A QUALITATIVE CONSUMER STUDY RELATED TO FOOD-TYPE DIETARY SUPPLEMENT LABELLING

Report to

FOODSTANDARDS
Australia New Zealand
Te Mana Kounga Kai – Ahitereiria me Aotearoa

Prepared by

Marketing and Communications Research Consultants

Job No. : CO3037
Date : July, 2003
Donna Paterson B. App. Sci., M.P.H. Q.P.M.R.
Amarylise Bessey B.A. Comms Q.P.M.R.
Kathryn Hall B.A., Dip. Sec.Sch.Tching
Jason Davis B.Bus(mktg), Dip.MR, Dip.Ex.Mgt
# TABLE OF CONTENTS

1 EXECUTIVE SUMMARY ............................................................................. 3  
2 BACKGROUND AND OBJECTIVES .......................................................... 6  
   2.1 Background to the research ................................................................. 6  
   2.2 Issues of interest about food-type dietary supplements ...................... 6  
   2.3 Research Objectives .......................................................................... 8  
3 METHODOLOGY ...................................................................................... 10  
   3.1 Group Structure .................................................................................. 10  
   3.2 Research Locations ............................................................................ 11  
   3.3 Recruitment ......................................................................................... 11  
   3.4 Discussion Guides and Group Procedure ........................................... 12  
4 STUDY LIMITATIONS AND NOTES .......................................................... 13  
5 GENERAL AND FOOD-TYPE DIETARY SUPPLEMENTS ....................... 15  
   5.1 Familiarity with food supplementation .............................................. 15  
   5.2 Perceptions about FTDS and how they differ from general foods ........ 16  
   5.3 Suitable food categories for FTDS ..................................................... 19  
   5.4 Use of Food-Type Dietary Supplements ........................................... 21  
6 PRESCRIBED TERM FOR FTDS ............................................................... 25  
   6.1 Awareness of the term ‘dietary supplement’ ....................................... 25  
   6.2 Understanding of the term ‘Dietary Supplement’ ................................. 26  
   6.3 Views about the need for a term ‘dietary supplement’.......................... 29  
   6.4 Location of the term ‘dietary supplement’ ......................................... 31  
   6.5 Reactions to alternative terms, and other suggestions ....................... 32  
7 NUTRITION CONTENT CLAIMS AND NUTRITIONAL INFORMATION 35  
   7.1 Nutrition Content Claims .................................................................. 35  
   7.2 ‘Source of’, ‘good source of’ and,’ excellent source of’ ........................ 37  
   7.3 Reactions to potential additional labelling elements ............................ 42  
   7.4 Recommended Dietary Intakes (RDI) .................................................. 44  
8 NON-CULINARY HERBS ......................................................................... 46  
   8.1 Awareness and use of non-culinary herbs .......................................... 46  
   8.2 Perceptions of non-culinary herbs in FTDS ....................................... 47  
   8.3 Impact of non-culinary herbs on labelling ......................................... 47  
9 CONCLUDING COMMENTS ABOUT CONSUMER EDUCATION AND FURTHER RESEARCH ................................................................. 49  
   9.1 Consumer education .......................................................................... 49  
   9.2 Further research ................................................................................ 50  

APPENDIX A: RECRUITMENT SCREENING QUESTIONNAIRE  
APPENDIX B: DISCUSSION GUIDE  
APPENDIX C: SHOW CARDS
1 EXECUTIVE SUMMARY

This study was conducted to gain qualitative information from consumers to assist Food Standards Australia New Zealand (FSANZ) in the future development and review of food labelling standards, codes of practice and guidelines. In particular, FSANZ has a need for information to assist in determining:

- the most appropriate criteria and conditions for making specific nutrition content claims, whilst ensuring consistency between Australia and New Zealand; and
- the possible labelling requirements for food-type dietary supplements (FTDS) from a consumer perspective.

Two concurrent studies were commissioned from NFO Donovan Research that address each of these objectives. This report deals with the findings of the second study, and explored consumer awareness, familiarity, understanding and use of FTDS. The study was also intended to assess the adequacy and credibility of information provided on the label of FTDS in relation to composition and manufacturers’ claims. Lastly, the study examined the feasibility and usefulness of additional labelling information including trigger statements in assisting product selection.

The research was conducted with consumers in Australia and New Zealand, via ten focus group discussions. Participants were selected on the basis of their level of health consciousness, in terms of their food buying, as well as demographic and geographic characteristics.

The results show that participants in this study are almost exclusively influenced by nutrition content claims rather than the current prescribed term ‘dietary supplement’, and whilst they are familiar with the concept of food supplementation, they are unable to distinguish supplemented foods that are denoted by nutrition content claims, and foods that are classified as FTDS, carry nutrition content claims and display the term ‘dietary supplement’ on the label. FTDS were viewed as one of many types of ‘boosted’ products. As a result of their low awareness and use of FTDS, most participants did not have strongly held views about them.

Overall, participants’ perceptions of FTDS and supplemented foods that are not FTDS (but carry nutrition content claims) were equally spread across positive, neutral and negative opinions. There were very few concerns about over-consumption of supplements such as vitamins and minerals, and foods that contained supplements were generally viewed as ‘safe’. Many participants however were more interested in, and in some cases concerned about, distinguishing between foods that intrinsically contain particular nutrients and substances that are referred to in a nutrition content claim, and those that have been ‘added’ or supplemented during the manufacturing process. These participants wanted the label to make this distinction.

As an extension of their lack of concern about FTDS, including the supplementation of non-culinary herbs, the majority of were very open to the supplementation of foods in all processed food categories. The only restrictions, they felt, should be placed on...
fresh foods, such as fruit and vegetables, meat, poultry, eggs and water, and processed foods directly marketed to or for children.

Whilst the majority of participants in this study did not deliberately purchase supplemented foods, achieving real or perceived health benefits motivated those who did. These included addressing vitamin or mineral deficiencies, improving immunity and preventing illness, reassurance and relief from the guilt of a poor diet, and for extra energy. No participant had deliberately purchased a FTDS because of the prescribed term ‘dietary supplement’.

Generally FTDS were not perceived to be as effective a way of supplementing one’s diet, compared to therapeutic-type dietary supplements such as pills and capsules. Pills were viewed by most, but not all, as preferable because they are more concentrated and therefore work better, available in a controlled dose, and are easier and more convenient.

The term ‘dietary supplement’, which is currently required on the label of FTDS has little, if any impact on consumers’ awareness or understanding of these foods, owing to:

- the way in which the prescribed term is displayed by manufacturers, at least on the products used in this research, which, although legible, is given low prominence and renders it “virtually invisible”; and
- a lack of information and education with regards to its meaning.

Participants described the prescribed term using a mixture of positive and negative terms, with reactions amongst New Zealand participants being more negative than those in Australia. There was general confusion regarding whether the intent behind the term was to caution consumers, or to market the product. In the end, and without information or education, there is no evidence that the current term influences consumers to use these products, if anything it is slightly dissuading.

Consumers do however want packaged food products to be clearly labelled with regards to supplements, and have a preference for more exact, and preferably quantified, claims or statements. Quantified claims, including comparative percentages or exact amounts, were favoured over other suggested alternatives for a FTDS prescribed term, including ‘food-type dietary supplement’ and ‘nutritional supplement’. The latter was seen as a highly positive statement, compared to ‘dietary supplement’, which made the product appear much more desirable.

Although this study did not focus on nutrition content claims, discussion about these was unavoidable given participants’ lack of distinction between foods with nutrition content claims and FTDS with both nutrition content claims and the prescribed term. Nutrition content claims were mostly viewed as a marketing ploy used by manufacturers to persuade a consumer to buy a product. They were treated with scepticism, but not deemed to be untruthful. Rather they were regarded as telling just
one part of the story about a product's nutritional value, and are verified by many consumers using the Nutrition Information Panel (NIP). There was no perception, based on these findings, that nutrition content claims transform a product to being automatically 'healthy', however some participants acknowledged that the claim may elevate its perceived healthiness – that is the product is perceived to be 'healthier' but not necessarily 'healthy'.

Understanding and reactions to ‘source of’ claims (‘source of’, ‘good source of’ and a potential new claim ‘excellent source of’) were explored. Most participants concluded that all three terms were relative, that is ‘good source of’ inferred larger amounts of the source nutrient than ‘source of’. However there was no awareness that these terms have a regulated definition based on the % Recommended Dietary Intake (RDI) that they contribute (note that not all source claims are defined by RDI eg dietary fibre). All three terms were considered to be highly subjective, and most participants in this study expressed a high level of scepticism about what they implied, regarding them mostly as purely marketing.

Reactions to three potential labelling elements were explored:
1. A trigger statement which directs consumers to the NIP;
2. A statement cautioning consumers against regarding FTDS as ‘magic bullets’ – ‘this product should be consumed in the context of a healthy, balanced diet’ and
3. An additional column in the NIP - % Daily Intake.

None of these elements were particularly well received or supported. Most participants felt that there was no need for such statements, and that in the case of supplements it was up to the consumer to evaluate whether the product was suitable for them. Most felt capable of doing this using the NIP. There was least support for the cautionary statement (2) because it was generally viewed as either obvious, condescending, or meaningless.

Familiarity with food products supplemented with non-culinary herbs was much lower than vitamin and mineral FTDS, and the number of participants who reported using these foods was also very low. Perceptions about adding herbs to foods were either positive or neutral; there were no strong objections or concerns. Compared to vitamin and mineral FTDS, there was much less interest in quantified claims and most felt that content claims such as 'contains...' were sufficient.

Throughout the conduct of this research there emerged a need to inform consumers about labels and label information, and an increasingly obvious need for consumer education on how to use and interpret labels. Consumers’ current level of information and understanding about supplementation and nutritional information is such that the pre-condition for informed choice, that underpins the rationale for many labelling requirements, is not being met. Adding further information on food labels to reflect the addition of nutrients or herbal components of foods will not be meaningful to consumers unless they are also educated about the meaning behind that information, and how to use it.
2 BACKGROUND AND OBJECTIVES

2.1 Background to the research

Food Standards Australia New Zealand (FSANZ) is an independent bi-national organisation that has the role, in collaboration with other organisations, to protect the health and safety of the people in Australia and New Zealand through the maintenance of a safe food supply. FSANZ was responsible for developing the Joint Australia New Zealand Food Standards Code (the Code), a component of which contains food labelling requirements for manufacturers, in order for consumers to make informed decisions about food products that are available. The Code came into effect in December 2002.

Prior to the introduction of the Code, FSANZ commissioned NFO Donovan Research to conduct a large qualitative and quantitative research project to investigate and quantify consumer awareness, knowledge and understanding of permitted food labelling elements1.

As part of FSANZ’s responsibility to develop and review food standards, codes of practice and guidelines, FSANZ also has a need for information to assist in determining:

1. the most appropriate criteria and conditions for making specific nutrition content claims, whilst ensuring consistency between Australia and New Zealand; and
2. the possible labelling requirements for food-type dietary supplements* (FTDS) from a consumer perspective.

Given the recent emergence of FTDS onto the market over the last few years, there is little literature available in relation to labelling and consumer behaviour to inform FSANZ decision-making. As such FSANZ engaged NFO Donovan Research to conduct qualitative research to examine consumers’ awareness, understanding and use of FTDS. The study was also intended to assess the adequacy and credibility of information provided on the label of FTDS in relation to composition and manufacturers’ claims. Lastly, the study examined the feasibility and usefulness of additional information including trigger statements and disclaimers in assisting product selection.

2.2 Issues of interest about food-type dietary supplements2

FTDS represent a growing sector of the global food market. They present a number of regulatory complexities as New Zealand and Australia have different systems in place to regulate these foods. At present, the Code does not contain provisions for foods that are positioned as FTDS. As a result FTDS cannot be produced, or imported into,
and sold in Australia. Many such products however are currently eligible to be manufactured in, or imported into New Zealand under the New Zealand Dietary Supplement Regulations 1985 (NZDSR). By virtue of the Trans-Tasman Mutual Recognition Arrangement (TTMRA) these products can be exported from New Zealand to Australia.

At present there is no definition for FTDS in the Code. The NZDSR define ‘dietary supplement’ as ‘any amino acids, edible substances, foodstuffs, herbs, minerals, synthetic nutrients, and vitamins sold singly or in mixtures in controlled dosage forms as cachets, capsules, liquids, lozenges, pastilles, powders, or tables, which are intended to supplement the intake of those substances normally derived from food’. There are a number of definitions for FTDS from both domestic and international sources but not one that is generally accepted. Definitions are important however, as they segregate and identify various types of foods.

FTDS differ from conventional foods in that they are supplemented with nutritive substances such as vitamins and minerals (in amounts higher than those currently permitted in the Code) and non-culinary herbs. The NZDSR require FTDS to be labelled as ‘dietary supplement’. Although the purpose of this term is not explicitly stated it is used by enforcement agencies and/or possibly consumers to identify these products. Concerns have been raised in response to FSANZ’s Proposal P235 Review of Food-Type Dietary Supplements (P235) Initial Assessment Report that consumers may infer from the classification of FTDS (as ‘dietary supplements’) that these products have enhanced health properties and/or benefits, compared with general purpose foods which may contain vitamins and minerals in smaller amounts. This study investigates this issue. It also explores consumers’ responses to the notion of FTDS being extended to more conventional type (staple) foods such as milk, breads, cereals etc because concerns were expressed by public health professionals in response to P235 that the use of FTDS in any foodstuff may conflict with general healthy eating advice including national dietary guidelines.

Vitamins and minerals were identified by FSANZ as a topic of particular focus for this research. Generally, vitamins and minerals are the most common supplemented ingredients of FTDS. They are usually added in amounts that represent moderate to high proportions of the recommended dietary intake (RDI). It is unclear as to whether consumers are cognisant of any potential adverse reactions associated with the consumption of excess amounts of certain vitamins and minerals such as Vitamin A. In addition, some concerns have been raised by health professionals in response to P235 in relation to consumers adopting a ‘more is better’ approach in making FTDS choices.

Non-culinary herbs were also identified by FSANZ as a topic of particular focus for this research. FSANZ is aware of the proliferation of FTDS containing non-culinary herbs such as echinacea and ginseng available in the market place. There is also increased consumer interest in seeking ‘natural’ remedies. There was a divergence of views
among stakeholders with respect to the use of non-culinary herbs in FTDS in response to P235. In particular, a number of submitters raised concerns about inappropriate usage, insufficient safety data and lack of efficacy.

A key feature of FTDS is nutrition content claims. FSANZ is therefore interested in consumer reactions to and understanding of ‘source of’ claims, including the currently allowed terms ‘source of’ and ‘good source of’, as well as a potential new term ‘excellent source of’.

In an effort to minimise consumer confusion in relation to nutrition messages about diet and health, FSANZ is also seeking information to assess the feasibility of additional labelling elements on the label of FTDS to assist consumers in making informed food choices. Therefore the study examined consumer reactions to three potential additional labelling elements, which are detailed in Section 7.3

2.3 Research Objectives

The overall objective of the research project was to explore how consumers perceive and use FTDS labels when purchasing food products.

