

Health Star Rating Consumer Research and Message Testing

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COMMISSIONING CONTACT'S COMMENTS

This Health Promotion Agency (HPA) commission was managed by Kerri Kruse, Researcher.

The purpose of this research was to help inform the development of a consumer marketing and education campaign to raise awareness, recognition, understanding, and correct use of the Health Star Rating (HSR) system. The HSR is a new voluntary front-of-pack labelling system developed for use in New Zealand and Australia. It takes the guesswork out of reading nutrition labels and allows consumers to make better informed, healthier choices quickly and easily when comparing similar packaged foods. The 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, while the Ministry of Health is funding HPA to develop, implement, and monitor the consumer campaign.

HPA commissioned TNS New Zealand to carry out two phases of qualitative research. The first phase, the findings of which are covered in this report, explores consumers' unprompted and prompted interpretation and understanding of the HSR, barriers and facilitators to using the HSR, and perceptions of draft campaign key messages and calls to action. These findings will be used to develop campaign creative concepts, which will be tested in the second phase of this research.

The key messages and calls to action tested as part of this first phase of research were developed in collaboration with MPI, Ministry of Health, HPA and New Zealand HSR Advisory Group.

REVIEWED INTERNALLY BY

Kerri Kruse, Researcher; Rebecca Whiting, Senior Health Promotion Project Manager; and Sarita Von Afehl, Senior Account Lead.

NOT EXTERNALLY REVIEWED

ACKNOWLEDGEMENTS

HPA would like to thank those respondents who took the time to participate in this research. Their experiences, opinions, and insights will be used to help inform the development of messages that will invite them to use the HSR when choosing packaged foods.

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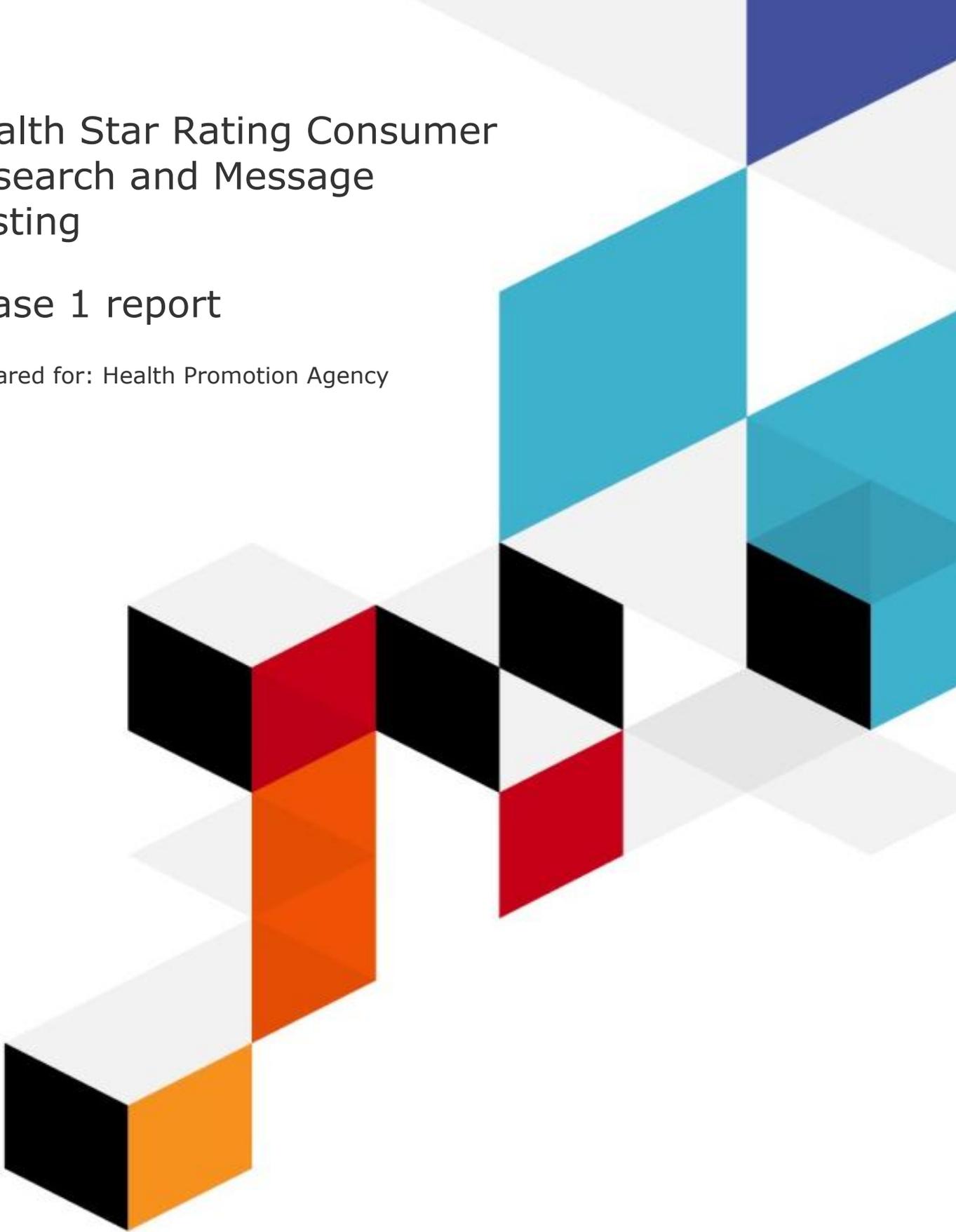
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This research has been carried out by an independent party under contract to HPA. The views, observations and analysis expressed in this report are those of the authors and are not to be attributed to HPA.

Health Star Rating Consumer Research and Message Testing

Phase 1 report

Prepared for: Health Promotion Agency



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1. Background

1.1 Context and objectives of the research

The Health Promotion Agency is working alongside the Ministry for Primary Industries and Ministry of Health to implement a new voluntary front-of-pack food labelling system, the Health Star Rating. The purpose of the Health Star Rating is to help consumers select healthier choices when grocery shopping.

The Health Star Rating system is the same system that has already been implemented in Australia. It is a voluntary system intended for packaged foods only. While some manufacturers are already using the Health Star Rating in New Zealand, it is expected that towards the end of 2015, the number of products displaying the Health Star Rating will have reached a critical mass and some public education around the system will be required. Health Promotion Agency's role in this project is to develop and implement this Health Star Rating consumer marketing and education campaign.

The Health Promotion Agency is therefore undertaking a formative research project to inform the Health Star Rating system's campaign development, messages and promotions. The campaign is to be designed to increase New Zealanders' awareness, recognition and understanding of the Health Star Rating, and also to advise on the correct use of the system.

The project entails two phases of qualitative consumer research and this report covers the first of these phases. The requirements from this phase of the research are to provide insight on consumers' understanding of the Health Star Rating and test draft take-home messages and calls to action of the campaign. Health Promotion Agency will use the findings from this research to develop campaign concepts.

2. Summary and Recommendations

2.1 Summary

2.1.1 Context

Meal times varied across the different cultural groups. Māori and Pacific Islanders tend to have larger household sizes, with more evidence of inter-generational whānau living. The role of food is also more likely to be about bringing people together and demonstrating the value of whānaungatanga (extended family) and manaakitanga (care). Whereas for other ethnicities meals tend to be more immediate family only, with more evidence of feeding children separately or offering different meals depending on taste preferences, allergies or dietary requirements.

Most consumers are very habitual **grocery shoppers**, buying the same meals over and over again. One of the biggest reasons for not trying new foods is the fear that the family, specifically children, will not like it. Many low income families cannot afford to take risks, it's better to stick with unhealthy options or familiar brands the children will eat than try a healthier alternative they may not like.

Food choices are primarily influenced by price and specials for all ethnicities which is closely followed by the brand/ taste preferences of the whānau/ family. Health is often mentioned spontaneously but it is often only a small niche of consumers who actively make choices based on health. There is a mix of motivation to read labels e.g. the nutritional information on packaging and eat more healthily, with Pacific Islanders and Māori describing label reading as a 'Palangi' or 'Pakeha' thing to do. Healthy choices are often seen as a luxury for those with more money to spend. This is a key barrier for the communications campaign to overcome, as it can undermine the relevance of the Health Star Rating.

2.1.2 Health Star Rating Concept

There was no unprompted **awareness** of the Health Star Rating but a small number of people claimed they had seen it when prompted. The Heart Foundation tick was more top of mind than the Health Star Rating as it has been in use for a longer period of time.

The **Health Star Rating logo** is seen as lacking prominence on packs and is easily missed when making food choices. Inconsistencies in the display of the logo and its small size serve to reinforce the problem. Another inconsistency is the rating being displayed as a rating only, and as a rating with varying levels of nutritional information attached to it. This contributes to it being less easily recognised, especially relative to the Heart Foundation tick which is praised for its simplicity and being easy to spot. Overall consumers tend to prefer the rating in isolation, as providing the extra information diluted its impact and was seen as a confusing duplication of information.

For the most part the rating is seen as a positive and good way to inform consumers about how healthy a product is - the higher the rating the better the product is for you. It is also seen by some as potentially time saving as it is a lot easier to use a rating than read and make sense of the nutritional content on the back of packaged foods. Despite lots of positive feedback there are a number of issues in terms of **understanding and interpreting** the Health Star Rating, highlighting the need for education in future communications. Some examples emerged around how a higher rating could be interpreted as better quality or more expensive, reinforcing the belief that healthiness is not relevant to those on a tight budget. Another big issue is around how the ratings are calculated and what products are being compared, as category definitions are not always easy to determine. Confusion around comparative ratings can lead to surprise over seemingly unhealthy products receiving a high rating. Importantly this has the potential to undermine the credibility of the rating, breeding cynicism and mistrust, especially

among those who feel more informed and confident about making healthy choices. There is also a real danger that consumers will assume a product with a 4 or 5 star rating can be eaten in large quantities as it is perceived as healthy.

When asked about the **expected source** of the Health Star Rating, there were numerous mentions of conspiracy theories of big corporations paying the Government to get the rating on their products or manufacturers using it as way to sell more products. For those who are more engaged it would ideally come from nutritionists that independently research and assess the healthiness of different products.

2.1.3 Relevance and Impact of Health Star Rating across segments

Three key groups of consumers are identified as having different levels of motivation to buy healthy foods and with different barriers to uptake limiting their ability to engage with the Health Star Rating. Ultimately the required trigger to stimulate awareness and engagement varied accordingly.

Type 1 - Rejecters. Most prevalent within the Māori and Pacific Island Low Income groups. They are obviously restricted by their budget which impacts what they can afford to purchase. Consequently, they are not motivated to shop for healthy products and read labels in the supermarket. Food is primarily viewed as a way of filling up and expressing cultural considerations of whānaungatanga (extended family concept) and manaakitanga (concept of care). Other factors such as taste and how easy it is to cook override health. Importantly, given they are in a pre-contemplative stage in terms of choosing foods based on health, these consumers are not ready to engage directly with communications about the Health Star Rating.

Type 2 - Restricted. The largest and most culturally diverse group of consumers evident across all income levels, regions and ethnicities. A moderate level of motivation is evident with a genuine desire to buy more healthy foods for their family/whānau but this isn't being translated into purchase behaviour very often. The biggest barrier is a feeling they don't have a choice; budget limitations mean they have to choose the cheapest not the healthiest foods. Another huge limitation is a concern that their family/whānau, specifically young children, will not eat the healthier alternatives. Also the mental effort and time required to compare different products and read labels feels significant, despite the Health Star Rating simplifying nutritional information it can still feel like hard work. Finally it shouldn't be underestimated how routine and entrenched food choices can be, hence the introduction of a new way to choose food can feel like a massive disruption with unknown consequences in terms of time, effort and cost/ waste if new foods are not eaten. This group represent the primary target when communicating the Health Star Rating; they have the most to gain and are relatively open to using it.

