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Nutrition Labelling Focus Groups

P1067 – Health Star Rating System

FINAL REPORT

Nutrition Labelling Focus Groups

FOOD STANDARDS AUSTRALIA NEW ZEALAND

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HEARTWARD STRATEGIC

Contents

1. Executive summary

1.1 INTRODUCTION

This report presents the findings from qualitative research commissioned by Food Standards Australia New Zealand (FSANZ), undertaken between July and November 2025 to explore how consumers in Australia and New Zealand use and understand the Nutrition Information Panel (NIP) and the Health Star Rating (HSR) system, both individually and together. The research forms part of FSANZ's Review of the NIP and preparatory work ahead of Food Minister's consideration of mandating the HSR system.

The research protocol was developed by FSANZ in consultation with cultural advisors and implemented by Heartward Strategic. Fieldwork was conducted in two parts due to the time taken to receive ethical approval for inclusion of culturally specific groups in the research. The first part of the fieldwork involved eight qualitative sessions — seven (7) 90-minute online focus groups and one (1) paired interview — with a total of 53 participants across Australia and New Zealand. These sessions were segmented to include people from lower socioeconomic backgrounds, people who identify as high NIP users, and members of the general population. The second part of the fieldwork included two (2) culturally specific 90-minute focus groups conducted in person in New Zealand: one with 6 Māori participants and one with 9 participants identifying as Pacific peoples/Pasifika.

1.2 RESEARCH FINDINGS

1.2.1 RESEARCH QUESTION ONE - CONSUMER USE OF THE NIP

Overall use of the NIP

Consumers used the NIP to judge a product's healthfulness and decide whether to purchase or avoid it. Many found it useful as a reference point to judge whether a product was healthy, compare similar products, check specific nutrients, or verify claims. Use of the NIP was most common when encountering new products or when purchasing products for children or people with specific health or nutritional requirements, and less likely for familiar or indulgent foods. Those that rarely referred to the NIP cited lack of time, lack of specific need to consult nutritional information, familiarity with preferred products, lack of understanding of the NIP, and/or reliance on other packaging and pricing information to support decisions.

Use of specific elements in the NIP

Most consumers in the research focused on particular elements of the NIP when using it, based on their own health needs or dietary goals:

- **Energy information (kilojoules/calories)** – Consumers reported using this information when they were dieting, managing their weight, following medical advice or tracking energy for fitness goals.
- **Macronutrient information (carbohydrates, fats and protein)** - Sugars information was used to manage conditions like diabetes, guide children's diets, or compare sugar as an indicator of overall

product healthiness. Some focused on saturated or trans fats to limit intake or help manage health conditions, while protein was referenced by those with a fitness-focus.

- **Sodium information** - Participants who had specific health concerns, such as high blood pressure or heart conditions, or were purchasing products for those who did, reported checking sodium information closely.
- **'Per 100g' column** – The 'per 100g' column was used by some consumers to compare between products with different serving sizes or quickly gauge if levels of key nutrients were high or low.
- **Serving sizes, servings per package and 'per serving' column** – Used by some to compare products, and at times for portion control, estimating how many people a package would serve and understanding nutrient content in single-serve items.
- **Percent daily intake ('%DI' column)** – Used as a quick reference by a small number of consumers to judge whether a nutrient level was high or low, while others found it irrelevant or difficult to use.

1.2.2 RESEARCH QUESTION TWO - CONSUMER UNDERSTANDING OF THE NIP

Understanding of specific elements in the NIP

Levels of comprehension varied across different elements of the NIP. Some consumers reported avoiding certain information due to its perceived complexity.

- **Energy information, including kilojoules and calories -** Participants expressed greater familiarity with calories than kilojoules, finding them easier to understand and use. Consumers mainly associated the term 'energy' with dieting or weight management, although some did not understand the concept or why it was important in the context of health.

  In a comparison task, more than half of the participants struggled to use the NIP to identify an ice cream product that was lower in energy when serving sizes differed, applying various approaches and calculations to select their response. Some reported avoiding energy information in the NIP, and this was observed in approaches to the comparison task as well, with participants reporting finding it confusing to interpret or impractical to use readily in-store.
- **Serving sizes, servings per package and 'per serving' column -** Most participants could locate serving size information easily but questioned its credibility and usefulness, due to a range of issues. These included its variability across similar products, perceived arbitrariness and disconnect with how much people choose to eat. Consumers also noted difficulties translating gram-based serving sizes to meaningful units (e.g. cups) and confusion over 'per serving' vs 'per 100g' columns and how to use them to compare products.
- **'per 100g' column –** Consumers who understood this column saw it as a standardised tool that enabled clear comparisons across products. Some recognised that values could easily be converted into percentages to show the proportion of sugar, fat, or other nutrients in a product, while others did not understand its potential use for comparisons.
- **Fats information, including saturated and trans fats -** When asked to identify the fat content of two ice cream products, most participants answered correctly, indicating that they knew where to locate this information and that they did not need to add sub-components of fat together. However, some fat information in the NIP was not well understood, including how to interpret fats

information that was inconsistently displayed across labels, and understanding the difference between certain types of fats, such as trans, saturated and polyunsaturated fats.

