high degree of frustration or spontaneously call for the introduction of front of package labelling (as they might do for other policy reforms).

Implications for the introduction of a front of package labelling system

- The way in which competing factors are prioritised by different consumers with respect to the health status of packaged goods would indicate that there is a role for additional tools (such as front of package labelling) to assist them in better understanding what they are buying.
- However, because consumers are not actively seeking out additional tools, any mechanism, and its benefits, will have to be clearly communicated to encourage take-up.

CURRENT USAGE OF EXISTING FOOD LABELLING INFORMATION

What information is considered when evaluating the health status of packaged foods?

Currently, food labelling works in the broadest sense, where all the semiotic cues inherent in packaging come into play when communicating how healthy food is. These include the wider cues provided by packaging design, imagery and layout (i.e. clean simple designs can signify ‘lighter’ and hence healthier, while busy designs using bright or lurid colours can signal fun but ‘artificial’) in addition to more obviously health-specific cues such as:

- **Product cues:** Consumers will often rely on subjective packaging cues (such as for example food illustrations or written reference to wholegrains) to evaluate the health status of a product rather than using the more detailed information provided through nutritional panels. For instance, some participants reported looking for ‘real chunks’ of tomatoes, or responding to images of fruit, vegetables or nuts on packaging to determine the likely ingredients, taste, authenticity and also how good for them a particular pasta sauce might be.

“I always look at the list of ingredients more than everything else. I always look at what’s in it and what I’m eating. Like the picture here gives me the idea of what is in it” (female, young family, med-high literacy, diet conscious, Sydney)

- **Brand names:** Product names can also provide a simple way for customers to judge the health status of a particular product. For some, an item produced by Macro Wholefoods or Weight Watchers carries an automatic stamp of approval.

- **Ingredients lists:** on first choosing a new product, some consumers claim to look at the ingredients list to check on the whether it contains additives, colours etc. and the presence of certain ingredients (i.e. allergens, high percentages of sugar or fat). Some also take note of serving sizes though few appear to consider this a reliable source of information:

“I look at the serving size cos some things say 4 servings and you’re like – what? For who?” (female, young single/couple, med-high literacy, diet conscious, Melbourne)

- **Pack claims:** e.g. Heart Foundation tick, flashes such as No Added Salt, Omega 3, multigrain, 99% fat free, organic, GMO free can be considered an easy shorthand to indicate a product’s ‘healthiness’. However, there appears to have been some sense of a slight erosion of trust around such nutritional endorsement or claims. Claims made by manufacturers are suspect to some, who see them as a form of marketing aimed to make foods appear healthier than they are. For others the appearance of endorsements on what they consider to be unhealthy foods has undermined the credibility of such schemes.

“I always used to look for the Heart Foundation tick but then I found out that companies have to pay to get it put on their packaging” (female, older, med-high literacy, not diet conscious, Melbourne)

“I’ve been on a gluten free diet for about 5 months and so many packets contain additives. I’ve found that I buy less because of that as it takes so long for me to read the ingredients and work out if a food is safe.” (female, 30-39, high literacy, diet conscious, from internet discussion board)

- **Nutritional panel:** This panel is not widely criticised or generally perceived to be difficult to understand, but there is some sense that consumers have to ‘learn’ how to read it to actually take away information that impacts on their decisions. In many cases they are bringing their own lens to the task:

“I look at the grams of fat and sugar. I work in percentages so if it’s 10g per 100g its 10%, and in Year 11 we were taught to stay under 9% fat and 9% sugar...” (female, young single/couple, med-high literacy, diet conscious, Melbourne)

“Anything under 10g per 100g and sodium 7 mg is low.” (male, older couple, high literacy, not diet conscious, Launceston)

We would also note that while few admit to finding it ‘difficult’, nutritional panels can be seen as being a very ‘complex’ way to assimilate the health information of a product. These panels can also be unsuited or a challenge to those with poor eyesight, literacy or numeracy.

