2018 Health Star Rating monitoring and evaluation

Year 2 follow-up research report

June 2018

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hpa health promotion agency

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Background

The Health Star Rating (HSR) system was developed through a collaborative process between the Australian state and territory governments, the New Zealand Government, the food manufacturing and retail industry, and public health experts. New Zealand joined Australia to implement the system in June 2014. The Ministry for Primary Industries (MPI) is leading the development, implementation and governance of the HSR system. The Ministry of Health is funding the Health Promotion Agency (HPA) to develop, implement, and monitor the consumer marketing and education campaign that aims to help consumers to understand what Health Stars mean and how to use them when making purchasing decisions about packaged foods.

HPA commissioned Colmar Brunton to conduct a baseline survey on the HSR in 2015, with two follow-up waves in 2016 and 2018. All three waves have monitored awareness, recognition, understanding and correct use of the HSR. The 2016 and 2018 survey waves also measured awareness, perceptions and possible impacts of the HSR campaign. This report presents findings from all three survey waves. Comparisons are made between the 2018 survey and the earlier ones, to help evaluate the impact of the HSR system and the campaign over time.

This HPA commission was managed by Dr Rebecca Bell, Researcher.

This report has not undergone external peer review.

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June 2018

Health Star Rating monitor 2018

Year 2 follow-up research

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Table of contents

Visual summary of key findings 1
Written summary of key findings 4
Introduction and methodology 9
The task at hand 9
Research methodology 9
DETAILED RESULTS 13
General views and behaviour regarding healthy food choices 13
Frequency of checking products to see how healthy they are 13
Perceived difficulty deciding how healthy products are 14
Awareness of the HSR 15
Unprompted awareness of food labels 15
Prompted recognition of food labels 17
Sources of awareness of the HSR 19
Knowledge and perceptions of the HSR system 20
Perceived knowledge of the HSR 20
Unprompted understanding of the HSR 21
Prompted understanding of the HSR 23
Ability to correctly use the HSR 26
Perceptions of the HSR 29
Use of the HSR 33
Current use of the HSR 33
Future intention to use the HSR 39
Barriers to using the HSR 41
HSR campaign recognition 43
HSR campaign recognition 43
Source of advertising recognition 46
Key campaign advertising messages 47
Perceptions of the HSR advertising 49
Potential influence of the HSR advertising campaign on behaviours 51
The HSR campaign's influence on shoppers checking packaged foods 51
Prompted measure of the HSR campaign's influence on shoppers using the HSR 51
APPENDICES 53
Sample profiles 53
Full results 56
Q3g/f – Prompted understanding of the HSR 56

Q3c – Ability to use the HSR to compare products.....57
Q3d – Ability to use the HSR to select the healthier option.....58
Q3e – Perceptions of the HSR.....59
2018 Questionnaire..... 61

Visual summary of key findings

AIM

The Health Promotion Agency commissioned Colmar Brunton to monitor consumers' awareness, understanding and correct use of the Health Star Rating (HSR), following the implementation of its marketing and education campaign in March 2016. Findings from the 2018 follow-up survey are compared to the 2015 baseline survey to assess the effectiveness of the HSR campaign over time.

METHOD

Online survey of shoppers, using the Colmar Brunton panel.
2018: 1,037 general population shoppers surveyed
2016: 1,045 general population shoppers surveyed
2015: 1,067 general population shoppers surveyed

Fieldwork dates:
2018: 2 February to 10 March
2016: 12 September to 23 October
2015: 19 October to 16 November

NOTE

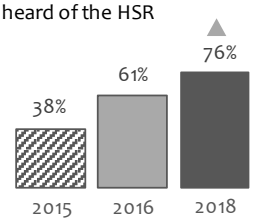
Beyond the general population, the marketing and education campaign targeted several priority audiences: low income shoppers with children under 14 years; Māori shoppers with children under 14 years; and Pacific shoppers with children under 14 years. Findings for these audiences are presented in the full report.

KEY FINDINGS

Prompted recognition of the HSR

Three quarters of shoppers recognise the HSR when prompted. This has increased from four in ten in 2015.

% seen or heard of the HSR

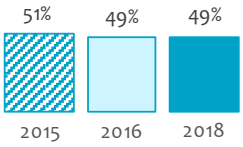


Understanding of the HSR

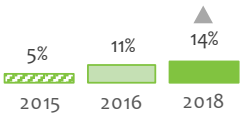
Currently, around half of shoppers have an accurate understanding of the HSR, as shown by their explanations of how they could use the HSR when choosing food products. This was also the case in 2015.

But self-reported knowledge has increased over time, as 14% say they know at least a fair amount about the HSR (up from 5% in 2015).

% who have an accurate understanding of the HSR



% who say they know at least a fair amount about the HSR



Correct use of HSR

To compare similar products: Two in three shoppers know the HSR can be used to choose between two varieties of bread (68%), but more knew this in 2015 (79%). Although more say the HSR cannot be used to compare different types of products (e.g. baked beans and breakfast cereal) 33% in 2018 vs. 27% in 2015, two in three shoppers still incorrectly believe it can.

To select the healthier option: Shoppers are now more likely to correctly identify the healthier option when comparing two similar products with different health star ratings. The healthier margarine was identified by 71% in 2018 vs. 59% in 2015, and the healthier baked beans was identified by 61% in 2018 vs. 49% in 2015.

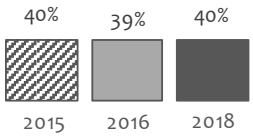
▲ Indicates statistically significant increase

KEY FINDINGS

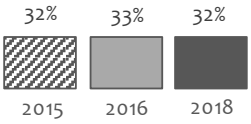
Trust in the HSR and its provenance

The 2015 baseline survey revealed that trust in the HSR is the most important predictor of likelihood to use the rating in future. Four in ten shoppers currently trust the HSR, this proportion has not changed since 2015. In addition, one in three shoppers are aware the HSR system was developed by food experts, this proportion is also exactly the same as in 2015.

% who trust the HSR



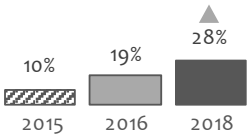
% who know the HSR was developed by food experts



Current use of the HSR

Use of the HSR has increased from one in ten shoppers to almost three in ten shoppers.

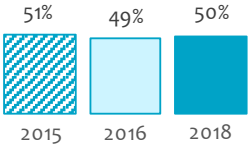
% who have used the HSR to help choose a packaged food product



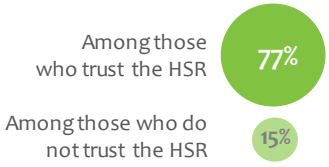
Intention to use the HSR in future

While current use has risen, intended use is stable. Half of all shoppers say they are either very or quite likely to use the HSR in future. Those who trust the HSR are more likely to say they will use it.

% of shoppers at least 'quite likely' to use the HSR next time they see it



Likelihood to use the HSR among those who trust the HSR

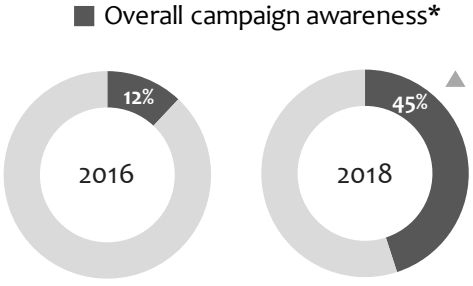


Potential influence of the HSR on shopping behaviours

Three in five shoppers (59%) who have used the HSR say it encouraged them to buy a product they would not normally purchase.

Recognition of campaign advertising

Overall recognition of the campaign advertising is higher in 2018 than in 2016. This is likely due to the different media mix used in the two campaigns.



* Note the media used in the 2016 campaign were online videos and adshel adverts, whereas the mediums used in the 2018 campaign were television adverts and adshel adverts.

▲ Indicates statistically significant increase

KEY FINDINGS

Potential influence of the campaign advertising on use of the HSR

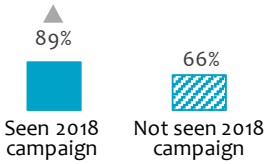
Three quarters of shoppers who have used the HSR and seen the advertising say the campaign has encouraged them to use the HSR.

Campaign impact

Shoppers who have seen the 2018 campaign have higher levels of awareness, use, trust and understanding of the HSR, and are more likely to find it easy to use than shoppers who have not seen the campaign.

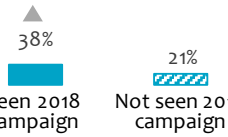
AWARENESS

% prompted awareness of the HSR



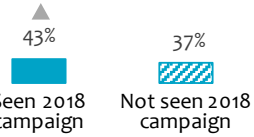
USE

% current use of the HSR



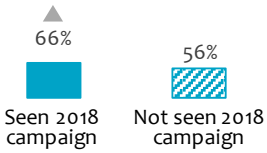
TRUST

% who trust the HSR



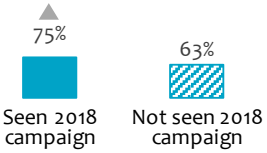
EASE

% who agree it makes it easier to decide which packaged foods are healthier



UNDERSTANDING

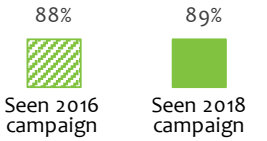
% who correctly believe the product with more stars is generally the healthier option



Perceived ease of using the HSR is higher among shoppers who have seen the 2018 campaign compared to shoppers who have seen the 2016 campaign. Results for the other key indicators are similar for the two campaigns.

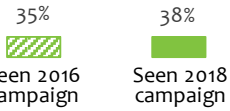
AWARENESS

% prompted awareness of the HSR



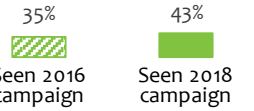
USE

% currently use of the HSR



TRUST

% who trust the HSR



EASE

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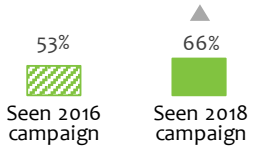
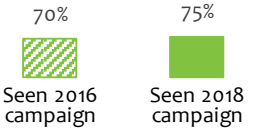


UNDERSTANDING

% who correctly believe the product with more stars is generally the healthier option



▲ Indicates statistically significant increase

Written summary of key findings

Introduction

The Health Star Rating (HSR) is a voluntary front-of-pack labelling system developed for use in New Zealand and Australia. It was introduced in June 2014 and has been designed to assist grocery shoppers to make decisions between similar packaged foods, based on the overall nutritional value of those foods.

The Ministry for Primary Industries administers the Health Star Rating system in New Zealand. The Health Promotion Agency (HPA) worked with the Ministry for Primary Industries and the Ministry of Health to roll out a consumer awareness campaign which began in March, 2016. The campaign runs until June 2018 and focussed on raising consumer awareness, recognition and ease of HSR. It also included some messages to assist consumer understanding of HSR. The campaign is part of a wider programme of work and communication to establish the HSR in New Zealand. Priority groups for the campaign are grocery shoppers in households with at least one child under the age of 14 years, with an emphasis on Māori, Pacific and low income families.

HPA commissioned Colmar Brunton to conduct a baseline survey on the HSR in 2015, with two follow-up waves in 2016 and 2018. All three waves have monitored awareness, recognition, understanding and correct use of the HSR. The 2016 and 2018 survey waves also measured awareness, perceptions and possible impacts of the HSR campaign. This report presents findings from all three survey waves. Comparisons are made between the 2018 survey and the earlier ones, to help evaluate the impact of the HSR system and the campaign over time.

In 2018 a total of 1,645 shoppers were surveyed online between 2 February and 10 March 2018. The total sample includes 316 low income shoppers, 301 Māori shoppers and 307 Pacific shoppers[1], all with at least one child under 14 years of age, and 721 shoppers in the general New Zealand population. Note that the general population group that is reported on incorporates the 721 shoppers in the general New Zealand population and the 316 low income shoppers i.e. a total of 1,037 shoppers. This approach is consistent with the 2015 and 2016 surveys.

Awareness of the HSR

Unprompted and prompted awareness of the HSR has increased significantly for shoppers in the general population and all priority groups since the 2015 baseline measure.

- 16% of general population shoppers now mention the HSR without being prompted (up from 3% in 2015).
- 76% of general population shoppers now recognise the HSR when prompted (up from 38% in 2015).
- 23% of low income shoppers, 18% of Māori shoppers and 13% of Pacific shoppers now mention the HSR without prompting (all significantly higher proportions than in 2015).
- 80% of low income shoppers, 86% of Māori shoppers and 77% of Pacific shoppers recognise the HSR when prompted (all significantly higher proportions than in 2015).

Campaign impact: The campaign has supported increased awareness of the HSR; 89% of those who have seen the campaign are aware of the HSR compared to 66% of who have not seen it.

Knowledge and understanding of the HSR

Overall, self-reported knowledge of the HSR has also increased. In 2018, 14% of shoppers in the general population say they know at least a fair amount about the HSR (up from 5% in 2015).

[1] Note. Pacific shoppers were recruited by intercepts rather than an online survey (see Methodology section, p9)

The proportion of shoppers in the general population who understand the idea that the product with more stars is the healthier option has remained consistent (68% in 2018 and 67% in 2015).

Campaign impact: While the proportion who understand how to interpret the HSR has remained consistent over time, those who have seen the campaign are more likely to understand this (75%) than those who have not (63%). This suggests that the campaign is reinforcing understanding for those who have seen it. It is also indicates that the campaign has helped to prop up understanding and in its absence, it might have gone backwards.

Among those who recognise the HSR, there is no evidence of statistically significant shifts in understanding over time, although there are some indicative changes which suggest a positive shift in understanding:

- Not all packaged foods are required to have the HSR (38% in 2018 and 34% in 2015).
- The HSR system is backed by the government (29% in 2018 and 23% in 2015).

Ability to correctly use the HSR

More shoppers now understand the HSR should not be used to compare products in different categories. For example, more shoppers in the general population now understand that the HSR cannot be used to compare baked beans and cereal (from 27% in 2015 up to 33% in 2018). Most shoppers are still unaware that this would be incorrect use of the HSR.

Perceptions of the HSR

Trust, confidence and believability of the HSR have remained consistent since 2015.

- 40% of shoppers in the general population say they trust the HSR.
- 47% of shoppers in the general population feel confident using the HSR to choose packaged foods.
- 44% of shoppers in the general population believe it is just something companies use to sell more products.

Results have remained broadly consistent for the priority groups, although low income shoppers are now more likely to feel confident using the HSR (53% in 2018, up from 42% in 2015), and Māori shoppers are now more likely to trust in the HSR (39% in 2018, up from 29% in 2015).

Perceptions around ease of use in the HSR have improved since 2015. Over six in ten agree:

- It is easy to find on packaging (62% in 2018, up from 51% in 2015).
- It is easy to understand (63% in 2018, up from 58% in 2015).
- It makes it easier to decide which packaged foods are healthier (61% in 2018, similar to 60% in 2015).

Low income shoppers are more likely to agree with all three statements than in 2015, and Māori shoppers are more likely to agree it is easy to find the HSR on packaging. There are no changes for Pacific shoppers.

Campaign impact: While trust, confidence and perceived ease of use have remained consistent, those who have seen the campaign are more likely to express trust (43%) and confidence (52%) than those who have not (37% and 42% respectively). They are also more likely to agree the HSR makes it easier to decide which packaged goods are healthier (66% vs. 56%). This suggests that the campaign is reinforcing knowledge for those who have seen it. In addition, given negative media coverage about the HSR in recent years it is possible that had it not been for the campaign that trust, confidence and perceived ease of use might actually have declined over this period.

Use of the HSR

Self-reported use of the HSR has increased across all groups since the baseline:

- 28% of shoppers in the general population have used the HSR in 2018 compared to 10% in 2015.
- 36% of low income shoppers have used the HSR in 2018 compared to 14% in 2015.
- 33% of Māori shoppers have used the HSR in 2018 compared to 6% in 2015.

- 39% of Pacific shoppers have used the HSR in 2018 compared to 25% in 2015.

Three in five shoppers (59%) in the general population who have used the HSR say it encouraged them to buy a product they would not normally purchase, a similar result to 2015 (55%).

While the majority of shoppers mistakenly believe the HSR can be used to compare products from different categories (e.g. baked beans and cereal), only a minority claim to do this in practice (3% of shoppers in the general population, 6% of low income shoppers, 5% of Māori shoppers and 10% of Pacific shoppers).

Campaign impact: The campaign is supporting this increase in use of the HSR. Thirty-eight percent of those who have seen the HSR campaign have used it compared to 21% who have not seen it.

Intention to use the HSR

Half (50%) of shoppers in the general population say they are at least 'quite likely' to use the HSR the next time they see it on a packaged product they are thinking of buying. This is in line with the 2015 result (51%). Likewise, no change in this outcome since 2015 is evident for the three priority groups.

Barriers to future use of the HSR

The main barrier for general population shoppers continues to be the belief that other nutrition information is more important than the HSR (49%). This is still the chief barrier for low income shoppers too (42%).

The biggest barriers to HSR future use among Māori and Pacific shoppers, continue to be that they buy based on price (44% and 46% respectively), and what they know their family will eat (33% and 37% respectively).

Awareness of the HSR campaign

Overall, 45% of shoppers in the general population have seen some component of the HSR advertising campaign. This is significantly higher than 12% in 2016 when the campaign began. While the overall total media spend was similar between periods this difference is likely to be attributed to a change in media mix where the 2018 campaign included television.

Forty-two percent report seeing the TV ad and 18% have seen the still images of the adshel posters. Both components of the campaign have outperformed the Colmar Brunton norms of 36% for television advertising in New Zealand, and 13% for outdoor recognition.

General awareness of the campaign varies among priority groups: 47% of low income shoppers, 52% of Māori shoppers, and 69% of Pacific shoppers say they have seen the advertising.

The key message shoppers from priority groups identify from the advertising is 'the higher the star rating the better/healthier the product'. Thirty-eight percent of shoppers in the general population mention this.

Perceptions of the HSR campaign

Overall, the ads are perceived as easy to understand and relatively motivating in terms of encouraging HSR use. A relatively smaller proportion of shoppers believe the ads are relevant to them, or believe what they say. That said, perceptions of the advertising have improved across the board compared to 2016:

- 73% of shoppers in the general population feel the ads are easy to understand (vs. 66% in 2016). This is broadly consistent across all priority groups: low income (73%), Māori (72%) and Pacific (63%).
- 62% of shoppers in the general population feel the ads encourage them to use the HSR (vs. 51% in 2016). This is very consistent across all priority groups: (60% of low income shoppers, 61% of Māori shoppers and 60% of Pacific shoppers).

- 50% of shoppers in the general population feel the ads are relevant to them (vs. 37% in 2016). Again, this is broadly consistent with the priority groups (48% of low income shoppers, 49% of Māori shoppers and 59% of Pacific shoppers).
- 41% of shoppers in the general population believe what the ads say (vs. 29% in 2016). This compares to 46% of low income shoppers, 39% of Māori shoppers and 56% of Pacific shoppers).

Influence of the advertising campaign on knowledge, understanding and use of the HSR

Throughout the report we highlight some of the differences between those who have, or have not, seen the advertising campaign to try and determine its overall impact. In addition, it should be noted that wider media coverage of the HSR, and the roll-out of the label on products are likely to contribute to people's perceptions, use and understanding of the health star rating system[2].

Below is a summary of the key differences and commonalities identified in the 2018 survey between those who have seen the HSR advertising and those who have not. These findings are based on shoppers in the general population only. As illustrated by this data, the campaign has supported a number of key differences in awareness, current use, ease of use, and some aspects of understanding.

Key metrics that are <u>better</u> for those who have seen the advertising versus those who have not

	Seen or heard advertising	Not seen or heard advertising
Unprompted awareness of HSR	24%	9%
Prompted awareness of HSR	89%	66%
Unprompted understanding of the HSR	56%	43%
% who correctly identify it is possible to use the HSR to compare varieties of bread	75%	63%
% who correctly believe the product with more stars is generally the healthier option	75%	63%
% who are able to correctly identify the healthier option between: • Two juices	76%	69%
% who trust the HSR	43%	37%
% who know the HSR was developed by food experts	35%	28%
% who correctly believe the HSR is backed by government	33%	24%
Current use of the HSR	38%	21%
% who agree it is easy to understand	67%	60%
% who agree it is easy to find the HSR on packaged foods	68%	57%
% who agree it makes it easier to decide which packaged foods are healthier	66%	56%
% who feel confident using the HSR to select packaged foods	52%	42%
% who agree the HSR can help them make food shopping decisions for themselves or their family	64%	55%

Key metric that is <u>worse</u> for those who have seen the advertising versus those who have not

	Seen or heard advertising	Not seen or heard advertising
% agree packaged foods with the HSR tend to be more expensive than foods without it	36%	23%

[2] For example https://www.stuff.co.nz/business/91971947/health-star-rating-system-may-mislead-shoppers

Key metrics that are <u>consistent</u> between those who have seen the advertising and those who have not

	Seen or heard advertising	Not seen or heard advertising
% who correctly identify that the HSR should not be used to compare baked beans with cereal	35%	32%
% who are able to correctly identify the healthier option between: • Two tubs of margarine • Two tins of baked beans	 73% 63%	 69% 58%
% who know that just because a product has 5 stars it doesn't mean you can eat as much of it as you want	81%	81%
% who know all packaged foods aren't required to have the HSR	40%	36%
% who check healthiness of packaged food products all / most of the time	61%	58%
% who agree the HSR is made for people like them	45%	41%
% who intend to use the HSR in future	54%	48%
% who agree the HSR is just something companies use to sell more products	42%	46%

Shoppers who have seen the HSR advertising and say they have used the HSR were asked explicitly about the importance of the advertising in encouraging them to use the HSR system to help them choose a packaged food product. Three quarters (74%) of these shoppers in the general population say the advertising has been important in encouraging them to use the HSR system. This compares to 66% in 2016, although the difference is not statistically significant.

In summary

The research indicates the campaign (alongside a greater presence on packaging) has raised the profile and use of the HSR among the general population and the three priority groups since the 2015 baseline measure. The reach of the 2018 advertising campaign is much stronger than 2016, and the perceptions of the 2018 advertising are more favourable than in 2016. This has helped to double awareness of the HSR from 38% to 76%.

The campaign is also supporting understanding of how the HSR works, including the fundamental principle that the more stars a product has the healthier it is. Further positive impacts of the campaign include supporting trust levels in the HSR, with those who have seen the campaign more likely to express trust. Overall trust has remained consistent, but without the campaign it may have been undermined due to negative media coverage of the HSR.

Finally the campaign has supported increased use of the HSR. Use has increased across all of the groups surveyed, including the general population, as well as low income, Māori and Pacific shoppers with children aged under 14. In addition, young shoppers aged 18-29 are more likely than average to make use of the HSR.

The frequency with which New Zealand shoppers check the healthiness of food products has remained consistent over time (around half of all shoppers in the general population check products on a regular basis). In addition, the proportion who think it is easy to determine how healthy packaged foods are, has also remained at around half of all shoppers in the general population.

One interpretation of these findings is that the HSR is replacing more complicated ways of checking for healthy foods. This interpretation is supported by findings that show consumers feel the HSR is easy to find on packaging and easy to understand.

Introduction and methodology

The task at hand

The Health Star Rating (HSR) is a voluntary front-of-pack labelling system developed for use in New Zealand and Australia. It was introduced in June 2014 and is designed to assist grocery shoppers to make decisions between similar packaged foods, based on the overall nutritional value of those foods. By the end of 2017 over 3,700 products bore the HSR label in New Zealand[3], and this will increase progressively as more food manufacturers adopt the system.

The Ministry for Primary Industries administers the Health Star Rating system in New Zealand. The Health Promotion Agency (HPA) worked with the Ministry for Primary Industries and the Ministry of Health to roll out a consumer awareness campaign which began in March, 2016. The campaign runs until June 2018 and focussed on raising consumer awareness, recognition and ease of HSR. It also included some messages to assist consumer understanding of HSR. The campaign is part of a wider programme of work and communication to establish the HSR in New Zealand. Priority groups for the campaign are grocery shoppers in households with at least one child under the age of 14 years, with an emphasis on Māori, Pacific and low income families.

HPA commissioned Colmar Brunton to conduct a baseline survey on the HSR in 2015, with two follow-up waves in 2016 and 2018. All three waves have monitored awareness, recognition, understanding and correct use of the HSR. The 2016 and 2018 survey waves also measured awareness, perceptions and possible impacts of the HSR campaign. This report presents findings from all three survey waves. Comparisons are made between the 2018 survey and the earlier ones, to help evaluate the impact of the HSR system and the campaign over time.

Research methodology

2015

1,678 shoppers were surveyed online between 19 October and 16 November 2015. This included 324 low income shoppers, 300 Māori shoppers and 311 Pacific shoppers, all with children under 14 years of age, and 743 shoppers in the general New Zealand population. The general population group that is reported on incorporates the 743 shoppers in the general New Zealand population and the 324 low income shoppers i.e. a total of 1,067 shoppers.