- **Sodium or salt information -** Most participants recognised 'sodium' as salt, though some found the term overly technical or confusing. Although most knew high sodium intake was unhealthy, many did not know what constituted high or low levels.
- **'%DI' column –** Consumers in the research generally viewed '%DI' information to be confusing to interpret and difficult to apply to their own circumstances without requiring calculations perceived to be complex. A small number found the information useful as a general reference.

1.2.3 BARRIERS AND ENABLERS TO USE AND UNDERSTANDING OF THE NIP AND SUGGESTIONS FOR CHANGE

Barriers to use and understanding of the NIP

Consumers participating in the research identified several factors that limited their use and comprehension of the NIP including, complex presentation and small font size, lack of standardisation in serving size definitions and units, allowable variations limiting ability to compare products, difficulty converting nutrient figures into meaningful dietary information, time constraints and the practicalities of shopping environments, low perceived personal relevance for those not actively managing diet or health conditions and a lack of trust in packaging information.

The combination of kilojoules, percentages, and grams used in the NIP overwhelmed some participants in the research and was the primary barrier to their use and understanding of the NIP, in some cases resulting in incorrect assumptions being made about product healthiness. Participants in the Māori and Pacific peoples/Pasifika groups also highlighted the complexity of NIP information as a particular issue for people with lower nutrition literacy or English as a second language.

Enablers of use and understanding of the NIP

Features that were reported to support NIP use and understanding included its consistent mandated design and format, the personal relevance of the information through health or diet needs and the inclusion of standardised additional contextual information and reference values.

Improvements suggested by participants to support use and understanding of the NIP

Participants suggested improvements to the NIP focused on clarity and usability, including larger or bolder font for easier reading, standardisation of included elements such as serving sizes and contextual information, inclusion of calories in energy information, use of specific formatting or visual aids to aid interpretation of key values, reordering the elements in the NIP to prioritise those most widely used, and additional explanation of difficult terms or links to further information on products.

1.2.4 RESEARCH QUESTION THREE - CONSUMER USE OF THE HSR

Consumers participating in this research demonstrated mixed awareness and use of the HSR system. Most reported that they rarely noticed or used it, while a smaller number described drawing on it in

specific shopping contexts. Consumers, reflecting on how they actually use HSR or how they imagine HSR could be used, appreciated its convenience as a front-of-pack health cue which avoids the need to review more detailed pack information – especially for rushed or low-engagement purchases or children's snacks. Some saw it as a quick way to decide between two similar products or as a filter to rule out lower star rated options. For some, HSR provided a reassuring cue of product healthiness, supporting positive feelings about purchase decisions and brands that had made the effort to use the system. Others described actively avoiding referring to the HSR, for 'treat foods' which they expected to rate poorly, or due to a lack of understanding of or trust in the system

1.2.5 RESEARCH QUESTION FOUR - CONSUMER UNDERSTANDING OF THE HSR

Participants in this research understood the HSR to be a broad, simplified guide to help consumers identify healthier foods, likening it to appliance energy use or vehicle safety ratings. Higher star ratings were consistently interpreted to mean 'healthier' and lower ones as 'less healthy'. There was uncertainty about whether ratings could be compared across all food types or only among similar food products.

It was widely assumed that the HSR was generated through a formula, but the nature of the specific factors or weightings used were unclear, leading to speculation. Confusion and scepticism arose when ratings conflicted with personal judgements of healthiness. Trust was also undermined by uncertainty about who was responsible for assigning or overseeing the HSR system.

1.2.6 IMPACT OF HSR FORMAT ON CONSUMER USE, PREFERENCES AND UNDERSTANDING

Three formats of the HSR were tested. One included the stars only ('HSR only'), one included additional energy information ('HSR + energy') and one included a longer tail containing a summary of energy and key nutrient values ('HSR + tail') with 'high/low' labels. Each elicited different reactions from consumers:

- **'HSR only'** - This version was appreciated for its simplicity and visual clarity, enabling quick recognition during shopping. However, it was perceived as lacking context, leaving participants unsure what underpinned the rating. This necessitated a check of the NIP for details, limiting its standalone usefulness.
- **'HSR + energy'** - This format generated little positive or negative discussion and no participants recalled seeing it on product packaging.
- **'HSR + tail'** – While few recalled seeing this format, it evoked the most positive response out of the three tested. Participants valued the inclusion of key nutrient and energy information as it reduced the need to check the NIP for this information and gave the HSR system greater transparency by showing underlying data. Participants also felt that the 'high/low' nutrient labels would make interpretation faster and easier. A small number were concerned the energy and nutrient information duplicated information already in the NIP or might be too complex for consumers to easily and quickly use in practice.

1.2.7 BARRIERS AND ENABLERS TO USE AND UNDERSTANDING OF THE HSR AND SUGGESTIONS FOR CHANGE

Barriers to use and understanding of HSR

HSR use and understanding was seen to be hindered by: ratings not appearing on all products, different allowable formats limiting comparability, products perceived to be unhealthy displaying relatively high star ratings, the 'HSR only' stars format being too general and not communicating detailed enough information for some with specific needs/interests, and lack of clarity about how ratings were calculated and who oversees the system limiting trust.