Type 3 - Engaged. This is a small group of consumers, who are more likely to be from ethnicities other than Māori and Pacific Islander, and are more likely to be on medium incomes. A mid to high level of motivation to purchase healthy foods, often motivated by a need to lose weight, health scares, children with allergies or dental problems. Often they are European or Asian where culturally it feels normal to read and check labels and it is socially acceptable to be fussy about foods. They have the ability to make good food choices but a key challenge is the time and effort required to read labels and make accurate comparisons. Typically once decisions have been made they are not always open to revisiting them. Another important barrier to overcome with this group is a cynicism and lack of trust in the initial idea of a Health Star Rating. They had many questions around how it was calculated, how the ratings should be interpreted and where it had come from. Ultimately they need to understand it before they can trust it.

2.1.4 Campaign Messages

Health Star Ratings help you choose healthier packaged foods

The most popular message overall due to its simplicity. However it can feel a bit vague for the 'Engaged' consumers as it doesn't introduce the concept of similar products or of comparing packaged foods in the same category, which was seen as an important element to convey in terms of accurately interpreting the ratings.

Health Star Ratings are a quick easy way for you to compare similar packaged foods so you can choose healthier packaged foods.

The second most popular message overall. It appealed for a number of reasons. Firstly the reference to quick and easy talks to the barrier that assessing health is time consuming and difficult. For many 'Restricted' consumers this is sufficient information but for 'Engaged' consumers it still leaves them with unanswered questions surrounding how the rating is calculated. The use of the word '**similar**' while important to include does raise some issues, given different interpretations of what constitutes a similar product - highlighting the importance of being able to check product categories online.

The Health Star Rating rates the nutrition content of packaged food from half a star to 5 stars.

This message is often perceived as not saying anything new, it is information that most people are able to work out from seeing the Health Star Rating on the packaging or via advertising. Consumers are very interested in what products would get half a star and it raised the question as to whether only the healthy and expensive products would have stars on them and the unhealthy, cheaper products would be identified via the absence of a rating. If this was to occur it would have the effect of reducing the relevance of the Health Star Rating for lower income consumers on a tight budget. Also the word 'nutrition' is not very consumer friendly and can feel intimidating especially for 'Rejecters' and 'Restricted' consumers. Healthiness would be a better term to use.

Foods lower in saturated fat, sugar or sodium (salt), and/or higher in fibre, protein, nut, legume, fruit or vegetable content have more stars.

This is perceived as valuable information for 'Engaged' consumers who are keen to know how the Health Rating is calculated but it can feel a bit overwhelming for many 'Restricted' consumers in this format. A visual diagram would help minimise confusion, helping people see at a glance which ingredients have a positive or negative impact on a product's rating. Care is also needed with the complexity of language used for ethnicities where English is a second language - 'legumes' and 'saturated' caused the most confusion. Also given the prevalence of negative publicity around sugar, foods with a high sugar content that still have a high rating did emerge as potentially undermining the credibility of the rating.

You can trust the Health Stars because they are government-backed, science-based and independent.

Widespread rejection of using 'government backed' in any communications as a lot of mistrust and conspiracy theories around government and big corporations. 'Science based' was mostly accepted as the majority could appreciate the need for scientific testing to determine the Health Star Ratings of different foods, although it can sound a little intimidating. Also the term 'science' does carry some negative connotations around chemicals, labs and genetic modification especially for 'Rejecters' and 'Restricted' consumers. The use of 'independent' was the least contentious and helped allay fears that big corporations would be testing their own products and displaying a misleading positive rating to sell more products.

Over time, you'll see more packaged foods with Health Stars.

Mostly seen as a positive that the Health Star Rating will be more widely used as the more products it is on, the more able they are to make healthier choices. Ideally it would be compulsory for all products to display the rating, as there is some disappointment when told it would be voluntary. The tone of this statement is also positive as it invites consumers to look out for more ratings, rather than dictating or instructing them to do something.

Reactions to the calls to action further reinforced this point highlighting the importance of not being presumptuous about how the Health Star Rating will be used, it is just another thing to consider when choosing food and trying to make healthier choices for the family. Showing people what to look out for was positive but telling them what to do was not seen as appropriate.

2.1.5 Campaign delivery

Some very clear and consistent feedback to the **logo** options presented. The Ministry of Health is consistently the most preferred logo due to good awareness and perceived direct relevance to the Health Star Rating.

A high proportion of participants, especially in the Māori and Pacific groups, express mistrust in the government, associating the logo with the penal system and fines. A number of issues also emerge in response to using the Ministry for Primary Industries logo, largely driven by very low awareness of what they actually do and a perceived lack of expertise regarding the health of New Zealanders.

While the Health Promotion Agency is also unknown it feels more relevant in that the name clearly informs consumers that they specialise in promoting health. However it has far less weight and credibility than the Ministry of Health as it is not necessarily seen as a government department.

In terms of an ideal **spokesperson** a diverse range of people across different age groups and cultures is required. They want to see themselves reflected back i.e. real, everyday people, supported by the use of fit and healthy sports people who are popular role models and leaders.

Mixed views emerge in terms of the extent of Māori **language** to be used in communications. Some didn't want communications to feel too Māori focused esp. in Rotorua. The feeling is they would be stereotyped as having unhealthy eating habits and made to feel as though obesity is a Māori problem. However the Māori Medium Income Auckland group have a different perspective regarding the use of te reo Māori in communications. They are far more political and opinionated and believe communications should ideally be in Māori language only and at the very least bilingual. Another key consideration when communicating to ethnicities where English is a second language, is to keep the communications simple and user friendly, avoiding any complex terms.

In terms of desired **channels**, radio is recommended for Kaumātua and elderly Pacific Islanders who tend to be heavy radio listeners. Reaching some less engaged Māori through their Mokopuna was also recommended, if they experience the Health Star Rating within their schools, they will come home and talk about it with the rest of the household. Māori participants also thought that marae could also be targeted. Mass media such as billboards, bus-stops and magazines will be good for raising awareness and familiarity with the Health Star Rating so consumers know what to look for, especially given it is typically being overlooked on packaging. Poster and brochures in Doctors and Dentists surgeries was also mentioned as a logical place to communicate key messages. For 'Engaged' consumers the communication of a website to find out more information is seen as essential and a good way to avoid overwhelming the 'Restricted' consumers. The research explored some different URL's options with www.healthstars.govt.nz being the preferred option overall as it was simpler and easier to remember.

2.2 Recommendations

2.2.1 Overall next steps

1 Raise awareness

An above the line communications campaign needed to ensure the Health Star Rating is top of mind and consumers know visually what to look out for in the supermarket

3 Clarify how rating is calculated

It's important to ensure the comparative nature of the rating is understood. In particular how it is calculated relative to similar products. And what constitutes a similar product. Confusion can undermine credibility of the rating and can lead to some perceiving 5 star products as health foods

5 Keep language simple

English can be the second language for some ethnicities so avoid more complex terms such as 'legumes', 'saturated' and 'nutrition'. For Pacific Islanders ideally use some humour and colloquial language to make it feel more down to earth and accessible

7 Invite rather than instruct

It will be important to reflect the reality of decision-making in that health is only one consideration. Price and the taste/brand preferences of my family may override health. Position as 'just one tool' or one way to choose

9 Challenge healthy is expensive

Where possible show the Health Star Rating being used on budget everyday products. It will be valuable to demonstrate that you don't need to be rich and buying high end health foods to benefit from the rating and that everyone has something to gain from using it (whatever your budget)

2 Improve consistency of logo

Where possible encourage consistent use of the logo so easier for consumers to recognise. Ideally a blue rating with no nutritional information attached as this can contribute to complexity. The simplicity of Heart Foundation tick liked

4 Consider use of Māori language

It will be important to test some Māori language communications – to check their cultural reality is being reflected and doesn't feel like stereotyping

6 Real everyday people like me

People need to see themselves and their families reflected back. Hence cultural diversity and age appropriateness will be important. Avoid reinforcing the belief that reading labels is a 'palangi' or 'pakeha' thing to do

8 Avoid feelings of guilt and shame

Many low income consumers don't feel they have a choice and have to buy the cheapest instead of the healthiest. Ensure the Health Star Rating communications don't evoke feelings of shame or embarrassment over an inability to make better choices for family

10 Ideally use the Ministry of Health logo

The Ministry of Health was by far the most popular logo to use in the communications as it was familiar and relevant. Avoid using the government logo and carefully consider whether to use the Ministry for Primary Industries logo as both are not seen as directly relevant and have the potential to undermine trust and transparency

2.2.2 Segment specific

Rejecters

A **challenging target** given low motivation to read labels and choose healthier foods

The best way to trigger this group would be via whānau and friends talking about it and **normalising the concept of reading labels** and assessing the healthiness of food

Consider indirect ways of influencing this group such as introducing the **Health Star Rating within schools** and encourage children/mokopuna to bring material home and influence their family/whānau

Restricted

TNS recommends these as the **primary target** for communicating the Health Star Rating to

The Health Star Rating needs to feel **simple, easy to use** and much quicker than reading all the nutritional information on packaging

"**Health Star Ratings help you choose healthier packaged foods**" liked for its simplicity. They don't want to know the detail around how it works. However a danger exists in terms of them misinterpreting the ratings e.g. 5 = a health food

Position as an **invitation** and **reflect the reality** that sometimes budget and what the kids will eat will override health

Engaged

TNS considers as more a **secondary target** who need to understand before they can trust

Given the comparative nature of the rating it will be important to communicate the message "**Health Star Ratings are a quick and easy way for you to compare similar packaged foods...**" However it would need to be supported by more detail on a website explaining what constitutes a similar product

Also communicate how the ratings are calculated, for example "**Foods lower in saturated fat, sugar or sodium (salt)...**" Potentially via a diagram or graphic to help people see at a glance

3. Methodology

3.1 Target audience

The priority audience for the Health Star Rating consumer marketing and education campaign, and hence the main focus of this research, is the main grocery shopper in households that have at least one child under the age of 14 years. In addition, the research has an emphasis on Māori, Pacific and low income families as these are specific targets of the campaign.

It was also important to include both a large city and smaller town perspective to ensure a diverse range of situations and opinions was covered.

3.2 Sampling

Focus groups were determined to be the most appropriate methodology for the research objectives. Table 1 shows the sample frame agreed with the Health Promotion Agency, consisting of 7 consumer focus groups across Auckland and Rotorua. Groups were planned to have between 6 and 8 participants each and to be 2 hours in duration.

Table 1: Focus group sample frame

Ethnicity	Auckland	Rotorua	Total number of groups
Māori	2 x focus group (Lower income and Medium Income)	1 x focus group (Lower income)	3
Pacific Islanders	2 x focus groups (Lower income and Medium income)		2
Other	1 x focus group (Medium Income)	1 x focus group (Lower income)	2
Total number of groups	5	2	7

Table 2 shows the date and order the groups were held in, and the final numbers that attended each group.

Table 2: Actual group dates and attendance

Date	Group description	Location and venue	Number attended
Tuesday 8 September 5.30 – 7.30pm	Māori, low income	Rotorua	6
Tuesday 8 September 8 – 10pm	Other ethnicities, low income	The Comfort Inn Coachman, 335 Fenton Street	7
Wednesday 9 September 6 – 8pm	Māori, medium income		7
Tuesday 15 September 5.30 – 7.30pm	Pacific peoples, low income	South Auckland Allenby Park Hotel, 477	8
Tuesday 15 September 8 – 10pm	Other ethnicities, medium income	Great South Road, Papatoetoe,	6
Wednesday 16 September 5.30 – 7.30pm	Māori, low income	Manukau City	7
Wednesday 16 September 8 – 10pm	Pacific peoples, medium income		7
Total number of participants			48

3.3 Recruitment

All participants were recruited through phone conversations using a specialist recruiter. Initially people were contacted from a panel of participants who have indicated in the past they would be interested in being involved in research of this kind. During this recruitment process, conversations were held with people who do not qualify or cannot make the specified time to identify other people who may be suitable to take part.