2016

1,658 shoppers were surveyed online between 12 September and 23 October 2016. This included 309 low income shoppers, 310 Māori shoppers and 303 Pacific shoppers, all with children under 14 years of age, and 736 shoppers in the general New Zealand population. The general population group that is reported on incorporates the 736 shoppers in the general New Zealand population and the 309 low income shoppers i.e. a total of 1,045 shoppers.

2018

In total, 1,645 shoppers were surveyed online between 2 February and 10 March 2018. The total sample includes 316 low income shoppers, 301 Māori shoppers and 307 Pacific shoppers, all with children under 14 years of age, and 721 shoppers in the general New Zealand population. The general population group that is reported on incorporates the 721 shoppers in the general New Zealand population and the 316 low income shoppers i.e. a total of 1,037 shoppers.

[3] Source: http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/news-20180203

Questionnaire development

The questionnaire was developed in consultation with HPA, the Ministry of Health and the Ministry for Primary Industries, and is aligned with the trans-Tasman Monitoring and Evaluation Framework.

The questionnaire was cognitively pre-tested in 2015 prior to being used in field. Cognitive pre-testing comprised a series of five formal qualitative interviews that sought to understand the cognitive processes respondents undergo in answering the questions. Knowledge of respondents' thought processes helps researchers to ensure questions are understood in the way they are intended. Cognitive interviewing also provides insight into why respondents came to their answer.

A significant advantage of online research is the ability to display images to respondents. Within the current questionnaire, the HSR was presented to respondents both individually and *in-situ*. This approach facilitated respondent recognition and also helped those unaware of the HSR to understand where they may see it on packaged food products.

Sampling

Target populations

The target populations for this research are main or joint grocery shopper decision makers with a focus on those from low-income, Māori and Pacific demographics, who have children under 14 years of age. To help provide context to results for these priority groups and to show findings from the wider population, we also targeted shoppers from the general population.

Sampling approaches

Sampling approach for Pacific people: Pacific people were recruited via central location intercepts in South Auckland. Interviewers approached every 'nth' person that passed by, until a qualifying respondent was found (n was determined at the time by the supervisor, and depends on the frequency of passers-by). Those recruited completed the online questionnaire at a nearby internet café in exchange for a $15 grocery voucher.

This approach was chosen for Pacific people because it was not feasible to recruit for this group using online panels due to the small size of membership of the target population on online panels. In circumstances where people struggled with written English our interviewers were available to assist, and to carry out computer-assisted face-to-face interviews where necessary. This approach kept the survey mode consistent for all groups, and so avoided 'mode effects'.

Sampling approach for other groups: All other respondents were recruited via either the Colmar Brunton or Survey Sampling International (SSI) online panel. The SSI panel was used to ensure sufficient Māori respondents. Respondents were invited to participate via an email invitation containing a link to the survey. The survey was described as being about food shopping generally.

Representativeness of online surveys: This is a non-probability survey designed to provide a representative picture of the target populations. Not all individuals have internet access in New Zealand (82% of individuals had internet access as at the 2013 Census), and online panels do not include every member of the target population, so online surveys cannot be said to be 'truly representative' of all groups. With this in mind, quotas were applied at the sampling and selection stage, and the final results have been weighted to be representative of shoppers. We are confident the results will provide a reasonable picture of the population, allowing us to observe trends and changes over time.

Drawing the initial panel sample: Initial samples were drawn from each panel in proportion to known Census counts for households in each region.

Fieldwork quotas and monitoring: During fieldwork, 'age x gender x region' profiles were closely monitored to ensure the final general population sample reflected the estimated proportion of household shoppers within each region by age and gender.

For the general population and low income sample, 'household income x household size' quotas were also employed. For the general population sample, the 'income x household size' quotas matched the Census profile for all New Zealand households. For the low income sample, these quotas matched the Census profile for low income households. The definition of 'low income' was decided on in consultation with HPA, and was informed by the criteria for obtaining a Community Services Card. The table overleaf displays the profile of New Zealand households by household size and household income. The cells shaded in grey were considered 'low income' for the purpose of this survey.

	Number of people living in household					
Annual household income	One (small)	Two (small)	Three (medium)	Four (medium)	Five (large)	Six or more (large)
$20,000 or Less	7.1%	2.0%	1.0%	0.6%	0.3%	0.2%
$20,001 - $30,000	5.9%	3.2%	1.0%	0.5%	0.2%	0.1%
$30,001 - $50,000	5.1%	7.8%	2.2%	1.5%	0.7%	0.4%
$50,001 - $70,000	3.0%	5.6%	2.4%	2.1%	0.9%	0.5%
$70,001 - $100,000	1.7%	7.3%	3.5%	3.3%	1.4%	0.8%
$100,001 or More	1.1%	9.2%	5.9%	6.8%	2.9%	1.7%

Source: Statistics New Zealand, Census 2013

The average survey length for panellists was 14 minutes in 2018, 15 minutes in 2016, and 14 minutes in 2015.

Weighting:

General population and low income shopper samples

Weighting was carried out in a number of stages.

1. In 2015 screening data was used to determine the qualifying rate for each age x gender group (i.e., the proportion of main or joint grocery decision makers within each group). These qualification rates were applied to Census population counts, and used to estimate the national age and gender profiles of main or joint grocery decision makers. These profiles were used to help weight the data for each survey.
2. The general population sample was weighted by age x gender (calculated at Step 1 above) and household size x household income. This allowed us to better estimate the proportion of households in the low income group that included children under 14 years.
3. The general population and low income samples were pooled, and the pooled sample was weighted to:
    - adjust for having oversampled low income households with children under 14 years of age (weighting targets were based in the household size x household income profile of this group at Step 2)
    - align the sample with household shopper profiles by age and gender (calculated at Step 1 above)
    - align the sample with identification with Māori and Asian ethnic groups (the unweighted sample slightly over-represented these two groups).

Māori sample

The Māori sample was weighted to align with Census counts for household income and the number of households in each region. Both of these counts were based on the number of households that contain at least one Māori child under 14 years of age.

In 2015 the Māori sample was not weighted by age or gender as we did not have reliable population estimates. In 2016 and 2018 the Māori sample was weighted by gender to align the sample profile with that achieved in 2015.

Pacific sample

Due to the sampling approach, and lack of reliable population estimates for the age and gender profiles of Pacific shoppers living with children under 14 years of age, the baseline Pacific sample is not weighted. In 2016 and 2018 the Pacific sample was weighted by gender to align the sample profile with that achieved in 2015.

Sampling error

This survey is not based on a probability sample, so estimates of theoretical sampling error cannot be calculated.

Sample profiles

Sample profiles for each group are provided in the Appendix, on page 53.

Notes to reading this report

- For the sake of brevity, we refer to each priority group with children under 14 years of age as Low income, Māori and Pacific shoppers, respectively.
- In a number of the tables that present results to open-ended questions, categories that are similar have been grouped together and presented as a 'net score' (see bolded descriptions and figures) – each net score figure gives the percentage of respondents that gave at least one of the more detailed reasons (which are listed below the net score).
- Please note that occasionally the percentages in the charts and tables do not add up to the net percentages presented within the text of the report. This is because each percentage in the charts and tables has been rounded to a whole number. When calculating the net percentages, only the final result has been rounded to a whole number. This reduces the influence of rounding error in the final result.
- The base sizes shown in the tables and graphs are unweighted.
- Throughout this report, only statistically significant differences at the 95% confidence level between sub-groups of the survey populations are presented, unless otherwise specified. In general, z-tests have been used to identify significant differences between proportions. The formula uses the 'effective base'.[4] Using the effective base reduces the likelihood of statistical tests producing significant results because of the adjustments made by weighting.
- Consistent with the pattern of findings from the earlier surveys Pacific shoppers differ in some ways from those in other groups. We are unable to state conclusively why this has occurred. It is possible that some Pacific people tended to respond to the questions in a more socially desirable way. The presence of interviewers in the internet café may have contributed to this, at least in part. It is also possible that language barriers influenced responses to some extent, or that cultural differences exist in the way people think about, or define healthy food. To help counter any language barriers or cultural difficulties we had a number of Pacific interviewers on site. This said, we suggest caution be exercised when comparing Pacific shoppers' responses with those from other groups. The main value in results for Pacific respondents is viewing how patterns have changed over time within the Pacific group.

[4] The 'effective base' is an estimate of the base size after accounting for weighting. It is calculated by dividing the weighted base by the sum of the squared weights.

DETAILED RESULTS

General views and behaviour regarding healthy food choices

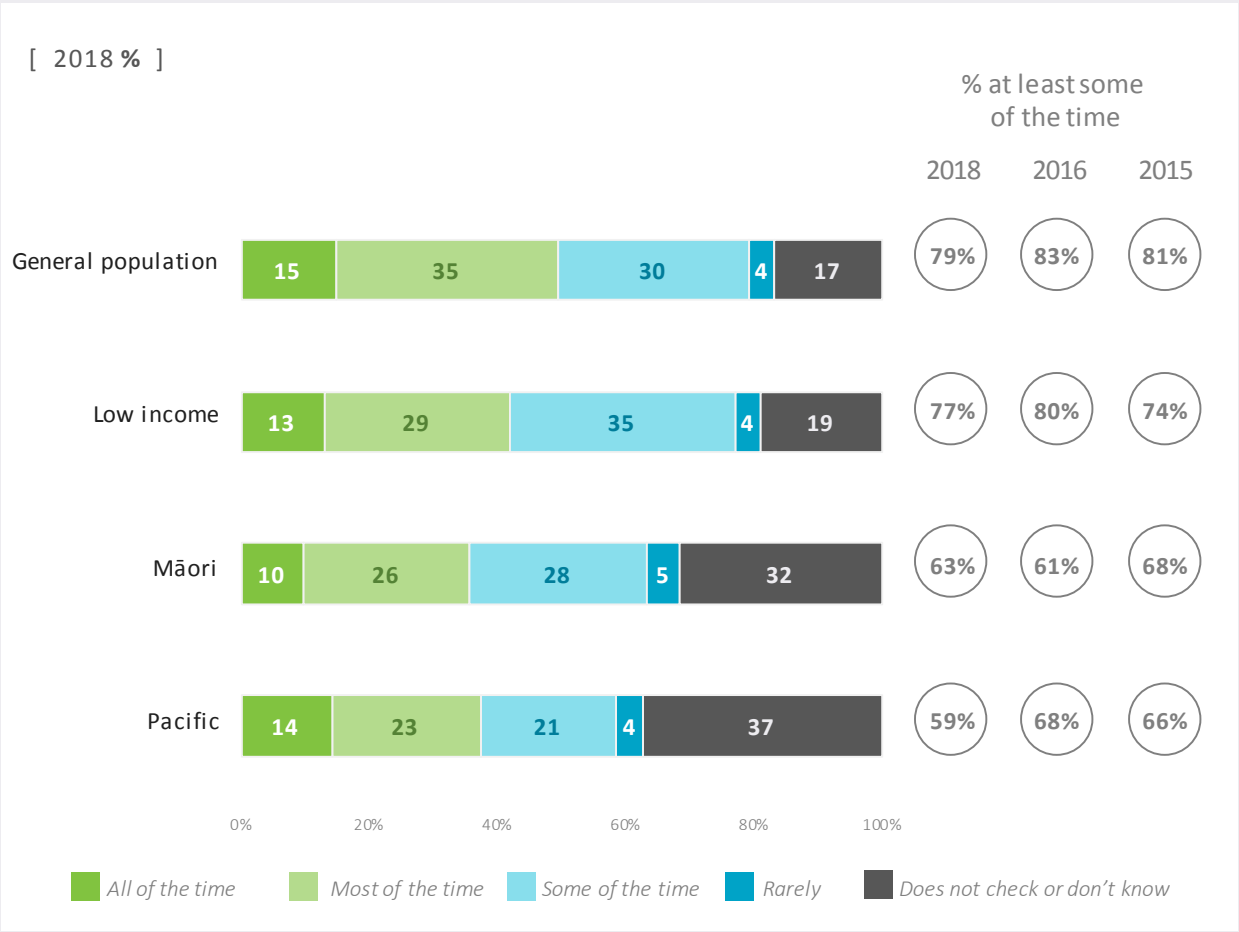
This section covers shoppers' attitudes and behaviours around healthy food selection, in general. These measures provide a high level, indirect indication of the HSR campaign's effectiveness.

Frequency of checking products to see how healthy they are

Shoppers were asked if they read information on food packaging to see how healthy products are, and if so how often. Four out of five shoppers in the general population (79%) say they check product information at least some of the time. As shown in the chart below, this proportion has remained consistent over time.

Similarly, the proportion of low income and Māori shoppers that read information on food packaging is relatively stable. While the proportion of Pacific shoppers who do so is significantly lower than 2016, it is not significantly different to the 2015 baseline measure.

When choosing packaged foods, have you ever read any of the information on the packaging to see how healthy they are? How often do you check how healthy they are?

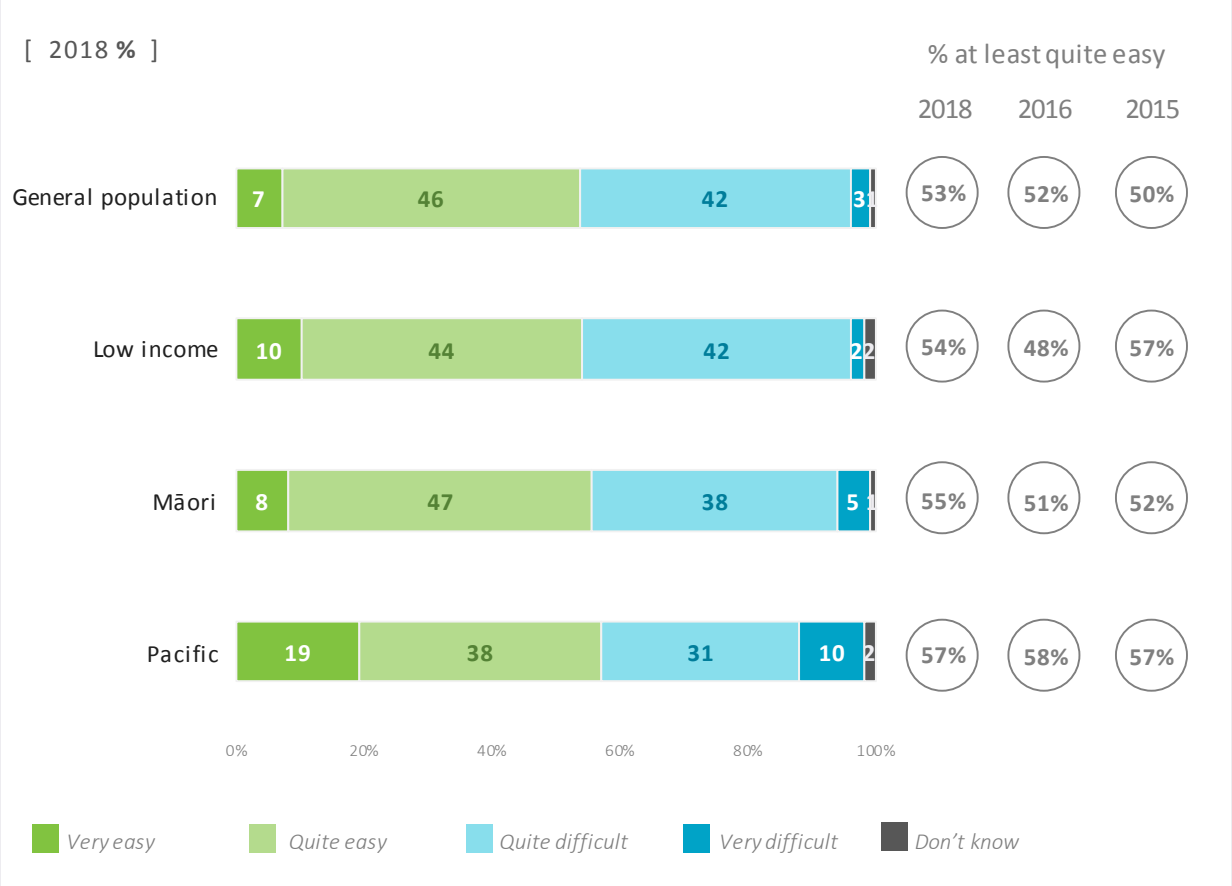


Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q1b and Q1c
Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015

Perceived difficulty deciding how healthy products are

Those who do check food packaging have mixed views on how easy it is to tell how healthy the foods are. As displayed in the chart below, fairly equal proportions of those in the general population find it easy (53%) or difficult (46%) to determine. Results are similar for the three priority groups, which are relatively unchanged since the baseline measure in 2015.

How easy or difficult is it to decide how healthy packaged foods are?



Base: All Respondents who check how healthy packaged foods are (General population: 2018 n=851; 2016 n=905; 2015 n=897. Low income with children under 14 years: 2018 n=248; 2016 n=267; 2015 n=252. Māori with children under 14 years: 2018 n=206; 2016 n=210; 2015 n=219. Pacific with children under 14 years: 2018 n=193; 2016 n=214; 2015 n=216)
Source: Q1d
Note: ▲2018 significantly higher than 2015 ▼2018 significantly lower than 2015

Awareness of the HSR

This section covers unprompted and prompted recognition of the HSR (as well as other food labels), and sources of awareness.

Unprompted awareness of food labels

We asked shoppers to specify, in their own words, anything shown on food packages that can help them decide how healthy a product is (other than the brand name). Responses to this open-ended question were coded to determine the main themes in the responses, and some of the themes have been grouped into 'net categories' to represent overall themes. Results are displayed in the table below (net categories are shaded).

Results indicate that the profile of the HSR has increased significantly over time. The proportion of shoppers in the general population that mention the HSR without prompting has risen from 3% in 2015 up to 16% in 2018.

The campaign has contributed to this increased profile, as unprompted awareness is higher among those in the general population who have seen the campaign (24%) than those who have not seen it (9%).

In line with the general population, the three priority groups are also significantly more likely to spontaneously mention the HSR than at the 2015 baseline. Within these groups those who have seen the campaign are more likely to mention the HSR than those who have not seen the campaign.

Among the general population, the only resources on food packaging that have a higher level of unprompted awareness than the HSR include the sugar content of the product (31%) and the Heart Foundation Tick (26%). For low income the HSR has a relatively higher profile. It is the most mentioned resource (along with the Heart Foundation Tick).

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
Independent health labels	35	40	39	47	49	41	36	46	46	16	23	24
Heart Foundation Tick	32	33	**26**	42	39	**23**	33	40	35	14	15	13
Health Star Rating	3	9	**16**	3	15	**23**	1	10	**18**	1	8	**13**
RDI / recommended daily intake	3	4	3	6	5	3	3	4	3	2	2	1
Nutrition information	59	65	58	55	55	42	47	47	44	34	36	28
Sugar content/percentage of sugar	34	36	31	21	27	21	29	21	**19**	13	18	15
Fat content	21	22	19	17	13	11	20	15	**8**	15	18	**9**
Looking at the ingredients / contents list	18	21	18	22	17	**14**	13	15	15	10	6	8
Looking at the nutrition table / information / panel	15	20	15	16	17	10	9	17	13	7	9	5
Salt content	12	11	9	6	6	4	6	6	5	4	4	3
Check preservative / additive / colouring / flavouring / chemical content	10	10	**6**	11	12	**4**	7	5	4	4	1	1
Energy content (calories / kilojoules)	6	6	6	5	4	2	5	5	5	5	7	4

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
Amount of carbohydrates	5	5	5	3	3	3	4	2	3	3	3	2
Sodium content / percentage of sodium	5	5	4	3	3	1	7	5	3	2	2	1
Types of fat / saturated / monounsaturated fat / trans fat	5	3	4	3	2	4	2	2	2	2	1	1
Protein content	2	2	2	2	1	2	0	0	3	1	2	1
Amount of fibre	1	1	2	1	0	0	1	1	1	1	1	0
Ingredients with numbers after them	1	2	**0**	1	2	0	1	1	0	1	0	0
Branding and imagery of products	2	2	3	6	1	4	3	5	7	5	4	4
Picture of the product	1	2	2	5	1	2	2	5	6	2	3	2
The brand	1	1	1	1	0	3	1	0	1	2	1	2
Miscellaneous	27	27	23	25	24	23	22	20	22	34	34	24
Where it's made / country of origin	6	6	4	3	3	2	2	1	1	4	3	**1**
Whether it's organic / natural / genetically modified	3	5	4	3	5	4	3	3	3	0	3	1
Whether it fits dietary requirement (e.g., gluten, egg, dairy free)	2	5	4	2	6	3	3	4	3	1	2	1
Written information on the packaging (e.g., diet / light)	3	4	3	1	5	3	4	3	5	4	3	2
Nutrition/health benefits	3	2	2	3	2	1	1	1	2	4	4	3
Expiry date / best before date	2	2	2	1	1	0	1	2	0	12	13	8
Type of food / product	1	1	1	2	4	2	1	1	0	4	7	3
Whether or not it's processed / how processed it is	1	2	1	1	0	1	1	1	1	1	1	0
Other	10	8	10	13	6	11	9	6	11	14	12	11
None / no comment	7	6	8	6	10	10	5	5	6	6	5	6
Don't know	23	18	21	24	20	27	31	27	26	44	35	46

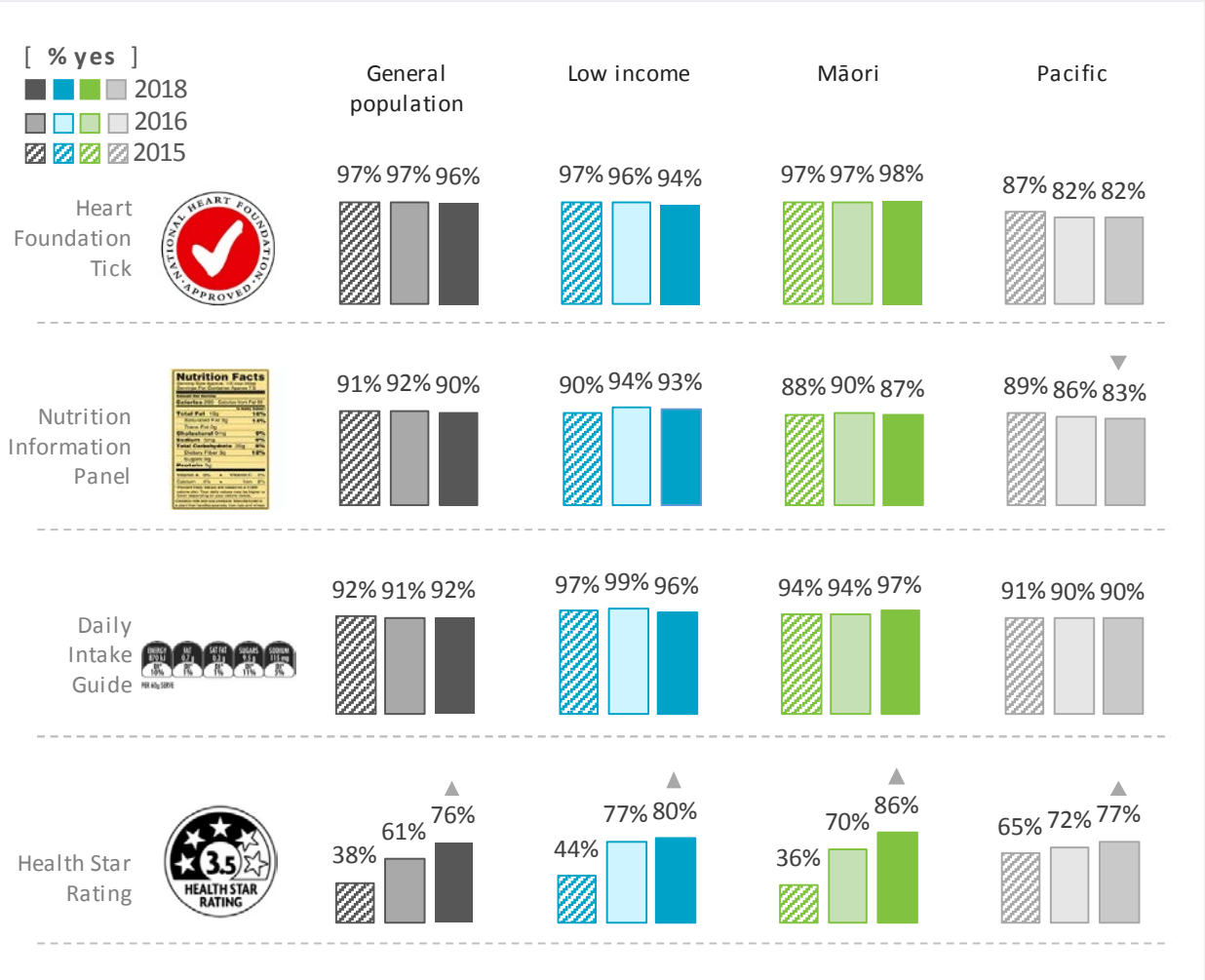
Base: All shoppers
Source: Q2a(i) and Q2a(ii)
Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

Prompted recognition of food labels

Shoppers were shown four different nutrition labels, including the HSR, and asked if they recognise them. Prompted recognition of the HSR among shoppers in the general population has doubled from 38% in 2015 to 76% in 2018. All three priority groups have significantly higher levels of prompted recognition of the HSR than at the baseline.