The specific objectives for the FTDS research activity are listed below:

1. How FTDS are described and whether consumers can distinguish between food- and therapeutic-type dietary supplements by the way in which they are presented and labelled;
2. Whether consumers can distinguish between FTDS and similar ‘regular’ counterpart foods;
3. The use by consumers of compositional and nutritional information on labels and how they relate this information to FTDS labels;
4. Whether consumers use the claims made on FTDS (currently available in the marketplace) in choosing products; and
5. Whether other information that may appear in the labelling of these products eg. advisory statements assists consumers in making informed choices.

This study was conducted at the same time as a qualitative investigation of nutrition content claims, the results of which are reported under separate cover³

³ A Qualitative Consumer Study Related to Nutrition Content Claims on Food Labels. A Report to FSANZ, 2003
3 METHODOLOGY

The research utilised a qualitative methodology consisting of ten 1.5 hour focus group discussions with participants. The allocation of groups was skewed towards New Zealand, given the greater prevalence of FTDS and therefore potentially higher consumer awareness and use. Groups were therefore allocated as follows:

- Four groups in Australia;
- Six groups in New Zealand.

3.1 Group Structure

In order to fully explore the issues in relation to FTDS, the research was conducted primarily with people who claim to use FTDS in some way, or who are potentially likely to use FTDS because of their interest in the healthiness of the foods they buy, or interest in choosing foods for a healthy diet.

Previous research conducted by NFO Donovan Research identified that the following groups are more likely than other groups to use nutrition content claims:

- People aged 35-64 years;
- Females;
- People who are highly health conscious;
- People with special health needs.

In order to enhance group synergy, groups were also structured to include the same socio economic status. The groups were therefore structured as follows:

**Australian Component**

<table>
<thead>
<tr>
<th>Health consciousness Level</th>
<th>AGE GROUP</th>
<th>SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Special health needs</td>
<td>18-24</td>
<td>1 group</td>
</tr>
<tr>
<td>2 - Highly health conscious consumers</td>
<td>1 group</td>
<td>X</td>
</tr>
<tr>
<td>3 - Moderately health conscious consumers</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**New Zealand Component:**

<table>
<thead>
<tr>
<th>Health consciousness Level</th>
<th>AGE GROUP</th>
<th>SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Special health needs</td>
<td>1 group</td>
<td>1 group</td>
</tr>
<tr>
<td>2 - Highly/moderately health conscious</td>
<td>1 group</td>
<td>1 group</td>
</tr>
<tr>
<td>3 - Less concerned about health</td>
<td>X</td>
<td>1 group</td>
</tr>
</tbody>
</table>

The recruitment screening questionnaire (Appendix A) demonstrates how each level of health consciousness was defined for this study.
Participants were recruited on the basis that they were the ‘main (or equal) household food shopper’. Most groups included a minimum of two males.

### 3.2 Research Locations

Groups were held in three states/territories in Australia and in the North Island of New Zealand. The groups were held in a mix of metro and regional locations, as specified below:

<table>
<thead>
<tr>
<th>Australia</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>Auckland</td>
</tr>
<tr>
<td>1 group</td>
<td>2 groups</td>
</tr>
<tr>
<td>Canberra (pilot)</td>
<td>Wellington</td>
</tr>
<tr>
<td>1 group</td>
<td>2 groups</td>
</tr>
<tr>
<td>Perth</td>
<td>Palmerston North</td>
</tr>
<tr>
<td>2 groups</td>
<td>2 groups</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4 groups</strong></td>
</tr>
<tr>
<td></td>
<td><strong>6 groups</strong></td>
</tr>
</tbody>
</table>

One group was used to pilot the discussion guide and group procedure. This group was held in Canberra. An additional group to those mentioned above was conducted in Wellington after one of the two groups allocated to this location was poorly attended (5 participants).

### 3.3 Recruitment

To ensure quality recruitment services and compliance with privacy legislation, all participants were recruited using IQCA accredited recruitment companies. Companies used were J&S Research (NSW and ACT), Surveys Australia (WA) and NFO New Zealand.

Potential participants were selected on the basis of their responses to a screening questionnaire that ensured their legitimate eligibility based on the group structure outlined above. Eighty-three people participated in the focus groups.

Metropolitan groups were held in focus group facilities whereas non-metropolitan groups were held in a central location to participants (i.e., hotel function room, community centre).

Australian participants were offered AU$50 for their time and New Zealand participants were offered NZ$40. Incentives were paid at current rates for consumer groups in each country.
3.4 Discussion Guides and Group Procedure

The Discussion Guide was developed by NFO Donovan Research in consultation with FSANZ, taking into account the issues that had been identified in the project brief and subsequent meetings.

All sessions were conducted in a structured way in order to cover the breadth of issues and varieties of FTDS, and to increase engagement with the issues. A copy of the discussion guide can be found in Appendix A.

To enable participants to distinguish between FTDS products and other products that are not FTDS, five pairs of food and drink products were used as examples. Each pair included a FTDS product (labelled with the prescribed term ‘dietary supplement’), together with a ‘regular’ counterpart food. Product categories included:

- flavoured water;
- fruit juice (orange or black currant);
- breakfast cereal;
- yogurt; and
- confectionary/lollypops.

As well, the moderator referred to hand-held showcards, which displayed the various terms and statements introduced during the discussion (Appendix B).
4 STUDY LIMITATIONS AND NOTES

- References to ‘participants’ refer to consumer participants in this study. Although the study involved a reasonably large number of participants for qualitative research (n=83), care must be taken when extrapolating the results to the general population. This is because participants recruited to qualitative research are drawn from large group participant databases, rather than being randomly drawn from the total population of Australian and New Zealand households. The sample is also skewed to include more people who are health conscious or who have special health needs compared to those less concerned about health.

- A mix of metropolitan and regional locations was included in order to capture the broad spectrum of views and experiences, which may be influenced by geographic location, rather than to draw comparisons between locations. Obvious differences between Australia and New Zealand participants are reported where they were apparent; however the results are mostly amalgamated.

- Following accepted best practice for reporting qualitative research, this report:
  - Focuses on views, opinions and experiences that were fairly consistent across the groups; and
  - Does not document isolated, or 'one off' comments, which have the potential to be misleading, and can distort the overall conclusions. In the few instances where reporting an isolated comment is deemed appropriate, it is clearly identified as a peripheral view, and not representative of 'mainstream' opinion / experience.

- The term nutrition content claims is used to denote nutrition content claims for the purpose of this report. Function claims were not included in discussions.

- The number of groups (ten) conducted was driven largely by budgetary constraints. It is the researchers’ view that this number of groups was sufficient to ascertain with confidence the majority of consistent findings, which were uncovered in early groups and were confirmed in latter groups without any new viewpoints emerging. Thus, findings reported as ‘majority’ viewpoints would be unlikely to change if further groups were conducted. However, the researchers are less confident that the full spectrum of minority viewpoints have been captured, and some of these opinions could well be more dominant than these results suggest. Conducting additional groups would have provided additional data from which differences between types of consumers (different attitudes, interests and behaviour with regards to supplements and healthy foods) could have been more confidently analysed. As well the number of groups has been insufficient to comment on geographical differences (but selected to over-represent NZ due to longer experience with FTDS)
DETAILED FINDINGS
5 GENERAL AND FOOD-TYPE DIETARY SUPPLEMENTS

5.1 Familiarity with food supplementation

Key finding: There was a substantial difference between participants’ awareness and understanding of the concept of food supplementation, compared to their awareness of the prescribed labelling of FTDS as ‘dietary supplement’. Participants found it very difficult to distinguish between general foods which are supplemented and denoted by nutrition content claims, with which they were more familiar (eg ‘high in calcium’), and those products which are defined as FTDS, carry nutrition content claims and are also denoted by the prescribed term (‘dietary supplement’).

All participants were aware that some foods are (increasingly) supplemented with nutrients and nutritive substances, and their awareness and knowledge is derived mainly from noticing nutrition content claims on products, as well as supportive product marketing and advertising. However there was little awareness of or familiarity with the prescribed term ‘dietary supplement’.

Many participants were confused as to whether nutrition content claims meant that the nutrient had been added to the product, or whether the food intrinsically contained that level of the nutrient, as it always had done. Participants were mostly unsure as to whether a vitamin or mineral nutrition content claim referred to a ‘new’ version of a product, or if it was a new way of labelling the same product.

Their decisions about this issue appeared to be largely guesses, based on subjective factors such as the format and wording of the nutrition content claim. For example ‘high in iron’ was often regarded by participants as ‘new’ labelling used by the manufacturer to sell the product, which has always been high in iron. In contrast they believed that nutrition content claims like ‘with 8 vitamins’ or ‘mega vitamins’, particularly on new products, suggested that the vitamins had been added to the product.

There was also recognition amongst many participants that there might be other products without such claims that contained similar or greater amounts of the claimed nutrient. Their view in these cases was that manufacturers of these products had simply failed to capitalise on consumers’ potential interest in health. Using claims about nutrients was viewed as a method of marketing made more appealing by an increasing focus on health and nutrition in society.
5.2  Perceptions about FTDS and how they differ from general foods

Key finding: FTDS were seen as another range of ‘boosted’ products; not necessarily better or worse than any other ‘boosted’ (enhanced) product (eg foods that carry ‘high in’ or ‘source of’ nutrition content claims). Overall, participants’ perceptions about FTDS were about evenly spread across positive, neutral and negative views. There were very few concerns about over consumption of supplements such as vitamins and minerals.

Participants viewed all food and beverage products with ‘added’ nutrients or nutritive substances as being part of the same category of ‘boosted’ (enhanced) products. Given the lack of understanding in relation to FTDS, it was extremely difficult to separate their views and attitudes about products that have been supplemented with smaller amounts of vitamins, minerals and herbs from those that would be classified as FTDS.

Even when participants were probed by the moderator for their reactions to the supplementation of products with very high or extreme amounts of nutritive substances, their responses really reflected their broader views about supplementation in general. This is because they had no baseline or reference point to draw from with regards to ‘regular’ counterpart foods compared to those foods technically defined as FTDS.

Positive, neutral and negative perceptions

Across all groups, participants differed in their view about the supplementation of foods and beverages. Views were evenly spread and ranged from positive, to neutral to negative; however, very few held extremely positive or negative opinions. Illustrative comments below are drawn mainly from New Zealand groups (the majority of groups were conducted in New Zealand), but are equally as representative as views expressed in the Australian groups.

Those who felt positively about food supplementation, included those who could see benefits either for themselves or for others, particularly mothers of children whose diets might be lacking in some vitamins or minerals.

These positive views were rarely held strongly. There were very few food supplementation advocates; rather these were the people who could generally see no harm in adding vitamins and minerals to foods, and assumed that there would have to be some benefit.

“I think people are becoming more aware that it is difficult to get the balanced nutrition you need from one meal, so…we can snack on these things during the day and help to boost our intake.” [Aust., lower SES, health conscious, 24-44yrs]
“yes, I think it’s a really good idea to get extra stuff like this into food because most people today don’t eat properly. They know they should, but in my experience even in my diet I still don’t eat right” [NZ, lower SES, health conscious, 45-64 yrs]

“I think the added vitamins in products are really great, especially folate and calcium because it’s something that’s really needed in diets, especially women…Because if you look at the average teenager it’s really disgusting. But if you can sneak these foods in to the foods that they eat, that they choose to eat rather than the meat and fruit and vegetables that they steer away from, they are at least going to get something” [NZ, lower SES, health conscious, 45-64yrs]

Those participants with positive views believed that supplemented foods must be ‘healthier’ than the ‘regular’ counterpart, but this did not necessarily mean the product automatically became a healthy choice. Rather, including these foods in one’s diet was seen as doing something ‘extra’ to improve your diet, and often relieved the guilt of a poor diet, or a ‘bad week’. In this regard, FTDS are regarded as a positive way to address a negative situation.

“If they were the same price then I would tend to go for the one with the extras because my diet is very bad anyway and I would say that might just make up a tiny bit for the other things that I eat so it would make a difference.” [NZ, upper SES, less concerned about health, 45-44yrs].

“I eat really bad food and I think if I could get juice with a bit of extra this or that I’ll go for it because then I don’t feel so bad about the other food I eat” [NZ, upper SES, less concerned about health, 25-44yrs]

Those with neutral views were either not interested in food supplementation, or didn’t have enough knowledge about vitamins and minerals in order to offer an opinion.

“Also it’s like added vitamins compared to what? It’s like, you don’t know how many were in there to start with so it could have the same amount as another brand. It really doesn’t matter.” [NZ, upper SES, special health needs, 18-24yrs]

Many of the participants who fell into this group were either more focused on other nutritional issues, such as monitoring the fat and sugar content of foods, or were unconcerned about the nutritional composition of their diet. For these people, vitamin and mineral content claims made little difference to whether they bought the product, and in many cases the claim would go unnoticed.

“I think there would probably be people out there that wouldn’t even know what that means they would just look at it and think ‘oh wow, that is good’ or some people would go ‘okay I don’t really know what it means it must be bad for me or something’. They don’t know, it’s not their priority”. [NZ, lower SES, health conscious, 18-24yrs]
“Well maybe if your diet’s lacking in those things then it’s useful but otherwise it’s not” [NZ, upper SES, special health needs, 18-24yrs]

**Negative perceptions** included expectations that the product would not taste as good, that it would cost more, that the food had been altered in an undesirable way, or that people could have too much of some substances without realising it.

“…I think of lack of taste, lack of taste and something’s been added to it that I don’t know much about and I don’t really want to try my luck with that” [NZ, Upper SES, less concerned about health, 25-44yrs]

Participants’ degree of concern ranged from mild concern or frustration over the difficulty in finding the ‘plain’ packet or ‘unchanged’ product, to real paranoia about product tampering.

“are we going to have any products that are going to be left, even milk worries me, is milk real any more? What is not in it it has been boiled and skimmed.” [NZ, upper SES, special health needs, 45-44yrs]

Extremely negative participants (which were the exception) had a preference for what they referred to as the ‘untouched’ products, illustrated differently during the following discussion:

Moderator: “why would you avoid the one with the added extras?”

Participant: “because someone’s played with my food” [NZ, upper SES, less concerned about health, 25-44yrs]

**Lack of concern about over-consumption**

The most widely held view was that one could not overdose on vitamins (a category term many participants used to include minerals as most made no clear distinction between the two). Others who were unsure on this issue quickly accepted this opinion without question when a more opinionated participant in their group expressed it.

The most common belief was that vitamins were water soluble, and thus would be ‘flushed out’ by the body if too much was consumed. Therefore the dominant opinion was that one could not consume too much vitamins and minerals. Whilst now and then a doubtful participant countered this view with their suspicion that the body stored some vitamins and minerals, the group was never able to resolve this issue or reach agreement. Most were not able to speculate with certainty one way or the other, and there was a general lack of awareness of the distinction between fat soluble and water soluble vitamins.

One or two participants in most groups had heard of certain effects of overdosing on particular nutrients, such as your body turning orange, or zinc and iron adversely reacting with medications. There was no accurate awareness or knowledge as to how
these adverse effects were linked to specific vitamins or minerals. A small number were aware of the dangers of excessive levels of vitamin A during pregnancy.