The recruitment guide is included in the Appendix. Participants had to meet the following criteria:

- All to be the joint/main caregiver or parent for a child under 14 years, who lives in the house with them at least the majority of the time
- Mix of ages and number of children in the household/ under their care
- All to be the main/joint household shopper (or main/joint household shopper for their 'family unit' – if a number of family units are living within a house)

- All to be regularly shopping at supermarkets
- Gender may be predominantly female, but to ensure some men are included. For focus groups with men, at least 2 men to be present
- Income
 - 'L' = lower household income. 'M' = medium household income
 - Income defined as total household income per year
 - Auckland – 'L' = Ideally below \$40k. 'M' 40k-80k
 - Rotorua – 'L' = Ideally below \$30k. 'M' 30k-70k
- Ethnicity
 - People were encouraged to select according to ancestry or ethnic affiliation
 - Mixed Pacific Island cultural groups to include Samoan, Tongan, Cook Island Māori and other
 - Other cultural groups to include a mix of Pakeha/New Zealand European, Asian-Chinese, Asian-South Asian, and other ethnicities as appropriate to the focus group location
- Have lived in New Zealand for at least 3 years
- Standard exclusions: Working (or have immediate family working) in advertising, marketing, market research, health professionals, food industry (management level); confident speaking in a group situation; respondents must be happy to be audio-recorded

Prior to attending the groups, participants were only told that the research was about family eating and buying groceries and food.

3.4 Group logistics

Each group was held in an appropriate location within the local community. All Māori and Pacific Island groups were co-facilitated to include a specialist Māori and Pacific Islander researcher. Participants were offered \$80 Pak N Save supermarket voucher as koha/incentive for attending.

3.5 Pre-task

Participants were asked at recruitment to complete a pre-task exercise prior to attending the group. \$20 of their koha was in recognition of this component.

The pre-task asked participants to take some photos of their pantry where respondents had access to digital cameras, or to draw their pantry. It also asked them to reflect on their grocery shopping behaviours and family/whānau context. A copy of this pre-task is provided in the Appendix.

3.6 Discussion guide

A copy of the group guide is provided in the Appendix. The guide contained the following main topics for discussion.

- Introduction and warm up
- Grocery shopping - understanding the context and feelings towards grocery shopping
- Food choices – factors when choosing food /decision making processes
- Health Star Rating concept – introducing the Health Star Rating and gauging reaction, understanding, relevance

- Key communication messages – testing and ranking predetermined key campaign messages
- Summary and closing

3.7 Ethics

A number of factors were built into the research process to ensure the groups were conducted in an ethical and sensitive way.

3.7.1 Cultural considerations

A specialist Māori and Pacific Island researcher was used for all the Māori and Pacific Island groups. This researcher would open the groups and conduct a number of the sections in the discussion. She was responsible for ensuring that all participants felt comfortable in the discussion and that any cultural protocols were followed. She also probed on cultural matters throughout the group.

Throughout the discussion, the importance of whānau/aiga was taken into consideration. Individual participants were encouraged to reflect on their whānau/aiga throughout the discussion.

This researcher also had input into the discussion guide to ensure that the discussion would work with the priority audiences and would make them feel the most comfortable to give feedback. She was involved in the analysis and reporting and ensured cultural issues were represented appropriately.

At the beginning of each group, participants were provided the opportunity for someone from the group to do a karakia/bless the food if they wanted and cultural openers (mihimihi) were also offered. The opportunity was also provided to close with a karakia.

3.7.2 Ethical and privacy considerations

During recruitment, all participants were told that the research was being conducted by TNS, a market research organisation. It was also revealed to participants that the research was being done for Health Promotion Agency at the end of each group and who the HPA was.

The identities of all participants remain anonymous. All transcripts and reporting is careful not to identify respondents in any way. Participants were assured at the beginning of the groups that their responses would be treated with respect and confidentiality and that they would remain anonymous.

Groups were audio recorded for analysis purposes, and participants were told of this at recruitment and again at the start of the group.

All participants had it made clear to them that their participation at all times was voluntary and that they never had to discuss anything they felt uncomfortable talking about. Researchers are also trained to look out for situations where respondents may be feeling uncomfortable and to handle them appropriately.

3.8 Procedure for analysis

All groups were audio-recorded and transcribed for analysis purposes by a specialist transcription service. These transcripts were a key basis for analysis, along with researcher notes. Researchers verbally discussed the fieldwork between focus groups to ensure that all team members were aware of emerging themes as they unfolded. This is the start of the process of constant comparative analysis throughout the lifespan of the research. Emerging findings were consistently tested to determine which were common across the different groups – locations, income levels and ethnicities.

An analysis framework was prepared which reflected the content of the interviews and discussion guides, although researchers had the flexibility to add categories to the framework as they conducted their analysis.

All transcripts were analysed by the lead researcher, with key themes identified for each group – specifically checking for any differences across income levels, ethnicity and location. The supporting researcher analysed their own focus groups, plus a selection of the lead researcher’s groups.

Our Māori and Pacific researcher was strongly involved throughout the whole analysis and report-writing process to ensure that these cultural perspectives were meaningfully reflected. TNS considered whole systems of knowledge, in taking a wider or macro view to understand the influencing factors on behaviour, as well as analysing the data using mainstream principles of research. This is known as ‘research at the interface’ and TNS used the project Maori and Pacific researcher’s knowledge and experience to ensure cultural systems of understanding were used when analysing raw data in order to achieve accurate interpretations.

All of the self-completion sheets were analysed in Excel with the messages ranked by group and then averaged to identify overall preferences.

After all researchers had conducted their individual analysis the research team met in person to merge the findings from their individual analyses.

The report was written by the lead researcher, supported by other research team members. All team members reviewed report drafts and provided input of clarifications and optimisations before the draft report was provided to HPA.

4. Detailed Findings

4.1 Context

This section aims to provide an outline of some of the key influencing factors in terms of receptivity to the Health Star Rating, such as cultural differences surrounding meal times and the role of food. Likewise the approach to grocery shopping and how food choices are currently being made provides some useful context in understanding reactions to the Health Star Rating. It is however important to note that the contextual information provided is not intended to be a comprehensive exploration of grocery shopping behaviour and decision making, as this was not the key aim of the study.

4.1.1 Meal Times

Meal times vary across the different cultural groups. Māori and Pacific Islanders tend to have larger household sizes, with more evidence of inter-generational whānau living, resulting in more people at the table during meal times. This was more pronounced in the Māori Low Income Rotorua group with more examples of extended whānau dropping by at meal times unannounced. Meals are seen as a reciprocal exchange – whereby whānau take turns feeding their wider whānau at times of need.

"Like the other night I had people come over, it's a Māori thing, if they come they come" Māori Low Income Rotorua.

The role of food is also more likely to be about whānaungatanga and manaakitanga (bringing people together and showing you care). There is a preference for large pots of food, that are good for sharing and stretching further if needed. Quantity is often more important than quality for Māori and Pacific Islanders, with individual taste preferences of whānau less of a consideration, especially for lower income families, everyone tends to get what they are given.

Meals times for other ethnicities meals tend to be immediate family only, with more evidence of feeding children separately or offering different meals depending on taste preferences of fussy eaters or family members with allergies. Feeding the wider family tends to be more planned, often for special occasions with very different food choices being made. For example Indians catering for large groups will adopt a more bulk, value approach, saving the best/ high quality foods for immediate family meal occasions.

"When we have a party it's for many people so I go cheaper. Just for me I go nicer" Other Medium Income Auckland.

Whilst the majority aspired to eating together as a family, it is far less prevalent among other ethnicities, but definitely more common at weekends when everyone is more likely to be at home together.

4.1.2 Grocery Shopping

A range of different approaches to grocery shopping emerged; from those who are very planned to those who are more spontaneous, preferring to make decisions in-store depending on what's on special or what they fancy at the time. Those on a tighter budget tend to plan specific meals beforehand to avoid unnecessary spend and food waste. Most are very habitual shoppers buying the same meals over and over again. One of the biggest reasons for not trying new foods is the fear that the family, specifically children, will not like it. Many low income families cannot afford to take risks - it's better to stick with unhealthy options or familiar brands the children will eat rather than try a healthier alternative they may not like. Another factor that appears to be contributing to very habitual shopping among Māori and Pacific

Islanders is a preference for very traditional foods, many are resistant to buying more exotic Asian and Indian foods, often steering away from cheaper tinned foods from unknown origins.

The majority prefer to leave the children at home when grocery shopping. For those on tight budgets it is because children make shopping more expensive.

"I can't take my moko's with me they are so demanding" Māori Low Income Rotorua.

For those living in large households, grocery shopping is an escape from the chaos at home, providing some much needed "time-out" for mum. A minority, often European and Asian families, approach grocery shopping as a social outing, a time to bond and reconnect with family. For some stay at home mothers or solo parents leaving the children at home isn't always an option, so while shopping can be fun at times it is frequently stressful and time pressured, which limits their potential to engage fully with products on offer.

Another interesting observation is Māori groups are more likely to shop around different supermarkets looking for the specials, often reading mailers beforehand. 'Meat on special' is a key driver of choice, with meals often created around whatever meat is available.

While the primary focus of the research was supermarket shopping, there is considerable evidence across all groups, of consumers shopping at speciality meat and fruit and vegetable shops. Asian shops and local markets are often considered to be being better value for money than the supermarket. However, there is also some scepticism expressed by the Pacific and Māori groups about shopping in Asian food stores as the contents of the products are unknown.

4.1.3 Food choices

Food choices are heavily influenced by price and specials for all ethnicities. For Māori and Pacific Islanders with larger households and big eaters, quantity is also factored into the equation.

"I pick foods that will go far and go on to leftovers the next day. I call it feeding time at the Zoo!" Māori Low Income Rotorua.

The next biggest priority is whether the children will eat it – this is more pronounced in the middle income groups and other ethnicity groups, although it is still a factor for all those with young fussy eaters at home. This factor is closely linked to brand/ taste preferences for example Watties baked beans and Sanitarium Weet-Bix are perceived to taste better than alternatives.

"We know our favourite brands and can't afford to take risks with anything else" Other Medium Income Auckland.

Many try budget brands where possible but sometimes taste preferences win over. For those on tight budgets they will only buy preferred brands on special and bulk buy when multi-buy promotions are available. Fear of not liking unknown brands/ products results in some very entrenched and habitual shopping decisions that will be difficult to change.

Health was mentioned spontaneously in all groups although for the Māori Low Income Rotorua group it was the least top of mind. However, while it was often mentioned it was typically a small niche of consumers who actively made choices based on health. For the most part it is a low priority; healthy choices are seen as a luxury for those with more money to spend.

Tight budgets definitely make many low income consumers feel as though they don't have a choice, taste preferences are accommodated as there is no point buying things the family won't eat, but health is often

not considered. For the very the low income with large households food is sometimes scarce and is more about sustenance and filling people up.

"Our big ones wait until the little ones are fed. Little ones always come first before big ones" Māori Low Income Rotorua.

Some consumers confuse quality and health, with the assumption that better quality foods and brands are healthier. This is closely linked to the belief that healthier foods are more expensive. This is potentially due to a focus on meat shopping among Māori consumers where this generally holds true, but is a less reliable indicator in packaged foods, where high quality foods with premium ingredients can also be unhealthy. It will vital to dispel this myth by showing healthy budget products with a high star rating.

"I'd be shocked to see the rating on a cheap brand. I'd expect to see it on more expensive foods' Māori Low Income Rotorua.

"I have an assumption that a cheaper product is loaded with sugar, thrown together... fillers" Other Low Income Rotorua.

There is a mix of motivation to read labels e.g. the nutritional information on packaging and eat more healthily; some Pacific Islanders described label reading as not for them.

"It's a palangi thing, not many Pacific Islanders look at the packet, it is usually the Europeans. Because we are not fussy, we just throw things in the trolley" Pacific Island Low Income Auckland.

For those who are reading labels it is often to check sugar levels. Awareness of consuming too much sugar is very high across all groups. Other reasons to read labels are due to specific allergies/ dietary requirements of the whānau/family. That said, despite some awareness around the notion of checking and looking for specific ingredients, there was a mix in terms of ability to interpret and understand the nutritional information provided on packaging.

"Isn't the main thing we look at on packaging the sugar content? I often look at sugar" Māori Low Income Rotorua

4.2 Health Star Rating Concept

This section explores perceptions of the Health Star Rating as a conceptual idea. In terms of the research approach participants were introduced to a range of different breakfast cereals and peanut butter products (see Appendix A). These products had a mix of different star ratings from 5 stars to 2 stars, as well as some products with no stars. All consumers were asked to choose a cereal and a peanut butter and explain the reasons for their choice. Up until this point in the group discussion the Health Star Rating had not been mentioned so to observe how the rating was used as part of the decision making process. Once a cereal and a peanut butter product were selected and reasons for choices discussed, participants were in introduced to the Health Star Rating.