As presented in the chart below, prompted recognition of the other three labels is largely static, but remains higher than for the HSR (almost all shoppers recognise the other labels).

Have you seen or heard about the following food package labels?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q2b
Note: ▲ 2018 significantly higher than 2015 ▼2018 significantly lower than 2015

Recognition of the HSR after the 2018 campaign

Shoppers in the general population who have seen the HSR campaign are more likely to recognise the label (89%) than those who have not seen the campaign (66%). This is also the case for the three priority groups, and provides further evidence that the campaign has helped to strengthen recognition of the HSR.

Recognition of the HSR among shoppers in the general population who have seen the 2018 campaign and those who had seen the 2016 campaign is similar (89% and 88% respectively).

Which shoppers are less aware of the HSR?

Those less likely than others to say they have seen or heard of the HSR:

General population

- Those who have not seen the advertising (66% compared to 89% of those who have seen it).
- Older shoppers, aged 60 years or more (66% compared with 80% of those under 60).
- Men (73% compared with 79% of women)
- Shoppers with no children under 14 years (73% compared with 84% of those with children under 14 years)

Māori with children under 14 years

- Those who have not seen the advertising (78% compared to 94% of those who have seen it).

Low income with children under 14 years

- Those who have not seen the advertising (68% compared to 93% of those who have seen it).

Pacific with children under 14 years

- Those who have not seen the advertising (63% compared to 83% of those who have seen it).

Sources of awareness of the HSR

Shoppers in the general population who are aware of the HSR are now more likely to say they saw it on food packaging (from 51% in 2015 up to 62% in 2018), or saw or heard about it via TV advertisements (from 19% in 2015 up to 29% in 2018). The latter result once again adds weight to the assumption that the campaign has helped raise awareness of the HSR (this question was asked prior to the advertising being shown in the survey). Conversely, radio and word-of-mouth have declined as sources of awareness for the HSR since the baseline measure.

As depicted in the table below, media coverage of the HSR appears to have been particularly high in 2016, as the proportion of shoppers who cite TV news or current affairs programmes as a source has declined back to the baseline level.

There are some differences of note by the priority groups. Māori shoppers are more likely to cite food packaging, TV ads, and grocery catalogues than in 2015. Whereas Pacific shoppers are more likely to cite food packaging as a source of awareness.

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*401*	*656*	*798*	*131*	*236*	*261*	*107*	*220*	*260*	*201*	*220*	*236*
On food packaging	51	64	**62**	53	59	64	41	56	**65**	49	57	**63**
TV advertisements	19	20	**29**	30	21	27	12	24	**32**	39	37	36
Grocery store catalogue	13	14	14	17	12	17	7	15	**18**	32	29	27
In store promotion	13	10	13	13	9	12	14	11	14	29	18	**18**
Newspaper or magazine articles	12	11	10	7	4	7	8	8	7	20	12	11
TV news or current affairs programmes	13	20	9	10	17	11	12	15	11	21	17	16
Newspaper or magazine advertisements	10	9	7	10	5	8	6	4	6	21	13	**12**
Online – in the content on a website	6	8	6	10	7	10	5	6	6	12	9	8
Through friends, family or colleagues	11	6	**5**	5	12	7	6	8	6	18	13	16
Online advertisements or banner ads	7	6	5	5	4	6	2	6	5	12	11	10
Fliers / inserts in my grocery bags	n/a	3	5	n/a	3	6	n/a	4	7	n/a	10	6
Radio	6	4	**2**	8	3	3	1	3	4	14	7	11
Online – in a blog, forum or social network posting	4	4	2	2	7	4	2	3	4	7	5	6
Email	n/a	2	2	n/a	0	4	n/a	3	2	n/a	7	3
Outdoor posters (on bus shelters or in the street)	2	1	2	2	2	1	3	2	4	15	8	8
In store radio	n/a	1	1	n/a	2	2	n/a	1	1	n/a	5	3
Cinema advertisement	n/a	0	1	n/a	1	1	n/a	1	0	n/a	2	2
Somewhere else	1	2	1	1	1	1	0	1	1	3	2	3
Don't know	21	15	19	18	12	13	35	17	**12**	11	11	8

Base: Those who have seen or heard of the HSR
Source: Q2c
Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.
Note: A number of new options were added to this question in 2016 to reflect the nature of campaign activity. These are shown in italics and n/a is used to indicate that data is not available for 2015.

Knowledge and perceptions of the HSR system

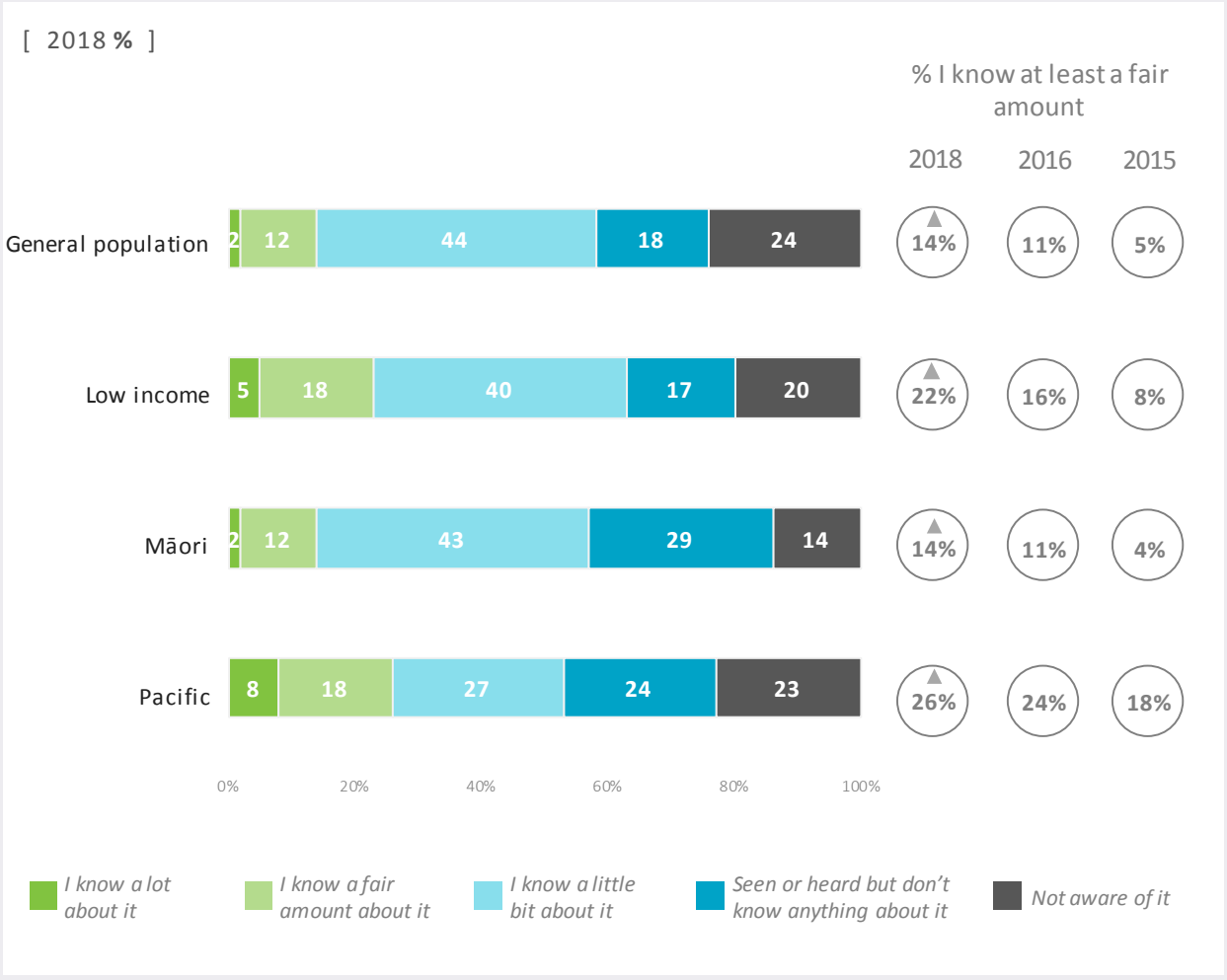
This next section covers shoppers' knowledge of the HSR system at the self-reported, unprompted and prompted levels. It also tests their ability to correctly use the HSR, and explores their perceptions of the system.

Perceived knowledge of the HSR

Self-reported knowledge of the HSR has risen among the general population since 2015. The majority of the shift has been at the lower end of the knowledge scale, as more people are at least aware of the HSR or say they know a little bit about it. There has also been an increase in the proportion that say they have in-depth knowledge of the HSR (5% knew at least a fair amount about the HSR in 2015 and this has risen to 14% in 2018).

All priority groups have significantly higher levels of self-reported knowledge of the HSR than at the baseline measure.

How much, if anything, do you know about the Health Star Rating?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q2b(1) and Q3a
Note: ▲2018 significantly higher than 2015 ▼2018 significantly lower than 2015

Unprompted understanding of the HSR

Shoppers were asked to describe how the HSR could be used when purchasing food products. Responses were coded into the main themes. Accurate understanding appears near the top of the table, and has been grouped into a 'net category' (see shaded row). The 'net' shows the percentage of shoppers whose response was coded into at least one of the categories listed under it. Inaccurate responses are listed under 'other responses'.

This question provides a 'tougher test' of understanding of the HSR than self-reported knowledge, and the results indicate that understanding has remained consistent over time. Half of shoppers in the general population (49%) provided at least one comment suggesting that they have an accurate understanding, which is consistent with 2015. Results for low income and Pacific shoppers are also in line with 2015, while the difference in understanding for Māori shoppers between 2015 (56%) and 2018 (49%) is not statistically significant.

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
Accurate understanding of the HSR	51	49	49	49	49	51	56	42	49	31	27	32
The higher the rating the healthier the product	11	12	14	10	13	16	12	13	16	6	9	8
Compare with other products/choose between brands	9	11	9	7	9	9	6	8	8	1	1	1
I would buy items with a higher star rating	8	8	9	11	5	6	6	1	4	3	2	4
Quick to check health/rating at a glance, easier than checking ingredients	8	4	**4**	7	7	4	10	3	**5**	3	1	**0**
It shows how healthy/good something is	6	3	4	7	8	5	11	6	7	10	6	7
The more stars the better	3	4	3	6	3	4	2	2	2	1	1	3
To choose healthier products	3	4	3	3	4	2	5	5	3	3	3	2
Helps me decide if I'll buy it or not	2	4	2	2	3	1	2	4	2	2	1	3
Judge by the number of stars	1	3	2	2	3	4	2	3	4	1	5	3
I wouldn't buy items with few stars	1	1	2	0	0	**3**	2	0	1	1	1	0
Would make choosing/shopping faster/easier	2	2	1	0	1	2	1	0	1	1	1	0
As a guide/indication of contents	1	2	1	1	3	1	1	3	2	0	0	0
Fewer stars mean it's less healthy	2	1	1	3	1	2	2	1	3	2	2	3
Like the energy star rating	2	0	**0**	1	0	0	1	1	0	0	0	1
Other responses												
To check fat/sugar/sodium etc.	5	4	4	2	2	3	2	2	0	3	1	**0**
I would check the ingredients list/nutritional info	4	3	4	2	4	2	3	3	2	1	0	1
I wouldn't trust it/I don't think it is a good indication of health	1	4	3	1	5	3	1	2	2	0	0	0
I wouldn't use it	2	2	2	0	1	3	2	1	1	0	0	0
By looking at the rating/label on the front	1	1	2	0	0	0	0	1	1	4	2	1
Good/great/helpful	2	1	1	1	0	1	1	1	1	1	1	0
Not sure what it means/I'd want to know how it's worked out	1	1	1	1	1	0	1	1	1	1	0	1
I would use it	2	0	**0**	1	0	0	2	2	1	2	2	0
I haven't seen/heard of it/needs to be advertised/more visible	0	0	0	0	0	0	0	0	0	2	2	0
Other	5	5	5	4	2	6	3	5	7	9	6	**4**
Don't know	34	38	38	43	37	36	35	46	41	51	59	**61**

Base: All shoppers
Source: Q3b
Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

Levels of unprompted understanding after the 2018 campaign

The campaign has contributed to an accurate understanding of the HSR. That is, shoppers in the general population who have seen the advertising are more likely to provide comments suggesting they have an accurate understanding of the HSR (56%) than those who have not seen the advertising (43%). Similarly, low income shoppers who have seen the campaign are more likely to have an accurate understanding (60% compared to 43% of those who have not seen the campaign). This is not the case for Māori and Pacific shoppers.

Who has a lower level of unprompted understanding of the HSR?

We carried out further sub-group analyses to determine who, within each group, has lower levels of unprompted understanding of how to use the HSR.

Those less likely to provide a comment that suggests an accurate understanding of the HSR are:

General population

- Those who have not seen the campaign (43% compared with 56% of those who have seen the campaign).
- Men (44% compared with 53% of women).
- Older shoppers, aged 60 years or more (41% compared with 52% of those under 60).
- Shoppers with no children under 14 years (45% compared with 59% of those with children under 14).
- Those with an annual household income up to $50,000 (41% compared with 53% receiving a higher income).

Low income with children under 14 years

Those who have not seen the campaign (43% compared with 60% of those who have seen the campaign).

Māori with children under 14 years

- Those with an annual household income up to $50,000 (39% compared with 55% receiving a higher income).

Pacific with children under 14 years

- Those with an annual household income up to $50,000 (25% compared with 51% receiving a higher income).

Prompted understanding of the HSR

Shoppers were asked a series of true or false questions to assess their understanding of the HSR system. We explicitly requested the shopper select 'don't know' if they were unsure. The charts below display the percentage of shoppers that provided correct responses to each statement. The complete results (i.e., true, false and don't know) are provided in the Appendix on page 56.

Prompted understanding of how to use the HSR system

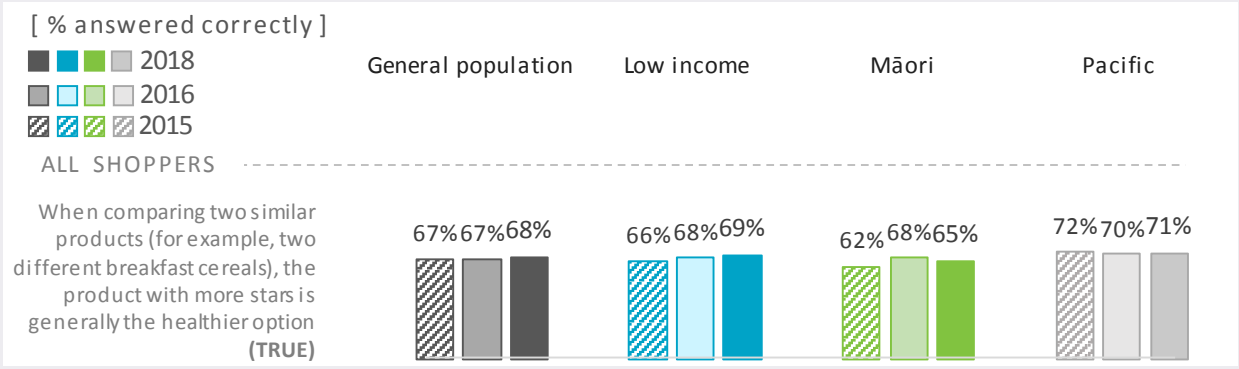
The proportion of shoppers in the general population that understand when comparing two similar products, the one with the more stars is generally the healthier option has remained consistent over time (67% in both 2015 and 2016, and 68% in 2018). Results for all priority groups are also stable. This reinforces the finding that understanding of the HSR has remained consistent since 2015.

Those who have seen the 2018 campaign advertising are more likely to answer correctly (75%), than those who have not seen the 2018 campaign (63%). As noted, the overall proportion correctly answering this statement has remained consistent over time. One possible explanation is that the campaign has potentially reinforced and supported shoppers' understanding or instincts on this point rather than broadened understanding.

In addition, it is possible that understanding might have eroded over time had it not been for the campaign. It is not immediately apparent why understanding of how to use the HSR might decline over time, but the negative media coverage might be partly responsible, as it could cause confusion over whether the product with the more stars is healthier or not.

The proportion of shoppers in the general population who have seen the 2018 campaign and correctly believe the product with more stars is generally the healthier option, is similar to those who had seen the 2016 campaign (75% and 70% respectively).

Please tell us whether you think each statement is true or false. If you're not sure, please choose don't know.



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q3f and Q3g (2)

Who has a lower level of prompted understanding of the HSR?

Those in the general population that are <u>less likely</u> to understand the product with more stars is generally the healthier option are:

- Māori shoppers (60% answer correctly compared with 68% of the general population). Please note they differ from the Māori group as they do not necessarily have children aged under 14.

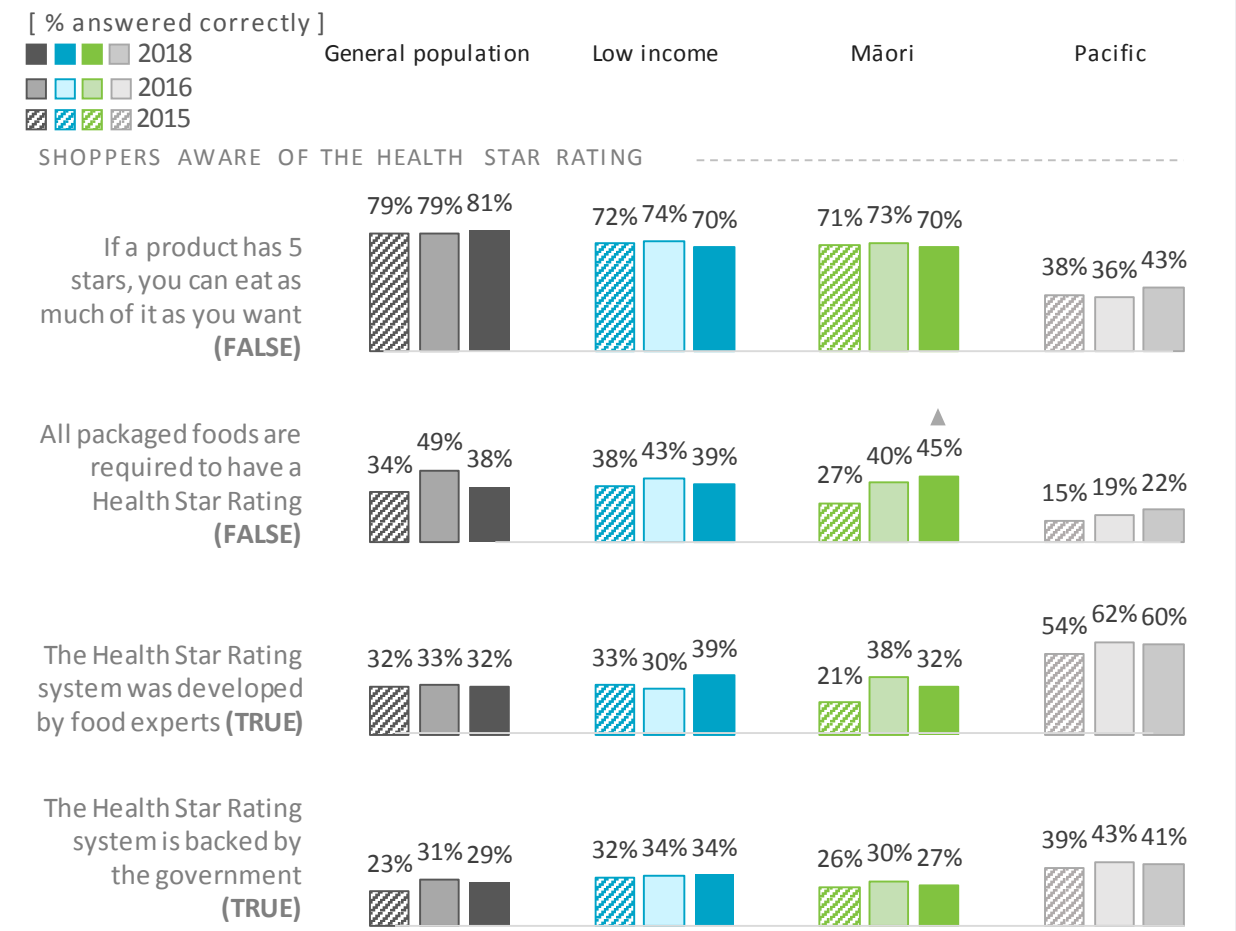
Prompted understanding of different aspects of the HSR among those aware of system

Shoppers who recognise the HSR were presented with an additional set of true and false statements to provide further insight into their understanding of the HSR.

Those aware of the HSR do not generally understand more about the system than in 2015. As illustrated in the chart below, similar proportions of HSR-aware shoppers in the general population understand not all packaged foods are required to have the HSR (34% in 2015 and 38% in 2018), that the HSR is backed by the government (23% in 2015 and 29% in 2018), that the HSR was developed by food experts (32% in 2015 and 2018), and that a product with five stars should still be eaten in moderation (79% in 2015 and 81% in 2018).

Results for low income and Pacific shoppers are also consistent with the 2015 baseline. The only change for Māori shoppers is that they are now more likely to understand that not all food packaging is required to have the HSR (27% in 2015 up to 45% in 2018).

Please tell us whether you think each statement is true or false. If you're not sure, please choose don't know.



Base: Respondents aware of the HSR (General population: 2018 n=798; 2016 n=656; 2015 n=401. Low income with children under 14 years: 2018 n=261; 2016 n=236; 2015 n=131. Māori with children under 14 years: 2018 n=260; 2016 n=220; 2015 n=107. Pacific with children under 14 years: 2018 n=236; 2016 n=220; 2015 n=201)
Source: Q3g (1, 3, 4, 5)
Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015

Prompted understanding of the HSR after the 2018 campaign

There is some evidence that understanding of the HSR has changed following exposure to the advertising campaign. Shoppers in the general population who have seen the campaign are more likely to understand that the HSR is backed by government (33% compared with 24% of those who have not seen the campaign).

In addition, Pacific shoppers who have seen the campaign are more likely to understand the HSR was developed by food experts (64% compared with 48% of those who have not seen the campaign).

Finally shoppers in the general population who have seen the campaign are more likely to understand that the HSR was developed by food experts (35% compared with 28% of those who have not seen the campaign). This measure has remained consistent at the overall level, which suggests the campaign has helped reinforce and support understanding around it rather than extend it. However, had it not been for the campaign, this measure may have gone backwards as the negative media coverage brought into the question efficacy of the rating system, and the people behind it.

Ability to correctly use the HSR

We examined shoppers' ability to correctly use the HSR in two ways. Firstly, we tested shoppers' understanding that the HSR should be used to compare products within the same category. Secondly, we tested shoppers' ability to select the healthier product from two choices, based on the number of stars on the HSR.