Enablers of use and understanding of the HSR

Enablers of use and understanding of HSR raised in the research included: its simple visual format that communicates key information instantly, HSR formats containing more energy/nutrient information alongside the star rating, consistency of format across products being compared, personal relevance of the information in HSR formats with a 'tail', and government association with the system, which conferred a sense of trust.

Response to potential mandatory application of HSR

There was general support for mandating the HSR system. Universal coverage was expected to strengthen the system by improving consistency, comparability, accessibility, fairness for product manufacturers and consumer trust, particularly if overseen by a credible authority. Most participants felt that fresh fruit, vegetables, eggs and water should be excluded from a mandatory HSR system since it was expected to add little value and might on balance have a negative impact on costs to consumers and the environment. A number of consumers pointed out that mandating the HSR might not improve consumer confidence in and use of the system unless other steps were also taken in conjunction with this, such as consumer education.

Improvements suggested by participants to support their use and understanding of the NIP

Participants in this research suggested that they would be more likely to use and understand the HSR if: it was mandatory across all eligible products, consumers had more education about and confidence in how stars are calculated, a consistent format, placement and standardised units were used across all products, more informative formats were used while still ensuring legibility, simple 'high/low' cues were included, and the system governance and independence from industry was made clear.

1.2.8 RESEARCH QUESTION FIVE - INTERACTION OF THE NIP AND HSR

Participants' responses to two comparison tasks demonstrated that the NIP and HSR were used in complementary but varied ways. The HSR often acted as a quick visual cue, while the NIP was consulted for detail or when making quick assessments on specific elements of interest. Several circumstances appeared to influence the way in which people use these two systems together:

- **Personal health needs:** Those managing health conditions focused on specific nutrients in the NIP.
- **Contradictions between HSR and NIP:** When star ratings appeared inconsistent with nutrient information or with beliefs about a product, consumers reverted to the NIP or ingredients list to validate their judgment, concluding that the HSR was misleading or lacked transparency.

- **Similarity between products:** When two products appeared equally healthy or shared the same HSR score, consumers turned to the NIP and other label elements such as the ingredients list for deeper comparison.
- **Inconsistency in HSR format:** When HSR formats were inconsistent across products, consumers found product comparisons more difficult and relied on other on-pack information.

1.3 LIMITATIONS OF THE RESEARCH

The qualitative findings from this study provide insights into the range of views held and the reasoning behind these. The research design does not intend to indicate how widespread these views are across the broader Australian and New Zealand populations or within specific sub-populations. Participants were limited to people who use the NIP at least 'rarely', so the study may not have captured all potential barriers to engagement and understanding experienced by those who never use the NIP.

2. Introduction

2.1 RESEARCH BACKGROUND

Food Standards Australia New Zealand (FSANZ) is an independent statutory authority responsible for developing and maintaining food standards in the Australia New Zealand Food Standards Code (the Code).

The Nutrition Information Panel (NIP) is mandatory on most packaged foods for retail sale and provides information on the average quantity of energy and a range of nutrients. In July 2024, Food Ministers agreed to FSANZ undertaking a review of the NIP. This review is evaluating whether the NIP is achieving its intended purpose of providing accurate information on the nutritional content of food to enable consumers to make informed choices in line with Australian and New Zealand Dietary Guidelines. Should the review identify potential areas for improvement in the NIP, FSANZ will consider preparing a proposal to amend the Code.

In contrast to the NIP, the Health Star Rating (HSR) system provides simple front-of-pack, at-a-glance information on a food or drink product's overall nutritional quality to support consumers to compare similar products to inform healthier choices. The HSR system is a joint initiative by the Australian, state and territory governments and New Zealand government and was developed in collaboration with industry, public health and consumer groups. The rating is calculated by food manufacturers using an algorithm and rates the nutritional profile of packaged food from ½ a star to 5 stars. The more stars, the healthier the choice. The HSR is currently a voluntary scheme, and uptake remains low since its introduction in 2014. In early 2026, Food Ministers will decide whether to ask FSANZ to consider mandating the HSR system. To facilitate efficient regulation if this request is made, in July 2024 FSANZ was asked to commence preparatory work, which includes conducting consumer research.

The NIP review and HSR preparatory work are progressing in parallel, presenting a significant opportunity to align these nutrition labelling elements so they complement and enhance each other to improve consumer's ability to make healthier food choices.

FSANZ undertook literature reviews of consumer evidence to support the NIP review and HSR preparatory work. These reviews identified limited local research on the NIP and on the interaction between the NIP and the HSR. In light of these gaps, FSANZ commissioned Heartward Strategic, a social research agency, to conduct qualitative research to enable an in-depth exploration of these labelling elements in the Australian and New Zealand context.

2.2 RESEARCH PURPOSE AND QUESTIONS

The overarching purpose of this research was to investigate Australian and New Zealand consumers' use and understanding of the NIP and the HSR, including in a scenario where both elements are available on food labels.

This purpose was underpinned by five specific research questions:

1. How do consumers use the NIP?
    a. How do consumers use specific NIP elements, including energy/nutrients, serving size information, per serving and per 100 g columns, % Daily Intake?
    b. What are the barriers and enablers of use, if any?
2. How do consumers understand the NIP?
    a. How do consumers understand specific NIP elements, including specific nutrients, serving size information, per serving and per 100 g columns, % Daily Intake?
    b. What are the barriers and enablers of understanding, if any?
3. How do consumers use the HSR?
    a. What are the barriers and enablers of use, if any?
    b. How does the HSR format impact consumer use and preferences?
4. How do consumers understand the HSR?
    a. What are the barriers and enablers of understanding, if any?
    b. How does the HSR format impact consumer understanding?
5. How do consumers use the NIP and HSR together to make food choices?