4.2.1 Awareness

No one mentioned the Health Star Rating as having influenced their decision when choosing a product. A small number of people claimed they had seen the Heath Star Rating when prompted, but the majority were completely unaware and genuinely surprised when it was pointed out to them on the products.

"I don't really notice it, tune out, don't get caught up in that stuff" Pacific Island Medium Income Auckland.

For those who are familiar with the rating, it wasn't top of mind enough to be influencing their choices. Some mentioned the Weet-Bix advertising that promotes their five star rating, others had noticed it on some packaging but hadn't paid much attention.

"Weet-Bix had it in their advertising; I didn't notice it on the packet" Other Medium Income Auckland.

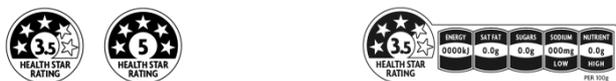
"I've seen it but taken no notice; it's pre-packaged so not real food anyway, what's the point" Māori Low Income Auckland.

"I've seen it but don't pay attention as I tend to go with what kids will eat" Pacific Island Medium Income Auckland.

The Heart Foundation tick is unsurprisingly more top of mind than the Health Star Rating as it has been in use for a longer period of time. There were some questions around whether this was going to replace the Heart Foundation tick suggesting that many perceive it as a similar tool e.g. something to look out for when trying to make healthier choices.

"I only noticed the tick; I didn't know food had ratings" Māori Low Income Rotorua.

4.2.2 Reaction to Health Star Rating logo



The logo is seen as lacking prominence on the pack and is easily missed when making food choices. Inconsistencies in the display of the logo and its small size serve to reinforce the problem e.g. the Mother Earth peanut butter has a small green rating to blend in with its brand colours. Other Health Star Rating logos were blue or black and also tended to not stand out on the pack.

"You think they would make it so it jumps out at you" Māori Low Income Rotorua.

Some complained that it was in different places on each packet, making it hard to find.

"I'm not surprised I haven't seen it" Other Medium Income Auckland.

Another inconsistency is the rating being displayed as a rating only and as a rating with varying levels of nutritional information attached to it. This inconsistency contributes to it being less easily recognised, especially relative to the heart tick which was praised for its simplicity and being easy to spot. On the whole consumers tend to prefer the rating in isolation, as providing the extra information dilutes its impact and perceived simplicity. The extra information can easily be found elsewhere on the packaging for those who want to check it and duplicating nutritional information has the potential to create confusion when comparing serving sizes and 100g. Some Pacific Islanders mentioned serving sizes provided were not always relevant as they tend to eat larger portions than the average 35g.

Some claim the logo looks like the energy efficiency rating although are quick to point out that the Health Star Rating is a lot less prominently displayed. On a positive note this similarity raises comfort and familiarity with the concept of rating a product, whether it is energy efficiency or health.

"I've seen it on the washing machine; it's hard to miss it" Other Medium Income Auckland.

"I thought I'd seen them but it was on one of the electrical products" Māori Medium Income Auckland.

4.2.3 Understanding and interpretation

For the most part the rating is seen as positive and a good way to inform consumers about how healthy or nutritious a product is, the higher the rating the better the product is for you. Many just accepted the rating at face value without needing to understand how it was calculated.

It is also seen by some as potentially time saving, as it is a lot easier to use a rating than to read and make sense of the nutritional content on the back of packets.

"Saves me having to read all the ingredients. It would be good for me as I'm lazy about reading that stuff" Māori Low Income Auckland.

However for others it wouldn't suffice in isolation, especially if focused specifically on a key ingredient such as sugar.

The majority correctly assume it would only be used on packaged or processed foods on the supermarket shelves or in the chillers/ freezers. A minority feel it would also be useful on meat, to help determine which types of meats or cuts of meat are better for you. However it intuitively feels more useful for packaged/ processed products where it can be harder to assess healthiness due to multiple ingredients.

Despite lots of positive feedback there are a number of examples of the Health Star Rating being misinterpreted, highlighting the need for education and awareness in future communications.

Some examples emerged around how a higher rating could be interpreted as better quality or more expensive. As previously mentioned, health and quality are often seen as synonymous, especially among lower income groups, with some assuming more expensive products are healthier or better quality. This reinforces the belief that healthiness is not relevant among those on a tight budget. It could be valuable to challenge this perception in communications, for example by showing budget products with a higher rating than some premium brands.

"Five star hotels, more stars. Quality" Māori Low Income Rotorua.

"The higher the rating the more expensive it would be" Māori Low Income Rotorua.

Another area of confusion is around how the ratings are calculated and what products are being compared. For example people are uncertain whether a 5 star rating is equal across all categories or is it only a 5 star relative to other products in its category. Category definitions are not always easy to determine. For example is Milo compared to all hot chocolate or all hot drinks or all drinks? Confusion around comparative ratings leads to surprise over seemingly unhealthy products receiving a high rating. Importantly this has the potential to undermine the credibility of the rating, breeding cynicism and mistrust, especially among those who feel more informed and confident about making healthy choices.

"I'm surprised peanut butter has a five star rating. It's made out of oil and fat" Other Medium Income Auckland.

"5 means healthy but what is it compared to?" Other Low Income Rotorua.

For diverse categories such as breakfast cereal some claimed it would be more useful comparing the same type of product e.g. different varieties of Weet-Bix, as they felt it was common sense that Weet-Bix is better for you than Coco Pops.

"I'd compare Weet-Bix to wheat biscuits and Honey Puffs to Coco Pops. That kind of cereal. Muesli is a separate cereal" Māori Low Income Auckland.

It was unlikely the rating would be used to compare products across different categories in the supermarket; the main issue is the potential for products with perceived variable levels of healthiness being given the same rating, something which may become apparent at home when using products. There is also a danger that consumers will assume a product with a 4 or 5 star rating can be eaten in large quantities as it is perceived as healthy. A 5 star rating has the potential to give some a licence to eat as much as they like, which is potentially dangerous given the importance of portion control in tackling obesity.

"Four stars you can eat every day. One means don't eat too much. Two stars means take it easy. Five means don't stop eating it" Pacific Island Low Income Auckland.

"Do we know if that's just on peanut butters? Because it's a 4.5 you think it's a healthy food to have. If you ate that whole thing you'd have a heart attack" Māori Medium Income Auckland.

4.2.4 Expected source

When asked about the expected source of the Health Star Rating there were numerous mentions of conspiracy theories; of big corporations paying the Government to get the rating on their products or manufacturers using it as a way to sell more products. This highlights a mistrust of both big business and the Government and is especially strong among lower income Māori and Pacific Islanders.

"Big companies paying, it could be true, it's the way of the world" Māori Low Income Auckland.

"It comes from the companies making these products; they want their products to look good. I bet companies who have a 1 star aren't putting them on their products" Other Low Income Rotorua.

Conspiracy theories aside, the Health Star Rating would ideally come from nutritionists that independently research and assess the healthiness of different products. However a significant proportion of those less engaged in the idea are not too concerned about where it comes from.

4.3 Relevance and Impact of the Health Star Rating

In order to determine the relevance and likely impact of the Health Star Rating for different types of consumers we have utilised a behavioural change framework to illustrate how those with different levels of motivation are likely to respond to future communications

4.3.1 Introducing a behavioural framework

The Fogg Behavioural Model¹ shows that three key elements must converge at the same moment for behaviour to occur

- Motivation
- Ability
- Trigger

It demonstrates that when a behaviour does not occur, for example choosing to ignore the Health Star Rating, at least one of the three elements is missing. If we want our target consumer to use the Health Star Rating to compare similar packaged foods, we need to trigger them when motivation and ability are adequate.

¹ The Fogg Behaviour Model is a Behaviour change model developed by Dr BJ Fogg of Stanford University. For more on this model please see the Appendix or visit BehaviorModel.org

Among those taking part in this research the degree of motivation varied enormously, as did the prevalence of perceived barriers which serve to limit their ability to engage and benefit from the using the Health Star Rating.

4.3.2 Different types of consumer

Three key types of consumers were identified as having different levels of motivation to buy healthy foods and with different barriers to uptake limiting their ability to engage with the Health Star Rating. This means the required trigger to stimulate awareness and engagement varied accordingly across these types.

Type 1 - Rejecters

Who are they? - More prevalent within the Māori Low Income Rotorua group although also evident within Māori and Pacific Island Low Income Auckland groups.

Motivation – This group of consumers are significantly restricted by their budget, which impacts what they can afford to purchase. Consequently, they are not motivated to shop for healthy products in the supermarket. Among this type of consumer there is very low spontaneous mention of health as a consideration when choosing food and they are not currently reading labels for nutritional information. Food is primarily viewed as a way of filling up and providing for the whānau/ family and showing you care. Other factors such as taste and how easy it is to cook override health.

"We can't afford to be picky" Pacific Island Low Income Auckland.

"The rating's not a big deal. We buy on taste and how simple it is to cook" Māori Low Income Rotorua.

Ability – As motivation is not present, they ultimately reject the idea as 'not for me' - reading labels and choosing foods based on health was a 'pakeha' or 'palangi' cultural norm and not the way Māori and Pacific Islanders shop for food. While the Health Star Rating is easier than reading the nutritional information on the back of packaging it was still a level of involvement that this group of consumers were not reading to undertake.

"We love our food, this is not how we shop" Māori Low Income Rotorua

"How are we supposed to shop like that, we'll be there all day... the stars are there to stress us out" Māori Low Income Rotorua.

Another common factor among this group is extreme poverty where at times food is scarce. They were concerned more about whether everyone can have a meal and not about the healthiness of the ingredients.

Trigger - Given these consumers are in a pre-contemplative stage in terms of choosing foods based on health, they are not ready to engage directly with communications about the Health Star Rating. Some claim they would simply tune out as it would be perceived as not for them. The best way to trigger this group would be via whānau and friends talking about it, and normalising the concept of reading labels and assessing the healthiness of food. Educating children within schools about the Health Star Rating is another indirect way to influence this group of consumers. Importantly while they are not ready to engage with Health Star Rating communications it will still be important to position communications in such a way that they can see themselves reflected back, so as to not further alienate and reinforce the belief it's not for them. Ultimately getting people talking about the Health Star Rating and leveraging the power of whānau, specifically their mokopuna will be key to long term behavioural change.

Type 2 - Restricted

Who are they? - The largest and most culturally diverse group, evident across all income levels, regions and ethnicities. This group is common among Māori and Pacific Islanders and often older consumer of other ethnicities with entrenched shopping habits.

Motivation - A moderate level of motivation is evident with a genuine desire to buy more healthy foods for their family/whānau but this isn't being translated into purchase behaviour very often. There is little evidence of them currently reading labels, as their ability to understand and process nutritional information is limited; it is typically described as confusing and too much like hard work. However the Health Star Rating is seen as a step in the right direction and feels far less challenging than reading detailed nutritional information.

Ability - A number of barriers are identified which limit this group's ability to embrace the Health Star Rating.

The biggest barrier is a feeling they don't have a choice; budget limitations mean they have to choose the cheapest not the healthiest foods. Supporting this barrier is a perception that healthy = expensive. Care is needed to ensure that communications normalise the reality of only being able to afford cheaper options and that this doesn't exclude consumers from using the Health Star Rating. Any communications that makes people feel bad about purchasing cheaper options would evoke forms of whakama (shame/embarrassment).

"Too see the expensive product with the stars, I would like to feed that to my family, seeing the rating it downgrades what I can afford. It makes me not want to see it as you want to feed your children the best. To know you can't afford the dearer products that have it on, makes me feel guilty buying the cheaper one with no stars" Māori Low Income Rotorua.

Another huge limitation is a concern that their family/whānau, specifically young children, will not eat the healthier alternatives and they can't afford to take the risk.

The mental effort required to compare different products in terms of health even with a Health Star Rating feels significant to these consumers, with many claiming they are lazy and can't be bothered. This is especially true for those shopping with young children who are distracted and stressed dealing with tantrums and constant requests for food they can't afford.