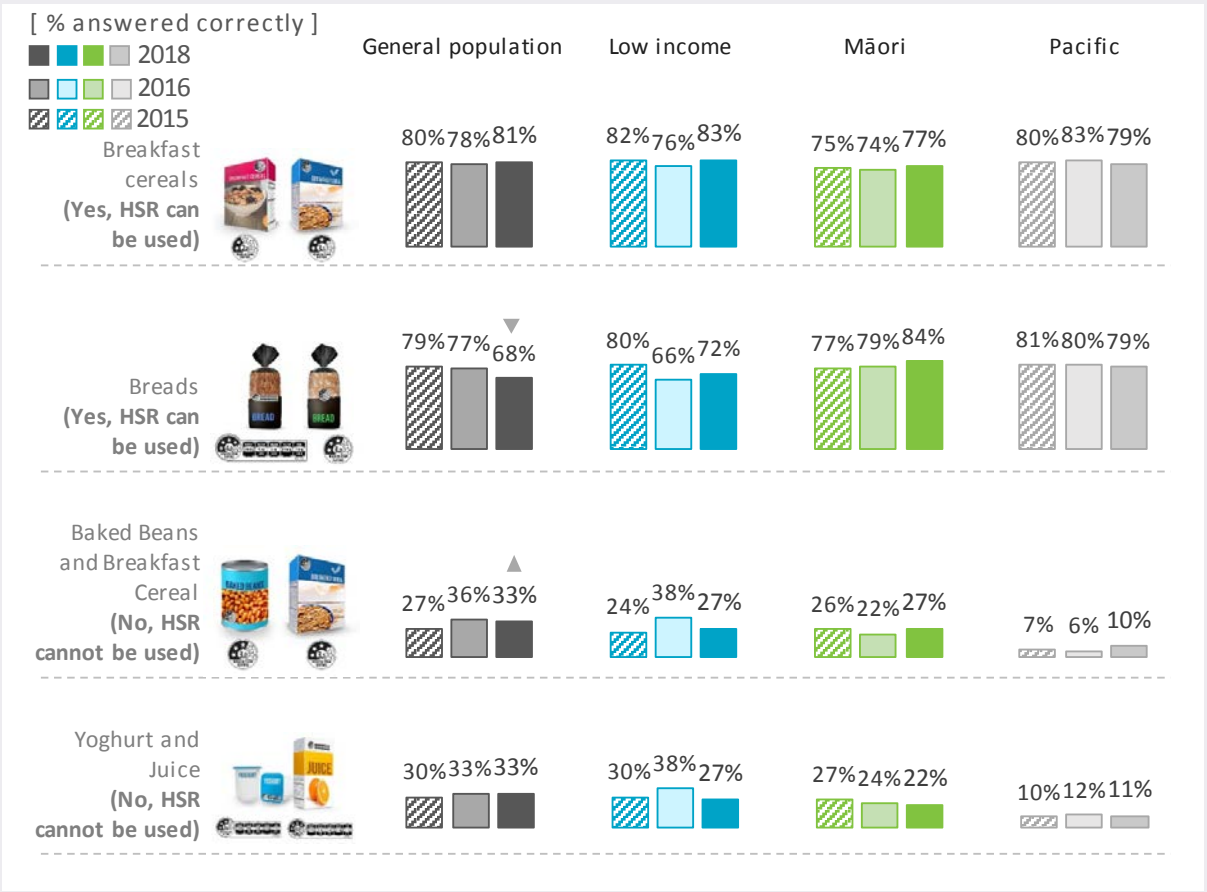
Using the HSR to compare similar products

To test understanding that the HSR should be used to compare products within the same category, we presented four pairs of products to shoppers. For each pair, we asked shoppers to say whether the HSR can or cannot be used to compare those products. For simplicity, the chart below presents the percentage of respondents who gave the **correct** answer. Complete results are provided in the Appendix on page 57.

There are mixed findings in terms of shoppers' understanding of how to use the HSR to compare products.

More shoppers in the general population now understand the HSR should not be used to compare products in different categories compared to 2015. The proportion of shoppers who correctly identify the baked beans cannot be compared with cereal has increased from 27% in 2015 up to 33% in 2018. Fewer correctly answer that the HSR can be used to compare the two different varieties of bread (79% in 2015 down to 68% in 2018). It appears that the presence of the tail as part of the health star design has created more confusion in 2018 than in previous years. For all three priority groups, findings are consistent with 2015.

Ability to use the Health Star Rating to compare products



Base: All Respondents who answered (General population: 2018 n=516~521; 2016 n=518~527; 2015 n=1067. Low income with children under 14 years: 2018 n=156~160; 2016 n=153~156; 2015 n=324. Māori with children under 14 years: 2018 n=145~156; 2016 n=154~156; 2015 n=300;. Pacific with children under 14 years: 2018 n=147~160; 2016 n=145~158; 2015 n=311)
Source: Q3c
Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015

Ability to correctly use the HSR to compare products after the 2018 campaign

Shoppers in the general population who have seen the campaign are more likely to understand the HSR can be used to compare the two varieties of bread (75% compared with 63% of those who have not seen the campaign). It is not apparent why this measure of understanding has decreased at an overall level, but in the absence of the campaign it may well have fallen further, as it supported or reinforced understanding amongst those shoppers who have seen it.

While shoppers in the general population are more likely to understand that items from different categories (baked beans vs. cereal) cannot be compared using the HSR, the difference between those who had seen (35%) and not seen (32%) the campaign is not statistically significant.

Finally, low income shoppers who have seen the campaign are more likely to correctly identify that two different varieties of cereal can be compared (90% compared with 76% of those who have not seen the campaign), and that juice and yogurt cannot be compared (37% compared with 19% of those who have not seen the campaign).Yet understanding has remained consistent over time for these groups. Once again, a possible explanation is that the campaign is reinforcing and supporting understanding as opposed to extending it, and that in the absence of the campaign understanding might have gone backwards (for whatever reason).

There are no differences based on campaign exposure for Māori and Pacific shoppers.

Using the HSR to select the healthier option

To test shoppers' ability to use the HSR to select the healthier product, we presented four pairs of products to respondents. Each pair either had the same number of stars (bread), or different numbers of stars (juice, margarine and baked beans). Each image was presented in black and white, and without branding, to reduce the possibility that respondents would base their decisions on non-HSR factors. Again, for simplicity, the chart on the following page presents the percentage of respondents who gave the **correct** answer. Complete results are provided in the Appendix on page 58.

Overall, results are mixed, with positive change evident for two of the scenarios, and no change for the other two scenarios.

Differing star conditions

Margarine: A higher proportion of shoppers in the general population now recognise the margarine with the greater number of stars is the healthier option (from 59% in 2015 up to 71% in 2018). Māori shoppers are also more likely to select the correct margarine option than in 2015. No change is evident for low income and Pacific shoppers.

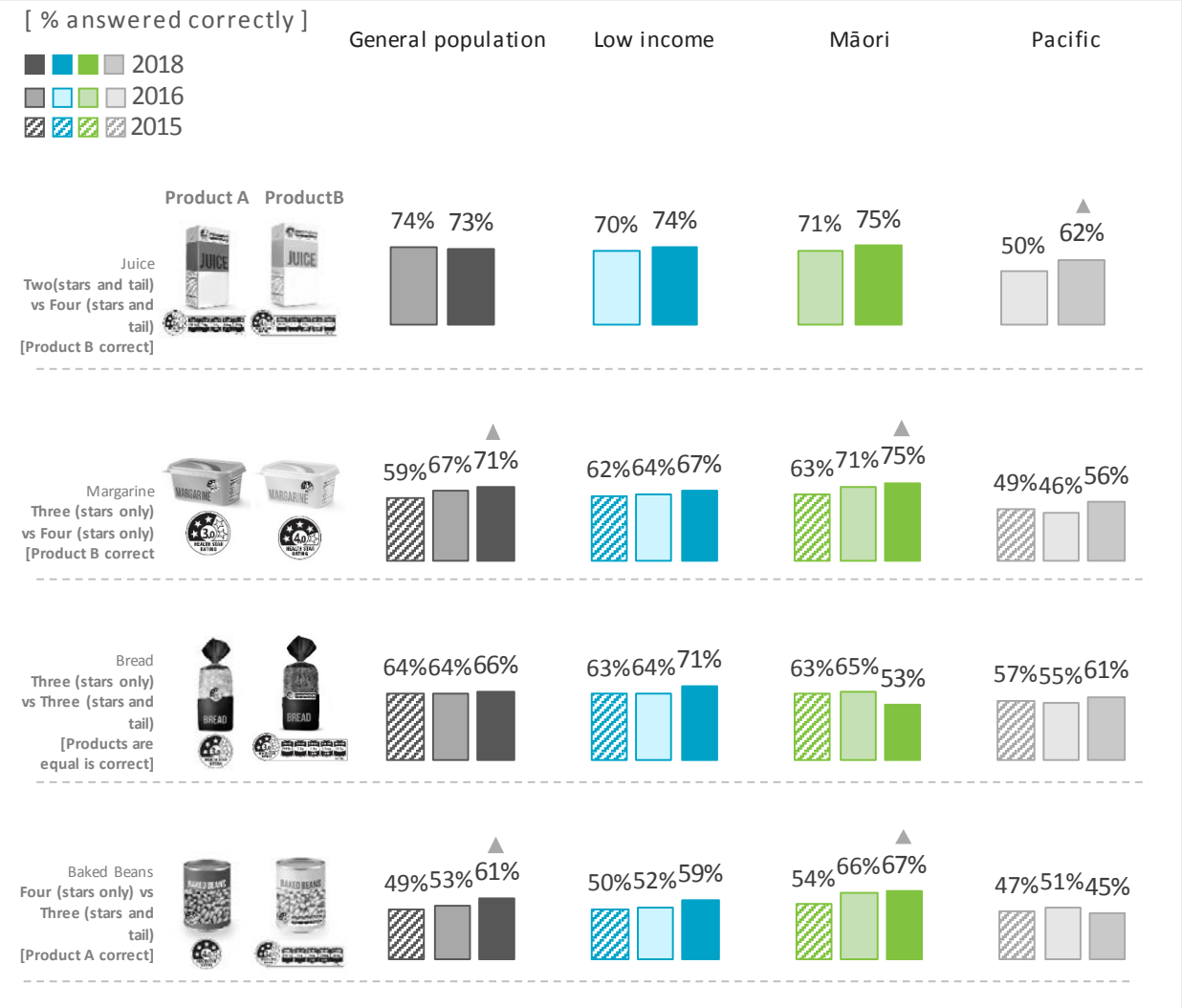
Baked beans: The proportion of shoppers in the general population that correctly select the baked beans with the most stars as being healthier has increased (from 49% in 2015 up to 61% in 2018). Māori shoppers are also more likely to select the correct baked bean option than in 2015, while results for low income and Pacific shoppers are unchanged.

Juice: Consistent with 2016, around three quarters of shoppers in the general population correctly identify the juice with more stars as being the healthier option. Results for Māori and low income shoppers are also stable, while Pacific shoppers are more likely to select the correct juice option than in 2016. Please note that there are no 2015 results for the juice scenario, as on closer inspection we realised the information included on the tails was not in line with the ratings. This was amended in the 2016 and 2018 waves.

Equal star condition

Bread: Consistent with 2015, around two thirds of shoppers in the general population correctly identify the breads are equally healthy. Results for all priority groups are similar to 2015. The difference for Māori shoppers between 2015 and 2018 is not statistically significant (53% vs. 63%).

Ability to use the Health Star Rating to select healthier options



Base: All Respondents who answered (General population: 2018 n=498~529; 2016 n=496~527; 2015 n=1067. Low income with children under 14 years: 2018 n=155~163; 2016 n=136~168; 2015 n=324. Māori with children under 14 years: 2018 n=134~169; 2016 n=149~160; 2015 n=300. Pacific with children under 14 years: 2018 n=147~161; 2016 n=147~159; 2015 n=311)
Source: Q3d
Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015
Note: There are no 2015 results for the juice scenario.

Ability to correctly use the HSR to select the healthier option after the 2018 campaign

The ability of shoppers in the general population to identify healthier choices is not significantly different between those who have seen the campaign and those who have not seen the campaign. This is the case for Māori shoppers as well. Where there is positive movement for these audiences it does not necessarily seem to be related to the campaign.

In contrast, low income shoppers who have seen the advertising are more likely to select the healthier margarine option (77% compared with 60% of those who have not seen the advertising) and Pacific shoppers who have seen the advertising are more likely to select the healthier baked beans option (50% compared to 31% of those who have not seen the advertising).

Perceptions of the HSR

To understand how shoppers currently perceive the HSR, we asked whether they agree or disagree with a number of statements. For simplicity, the chart below displays the proportion of respondents in each group that 'strongly' or 'somewhat' agree with each statement. Complete results are provided in the Appendix, on page 59.

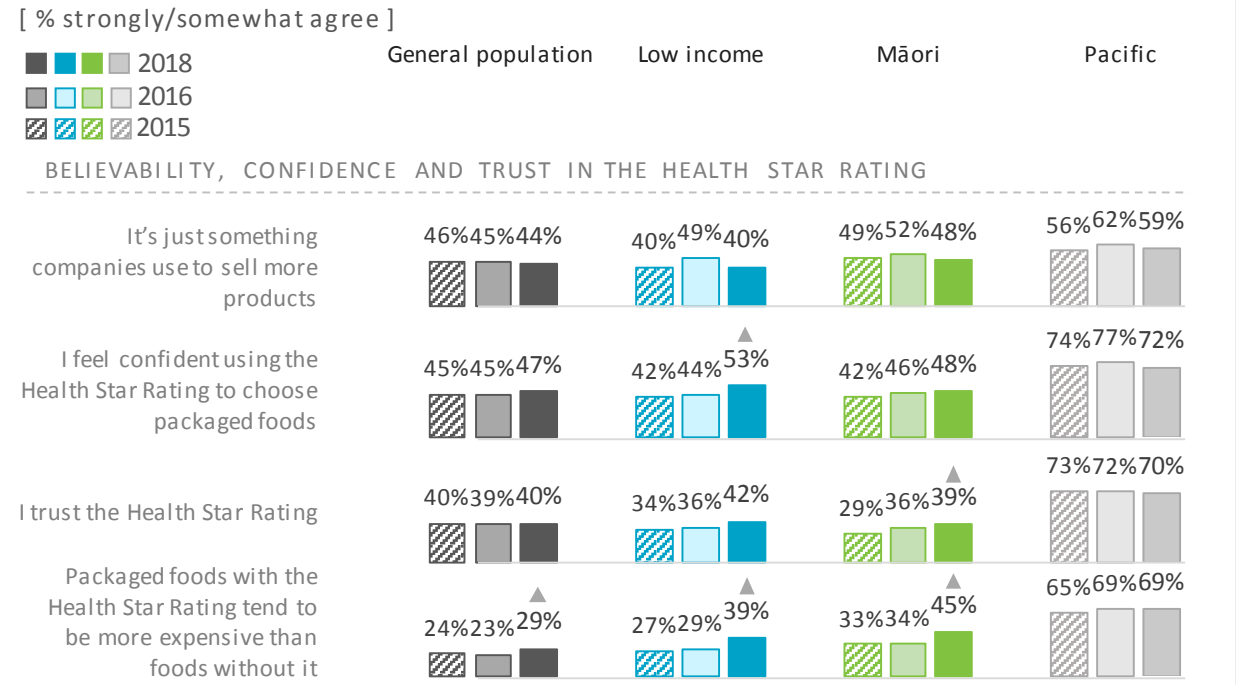
Believability, confidence and trust in the HSR

As depicted in the chart below, there is little difference between the 2015 and 2018 ratings for believability, confidence and trust in the HSR among shoppers in the general population:

- Just over two in five (44%) think the HSR is just something companies use to sell more products.
- Nearly half (47%) say they feel confident using the HSR to choose packaged foods.
- Four in ten (40%) say they trust the HSR.

Results for Pacific shoppers have remained consistent over time, and results for the other two priority groups are also largely stable. However, low income shoppers are now more likely to feel confident using the HSR (from 42% in 2015 up to 53% in 2018), and Māori are now more likely to trust in the HSR (from 29% in 2015 up to 39% in 2018).

How strongly do you agree or disagree with the following statements about the Health Star Rating?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q3e
Note: ▲2018 significantly higher than 2015 ▼2018 significantly lower than 2015

Believability, confidence and trust after the 2018 campaign

Shoppers in the general population who have seen the campaign are more likely to agree they feel confident using the HSR to select packaged foods (52% compared with 42% of those who have not seen the 2018 campaign), and that they trust the HSR (43% compared with 37% of those who have not seen the 2018 campaign). As these measures have not noticeably improved overall, one possible explanation is that the campaign is reinforcing confidence and trust for those who already trust and feel confident using the system, as opposed to converting people who do not trust the system and do not feel confident using the HSR. It is also possible that in the face of negative media coverage on the HSR, that had it not been for the campaign, there might have been a fall in overall trust and confidence.

Māori shoppers who have seen the campaign are also more likely than those who have not seen it to have trust in the HSR. While low income shoppers who have seen it are more likely than those who have not to have higher trust and confidence levels. This reflects upwards shifts in these measures overall amongst these groups (even though some shifts are not statistically significant).

Whilst Pacific shoppers who have seen the campaign are more likely to have trust and confidence in the HSR than those who have not seen the campaign, these measures have remained consistent at the overall level. One possible explanation is that for this group the campaign is reinforcing trust and confidence amongst those who are pre-disposed to view the HSR positively rather than challenging the perceptions of those who are not. In addition, the campaign might be supporting trust and confidence for these shoppers in the face of negative media coverage.

There is indicative evidence that the 2018 campaign has more effectively promoted trust in the HSR compared to the 2016 campaign. Forty-three percent of shoppers in the general population who have seen the 2018 campaign trust the HSR compared to 35% of shoppers in the general population who had seen the 2016 campaign. The difference is not statistically significant.

Ease of use

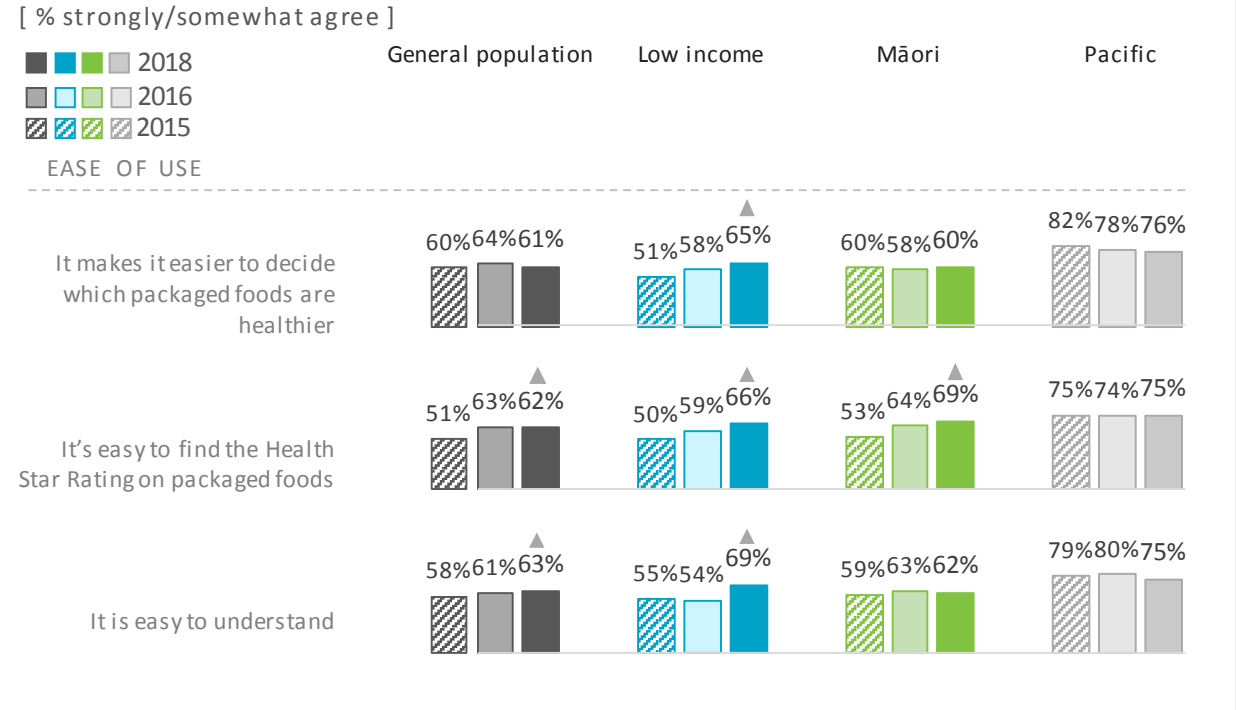
As shown in the chart overleaf, shoppers in the general population find it easier to use the HSR in some ways in 2018 compared to 2015.

More than six in ten now agree:

- It is easy to find on packaging (from 51% in 2015 up to 62% in 2018).
- It is easy to understand (from 58% in 2015 up to 63% in 2018).
- It makes it easier to decide which packaged foods are healthier (60% in 2015, a similar proportion to 2018 61%).

Low income shoppers are more likely to agree with all three of the ease of use statements than in 2015, and Māori shoppers are more likely to agree it is easy to find the HSR on food packaging. No changes are evident for Pacific shoppers in terms of ease of using the HSR.

How strongly do you agree or disagree with the following statements about the Health Star Rating?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q3e
Note: ▲ 2018 significantly higher than 2015 ▼2018 significantly lower than 2015

Ease of use after the 2018 campaign

As illustrated in the table below, shoppers in the general population who have seen the campaign are more likely to agree with the three ease of use statements, than those who have not seen the campaign.

	Seen or heard advertising	Not seen or heard advertising
% who agree it makes it easier to decide which packaged foods are healthier	66%	56%
% who agree it is easy to find the HSR on packaged foods	68%	57%
% who agree it is easy to understand	67%	60%

Low income, Māori and Pacific shoppers who have seen the campaign are more likely (than those who haven't) to agree the HSR is easy to find on packaged foods. These findings suggest the campaign has helped reinforce how easy it is to use the HSR.

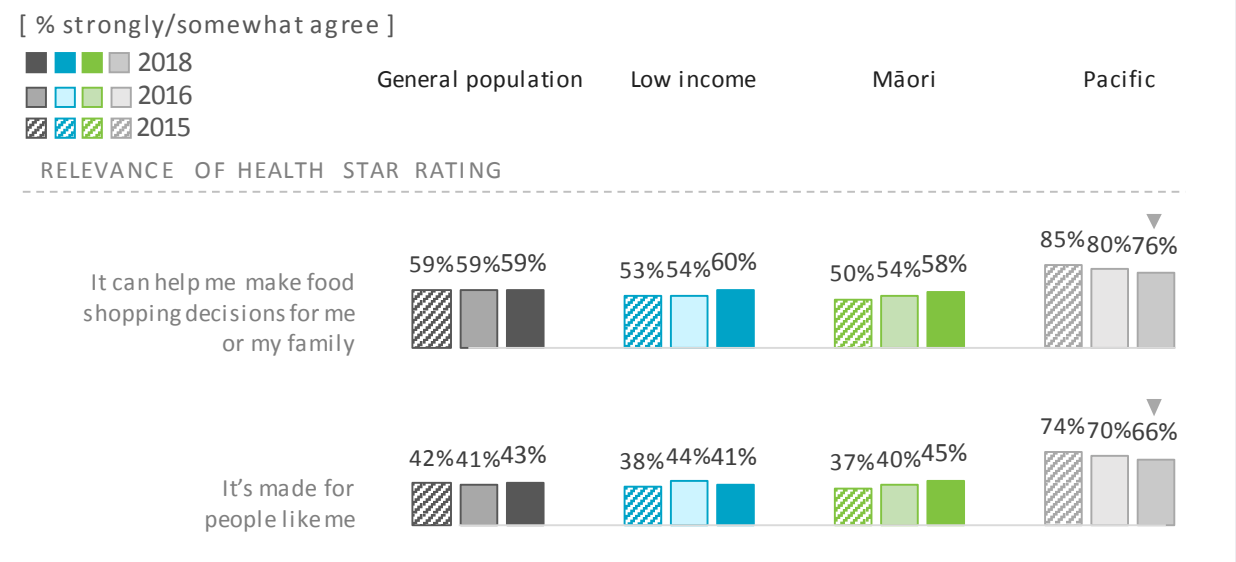
Shoppers in the general population who have seen the 2018 campaign are more likely to agree the HSR makes it easier to decide which packaged foods are healthier (66%), than those who had seen the 2016 campaign (53%).

Perceived relevance of the HSR

As displayed in the chart below, perceived relevance of the HSR among shoppers in the general population has remained consistent since 2015. Around six in ten shoppers in the general population (59%) agree the HSR can help them make food shopping decisions for themselves or their family, and 43% agree the HSR is made for people like them.

Perceived relevance among low income and Māori shoppers is also unchanged. For Pacific shoppers relevance of the HSR has declined over time; they are less likely to agree the HSR helps them make food shopping decisions for themselves and their family (from 85% in 2015 down to 76% in 2018), and less likely to agree the HSR is made for people like them (from 74% than in 2015 down to 66% in 2018).

How strongly do you agree or disagree with the following statements about the Health Star Rating?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q3e
Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015

Perceived relevance of the HSR after the 2018 campaign

Shoppers in the general population who have seen the campaign are more likely to agree the HSR can assist them to make food shopping decisions for themselves or their family (64% compared with 55% of those who have not seen the campaign). It should be noted that the campaign objectives did not focus specifically on increasing personal relevance of the HSR to the consumer.

Use of the HSR

This section investigates whether shoppers have used the HSR before, the types of packaged foods they have used it with, and the ways in which the HSR has helped shoppers decide on a product. It also covers future intention to use the HSR, and identifies barriers to its future use.