3. Research approach

3.1 METHOD OVERVIEW

The research design was developed by FSANZ staff in collaboration with cultural advisors, to ensure it was answering policy questions relevant to FSANZ's nutrition labelling work and in a culturally safe manner. FSANZ drafted the research protocol and the research materials, which were finalised in conjunction with Heartward Strategic and cultural advisory partners.

The study protocol stipulated semi-structured focus groups as the data collection method to enable rich qualitative data on the research questions to be collected from consumers. Fieldwork was conducted in two parts due to the time taken to receive ethical approval for inclusion of culturally specific groups in the research design. This report covers the findings from all of the fieldwork elements completed as part of this project, as detailed below.

- Seven (7) focus groups and one (1) paired interview of 90 minutes' duration were conducted online between 8 – 24 July, 2025 [1]. All of these sessions were conducted in accordance with the focus group discussion guide included in Appendix A.
    - Four of these focus groups (including one pilot group) were held with Australian consumers (27 participants in total) and three focus groups and one paired interview were held with New Zealand consumers (26 participants in total).
    - The research design for this part was further segmented based on participants' use of nutritional labels and socioeconomic status, as detailed in the sample table, Table 1, in Section 3.4.
    - The first focus group (Australia, Low SES) was conducted as a pilot to test and refine the focus group design and delivery. The pilot revealed no issues with the discussion guide and stimulus. However, minor amendments were made to the discussion guide as time was available to include further prompts.

- Two (2) focus groups of 90 minutes' duration were conducted in person in New Zealand on 29 October and 5 November 2025, the first with 6 Māori participants and the second with 9 Pacific peoples/Pasifika participants (15 participants in total).
    - The design of this component of the research and all research materials used were approved by the Independent Human Research Ethics Committee based in New Zealand (Application ID: 2025 IHREC_08).

[1] The paired interview was conducted at the end of this fieldwork period to replace one participant in the New Zealand High NIP Use focus group, who disclosed after the group was completed that they did not meet the criteria to be counted as a high NIP user and had misrepresented this during recruitment.

  - Both groups were conducted using culturally appropriate methodologies for research with these communities. Specifically, Kaupapa Māori research principles emphasising manaakitanga (reciprocal care) and kōrero (conversation) were used in the Māori group and a Talanoa methodology emphasising free-flowing conversation and collective learning was used in the Pacific peoples/Pasifika group.
  - For both of these groups, the main discussion guide was edited to suit the face to face and culturally specific methods of delivery of these groups. The guide, approved by an external HREC for use with these groups, is included in Appendix A.
- Between 6–9 participants attended each focus group, and two (2) participants were included in the paired interview - 68 participants attended across all ten fieldwork elements.
- Participants were included in the research if they lived in Australia or New Zealand, were over 18 years of age, a food shopper in their household and (at least rarely) used nutrition information on food labelling and met additional specific criteria relevant for inclusion in certain groups. These additional specifications are outlined in Table 1.
- To minimise possible bias, or over-representation of those with more specialised knowledge than the general population, those working in a related industry (e.g. food industries, food policy or food-related public health advocacy) were excluded.

3.2 ETHICS

The research was conducted in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research and in line with the conditions of ethical approval of the IHREC for the Māori and Pacific peoples/Pasifika focus groups covered by this ethical clearance.

Ethical clearance for an additional focus group with Aboriginal and/or Torres Strait Islander Australians was sought from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Ethics Committee. The AIATSIS committee provided feedback that the proposed research design was insufficient to capture the diversity of Aboriginal and/or Torres Strait Islander Peoples nationwide, including cultural, socioeconomic and geographic contexts, particularly remote communities. Unfortunately, a larger scale study was not possible within the time and resource constraints for this project, so this element of the research was unable to proceed.

3.3 RECRUITMENT

Online research sessions

Participants for the online sessions (7 focus groups and 1 paired interview) were recruited using consumer panels by Australian recruitment specialists CNRSTONE, in partnership with Prime Research (for New Zealand). Recruitment utilised a screening questionnaire (see Appendix A) which collected participant information to facilitate the selection of an appropriate sample and to enable a detailed description of participants.

Panel members were initially invited to participate via email (pre-targeted based on known socio-demographic characteristics) and then were fully screened via phone by a small recruitment team in each country. Participants received an incentive of $110 (AUD/NZD) for participation in the research.

Informed consent to participate was collected at the screening stage using a consent form, and again verbally at the beginning of each focus group (see Appendix A for the participant information and consent form).

In person focus groups

Participants for the in person, culturally specific focus groups were recruited by a specialist New Zealand research agency, Hemisphere, which has established relationships with Māori and Pacific peoples/Pasifika community organisations and networks in Wellington. Invitations to Māori participants were distributed via Māori community networks in bilingual schools and Māori health organisations. Pacific/ Pasifika participants were invited to participate through existing links with community health and sporting groups. Community organisations shared a simple call-out about the research through their usual communication channels, such as newsletters and social media messaging channels inviting interested people to express interest to participate. All interested individuals then completed formal screening interviews with Hemisphere researchers by phone or video call using the dedicated approved screening questionnaire (included in Appendix A) to confirm eligibility and availability and to commence gaining informed consent. The recruitment process emphasised the voluntary, culturally safe and confidential nature of participation.