"It's a good thing for me because I'm lazy about reading that stuff. When I go shopping I'll look for that" Māori Low Income Auckland.

Time is also a barrier for those who are rushed after work or trying to speed things up due to children wanting to go home or losing patience.

Finally it shouldn't be underestimated how routine and entrenched food choices can be, hence the introduction of a new way to choose food can feel like a massive disruption with unknown consequences in terms of time, effort and cost/ waste if new foods are not eaten.

Trigger - This group represent the primary target when communicating the Health Star Rating. They have the most to gain and are relatively open to using it. It will be crucial to raise their awareness levels via above the line communications of the Health Star Rating, specifically the logo and what to look out for in the supermarket. Ideally this messaging would be reinforced in the supermarket via point of sale material and improved visibility on packaging. They don't need all the detail about how it works, just that it is a simple and easy tool for families to use to make healthier food choices. Keep messages realistic

and achievable for example to use it where they can and avoid making them feel bad about current potentially unhealthy choices. Guilt could turn them into rejecters.

Type 3 - Engaged

Who are they? - A smaller group of consumers within our sample, more from ethnicities outside Māori and Pacific Island and more medium income.

Motivation - Mid to high level of motivation to purchase healthy foods, often motivated by the need to lose weight, health scares, children with allergies or dental problems. Often they are European or Asian where culturally it feels normal to read and check labels for nutritional information and it is socially acceptable to be fussy about foods.

Ability – They have the ability to make good food choices, although do still get confused and find nutritional information hard work.

Key challenges are the time and effort required to read labels and make accurate comparisons, and therefore once decisions have been made they are not always open to revisiting them.

"I already know what's healthy and what suits me, it would just be if I wanted to compare something in particular" Other Low Income Rotorua.

"Mum has diabetes and I'm very aware of what products she can have. All about healthiness" Pacific Island Medium Income Auckland

Also they are not immune to fussy children who refuse healthier foods, which is also holding them back from making more healthy choices.

An important barrier to overcome with this group is a cynicism and lack of trust in the initial idea of a Health Star Rating. They have many questions around how it is calculated, how the ratings should be interpreted and where it has come from. They were much more likely to challenge the credibility of individual product ratings, for example how a peanut butter could score 5 stars. Ultimately they need to understand the system before they can trust it. It will be important to manage these potentially negative reactions as they have the potential to influence the more accepting 'Restricted' group of consumers via word of mouth.

Trigger – Above the line communications will help grow their interest in the Health Star Rating as they are likely to have started spotting it on some packaging. Importantly the communications need to give the Health Star Rating credibility and make it feel trustworthy and transparent. It will be especially important for this group to be provided with a URL so they can follow up online and find out more about how it works.

4.4 Campaign Messages

This section provides feedback on some specific campaign messages providing us with some valuable do's and don'ts for future communication development.

4.4.1 Overview of messages

The following table provides an overview in terms of appeal for the six messages tested. All participants were asked to rank the messages from 1-6 (where 1 = most appealing and 6 = least appealing). The rankings in the table below are based on average scores across all the groups.

Key communication messages	Ranking (1 = most appealing and 6 = least appealing)
Health Star Ratings help you choose healthier packaged foods	1
Health Star Ratings are a quick easy way for you to compare similar packaged foods so you can choose healthier packaged foods	2
Foods lower in saturated fat, sugar or sodium (salt), and/or higher in fibre, protein, nut, legume, fruit or vegetable content have more stars	3
The Health Star Rating rates the nutrition content of packaged food from half a star to 5 stars	4
Over time, you'll see more packaged foods with Health Stars	5
You can trust the Health Stars because they are government-backed, science-based and independent	6

Note: All participants were asked to rank messages from 1-6 in terms of appeal. The above rating is based on average scores across all groups

4.4.2 Key messages

Health Star Ratings help you choose healthier packaged foods

The most popular message overall due to its simplicity - especially relevant for 'Restricted' consumers who don't need a lot of detailed information.

"It's short, simple and to the point" Other Low Income Rotorua.

However it can feel a bit vague for some 'Engaged' consumers as it doesn't introduce the concept of similar products or comparing packaged foods in the same category, which was seen as an important element to convey by some in terms of accurately interpreting the ratings.

"It's vague it doesn't tell me what a Health Star Rating is" Pacific Island Medium Income Auckland.

Health Star Ratings are a quick easy way for you to compare similar packaged foods so you can choose healthier packaged foods.

Despite feeling a little longwinded and repetitive in terms of mentioning packaged foods twice, it was the second most popular message overall. It appealed for a number of reasons. Firstly the reference to quick and easy talks to the barrier that assessing health is time consuming and difficult.

"We are a rushed society so quick and easy is good" Māori Low Income Rotorua.

"It's true we can easily see what they are there for" Other Medium Income Auckland.

It also positions the Health Star Rating as something that can help rather than contribute to complexity and effort. For 'Rejecters' who don't want to read labels at all it still constitutes more work and is unlikely to influence their current behaviour.

"Makes me think more work having to compare stuff, hard enough to think about stars without comparing. It's more work." Māori Low Income Auckland.

"I'll still buy the Homebrand Coco Pops because my daughter isn't fussy and will eat them. If I get Weet-Bix she'll just put heaps of sugar on them anyway" Other Medium Income Auckland.

For many 'Restricted' consumers this is sufficient information. It tells them what it is and how it should be used, without going into too much detail around how to interpret the ratings. However for the more 'Engaged' consumers it still leaves them with unanswered questions surrounding how the rating is calculated.

"That's good it's telling me what it is, what it does and why you are doing it. It doesn't really tell you how to understand the rating though" Pacific Island Low Income Auckland.

The use of the word '**similar**' whilst important to include does raise some issues, given different interpretations of what constitutes a similar product. Reassuringly the debate was more about similarities within a category rather than comparing across categories especially for diverse categories such as breakfast cereal. The ambiguity of 'similar' needs careful consideration as some product categories are less well defined, as shown in the Milo example. It also highlights the requirement for some consumers of being able to check category definitions online.

"Similar means compare Weet-Bix to Wheat Biscuits to me. The key word is similar and Weet-Bix and Honey Puffs are not similar" Māori Low Income Auckland.

The Health Star Rating rates the nutrition content of packaged food from half a star to 5 stars.

This message is often perceived as not saying anything new, it is information that most people would be able to work out from seeing the Health Star Rating on the packaging or via advertising. However it represents an uncontentious written introduction which would ideally be supported by a visual of the rating to bring the statement to life.

"That's pretty informative, self-explanatory" Pacific Island Low Income Auckland.

"It doesn't tell me anything new I can see the one to five on the pack" Māori Medium Income Auckland.

The reference to half a star did tend to make consumers very interested in what products would get half a star and whether any manufacturer would ever voluntarily display a half star rating. It raised the question as to whether only the healthy and expensive products would have stars on them and the unhealthy, cheaper products would be identified via their absence of a rating. If this was to occur it would have the effect of reducing the relevance of the Health Star Rating for lower income consumers on a tight budget.

"Why would they make something to sell if it only has half a star" Pacific Island Low Income Auckland.

"What's half a star...chocolate... that's your wine?" Māori Low Income Auckland.

The word 'nutrition' is also not very consumer friendly and can feel intimidating especially for 'Rejecters' and 'Restricted' consumers. Healthiness would be a better term to use.

Foods lower in saturated fat, sugar or sodium (salt), and/or higher in fibre, protein, nut, legume, fruit or vegetable content have more stars.

This is perceived as valuable information for 'Engaged' consumers who were keen to know how the Health Star Rating is calculated but it can feel a bit overwhelming for many 'Restricted' consumers in this format. A visual diagram would help minimise confusion, helping people see at a glance which ingredients have a positive or negative impact on a product's rating.

"If your attention has already been caught by the concept that might be useful but to put out that message too early will switch people off. If I'm interested in it I'll go looking for it but it's too detailed otherwise " Other Low Income Rotorua.

"That went over my head at first but it tells me how they get to healthier ratings. Most things have sugar and salt; I like that one" Māori Medium Income Auckland.

"It's good all the foods we consume will be rated on that criteria" Māori Low Income Auckland.

Care is also needed with the language used particularly for ethnicities where English is a second language. The two words some people struggled with were 'legumes' and 'saturated'. Saturated had the potential to be interpreted as 'wet' and legumes was simply an unknown term. For the most part consumers had a reasonably good awareness of the different food groups/ingredients.

"Legumes, what is that?" Pacific Island Medium Income Auckland.

Given the prevalence of negative publicity around sugar in our foods, this was by far the most commonly mentioned ingredient to consider when making food choices. Foods with a high sugar content that still have a high rating did emerge as potentially undermining the credibility of the rating for 'Engaged' consumers. This reinforces the importance of clarifying the similar products/ comparative nature of the ratings.

"So you think low fat, low sugar but it's just a bowl of sugar. It's deceptive. Weet-Bix is really high sugar but it has a heart tick because of the brands tested, it was the best but it doesn't mean it's good for you... 3.5 for Honey Puffs is too high...if my son swam on that, he'd stop halfway. There is no fuel for your body in it" Māori Medium Income Auckland.

You can trust the Health Stars because they are government-backed, science-based and independent.

Widespread rejection of using 'government backed' in any communications as a lot of mistrust and conspiracy theories around government and big corporations. The word 'government' encourages consumers to think about Politicians and dirty tactics; however a health related government department is perceived very differently.

"You could say health department backed more credibility than government because there is so much mistrust" Other Medium Income Auckland.

"Only John Key's friends would agree with that" Pacific Island low Income Auckland.

'Science based' was mostly well received as the majority could appreciate the need for scientific testing to determine the Health Star Ratings of different foods. However 'science' as a term does carry some negative connotations around chemicals and genetic modification. It can also simply feel too technical and intimidating especially for 'Rejecters' and 'Restricted' consumers.

"I like science based and independent but not government" Other Medium Income Auckland.

"It does make me think there might be chemicals put in it, genetically modified food" Other Medium Income Auckland.

The term 'independent' is the least contentious and helps allay fears that big corporations would be testing their own products and displaying a misleading positive rating to sell more products. It helps make the Health Star Rating feel more trustworthy and credible and would ideally be supported by information and logos from the specific health/nutritional experts who do the independent testing.

"Independent means they are separate from the company. They aren't paid for information" Māori Low Income Auckland.

"An independent person is good as don't necessarily trust what they say is in everything because of that case study about Ribena and the level of vitamin C being advertised wasn't right" Pacific Island Medium Income Auckland.

Another factor to consider is The Health Star Rating often sits alongside manufacturer health claims on the pack for example 'low sugar, high protein' and can sometimes be perceived in the same light. This can signal the Health Star Rating is the same as other claims made by a manufacturer to sell more products. Hence reinforcing its independence will be vitally important especially for the 'Engaged' group of consumers.

Over time, you'll see more packaged foods with Health Stars.

Mostly seen as a positive that the Health Star Rating will be more widely used, as the more products it is on, the more able they are to make healthier choices. Ideally it would be compulsory for all products to display the rating, as there was some disappointment when they were told it would be voluntary. Being voluntary is likely to make some of the 'Engaged' consumers suspicious of products without a rating, as they would think they have something to hide.

The tone of this statement is also positive as it invites consumers to look out for more ratings, rather than dictating or instructing them to do something. It also hints at the fact that the rating isn't going away and is worth taking seriously.

"This would mean you look for it. The start of education" Māori Medium Income Auckland.

4.4.3 Calls to action

Reactions to the calls to action highlighted what was realistic to expect and not to expect from consumers. This is important given the many barriers that need to be overcome before full participation with the Health Star Rating will occur.

Here's what to look for ...



In terms of desired actions in response to the communications this was perceived as the most appropriate overall and a suitable message to communicate with consumers. It is described as informative and feels like an invitation rather than an instruction. For the 'Restricted' consumers it was enough to raise awareness of what to visually look out for. However it did serve to highlight inconsistencies in terms of how the rating is presented, which contributes to a more complex image relative to the simplicity of the Heart Foundation tick. A small number interpreted more nutritional information as more healthy for example one product has five healthy ingredients whereas the other one only has one ingredient worth mentioning. Notably reactions highlighted the importance of showing the Health Star Rating graphically in the advertising to help raise familiarity around what to look out for.