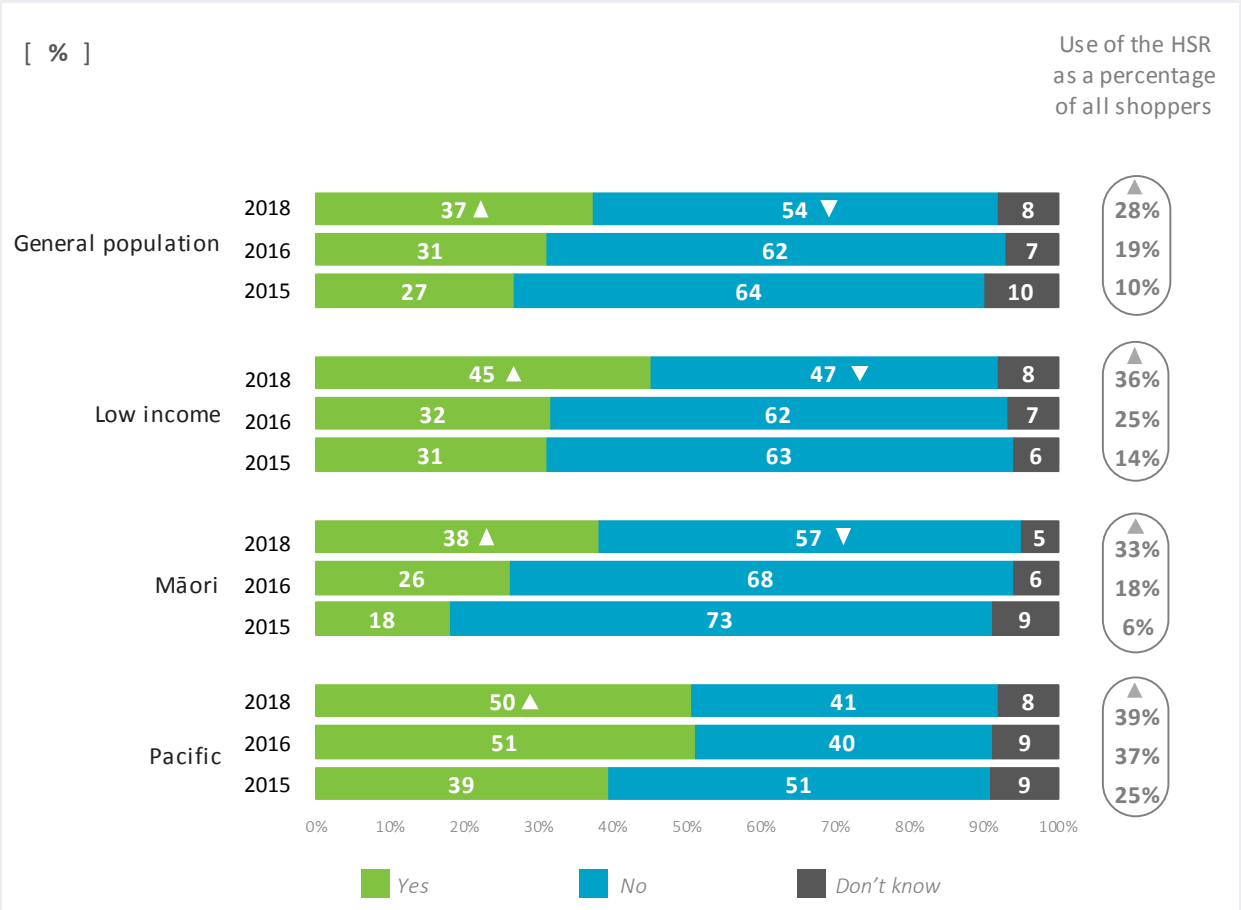
Current use of the HSR

We asked shoppers who have seen or heard of the HSR whether they have personally used it to help choose a packaged food product. As illustrated in the chart below, use of the HSR has increased significantly since 2015 across all groups.

Among those aware of the HSR in the general population, 37% say they have used it to help them choose a packaged food. This equates to 28% of all shoppers in the general population, a significantly higher proportion than in 2015 (10%).

A similar pattern can be seen across the three priority groups. As a percentage of all shoppers, since 2015 use of the HSR to help choose a packaged food product has increased from 14% to 36% for low income shoppers, from 6% to 33% for Māori shoppers, and from 25% to 39% for Pacific shoppers.

Have you ever personally used the Health Star Rating system to help you choose a packaged food product?



Base: Shoppers who have seen or heard of the HSR (General population: 2018 n=798; 2016 n=656; 2015 n=401. Low income with children under 14 years: 2018 n=261; 2016 n=236; 2015 n=131. Māori with children under 14 years: 2018 n=260; 2016 n=220; 2015 n=107. Pacific with children under 14 years: 2018 n=236; 2016 n=220; 2015 n=201)
Source: Q4a Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015

Current use of the HSR after the 2018 campaign

There is evidence that the campaign is driving use of the HSR. Shoppers in the general population who have seen the campaign are more likely to have used the HSR (38% compared with 21% of those who have not seen the campaign). HSR use is also higher among low income shoppers who have seen the campaign (52% compared to 22% of those who haven't seen it), and Pacific shoppers who have seen the campaign (46% compared to 24% of those who haven't seen the campaign). The difference is not statistically significant for Māori shoppers (37% vs. 27%).

Use of the HSR among shoppers in the general population who have seen the 2018 campaign is consistent with those who had seen the 2016 campaign (38% and 35% respectively).

Who is more likely to use the HSR?

We carried out further sub-group analyses to identify groups who are more likely to have used it. We have conducted this analysis based on the percentage of all shoppers, as opposed to all have seen the HSR, to present the fuller picture.

Those more likely to use the HSR are:

General population

- Those who have seen the campaign vs, those who have not (38% vs. 21%)
- Younger shoppers aged 18-29 (43% vs. 28% overall)
- Those with children aged under 14 (34% vs. 28% overall)

Low income with children under 14 years

- Those who have seen the campaign vs, those who have not (52% vs. 22%)
- Asian respondents (56% vs. 36% overall).

Māori with children under 14 years

- No significant differences were observed.

Pacific with children under 14 years

- Those who have seen the campaign vs, those who have not (46% vs. 24%)

The type of products shoppers most recently used the HSR for

We asked shoppers to think about the last time they used the HSR to help choose a packaged food product, and indicate what type of product it was. As displayed in the table below, shoppers continue to mainly use the HSR to select a breakfast cereal.

Shoppers in the general population are now more likely to have used the HSR to select Muesli bars (from 27% in 2016 up to 39% in 2018). For the three priority groups there has been no significant change since 2016. Note that comparisons are only made with the 2016 survey, as in 2015 the question was open-ended, whereas in the 2016 and 2018 surveys, respondents chose from a list of products derived from the 2015 responses.

	General population %		Low income with children under 14 %		Māori with children under 14 %		Pacific with children under 14 %	
	2016	2018	2016	2018	2016	2018	2016	2018
Base (n)	*211*	*306*	*77*	*111*	56	97	*113*	*119*
Breakfast cereal	74	68	63	72	77	63	74	79
Muesli bars	27	**39**	30	40	36	42	37	31
Snack foods	17	23	20	17	32	32	30	29
Canned food	15	20	17	14	14	19	28	29
Margarine/butter	18	19	6	18	25	25	30	29
Yoghurt	17	17	16	15	12	22	30	29
Bread	14	15	7	16	16	19	30	35
Biscuits	9	14	11	19	7	15	16	19
Nuts	12	9	11	4	15	8	22	19
Confectionary	6	6	4	9	3	13	8	8
Milk	4	6	4	11	6	8	27	23
Meat products	3	4	4	4	8	11	21	19
Other	6	**1**	0	1	0	3	1	3
None / no comment	0	0	0	0	0	0	0	0
Don't know	2	**10**	2	5	2	6	11	5

Base: Respondents who have used the HSR to help them choose a packaged food product.
Source: Q4b
Note: Percentages in green and bold are significantly higher than 2016. Percentages in red and bold are significantly lower than 2016.

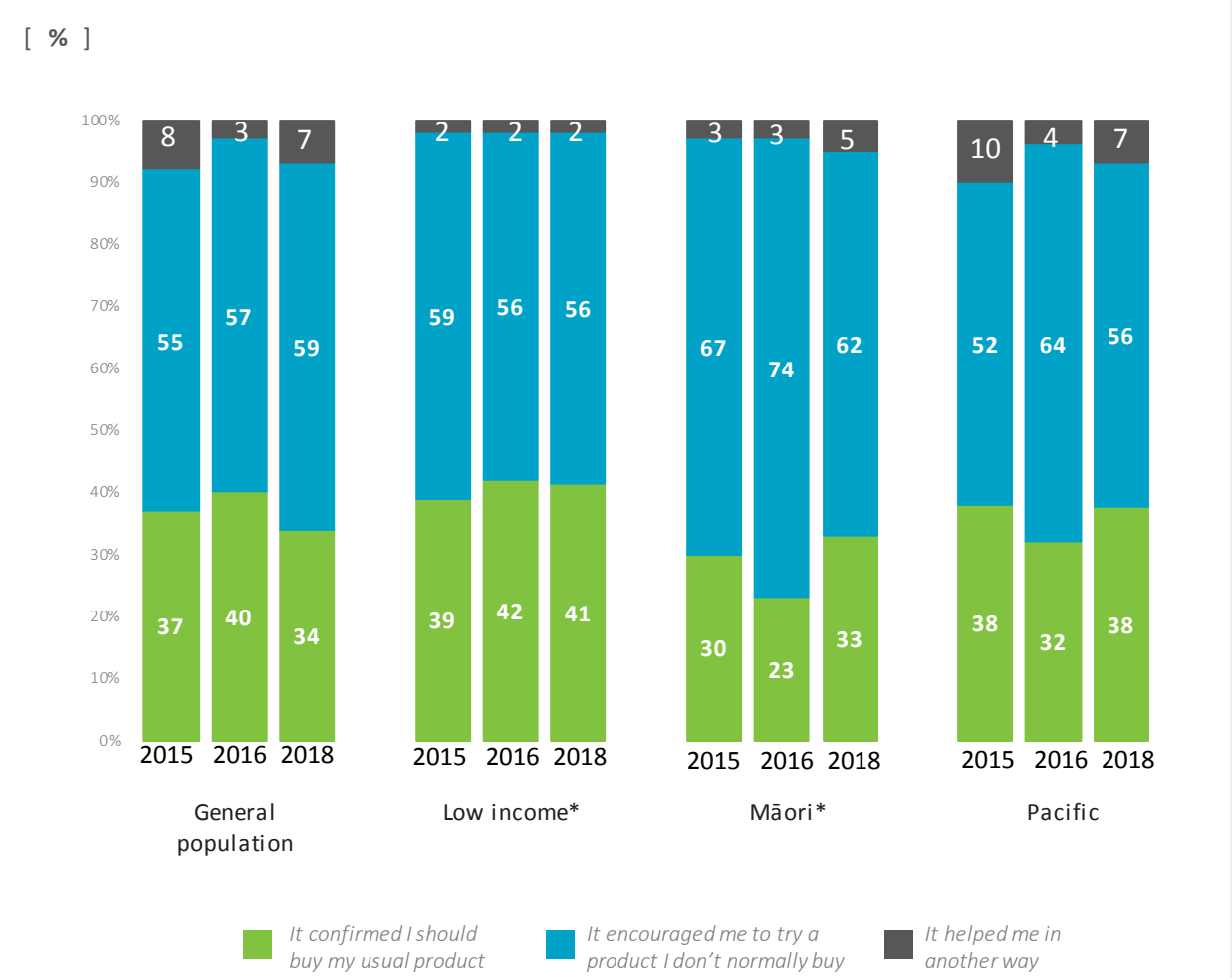
How the HSR influences product decisions

We asked those who had used the HSR to tell us how it had helped them to decide to buy the product they most recently purchased. As seen in the chart below, results for all groups are largely consistent between 2015 and 2018.

Shoppers most commonly say the HSR encouraged them to try a product they don't usually buy (56% to 62% across all groups). Most of the remaining shoppers (33% to 41% across all groups) say it confirmed they should buy their usual product.

A small number of shoppers say the HSR helped them in a different way. Some of these respondents commented it generally helped them decide which was the healthier option, others say it prompted them to research the product more (e.g. check its content).

How did the Health Star Rating help you decide to buy this product?

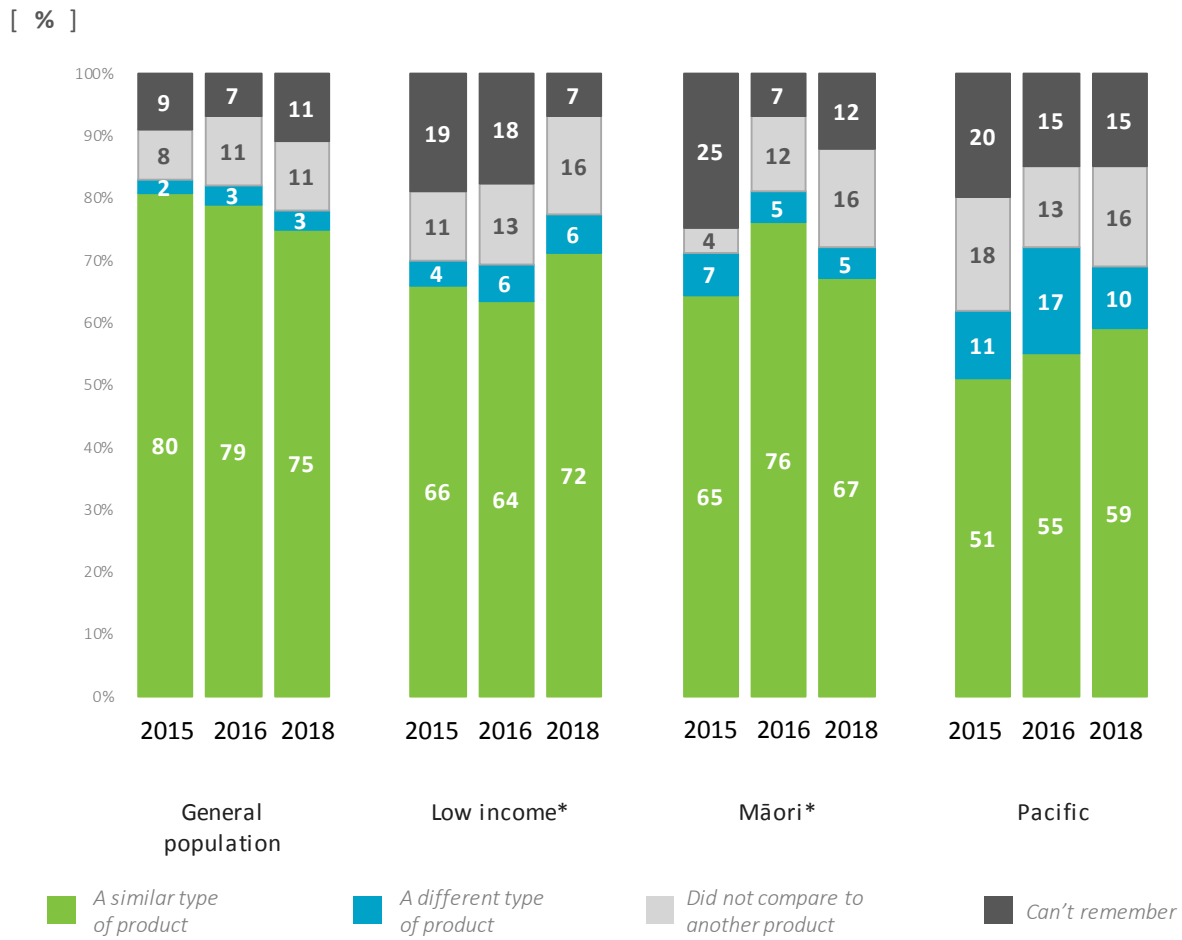


Base: Those who have used the HSR (General population: 2018 n=306; 2016 n=211; 2015 n=113. Low income with children under 14 years: 2018 n=111; 2016 n=77; 2015 n=41. Māori with children under 14 years: 2018 n=97; 2016 n=56; 2015 n=19. Pacific with children under 14 years: 2018 n=119; 2016 n=113; 2015 n=79)
Source: Q4c
Note: *Small base sizes for these groups in 2015
Note: ▲ significantly higher than 2015 ▼ significantly lower than 2015

Using the HSR to compare products

The majority of shoppers still believe the HSR can be used to compare products from different categories (such as beans and cereal, or yogurt and juice). However, in practice, few shoppers who have used the HSR do so to compare different types of products (ranging from 3% to 10% across all groups). None of the differences between 2015 and 2018 in product use are statistically significant, either for the general population or the other groups.

Did you use the Health Star Rating to compare this product with another one? What type of product did you compare it to?



Base: Those who have used the HSR (General population: 2018 n=306; 2016 n=211; 2015 n=113. Low income with children under 14 years: 2018 n=111; 2016 n=77; 2015 n=41. Māori with children under 14 years: 2018 n=97; 2016 n=56; 2015 n=19. Pacific with children under 14 years: 2018 n=119; 2016 n=113; 2015 n=79)
Source: Q4d(i) and Q4d(ii)
Note: *Small base sizes for these groups in 2015

Selecting the product

Those who compared two products were asked whether they chose the product with more stars, or fewer stars. Most shoppers (ranging from 76% to 88% across the groups) chose the product with more stars. This suggests a high level of understanding that more stars is the healthier choice. These results are consistent with 2015.

The difference in the proportion of the general population who chose the higher number of stars in 2018 (88%) compared to 2015 (83%) is not statistically significant.

	General population %			Low income with children under 14* %			Māori with children under 14* %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*88*	*170*	*237*	*29*	*58*	*86*	*15*	*45*	*70*	*49*	*81*	*82*
The one with more stars	83	85	88	90	88	82	81	87	76	71	81	77
The one with fewer stars	1	5	4	0	1	9	9	4	9	10	13	10
Neither	1	2	3	2	9	6	5	1	8	0	0	4
I chose more than one product from the ones I compared	9	5	2	6	1	2	5	8	0	10	2	7
Can't remember	5	4	3	2	1	1	0	0	8	8	3	2

Base: Shoppers who compared products using the HSR.
Source: Q4e
Notes: *Small base sizes for these groups in 2015.

Future intention to use the HSR

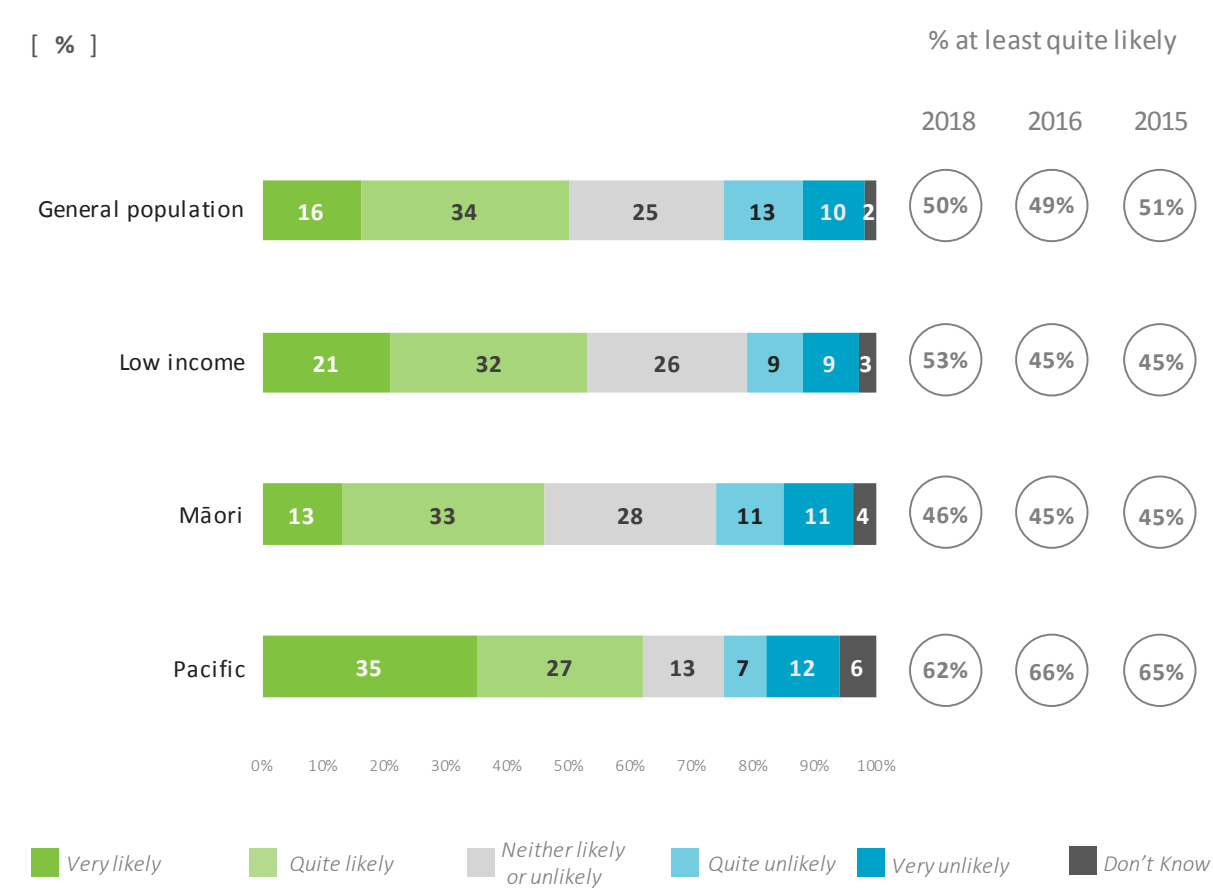
We asked all shoppers how likely or unlikely they would be to use the HSR the next time they see it on a product they are thinking of buying. Across all groups, about half (46%) to three in five shoppers (62%) say they are at least quite likely to use the HSR in future. These results have remained stable since 2015.

Intended use of the HSR after the 2018 campaign

Shoppers in the general population who have seen the campaign are no more likely to say they would use the HSR in future than those who have not seen the campaign. This is also true for Māori and Pacific shoppers.

For low income shoppers the campaign appears to be having a positive impact on intended use. Low income shoppers who have seen the campaign are more likely to say they are at least quite likely to use the HSR in future (60%) than those who haven't seen the campaign (47%).

How likely or unlikely are you to use the Health Star Rating the next time you see it on a product you're thinking of buying?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045; 2015 n=1067. Low income with children under 14 years: 2018 n=316; 2016 n=309; 2015 n=324. Māori with children under 14 years: 2018 n=301; 2016 n=310; 2015 n=300. Pacific with children under 14 years: 2018 n=307; 2016 n=303; 2015 n=311)
Source: Q5a
Note: ▲ 2018 significantly higher than 2015 ▼2018 significantly lower than 2015

Who is more likely to use the HSR in future?

We undertook further sub-group analyses to determine who in each group is more likely to say they will use the HSR in future. Few significant differences of note exist for Māori or Pacific shoppers.

For the following groups those more likely to say they're at least quite likely to use the HSR in future include:

General population

- Women (54% compared with 45% of men).

Low income with children under 14 years

- Asian respondents (81% compared with 53% overall).

Other associations with likelihood to use the HSR in future

In addition, we carried out sub-group analyses to investigate whether shopping behaviour and trust in the HSR are associated with likely use.

Those more likely to say they are at least quite likely to use the HSR in future are those who:

General population

- Check the healthiness of products at least some of the time (55% compared with 31% who do not)
- Have used the HSR (80% compared with 39% who have not)
- Trust the HSR (77% compared with 15% who do not).

Low income with children under 14 years

- Check the healthiness of products at least some of the time (58% compared with 36% who do not)
- Have used the HSR (77% compared with 40% who have not)
- Trust the HSR (73% compared with 29% who do not).

Māori with children under 14 years

- Check the healthiness of products at least some of the time (52% compared with 35% who do not)
- Have used the HSR (59% compared with 39% who have not)
- Trust the HSR (72% compared with 27% who do not).