In keeping with cultural best practice, participants in these two focus groups were provided $150 (NZD) koha through the Koha Kiwi platform at the conclusion of the groups. Koha is not an incentive; it is rather a cultural obligation that creates the relational foundation necessary for ethical mutual engagement with participants.

3.4 DATA COLLECTION

Online research sessions

Online research sessions were conducted using the Zoom video-conferencing platform, enabling the sharing of stimulus materials, running of polls, viewing by FSANZ staff and recording of sessions. Focus groups were hosted on City Group Rooms' (CGR) secure, cloud provider box.com, and participants were onboarded by CGR staff to check their identification and ensure their audio-visual set-up was functional.

Each of the sessions in the first part of fieldwork was conducted by a senior, experienced social researcher from Heartward Strategic, with technical support and note-taking in each of the focus groups provided by a second researcher. The sessions were audio-recorded and digitally transcribed, including two stages of human quality assurance, for data analysis.

In person focus groups

In person sessions were conducted at a central location in Wellington, New Zealand by two senior members of the Hemisphere research team who specialise in research with Māori and Pacific peoples/Pasifika. Each focus group was led by a Māori and Pacific peoples/Pasifika researcher, with the second researcher providing technical support to any participants needing it and to manage the sharing of images to minimise disruption to the flow of the discussion. To facilitate participant ease and

comfort, no one else was permitted to observe the Māori and Pasifika/Pacific Peoples focus groups either in person, online or via recording.

The focus groups were audio recorded and a deidentified transcript of each was made and quality-checked by the researchers that facilitated the sessions.

Discussion content

All of the research sessions were facilitated using a semi-structured discussion guide, developed by FSANZ to answer the research questions through a series of discussions and tasks. Minor amendments were made to wording and approaches used in the guide for the Māori and Pasifika/Pacific groups based on cultural advice and to accommodate the in-person method.

A number of images were shown to participants as stimulus in the research sessions. These images included mocked up NIP and HSR examples, and food packaging containing different variations of NIPs and HSRs based on real products, but without any identifying features to reflect real comparisons consumers may make (see Appendix A for all research materials). Where participants were asked to compare two similar products, the presentation of the two products was reversed at successive sessions to minimise order bias. A series of polls were also utilised in each session to collect individual responses prior to discussing specific concepts as a group (see Appendix C for all poll results).

Each session concluded with a participant debriefing in which the research context was expanded on with more detailed explanations of the NIP and HSR provided, allowing the opportunity to seek clarification or ask final questions. Debriefing sheets specific to Australia and New Zealand were provided to participants in PDF format, which contained further details about the research, and links to relevant additional information and support sources (see Appendix A).

3.5 RESEARCH SAMPLE

The research was conducted with participants living in Australia and New Zealand to ensure appropriate representation of the experiences across both nations within FSANZ's scope of work. The sessions were additionally split on characteristics of interest in recognition that the perspectives and experiences of people with these characteristics may be important for FSANZ to consider as part of the research.

The fieldwork sample structure is detailed in Table 1. Note that, the High NIP and Lower SES sample specifications were not applied in a mutually exclusive way. This means that the High NIP Use sessions did not necessarily exclude people from lower socio-economic (SES) backgrounds, and the Lower SES sessions did not necessarily exclude people who were high users of the NIP.

Table 1. Fieldwork sample structure

Group	Number of sessions and location	Definition for screening	Rationale for inclusion
Lower Socioeconomic Status (SES)	3 focus groups (2 Australia – 1 pilot; 1 New Zealand)	Meets defined criteria for education and income (see Appendix A – Screener Questionnaire)	Previous research demonstrates that the NIP could be improved to be more useful/relevant to those with low-SES status. Subpopulation with higher prevalence of obesity and diet related chronic disease. Identified in HSR monitoring framework.
High NIP Users	2 focus groups (1 Australia; 1 New Zealand) 1 paired interview (New Zealand)	Self-identifies as regularly using the NIP ('always' or 'most times').	Limited prior research on these groups. Provide insight into challenges or enhancements of the NIP for those who have high motivation to use the information. Provide insight into how those with higher NIP use would use the NIP and HSR together.
General population	2 focus groups (1 Australia; 1 New Zealand)	Fits basic inclusion criteria.	Provide insight into general challenges and opportunities.
Māori	1 focus group (New Zealand)	Is of Māori descent (ie, whakapapa Māori)	Previous research demonstrates that the NIP could be improved to be more useful/relevant to Māori peoples. Subpopulation with higher prevalence of obesity and diet related chronic disease. Identified in HSR monitoring framework.
Pasifika/Pacific Peoples	1 focus group (New Zealand)	Is of Pasifika/Pacific heritage	Previous research demonstrates that the NIP could be improved to be more useful/relevant to Pasifika/Pacific Peoples. Subpopulation with higher prevalence of obesity and diet related chronic disease. Identified in HSR monitoring framework.