However, in two of the groups there was a participant who gave more consideration to this issue and who then began to raise concern towards the end of the discussion about potential cumulative consumption through the day or week across a range of supplemented products. Although this view was an exception to the majority, it is illustrated below:

“I think this whole development is a concern, bread in the morning – added extras, milk, added extras, cereal – added extras, we have just talked about the morning. We have had our daily allowance and we have taken our tablets because we are trying to look after ourselves and how risky is it that every single thing out there is selling it as the great thing to have extra and because you have got all these things with added extras you don’t know where you are going overboard.” [NZ, upper SES, special health needs, 25-44yrs]

5.3 Suitable food categories for FTDS

Key finding: The majority of participants were open to the availability, even the proliferation of supplemented food products. Whilst most did not regard this ‘category’ of foods as relevant or useful for themselves, they held no objections to them being available to other consumers. The only foods the majority of participants felt should be excluded from supplementation were fresh foods, such as fruits and vegetables, meat, poultry, eggs and water, and foods directly marketed to or for children.

The supplementation of foods in the general food supply was widely accepted. The majority of participants held no objection to the ‘adding’ of nutritive substances, such as vitamins and minerals to almost all food categories. A strong exception to this view was held by one or two participants in most groups, who found the proliferation of products with nutrition content claims frustrating or confusing. These participants felt that shopping was now more time consuming than ever before, because they had to sort through all the various product versions to either find the version they preferred, or the one that had not been altered at all. A small number of mainly older participants (44+yrs) felt frustrated by the fact that it was becoming increasingly difficult to find the ‘plain’ or ‘original’ version of their tried and trusted brands or products.

Over all of the groups there were no strong views either way about the increasing availability of FTDS. The researchers conclude, based on how participants responded to this line of inquiry, that they were unable to offer a strong view because they did not know the implications, if any, of including greater amounts of the nutritive substances in question.
Most participants held no objection to the offer of supplemented foods, including FTDS, in processed food categories. The one main exception, mentioned in almost all groups and supported by the majority in each of those groups, was foods marketed to teenagers and children. On this issue, the distinction was made between foods for children, but purchased by parents, and those purchased by children and teens themselves. The concern was that children and teenagers were not likely to read or correctly interpret label information, and could therefore be unfairly persuaded to buy these foods.

“For all of us, who are experienced shoppers, we know that if we want to find out about something we have to read the label, but for a teenager who has just left home and has a full time job and part time study and she’s got an hour a week to do her grocery shopping and that’s it, there is no time to sit and read the label. And those sort of people are also going to go for the easy, the frozen dinners and that are easy to prepare.” [Aust., upper SES, special health needs, 45-64yrs]

Of most concern were children’s foods that were eaten frequently, or in large amounts, such as children’s snack foods, where a few participants perceived that there could be a risk of overdosing on a supplemented substance.

There was also consistent agreement, particularly in the New Zealand groups, that fresh foods should be excluded from supplementation. This included fruits and vegetables, meat and poultry, eggs and water. Consumer’s reasoning for this view was two fold: because these foods were generally un-packaged and therefore unlabelled, and because they were considered ‘natural’ foods that should (always) remain unaltered.

An isolated opinion was that supplementation should be restricted or prevented in foods that are normally consumed with other foods that inhibit their absorption, as the supplemented substance would be rendered ineffective. The example that this participant was referring to related to the interaction of Vitamin C and tea.

Another isolated concern, expressed by only a couple of participants, was that supplementation should not be allowed in ‘unhealthy’ foods, such as adding iron or calcium to chocolate breakfast cereal. Their concern was that some consumers might be misled into buying the product under the misconception that the supplementation of, in this example iron, gave that product ‘healthy’ qualities that now rendered it a ‘good’ food choice. Concern about this impact was not widespread amongst participants in this study, mainly because most felt that you would have to be ‘stupid’ to be misled in this way by such nutrition content claims. Most interested enough to raise this concern felt capable of seeing through the claim, and using the NIP to verify the overall nutritional value of the food themselves. Nonetheless, there was a low level of concern that ‘less educated’ ‘other’ consumers may not reach the same conclusion. This assessment was also expressed in the groups recruited as ‘low SES/education’ participants in this study.
The only other caveat to supporting the widespread offer of supplemented foods was if a FTDS could be harmful in some way, about which participants were unsure, in which case many felt that it should be labelled with a suitable warning or advisory statement.

### 5.4 Use of Food-Type Dietary Supplements

Key finding: Deliberate use of FTDS was very low. Those who did consume supplemented foods were mostly influenced by the nutrition content claims. Interested and inquiring label readers used the NIP to verify nutrition content claims, but most took them at face value or ignored them. FTDS products were purchased predominantly for a range of perceived health benefits. FTDS were regarded as a less effective means to supplementing one’s diet, compared to pills and capsules.

Less than a dozen participants across all of the New Zealand groups, and only one in Australia, recalled having purchased any of the FTDS used as examples in the group discussion. In each of these cases, the product had been selected with disregard to the term ‘dietary supplement’, and sometimes also without having noticed the vitamin, mineral, or non-culinary herb content claim. Similarly, no consumer could determine if the supplemented products they were buying would be considered a FTDS (even after a generic description was provided by the moderator), and therefore should carry a ‘dietary supplement’ prescribed term.

No participant, either in Australia or New Zealand was deliberately buying foods because they were prompted by the use of the prescribed term ‘dietary supplement’ on the label.

Those few who were deliberately buying supplemented foods and beverages were motivated to do so because of the nutrition content claim (eg a reference to the amount of key nutrients, vitamins, minerals, or a non-culinary herbs). Use of vitamin and mineral supplemented foods was much more widespread than those with non-culinary herb supplements in the few who were deliberately buying them.

The most regularly purchased foods were those with added nutrients such as juices with added vitamin C, milk with added calcium and margarines with cholesterol lowering elements. However, there was very low understanding as to whether or not these nutrients were at high enough levels to require labelling as a FTDS.

A few participants in Australia and New Zealand were buying sport foods with protein and carbohydrate preparations for weight and muscle gain, usually to give to their teenage or young adult children. For these shoppers, the nutrition content claim they looked for related to protein or carbohydrate.

The only deliberately purchased non-culinary herb supplemented products were in New Zealand, and included juice and powder products containing spirulina and another juice.
product which carried the nutrition content claim ‘contains Echinacea and Acerola’. Note these products are not marketed under the NZDSR therefore not required to have the prescribed term ‘dietary supplement’ – they are general foods with nutrition content claims. Only younger participants mentioned these products (ie those aged 18-25yrs). A handful of older participants (45+ yrs) in New Zealand also reported having used tea products with added non-culinary herbs such as ginseng, ginkgo and St John’s Wort.

Participants who bought ‘supplemented’ products, did not think that they were buying foods from a different category or type of food. Rather, they felt that they were just buying the product with ‘the extra health bits’, for the ‘boost’ they felt they needed that day.

However, at least half of all the participants involved in this study said they were not interested in supplementing their diet, and were not motivated by nutrition content claims. These participants were seeking to buy foods from their ‘original’ source, and were more influenced by ‘natural’ than ‘nutritional’. This preference was illustrated by the following comment when the discussion centred around a flavoured water that was supplemented with vitamins:

“If I wanted Vitamin C I’d drink orange juice, I wouldn’t drink water. I’d have water and I’d have orange juice, but I wouldn’t have both, not combined”. [NZ, upper SES, special health needs, 18-24yrs]

**Supplemented foods are purchased mainly for health benefits**

The majority of participants in this study did not deliberately purchase supplemented foods on a regular basis. Of those who did, there was a wide range of motivations for regularly or occasionally including supplemented foods in their diet, most of which directly or indirectly related to health benefits as follows:

- A perceived direct health benefit – to replace a known or perceived vitamin or mineral deficiency, or assist with a known illness or medical condition. For example some participants were concerned about their children missing out on certain vitamins or minerals because they do not eat particular foods or food categories, eg dairy/milk, fruit and vegetables;
- Prevention - to improve overall immunity or prevent illness, particularly to prevent colds and flues in winter;
- Conditioning – a broad desire to be ‘healthier’ and/or a belief that one ‘should’ try to consume foods rich in vitamins and minerals and/or that these substances are ‘good for you’, without any real understanding of why. This was viewed as ‘topping up’ a reasonably good diet rather than replacing known deficiencies for enhanced well-being and sustained ‘wellness’;
- Reassurance - to overcome, or relieve guilt from a self-reported poor diet;
- For extra energy - described as a ‘boost’ or ‘pep up’ when feeling low, via vitamins in drinks, protein powders, and non-culinary herbs in teas.
FTDS are not as effective as pills and capsules

The groups were divided in their preference for supplementation via pills or FTDS, but the overall conclusion in every group was that pills, capsules and powders are a more effective way of taking supplements; however not necessarily a ‘better’ way. Therefore, a participant’s preference for supplementing vitamins and minerals through pills versus food depended on whether needing to address a known deficiency drove the supplementation, or if it was more a preventative measure to avoid a deficiency.

“I think it probably is more efficient if you’ve got a really deep deficiency or something…but if you’re just wanting to be healthier then it’s probably better to eat it in your food…” [NZ, upper SES, special health needs, 18-24yrs]

Pills and capsules were regarded as having other specific benefits, intrinsically linked to being ‘more effective’:

- Pills are more concentrated and so they work ‘better’, or they are better ‘value’ for money

  “Pills are more concentrated, or at least you would think so.” [Aust., lower SES, health conscious, 24-44yrs]

  “The levels are a lot lower though. Yes, you’d have to drink a ton of that orange juice to get as much calcium as you would in a wee tablet.” [NZ, lower SES, highly health conscious, 45-64yrs]

  “Like if the doctor says to you oh your iron is low then you think pills are going to give it to you straight away whereas if you have a piece of meat it’ll give me a little bit and the juice will give me a little bit but not as much as the pill gives me.” [NZ, upper SES, less concerned, 25-44yrs]

- You are able to monitor and control the dose, and pills tell you exactly how much you’re getting

  “Well if you’re taking a tablet or capsules and you know what you’re getting where as with the food and that you don’t know how much you’re getting…”[NZ, lower SES, health conscious, 45-64yrs]

  “And if it’s a multi vitamin you’d take two pills each morning and it says it replaces half of your needs, so you know it does. Where as here you’ve got to get your calculator out and your pen and pencil and sit there for hours trying to figure it out. So it’s a healthier way, I feel, of taking them because you know exactly what you’re getting and in what dosage” [NZ, upper SES, special health needs, 18-24yrs]

This advantage is more a perceived expectation, as no participant was trying to monitor how much they are or should be getting from supplemented foods.
• Pills are regarded as easier and more convenient

“well, it’s more convenient though and I mean you just pop the pills down, you don’t have to munch through an apple or something like that” [NZ, upper SES, special health needs, 18-24yrs]

However, taking pills was seen to have some disadvantages. For those participants for whom natural ingredients were a consideration, taking pills was seen as another form of “artificial” foods. However, participants concerned about this issue are unlikely to look for supplemented foods, for the same reason.

Others felt that choosing supplemented foods was a more "holistic" way of ensuring a diet is balanced, with supplemented foods offering nutritional worth as well as the supplement. For this reason, achieving good nutrition from supplemented foods was seen as a more cost-effective (not necessarily cheaper) way of getting supplements.

“The pills only do one thing, the food does a whole lot of things.” [Aust., lower SES, health conscious, 24-44yrs]

“You have to eat food anyway, whereas buying the pill is something different, something extra.” [Aust., lower SES, less concerned about health, 45-64yrs]

Participants with these opinions were very open to having FTDS available, and described them as a ‘nicer’ and ‘more natural’ way to supplement one’s diet.
6 PRESCRIBED TERM FOR FTDS

6.1 Awareness of the term ‘dietary supplement’

In order to understand whether consumers notice FTDS labelling, and to explore the language they use to describe these products, a simulated shopping task was undertaken. At the commencement of the group, participants were asked to look at five pairs of food and drink products and were asked to note any differences or similarities between the pairs. Each pair included a FTDS product (labelled with the term ‘dietary supplement’), together with a regular counterpart food.

Key finding: New Zealand participants were much quicker to notice the term ‘dietary supplement’ on the label than Australian participants. However, familiarity with the term was very low amongst both New Zealanders and Australians. The term ‘was the least identified label element on the product examples used in the study. Nutrition content differences were noticed first via nutrition content claims and Nutrition Information Panels (NIPs).

Participants were slow to note that some of the products were supplemented, with some groups, particularly the ‘less concerned about health and nutrition’ groups (1st mention of this group in the results), unable to identify these foods. When participants were specifically asked if they had noticed that some products had something “added”, many were able to correctly identify vitamins and minerals that had been added. When given an opportunity to talk about what was different or special about these products the initial focus was on the nutrition content claims on the products, such as comparative claims (e.g. ‘reduced’, ‘increased’ and ‘less than’ claims) and ‘free’ claims about fat, cholesterol and sugar, rather than the supplemented substances.

The time taken to notice the term ‘dietary supplement’ on the label was remarkably different between the Australian and New Zealand groups. In all but one of the New Zealand groups at least one and sometimes a few participants spontaneously mentioned the term when probed by the moderator for product differences. There was no Australian group which spontaneously noticed the term (when probed), so it had to be pointed out to the group. It is unclear whether this was because the New Zealand participants were unconsciously more aware of this term, or simply more attentive during the group task. This difference may reflect the greater length of time that FTDS have been available in the New Zealand market. Overall, New Zealand participants did not appear to be any more familiar with the term ‘dietary supplement’ than did their Australian counterparts.

The FTDS products did prompt recall of other specific FTDS products, which had been noticed and sometimes purchased. This only occurred in the New Zealand groups, amongst younger and health conscious participants. Overall though, recognition of these types of FTDS was not widespread.
6.2 Understanding of the term ‘Dietary Supplement’

Participants on the whole were not familiar with the prescribed term ‘dietary supplement’ as it pertains to FTDS. On its own, the term was associated with therapeutic-type dietary supplements, such as vitamin pills, and/or weight control or weight gain powders and bars. Again when considered in isolation, there was no general agreement as to whether the term referred to products which are consumed in addition to the ‘usual’ diet, or products which replace foods in the ‘usual’ diet. In the context of FTDS, the term was clearly associated as having vitamins or minerals ‘added’, or foods being ‘boosted’ in vitamins or minerals.

In its current form, the use of the prescribed term ‘dietary supplement’ on the label of FTDS had little, if any impact on consumers’ awareness or understanding of these products. This was a result of two equally important factors:

- the way in which the term is displayed by manufacturers at least on the example products used in this research, which, although legible, is given low prominence; and

- a lack of information or education for consumers as to its meaning, or how the term distinguishes FTDS from other foods carrying nutrition content claims. At present consumers do not distinguish between them.

Even after a full discussion, most participants were unconcerned that the prescribed term referred to amounts of nutritive substances in higher amounts than those in other products permissible as general foods and carrying nutrition content claims. The ‘higher levels’ that the prescribed term relates to had little relevance, particularly for the majority who were unaware of or unconcerned about the amounts of these substances in products with nutrition content claims, or ‘regular’ counterpart foods.

Participants described the prescribed term ‘dietary supplement’ using a mixture of positive and negative terms:

- Boosted;
- Something extra or added;
- Something not in your diet;
- Supplementing your diet;
- For diets lacking;
- Meal replacement;
- Diet product, for weight loss
- Healthier;
- Better for you (but not necessarily good for you);
- No longer natural;
- Tampered with;
- Altered;
- Tastes bad.
Whilst the positive connotations associated with the term were more widely held, and made by participants across all the groups, the more negative connotations (referring to tampering, product alteration, and being no longer ‘natural’) came mostly from the New Zealand groups, and also the ‘health conscious’, and ‘special needs’ groups in Australia.