“I look at it but it’s really just to see what the ingredients in it are as to be honest I don’t really know what the numbers mean” (female, young family, med-high literacy, not diet conscious, Gladstone)

“Sometimes I really struggle reading the detail. Currently I struggle to read [food labels] when they’re too small, or through plastic, and or with different colours... for example when it’s white printed on colours, rather than black on white.” (female, young family, med-high literacy, not diet conscious, Sydney)

- Some are also making use of smartphones as a complement to on-package information to assist them in making healthier choices. This might involve looking up an unfamiliar ingredient, converting on-pack kilojoules information into calories, or using apps such as Calorie King (to compare the calories of certain foods) or Swap It Don't Stop It (to obtain healthier suggestions for certain foods).

How are food labelling cues used?

Food labelling cues are taken up differently depending whether consumers have bought the product before, and the way in which they trade off the different considerations discussed above. In particular, we note passive avoidance of food panels by many of these consumers. Reading nutritional panels and lists of ingredients on-pack generally requires some level of time investment. Consumers appear to make more (automatic and almost unconscious) use of simpler health-based messages (front of pack flashes and ticks, ingredients lists, pack semiotics such as colour, design and illustrations such as pictures of fruits and nuts on cereal), which are more accessible and easier to process. The overriding desire from many food shoppers is to spend as little time in front of the shelf as possible and these design aspects / messages are a quick and easy way to get to the point while still making what they believe to be a healthier choice.

"I don't read the nutritional information often and I don't know what I'm reading anyway, it doesn't mean anything to me." (female, young family, med-high literacy, not diet conscious, Sydney)

In addition, as described above, consumers exhibit a tendency to put the same 'favourite' products (brand and variant) in their basket, and even if they have looked at the nutritional panel at some point in the past they are unlikely to do this repeatedly. So familiar, tried and tested products (such as regular cereals, dairy products, sauces etc.) will simply be chosen on the basis of habit with little examination of the packaging at all. Buying what you know the family likes limits risk and makes the shopping trip quicker and easier.

"I very rarely look at any nutritional information as I already have a fair idea of the type of products that I am interested in buying." (female, 60-69, high literacy, not diet conscious, from internet discussion board)

"If it's something we buy regularly we wouldn't look at it" (male, 30-39, high literacy, not diet conscious, from internet discussion board)

"Often I compare when I try something for the first time but once I've tried it I stick with it, unless there's a special on" (female, young single/couple, med-high literacy, diet conscious, Melbourne)

In other instances consumers more actively embrace health information provided on packaging. This appears particularly true of those who are health and diet conscious. While the ways in which consumers currently use nutritional information are many and varied, many in this sample said they used them to avoid/limit 'bad' things rather than to seek out the positives (e.g. calcium, fibre).

"If it is high in calcium then they will blazon it over the front of the pack, you don't need to turn it over to see that." (female, young family, med-high literacy, not diet conscious, Gladstone)

Examples of food avoidance in this study included:

- Gluten free foods... for those who are intolerant
- Fat, sugar and calorie content... for those managing weight issues
- Fat content... for those concerned about cholesterol
- Sodium content... due to high blood pressure (the latter two points are especially relevant for older groups – whether male or female).

"I always check the labelling, and check for Carbohydrates, Sugars and Fats per 100g, as I am on a very specific low carb diet, I need to know what I am putting into my body!" (male, 18-29, high literacy, diet conscious, from internet discussion board)

Indications are also that consumer perusal of food labelling information comes into play more on certain occasions, and particularly when buying an unfamiliar brand or product.