Pacific with children under 14 years

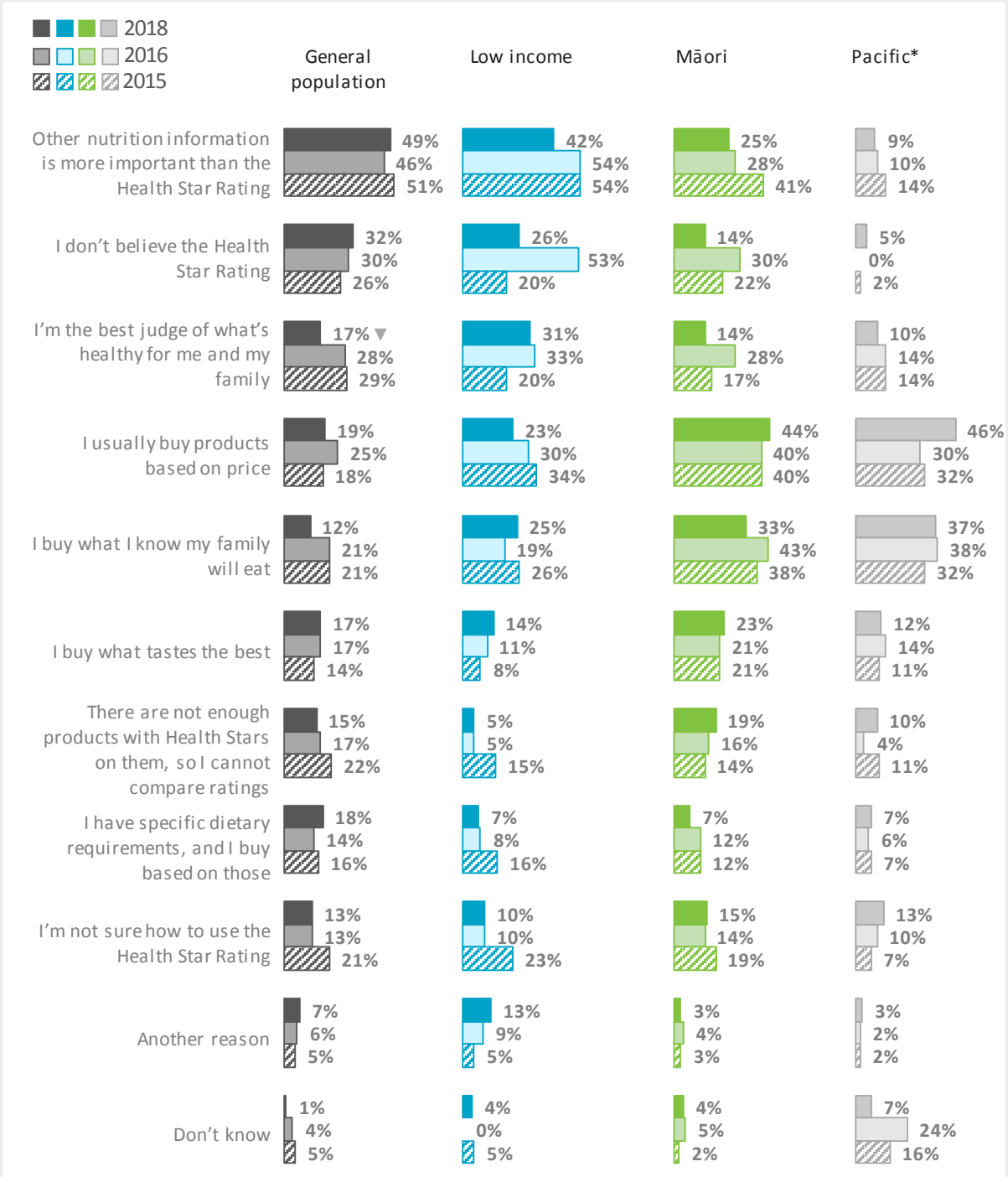
- Check the healthiness of products at least some of the time (68% compared with 53% who do not)
- Have used the HSR (71% compared with 56% who have not)
- Trust the HSR (72% compared with 44% who do not).

Consistent with previous years, these results suggest there is a relationship between trust in the HSR and intended use of the HSR. They also indicate that those who in general check the healthiness of products more than others are the ones most likely to use the HSR going forward.

Barriers to using the HSR

We asked shoppers who are 'quite' or 'very' unlikely to use the HSR to provide their reasons. As presented in the chart below, some barriers to using the HSR differ by group.

For what reasons would you be unlikely to use the Health Star Rating?



Base: Those unlikely to use the Health Star Rating (General population: 2018 n=222; 2016 n=228; 2015 n=243. Low income with children under 14 years: 2018 n=62; 2016 n=69; 2015 n=78. Māori with children under 14 years: 2018 n=68; 2016 n=79; 2015 n=81. Pacific with children under 14 years: 2018 n=59; 2016 n=45; 2015 n=44)
Source: Q5b
Note: *Small base sizes for this group in 2015 and 2016
Note: ▲ 2018 significantly higher than 2015 ▼ 2018 significantly lower than 2015

Main barriers among general population shoppers

The main barriers for shoppers in the general population are the belief that other nutrition information is more important than the HSR (49%), and disbelief in the HSR system (32%).

Shoppers in the general population are now less likely to say they won't use the HSR as they are the best judge of what's healthy for them and their family (from 29% in 2015 down to 17% in 2018).

Main barriers among low income shoppers

For low income shoppers the main barriers are a belief that other nutrition information is more important than the HSR (42%), and the view that they are the best judge of what's healthy for themselves and their family (31%).

There are no significant differences in the reasons given by low income shoppers compared to 2015. Encouragingly, the proportion who say they won't use the HSR because they disbelieve it has reverted to the baseline level, after it had increased substantially as a barrier in 2016.

Main barriers among Māori shoppers

The main barriers for Māori shoppers are that they buy based on price (44%), and what they know their family will eat (33%).

There are no significant differences between the 2015 and 2018 results for Māori shoppers.

Main barriers among Pacific shoppers

For Pacific shoppers the main barriers are also the fact that purchasing decisions are made based on price (46%), and what they know their family will eat (37%).

These results have remained consistent since 2015.

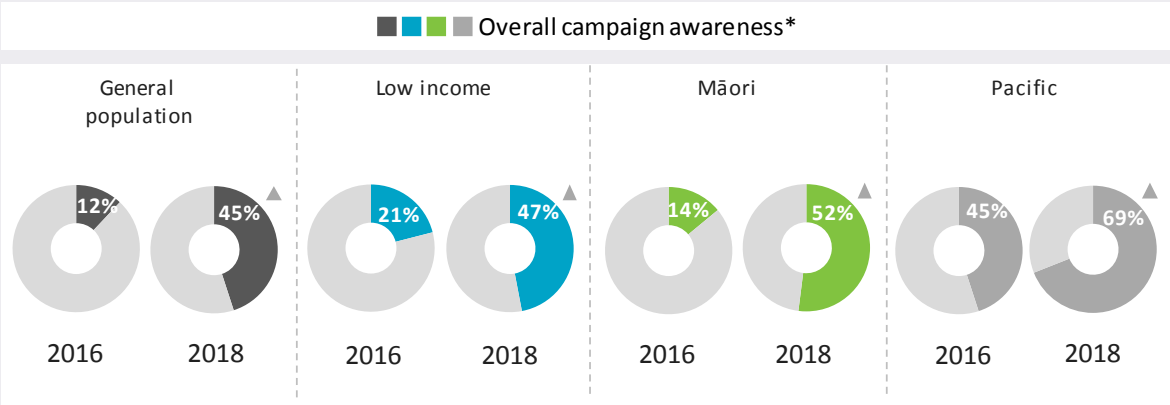
HSR campaign recognition

Shoppers were played one of the 2018 HSR campaign television commercials towards the end of the survey. They were asked if they had seen or heard the ad, or similar versions of it. They were also shown still images from two 2018 adshel posters, and again asked if they had seen them, or similar versions of them.

Overall recognition of campaign advertising

As seen in the chart below, overall recognition of the HSR campaign advertising among shoppers in the general public is significantly higher for the 2018 campaign (45%) than it was for the 2016 campaign (12%). This is also the case for all three priority groups. These increases are likely due to the change in advertising medium. The 2016 campaign included online video adverts and adshel posters, whereas the 2018 campaign included television adverts and adshel posters, and television commercials typically have a wider reach than online advertising.

Before today have you seen or heard this advert, or similar versions of it? / Have you seen either of these adverts, or similar versions of them?



Base: All Respondents (General population: 2018 n=1037; 2016 n=1045 . Low income with children under 14 years: 2018 n=316; 2016 n=309. Māori with children under 14 years: 2018 n=301; 2016 n=310. Pacific with children under 14 years: 2018 n=307; 2016 n=303)
Source: Q6a and Q6b
Note: ▲ 2018 significantly higher than 2016 ▼ 2018 significantly lower than 2016
* Overall campaign awareness in 2016 is the proportion of respondents who have seen a HSR online video advert and/or Adshel advert, whereas overall campaign awareness in 2018 is the proportion of respondents who have seen a HSR TVC and/or Adshel advert

Those more likely to have seen or heard the advertising overall include:

General population

- Women (48% compared to 41% of men)
- Those with an annual household income of up to $30,000 (56% compared to 42% of those receiving a higher income).

Low income with children under 14 years

- No significant differences were observed.

Māori with children under 14 years

- No significant differences were observed.

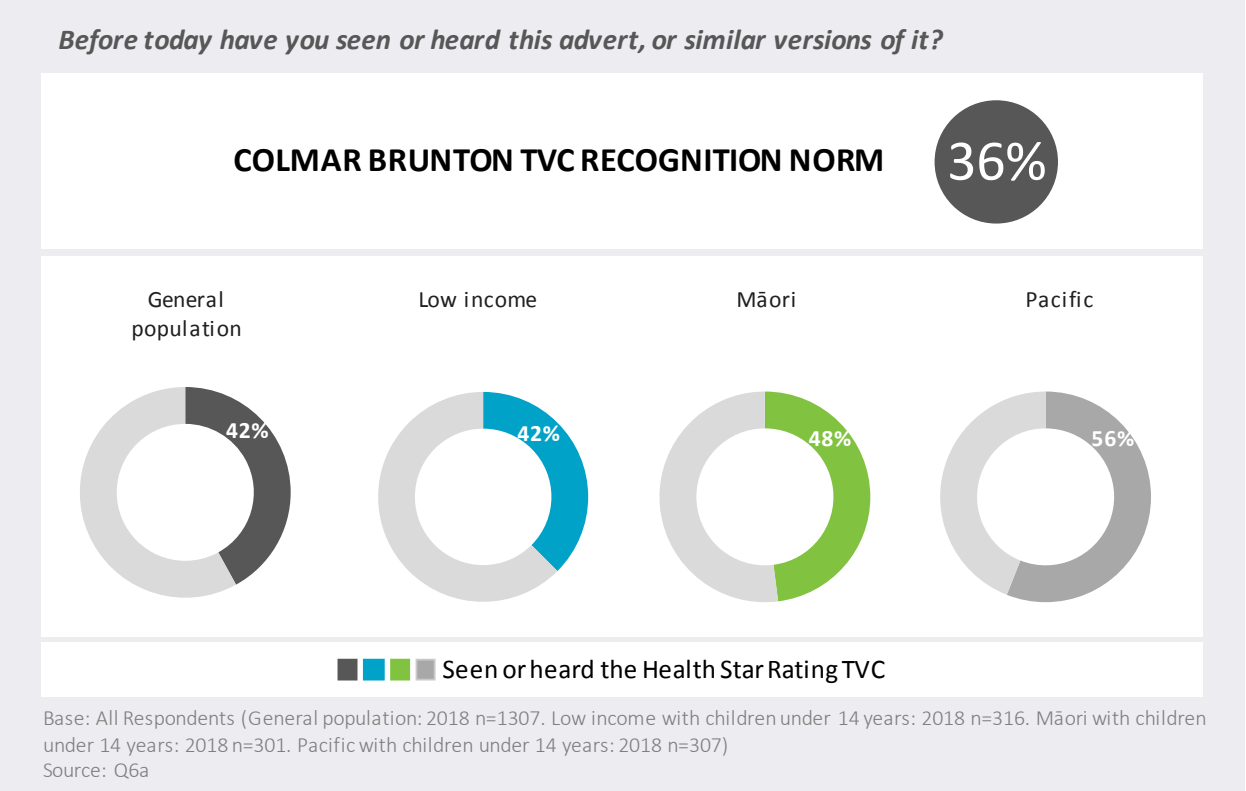
Pacific with children under 14 years

- No significant differences were observed.

Recognition of television commercial

Recognition of the 2018 HSR television commercial amongst shoppers in the general population is 42%. This level of recognition for a television commercial is above the Colmar Brunton TVC recognition norm of 36%[5].

The campaign has been particularly effective in targeting Māori (48%) and Pacific shoppers (56%), where recognition for the television commercial is well above the norm of 36%.



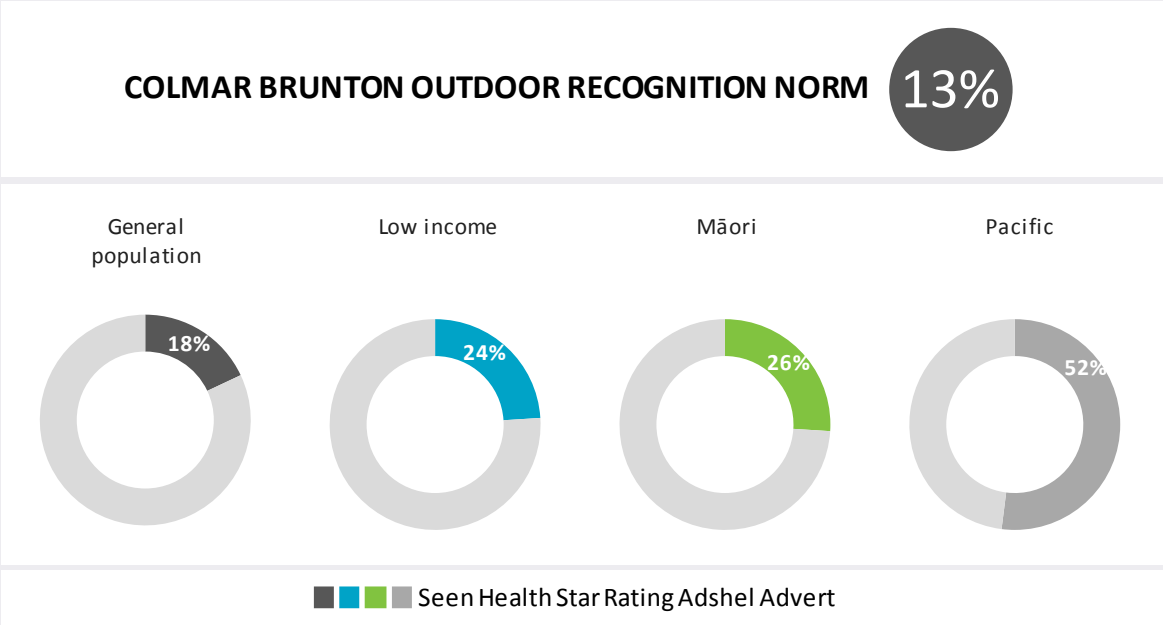
Base: All Respondents (General population: 2018 n=1307. Low income with children under 14 years: 2018 n=316. Māori with children under 14 years: 2018 n=301. Pacific with children under 14 years: 2018 n=307)
Source: Q6a

[5] This norm is based on the average recognition figure from 1,007 other New Zealand advertising studies Colmar Brunton has conducted where respondents were shown a TVC and asked if they recognise it.

Recognition of adshel adverts

Recognition of the 2018 HSR adshel adverts amongst shoppers in the general population is 18%. This level of recognition for adshel adverts is above the Colmar Brunton norm[6] of 13% for outdoor advertising in New Zealand. Recognition amongst Pacific shoppers is well above the norm at 52%.

Have you seen either of these adverts, or similar versions of them?



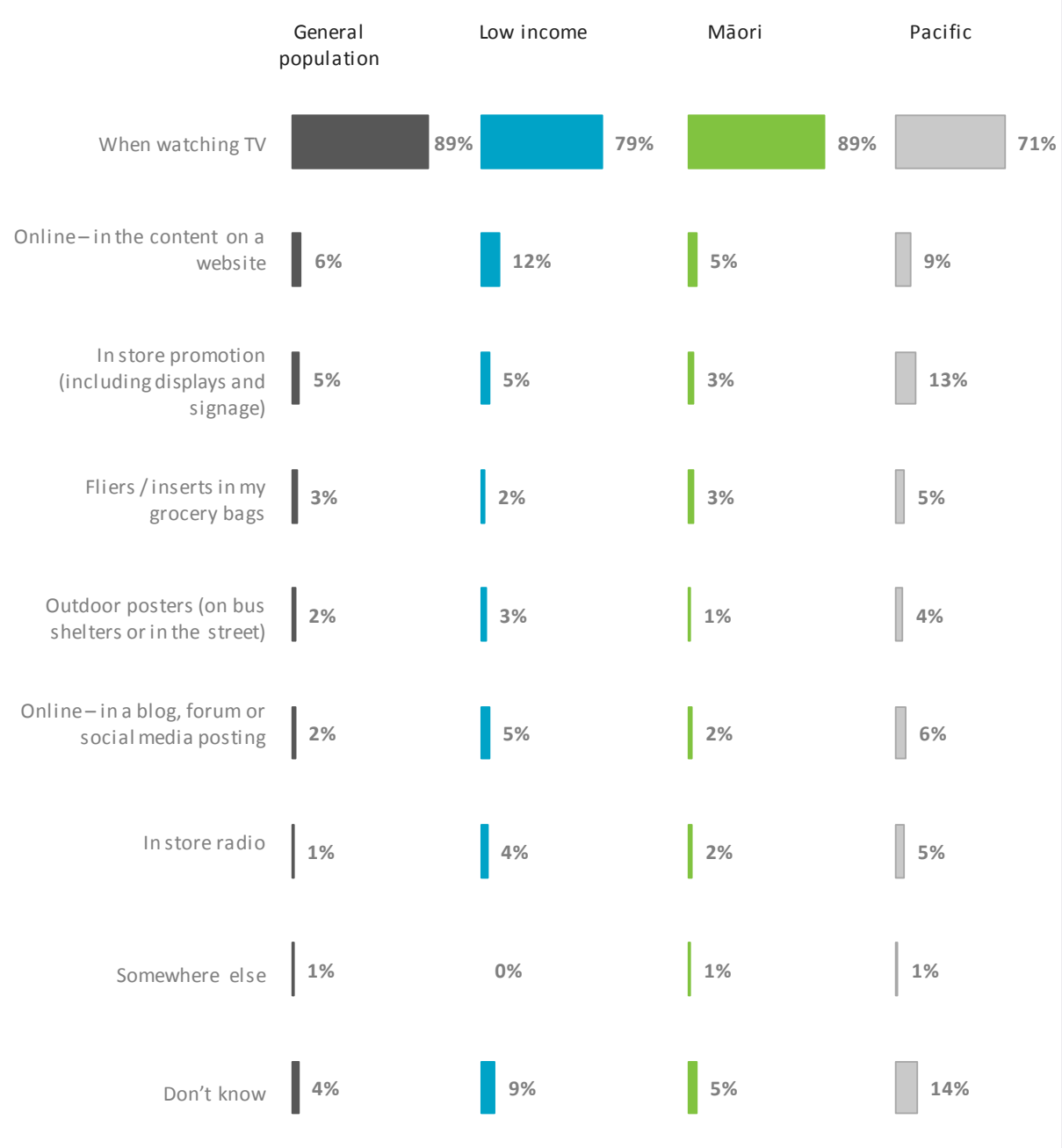
Base: All Respondents (General population: 2018 n=1037. Low income with children under 14 years: 2018 n=316. Māori with children under 14 years: 2018 n=301. Pacific with children under 14 years: 2018 n=307)
Source: Q6b

[6] This norm is based on the average recognition figure from 11 other New Zealand advertising studies Colmar Brunton has conducted where respondents were shown an image of an outdoor advertisement e.g. a billboard or bus shelter advertising etc., and asked if they recognise it.

Source of advertising recognition

Respondents were asked where they recalled seeing the advertisements in the campaign (either the television commercial or the adshels). Shoppers (across all groups) who recognise the campaign advertising are most likely to say they have seen it when watching television, a finding that is unsurprising given the higher recognition of the television commercial. Shoppers claim to have seen the ads in places which were not part of the campaign. This could represent confusion in terms of where shoppers have seen the HSR more generally, or just wider confusion, or a lack of accurate recall[7].

Where did you see the ads that have just been shown (the video and still images)?



Base: Those who have seen the advertising (General population: 2018 n=485. Low income with children under 14 years: 2018 n=157. Māori with children under 14 years: 2018 n=152. Pacific with children under 14 years: 2018 n=211)
Source: Q6c

[7] The phenomenon of 'ghost awareness' is something that is commonly observed in campaign research.

Key campaign advertising messages

All respondents were asked to describe what they thought the campaign advertising was trying to tell them. Their responses indicate that the majority of consumers broadly understand the key messaging about the HSR. When interpreting these responses, it is important to acknowledge that survey respondents had already completed questions on the HSR which may have primed their understanding of campaign messaging.

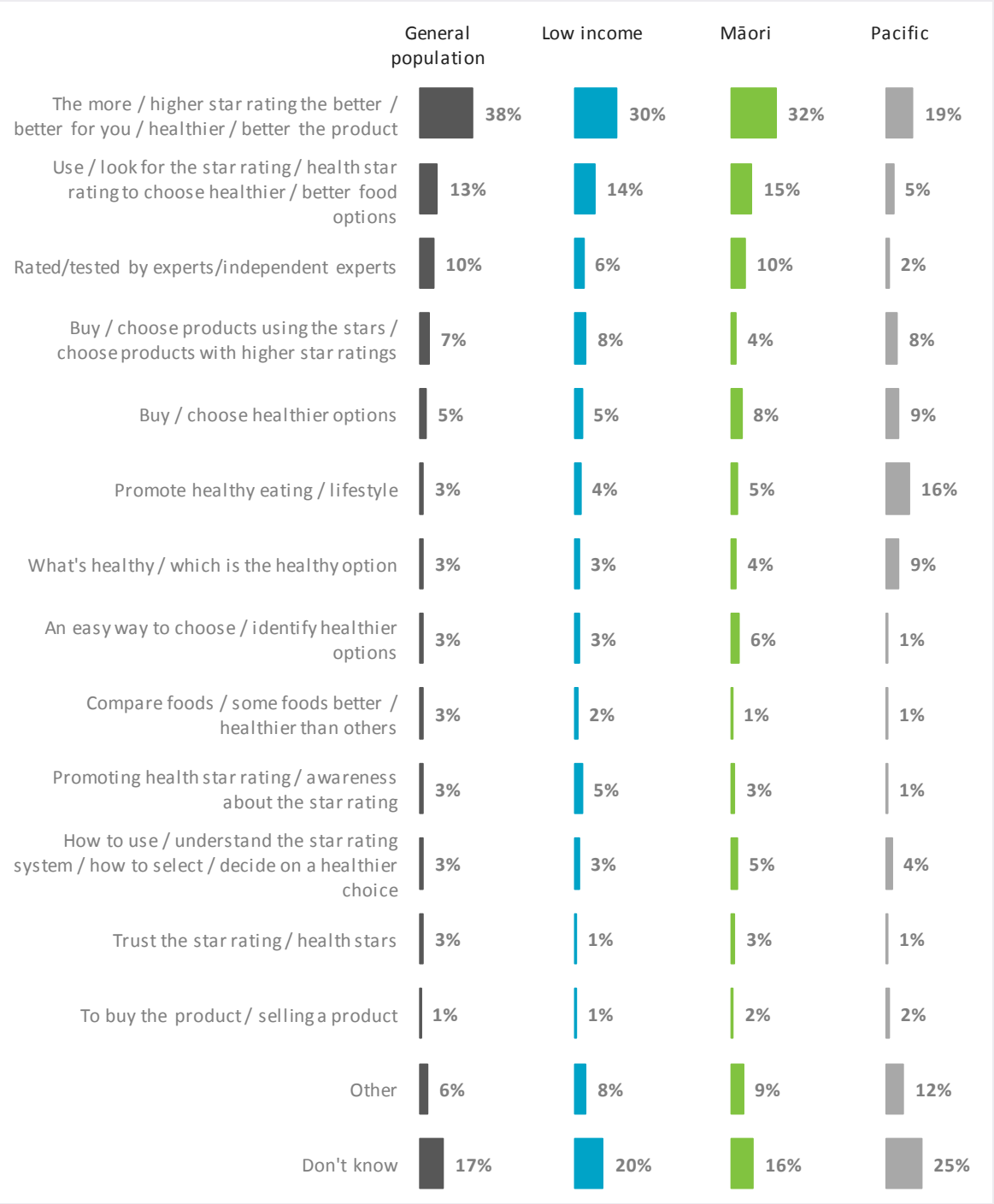
It is also important to acknowledge that just below one-quarter of respondents (ranging from 16% to 26% across all groups) do not know what the key messages are from the advertising.

Those who could identify key messages most commonly say it is around using the HSR to identify healthier products. This is mentioned by almost four in ten shoppers in the general population (38%), as well as three in ten low income (30%) and Māori (32%) shoppers.

Pacific shoppers (19%) are less likely to identify this message than the other groups. Pacific shoppers are more likely to say the advertising is promoting the concept of a healthy lifestyle or telling them to buy / choose healthier options (16%). In other words, they identify some of the consequences which they think the advertising is pointing towards, rather than the key HSR-specific messages themselves.

Ten percent of shoppers in the general population identified that the HSR is rated/tested by experts, something that is consistent with Māori shoppers. Low income (6%) and Pacific shoppers (2%) are less likely to identify this message.

What do you think these ads are trying to tell you? What is the message?