One group wondered whether the term ‘dietary supplement’, meant that some foods “have” dietary supplements in them, such as juice with extra vitamins, and other foods “are” dietary supplements, such as meal replacements. This confusion was consistent with other groups, where the term ‘dietary supplement’ was seen to describe both foods with added ingredients, and meal replacement foods.

“I’d actually be confused if I saw…‘dietary supplement’. I’d be confused as to whether the product itself was a dietary supplement, or whether it contains something that is generally perceived to be a dietary supplement, like a vitamin or a mineral.” [Aust., upper SES, special health needs, 45-64yrs]

When probed in greater detail, participants in every group were unsure and could not agree whether the term referred to foods which were or should be additional to one’s usual diet, which was their rational interpretation of the word ‘supplement’, or instead of foods in one’s normal diet, ie replacing a meal or food. After considerable thought and discussion on this issue the most consistent conclusion was that whilst the term is probably intended to mean ‘in addition to’, in reality “many” consumers would use these types of foods to replace meals or foods. The “many” consumers who it was speculated would use FTDS in this way were rarely the participants in this study, but rather ‘other’ consumers, particularly ‘other’ young people and uneducated shoppers

Participants were not clear about the ‘dietary supplement’ term. For the product examples shown to the groups, the prescribed term was located on the front of the pack or bottle and it tended to be treated with the same level of distrust or scepticism as nutrition content claims. [Readers should refer to the Nutrition Content Claims report4 for more information about how consumers regard what is on the front of the pack as ‘advertising’ and what is on the back of the pack as ‘the truth’]. Participants also observed spontaneously that the term was much smaller than the nutrition content claim, and in comparison to the claim much more difficult to find. The majority of participants concluded that the prescribed term was only used because it had to be, otherwise manufacturers would make more effort to display it. Their reasoning was that manufacturers had deliberately minimised the size of the prescribed term in relation to the nutrition content claim, because it was less important to them (the manufacturer) and therefore by logical progression, only present because it must be important to ‘someone else’, such as the government or a regulatory authority.

---

4 A Qualitative Consumer Study Related to Nutrition Content Claims on Food Labels. A Report to FSANZ, 2003
As a natural progression from this discussion participants then sought to clarify the intent behind a prescribed term. There was much confusion and no agreement about whether the term ‘dietary supplement’ was intended as an identifier, a warning or cautionary statement for consumers, or if it was indeed supposed to be another ‘selling point’ like the nutrition content claim.

“I take it to be a warning, though up until 10 minutes ago I would have taken it as a motivator.” [Aust., lower SES, health conscious, 24-44yrs]

“because if it’s a warning type thing they make it a warning or an attention rather than just...because I think having a dietary supplement is sort of like, perhaps we’re better and you should buy ours because it’s better for you when it may not be any better than another product on the shelf” [NZ, upper SES, special health needs,18-24yrs]

In the context of it being a warning, participants could not understand why it was so small and difficult to read, and were thus at a loss to determine why the term was there at all.

“Maybe the manufacturers think because it’s got a negative connotation to it maybe it’s not something they want to be pointing out to everyone”

“but like she said, it might suggest that it’s bad, but because they’re obligated to put it on they do it in the littlest writing when they really don’t want to put it on…” [NZ, upper SES, special health needs,18-24yrs]

“It depends on what they intend to do with this dietary supplement or whatever they put on it, or whether it’s across the board or not. What’s the intention? Is it to tell us that it has been altered in which case just bring it to our attention, not a warning” [NZ, upper SES, special health needs,18-24yrs]

It was clear that the participants were not only prepared to be led by government or the food industry on the issue of cautioning them about moderate to high amounts of substances in foods, but they expected to be fully informed about potential adverse effects and/or groups at risk. In several groups, the issue of food safety in regards to food supplementation was raised spontaneously by a group participant, and the moderator pursued the topic for a short amount of time. The underlying assumption amongst all participants in the groups where this topic was raised was that there are ‘authorities’ that regulate and monitor the amount of additives in foods, including nutrients, vitamins, minerals and herbs, and that they rely on such authorities to protect the public from any health risks with regards to supplementation. There was a common understanding that food on the market is unquestionably safe, instances of product recalls and product tampering aside.

For consumers generally it does indicate that there is a need for clarity and education on this issue.
The term ‘dietary supplement’ is more dissuading than persuading

After discussing participants’ understanding of the term ‘dietary supplement’, the moderator probed for their views on how appealing the term was. Responses were varied. Initially, most participants jumped to the conclusion that it was a ‘selling point’, although most did not find such a claim personally relevant or motivating for themselves.

After some consideration, the interpretation by the majority was that it was not a motivator to purchase a product carrying that label (assuming it could be readily seen from the supermarket shelf). Some who reached this conclusion felt strongly that they would indeed avoid a product carrying such a term, because of the connotations it brought for them about product ‘tampering’ or ‘reduced taste’ or ‘no longer natural’. For others who were uninterested in food supplementation and paid no attention to vitamin and mineral claims anyway, the term would have no impact. Others again would avoid products with the term because they associated it with weight loss or ‘dieting’ products:

“dietary – that’s what it is. Dietary to me says hungry. I’ve got to starve my body” [NZ, lower SES, health conscious, 45-64yrs]

Participants did not offer any views about the usefulness of the term because they were still fairly unclear as to its purpose, and the ‘category’ of FTDS had, for most, low personal relevance.

6.3 Views about the need for a term ‘dietary supplement’

A definite desire for regulated ‘supplement’ labelling

The importance of the public being made aware of supplements in foods was raised spontaneously by all groups. This was seen as the main reason for having specific labels on foods, whether they be a nutrition content claim or a prescribed term, such as ‘dietary supplement’ (participants do not differentiate between the two).

“well, we’re buying it, we should know what’s in it”

“They should definitely be telling us that there’s something added” NZ, upper SES, special health needs, 18-24yrs]

However, in no group was awareness of the term ‘dietary supplement’ high enough to serve this role. All participants missed the point of, or a need for, the prescribed term enabling them to distinguish between FTDS, other supplemented products, and ‘regular’ counterpart foods. This was mainly because participants appeared to be unable to make judgments about the relative levels of vitamins and minerals in products with nutrition content claims like ‘contains’, ‘source of’, and ‘good source of’

“I didn’t realise that it was a requirement to put the dietary supplement on there when they increased it, it…should be advertised so you are aware that when it says dietary supplement it is because this product has been increased…they should advertise that at x percentage it has to have
Almost all participants, and particularly New Zealanders, had an underlying desire to ‘know what’s added to their food’. One participant, who was, indicative of the common view, commented that “there’s a big difference between containing it and adding it”.

There were a number of reasons for this attitude, some of which have been mentioned earlier in other contexts. These are summarised below.

1. To make informed decisions about ‘natural’ sources of vitamins and minerals.

   “I’d like to know the source of the vitamins and minerals and whether they are chemically made or a naturally derived product” [NZ, lower SES, health conscious, 45-64yrs]

   Although some New Zealand participants were extremely keen to know whether the dietary supplement was derived from a ‘natural’ or ‘chemical’ source, their interest was in seeking reassurance as to the ‘naturalness’ of the product. No participant interested in dietary supplement sources had any knowledge from where any nutritive substances in other supplemented foods were derived.

2. To easily identify foods with high levels of nutrients. This would be particularly useful for parents who had children who did not or could not eat certain foods, such as milk, in which case juice and biscuit products fortified with calcium would be helpful. Need to state that participants mentioned this otherwise it sounds like your opinion.

3. To assist people who have particular allergies or food intolerances by informing them of the presence of allergens such as nuts and gluten. Only a dozen people mentioned this and they also said they always relied on the ingredients listing to check whether nutrients of concern were present, and did not rely solely on nutrition content claims or allergen declarations.

   This point illustrates consumers’ tendency to confuse supplementation labelling with other labelling issues such as allergen declarations.

4. The desire to avoid overdosing on supplements. This was only a strongly held concern by one or two people in a few groups, the majority were unconcerned about cumulative intake of vitamins and minerals. The ‘unconcerned’ belief was that it was not possible to overdose on vitamins and that the body ‘flushes them out’ if you have too much.

   “you can’t overdose on vitamins, not that I know of, your body just gets to a certain level and then it just off loads what it doesn’t need, you can’t stockpile them, other things you can stockpile in your body. You can’t store them, it just off loads them” [NZ, lower SES, health conscious, 18-24yrs]
Most people did not have enough information or interest in vitamin and mineral consumption to worry about overdosing, or to ascertain at what level of consumption, and what specific vitamins or minerals, one might overdose on. When those concerned about overdosing were prompted, no one was monitoring their intake of such nutrients to avoid overdosing. The only people paying attention to levels of these nutrients were those with specific health concerns (e.g. low potassium diet).

**Most consumers wouldn’t need the term ‘dietary supplement’ on the label if nutrition content claims were more meaningful.**

Arising from the ambiguity about the intent of a prescribed term, and how it might distinguish FTDS from other products, was a lack of perceived need for one.

Keeping in mind the inability amongst most participants to distinguish between FTDS and other supplemented products, and their lack of understanding regarding the potential impact of consuming FTDS, the majority of participants felt that nutrition content claims were all that was needed to draw one’s attention to the supplementation of that product. Most participants shared this view, across all groups, but for different reasons. Those least interested in vitamin and mineral composition felt no personal need for a prescribed term, and assumed that nutrition content claims with the NIP were sufficient information for others. Another view was that consumers could and should take responsibility for what they did with that information – whether that meant disregarding it, avoiding the product, or seeking further clarification of what it meant. Those most interested in the nutritional composition of their food felt that the presence of the NIP negated any need for the term ‘dietary supplement’ on the label.

“If you’ve got, on your label with added vitamins and minerals or what ever like that one there that’s got Vitamin B and Iron added, you don’t also need to add that it’s a dietary supplement. Because the fact that you’ve added it already means that” [NZ, lower SES, health conscious, 45-64yrs]

“No, it doesn’t need to say ‘dietary supplement’ as well. It’s already told us what it’s got in there and you’ve got your nutritional information on it there. If you’re truly interested you can look” [NZ, lower SES, health conscious, 45-64yrs]

“They already write on it that it’s got something added anyway, so why do they have to put ‘dietary supplement’ on it?” [NZ, upper SES, special health needs, 18-24yrs]

### 6.4 Location of the term ‘dietary supplement’

A further conundrum arising around the issue of FTDS labelling is where best to position or place a FTDS term so that it is most effective. Based on participants’ views about the low visibility of the examples of the term used in this study, if there is deemed
a need to caution consumers about FTDS products, such a statement must be on the 
front of the package, and preferably close to the nutrition content claim, so that it is 
noticed by shoppers. However, in order for a prescribed term to gain recognition it will 
need to be sufficiently more noticeable for consumers to readily identify the product.

The findings of this research indicate that most consumers make a clear distinction 
about the credibility between information on the front versus the back of the package. 
On this basis, the researchers conclude that co-location of the term with the nutrition 
content claim runs the risk that the prescribed term will be dismissed as ‘advertising’ or 
regarded to be of dubious credibility, depending on the consumers level of overall 
suspicion and their familiarity with other nutrition content claims. To be given 
‘automatic’ credibility, the prescribed term should logically be located with the other 
‘trustworthy’ information on the back of the package, such as the NIP.

To overcome this, the format of the present term would need to be distinctively different 
from a nutrition content claim, but at the same time sufficiently noticeable. 
Alternatively, or additionally, informing or educating consumers about what a chosen 
prescribed term means or infers, and how it is different to a manufacturers content 
claim, could go a long way to resolving the question of position.

6.5 Reactions to alternative terms, and other suggestions

In addition to the current prescribed term, FSANZ also wished to explore consumers’ 
reactions to two alternative prescribed terms: ‘food-type dietary supplement’ and 
‘nutritional supplement’, as well as suggestions for any other alternatives.

Key finding: The first alternate term, ‘food-type dietary supplement’ received similar 
reactions to the current term (‘dietary supplement’), but on the whole was less 
favoured. However, the term ‘nutritional supplement’ received very different and 
consistent reactions, across all groups and locations.

The term ‘food-type dietary supplement’ evoked similar reactions to the current term, 
particularly in regard to its association with dieting. It was not considered a suitably 
different alternative, and was less favoured because it was considered too wordy and 
thus confusing. **However it should be noted that almost all participants framed 
their responses around an assumption that any term should make the product more appealing, rather than less appealing.**

“it’s so non-specific. It’s no more specific than ‘dietary supplement’. 
People would say food type, what do they mean by that and so they 
would stand there for a few minutes and then think about it and then think 
‘I will avoid that one’” [NZ, upper SES, special health needs, 25-44yrs]

One or two participants in some groups acknowledged that the term was suggestive of 
there being other types of dietary supplements, but even fewer made the connection 
that the term might be trying to distinguish between therapeutic-type supplements,
such as pills and capsules. A few speculated that perhaps the term was trying to
differentiate FTDS from meal replacement and weight loss products. Only a few
participants in total felt that the term brought more clarity because it related directly to
food, and these people failed to see the point of such a differentiation.

Another very small number of participants felt the term carried positive connotations,
with the word ‘food’ suggesting the product was more desirable or ‘better’ than a
‘regular’ counterpart product.

Substantially different meaning inferred from ‘nutritional supplement’ compared
to ‘dietary supplement’

In contrast, the term ‘nutritional supplement’ was seen as a highly positive statement,
which participants initially preferred. Their immediate and spontaneous reactions were
directly responding to the substitution of the word ‘dietary’ for ‘nutritional’. Although this
positive reaction was received in every group, it was most strongly and consistently
expressed amongst those in a New Zealand group of lower SES, health conscious
participants, aged 45-64yrs. Whilst these participants were in agreement, their
responses were expressed for several different reasons, as is illustrated in the
comments below:

“diet has negative connotations where as nutrition has good vibes"

“if it was changed to nutritional I’d buy it…because it sounds good. Dietary to me just honestly says someone’s on a diet.”

“if you’ve got kids you don’t want to put dietary because you don’t put your
kids on diets. But nutrition is big for kids.”

“the word nutrition itself is positive. It’s a word that’s used a lot in the
media and by your doctor. It’s nutrition this or it’s nutrition that …it’s got a
positive tone about it”.

“to me that [nutritional supplement] doesn’t’ say ‘watch out’. If that’s the
intention of the manufacturer, then to me it doesn’t’ say ‘watch out’. That
is a good effect…”

The majority opinion, based on initial spontaneous reactions, was that the use of this
term made the product a good buy.

However, not every participant was strongly in favour of the term ‘nutritional
supplement’. A few had some reservations that the term might in fact be misleading or
deceptive:

“you feel you are adding something to your body but that can be
deceptive because you may not be”   [NZ, upper SES, special health needs, 25-44yrs]
For some more health conscious participants who dwelt on this term longer than the majority, it lost some of its initial favour. Like all of the suggested terms, the word 'supplement' has negative connotations, implying additives or 'unnatural' ingredients. Nonetheless, the term ‘nutritional supplement’ is far less likely than ‘dietary supplement’ to evoke a ‘cautionary’ reaction, although the latter still does not communicate this as effectively as it may be intended by some.