"I look at the nutritional panel if I'm buying something I've not bought before. I'm trying to keep the old fats down as much as I can though I'm not a fanatic at it." (male, older couple, high literacy, not diet conscious, Launceston)

"If it's a new product, I'll think, how much fat is in that? I'll look at the back and think... ! That's way too high" (female, young family, med-high literacy, not diet conscious, Sydney)

In addition, buying for young children appears to prompt consideration:

"I do [read food labels] for certain things, especially for kids snacks." (female, young family, med-high literacy, diet conscious, Sydney)

Implications for the introduction of a front of package labelling system

- It is clear that any front of package labelling system will need to meet the needs of active shoppers, disrupt passive shopping styles, and also account for the needs of those who are unable or reluctant to encompass detailed information (such as those who currently find nutritional panels too complex).
- We would further note that the online shopping environment provides a much less visually rich and comparative environment with respect to food labelling, which will need to be taken into account when formulating and introducing the front of package labelling system.

CONSIDERATION OF THE PROPOSED FoPL SCHEME

INITIAL RESPONSE AND POTENTIAL USE

When presented with the idea of front of pack nutritional labelling, the concept was widely supported across the research sample (including across gender, age, location, Indigenous, diet-consciousness, literacy). The key benefits were seen as being:

- The scheme will allow people to make healthier choices (or at least help make this easier). This can be particularly relevant for what consumers can label ‘deceptive’ products, notably muesli bars, cereals, yogurts or other items which seem to be healthy (or at least not bad for you) on face value but then can turn out to have relatively high sugar or salt levels.
- The scheme offers a way to manage diet that is objective rather than subjective. This includes moving away from the guilt > permission frame that consumers believe marketers of dietary products perpetuate.
- Some also expressed a hope that the existence of the scheme would incentivise manufacturers to revisit what’s in the products.

For the most nutritionally educated and aware (those who are already using nutritional panel information to make choices) the appeal of the scheme was more on behalf of others in the community than themselves. While some felt the scheme might make decisions quicker and easier for them, many believed they would continue to exercise choice and select food based on their existing knowledge and detailed back of pack information. But it is important to note that this latter group (who are arguably not the target market since they are already making healthy choices with confidence) were still in favour of the scheme in principle.

Similarly to other tools described above that assist people in making decisions about food, it appears from the initial response to the FoPL system that it will *support* rather than simply *override* key decision-factors such as price, taste, convenience and occasion.

For instance, some consumers told us that, while they would be prepared to pay a bit more for a healthier choice, this would be within a certain price range (likely to be product dependent) e.g. might pay 50 cents more but not \$1 more. Similarly, they do not always expect healthy food to taste as pleasant and might not necessarily trade off more stars for a product that did not suit their personal or family’s taste preferences.

However, having said this, it does appear that front of pack labelling – because of its visibility – will have the power to disrupt current choices, especially with respect to certain food categories and more habitual (autopilot) shopping choices:

- People tended to see themselves referencing the scheme more in certain sections of the store (e.g. cereals, yogurts) than others – they expected it to be less relevant when making choices on treats such as confectionery or chips which they believe are unhealthy anyway. They also

thought they would use it to make a decision between brands/products where the price was similar, or to gauge their interest in trying a new and unfamiliar brand/product.

- People also anticipated that they might be challenged into reconsidering their current favourite and familiar brands and products (i.e. their autopilot behaviour) if they noticed that this has an unexpectedly low star rating. In addition, some felt they might aim to get a healthy balance in the basket (e.g. “I can have this 1 star product because everything else is a 4 star”).
- Highly involved shoppers appear likely to use the scheme in tandem with other pack information (e.g. daily intake guide).
- Generally, people did not expect to be deterred from buying certain product categories entirely, but instead to use the information to make better choices within those on offer – that is to say, they might consider buying a chicken nugget brand/variant with a higher star rating than competitors, rather than give up chicken nuggets altogether.

It is important to note from the above that the main way in which consumers at this stage expect to use the scheme (especially the star element) is comparative (relative) rather than in isolation (absolute value). Consumers drew comparisons with the way they currently use ‘price per kg’ labelling, which is to compare similar products in terms of relative value. In developing the scheme’s design, it is important to bear this in mind and arguably to facilitate this tendency where possible (for example in considering whether to have ‘per 100g’ information or ‘per serve’).

NB: Because of the different rating systems explored across the qualitative study, we could not fully test performance by category. This will be explored in more detail once a rating system is agreed and finalised.