"You can say Health Stars as much as you like but if you can't see it, we are quite a visual group, our culture" Māori Low Income Rotorua.

"Once you know what to look for and build awareness for it, we'll see it on everything" Other Medium Income Auckland.

Use Health Stars to compare similar packaged foods, then choose the product with the most stars.

Many consumers reacted negatively to this statement. It gives the impression everyone wants to choose food based on its healthiness alone and that everyone will automatically choose the highest rated product irrespective of their taste preference or budget. This provides a valuable reminder to never sound pushy or be presumptuous about how the Health Star Rating will be used.

"It comes down to price....it's telling me to choose, still very demanding" Māori Low Income Rotorua.

Look for Health Stars on packaged foods when you are shopping.

In principle this is a reasonable call to action for all consumers but it also raises the same issue around consumers not wanting to be told what to do - communications need to always position the Health Star Rating as a choice or something to potentially consider. While similar to the call to action 'Here's what to look out for' it is subtly different and causes many to react negatively; it feels less helpful and more demanding.

"Not giving you a choice telling you what to do" Māori Low Income Rotorua.

For the same reason positioning the Health Star Rating as **just one tool** to use when assessing the healthiness of products is well received. The Heart Foundation tick has reasonable cut through in terms of consumers using it as a way to pick healthier products or at least to feel better about some of the choices they are making. The Five plus a day message is also reasonably well known serving as a reminder to eat more fruit and vegetables. It is key to reflect the reality that the Health Star is not operating in isolation and for some more 'Engaged' consumers they will still need to read nutritional information to determine the specific quantities of key ingredients. There is still the potential for confusion if a product has a low rating but still has a Heart Foundation tick. Contradictory information on a pack is something to watch out for as it has the potential to undermine credibility of all ratings.

4.5 Campaign Delivery

This section aims to explore some of the campaign attributes in more detail for example who is the most relatable and credible spokesperson, what consumers need to believe in the campaign.

4.5.1 Government logos

The logos are an important part of giving weight and credibility to the Health Star Rating, with some very clear and consistent feedback regarding the logo options presented. The Ministry of Health is consistently the most preferred logo due to good awareness and perceived direct relevance to the Health Star Rating.



New Zealand Government
Te Kāwanatanga o Aotearoa

Given negative reactions to the 'Government-backed' message it is not surprising the extent of animosity directed at the New Zealand Government logo. There are few positive associations with the Government logo, with some claiming it reminded them of the courts and fines e.g. The Ministry of Justice. For this reason the Government feels very authoritative and intimidating. Others claimed it was just too broad to only say Government. It was better to use the logo of a specialist health related government department who have specific expertise and credentials.

"That reminds me of fines" Māori Low Income Auckland.

"That symbol scares people" Māori Medium Income Auckland.

"The government have too many other things to worry about" Māori Medium Income Auckland.

In the Māori Low Income Rotorua group the government logo was also disliked due to the use of Māori and government on the coat of arms seeming contradictory. This could potentially be associated with benefits, land issues and Treaty of Waitangi.



A number of issues emerged in response to using the Ministry for Primary Industries logo, largely driven by very low awareness of what they actually do and a perceived lack of expertise regarding the health of New Zealanders. It doesn't feel relevant for them to be involved with the Health Star Rating and there is a small risk of it feeling more in favour of big business than your average consumer.

"Sounds like an organisation trying to build the industries any way they can, more of a business focus" Pacific Island Medium Income Auckland.

"Who are the Ministry for Primary Industries? What do they do?" Other Medium Income Auckland.

"Primary Industries. Your basic industries in our country, it is fisheries, farming and stuff like that" Other Medium Income Auckland.



Whilst the Health Promotion Agency is also unknown it feels more relevant in that the name clearly informs the consumer that they specialise in promoting health. However it has far less weight and credibility than the Ministry of Health as it is not necessarily seen as a government department.

"It feels like a dedicated group of people to focus on promoting health and healthy eating, ideally it would be a backed by the Ministry of Health" Pacific Island Medium Income Auckland.



The Ministry of Health is more well-known and feels directly relevant to the Health Star Rating. It is often seen at the doctors' surgery so has more positive connotations than being seen at the Courts. They are an agency who help rather than punish New Zealanders. Subsequently it was consistently seen as the most suitable logo for promoting the Health Star Rating. Supplementing the Ministry of Health logo with the Ministry for Primary Industries logo didn't add further weight or credibility, it simply served to confuse and undermine government-backing as it raised questions over the nature of government involvement and made it feel less transparent. Typically the feedback was the fewer logos the better, as multiple logos feel more confusing and raise questions regarding the nature of each department's involvement.

"Ministry of Health supposed to have all the statistics, I trust in what they are saying" Pacific Island Medium Income Auckland.

"Ministry of Health sounds factual, it's true" Pacific Island Low Income Auckland.

"The Ministry of Health you know who they are, what it is, it feels very transparent" Other Low Income Rotorua.

"They know what's good for your health, and they take care of New Zealand's health sometimes" Māori Low Income Rotorua.

4.5.2 Spokesperson

'Seeing people like me' is important to all those we spoke to, highlighting the need for a diverse range of people across different age groups and cultures. Communication materials need to feel family friendly and accessible and it will be important to overcome the sense that the Health Star Rating is a 'Palangi' or 'Pakeha' thing for rich people in places like 'Remuera', who are more educated and can afford to make healthy choices. They want to see real, everyday people rather than polished and glamorous models in high end homes. Māori in particular want whānau to be referenced in communications as the extended family and the values associated mirrors their cultural reality.

"I think personally all walks of life, all races, so everyone feels important" Māori Low Income Rotorua.

"Yes I'm brown and live in Mangere so show me in the park with my family having a picnic and eating" Māori Low Income Auckland.

"Pacific people. Not someone with a perfect body, because immediately I don't relate. Use products we eat, like corned beef. Common household stuff Weet-Bix and tinned stuff" Pacific Island Low Income Auckland.

"When you see ads on TV with people in big flash kitchens you think we can't afford that. Normal kitchens with kids running around. Bring it down so we can relate" Pacific Island Low Income Auckland.

In addition to everyday people/ families the use of sports people in Health Star Rating communications was also frequently mentioned. Sports celebrities are popular role models and leaders given they are more likely to be healthy and often come from low income backgrounds. Some key names mentioned include Valerie Adams, Richie McCaw, Lydia Ko, Quade Cooper, Steve Hansen, the Robertson twins (marathon runners), and famous rowers such as Mahe Drysdale.

"Anyone so long as they are respected in the community and have a good standing. Richie McCaw. Valerie Adams, Lydia Ko. Not John Key or any Politician. Sports people are less money orientated whereas politicians and the likes are" Pacific Island Low Income Auckland.

4.5.3 Language

Mixed views emerged in terms of the extent of te reo Māori to be used in communications. In Rotorua while some use of Māori language was appropriate they didn't want communications to feel too Māori focused. The feeling was they would be stereotyped as having unhealthy eating habits and made to feel as though obesity is a Māori problem. This was also the view of some Pacific Islanders in Auckland who didn't want communications to reinforce stereotypes of Pacific Islanders overeating.

"Using Māori language would be stereotyping Māori saying the rating is aimed at Māori people" Māori Low Income Rotorua.

However the Māori Medium Income Auckland group had a different perspective regarding the use of te reo Māori in communications. They felt Māori language is the national language of New Zealand and should be more mainstream. They were far more political and opinionated than the Rotorua Māori group and believed communications should ideally be in Māori language only and at the very least bilingual, requesting the Māori words for Health Star to be used.

"I would go te reo with subtitles in English. We don't have enough te reo ads on TV" Māori Medium Income Auckland.

"It should be in full Māori, it should be a Māori focus. Use the Māori words for Health Star. Haoura Whetu. In Māori it sounds better" Māori Medium Income Auckland.

Another key consideration is that any communication needs to be understood by those with English as a second language, so must feel user friendly with simple language. Pacific Islanders in particular liked the use of humour and colloquial terms to avoid it feeling too formal.

"Tone down the language, put a brother in there" Pacific Island Medium Income Auckland.

4.5.4 Channel

Radio is recommended for kaumātua as they frequently listen to the radio. 'Watea' was mentioned as a particularly relevant radio station to target. Elderly Pacific Islanders are also heavy radio listeners and it was deemed important to expose their elders to health related messages to get the whole whānau/family on board.

"My Tongan mother in law is pretty much blind and listens to everything on Tongan radio... Radio is best for old people. We need to teach them because it gives them ownership" Māori Medium Income Auckland.

Reaching some less engaged Māori through their mokopuna is recommended as they have an influence over what the whānau buy in the supermarket. If they experience the Health Star Rating within their schools, they will come home and talk about it with the rest of the household. They also thought that marae could be targeted.

"It should be introduced in schools, they send so much stuff home with them. Educate the kids and they can educate the parents" Other Medium Income Auckland.

Mass media such as billboards, bus-stops and magazines will be good for raising awareness and familiarity with the Health Star Rating so consumers know what to look for, especially given it is typically being overlooked on packaging. It will be important to keep it simple and accessible as it can easily be rejected as not for me or too much like hard work.

Posters and brochures in Doctors' and Dentists' surgeries was also mentioned as a logical place to communicate key messages. Consumers are more likely to be motivated to absorb information about making healthy food choices before and after talking to a health professional.

For the 'Engaged' consumers, the communication of a website to find out more information was seen as essential and a good way to avoid overwhelming the 'restricted' consumers. Different URL options were explored with www.healthstars.govt.nz being the preferred option overall as it was simpler and easier to remember, with less risk of entering it incorrectly. The alternative addresses www.health.govt.nz/healthstar and www.mpi.govt.nz/healthstars were typically seen as too long and complicated to enter. There is widespread preference for the words 'healthstars' to be included and to avoid including 'MPI' given confusion over their role. Despite clear preferences all of the URL's would be acceptable should their preferred URL not be an option. Some education around the Ministry for Primary Industries would help address concerns over including 'mpi' in the URL.

"Too many dots and slashes" Pacific Island, Low Income Auckland.

"If MPI is going to be used they need to do some advertising around who they are and what they do" Pacific Island, Low Income Auckland.

4.6 Next steps for communications

The following section outlines the recommended next steps for the communications at an overall level and at a segment specific level.

4.6.1 Overall next steps

The research supports the need to raise awareness of the Health Star Rating logo so people know what to look out for when shopping in the supermarket. A high profile above the line campaign supported by more products displaying the logo in-store will help ensure the Health Star Rating is more top of mind and visible in the future.

Improvements are also recommended in terms of how the logo is displayed on packaging. Ideally it would adopt a similar approach to the Heart Foundation tick and use a consistent colour and style e.g. a blue rating with no additional nutritional information. This will improve perceived simplicity, ease of use and stand-out on pack.

Given the Health Star Rating is to be used to compare similar products, some follow up information on a website may be needed as some product categories are less well defined and people have variable definitions of what constitutes a similar product. A key watch out is that a five star rated product may be perceived as a health food and safe to be consumed in large quantities.

The use of Māori language when communicating the Health Star Rating should be given careful consideration as it helps engage and connect with some key audiences. A Māori version of the Health Star Rating and some bilingual communications would ideally be included in the second stage of research. A key aspect to check is any evidence of perceived cultural stereotyping as this needs to be avoided at all costs.

When communicating it should be remembered that for some consumers English will be their second language so complex terms such as legumes, saturated and nutrition should be avoided. Pacific Islanders in particular like the tone and feel to be very 'down to earth' with use of humour and colloquial language. 'People like us, talking like we do' is important for all ethnicities but especially Pacific Island and Māori consumers given they are more likely to consider reading labels as a 'Pakeha' or 'Palangi' thing to do.

A variety of different spokespeople will be required to reflect the need for culturally diverse and age appropriate communications. People need to see themselves, their family/ whānau and their lives reflected back in the communication materials. Ideally this would be supplemented with some positive role models typically healthy, active and inspirational sports people from grassroots New Zealand.