**Other suggestions - A preference for a more exact labelling system**

It is apparent that without education as to what the term ‘dietary supplement’ refers to, the term will be rarely used, and would not serve any purpose either as a product identifier or as a caution.

Participants interested in nutrient supplementation or in monitoring the composition of the foods they eat were all in favour of regulated labelling for any added nutritive substances, regardless of the amount in which they had been added. As well, ‘disinterested’ participants strongly endorsed the availability of this information in a quick, user-friendly format, for those who might want to know at some stage. However, participants did not distinguish a greater (or lesser) need for accurate, easy to interpret ‘additive’ labelling for FTDS compared to other products with nutrition content claims.

What participants desired was an easy way to interpret how much of any ‘added’ nutrient or nutritive substance is in the food available to them. What would be most useful to consumers is a graded or quantified ‘supplement’ label for all vitamin and mineral fortified foods and beverages, that positioned the food in question relative to other foods. Suggestions included classifications using a low to very high scale, a numbering system, colour codes or graphical symbols. For example, rather than just label the product as a ‘grade 3’ it should be labelled as ‘grade 3 out of 5’, or a middle shade of blue, on a scale of light blue to dark blue. Essential to providing this would be an information or education program that explains to consumers how to recognise and interpret the labelling ‘system’.

A percentage of the recommended daily intake (RDI) was the most preferred labelling ‘system’, as it was seen as an easy way to evaluate how much of a nutrient you should have in a day. Views about RDIs are reported in more detail in section 7.
7 NUTRITION CONTENT CLAIMS AND NUTRITIONAL INFORMATION

7.1 Nutrition Content Claims

*How do consumers view vitamin & mineral claims?*

Because they are the kind of supplementation most readily identified by consumers vitamin and mineral claims have been documented earlier in this report.

The consumption of vitamins and minerals via food supplementation, whether it be to rectify nutrient deficiencies or for a general diet top up, was viewed positively. Participants were on the whole unconcerned about the proliferation of products carrying vitamin and mineral claims, very much adopting a ‘more is better’ approach in making food choices, so long as non-supplemented products remained readily available and identifiable to the majority who were not interested in supplementation.

Generally participants were unable to make assessments about how much of particular vitamins and minerals there are, or should be, in specific supplemented foods. Whilst they did not know if there should be or if there were any maximum levels permitted in supplemented foods, one or two participants expressed a concern that there should be maximum levels for children’s and baby’s foods. Compared to their views about the need for maximum levels, most participants felt more strongly that there should be minimum levels that had to be added when using a vitamin or mineral content claim.

*Do supplementation claims infer that the product is healthy?*

Whilst ‘inquiring’ label readers were able to use other label information to verify the over-all nutritional value of a food, many others assumed that products with nutrition content claims must be healthy because of the claim.

A rare view was that supplemented foods confuse consumers into believing they can achieve balanced nutrition through these food choices.

“I think we live in a society that is so health obsessed with “am I getting the right nutrients”, “has this got vitamins in it”, “is this pure”, I’m quite suspicious about how relevant all this really is. I try to eat a meal with at least three vegetables at least once a day, and try to pack down some fruit as well and I consider that’s a relatively balanced diet…I work with this girl who is 20 and I never see her eating anything green, but she does pop a multivitamin pill, and I’m concerned that instead of having an understanding of what a good balanced diet really is, all this stuff with supplemented this and added that and enough of that basically misleads people into thinking you can get away with not eating a proper diet, and getting away with getting all you need with a supplemented bit here and an added bit there…it is leading us totally down the wrong track.” [Aust., upper SES, special health needs, 45-64yrs]
The NIP is used in verifying vitamin and mineral content claims

‘Inquiring’ label readers and those very interested in health were deliberately selecting supplemented foods by using the NIP - to verify the nutrition content claim, to compare it to other products with similar claims or to a ‘regular’ counterpart food, and to build their knowledge about how much of the claimed substance the product contained. The ingredients list was also used by some of these participants for this reason, but to a lesser extent.

However, even these highly motivated participants did not feel confident in their ability to monitor how much of a particular vitamin or mineral they were consuming. Those wishing to do this found references to the RDI, either in a claim or in the NIP more useful than absolute amounts, measured in units such as milligrams.

Overall however, inquirers held the NIP in higher esteem than any nutrition content claim on the front of the pack, and spoke of bypassing the claims and referring directly to the NIP to ascertain what was in the product.

Another smaller proportion of participants (inquirers, as well as some believers) reported that they valued the NIP as a ‘fall back’ or ‘safety’ measure. In this context it was regarded as something that they could use if they felt they were uncertain or concerned about how much of an added vitamin or mineral was in a FTDS, even though they may not actually do so very often.

Vitamin and mineral content claims are just ‘marketing’

Nutrition content claims, were generally regarded as ‘marketing’ – partly because of their size, colour, format and position on the front of the pack, and because not all products carried such claims.

“With things like these added supplement things I am quite cynical about them and I see them entirely as a marketing ploy, wow it has got Vitamin A or Vitamin D, I think that is a marketing ploy to sell more because that puts it above other types of brands.” [NZ, upper SES, special health needs, 25-44yrs].

“I just find it an advertising ploy. All these things have always had these, vitamin A, vitamin B, but the more health conscious we become, the more they point it out so we buy them.” [Aust., lower SES, health conscious, 24-44yrs]

There was no knowledge of any ‘rules’ or standards relating to the nutrition content claims made. Whilst participants felt that they may be “true”, it was believed that manufacturers use these claims because they are selling points.

Therefore, there was an expectation that some foods making nutrition content claims may have the same level of the claimed nutrient as a food that is not making a claim.
These claims can also be misleading for some consumers

Several participants in most groups viewed such claims as misleading, particularly because they suggested that a product was healthier than it actually was, or might be.

“…put it in there and make you feel you are doing something good when you are actually eating something bad” [referring to calcium supplemented biscuits] [NZ, lower SES, health conscious, 18-24yrs]

“I believe it’s a sales pitch and they are trying to deceive people” [NZ, lower SES, health conscious, 18-24yrs]

Some participants were extremely concerned about ‘other’ consumers being mislead into thinking that these foods were healthy food choices for children. Examples included advertising and on-product claims about added calcium in biscuits, and added iron in chocolate breakfast cereal products.

“I think the danger of it is, it is all right if they are aware of the food but the problem is there are people who don’t know anything and think that it’s healthy because it says ‘dietary supplement’ and that it is healthy because it says ‘added’ this and do think chocolate bickies are a good idea instead of steak because they just don’t know” [NZ, upper SES, special health needs, 25-44yrs].

Similarly, one or two participants in many groups were concerned for ‘others’ who might be misled into substituting FTDS for a healthy diet.

“The only thing? I think is there is a danger of people stopping eating natural food and just having that kind of food, so you don’t actually go out and buy fruit and vegetables’ [NZ, lower SES, health conscious, 18-24yrs]

There was no suggestion that these concerned participants were themselves being misled.

7.2 ‘Source of’, ‘good source of’ and,’ excellent source of’

Key finding: Most -participants had previously assumed, or had concluded by the end of the discussion, that the terms ‘source of’, ‘good source of’ and ‘excellent source of’ were relative (ie ‘good source’ inferred larger amounts than ‘source’). However, there was no awareness that these terms have a regulated definition based on the %RDI they contribute. All three terms were considered to be highly subjective, and most participants in this study expressed a high level of scepticism about what these claims implied, regarding them as a marketing ploy.
These terms are too subjective and meaningless

There was some conflict about these claims, with almost all participants in this study doubting that one food’s “excellent” or “good” source claim would necessarily imply the same level as another food’s “excellent” or “good” source claim.

“It is very subjective isn’t it…I wouldn’t believe something like that.” [Aust., lower SES, less concerned about health, 45-64yrs]

“You’d think one is a mild version and one is a maximum one, kind of higher. Well you’d think that but you wouldn’t believe it…that’s what it is trying to get you are, but then you’d read the back and see “well is it or not?”

These terms are regarded as just marketing....

There was a widespread belief that ‘source’ claims are nothing more than a manufacturer’s attempt to sell their product. No participant in this study was aware that the use of these claims is regulated through minimum content standards, although once the issue was raised some hoped that this would be the case. Whilst at least a couple of participants in each group were indifferent to these claims, most participants including those who do not refer to nutrition content claims, felt they could not be trusted.

Participants’ innate cynicism about product marketing claims meant that they were more sceptical of the greater claim ‘excellent source of’ than they were ‘source of’, and consequently focussed on this example when expressing their views. No participant was aware that the term ‘excellent source’ was currently prohibited – until they were informed otherwise by the Moderator, most assumed that it was in current use. The following comments are indicative of what most participants thought ‘excellent source of’ claims meant.

“That it’s excellent for every individual who’s going to be eating it. From their [the manufacturer’s] point of view. That’s what they’re trying to say.”

“They think their product is excellent and they’re trying to sell it to us” [NZ, upper SES, special health needs, 18-24yrs]

“It’s just a marketing thing. I’ve never thought of those words having meaning…it’s just a marketing ploy.” [NZ, lower SES, health conscious, 45-64yrs]

“It is not seductive, just to say “source” whereas “excellent” is seductive.” [Aust., upper SES, special health needs, 45-64yrs]

“says who? I mean excellent, that’s their opinion” [NZ, upper SES, special health needs, 18-24yrs]
There was no indication from any participant that the ‘source of’ claim implied that the whole product is necessarily healthier, ‘good’ or ‘excellent’, compared to a product that does not carry a claim.

“but excellent is just their interpretation. It can be an excellent mix for a chocolate bar too but it doesn’t mean it’s excellent” [NZ, upper SES, special health needs, 18-24yrs]

However there was some concern expressed for ‘other’ participants who might be misled by these claims.

Amongst those who were interested, there was a preference for quantified claims that were less subjective and ambiguous.

“it sounds misleading to me …because it’s not quantifiable. Show me the percentage or show me the extra grams” [NZ, upper SES, special health needs, 18-24yrs]

“give me actual percentages and figures” [NZ, lower SES, health conscious, 18-24yrs]

At this point during this discussion in most groups, reference to the %RDI was suggested. However it should be noted that, across the whole study, most participants did not engage in detailed discussion about how the %RDI would be helpful and it is inferred by the researchers that whilst many participants would find a quantified claim more meaningful, they would not know what to do with that information unless they were also educated about the RDI ‘system’.

**Uncertainty as to whether it is an added or an intrinsic nutrient**

Some participants questioned whether the ‘source of’ claim refers to a source nutrient that has been added, to one which is intrinsically present in the food, or a combination of both. The groups were largely uncertain about this, and often became confused. Even after considerable discussion on this issue, participants were unable to resolve this question.

“It sounds like it’s naturally occurring, it doesn’t sound like they’ve actually added it in. It just says this is already in the food and if you eat this that’s what its got in it” [NZ, upper SES, special health needs, 18-24yrs]

“whether it has been added or whether it is actually there naturally because if I read that I would look at it and think it was naturally there because it is saying this is an excellent source, I am selling you a great tasting smoothie, it is a great source of calcium but I haven’t added it” [NZ, upper SES, special health needs, 25-44yrs]

“I think they need to say something like this is an excellent source because we have added these things rather than this is an excellent source tied up with what the product would naturally be a source of as opposed to now we have added all these things.” [NZ, upper SES, special health needs, 25-44yrs]
Clearly many consumers want and need to be better informed and equipped so as to be able to distinguish between foods containing fortified versus intrinsic nutrients.
Consumers are unaware that ‘source’ claims are linked to the RDI.

There was absolutely no awareness that these terms have a regulated definition based on the %RDI they contribute; however that is exactly what many interested consumers would find useful.

“you’ve got to be able to compare them across like that because if you saw source and you saw good source; if they’re not right along side of each other it’s like anything there’s no relationship made.” [NZ, upper SES, less concerned about health, 25-44yrs]

When participants were presented with the current %RDI levels applied to these terms, they expressed surprise that levels were applied.

“It would be nice to know that. I didn’t know that.” [Aust]

Once participants were made aware of the levels, they readily accepted that “excellent source” claims should refer to foods with more of the nutrient in question than foods claiming “good source.” Groups generally felt that “excellent source” should refer to foods with at least 30% of RDI (the minimum amount suggested), relative to the 25% amount for ‘good source’. Participants in several other groups suggested that 50% of RDI was appropriate, and one extreme view suggested 100%.

However, this issue immediately raised the need for education around these levels.

“I think the problem is we are so unaware of the rules…we don’t know the “good” or “excellent”, I didn’t even know there are rules. They should make use of education, even on the boxes…what it means.” [Aust., lower SES, health conscious, 24-44yrs]

“Personally none of those words mean anything to me. It’s the same. It’s like source of iron, good source of, excellent source of. It means the same thing. It’s all just government stuff and we don’t know what it means. So what does it mean to me as a consumer? It’s just a regulation stuff and unless we’re educated as to what these words mean they’re useless” [NZ, lower SES, health conscious, 45-64yrs]

Some felt that ‘source of’ claims needed to be verified, particularly if they were not considered to be a “trustworthy brand”, or if the claimed nutrient was one that they were particularly interested in.

“If it’s something that you wanted then you’d actually look at what it actually had, you wouldn’t just be swayed by oh this is excellent so I’ll buy it.” [NZ, upper SES, special health needs, 18-24yrs]

“You’d think one is a mild version and one is a maximum one, kind of higher. Well you’d think that but you wouldn’t believe it…that’s what it is trying to get you are, but then you’d read the back and see “well is it or not?”
7.3 Reactions to potential additional labelling elements

In an effort to minimise consumer confusion in relation to nutrition messages about diet and health, FSANZ is also seeking information to assess the feasibility of additional labelling elements on FTDS to assist consumers in making informed food choices. Therefore the study examined participants’ reactions to three additional labelling elements:

1. A trigger statement which directs consumers to the NIP;
2. A statement cautioning consumers against regarding FTDS as ‘magic bullets’ eg. ‘this product should be consumed in the context of a healthy, balanced diet’; and
3. An additional column in the NIP - % RDI or %Daily Intake.

Key findings: None of the additional labelling elements were particularly well received by participants, however the use of a trigger statement and an additional column in the NIP were preferred over the cautionary statement. Many participants agreed that in the case of supplements, it is up to the shopper to evaluate whether the food was suitable for them.

1. A trigger statement which directs consumers to the NIP

The example used for a trigger statement was “Contains calcium. See panel on back”.

The majority of participants with an interest in their vitamin and mineral intake were already using the NIP to evaluate particular nutrients relevant to them. They felt that they did not need to be directed to the panel.

However there were also participants in most groups who were not familiar with using the NIP and found it intimidating or confusing. For some, a trigger statement rendered the product too much hard work, with the result that the product would be avoided.

“I mean if you’re looking at the back of the label and you’re doing that automatically and you’re doing it on every product – for your health and being fussy about what you eat and all this. But if you don’t bother looking at the back and it says refer to the back you’d just leave that one there and go and pick up the other item…if it says look at the back you’ll say ‘forget that.” [NZ, lower SES, health conscious, 45-64yrs]

However, a benefit of this statement is that it “alerts you the product has been modified.” For those avoiding additives or ‘altered’ products, this was seen as useful.