PERCEIVED CREDIBILITY OF THE SCHEME

The principle appeal for the Front of Pack labelling system as described to participants in the qualitative study was the star rating. This element appealed as new (in food), innovative and very simple and straightforward, providing information at a glance. Nutritional information is already included on the back of all packaged foods, and even on the front of some – so while there is openness to including this as part of the scheme, interest and excitement levels around this aspect were more muted.

The simplicity of the scheme can be its key appeal – but it can also raise questions. Consumers ask how the star system will be calculated: both generally, and in relation to specific products. For example, raw nuts are known by some to be very high in fat, but at the same time a little of these in your diet can provide a real benefit; so they ask ‘how would this be incorporated into the star rating?’

While to some extent the nutrient advice sitting adjacent to the stars will provide supporting explanation and information, people want reassurance that the calculation process or algorithm that goes into producing the star rating of products is grounded in evidence and a bona fide process:

“My concern with star ratings is who decides on the rating? How well would it be monitored for accuracy? It's a bit like expiry dates - sometimes they are accurate and other times things go off before the due date!” (SA, female, 60-69, high literacy, not diet conscious)

“I would assume the product with more stars is better for me. But it has to be government monitored. It doesn't mean anything if it's not government monitored. It would mean that it's regulated. If it says it's 3 1/2 stars it has to have certain ingredients or quality of ingredients. If I knew all of that and one [product] had two stars and one [product] had three, then I would know the research had been done.” (female, young family, med-high literacy, diet conscious, Sydney)

“We've been screwed over before. Like products saying they're Made in Australia but then they're made with imported ingredients.” (male, younger family, lower literacy, diet-conscious, Launceston)

However if the star rating comes to acquire real credibility, it could well be more influential than the Heart Foundation tick. While we know that other decisions will mitigate consumer enthusiasm at the point of purchase (such as price, convenience and taste preference), the following quote indicates the general level of enthusiasm:

“It would encourage me to switch brands. I would look at the stars . . . and if one brand had 3 stars, and one brand had 5 I'd go with the one that has 5... the decision is made for you.” (female, young family, med-high literacy, not diet conscious, Sydney)

For the scheme to be considered credible, consumers expect the system to be run by a body that is not beholden to manufacturers. In fact, the first question on encountering the scheme was always about who is behind it: credibility and confidence in the scheme hinges on this information, with a key driver of the appeal of the scheme being that it would provide an impartial rating across all foods as opposed to being a one-dimensional endorsement of one food type as healthy.

Dieticians or nutritionists were often top of mind as ideal creators/proponents of the scheme, but the Australian Government (or more specifically the Department of Health) was well-accepted when discussed.

Implications for the introduction of the front of pack labelling system

While positive overall, response to the idea of a front of pack labelling system indicates that it will need to be carefully structured and communicated to gain community support:

- For the scheme to be accepted as an impartial rating it is critical that it be included across all food products and categories.
- People expect that an information program will launch the scheme to explain who is behind it, how to use it and how the star system is calculated. (The calculations will not need to be a first order communication – however, consumers are likely to require reassurance that the detail is there should they seek it.)

- Any information program will have to be careful to avoid the appearance of ‘spin’ and ‘selling’ – such commercial associations could undermine, rather than reinforce, the virtues of the scheme.
- Because of these questions, establishing a broad community of support amongst manufacturers, retailers, health professionals and media (demonstrating layers of credibility) will be important to reinforce the value of the scheme (rather than public conflicts of advice from professionals raising questions as to its value).

RESPONSE TO FoPL DESIGN ELEMENTS

FOPL BRANDING

Two branding / naming options for the star system were explored qualitatively;

1. 'Health Star Rating' and
2. 'Food Smart'

Overall, 'Health Star Rating' performed strongly against the stated communication objectives: ease of understanding and credibility:

- It clearly communicates to consumers what the system is all about - 'health' and 'star rating'.
- It is straightforward and does not come across as a marketing 'gimmick' or 'spin'.