Base: All Respondents (General population: 2018 n=1037. Low income with children under 14 years: 2018 n=316. Māori with children under 14 years: 2018 n=301. Pacific with children under 14 years: 2018 n=307)
Source: Q6e

Perceptions of the HSR advertising

Perceptions of both the television commercial and adshels

Shoppers were asked about their perceptions of both the television commercial and adshels (see chart below).

The majority (73%) of shoppers in the general population agree that the advertising is easy to understand. Pacific shoppers (23%) are more likely than the general population (7%) to disagree with this statement.

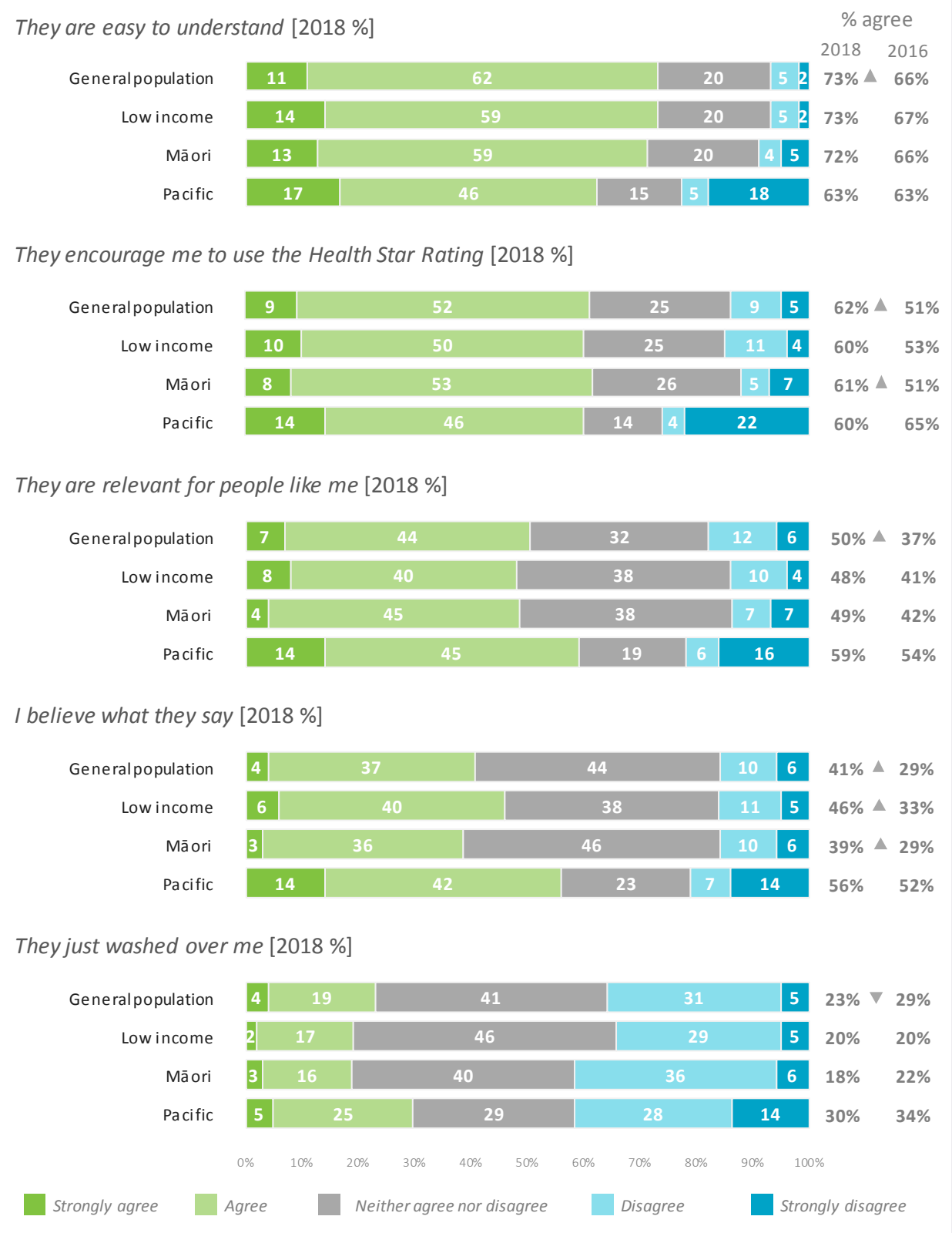
There is evidence that the advertising encourages shoppers to use the HSR. Around two-thirds of the general population (62%), low income shoppers (60%), Māori shoppers (61%) and Pacific shoppers (65%) agree it encourages them to do so.

Only half of shoppers perceive the advertising as being relevant to them. In the general population 50% agree the advertising is relevant to them. This represents an increased from 37% in 2016. Perceptions of relevance amongst the general population are consistent with both low income (48%) and Māori shoppers (49%). This then increases to 59% of Pacific shoppers.

Relative to understanding the advertising, a lower proportion of shoppers believe what the advertising says: 41% of the general population, 46% of low income shoppers and 39% of Māori shoppers agree that they believe what the advertising says. The advertising has greater credibility amongst Pacific shoppers; 56% agree they believe what it says. That said, the 2018 ads perform better amongst general population shoppers, than the 2016 ads. Low income and Māori shoppers are also more likely to feel they are credible. This could reflect the reference to experts within the 2018 ads.

Finally, between 18% and 30% of shoppers across the different groups agree the advertising 'washes over' them. For the general population, this was a significant decrease from 2016 again suggesting that the 2018 ads helped to reinforce some degree of personal relevance for shoppers.

To what extent do you agree or disagree with the following statements about the ads …



Base: All Respondents (General population: 2018 n=1037. Low income with children under 14: 2018 n=316. Māori with children under 14: 2018 n=301. Pacific with children under 14: 2018 n=307)
Source: Q6f
Note: ▲ significantly higher than 2016 ▼ significantly lower than 2016

Potential impact of the HSR advertising campaign on behaviours

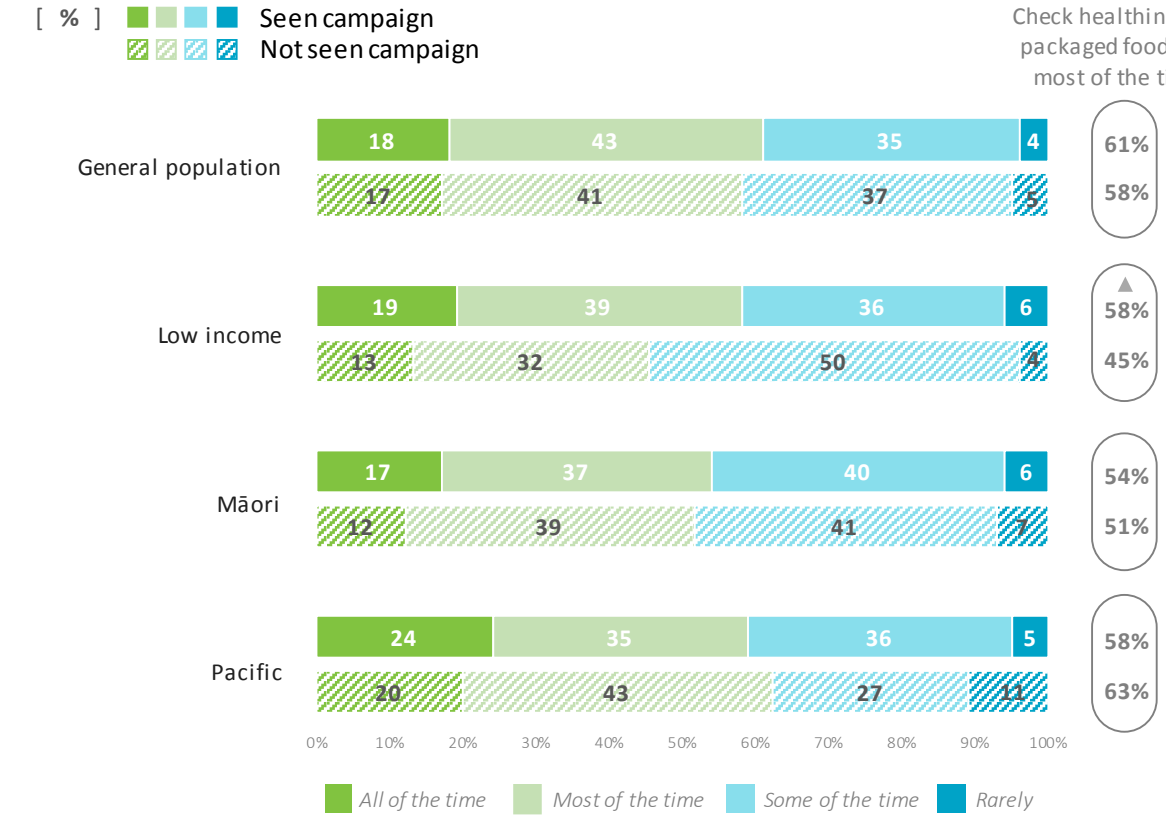
This section explores the potential impact the HSR advertising campaign has had on the frequency with which shoppers check how healthy packaged foods are, and their use of the HSR system.

The impact of the HSR campaign on the frequency with which shoppers check food

Amongst low income shoppers, those who have seen the campaign advertising are more likely to check whether packaged food is healthy compared with those who have not seen the campaign (see chart overleaf). The proportion of low income shoppers who check the healthiness of their food products overall on a regular basis has remained consistent since 2015 (41% in 2015 and 42% in 2018). One possible interpretation of these results is that the campaign is helping to reinforce and support this behaviour, rather than increase the overall proportion of low income shoppers undertaking this behaviour.

Amongst the remaining groups there is no significant difference between shoppers who have seen the campaign advertising and those who have not seen the advertising. At the same time the campaign has supported increased use of the HSR (see page 33). This leads us to conclude that the HSR, and the campaign is supporting shoppers to make more informed and healthier choices, as opposed to increasing the frequency with which they check the healthiness of packaged food.

How often do you check how healthy they [packaged food products] are?



Base: Shoppers who read food health information (General population: 2018 seen campaign n=412; not seen campaign n=439. Low income with children under 14 years: 2018 seen campaign n=130; not seen campaign n=118. Māori with children under 14 years: 2018 seen campaign n=100; not seen campaign n=106. Pacific with children under 14 years: 2018 seen campaign n=148; not seen campaign n=45)
Source: Q1c, Q6a, Q6b
Note: ▲ 2018 significantly higher than not seen campaign ▼2018 significantly lower than not seen campaign

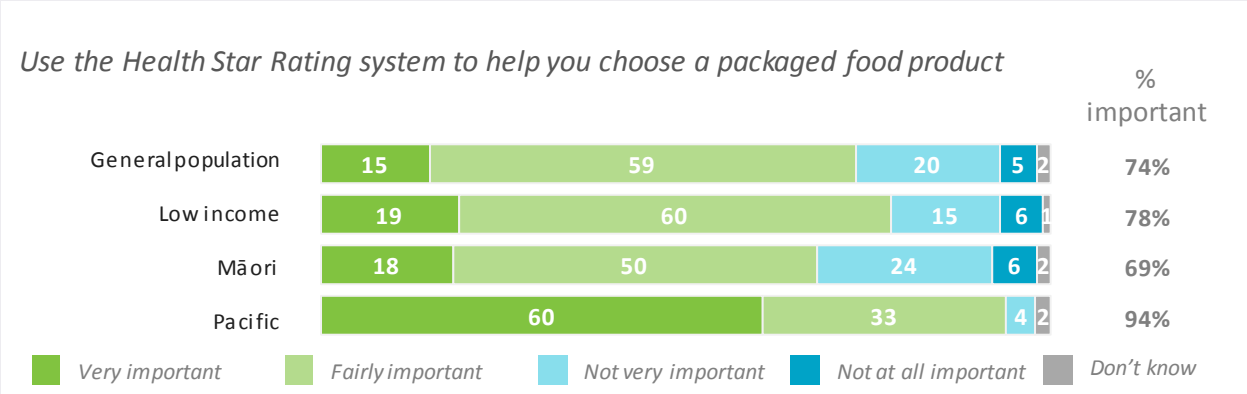
Prompted measure of the HSR campaign's influence on shoppers using the HSR

As outlined in earlier sections, overall usage of the HSR has increased favourably, particularly for those who have seen the campaign. Those, shoppers who had seen the HSR campaign advertising, and said they had used the HSR to help them choose a packaged product before, were asked about the importance of the advertising in encouraging their use of the HSR. As depicted in the chart below, three quarters (74%) of shoppers in the general population who have used the HSR to help choose packaged food products, say the advertising has been important in encouraging them to do so.

The majority of low income, Māori and Pacific shoppers also say the advertising has been important in influencing their use of the HSR when choosing packaged food products (78%, 69% and 94% respectively). Pacific shoppers in particular, are likely to find the advertising very important.

One interpretation of these findings is that the HSR is replacing more complicated ways of checking for healthy foods. This interpretation is supported by findings that show consumers feel the HSR is easy to find on packaging and easy to understand.

How important or not has the advertising been in encouraging you to…



Base: Those who have seen the ads and have used the HSR to help them choose a product (General population: 2018 n=189. Low income with children under 14 years: 2018 n=76. Māori with children under 14 years: 2018 n=56. Pacific with children under 14 years: 2018 n=96)
Source: Q7

APPENDICES

Sample profiles

The table below displays the sample profile for each group. These profiles are weighted.

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
S1 – Gender												
Male	46	45	45	38	38	38	28	29	29	21	21	21
Female	54	55	55	62	62	62	72	71	71	79	79	79
S2 – Age												
18-29	13	15	15	20	17	**36**	18	15	18	30	32	32
30-49	43	41	41	71	75	59	67	66	68	55	57	56
50-69	31	31	31	9	8	5	15	18	14	15	11	12
70+	13	13	13	0	0	0	1	0	0	0	0	1
S3 – Ethnicity												
New Zealand European	75	75	72	77	74	**67**	49	36	33	3	3	4
New Zealand Māori	12	12	12	18	9	12	100	100	100	7	8	8
Samoan	3	2	2	4	2	4	1	3	1	54	53	**42**
Cook Island Māori	1	1	0	2	1	2	1	1	0	29	31	**40**
Tongan	0	0	0	1	2	1	0	1	0	14	16	16
Niuean	0	1	1	0	2	0	0	0	0	6	3	6
Another Pacific Island group	0	1	1	1	2	2	0	1	1	2	2	2
Chinese	5	5	5	3	3	5	1	0	0	1	1	0
Indian	4	4	4	2	7	6	0	0	1	0	0	0
Another Asian group	3	3	3	3	4	4	0	1	0	0	0	0
Another European group	4	3	4	5	4	4	3	1	1	1	1	1
Another ethnic group	2	3	3	1	4	2	0	0	0	1	0	0
Don't know	0	1	0	0	0	0	0	0	0	0	0	0
S5 – Number of people in household												
One	14	12	14	0	0	0	0	0	0	0	0	0
Two	45	47	45	24	24	24	4	9	6	5	3	4
Three	15	18	17	16	16	**25**	24	22	21	14	12	11
Four	16	13	14	37	37	28	29	26	27	16	16	17
Five	7	6	7	14	15	15	26	25	18	23	22	23
Six or more	3	4	3	10	8	8	17	19	**29**	43	47	44
S5a – Children under 14 in household												
Yes	30	29	27	100	100	100	100	100	100	100	100	100
No	70	71	73	0	0	0	0	0	0	0	0	0

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

	General Population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
S6 – Annual household income												
$20,000 or Less	5	3	5	9	8	14	6	11	8	32	33	**41**
$20,001 - $30,000	12	10	12	20	13	15	17	12	15	21	17	21
$30,001 - $50,000	20	23	20	40	45	49	18	18	18	22	23	**13**
$50,001 - $70,000	15	20	14	32	34	**22**	17	17	17	11	12	10
$70,001 - $100,000	21	19	**16**	0	0	0	20	20	20	9	8	7
$100,001 - $150,000	18	15	20	0	0	0	15	17	16	4	3	6
$150,001 or More	8	9	**13**	0	0	0	7	6	6	2	3	2
S4 - Who generally makes the food shopping decisions in your household?												
I make most of these decisions myself	57	58	55	68	72	74	67	64	60	52	57	**61**
I make these decisions together with someone else	43	42	45	32	28	26	33	36	40	48	43	**39**
Someone else makes most of these decisions	0	0	0	0	0	0	0	0	0	0	0	0
D2 - Which of the following best describes your household?												
Single, living alone	14	11	15	0	3	0	0	2	0	0	1	0
Single, living with a child or children	6	6	5	35	27	30	16	18	23	24	25	30
Single, with a child or children living away from home	0	1	0	1	0	1	0	1	1	4	3	2
Couple, without children	29	34	31	0	2	2	0	1	2	0	3	2
Couple, living with a child or children	28	29	26	54	62	60	69	64	64	48	55	49
Couple, with a child or children living away from home	10	9	8	3	2	1	4	1	1	7	3	3
Group flatting	6	5	8	2	1	3	2	1	1	1	2	2
Another type of household	6	5	7	4	3	2	8	11	9	13	8	11
Don't know	1	0	0	1	0	0	0	1	0	4	2	2
D3 - What ages are the children that live with you?												
Pre-school age (0 to 4 years)	37	37	42	40	45	**51**	47	44	49	47	43	47
Primary school age (5 to 12 years)	52	48	48	68	63	60	70	69	78	70	71	70
Early secondary school age (13 to 14 years)	16	15	13	18	17	14	25	26	27	23	24	25
Late secondary school age (15 to 18 years)	19	20	15	14	14	9	21	20	22	14	19	16
Over 18 years of age	13	20	16	8	6	4	12	11	13	10	11	8

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
D4 - In which one of the following regions do you live?												
Northland Region	3	4	4	4	7	3	8	8	7	1	5	1
Auckland Region (includes the area from the Bombay Hills up to Wellsford)	31	29	30	29	26	23	24	24	24	94	90	97
Waikato Region	9	9	10	9	13	15	13	16	14	2	1	1
Bay of Plenty Region	7	7	7	8	7	12	13	7	12	0	0	0
Gisborne Region	2	0	1	2	0	2	1	4	2	0	0	0
Hawke's Bay Region	3	4	4	4	6	3	4	5	7	0	0	0
Taranaki Region	2	3	3	5	1	5	2	2	3	0	0	0
Manawatu-Wanganui Region	6	6	7	5	7	5	3	8	6	0	0	0
Wellington Region (includes Kāpiti and the Wairarapa)	13	12	11	9	8	10	17	11	10	1	0	0
Tasman Region	1	1	1	2	0	1	1	1	1	0	0	0
Nelson Region	2	2	1	3	2	1	1	0	1	0	0	0
Marlborough Region	2	0	1	1	1	1	1	1	1	0	0	0
West Coast Region	1	1	1	1	2	1	0	1	0	0	0	0
Canterbury Region	11	13	12	11	11	15	7	8	6	0	0	0
Otago Region	5	5	5	6	5	3	3	3	3	0	0	0
Southland Region	2	3	2	2	2	1	1	1	2	0	1	0
Area outside these regions	0	0	0	0	0	0	0	0	0	1	0	0
Don't know	0	0	0	0	0	0	0	0	0	1	2	0

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

Q3g/f – Prompted understanding of the HSR

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Q3g/f - When comparing two similar products (for example, two different breakfast cereals), the product with more stars is generally the healthier option												
True (Correct)	67	67	68	66	68	69	62	68	65	72	70	71
False	11	12	11	16	19	15	13	13	18	9	8	11
Don't know	22	21	21	18	14	16	25	19	17	19	22	18
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
Q3g - If a product has 5 stars, you can eat as much of it as you want												
True	7	7	7	18	13	10	10	14	11	39	44	36
False (Correct)	79	79	81	72	74	70	71	73	70	38	36	43
Don't know	14	14	12	10	13	20	19	14	19	23	20	21
Base (n)	*401*	*656*	*798*	*131*	*236*	*261*	*107*	*220*	*260*	*201*	*220*	*236*
Q3g - All packaged foods are required to have a Health Star Rating												
True	13	10	12	18	15	22	16	16	12	50	60	52
False (Correct)	34	49	38	38	43	39	27	40	**45**	15	19	22
Don't know	52	41	50	44	42	39	57	44	43	35	21	**26**
Base (n)	*401*	*656*	*798*	*131*	*236*	*261*	*107*	*220*	*260*	*201*	*220*	*236*
Q3g - The Health Star Rating system was developed by food experts												
True (Correct)	32	33	32	33	30	39	21	38	32	54	62	60
False	6	13	9	14	17	10	7	9	8	5	6	7
Don't know	62	54	59	53	54	51	72	54	60	41	32	33
Base (n)	*401*	*656*	*798*	*131*	*236*	*261*	*107*	*220*	*260*	*201*	*220*	*236*
Q3g - The Health Star Rating system is backed by the government												
True (Correct)	23	31	29	32	34	34	26	30	27	39	43	41
False	7	10	8	11	11	12	10	10	9	6	16	**12**
Don't know	70	59	64	56	56	54	63	59	65	55	40	47
Base (n)	*401*	*656*	*798*	*131*	*236*	*261*	*107*	*220*	*260*	*201*	*220*	*236*

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

Q3c – Ability to use the HSR to compare products

		General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
		2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Q3c - Can the Health Star Rating be used to decide which of these is healthier?													
	Yes (Correct)	80	78	81	82	76	83	75	74	77	80	83	79
	No	10	12	10	8	13	6	10	13	10	7	4	6
	Don't know	10	9	9	10	11	11	15	14	13	13	13	15
	Base (n)	*1067*	*518*	*521*	*324*	*156*	*160*	*300*	*156*	*156*	*311*	*145*	*147*
	Yes (Correct)	79	77	**68**	80	66	72	77	79	84	81	80	79
	No	11	14	**17**	11	25	19	12	11	5	4	6	5
	Don't know	10	9	**15**	9	9	8	11	10	11	15	14	16
	Base (n)	*1067*	*527*	*516*	*324*	*153*	*156*	*300*	*154*	*145*	*311*	*158*	*160*
	No (Correct)	30	33	33	30	38	27	27	24	22	10	12	11
	Yes	57	56	52	54	52	64	58	62	68	74	73	74
	Don't know	14	11	15	17	10	9	15	14	10	16	15	15
	Base (n)	*1067*	*527*	*516*	*324*	*153*	*156*	*300*	*154*	*145*	*311*	*158*	*160*
	No (Correct)	27	36	**33**	24	38	27	26	22	27	7	6	10
	Yes	59	51	**52**	62	50	59	54	62	56	77	77	79
	Don't know	14	13	15	14	12	14	20	16	17	16	17	11
	Base (n)	*1067*	*518*	*521*	*324*	*156*	*160*	*300*	*156*	*156*	*311*	*145*	*147*

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

Q3d – Ability to use the HSR to select the healthier option

			General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
			2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Q3d - Please click the product you think is the healthier option.														
A* 	B* 	Product B (Correct)	N/A	74	73	N/A	70	74	N/A	71	75	N/A	50	**62**
		Product A	N/A	2	3	N/A	1	1	N/A	5	2	N/A	10	8
		They are about equally healthy	N/A	8	9	N/A	8	14	N/A	8	8	N/A	18	18
		Don't know	N/A	16	15	N/A	20	11	N/A	16	14	N/A	22	**13**
		Base (n)	*N/A*	*527*	*524*	*N/A*	*168*	*163*	*N/A*	*160*	*169*	*N/A*	*151*	*159*
A 	B 	They are about equally healthy – (Correct)	64	64	66	63	64	71	63	65	53	57	55	61
		Product B	15	20	15	15	8	17	13	19	**22**	24	27	21
		Product A	1	1	2	1	1	0	0	1	5	5	5	3
		Don't know	20	15	18	21	27	12	24	15	20	14	14	14
		Base (n)	*1067*	*548*	*529*	*324*	*165*	*155*	*300*	*160*	*134*	*311*	*159*	*161*
A 	B 	Product B – (Correct)	59	67	**71**	62	64	67	63	71	**75**	49	46	56
		They are about equally healthy	12	13	13	10	19	12	8	10	11	20	24	18
		Product A	2	3	2	5	1	0	3	3	0	13	9	8
		Don't know	26	17	**14**	23	16	20	27	16	**14**	19	22	18
		Base (n)	*1067*	*496*	*498*	*324*	*136*	*157*	*300*	*149*	*146*	*311*	*147*	*147*
A 	B 	Product A – (Correct)	49	53	**61**	50	52	59	54	66	**67**	47	51	45
		Product B	4	7	6	5	6	3	4	3	5	10	6	14
		They are about equally healthy	13	17	11	9	23	**19**	9	12	**18**	20	28	22
		Don't know	34	23	**22**	36	20	**18**	33	19	**10**	24	16	19
		Base (n)	*1067*	*519*	*523*	*324*	*149*	*157*	*300*	*151*	*153*	*311*	*149*	*147*

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015. *2015 survey data for the first scenario (two juices) is unavailable; comparison is therefore made to the 2016 data.