An isolated view was that this type of statement made the product more credible because it implied that the manufacturer has nothing to hide, offering proof of the claim on the back of the panel:

“like they’re saying ‘we’re not lying to you, you can see the proof’.” [NZ, upper SES, special health needs, 18-24yrs]
2. A statement cautioning consumers against regarding FTDS as ‘magic bullets’
   eg. ‘this product should be consumed in the context of a healthy, balanced diet’

This statement was received differently by different participants. Some felt this was obvious and condescending to shoppers.

“It is common knowledge. It is like saying ‘don’t poke yourself in the eye with the box.” [Aust., lower SES, health conscious, 24-44yrs]

For others it was meaningless and had no clear call to action.

“If I saw that I’d think well theoretically everything should be in the context of a healthy balanced diet”

“What is a balanced diet?
‘how balanced can it be if you’re grabbing it and eating it on the run. For the vitamins because you’re lacking in something anyway.” [NZ, upper SES, less concerned about health, 25-44yrs]

And for others again, this statement was seen as a good way of cautioning vulnerable shoppers, such as those less experienced, and children, who may inadvertently consume excessive amounts of a supplemented product.

Overall, this statement was regarded as an idealistic health education message rather than a motivator to further investigate the product’s claim.

3. An additional column in the NIP - % RDI or %Daily Intake

The usefulness of %RDI information has been well documented earlier in this report. Some active label readers had come across a voluntary % RDI statement (or % DI column) on products such as breakfast cereals. Amongst these participants this information was regarded as useful.

Most participants generally preferred a claim on the front of the package that included %RDI or %DI information (that is a requirement for manufacturers to include the RDI comparison in their own claim), as opposed to an additional word statement on the front of the package, such as the other two examples, or a ‘dietary supplement’ term’. A %RDI was also seen as a preferable claim format, as opposed to “excellent source” as the amount of the nutrient could be immediately verified.

“It gives you the information you need on which to base a judgement.” [Aust., lower SES, less concerned about health, 45-64yrs]
Other additional information?

Other isolated suggestions included statements that were more definitive, such as ‘not suitable for’ or ‘not a replacement’.

“then they should write something like ‘not intended for’.”

“additional to your daily needs”

Others preferred symbols rather than words:

“a symbol is a good idea because then you can just look and if you’re interested you can then refer yourself to the panel” [NZ, lower SES, health conscious, 45-64yrs]

7.4 Recommended Dietary Intakes (RDI)

The majority of participants were familiar with the term ‘RDI’, ‘recommended daily intake’ or ‘recommended daily allowance’. Awareness was greatest in New Zealand, and was lowest in the ‘less concerned about health’ groups in both countries. Their awareness had come from reading labels, (nutrition content claims and the NIP), from reading nutrition related information in books and magazines, and from television advertising or nutrition segments in lifestyle programs. Those participants with ‘special health needs’ had often learned from doctors or other health professionals.

Most participants correctly understood the term to mean the amount of a particular nutrient you should or could have, although not all were aware that it was a daily allowance. However, their understanding of how to interpret how much a particular product would contribute to their intake, via a serve or by consuming the whole packet, was considerably lower. Only those who were experienced at using the NIP to compare products were able to demonstrate a capacity to compare the amount of RDI offered by two different supplemented products. There was also very poor understanding of how ‘one’ RDI could be established for ‘everybody’, and some questioned whether it was therefore applicable to their individual circumstances. Whilst most trusted that the RDI amount, and claims made around the RDI must be ‘true’, many at the same time questioned how reliable the RDI was, given that people’s needs varied with age, gender, weight, pregnancy etc. They did not know that there were different RDIs; for example, for men and women, children, or pregnant and lactating women, but that the RDI used on a product for the purposes of food labelling is usually based on the average or midpoint value (for example, for men and women).

At the same time as being very familiar with the notion of an RDI, very few participants were confident in their capacity to monitor exactly how much of a particular vitamin or mineral they were consuming, using the units and amounts referred to on labels. There appeared to be virtually no understanding of whether a certain quantity of a vitamin, in milligrams, was high or low. However, based on the peripheral discussion in this study, and the observations of the same researchers in the concurrent study on nutrition content claims, this would have been true for most nutrients, with the exception in some cases of fat and sugar.
Statements that claim a food contains more than 100% of RDI were confusing, as participants weren't sure if this was a safe level or potentially harmful.

“Surely when you have 100% that is it.” [Aust., lower SES, health conscious, 24-44yrs]

Participants were asked about whether they thought there should be any limitations placed on the amount of any nutrients added to foods, such as ‘no more than X% of nutrient A’.

Other than the limitations discussed earlier in this section, participants had little more to contribute on this issue. The breadth of opinions ranged from indifference, to isolated suggestions that no FTDS product should provide more than 10%, 50% and 100% of the recommended intake for a day. No participant felt sufficiently knowledgeable, interested or concerned about supplementation to be able to offer a strong view about any specific nutrients. The few suggestions that were offered were wholly speculative, based on participants’ ad-hoc awareness of the better known vitamins and minerals, such as Vitamin C, and iron, rather than indicating a considered view or real concern.
8 NON-CULINARY HERBS

Key findings: Familiarity with food products supplemented with non-culinary herbs was much lower than vitamin and mineral FTDS, and subsequently the number of participants who reported using these foods was also very low. Perceptions about adding herbs to foods were either weakly or moderately positive or neutral. Compared to vitamin and mineral FTDS, there was much less interest in quantified claims and most felt that nutrition content claims such as ‘contains…’ were sufficient.

8.1 Awareness and use of non-culinary herbs

Familiarity with food products supplemented with non-culinary herbs was much lower than vitamin and mineral FTDS, and subsequently the number of participants who reported using these foods was also very low.

When the category of ‘non-culinary herbs was introduced it did not elicit any spontaneous recall of particular substances, except in the younger aged New Zealand groups where a few participants in each group recalled spirulina products. Once mentioned, these products were familiar to most younger participants, with several in each group mentioning they had either bought spirulina powder to make it up as a drink, or had purchased the ready made spirulina juices. These young people were trialing and using spirulina products for general health benefits, or for hangover recovery.

When prompted with the labelling examples ‘contains echinacea/ginseng/ginkgo/St John’s wort about half the participants in most groups recognised at least one. Echinacea was most widely recognised, irrespective of age, and was known for its association with preventing colds. The least recognised was St John’s wort. Whilst a number of older participants (aged 44+yrs) knew exactly what this was and its properties as an anti-depressant, 3-4 younger participants (18-25yrs) had never heard of it and found its name extremely off-putting.

A very small number of participants recalled having bought tea products containing echinacea, ginseng and St John’s Wort. One person recognised a juice product with echinacea, and recalled having tried it recently. Mostly their awareness and use of these herbs was contained to pills, capsules and alternative health practices.

With so few participants having deliberately purchased FTDS with herbs there was little opportunity to explore the role of labelling in their purchase decision. Those who had bought tea and juice products had done so after the nutrition content claim drew the supplemented substance to their attention. Whilst most participants reported that they could use the ingredients list to find out whether a product contained added herbs, most acknowledged that, in practice, if they were to buy such a product it would be after having noticed the nutrition content claim.
8.2 Perceptions of non-culinary herbs in FTDS

Almost all participants in this study were either positively or neutrally disposed towards the supplementation of foods with non-culinary herbs. There were very few concerns amongst participants, and not a single strong objection in any group. The reasons why almost all participants felt this way may well relate to their general attitudes towards and beliefs about the ‘healthiness’ of these substances, as discussed below.

Apart from three or four participants who found the name St Johns wort off-putting, the majority belief was that these types of substances are wholly beneficial. They were consistently described as “natural”, that they “suggest health”, and “prevent things”. A short discussion between three younger participants below is indicative of the general perceptions that most participants held about these substances.

“it has more of a positive connotation because they are more natural herbs or what ever rather than contains sodium or calcium or whatever.”
“yes and when you see those sort of things you think, oh, good for you.”
“herbs, natural…” [NZ, upper SES, special health needs, 18-24yrs]

Therefore those participants who were unfamiliar with these herbs perceived that there was no harm in including them in foods, provided they could readily identify and avoid the supplemented products if they wanted to. Participants were on the whole, unconcerned about the proliferation of products carrying non-culinary herb content claims, very much adopting a ‘more is better’ approach with regards to product choice.

In contrast to their perceptions about vitamin and mineral FTDS, non-culinary herbs FTDS were not at all seen as a food or meal replacement, but rather something that is chosen occasionally, such as echinacea in cold and flu season, or St John’s wort when one is feeling a bit down.

8.3 Impact of non-culinary herbs on labelling

Whilst almost all participants were either supportive of, or indifferent to, the inclusion of herbs in FTDS, there was a unanimous belief that these products must be labelled as such. Underlying reasons for this belief ranged from a broad wish to know exactly what is in the food that people eat, to a more informed concern about the potential interaction between substances such as St John’s wort and medications such as antidepressants.

Views about how these products should be labelled were divided between a preference for quantified labels versus those who felt that nutrition content claims such as ‘contains X’ were adequate. The latter was the majority view, however those who advocated for quantified labels were more engaged on the issue.

For these participants, statements referring to non-culinary herbs such as “contains ginseng” were seen as useless without information about the level of these nutrients.
This was due in part to the low awareness of the purpose of these substances. Participants instead preferred a statement that claimed the amount of the nutrient in the food, so they could avoid it if, for example, they had a particular allergy.

“Because if it is like one per cent ginkgo, then you are not going to worry about it, but if it’s thirty per cent then you might need to.” [Aust., upper SES, special health needs, 45-64yrs]

Most, however, felt there was no need to quantify how much was in the product. One reason for this was that, for many, herbs were not seen as ‘essential’ like vitamins were, and thus there appeared to be no real need to know. For others, their lack of knowledge about these substances meant that they had either never thought about relative or incremental amounts herbs in foods – either they were in food, or they weren’t.

As well, because most had no interest in looking for foods with herbs, how much of it was in the product was immaterial to them.

“I wouldn’t feel I’d need that quantified. I wouldn’t need to see a figure. I’d just say ‘ok, well that’s cool’ and if you were comparing product with product then you’d turn around and say ‘oh this one has some so I’ll buy that.”

Moderator: “does anyone else think it should be quantified?”

“it should be, but more likely yes, I’d see it and just take it anyway because it sounds natural.” [NZ, upper SES, special health needs, 18-24yrs]
9 CONCLUDING COMMENTS ABOUT CONSUMER EDUCATION AND FURTHER RESEARCH

9.1 Consumer education

Throughout the conduct of this study there emerged a growing need to inform consumers about labels and label information, and an increasingly obvious need for consumer education on how to use and interpret labels. This need was best summed up with the comment:

“Personally none of those words mean anything to me. It's the same. It's like source of iron, good source of, excellent source of. It means the same thing. It's all just government stuff and we don't know what it means. So what does it mean to me as a consumer? It's just a regulation stuff and unless we're educated as to what these words mean they're useless” [NZ, lower SES, health conscious, 45-64yrs, Section 7.2]

With regards to FTDS, and the prescribed term ‘dietary supplement’, it is safe to conclude, based on the research findings, that the term is not likely to lead to significantly greater consumption of FTDS, and indeed could well prevent such uptake if displayed in a more obvious way. However, FSANZ may wish to give consideration to the reasons why consumers are likely to behave in this way. Unless consumers are expressly informed what the prescribed term means, in relation to FTDS products and comparative products, then most will continue to lack any understanding of the implications of those products for their diet. Used in the way it is currently displayed, the label is unlikely to change consumer awareness or use of these foods. However it should be noted that until now, the prescription of the term ‘dietary supplement’ has not been intended to inform or caution consumers, but rather for identification and enforcement purposes.

In essence, there seems little point in drawing consumers’ attention to moderate to high amounts of substances or ingredients in dietary supplements, via a prescribed term, unless they are also informed about what to do about it. If the intent of a prescribed term moves towards alerting consumers to moderate to high amounts of a vitamin, mineral or non-culinary herb, then consumers do want to be advised of any potential adverse effects.

However, consumers' current level of information and understanding about supplementation and nutritional information is such that these two pre-conditions for informed choice, that underpins the rationale for many labelling, is not being met. Adding further information on food labels to reflect the addition of nutrients or herbal components of foods will not be meaningful to consumers unless they are also educated about the meaning behind that information, and how to use it.

At present, consumers’ choices based on the majority of label information, including supplement-related claims, do not reflect informed decision making but are, instead, a response to the effectiveness of marketing of the product.
9.2 Further research

To some extent, the research has attempted to gain information from consumers on issues about which they know very little, or have very limited familiarity with. This is mainly due to the low penetration of FTDS labelled with the prescribed term ‘dietary supplement’ in the market place, and although legible, the low prominence of the term, on those products that are labelled with it.

Whilst the research participants’ contributions regarding awareness of and beliefs and opinions about FTDS have provided valuable insight, their comments about the use of these foods is largely speculation and hypothesising about their likely behavioural intentions. Rarely were they drawing on actual experiences. The research results have exposed an inability amongst most consumers to comment on a category of foods (FTDS) that they have not and cannot distinguish from other general foods.

To better uncover consumers’ reactions and responses to potential FTDS labelling, and thus gain more meaningful input into the labelling ‘debate’, it is recommended that further labelling research be considered. This research would be viewed as an extension of the present study, but would incorporate an initial educative process, as well as observational research. It is acknowledged that such a process would not be replicating consumers’ current information level, but instead advancing it. However it would be useful to ascertain what level of information and education is needed in order for consumers to utilise FTDS and nutrition content labelling in the way in which it is intended - ie what is the base level of information that consumers need in order to use labels to make informed choices? Such an approach would also provide opportunities to more validly investigate consumers’ attitudinal and behavioural responses to FTDS labelling.
APPENDIX A
RECRUITMENT SCREENING CRITERIA
INTRODUCTION

Good … (morning / afternoon / evening). My name is … from … We’re assembling a small group of people to talk about different food products and shopping behaviour. May I speak to the person in the household who is jointly or mainly responsible for the household food shopping?

SCREENING

Q1 We’re only looking for people in certain occupations today. Do you or any members of your family work in/as …… READ OUT ONE AT A TIME RECORDING AN ANSWER FOR EACH.

<table>
<thead>
<tr>
<th>Can Recruit- drivers, delivery people &amp; “backend” workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Research……………………………………..1 ...........R</td>
</tr>
<tr>
<td>A food manufacturer or supermarket ……1………….R</td>
</tr>
<tr>
<td>A dietitian or nutritionist…………………………1 …….</td>
</tr>
<tr>
<td>A government environmental or public health officer…………1……………R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Don’t Recruit- checkout staff, store management, people in food technology &amp; product R&amp;D</th>
</tr>
</thead>
</table>

Q2 Are you the main food buyer in your household? By that I mean are you equally or mainly responsible for the food shopping?

Yes……………………1
No……………………2 CLOSE

Q3 RECORD GENDER

Female ………………………………1
Male………………………………..2 CHECK QUOTAS
Q4 Please can you tell me which of the following age groups you are in. READ OUT.

18-24 ................................................................. 1
25-44 ................................................................. 2
45-64 ................................................................. 3

Q5 Does anyone in your household have any special health-related food needs that you have to consider when buying food? This could be a food allergy, or a medical condition such as diabetes, coeliac disease, chrones disease, a thyroid problem, or medical advise to reduce cholesterol or fat intake (etc).