"Just the word Health in it is a winner." (female, older, med-high literacy, not diet-conscious, Launceston)

"Health Star Rating sounds more independent rather than marketing." (female, singles/couples, lower literacy, not diet-conscious, Launceston)

"[Health Star Rating] makes people conscious of what they're eating, for people who think about health and what you put into yourself. Health Star Rating tells you it's a healthier alternative." (male, older, low literacy, diet conscious, Sydney)

By comparison 'Food Smart' was not as clear or precise in its connotations. The name could be about any number of topics: moreover, it was felt to be potentially misleading when applied to food with very little nutritional value – which is demonstrably not smart. In addition, it can come across as condescending or as 'marketing-speak'. On the positive side, for younger audiences, the association with smartphones and smart TVs gives the term 'smart' connotations of consumer empowerment to make smart choices. However, even for this group the term can be felt to be overused.

"I like the word rating in there because it's actually telling you it's a rating. It shows you it's ranking that product, with fats and sugars and everything. It gives you the opportunity to compare other products. Food Smart doesn't tell you it's a rating." (female, young family, med-high literacy, not diet conscious, Sydney)

"Food Smart could be conceived as 'Value for Money', whereas the Health Star Rating says exactly what it is. The simplest message is the one that's easy to understand." (male, older, low literacy, diet conscious, Sydney)

INTERPRETING THE INFORMATION ELEMENTS

Star rating systems are familiar to most consumers: they have seen these in categories as diverse as electronics (e.g. fridges, washing machines, energy efficiency ratings) and hotels (e.g. 3/4/5 star hotels). Therefore, it is easy for them to understand that they are being given information on which to judge and make choices, and they immediately understand that the higher the rating, the healthier it is. As such, there is little to no risk that the system could be misinterpreted.

*“It looks like ‘green’ ratings on appliances - I’d assume the more stars, the healthier a product is.”
(VIC, male, 30-39, high literacy, not diet conscious)*

Diet conscious consumers claim they might still rely on nutritional information but the star rating has the potential to become a key tool for the less diet conscious and less literate – consumers who currently do not look for any such information at all.

A number of star rating design options were explored as well as three different types of variables. Results are provided in the table overleaf.

Options	Option A	Option B	Findings
Inclusion of a numerical value	No numerical value	Inclusion of a numerical value	<p>Because of the familiarity of respondents with the notion of star rating (i.e. as used in white goods energy labelling), lack of numerical values do not, by and large, appear to cause confusion amongst shoppers.</p> <p>However, inclusion of these values does provide a welcome additional clarity, providing a cognitive shortcut and visual confirmation of the rating for the following reasons:</p> <ul style="list-style-type: none"> • Ameliorates doubt about whether the ‘filled in’ or ‘empty’ stars denote the rating (especially important for vertical ratings). • Helps faster assimilation of information at the shelf, (especially important to information avoiders). • Facilitates reading by the vision impaired or those who wear reading glasses. • Reinforces the actual number of the rating (makes it harder to be ignored).
Number formatting	Fraction	Decimal	Consumers expressed a strong preference for decimal formatting – this is reportedly the format they use in everyday life and hence easiest to comprehend and assimilate.

Number position	Right hand side	Top / in a toggle / on a slider	<p>Positioning the number at the top in a toggle / on a slider provides extra clarity by adding a stand out visual clue.</p> <p>By visually separating the number from the stars in the layout both are seen clearly.</p>
Orientation	Horizontal	Vertical	<p>As English-language consumers are used to reading from the left to the right, the horizontal scheme felt natural.</p> <p>However, consumers were universally confused by the vertical scheme: should it read from top to bottom (as they would write and read) or from the bottom to the top (like a thermometer)? The best way around this was to introduce a number in a toggle / on a slider.</p>

INTERPRETING THE NUTRITIONAL INFORMATION

Overview

Consumers in our sample acknowledge that nutritional information is already widely available. It stands on the front of some packs and on the back of all packs. However, having this information placed on the front of pack across all categories in a consistent way was widely welcomed. When displayed on the front of pack, nutritional information helps to justify and explain the star ratings.