The primary focus group segmentation within each country was based on the characteristics in Table 1, but the focus groups also included a diversity of consumers based on other characteristics. A detailed breakdown of the sample characteristics achieved across the focus groups in each country (in terms of age, gender, location, education level, cultural background, working status, parental status, food shopper status, usage of nutrition information on food labels and dietary influences) is included in Appendix B.

3.6 ANALYSIS OF FINDINGS

Data analysis was conducted by the Heartward Strategic and Hemisphere social researchers who facilitated the focus groups. Reflexive thematic analysis was used to systematically and robustly explore the dataset, from which a pattern-based analysis was produced. This process of qualitative analysis reflects the intersection of the researcher, the dataset, and the interpretive context.

The analysis process involved, in the following order:

- Immersion in and review of data across multiple formats including fieldwork notes taken at the time and shortly after each focus group, audio-recordings and transcripts.
- Generation of initial observations by each member of the team individually, based on the research questions.
- Generation and refinement of observations across the sample, emerging from a group analysis session, to triangulate and workshop individual observations and produce a set of evidence-based research findings.
- Referring back to the raw data (poll data, recordings, transcripts) to test and refine the findings and identify verbatim quotes to illustrate them.

3.7 READING THIS REPORT

Section 4 ‘Research Findings’ draws findings from across the qualitative discussions to respond to the specific research questions listed in Section 2.2 above. While the research findings are predominantly structured by research question, Section 4 concludes with a summary of the ways in which research participants report using other elements of food labelling or packaging (more broadly than NIP or HSR) to make purchase decisions.

Section 5 outlines the limitations of the research that are important to consider in interpreting the research findings. Before reading the research findings section it is important to note that the research structure was designed to ensure a wide range of viewpoints, including those of people with specific characteristics, were included in the research. This, combined with the small sample size typical of qualitative research means that findings cannot be generalised to the broader populations and limits the ability to identify and report on reliable differences between included groups.

Verbatim quotes from research participants are included throughout Chapter 4. These were selected to illustrate key themes in participants’ own words, where these themes were most clearly expressed. The number of quotes included in each section and the research sessions they were drawn from is not systematically determined, so no conclusions should be drawn from verbatim quotes about the magnitude of themes or the types of participants more or less likely to express them.

In each report section, findings from the Māori and Pacific peoples/Pasifika focus groups are provided in a separate break-out box, highlighting key themes arising from these groups. This structure ensures these findings are given appropriate weight and focus in the report and is not intended to imply systematic differences from the findings from the other research sessions.

4. Research findings

4.1 RESEARCH QUESTION ONE – CONSUMER USE OF THE NIP

This section describes how consumers use the NIP, including:

- How they use it overall to make food decisions
- How they use specific elements of the NIP

4.1.1 USE OF THE NIP OVERALL

This section summarises the findings related to consumer use of the NIP overall to make food purchasing decisions.

> *Consumers reported using the NIP as a reference point to judge whether a product was healthy, compare similar products, check specific nutrients, or verify claims. Its use was most common when encountering new products, and less likely for familiar or indulgent foods.*

- **Making informed choices**

The NIP was generally regarded as an important tool for enabling informed decision-making. Consumers described it as a guide that provides essential information about the healthfulness of a product and helps them decide whether to purchase or avoid it.

> *You need to have the information [in the NIP], so you can make an informed decision about what you're eating, so you know you're potentially eating something healthy or not healthy.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *What this determines, if you do look at it, it tells you, should I buy this product or not? If it's got too much of something that you're against, well, just disregard the whole product and follow an alternative.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 60+
>
> *Well, to me, it's a guide. It gives you enough information whether what you're buying is good for you or not, or if it's something that you want to steer away from. It's good information as well.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Comparing products**

Consumers mentioned using and valuing the NIP for supporting comparison between similar products. They described checking the panels side by side to see which product had a better composition of energy/nutrients in terms of balance or containing certain levels of specific nutrients. This could be the deciding factor when choosing between two products that are very similar on other criteria of interest – such as price, quantity, ingredients, appearance, country of origin and so on.

> *What I find it useful is if I'm looking at two products that are very similar price wise, seem very similar otherwise, this is often the determinant as to whether I'd buy that product or not. If one of them looks much heavier in sugars and I look across the board, are those that balance I'm looking for? If one of them looked stronger than the other in terms of a better balance, then that is what would tip me over to buying that product.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *I'm familiar with the [NIP] chart. I only look at it sometimes. I guess if you're buying your same old groceries, you're locked into them. It'd be only if you're comparing a light or a low-fat product against the normal standard product in the same brand, you might compare the chart.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *I sometimes look at the nutritional label, and pretty much just when I'm comparing two different things, I mostly look at the sugar and the fat.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29
>
> *They [the NIP] are really useful, for instance, if I'm in a grocery, I can put the products side by side. Same thing when I use the online grocery, the website, the online shopping, but I have to go to each product and take notes. The sodium here is like this or like that. When you're in the supermarket or the dairy, it's really very useful. I'm glad that they started putting those in, even for imported products.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

- **Situational use**

A number of consumers mentioned consideration or purchase of a new product as a specific situation that would prompt closer reference to the NIP. While shopping for something they regularly purchase was less likely to prompt consideration of the NIP. This was also the case with buying 'treat' foods, such as chocolate or chips – as consumers already expected these to be relatively unhealthy.