Q3e – Perceptions of the HSR

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
Q3e - It is easy to understand												
Strongly agree	20	20	19	19	15	**28**	18	27	23	50	52	47
Somewhat agree	38	41	**45**	36	39	41	41	37	40	29	28	28
Neither agree nor disagree	17	18	15	19	25	17	16	18	16	10	7	10
Somewhat disagree	13	13	13	11	14	11	14	10	12	5	4	4
Strongly disagree	9	6	**6**	9	6	**2**	7	5	6	2	4	4
Don't know	3	2	3	6	1	**1**	5	4	3	4	5	6
Q3e - I trust the Health Star Rating												
Strongly agree	9	8	9	8	8	14	8	10	**13**	49	45	42
Somewhat agree	31	31	31	27	28	29	22	26	26	24	27	28
Neither agree nor disagree	28	32	31	28	33	31	38	35	36	15	15	14
Somewhat disagree	14	15	12	15	13	16	13	14	10	4	2	5
Strongly disagree	9	9	10	13	14	8	9	10	7	2	3	3
Don't know	9	6	7	10	5	**2**	11	6	8	7	8	8
Q3e - It can help me make food shopping decisions for me or my family												
Strongly agree	14	14	13	14	14	19	16	15	19	53	52	**44**
Somewhat agree	45	46	46	39	39	41	34	39	40	32	28	32
Neither agree nor disagree	17	22	19	18	22	22	28	24	22	7	9	**13**
Somewhat disagree	10	9	10	9	9	10	9	10	7	3	1	2
Strongly disagree	9	8	8	13	12	7	8	7	8	1	5	**3**
Don't know	5	2	3	7	4	**1**	5	5	5	5	5	6
Q3e - It's just something companies use to sell more products												
Strongly agree	10	11	11	12	10	9	14	15	13	29	33	29
Somewhat agree	35	34	33	28	39	31	34	37	34	27	29	30
Neither agree nor disagree	28	31	29	32	33	35	28	27	25	16	17	15
Somewhat disagree	12	14	16	16	12	15	10	12	13	5	5	7
Strongly disagree	6	6	5	3	3	5	5	3	6	8	6	4
Don't know	8	5	7	9	3	5	7	6	8	14	10	14
Q3e - It's made for people like me												
Strongly agree	12	11	10	10	13	12	9	12	10	45	42	41
Somewhat agree	31	30	33	27	31	29	28	28	35	29	28	25
Neither agree nor disagree	27	32	28	30	29	36	35	34	33	13	16	**19**
Somewhat disagree	12	12	12	13	12	12	12	12	7	4	3	4
Strongly disagree	11	11	11	12	13	9	9	7	8	3	4	4
Don't know	7	4	6	7	2	**2**	7	7	7	8	8	8

Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

	General population %			Low income with children under 14 %			Māori with children under 14 %			Pacific with children under 14 %		
	2015	2016	2018	2015	2016	2018	2015	2016	2018	2015	2016	2018
Base (n)	*1067*	*1045*	*1037*	*324*	*309*	*316*	*300*	*310*	*301*	*311*	*303*	*307*
Q3e - It makes it easier to decide which packaged foods are healthier												
Strongly agree	16	15	14	15	16	24	16	21	21	55	54	46
Somewhat agree	44	48	46	36	42	41	44	36	39	27	24	30
Neither agree nor disagree	17	18	19	19	22	18	19	22	22	8	9	11
Somewhat disagree	11	10	9	11	10	10	10	10	7	3	2	3
Strongly disagree	8	6	8	11	9	6	6	6	5	2	4	3
Don't know	5	2	3	8	1	1	5	4	6	5	7	7

HSR MONITOR 2018
109400590

Introductory email invitation for panellists

SUBJECT LINE: Survey about food choices

Hi **[INSERT FIRST NAME]**

Today we'd like to invite you to take part in a study about food shopping.

If you qualify and complete this survey you'll collect **10 Fly Buys Points!** These points will show up on your Fly Buys account approximately 14 days after the survey close date.

It should take about **15 minutes to complete this survey**, depending on your answers.

So that your views can be included we need you to finish the survey by **Sunday 11 March**. This survey may close earlier if our target number has been reached.

Your answers are **completely confidential**. Your views will be grouped with those of others so that individual people and their answers cannot be identified.

To start, just click on the 'take survey' button above. If you need to, you can stop the survey at any time on the way through and return to the same point at a later date.

Thanks in advance for your time and your views!
Colmar Brunton

PS. If there are other Fly Buys cardholders in your household who would like to register to collect Fly Buys Points with Colmar Brunton, just click here.

If you would like to contact us about this survey, simply reply to this email or alternatively email us at survey@colmarbrunton.co.nz

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Please click here if you don't want to receive any more emails about this particular survey.
Please click here if you no longer wish to collect Fly Buys Points via Colmar Brunton online surveys.

Screening questions

Thanks for agreeing to do today's survey. Firstly we have a few questions to ensure we're surveying a wide range of people.

DP: IF QUOTA FULL OR INELIGIBLE CLOSE AFTER S6.

S1 Are you...?
Please select one only.

Male	1
Female	2

S2 Which of the following age groups are you in?
Please select one only.

18 - 19	1
20 - 24	2
25 - 29	3
30 - 34	4
35 - 39	5
40 - 44	6
45 - 49	7
50 - 54	8
55 - 59	9
60 - 64	11
65 - 69	12
70 - 74	13
75 Plus	14

S3 Which of these ethnic groups best describe you? You can choose more than one.
Please select all that apply.

New Zealand European	1
New Zealand Māori	2
Samoan	3
Cook Island Māori	4
Tongan	5
Niuean	6
Another Pacific Island group (please tell us)	7
Chinese	8
Indian	9
Another Asian group (please tell us)	10
Another European group (please tell us)	11
Another ethnic group (please tell us)	12
Don't know	13

S5a Including yourself, how many people usually live in your household?
Please select one only

One	1
Two	2
Three	3
Four	4
Five	5
Six or more	6

S5b Do any children aged **13 years or under** usually live in your household?
Please select one only.

Yes	1
No	2

S6 This question just helps to ensure we survey a wide range of people.

Which of the following **best describes** your annual **household** income, before tax?

Please consider all sources of income including any salary or wages, self-employed income, child support payments, money from the Government, and investments, etc.

If you're unsure, your best estimate is fine.
Please select one only.

$20,000 or Less	1
$20,001-$30,000	2
$30,001-$50,000	3
$50,001-$70,000	4
$70,001-$100,000	5
$100,001-$150,000	6
$150,001 or More	7

D4 In which one of the following regions do you live?
Please select one only.

Northland Region	1
Auckland Region (includes the area from the Bombay Hills up to Wellsford)	2
Waikato Region	3
Bay of Plenty Region	4
Gisborne Region	5
Hawke's Bay Region	6
Taranaki Region	7
Manawatu-Wanganui Region	8
Wellington Region (includes Kapiti and the Wairarapa)	9
Tasman Region	10
Nelson Region	11
Marlborough Region	12
West Coast Region	13
Canterbury Region	14
Otago Region	15
Southland Region	16
Area outside these regions	17
Don't know	18

S4 Who generally makes the food shopping decisions in your household?
Please select one only.

I make most of these decisions myself	1
I make these decisions together with someone else	2
Someone else makes most of these decisions	3

CHECK QUOTAS AND ELIGIBILITY. ONLY THOSE WHO CODE 1 OR 2 AT S4 ARE ELGIBLE. IF NECESSARY, CLOSE WITH: I'm sorry. We have already surveyed a lot of people in a similar group to you. Thank you very much for your interest.

Consideration and behaviour influences

SHOW ALL

These next questions are about packaged foods, which include foods that come in packets, boxes, bottles or cans.

Q1b When choosing packaged foods, have you ever read any of the information on the packaging to see how healthy they are?
Please select one only.

Yes	1	
No	2	**GO TO Q2a**
Don't know	3	**GO TO Q2a**

ASK THOSE WHO HAVE EVER READ FOOD HEALTH INFORMATION (CODE 1 @ Q1B)

Q1c When choosing packaged foods, **how often** do you check how healthy they are?
Please select one only.

REVERSE CODE 1 TO 4 50% OF THE TIME.

Rarely	1
Some of the time	2
Most of the time	3
All of the time	4
Don't know	5

Q1d How **easy or difficult** is it to decide how healthy packaged foods are?
Please select one only.

REVERSE CODE 1 TO 4 50% OF THE TIME.

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
Don't know	5

Q1e Compared to a year ago, do you now check how healthy packaged foods are **more often** or **less often**?
Please select one only.

ROTATE CODES 1 AND 3.

I now check the healthiness **more often than I did a year ago**	1	
No change compared to a year ago	2	**GO TO Q2a**
I now check the healthiness **less often than I did a year ago**	3	**GO TO Q2a**
Don't know	4	**GO TO Q2a**

ASK THOSE WHO CHECK HEALTHINESS MORE OFTEN (CODE 1 @ Q1E)

Q1f For what reasons do you now check the healthiness of packaged foods more often? *Please select all that apply.*

RANDOMISE.

Advertising I have seen, heard or read	1
It's easier to understand health information on the packaging	2
I or someone in my family has had health concerns	3
Friends, family or health professionals have encouraged me to choose healthier products	4
My children have brought information home from school	5
My family is trying to eat healthier	6
Something else (please tell us)	7
Don't know	8

Awareness of the HSR

ASK ALL

Q2a Other than brand names, can you think of anything shown on food packages that can help you decide how healthy something is?
Please describe in the box below.

INCLUDE DON'T KNOW TICK BOX.

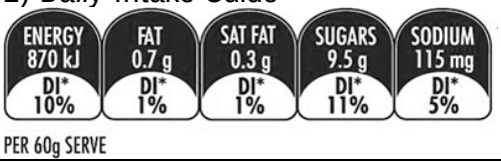
DISPLAY Q2A(ii) UNLESS 'DON'T KNOW' TICKED AT Q2A(i)

Q2a(ii) Is there anything else you can think of that is shown on food packages to help you decide how healthy they are?
Please describe in the box below.

INCLUDE DON'T KNOW TICK BOX.

Q2b Have you seen or heard about the following food package labels?
Please select one only.

SHOW EACH ON A SEPARATE SCREEEN. RANDOMISE 2 TO 4. DISPLAY BOTH NAME AND IMAGE.

	Yes	No
2) Daily Intake Guide 	1	2
3) Nutrition Information Panel 	1	2

4) Heart Foundation Tick 	1	2
DISPLAY LAST 1) Health Star Rating 	1	2

ASK Q2C IF CODE 1 AT Q2B(1). OTHERWISE GO TO TEXT BEFORE Q3B.

Q2c Now a few more questions about the Health Star Rating.

Where have you seen, heard or read something about the Health Star Rating? If you can't remember, you can click 'don't know'.
Please select all that apply.

RANDOMISE BLOCKS A TO I, AND WITHIN BLOCKS A TO I.

		Yes
A	On food packaging	1
A	In store promotion (including displays and signage)	2
A	In store radio	16
A	Grocery store catalogue	3
A	Fliers / inserts in my grocery bags	17
B	Through friends, family or colleagues	4
C	Online – in a blog, forum or social media posting	5
C	Online – in the content on a website	6
C	Online advertisements or web banners	7
D	TV news or current affairs programmes	8
D	TV advertisements	9
D	Cinema advertisement	18
E	Newspaper or magazine articles	10
E	Newspaper or magazines advertisements	11
F	Outdoor posters (on bus shelters or in the street)	12
G	Radio	13
I	Email	19
H	Somewhere else (please tell us)	14
H	Don't know	15

Understanding, perceptions, and correct use of the HSR

ASK Q3A IF CODE 1 AT Q2B(1).

Q3a How much, if anything, do you know about the Health Star Rating?
Please select one only.

REVERSE CODE 1 TO 4 50% OF THE TIME.

I know a lot about it	1
I know a fair amount about it	2
I know a little bit about it	3
I have seen or heard of it, but don't know anything about it	4

SHOW TO THOSE WHO CODE 2 AT Q2B(1)

The rest of the survey has a number of questions about the Health Star Rating. We understand you have not seen it before but we would like to show you some examples to find out what you think of it.

ASK ALL

Q3b Below are images of the Health Star Rating. The next screen shows where you might find them on a package.
DISPLAY HSR IMAGES ON FIRST SCREEN.

Next screen: Here is where you might find the Heath Star Rating on a package.
DISPLAY IN-SITU IMAGE ON SECOND SCREEN. **INCLUDE DON'T KNOW TICK BOX.**

How could you use the Health Star Rating when choosing food products? If you're unsure, you can click 'don't know'.

Please describe in the box below.

Now we'll show you examples of packaged foods with the Health Star Rating.

For each pair of products, please tell us whether you think the Health Star Rating **can be used** to decide which is healthier.

Don't worry if you are not sure; you can select 'Don't know'.

ASK ALL

Q3c Can the Health Star Rating **be used** to decide which of these is healthier?
If you are not sure please select 'Don't know'.

IMAGES OF PAIRS OF PRODUCTS TO BE SHOWN.

Yes, the Health Star Rating **can** be used to decide which of these products is the healthier option	1
No, the Health Star Rating **cannot** be used to decide which of these products is the healthier option	2
Don't know	3

50% OF RESPONDENTS TO BE SHOWN PRODUCT COMBINATIONS 1 AND 2
50% OF RESPONDENTS TO BE SHOWN PRODUCT COMBINATIONS 3 AND 4
RANDOMISE ORDER IN WHICH COMBINATIONS ARE SHOWN.

Product combination	A	B
1	Cereal – 2 stars (stars only) 	Cereal – 3.5 stars (stars only) 
2	Baked Beans – 2 stars (stars only) 	Cereal – 3.5 stars (stars only) 
3	Yoghurt – 3 stars (stars and tail) 	Juice – 4 stars (stars and tail) 
4	Bread – 4 stars (stars and tail) 	Bread – 3 stars (stars only) 

SHOW ALL

Now we'll show you some more examples of packaged foods with the Health Star Rating.

For each pair of products, please use the Health Star Rating to decide **which is the healthier option**.

Don't worry if you are not sure; you can select 'Don't know'.

ASK ALL

Q3d Please click the product you think is the healthier option. Then click the 'next' arrow.

If you are not sure please select 'Don't know'.

Please select one only.

IMAGES OF PAIRS OF PRODUCTS TO BE SHOWN

Product A	1
Product B	2
They are about equally healthy	3
Don't know	4

EACH RESPONDENT TO BE SHOWN ONLY TWO COMBINATIONS. THE TWO COMBINATIONS THEY ARE SHOWN SHOULD BE SELECTED AT RANDOM. RANDOMISE 1 TO 4 AND A AND B

Product combination	A	B
1	Juice – 2 stars (stars and tail) 	Juice – 4 stars (stars and tail) 
2	Baked Beans – 4 stars (stars only) 	Baked Beans – 3 stars (stars and tail) 
3	Margarine – 3 stars (stars only) 	Margarine – 4 stars (stars only) 
4	Bread – 3 stars (stars only) 	Bread – 3 stars (stars and tail) 

Q3e How strongly do you agree or disagree with the following statements about the Health Star Rating?
Please select one only.

USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

Strongly agree	1
Somewhat agree	2
Neither agree nor disagree	3
Somewhat disagree	4
Strongly disagree	5
Don't know	6

RANDOMISE STATEMENTS.

It is easy to understand
I trust the Health Star Rating
It can help me make food shopping decisions for me or my family
It's just something companies use to sell more products
It's made for people like me
It makes it easier to decide which packaged foods are healthier
I feel confident using the Health Star Rating to choose packaged foods.
It's easy to find the Health Star Rating on packaged foods.
Packaged foods with the Health Star Rating tend to be more expensive than foods without it.

ASK Q3F IF CODE 2 AT Q2B(1).
Q3f Do you think the following statement is true or false?

If you are unsure, please choose don't know.

When comparing two similar packaged foods (for example, two different breakfast cereals), the product with more stars is generally the healthier option.
Please select one only.

True	1
False	2
Don't know	3

ASK Q3G IF CODE 1 AT Q2B(1).

Q3g Please tell us whether you think each statement is true or false. If you're not sure, please choose don't know.
Please select one only for each.

USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

True	1
False	2
Don't know	3

RANDOMISE STATEMENTS 1-4. STATEMENT 5 SHOULD BE FIXED AT END

1	All packaged foods are required to have a Health Star Rating
2	When comparing two similar products (for example, two different breakfast cereals), the product with more stars is generally the healthier option
3	The Health Star Rating system is backed by the government
4	The Health Star Rating system was developed by food experts.
5	If a product has 5 stars, you can eat as much of it as you want.

Use of the HSR

ASK Q4A IF CODE 1 AT Q2B(1).

Q4a Have you ever **personally** used the Health Star Rating system to help you choose a packaged food product?
Please select one only.

Yes	1	
No	2	**GO TO Q5a**
Don't know	3	**GO TO Q5a**

ASK Q4B IF CODE 1 @ Q4A

Q4b Please think about the last time you used the Health Star Rating system to help you choose a packaged food product. What type of product was this?

Please select all that apply.

Breakfast cereal	1
Nuts	2
Muesli bars	3
Bread	4
Biscuits	5
Yoghurt	6
Snack foods	7
Canned food	8
Confectionary	9
Milk	10
Margarine/butter	11
Meat products	12
Other (please specify)	13
Don't know / can't remember	14

Q4c How did the Health Star Rating help you decide to buy this product?
Please select one only.

It confirmed I should buy my usual product	1
It encouraged me to try a product I don't normally buy	2
It helped me in another way (please tell us)	3

Q4d(i) Did you use the Health Star Rating to compare this product with another one?
Please select one only.

Yes	1	
No	2	**GO TO Q5a**
Can't remember	3	**GO TO Q5a**

ASK Q4D(II) IF CODE 1 @ Q4D(I)

Q4d(ii) What type of product did you compare it to?
Please select one only.

A similar type of product (for example, comparing two or more kinds of breakfast cereals, or two or more kinds of muesli bars)	1
A different type of product (for example, comparing a breakfast cereal with muesli bars)	2
Can't remember	4

ASK Q4E IF CODES 1-2 @ Q4D(II)

Q4e And which product did you choose…
Please select one only.

The one with more stars	1	**GO TO Q5a**
The one with fewer stars	2	
Neither	3	**GO TO Q5a**
I chose more than one product from the ones I compared	4	**GO TO Q5a**
Can't remember	5	**GO TO Q5a**

Q4f What is the main reason you bought the product with fewer stars?
Please select all that apply.

RANDOMISE.

I thought it would taste the best	1
I felt it was the healthier option	2
There wasn't much difference between the star ratings on the products I was considering	3
I always buy that brand	4
I buy what I know my family will eat	5
I didn't believe the Health Star Rating	6
I wasn't sure how to use the Health Star Rating	7
I have specific dietary requirements, and I buy based on those	8
Other nutrition information is more important than the Health Star Rating	9
It was less expensive	12
Another reason (please tell us)	10
Don't know	11

Intended use of the HSR

ASK ALL

Q5a How likely or unlikely are you to use the Health Star Rating the next time you see it on a product you're thinking of buying?
Please select one only.

REVERSE SCALE 50% OF THE TIME.

Very likely	1
Quite likely	2
Neither likely nor unlikely	3
Quite unlikely	4
Very unlikely	5
Don't know	6

ASK Q5B IF CODES 4-5 @ Q5A

Q5b For what reasons would you be unlikely to use the Health Star Rating?
Please select all that apply.

RANDOMISE.

I buy what tastes the best	1
I don't believe the Health Star Rating	2
I usually buy products based on price	3
I buy what I know my family will eat	4
There are not enough products with Health Stars on them, so I cannot compare ratings	5
I'm not sure how to use the Health Star Rating	6
I have specific dietary requirements, and I buy based on those	7
Other nutrition information is more important than the Health Star Rating	8
I'm the best judge of what's healthy for me and my family	9
Another reason (please tell us)	10
Don't know	11

Campaign questions

SHOW ALL

We're now going to show you some recent advertising for the Health Star Rating. Please look at the following then answer the questions.

RANDOMISE ORDER IN WHICH ADVERTS ARE SHOWN

AD1 SHOW TVC AD [https://www.youtube.com/watch?v=QLgpbHi7qzc**]**

Q6a Before today have you seen or heard this advert, or similar versions of it?
Please select one only.

Yes	1
No	2

AD2 SHOW ADSHEL ADVERTS

Q6b Have you seen either of these adverts, or similar versions of them?
Please select one only.

Yes	1
No	2

ASK IF CODE 1 AT Q6A OR Q6B

Q6c Where did you see the ads that have just been shown (the video and still images)?
Please select all that apply.

RANDOMISE BLOCKS A TO F, AND WITHIN BLOCKS A TO F.

A	In store promotion (including displays and signage)	1
A	In store radio	2
A	Fliers / inserts in my grocery bags	4
B	Online – in a blog, forum or social media posting	5
B	Online – in the content on a website	6
B	When watching TV	8
D	Outdoor posters (on bus shelters or in the street)	10
F	Somewhere else (please tell us)	12
F	Don't know	13

Q6e What do you think these ads are trying to tell you? What is the message?
Please describe in the box below.

INCLUDE DON'T KNOW TICK BOX.

Q6f To what extent do you agree or disagree with the following statements about the ads ...

USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5

ROTATE STATEMENTS.

1. They are easy to understand
2. They are relevant for people like me
3. They encourage me to use the Health Star Rating
4. I believe what they say
5. They just washed over me

ASK THOSE WHO DO AT LEAST ONE OF FOLLOWING:

- **CHECK HEALTHINESS OF FOOD MORE OFTEN (CODE 1 @ Q1E)**
- **USED HEALTH STAR RATING (CODE 1 @ Q4A)**

AND SEEN ADVERTISING (CODE 1 AT Q6A OR Q6B)

Q7 Earlier in the survey you said that you ...

- **(IF CODE 1 @ Q1E)** check the healthiness of packaged food more often than you used to 12 months ago
- **(IF CODE 1 @ Q4A)** have used the Health Star Rating system to help you choose a packaged food product

How important or not has the advertising been in encouraging you to:

USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

Very important	1
Fairly important	2
Not very important	3
Not at all important	4
Don't know	5

ROTATE STATEMENTS.

1. ASK IF CODE 1 @ Q1E: check the healthiness of packaged food more often than you used to 12 months ago	1
2. ASK IF CODE 1 @ Q4a: use the Health Star Rating system to help you choose a packaged food product	2

Demographics

Finally we have just a few more background questions.

D2 Which of the following **best describes** your household?
Please select one only.

Single, living alone	1
Single, living with a child or children	2
Single, with a child or children living away from home	3
Couple, without children	4
Couple, living with a child or children	5
Couple, with a child or children living away from home	6
Group flatting	7
Another type of household	8
Don't know	9

ASK IF CODES 2 OR 5 @ D2 OR CODE1 AT S5b

D3 What ages are the children that live with you?
Please select all that apply.

Pre-school age (0 to 4 years)	1
Primary school age (5 to 12 years)	2
Early secondary school age (13 to 14 years)	3
Late secondary school age (15 to 18 years)	4
Over 18 years of age	5

ASK ALL

D4a Now please think about where you do **most** of your supermarket shopping. Do you tend to do it mostly in store or online?
Please select one only.

In store	1
Online	2
Both	3

D4b And which supermarket chain do you visit most regularly, if any?
Please select one only.

RANDOMISE

4 Square	1
Countdown	2
Farro	3
Fresh Choice	4
Moore Wilson's	5
New World	6
Nosh	7
Pak'n Save	8
Raeward Fresh	9
Super Value	10
None of these	11
Can't remember where I shop	12

ASK ALL

D5 Would you like to receive a summary of the results from this survey?

If you say yes, the summary will be available toward the end of the year.
Please select one only.

Yes I'd like to receive a summary of the results	1	
No thanks	2	**CLOSE**

IF PACIFIC INTERCEPT LINK PLEASE SKIP THIS QUESITON

D6 Where would you like us to send the summary?
Please select one only.

To the same email address we sent this survey invitation to	1	**CLOSE**
To another email address	2	

D7 Please type your email **[IF PACIFIC INTERCEPT, INSERT:** or postal**]** address below. It will only be used to send you the results from this survey. Colmar Brunton will not this information for any other purpose.

Please type your email **[IF PACIFIC INTERCEPT, INSERT:** *or postal***]** *address below.*

Close

That's the end of the survey. Thank you for your time today.

INSERT SUBMIT BUTTON

DISPLAY ON FINAL SCREEN: If you have questions about the Health Star Rating or about healthy eating, you can visit.

Health Star Rating:
www.mpi.govt.nz/healthstars

Healthy eating:
http://www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/nutrition