This analysis suggests that nutritional information is needed to add credibility and give an explanation of the star ratings. This is especially true for higher literacy consumers, who are less likely to accept any information at face value and will want to check the back of the pack anyway.

“I would think that the star ratings would be an indication of how healthy the food supposedly was. One would need to have a clear understanding of what the stars meant.” (QLD, female, 60-69, high literacy, not diet conscious)

“I think it is a bit of a gimmick, and wouldn't take much notice of it. The nutritional table and ingredients are more important and provide a better insight into a food.” (NT, female, 30-39, high literacy, not diet conscious)

What nutrient information to include on front of pack

NUTRIENTS

To many in our sample, the information they want on the front of pack are the essentials: limited to the kJ count and “*the bad stuff*” i.e. the three most ubiquitous variables of saturated fat, sugar and sodium.

- While opinions varied as to whether ‘Sugar’ or ‘Added Sugar’ was the better option, on the whole there was an expressed preference for total sugar, as this is what you are consuming. While some saw the relevance of Added Sugar for fruit juices or jams, where the fruit sugars are naturally occurring rather than ‘additives’, it was still considered relevant to understand how much sugar in total is being consumed.
- With regard to fat, there was broad understanding of the existence of good and bad fats – as such it was seen to be logical that only the bad or saturated fat would be mentioned.

A smaller minority called for the inclusion of more positive variables – “the good stuff” – as well. Variables would be category dependent e.g. calcium for dairy and fibre for cereals. It should be noted that including positive variables is not without its detractors and inherent problems:

- The less health savvy may not know whether nutrients such as fibre or iron are beneficial or not. As no visual (e.g. colour) or text clue is given, this leaves them potentially confused. This can even lead to decisions based on wrong assumptions.

“[Option with Fibre and Iron] is probably the easiest to read – but I don't necessarily know if these things are good or bad...” (VIC, male, 30-39, high literacy, not diet conscious)

- For iron specifically, there was a belief that this is only really relevant for those with a deficiency, and that they will have been educated (e.g. by their doctor) to know which foods they ought to be eating anyway, therefore further information was unnecessary.

“There’s just certain foods you know you should eat if you have a deficiency, like if you need iron you eat red meat or spinach.” (female, younger family, med-high literacy, diet conscious, Melbourne)

- Others expressed a concern that dairy products could otherwise score low (tending to have a lot of fat) despite being high in necessary calcium – and hence important to consider as part of a balanced diet.

Some participants point out that the panel doesn’t need to mention positive nutrients as manufacturers are very likely to claim these on pack anyway.

In summary, the inclusion of ‘positive’ and ‘negative’ variables adds to the complexity of the decoding process and as a consequence detracts from the value for those who are least literate or informed. The quantitative data will help inform the final decision, but the qualitative analysis tends to indicate that the new FoPL system should be a quick summary of the detailed information contained on the back of pack to ensure it is used by all.

The findings also highlight that the more information included, the greater the level of education around the scheme that will be required.

KILOJOULE ONLY LABELLING

When the idea was mooted, consumers generally understood and accepted the concept of only putting kilojoule information on soft drinks and confectionery. Since these are obvious ‘baddies’, a one-star rating and a list of nutritional ingredients were not felt to be necessary (although arguably neither was the kilojoules). As an alternative it was proposed that the inclusion instead of a low star rating on such products (as opposed to kilojoules) could act as a reminder not to buy too many of these, or to balance them out with ‘good stuff’.

SERVING INFORMATION

As a general rule, ‘per 100g’ is familiar, acceptable and allows for easy comparison between products (as well as facilitating the ‘less than 10%’ conversion rate which some are using to judge fat and sugar content).