> *Maybe if I'm in a rush, or it's food that I quite enjoy. Let's just say, for example, if I'm going to buy a chocolate bar, I probably don't look at it then. But if it's a new product maybe I'm interested in, say for example, I was going to buy some Worcester sauce or some soy sauce as another example. Obviously, they're two different products, but you compare the labels on soy sauce A, soy sauce B, and see what's different as well.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *If I know it's going to be sinful anyway, and if I'm in a rush. For example, I know that I'm going to get a bag of chips because there's no other choice. I'd probably not pay much attention. But if there were other chippies on the aisle, then I'd do the math and do the comparison. But otherwise, if I know I'm going to be cheating anyway, maybe I wouldn't bother that much.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Fact-checking front of pack claims**

A small number of consumers mentioned using the information in the NIP to check front of pack claims about no added sugar, low fat or high protein.

> *I buy just lemonade, sugar-free lemonade. It says 'no added sugar'. I'm going to read the label, and it's actually got 12% sugar in it. I actually find it misleading. Sometimes food labels, they're not always that accurate.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *…my teenagers started asking for things like high protein stuff. I'm then looking at them going, actually there's no more protein in that than in the next one with the [high protein] labelling. I'll often fact-check protein content versus non-protein yoghurt or whatever else.*
>
> NEW ZEALAND, GEN POPULATION, WOMAN, 45-59
>
> *I only look at it [NIP] sometimes… It'd be only if you're comparing a light or a low fat product against the normal standard product in the same brand, you might compare the chart.*
>
> AUSTRALIA LOW SES, MAN, 45-59

- **Use of specific elements of the NIP**

Most consumers described focussing on particular elements displayed in the NIP, which is reported in detail in the next section of this report.

Findings from culturally-specific focus groups

Participants in the **Māori** focus group reported using the NIP for:

- specific situations – when purchasing products that are unfamiliar or intended for children
- making comparisons between similar products to select the healthier or better value options
- checking information about specific nutrients to determine if they are high or low
- verifying front of pack claims, for example products claiming to have low or lowered sugar content.

> *If I'm doing [choosing] a muesli bar for the kids. I don't really know what they mean, but they [NIPs] look good.*
>
> MĀORI, WOMAN, 18-29
>
> *They try to bamboozle you on the front of any package, they'll say like 99.9% less sugar and whatever. They try to bamboozle you, so you've got to work through that to get to the back.*
>
> MĀORI, MAN, 45-59

Participants in the **Pacific peoples/Pasifika** focus group reported using the NIP for:

- specific situations – when purchasing products that are intended for children or for family members with specific health conditions such as diabetes or high blood pressure
- checking information about specific nutrients to determine if they are high or low
- verifying front of pack claims, for example products claiming to be fat free or low in sugar.

> *Yep. Sometimes I find that's quite important [when shopping for kids]. Particularly if my family has certain health conditions. Like for instance, if they've got diabetes or high blood pressure, then I'm like, okay, I've got to look for low sodium stuff or like low sugar.*
>
> TONGAN, WOMAN, 30-44
>
> *But then sometimes I think advertising can skew things, like lollies that are 'fat free' or 'low sugar'. But they've added something else in other nutritional areas, so it's like a trap. You get into 'low' or 'fat free' or '0% of this', but then you look at the back.*
>
> SAMOAN, WOMAN, 30-44

4.1.2 USE OF SPECIFIC ELEMENTS IN THE NIP

Consumers described using different parts of the NIP in targeted ways that reflected their health needs, dietary preferences, and shopping practices. They referred to information on sugar, sodium, protein, fat and energy as useful for guiding choices, and valued the per 100g column for making comparisons across products. Serving size information and percent daily intake were less consistently mentioned as parts of the NIP consumers used.

Energy information, including kilojoules and calories

- **Using energy figures for dieting and weight management**

Consumers mainly described looking at kilojoule or calorie information in the NIP when following a diet or attempting to lose or maintain their weight. This was usually described as a periodic rather than ongoing activity, sometimes undertaken following medical advice.

> *When I was advised by the doctor to lose weight, which I did, I did at that time, but it's a lot of hard [work]...It was more the kilojoules or calories, is what I was looking at, especially products that you just microwave them and to have the minimum amount. It's hard work trying to maintain the lower weights and got sort of got reverted back to it, so we don't look at that anymore.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 60+

> *If I'm trying to lose weight or anything like that, I definitely just focus on the kilojoules, or sometimes I find it really helpful if it's got the calories in brackets next to it, because then I don't have to do the conversion in my brain and calories is easier for me. I will be on a calorie restrictive diet for a certain amount of time, where you're actually tracking your calories and also your protein intake. I'll use them all the time. When I'm doing meal planning and prepping and stuff, I'll always look at that.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44

- **Tracking energy to meet fitness goals**

A small number of consumers said they used energy information in the NIP, generally in conjunction with other nutrient information (e.g. protein and carbohydrate figures), to track their caloric intake for gym training or fitness purposes.