Communications should avoid the use of the words 'government-backed' or using the 'government logo' as there are too many negative connotations. The Ministry of Health would ideally take ownership from a consumer perspective as they are seen to have the relevant credentials. Avoid using the Ministry for Primary Industries if possible as they are unknown and confusion and suspicion is created around the nature of their involvement.

It will be positive to communicate 'independence' as it helps overcome concerns that manufacturers can pay for or manipulate the ratings to sell more products. 'Science-based' is understood and accepted as part of the testing but it can feel intimidating, potentially undermining accessibility. 'Voluntary' is good to know but adds little value given it can make consumers feel disappointed that it's not compulsory.

4.6.2 Segment specific next steps

Rejecters

Not a core target given they have very low motivation to read labels and choose healthier foods. The best way to trigger this group would be via whānau and friends talking about it and normalising the concept of reading labels and assessing the healthiness of food.

Consider indirect ways of influencing this group such as introducing the Health Star Rating within schools and encourage children/ mokopuna to bring material home and influence their family/whānau. Ultimately getting people talking about it will be key way to trigger behaviour change.

Restricted

These consumers are the primary target for communicating the Health Star Rating to as they have a genuine desire to buy more healthy foods for their families, despite a number of barriers to overcome.

The Health Star Rating needs to feel simple, easy to use and much quicker than reading all the nutritional information on packaging. It will be important that the Health Star Rating is communicated in such a way that supermarket shopping doesn't start to feel like hard work.

In order to engage and improve relevance it will be important to challenge the perception that products with a high rating will be more expensive. When communicating the Health Star Rating show everyday families/ whānau using budget products with high ratings, demonstrate that you don't need to spend more to buy healthier food. Importantly don't make them feel guilty as they often feel they don't have a choice and have to buy the cheapest instead of the healthiest.

The best message for this group would be "**Health Star Ratings help you choose healthier packaged foods**" due to its simplicity. This group are not too concerned with needing to know the detail around how it works. Any reference to 'quick and easy' are also liked as it talks to key barriers around how time consuming and difficult it is to assess the healthiness of food.

It will also be important to make communications feel like an invitation or something to consider rather than telling people what to do, or assuming health is their only consideration. Price and whether their children will eat it often override health so it is important to reflect this reality in communications.

While a high profile mass media approach will be beneficial in reaching this group, doctors and dentist surgeries are also a place where they are likely to be primed and ready to absorb health based information. Leaflets and posters in waiting rooms are recommended.

Engaged

Given this group of consumers are already actively reading labels and checking the healthiness of products they are potentially a secondary target for communications. While they have the potential to benefit from the Health Star Rating it should be positioned as **one tool** and not a replacement for reading specific nutritional information.

Campaign material aimed at this group will need to communicate how the rating is calculated, how the ratings should be interpreted and who is behind the rating system. They need to understand before they can trust.

Given the comparative nature of the rating it will be important to communicate the message "**Health Star Ratings are a quick and easy way for you to compare similar packaged foods so you can**

choose healthier packaged foods”. However it would need to be supported by more detail on a website explaining what constitutes as similar products and how categories are defined.

It will also be necessary to communicate how the ratings are calculated, for example **“Foods lower in saturated fat, sugar or sodium (salt), and/or higher in fibre, protein, nut, legume, fruit or vegetable content have more stars”**. However, this information can be overwhelming and difficult to absorb and would potentially benefit from a diagram or graphic to help people see at a glance.

Appendix A – Products used in groups

The following products were used in the groups to allow consumers to interact with Health Star Ratings on packaging

Breakfast cereal

- Hubbards Berry Berry lite muesli (no Health Star Rating)
- Homebrand Wheat Biscuits (Health Star Rating 4.5)
- Sanitarium Weet-Bix (Health Star Rating 5)
- Sanitarium Honey Puffs (Health Star Rating 3.5)
- Kelloggs Rice Bubbles (no Health Star Rating)
- Kelloggs Coco pops (Health Star Rating 2)
- Untoasted Muesli with seeds and nuts (Health Star Rating 5)

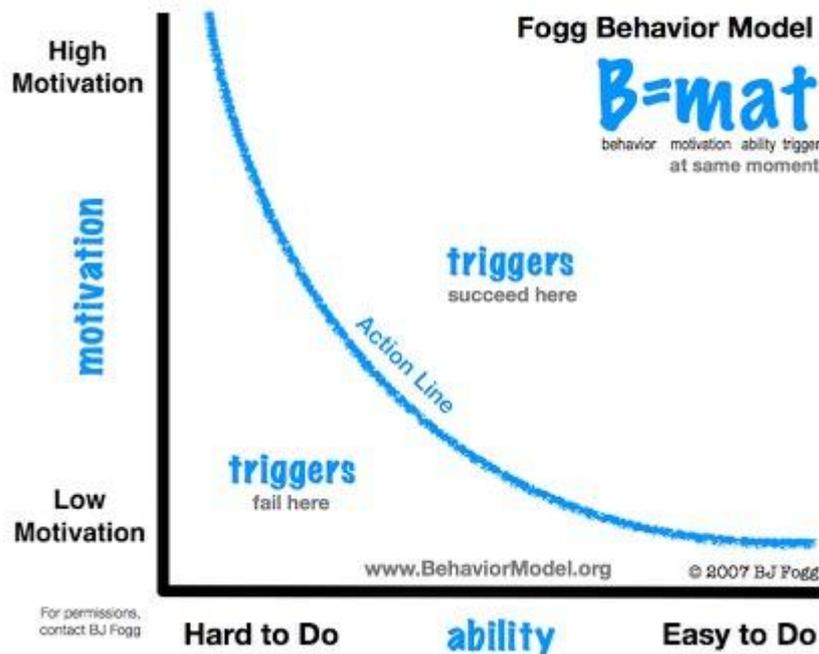
Peanut Butter

- Sanitarium no added salt or sugar crunchy peanut butter (Health Star Rating 4.5)
- Eta Nuts for smooth peanut butter no added sugar (no Health Star Rating)
- Mother Earth LSA blend peanut butter (Health Star Rating 5)
- Homebrand smooth peanut butter (Health Star Rating 3)
- Select American style peanut butter (no Health Star Rating)
- Sanitarium Crunchy peanut butter (no Health Star Rating)

Appendix B – The Fogg Behavior Model

Further information on the Fogg Behavior Model from BehaviorModel.Org

The Fogg Behavior Model shows that three elements must converge at the same moment for a behavior to occur: Motivation, Ability, and Trigger. When a behavior does not occur, at least one of those three elements is missing.



Using the Behavior Model (FBM) as a guide, designers can identify what stops people from performing behaviors that designers seek. For example, if users are not performing a target behavior, such as rating hotels on a travel web site, the FBM helps designers see what psychological element is lacking.

The FBM also helps academics understand behavior change better. What was once a fuzzy mass of psychological theories now becomes organized and specific when viewed through the Behavior Model.

The FBM highlights three principal elements, each of which has subcomponents. Specifically, the FBM outlines three Core Motivators (Motivation), six Simplicity Factors (Ability), and three type of Triggers. The subcomponents define the larger elements. For example, in the FBM the word Ability refers to how the six Simplicity Factors work together in the context of a Trigger.

Appendix C – Recruitment guide

Recruitment guide: HPA Health Star Rating qualitative project

August 2015

Overview of fieldwork

Ethnicity	Auckland	Rotorua or Northland	Total number of groups
Māori	2 x focus group (L, M)	1 x focus group (L)	3
Pacific peoples	2 x focus groups (L, M)		2
Other	1 x focus group (M)	1 x focus group (L)	2
Total number of groups	5	2	7

Moderators:

- Chantelle Watt chantelle.watt@tnsglobal.com 0274 371 214
- Nicola Stokell nicola.stokell@tnsglobal.com or 021 2200204
- Marie McCarthy

Dates & Times: 2 hour groups. Usually 2 groups per evening. Start times and group order each night to be confirmed by recruiter

Breakdown of groups

Auckland – Allenby Park Hotel, 477 Great South Road, Papatoetoe, Manukau City

Rotorua - **The Comfort Inn Coachman**, 335 Fenton Street

Groups	Group description	Location	Date	Time	Mod
Group 1	Māori (M)	Auckland	Wed 9 th Sept	6pm-8pm	CW /MM
Group 2	Māori (L)	Auckland	Wed 16 th Sept	5.30pm- 7.30pm	CW/MM
Group 3	Pacific peoples (M)	Auckland	Wed 16 th Sept	8pm-10pm	NS /MM
Group 4	Pacific peoples (L)	Auckland	Tues 15 th Sept	5.30pm-7.30pm	NS/MM
Group 5	Other (M)	Auckland	Tues 15 th Sept	8pm-10pm	NS
Group 6	Other (L)	Rotorua	Tues 8 th Sept	8pm-10pm	CW
Group 7	Māori (L)	Rotorua	Tues 8 th Sept	5.30pm-7.30pm	CW/MM

Recruitment criteria

- All to be the joint/main caregiver or parent for a child under 14 years, who lives in the house with them at least the majority of the time

- Mix of ages and number of children in the household/ under their care (note that we expect we may have a number of families who are living in houses with extended family groups, and the caregiving / grocery shopping arrangements may be more complex)
- All to be the main/joint household shopper (or main/joint household shopper for their 'family unit' – if a number of family units are living within a house)
- All to be regularly shopping at supermarkets
- Gender may be predominantly female, but please ensure some men are included. For focus groups with men, please ensure at least 2 men are present
- Income
 - 'L' = lower household income. 'M' = medium household income
 - Income defined as total household income per year
 - Auckland – 'L' = Ideally below \$40k. 'M' 40k-80k
 - Rotorua – 'L' = Ideally below \$30k. 'M' 30k-70k
- Ethnicity
 - Please encourage people to select according to ancestry or ethnic affiliation
 - Mixed Pacific Island cultural groups including Samoan, Tongan, Cook Island Māori and other
 - Other cultural groups to include a mix of Pakeha/New Zealand European, Asian-Chinese, Asian-South Asian, and other ethnicities as appropriate to the focus group location
- Have lived in New Zealand for at least 3 years
- Standard exclusions: Working (or have immediate family working) in advertising, marketing, market research, health professionals, food industry (management level); confident speaking in a group situation; respondents must be happy to be audio-recorded

Koha/gift: Supermarket voucher of \$80, including \$60 for the focus group and \$20 for the pre-task. **Pak n Save TBC**

Venue: Venues are to be confirmed, but will be community facilities such as community centres, library rooms, churches, sports centres and community based suburban marae. No clients will be viewing

Moderation: Pacific and Maori groups will be co-moderated by a Maori/Pacific moderator and a European/Pakeha moderator

Recording: All groups will be audio-recorded

Pre-task: All respondents must be prepared to do a pre-task which is talking about their food shopping habits. If possible, we would like respondents to take a photo or draw a picture of the foods in their pantry/cupboards. Please see separate pre-task document for further details

Intro

Hi/ kia ora, I am [insert interviewer name], an interviewer from PFI Recruitment. We are undertaking a project for our client, TNS, a market research company, which is about family eating and buying groceries/food. We are looking for people who would like to participate in paid focus groups. There is a koha/gift of a \$80 supermarket voucher as a thank you for your time, including a short activity to be completed before going to the group. The groups are audio-recorded for research purposes only. Would you potentially be interested in taking part? (answer other questions as they are raised)

If so, I have some questions to check if you are suitable to take part, as we are looking for particular types of families?

Q1. RECORD GENDER (DO NOT ASK)

Female	1
Male	2

Q2. Who is the main food shopper in your household?

I am the main/joint food shopper	1	CONTINUE
Someone else is the main/joint food shopper	2	Close, or ask to speak with them

Q3. Are you the parent/ caregiver for children under 14 years, who live at home with you? (Must be at least 'most' of the time)

Yes	1	Continue
No	2	Close

Q4. How many children under 14 years living at home with you do you have?
Please record and achieve a mix across the sample

Q5. What are the ages of your children under 14 years? *Please record and achieve a mix across the sample*

Q6. What ethnic group do you most identify with? *Please record. Please achieve a mix across the sample e.g. within the 'Pacific' groups we'd like a mix of the different Pacific peoples, and likewise for 'Other' group. If the participant is from more than one ethnic group, ask the participant to choose the group they feel most comfortable with*

Maori	1	Continue for 'Maori' group
Samoan	2	Continue for 'Pacific' group
Tongan	3	Continue for 'Pacific' group
Cook Island Maori	4	Continue for 'Pacific' group
Other Pacific peoples	5	Continue for 'Pacific' group
Pakeha/NZ European	6	Continue for 'Other' group
Asian-Chinese	7	Continue for 'Other' group
Asian-South Asian	8	Continue for 'Other' group
Other – please specify	9	Continue for 'Other' group

Q7 Where do you do most of your food/grocery shopping?