‘Per serve’ was often considered unhelpful – principally because a manufacturer’s definition of a serve is not always what they would consider a portion to be. There were also some requests for ‘per pack’, perhaps particularly for products consumed in one go, like a cereal bar (usually products under 100g).

“Per 100g like the supermarket ticketing has made it soooo much easier to compare.” (female, singles/couples, lower literacy, not diet-conscious, Launceston)

Evaluation of nutrient design options

A number of design options were presented to respondents. Findings for each are listed in the table below

Options	Option A	Option B	Findings
Scale	Per X g serve	Per 100g	<p>Consumers mistrusted the notion of a 'serve' – it does not feel like an official measure, subject to government oversight, but rather one that manufacturers can set at will (for instance, in the way that chocolate bars are re-sized).</p> <p><i>“Sometimes you can buy a chocolate block and it says this is 50 servings, and you’re like, this is not 50, it’s one!” (female, young single/couple, med-high literacy, diet conscious, Melbourne)</i></p> <p>Most in our sample were familiar with 'per 100g' data. It also offers the most straightforward way to compare products, and allows people to calculate what percentage of a product is fat or sugar easily if they are numerate and engaged.</p>
Numerical values	Numerical values available	Numerical values unavailable	<p>Numerical values add credibility to the star rating. Not including them also runs the risk of making the system appear too simplistic for more literate consumers.</p> <p>However, numerical values alone were not always considered especially helpful, as there is limited understanding as to whether the values are good or bad. This is especially true of less numerate and engaged consumers.</p>
Conversion of information	D.I. %	Low – Medium – High	<p>Although DI percentages could be spontaneously requested by younger and diet conscious consumers, in reality its presence in multiple variables made it appear convoluted. The use of low/medium/high adjectives was simpler.</p>

			<p><i>"I like it to be quick and easy. I don't want to have an assignment when I go shopping."</i> (female, older, med-high literacy, not diet-conscious, Launceston)</p> <p>It is also worth noting that many in our sample did not know what DI stood for although they generally assumed Daily or Dietary Intake).</p>
Charting	Regular box	Chart	Although charting could appear like a good idea initially, it quickly became clear that this was also too complex for most consumers (and could potentially make them 'switch off'). The words low, medium and high are clear enough not to need visual support (of that type at least).
kJ box	kJ box integrated	kJ box independent	Some were confused as to why colouring was inverted for the kJ box. This confusion dissipated when the kJ box was presented as a standalone.

GRAPHIC DESIGN AND DISPLAY

A few 'in situ' design options were presented to participants. Findings are summarised in the table below.

	Option A	Option B	Findings
Integration	All boxed in	Integrated in pack design	The system was most readable and clear when completely 'boxed in'.
Presentation	Stacked	Linear	The system was most readable and clear when design elements are stacked rather than linear.

At an overarching level there was an expectation that the FoPL inclusion on the pack would be of sufficient size to make them easy to read. This, along with any issues re desired placement, was not able to be explored fully within the qualitative research as no actual pack mock ups were available.

PRELIMINARY DIRECTIONS FOR OPTIMAL FoPL DESIGN

On the basis of the qualitative findings as to consumer preference and the extent to which the overall design will facilitate healthier food choices, the optimal FoPL design (subject to confirmation by the quantitative phase of the study) is likely to have the following design features:

- A box to enclose all elements of design
- The grey backed design option (Tank design)
- Be presented as a stacked display with star rating element sitting above nutrient elements.
- Use the 'Health Star Rating' branding
- Incorporate the slider / number in star design element
- Express all values as per 100 grams
- Include low / medium / high qualifications below the gram / kj values
- Include the three 'negative nutrients' of saturated fat, sodium and total sugar (nb: use of term sugar/s is interpreted to mean total sugar)
- Include kilojoules

With regard to the inclusion of positive nutrients - further consideration is needed (also to be delivered through the quantitative study) as to:

- what are the 'positive nutrients' of relevance to include (number to be shown, variation by category, etc.),
- whether relevant 'positive nutrients' should be included alongside the 'negative' nutrients,
- whether relevant 'positive nutrient's should be included but separated from 'negative' nutrients, or
- whether nutrient information should be restricted to the three 'negative' variables only.