If respondent says ‘yes’, ask ‘is that yourself or someone else in your household?’

Yes, self ........................................................... 1
Yes, someone else in household ..................... 2
No..................................................................... 3

If Yes (code 1 or 2) GO TO Q7

Note to interviewers – when groups are filled, Code 1 should CLOSE, Code 2 should go to Q6a

Q6a Now I’d like you to think about the food shopping that you do for your household as a whole, not just for that (those) person(s) with special health needs. I am going to read out four statements about food buying and I’d like you to tell me which best describes the food buying that you do for your whole household.

Interviewer note – if respondent says none or more than one fit, prompt: “I realise that none of these statements may apply exactly, or perhaps more than one could apply, but please tell me which is the closest match.”

READ OUT STATEMENTS AND CODE IN Q6B

Q6b Now I am going to read out four statements about food buying and I’d like you to tell me which best describes the food buying that you do for your household.

Interviewer note – if respondent says none or more than one fit, prompt: “I realise that none of these statements may apply exactly, or perhaps more than one could apply, but please tell me which is the closest match.”

READ OUT

a) I regularly choose the ‘healthy’ alternative, such as low fat, no added sugar, low salt etc. ................................................................. 1

b) I try to choose healthy or nutritious foods, but-cost and convenience usually come first. ................................................................. 2

c) I usually don’t worry about the health or nutritional value of the foods that I choose. ................................................................. 3

d) I’m not at all concerned about the health or nutritional value of the foods that I choose. ................................................................. 4
Q8 Finally, so that we would can include a range of different people in the groups can you please tell me what was the last level you completed in your formal education?

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal education</td>
<td>1</td>
</tr>
<tr>
<td>Primary</td>
<td>2</td>
</tr>
<tr>
<td>Secondary School</td>
<td>3</td>
</tr>
<tr>
<td>Some Technical / Commercial / Trade Certificate / Apprenticeship, etc</td>
<td>4</td>
</tr>
<tr>
<td>Completed Technical / Commercial / Trade Certificate / Apprenticeship, etc</td>
<td>5</td>
</tr>
<tr>
<td>Some University or Other Tertiary Degree or Diploma</td>
<td>6</td>
</tr>
<tr>
<td>Completed University or Other Tertiary Degree or Diploma</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know / refused</td>
<td>9</td>
</tr>
</tbody>
</table>

- **LOWER Eligible for**: 2,3,4,6,7,10,12,13,16,17,19
- **HIGH Eligible for**: 1,5,8,9,11,14,15,18,20

Q9a Have you attended a market research group discussion before?

- Yes | 1
- No | 2

Q9b **IF YES**: When was the last time?

- In the past 6 months or less | 1
- More than 6 months ago | 2

**PROCEED TO RECRUITMENT.**
RECRUITMENT SPEECH

We are having a discussion group amongst people like yourself about food products. The discussion will be held at (read location and address). It will last **up to two hours** and light refreshments will be provided. You will be paid $50.00 for your assistance. Would you like to take part? We would stress we are not selling anything and are only interested in your opinion.

NAME: 

STREET No./NAME

SUBURB:

POSTCODE:

PHONE: (H) 

(W)

GROUP RECRUITED TO: 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ]

IF RESPONDENT REFUSES, OR IS UNAVAILABLE, THANK POLITELY AND CLOSE.

Also remind the participant that if they need reading glasses they should bring them with them, as there will be materials to read.

THANK YOU FOR YOUR ASSISTANCE

I certify that this is a true, accurate and complete interview, conducted in accordance with IQCA standards and the ICC/ESOMAR International Code of conduct. I will not disclose to any other person the content of this questionnaire or any other information relating to this subject.

INTERVIEWER’S SIGNATURE: _______________________________ DATE: ____________
APPENDIX B
DISCUSSION GUIDE
## DISCUSSION GUIDE

### 1 WELCOME  
<table>
<thead>
<tr>
<th><strong>5 MINS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain purpose of group – topic is food shopping and food labels</td>
</tr>
<tr>
<td>Own opinions, no right or wrong answers, no hidden agendas</td>
</tr>
<tr>
<td>Mix of written activities and discussion</td>
</tr>
<tr>
<td>Only ‘rule’ is one person to speak at a time</td>
</tr>
<tr>
<td>Housekeeping issues – toilets, mobile phones off, refreshments, confidentiality &amp; taping, client viewing (if applicable)</td>
</tr>
</tbody>
</table>

### 2 ROUND TABLE INTRODUCTIONS  
<table>
<thead>
<tr>
<th><strong>5 MINS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, describe household that you shop for, favourite food &amp; why</td>
</tr>
</tbody>
</table>

### 3 FAMILIARITY WITH NUTRITION CONTENT CLAIMS

#### 3.1 SPONTANEOUS FAMILIARITY  
<table>
<thead>
<tr>
<th><strong>5 MINS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WRITTEN TASK 1 (Hand out sheet 1)</strong></td>
</tr>
</tbody>
</table>

I mentioned that the topic for today’s discussion was food labels. There are many different types of food labels; the ones that I want to focus on tonight are nutrition content claims. These are statements on the front on food packages like ‘low in salt’, ‘low fat’ etc.  
- Using the sheet in front of you, please write down all the nutrition content claims that you can think of – ones that you have seen in the supermarket, or used to select a product yourself. Beside the claim, write the food category or product that you have seen the claim on.  

[Moderator collect sheets.]

#### 3.2 PROMPTED FAMILIARITY (SHOWBOARDS)  
<table>
<thead>
<tr>
<th><strong>8 MINS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WRITTEN TASK 2 (Hand out Sheet 2)</strong></td>
</tr>
</tbody>
</table>

- Instructions - Explain that some claims are quite similar, and so we group them together under a concept heading, such as “Free = fat free, sugar free.”  
- I’m going to show you 8 types of nutrition content claims, some of which you’ve already mentioned. Please use the sheet in front of you to rate each of the 8 types of claims in terms of whether you have seen and used each them, and how much you trust each type of claim, and how useful you think it is, if at all.
4 UNDERSTANDING, & USE OF 8 SPECIFIED CLAIMS (35 MINS)

In each group, cover either 4.1-4.4 or 4.5-4.8 (ie 4 claims per group).
Use appropriate food products as examples.

4.1 COMPARATIVE CLAIMS (Refer to Showboard 1) (10 mins)
- Are they used? Why – what is most useful/helpful about these types of claims?
- Which ones in particular are preferred or more useful? For which products?
- What does this type of claim mean to you? What is it saying about the product? (refer to real product examples) What sorts of things do participants infer from comparative claims?
- WORD SORT EXERCISE. As a group, sort the terms in order from ‘least’ to ‘most’ – words can be ordered individually, or some can be grouped if they are viewed as the same thing/similar. Through the exercise, or as follow up ascertain what the differences between the terms are - how similar or different are they?
- Is there anything confusing or misleading about these claims?
- These claims are always compared to a reference food (eg trim/hi lo milk would be compared to standard milk). How much difference – what % - would participants expect when they see ‘reduced’ and ‘increased’?
- You can tell how these claims compare to a reference food by looking at the Nutrition Information Panel (refer to milk example).
  - Have you ever looked at this?
  - Do you think it’s beneficial?
  - How would it be of assistance?
4.2 FREE (refer to Showboard 2) (10 mins)

- Are they used? Why – what is most useful/helpful about these types of claims?
- Which ones in particular are preferred or more useful? For which products?
- What does this type of claim mean to you? What does ‘free’ mean? What is it saying about the product? (refer to real product examples) [PROBE for whether free means ‘zero content’ or ‘very very low’]
- Is there anything confusing or misleading about these claims?
- What is an acceptable amount of the nutrient/component that should be permitted under the ‘free’ claim? Zero for all nutrients/food components or are trace amounts of some nutrients/components acceptable?
  [After this point has been explored fully, clarify if necessary that the difference is one of absolute absence vs nutritional insignificance. Is it ok to have different ‘amounts’ for different nutrients, or should the same rule apply to all nutrients eg sugar free gum]
- If free = zero amount is preferred, what other term could be used to describe trace amounts of a nutrient which are nutritionally insignificant? Would ‘very low in sugar’ instead of ‘sugar free’ be acceptable? What about ‘trace of sugar’ or ‘sugar – virtually nil’?
- Explain that manufacturers that make any nutrition claim are required to declare the actual amount of the nutrient in the NIP (use product examples to explain this). What do you think of having a ‘free’ claim when there is a small amount stated in the NIP? Is this ok?
- [Ascertain for analysis whether participants view this requirement as a legitimate disclaimer (to assist consumers) or whether it is viewed more as a tool for ‘catching’ manufacturers out. Does it matter?]
4.3  **% FAT FREE (Refer to Showboard 3) (10 mins)**
- Are they used? Why – what is most useful/helpful about these types of claims?
- Which ones in particular are preferred or more useful? For which products?
- What does this type of claim **mean** to you? What does ‘97% free mean? What about 96%? 94%? What is it saying about the product? (refer to real product examples) [PROBE to ascertain whether participants understand that 94% fat free means the product is 6% fat – had they thought this reverse % before? PROBE also to ascertain whether % fat free = low fat or reduced fat or lite or diet – is that for all products or does it depend on the % and/or the product? Get examples]
- At what percentage level is a product no longer ‘low fat’?
- Should manufacturers be able to use any % fat free claim? (eg 70% fat free? 50% fat free?) When does the product become medium and high fat?
- Should there be restrictions on % fat free to ensure that % fat free claims are only on low fat foods?
- Is there anything confusing or misleading about these claims?
- Would a disclaimer, such as ‘this is a low fat food’ printed in conjunction with a % fat free claim be of any benefit? How and why? Does ‘low fat food’ mean more to participants than % fat free? Is one more useful than the other, is there a preference?

4.4  **CARBOHYDRATE & PROTEIN CLAIMS (Refer to Showboard 4) (5 mins)**
- Has anyone used these claims? Why? For what reasons?
- What is most useful/helpful about these types of claims?
- If not used – Who do you think would use these claims?
- What does this type of claim **mean** to you? Refer to each of the three types.
- Do you think we need claims about carbohydrates? If yes, what sorts of words should we have (high, low, source of, good source of?) - should we have all of them / some of them or just one?
- Is there anything confusing or misleading about these claims?
4.5 CHOLESTEROL (Refer to Showboard 5) (10 mins)
- Are you interested in cholesterol information in foods? Is this a need that you have? [ascertain relative level of interest/need]
- Are these claims used? Why – what is most useful/helpful about these types of claims?
- Which ones in particular are preferred or more useful? For which products?
- What does this type of claim mean to you?
- What do you know about cholesterol? PROMPT for difference between dietary cholesterol (cholesterol found only in animal foods – not present in vegetable foods) and blood cholesterol.
- Check for knowledge of terms fat and saturated. What do you think is more important for maintaining a healthy diet – cholesterol, fat or saturated fat intake? And what about for protecting against coronary heart disease?
- Do you think product labels should contain information about cholesterol? If yes, which of these three claims are most/least important, or are they the same?
- Devils advocate question – doctors are now more concerned about saturated fat than cholesterol, when it comes to reducing heart disease. What do you think of the idea of prohibiting cholesterol claims on foods, so as to simply things for consumers – ie they only need to focus on fat claims? Is this a good idea or a bad one? Why?

4.6 NO ADDED SUGAR / UNSWEETENED / NO ADDED SALT / SODIUM (Refer to Showboard 6a) (10 mins)
- Do you look for these claims? Why – what is most useful/helpful about these types of claims?
- Which ones in particular are preferred or more useful? For which products?
- How are they used? To make what decisions? What role do they play in choosing whether or not to buy a product? How important are they? Important in what way?
- What does this type of claim mean to you? What is each one saying about the product?
- Do you trust all of these claims, or just some? (trust absolutely vs trust ‘fairly well’) Why? Which claims (if any) don’t you trust? Why not? [be careful to distinguish between distrusting/trusting the claim (no matter what the product) vs distrusting the manufacturer and therefore dismissing the claim]
- Is the claim used on its own, or is other nutrition information on the label used in conjunction with the claim – what other information? How? (for example is the NIP or the Ingredients List used to verify
the claim? Is the NIP used to find out exactly how much sugar/salt is in the product? Is the Ingredients list referred to find out what type of sugar is in the product?

[Do participants understand that the claim refers to the level of sugar or salt only, not the overall nutritional value of a food? Probe indirectly for the notion of a fat/sugar/fibre trade off – do participants worry if the food has no added sugar that it may be high in fat, or vice versa? Does the concept of nutrient trade offs come up at all?] Do they know it can contain naturally occurring sugars?

- Disclaimers (refer to Showboard 6b) – is there any benefit in including a ‘disclaimer’ beside the ‘no added’ and ‘unsweetened’ claims that provides more information e.g.; Where the claim says ‘no added sugar/salt’ the disclaimer would say
  - ‘See Nutrition Information Panel on back’; or
  - ‘Contains natural sugar(s)’ or ‘Contains natural salt’; or
  - ‘Contains natural sugar(s) – see panel on back’ or ‘Contains natural salt – see panel on back’

  Which is preferred? [seek agreement on preferred disclaimer statement].

- A disclaimer on a package adds even more visual stimuli and there’s a lot on products already and in the supermarkets in general. Do you think people would notice / pay attention to it? Is it really necessary?

- If there was such a disclaimer (refer to preferred disclaimer above), do you think the size of the wording is important? If so, how big would the wording need to be for you to see it or trust it? [Refer to product examples to find an acceptable font size and note for analysis]. Should it be as big as the claim itself, bigger or smaller? (half the size? Twice as big?)

- How to other terms such as ‘in clear fruit juice’, ‘in lite juice’, ‘in real juice’, ‘in natural juice’ compare to the ‘no added sugar’ claim? Do they mean the same thing? How are they different?
4.7 LITE / LIGHT (Refer to Showboard 7a) (10 mins)
- Do you look for these claims? Why – what is most useful/helpful about these types of claims? For which products?
- What does this type of claim mean to you? What is it saying about the product? (PROBE for whether it refers to colour, fat, salt, sugar content or anything else)
- Is there a preference for one spelling over another? Does lite infer anything different to light?
- How are these claims used? To make what decisions? What role do they play in choosing whether or not to buy a product? How important are they? Important in what way? Think more broadly than supermarket shopping – delis? Service station shops? Vending machines? Canteens and cafes?
- Disclaimers (refer to Showboard 7b) – is there any benefit in including a ‘disclaimer’ beside the ‘lite’ claim that provides more information eg: Where the claim says ‘lite’ the disclaimer would say
  - ‘lite in energy’ or ‘lite in fat’; or
  - ‘lite in colour’
Which are necessary or preferred?
- If there was such a disclaimer (refer to preferred disclaimers above), do you think the size of the wording is important? If so, how big would the wording need to be for you to see it or trust it? [Refer to product examples to find an acceptable font size and note for analysis].

4.8 DIET (Refer to Showboard 8b) (5 mins)
- Do you look for these claims? Why – what is most useful/helpful about these types of claims?
- Do you have any concerns about the diet claim? PROBE for detail
- What does this type of claim mean to you? What is it saying about the product?
- How is this claim different to other terms such as:
  - Low fat
  - Low calorie
  - Reduced fat
  - Reduced calorie
  - Lite
  - Free
Address each point to the extent to which it has not already been covered.