Supermarket	1	MUST SELECT TO CONTINUE
Dairy / local corner stores	2	
Markets	3	
Other	4	

Q8. In total, how many people usually live in your household, including yourself?.....*Record for information*

Q9. Which of the following best describes your occupation? *Record for information*

Paid full time work	1	Go to Q11
Paid part time work	2	Go to Q11
Not in paid work and looking for a job	3	Go to Q10
Not in paid work and not looking for a job	4	Go to Q10

Q10. Which of the following best describes your current activity? *Record for information*

Homemaker/caregiver	1	
Student	2	
Retired	3	
Parental or pregnancy leave	4	
Receiving some income support/ unemployed	5	

Q11A. What is your total yearly household income? AUCKLAND ONLY.

Under \$30,000	1	Continue for 'L' group
\$30,000-\$39,000	2	Continue for 'L' group
\$40,000-\$79,999	3	Continue for 'M' group
More than \$80,000	4	Thank and close

Q11B. What is your total yearly household income? ROTORUA ONLY

Under \$30,000	1	Continue for 'L' group
\$30,000-\$69,999	2	Continue for 'M' group
More than \$70,000	3	Thank and close

Q12. If you are working, what is your job? *Please record*

Q13. Do you or do any of your immediate family work in any of the following industries

Advertising/PR/marketing/market research	1	Thank and close
Health professionals	2	Thank and close
Food industry (management level)	3	Thank and close

Q14. How long have you lived in New Zealand for?

3 years or less	1	Thank and close
More than 3 years	2	Please continue

Q15. What is your age? *Record for information*

OTHER THANK & CLOSE

PROVIDE DETAILS OF THE GROUPS AND DESCRIBE PRE-TASK. Mention that the details of the group (e.g. time, location) and the pre-task will be sent by email / post.

Standard Consent to Record

I just need to ask you about audio taping which is a normal procedure for any groups we do.

We want to record your group to make sure we have an accurate record of all information. This record is confidential and for use on this project only. Your identity is kept anonymous at all times unless you choose otherwise. Do you consent to having your group recorded in this way?

3. How do you find the experience of shopping for groceries? Describe your typical mood/ feelings/ thoughts when grocery shopping Anything you enjoy? Anything you find stressful/ annoying?

4. When choosing food for your family – what do you think about when making food choices? How do you decide what to buy? What is influencing the decisions you make?

Final thing we'd like you to do:

1. We would like you to take a photo of your pantry/ food cupboards/ fridge/freezer - anywhere you store your food. Please don't change anything about your pantry/cupboards etc for the photo as it is more useful for us to see how it really looks everyday – try to resist tidying up!!!. See photos below as an example. If you can't easily take a photo could you try drawing your pantry/ food cupboard/ fridge/freezer and labelling the different types of foods you have? (Don't worry about listing every single product; just focus on the key types of products and brands e.g. Gregg's herbs and spices, Bluebird chips, Pam's cooking oil, tins of Watties fruit, beans etc)

Example photos.....



Your photos

Email your completed questions before the group to nicola.stokell@tnsglobal.com or print them out and bring them along with you to the group, whatever is easier for you. We look forward to meeting you soon

If you have any questions – feel free to call me on 021 2200204 or email me using the above address.

Thanks

Nicola Stokell

TNS Researcher

Appendix E – Discussion Guide

Focus groups – 2 hour duration

Phase 1 objective: to explore consumers understanding of the HSR and to test key take-home messages and calls to action. The findings from this research will be used to finalise the key campaign messages and calls to action, and inform the development of campaign concepts

Note – this is a discussion guide, not a script and will be used flexibly. Question order and flow are likely to vary across groups.

1. Introduction/ warm-up (20 mins)

Provide opportunity for someone from the group to do karakia/bless the food if they want

- Housekeeping: Explanation of process, recording, timings
- Confidentiality – we want you to know that we will treat your sharing and thoughts with respect and confidentiality. All reports will be completely anonymised – your name and any of your personal details will not be communicated
- Purpose of this research – is to understand how food choices are made in the supermarket
- Thank everyone for coming along and reiterate how much we appreciate them being here and the importance of their contribution
- At the conclusion of this research we will be happy to share a summary of our findings with you and your community
- Paired introduction/ brief
whakawhanaungatanga: name, iwi, hapu (village), family/ aiga/ whanau, age of children, job, interests, community groups, church, marae
 - Name the places where you feel a sense of belonging/where you have a turangawaewae? Where are you and who are you with?
 - Describe meal times with your family/whanau/aiga? Everyday vs. special occasion

2. Grocery Shopping (10mins)

- How do you typically do grocery shopping? Encourage people to tell a short story of the last time they went supermarket shopping for the household. NB: That some whanau may go shopping for whanau events, marae events, church events, community events
- Probe on:
 - Where did you go, who with, what prompted you to go?
 - How was it: e.g. Leisurely / rushed, planned vs just passing...? Probe feelings/ mood

FABRIC EXERCISE – SELECT 2 PIECES OF FABRIC ONE THAT CAPTURES A POSITIVE FEELING YOU HAVE TOWARDS GROCERY SHOPPING AND ONE THAT CAPTURES A NEGATIVE FEELING YOU HAVE

- Explore - **best things** about grocery shopping for the whanau/aiga?
- **Biggest frustrations/worst things** about grocery shopping for the family/whanau/aiga?
- What makes for a successful shopping trip? What advice/ tips would you give family/whanau/aiga to help with grocery shopping?

3. Food Choices (10mins)

- What are the **most important factors when choosing food** in the supermarket? E.g. brand, price, special offer, familiar, new, packaging, healthy, fills you up, easy/convenient etc. **Note onto sort cards and prioritise – re-sort as needed**
 - Understand priorities
 - When do our priorities change/differ e.g. different types of product/occasions/mood/ budget
 - Note whether health is a consideration but DO NOT PROMPT?
- **Do we find it hard to make food choices in the supermarket** – any categories/types of food that we struggle with more than others?
- If health mentioned probe **how they assess healthiness of foods?**
- Probe any **spontaneous** mentions of on pack labels, symbols, ratings (E.g. Heart Foundation Tick, nutritional info, Health Star Rating)

AVOID OVER FOCUSING ON HEALTH – ONLY EXPLORE BRIEFLY IF MENTIONED SPONTANEOUSLY

4. Health Star Rating Concept (40 mins)

INTRODUCE THE HEALTH STAR RATING DISPLAYED ON A RANGE OF DIFFERENT PRODUCTS – WITH A SHORT SELF COMPLETION

- Write down what product you would buy from each category e.g. cereal, peanut butter. Include a brief description of how you made your decision. What influenced your choices?

AS A GROUP EXPLORE

- What foods did you choose?
- How did you decide what to buy?
 - Note any spontaneous mentions of assessing health or the Health Star Rating? **Do not probe further for HSR**

- EXPLAIN THAT NOW GOING TO FOCUS ON THE HEALTH STAR RATING IN MORE DETAIL – BEFORE WE DISCUSS AS A GROUP PLEASE JOT DOWN WHAT YOU THINK THE HEALTH STAR RATING IS TELLING YOU AND RATE IT IN TERMS OF HOW USEFUL YOU THINK IT IS
- Initial reactions
- Anything they **like, dislike** about it?
- **What is it** – how would you describe it to an alien from outer space?
- **Check understanding** – does anything need explaining? **Probe rating scale 1-5 specifically**
 - What is it saying/ telling us?
 - What do the different ratings tell us? (Note whether it is saying only 5 stars is good?)
 - What stands-out?
 - Any questions/ areas of confusion?
- **Familiarity** – have they seen it before? Where have they seen it? On which products/brands?
- **What other products/brands would you expect to see this on?** (explore any perceptions of usage on premium brands/ high cost foods, only for packaged foods)
- **Relevance to them** – who is this aimed at? Who do you think would use it/find it useful? What about your family/whanau/aiga – how would they respond? If not seen as relevant why – who is this speaking to?
- **Intended usage** – how could you imagine using it? When might it be used? How would it be helpful? How come? (check – intended as a supermarket/ 'what to buy' tool rather than a cooking/ 'what to eat' at home tool)
- **Impact** – would it influence choices if you or your family/whanau/aiga saw this? In what ways? (Check extent to which they are focused on finding 5 stars only – is 4 or 3 star still healthy? NOTE honey, oil will have fewer stars) If not why?
- **Key motives** - What would make you use this? Does there need to be something on this that would make you think 'yep this is for our family/whanau/aiga'. What would encourage you to use it?
 - **Any cultural specific influencers**

- **Key barriers** - What would stop us from using it? What puts us off? Is there anything to do with this HSR that would stop our family/whanau/aiga from using this?

- **Any cultural specific barriers**

- **Who do you think put the Health Star Ratings on the products?** (E.g. manufacturer, store owner, shop staff, government etc.)

5. Key Communication Messages (35 mins)

- What would the family/whanau/aiga like to know about the Health Stars? (E.g. what to do with the stars or how to use them? What products to choose?)

INTRODUCE EACH OF THE KEY CAMPAIGN MESSAGES ON SORT CARDS

- Initial reactions
- **Likes/ dislikes**
- Any surprises?
- **Understanding**
- **Relevance**
- **Fit with expectations**
- Impact – **what would you do in response to hearing this message?**

INTRODUCE AND CHECK DESIRED RESPONSE/CALL TO ACTION

- Would you be likely to respond in this way? Why/why not?
- Any further questions?

OVERALL RANK MESSAGES IN ORDER OF APPEAL

- **Which messages speak to you the most/least why?**
- **Who would you relate to the most** in giving the message about the Health Star Rating – **what type of leader/role model?**
- What would need to be in the campaign for the family/whanau/aiga to think **'yep we will trust this'** (E.g. particular logos like the

NZ Govt logo, or words, statements, champions?

CHECK REACTIONS TO DIFFERENT GOVERNMENT LOGO'S TO SEE WHICH ARE MOST TRUSTWORTHY

- Any preferences which are best from a trust/credibility perspective? How come?

CHECK REACTIONS TO USAGE OF THE FOLLOWING WORDS/PHRASES IN THE ADVERTISING CAMPAIGN – INTRODUCE ON SORT CARDS

- The Health Star Ratings are **science-based**
- It is a **government**-backed system
- The Health Star Ratings are **independent** (i.e. the manufacturer doesn't choose how many stars their product gets)
- It is **voluntary** for food manufacturers to use the Health Star Ratings
 - Health Stars are **just one tool** to help make healthy eating choices
- Probe specifically the term **"similar products"** – what do you think they mean when they say this? Encourage some examples of similar products they might compare? E.g. would they compare between different cereals or would they compare cereal with a muesli bar?
- Probe specifically - is it confusing **that some foods have Health Star Ratings and some don't?** Does this matter? Does the whanau/aiga need to know this? Why?
- Probe specifically - Would you find it helpful to know **where in the store to look for Health Star Ratings?** (I.e. which particular types of foods have Health Star Ratings on their packets?)
- Is there **any other or extra information the family/ whanau/aiga would like to know?** Would it be helpful if this was provided online?

6. Summary (5 mins)

- Exercise: TIME PERMITTING In pairs- how would you promote the Health Star Rating in an advertisement? What would be the most useful thing to tell your family/ whanau/ aiga about the Health Star Rating? What would encourage them to look for it and use it more?
 - Pair to share thoughts with group.
Discuss
- Any final advice/ comments
- **Share that the research is on behalf of a government agency (Health Promotion Agency) who promote health and wellbeing and encourage healthy lifestyles- any further questions/comments**
- **Thank and close.**
- **Provide opportunity to close with a karakia**