PRELIMINARY DIRECTIONS FOR A FoPL SOCIAL MARKETING STRATEGY

To summarise the findings of this study:

- An analysis of current consumer behaviour suggests that health information is not always a priority when making food choices. However, there are clear opportunities to encourage shoppers to make health information part of any individual food choice. In particular, the current complexity of defining the health status of packaged goods would indicate that there is a role for additional tools (such as front of package labelling) to assist people to better understand what they are buying, and make better choices.
- The proposed FoPL design recommended above would appear to meet key consumer needs in this respect. To some extent the introduction of the labelling will address some behavioural change factors (such as increasing consumer control). The introduction of the FoPL scheme is likely to be noticed because of its prominence on the front of all packs and its ubiquity across all categories. The star rating acts as a recognisable shortcut that conveys information in a simple and digestible way.
- However, as the design and control aspects do not make healthier choice mandatory, there is a need for promotion of the scheme via a communication campaign so that uptake of the scheme is maximised. We believe this will be particularly important in helping consumers make the transition from trial (one-off use of the scheme) to long-term or habitual reliance. This will be important in driving deeper behaviour and attitudinal change.

To be successful, an information program will be required that meets the criteria of being unique, relevant and credible as follows:

- Unique: This campaign offers an important opportunity for government (and industry) to communicate in a radically different tone in a public health setting and on a food-related issue. Most public health campaigns give 'do not' messages. In addition, much food marketing exists on a guilt-permission continuum where consumers feel judged. In adopting a positive empowering and non-judgemental message ('do make good choices'), this campaign can stand out from previous offerings, encouraging consumers to listen and engage.
- Relevant: The relevance of the scheme will in part come from the execution of its messages rather than the message itself (which is obvious). In the everyday simplicity of the star rating, there is strong consumer relevance. Consumers take this as a sign that government (and industry) has listened and is helping. This is not to oversell the importance of the system – it is, after all, meeting a largely unrecognised need in respect to food issues.
- Credible: Credibility will come from communicating a broad support base for the system, its independence/government backing and the opportunity to seek more information on the algorithm. However, it will also come from the tone of any communications, which needs to be factual and matter of fact.

The following chart reflects a broad social marketing focussed campaign structure **to be refined and extended following the quantitative study**.

Please note that for all aspects of such a campaign we recommend a tone that is factual, helpful, positive and empowering

Desired belief	Messages	Outtake / reason to use	Audience
That the FoPL scheme is legitimate, fair and trustworthy (credibility)	<ul style="list-style-type: none"> - The Australian Government is introducing a new health star rating system that will appear on all packaged foods to help consumers make healthier food choices - Endorsed by peak bodies and industry - Detailed information about the rating is available at www. 	<ul style="list-style-type: none"> - Credibility of scheme - Labelling is ubiquitous and aimed to allow an informed <u>choice</u> 	<ul style="list-style-type: none"> - All
That the system is able to be easily used (understanding)	<ul style="list-style-type: none"> - Label sits on the front of the pack – makes key information accessible at a glance - Education as to what each component of labels means (Stars and Nutrients) 	<ul style="list-style-type: none"> - Makes choosing healthier food option <u>easy</u> - It's a <u>short cut / tool</u> to supplement / summarise existing knowledge or more detailed information 	<ul style="list-style-type: none"> - All - Emphasis on lower literacy / less nutritionally savvy / lower SES
That use of the system will lead to positive outcomes (relevance and efficacy)	<ul style="list-style-type: none"> - How can be used according to category / occasion - What the long term benefits of choosing healthier foods are - For individual, for family 	<ul style="list-style-type: none"> - Reinforce / raise primacy importance of health mindset in food choice hierarchy – that it is the right thing to do 	<ul style="list-style-type: none"> - All - Emphasis on lower literacy / less nutritionally savvy / lower SES