We’ve talked quite a bit about clarifying statements that could be added to different claims to provide clarification or more information. This may be necessary to give you more information about the overall nutritional value of a food – where the claim implies a nutritional benefit, but the overall food may not be as healthy as you would like.

Another approach is to disallow manufacturers to make claims if the product is unhealthy in another way – in other words to disqualify manufacturers from making nutrition content claims where the claim may confuse people into thinking the product is healthier than it really is. For example, a manufacturer would not be allowed to claim a product was ‘high in fibre’ if it also contained a lot of fat. Or, a manufacturer would not be able to claim a product was ‘low in fat’ if it also contained a lot of sugar or salt.

- What do you think of this idea of ‘disqualifying’ manufacturers from using nutrition content claims in these sorts of circumstances? Is it a good idea? Is it necessary? Why? Would it change anything for consumers? Is it fair to manufacturers?
- What are the advantages of this approach? What are the disadvantages? (if necessary prompt with things like having disqualifying criteria would greatly reduce the number of nutrition content claims on products, and would therefore give them much less quick & easy nutrition information, or that there are some people who are only interested in particular nutrients for health reasons, and would lose access to this information in a quick & easy format).
- Are there any claims that would need this type of qualification, or should it be something that applies to all claims or no claims? Why?
- What sort of criteria should be applied?
- Here are two ideas, do you agree or disagree with these? Why?
  - The disqualification criteria apply to nutrients that relate to the claimed nutrient (eg a manufacturer can’t claim ‘low fat’ without the product being low in saturated fat (as opposed to other types of less harmful fats));
  - The disqualification criteria apply to nutrients that don’t appear to relate to the claimed nutrient (eg a manufacturer can’t claim ‘low salt’ without limiting, say, the fat content as well). In this example, do you think the ‘low salt’ product should be low fat,
or just have a limited amount of fat, so as to ensure it is not high in fat?

- What do you think of the idea of putting these sorts of restrictions on manufacturers? PROBE on concerns, and what is driving the concern – too much regulation?, not fair for manufacturers? too much information which becomes confusing for consumers? etc.

6 GENERAL USE OF NUTRITION CONTENT CLAIMS 12 MINS

Ask to the extent that these points have not been addressed earlier, or to clarify. Establish if there are differences between claims, or if they are used in the same way, overall:

- What decision is the claim being used for – what products? To choose a product quickly? To identify a known or favourite product easily? To choose between products? To make the final decision or to narrow the field of choice? To avoid a particular product or ingredient? For particular family members? Children vs adults?

- What role or place does health and nutrition play in consumers' use of these claims? Is it the primary motivator for using the claim? What health issues or health needs?

- Is the claim used on its own, or is other nutrition information on the label used in conjunction with the claim – what other information? How? (for example is the NIP or the Ingredients List used to verify the claim? Is the NIP used to find out the whole product nutritional value, in context of the claim, or to see if there are any nutrient trade-offs in the product eg if a product claims to be ‘low in fat’ is it also high in sugar or salt?

[Do participants understand that the claim refers to the level of a specific nutrient, not the overall nutritional value of a food? – do not ask as a direct question, what can be inferred from the above points?]

- For very health conscious consumers – how are the claims used in the context of assessing the overall nutritional value of a product?
7 ADEQUACY OF CLAIMS (10 MINS)

- What is the overall value placed on nutrition content claims? Do they assist consumers to make product choices, or are they more a hindrance? Are claims useful/not?
- Are any claims confusing? Which? In what way?
- Are any claims misleading? Which? In what way?
- Which claims can you trust? (trust absolutely vs trust ‘fairly well’) Why? Which claims (if any) don’t you trust? Why not? [be careful to distinguish between distrusting/trusting the claim (no matter what the product) vs distrusting the manufacturer and therefore dismissing the claim]
- If low trust/very misleading perceptions – Why don’t you or people like you complain? Devil’s advocate comment – “Manufacturers say that they get very few complaints about nutrition content claims, therefore consumers must find them easy to use, and trustworthy”.
- Are there too many claims on products (or not enough?) Should there be more? Does more claims = more useful information, or more confusion?
- Could nutrition content claims be improved in any way for use by consumers?

THANK AND CLOSE

Mention the value of their input, that their comments will be used to shape the directions of food labelling in Australia and New Zealand!

HAND OUT INCENTIVES ($50/$40)
## DISCUSSION GUIDE

### 1 WELCOME

- Explain purpose of group – topic is food shopping and food labels
- Own opinions, no right or wrong answers, no hidden agendas
- Mix of written activities and discussion
- Only ‘rule’ is one person to speak at a time
- Housekeeping issues – toilets, mobile phones off, refreshments, confidentiality & taping (video + audio), client viewing (if applicable)

### 2 ROUND TABLE INTRODUCTIONS

- Name, describe household that you shop for, favourite food & why

### 3 FAMILIARITY WITH FOOD TYPE DIETARY SUPPLEMENTS

- [Moderator to place all FTDS and regular counterpart foods over table, within reach of all participants.
- Here is a range of different food and drink products in 5 different food categories: yoghurt, breakfast cereals, waters, juices and confectionary. Take 5 minutes to have a good look at them, you can pick them up and study them if you wish.
- Do any of the different products on the table have anything in common with each other?
- Some of these foods seem to claim that they have an “extra” something or “added” something. [Allow free flowing discussion, but prompt to cover:
  - If anybody noticed the ‘dietary supplement’ term & which ones
  - [What words and language do they use to talk about FTDS – is the term ‘dietary supplement’ used? What else –enriched? Modified?]]
- How they distinguish between FTDS products and the ‘regular counterpart foods
- Are these foods, with the ‘extra’ claims, different to capsules and powders containing vitamins & minerals and/or non-culinary herbs? What is their understanding of the concept of FTDS?
- Using a FTDS example - What does the term ‘dietary supplement’ mean? What is it saying about the product?
ASK ALL

- Refer to Showboard 1 “Dietary Supplement” and FTDS product mock-up, together with regular counterpart product
- Would having a statement on the label of a product that told you it was a ‘dietary supplement’, like this one, as well as the manufacturers claim (contains echinacea), make much difference to whether you bought the product or not? Why/not?
- Do consumers need to know that the product is a FTDS or is the manufacturers claim enough?
- Do you think it’s easy to tell the difference between these two products? Is there enough of a difference between the labels?
- How important is it to have the term ‘dietary supplement’ on the label like this? Does it make the product more or less appealing (compared to its regular counterpart)?
- Does this kind of term suggest the product is better for you than other similar foods? What else does this term suggest or imply about the product?
- Do you think you would notice or remember a product that had the term ‘dietary supplement’ on the label?
- What other wording could be used? Is there a more appropriate term? [After open discussion, PROMPT using Showboard 1 &2 for reactions to ‘dietary supplement’ vs ‘food type dietary supplement’ vs ‘nutritional supplement’].
- If there was such a term on the label, do you think the size of the wording is important? If so, how big would the wording need to be for you to see it or trust it? [Refer to product examples to find an acceptable font size and note for analysis].
EXPLANATION OF FTDS – MODERATOR TO CLARIFY IF REQUIRED
The term Food-Type Dietary Supplements (FTDS) refers to products that are manufactured with the intent of providing health benefits beyond simple nutrition. The difference between these types of products and other, ‘regular’ counterpart foods is that they contain vitamins &/or minerals added in larger amounts, which are not currently permitted under the food regulations. The added ‘things’ could be specific vitamins, such as vitamin A, C, E or minerals such as iron, or non-culinary herbs such as echinacea, ginseng, ginko or St John’s Wort.

To clarify, many ‘regular’ counterpart foods make claims about vitamins and minerals, such as ‘good source of iron’ – the food is only a FTDS when it contains these nutrients in greater amounts.

- Apart from the products on this table and the examples I’ve given you, are there other brands or products that you know of that would fit into this category of products? What have you seen? [PROBE fully for an exhaustive list of products and FTDS claims.]
- What do you think of the idea of identifying foods as FTDSs? Is it a good one? Are they of value?
- What are the advantages or benefits of having FTDS foods? Are there any disadvantages or concerns? PROBE fully for detailed concerns or benefits. Do FTDS claims offer real benefit? (or is it just another way to get people to buy a product?)
- Can you envisage any impact on people’s health? [positive or negative?]
- Do you think that these types of foods are different to pills/capsules and powders you generally see in health food stores or the supplement section of supermarkets? How are they different? In what way? [PROBE FULLY, then use prompts below].
- Are they better or worse than pills/capsules/powders? Why?
- Would you expect them to be cheaper or more expensive?
- Would you expect them to have more or less or the same amount of the added ingredient(s)?
- Do you think more FTDSs should be allowed? Why?
- Should FTDS labelling be allowed on all foods, or only some? Which?
USE OF FTDS – GENERAL DISCUSSION (10 MINS)

- Thinking now about all the sorts of products on the market that could be a FTDS, has anyone bought these products before?
- For those who have (those identified in the group activity, and those who have bought such products before – if full attendance, there will be 2-4 in each group):
  - Which ones? Why?
  - Did they know they were choosing a FTDS?
  - What was the reason they chose the product?
  - For what kind of benefit? [PROMPT for health benefits, sports performance, prevention of illness, improved immunity, poor diet, taste, energy boost].
  - For who? (self, whole family, children?)
  - Was it the sole reason for choosing the product?
  - What information do you rely on when choosing a FTDS product? (label info vs other information)
  - How important was the FTDS label, in comparison to other factors (other label information eg claims, advertising, magazines, internet, word of mouth etc) – what is most reliable?
  - Did they use any other information on the product to verify the claim? Describe how. [PROBE for use of NIP, Ingredient List, & other claims, and how they are used]
  - Do you know of anyone else who uses FTDS? For what reasons?

DISQUALIFYING CRITERIA (10 MINS)

- Do you think FTDS should be available across all food categories? Are there any types of foods in which FTDS should not be available? What about foods like bread, milk, cereals, confectionary etc?
- What does the term ‘dietary supplement’ (refer to product egs) suggest about the healthiness of that product? Is there any cause for confusion? Is this statement misleading in anyway?

One way around this could be to have ‘rules’ for food-type dietary supplements which limit the amount of certain nutrients a manufacturer could add to a product – eg ‘no more than nutrient A’ or ‘X% of nutrient B’.
- Do you think there should be some ‘rules’ like this around the composition of FTDS? Is it necessary? Why? Would it change anything for consumers? Is it fair to manufacturers?
- Are there any foods that would most need this type of qualification? Why?
6 **VITAMINS & MINERALS (REFER TO SHOWBOARD 3) (10 MINS)**

These are some types of FTDS claims that could be found. The word ‘excellent source’ is different to other claims that already exist about vitamins and minerals, such as ‘source of’ or ‘good source’

- What do each of these claims mean to you? How are they different? What is the ‘excellent source of’ claim saying about the product or about the vitamin/mineral in the product?
- Do the claims imply that one product is better than another? [Moderator, probe to ascertain whether participants view that ‘more of the vitamin/mineral is better’, and how this would influence their shopping behaviour, if they are wary of such claims because ‘more could be harmful’ or if they are indifferent to these concepts].
- What do you think of these types of claims? Are they a good idea or a bad one? What are the benefits and advantages? Do you have any concerns?
- How would you tell the difference between similar products, one with a FTDS claim such as ‘excellent source’ and one without? Would you do anything? [eg using other label information such as the NIP]
- For those who would look for verification information – Would quantitative information help you to verify the claim – for example grams of the nutrient, or % of the recommended daily intake (RDI)?

7 **NON-CULINARY HERBS (REFER TO SHOWBOARD 4) (10 MINS)**

- Do you know of any other non-culinary herbs in foods? Which ones? [note extent of knowledge - whether exact/correct names are used]
- Do you ever look for the inclusion of non-culinary herbs? Why? Which ones? For which products?
- Where do you look for this information? [claims or the ingredients list?]
- What do these terms (refer to showboard 4) say about the product? PROMPT for perceptions about health benefits vs other benefits, and negative impacts or concerns.
### Adequacy of FTDS Claims (10 MINS)

Moderator – cover points below to the extent that they have not been raised earlier.

- How do you feel about FTDS claims, compared to other sorts of claims we talked about at the beginning [Moderator show nutrition content claim showboards if necessary]. Elicit comparative comments regarding credibility, reliability, trustworthiness, and general consumer confidence.

- Are there any particular FTDS claims that we have discussed tonight that you find particularly useful? Are there any that you feel are particularly misleading? Why do you say that? In what way? [Moderator, if group finds FTDS misleading in general – ie a generally negative group – probe to elicit reasons and drivers for overall negative opinions and what would alleviate such concern, if anything].

Depending on where you shop, you may see lots of FTDS products, or very little. There may be more that come onto the market at some stage in the future.

- Is there any other information that you would like to see near the claim? What kind of information? Where?

One approach under consideration is to require manufacturers to carry additional labelling on FTDS products – to assist consumers to make an informed choice.

- Here are two ideas, do you agree or disagree with these? Why?:
  1. An additional statement on the product, near the FTDS claim, that directs consumers to the NIP to view the full nutritional profile of the product. [Moderator refer to Showboard 5]
     - Would this be useful? Why/not?
  2. An additional statement cautioning consumers against regarding these products as ‘magic bullets’ for example ‘this product should be consumed in the context of a healthy, balanced diet’. [Moderator refer to Showboard 6]
     - Would this be useful? Why/not?
     - Is it meaningful? What other words would work better?
  3. An additional column in the NIP that gave information about the % daily intake [Moderator refer to product NIPs]
     - Would this be useful? Why/not? Would you use it?
     - Would you know how to use such a column in the NIP?
     - Would you notice such a statement?
     - Would providing the RDI in the NIP mean that you would re-consider your consumption of that FTDS product?
     - What other additional information would help consumers to make informed choices about the foods they buy? PROBE for what sort of advisory statements or disclaimers would be of use. [Refer to disclaimers section in Claims discussion guide]
We’ve talked a lot about the use of the words ‘dietary supplement’ – supplement seems to imply using the product on top of, or as well as other foods. Do you think that FTDS products are/will be used in this way – in addition to ‘regular’ foods, or do you think they will be used instead of – to replace foods? How would you use them? PROMPT:

- Substitute within the same food category (eg one breakfast cereal for another), or with another food category (beverage for breakfast instead of cereal, booster juice instead of an orange)
- Substitute for other foods through the day (eg booster type beverage at breakfast, chocolate bar for morning tea)

THANK AND CLOSE

MENTION THE VALUE OF THEIR INPUT, THAT THEIR COMMENTS WILL BE USED TO SHAPE THE DIRECTIONS OF FOOD LABELLING IN AUSTRALIA AND NEW ZEALAND!

HAND OUT INCENTIVES ($50/$40)
APPENDIX C
SHOW CARDS
Dietary Supplement

Food Type Dietary Supplement

Nutritional Supplement
Excellent Source of Vitamins & Minerals

Excellent Source of Calcium

Contains Echinacea
Contains Ginseng
Contains St Johns wort
Contains Gingko
Excellent Source of Calcium
See nutrition information
panel on back

This product should be consumed in the context of a healthy, balanced diet