> *So, I'd be looking at protein, fat, carbohydrates, and just thinking, could I use this as a snack? Does it have a high amount of carbs? Will it give me energy? Using that to loosely track my daily macros and also calorie intake as well.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44

> *Yeah. I always look at the protein and the calories. I am a bit of a gym rat, so I make specific cycles of cutting and bulking.*
>
> NEW ZEALAND, LOW SES, WOMAN, 18-29

- **Meeting the energy requirements of growing children**

Just one consumer mentioned referring to the energy level of products to ensure they meet the energy needs of their children.

> *[And] the energy level... I think it's going to be useful for a young family. I know my children, they need to have high energy input, and I don't want to have super high.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 45-59

Macronutrient information - carbohydrates, fats and protein

In all focus groups, participants more commonly reported focusing selectively on one or more macronutrients that mattered most to them when using the NIP than reported reviewing the entire panel to make product decisions. Consumers tended to be interested in these nutrients either for specific health reasons or as a shorthand for overall product healthiness.

> *I'm also interested in the macronutrient breakdown of food, how much protein, how much fat, how much carbs.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *I look for sugar content, carbs, and fat...*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 18-25
>
> *I always look at things like proteins and sugars, carbs, and saturated fats and all that stuff. I do pay attention to those things.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 45-59
>
> *Being a diabetic, I need to know how much sugar is in it to control my sugar readings and also fat to keep my weight down and sodium and salt because I don't want to have too much salt or too much fat.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *I have one extreme with sugar and fat, I can use that to base if it's good or bad. I use a really bad one and go if it's way under that, then it's good to use. More as a rough guideline.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 45-59

> *I look for sugar content, carbs, and fat... I'm prediabetic, and I'm trying to lose weight at the moment... I'm trying to change my diet around... because I had a baby five months ago, and I had gestational diabetes. I had to do that then, so I'm pretty familiar with it anyway.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 18-25

The following points summarise how consumers reported using information about carbohydrates, fats and protein in the NIP:

- **Use of carbohydrate information, including sugars**

  Among the macronutrients, carbohydrate information (specifically sugars information) was the most commonly used element of the NIP by participants in this research. It was used in the following ways:

  - *Checking sugar content to manage specific health conditions*

    A number of consumers said they looked closely at sugar content of the foods they purchased to help manage their own or family members' health conditions. For some of these consumers, this was a routine part of their grocery shopping, particularly when selecting new products.

    > *I'm diabetic, so I've got to make sure that I don't have any sugar in my diet, so I definitely look at that.*
    >
    > NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
    >
    > *For me, it's dietary requirements as well. I suffer from gout. There's just particular foods that I can't eat that will trigger my gout. High sugary foods or processed foods is considered off.*
    >
    > AUSTRALIA, LOW SES, MAN, 30-44
    >
    > *My daughter's ADHD, so we're quite big on sugar. I get my sugar, I'm real bad, I have a lot of [soft drink brand], but we make sure everything else is very low in sugar.*
    >
    > NEW ZEALAND, GENERAL POPULATION, MAN, 45-59

  - *Selecting foods lower in sugar content for children*

    Some parents of dependent children explained that they checked sugar levels in the NIP when choosing foods for their children. For most of this group, it was to ensure their children were consuming a healthy diet, and some indicated paying more attention to their children's sugar intake than their own. Protecting children's dental health was also specifically mentioned.

> *I'm more picky when it comes to reading labels, if I know it's something my three-year-old is going to eat. If it's something that's for myself and my husband, I pay less attention. But if it's for them, definitely deep dive a bit more into sugar content.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44
>
> *I often look at the sugar content because I've got two young kids that have got teeth issues. Especially when I'm buying things in relations that I can put into their lunch box, I'll always look at the sugar.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44

- *Comparing sugar levels across products as an indicator of relative healthiness*

  Many consumers said they tended mainly to use the sugars information in the NIP to compare different brands or items when choosing a product to purchase. For most of these consumers, this was used as a quick or shorthand way of determining which of the two products was generally healthier.

> *I'm predominantly looking at sugar content just to get a very, very quick snapshot of health…*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44
>
> *I'm just mostly looking at whether it's got sugar in it, what's the sugar content and whether it's going to be good for me. You can generally tell whether it's going to be good for you by looking at the packet.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59

- *Checking carbohydrate and sugar content for dieting or weight management*

  A small number of consumers indicated that they look at carbohydrate (and specifically sugar) information in the NIP when trying to lose or manage their weight.

> *If I'm on a diet, my husband's trying to avoid sugar, then it would be something that I would be looking at, particularly paying attention on the carbs and the sugars and the calories.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- *Interpreting the sugars content information in the NIP in conjunction with the ingredients list*

  Focusing on the sugars information in the NIP and interpreting its value alongside the ingredients list was also mentioned by one participant. In this case, the source of sugars in

their food was of importance, with the presence of certain sugars in high-sugar foods treated as more concerning than others.

> *Just adding to that regarding sugar, I also look at different sugar. For example, maltodextrin is quite a lot more sugary, if that makes sense, on a scale compared to other ones. It's usually not under sugars. It's on its own as well.*
>
> NEW ZEALAND, LOW SES, MAN, 30-44

- **Use of fats information, including saturated and trans fats**

  Consumers less commonly reported using fats information than carbohydrate information in the NIP. Those that used fats information reported:

  - *Desire to limit specific types of fat in diet*

  Consumers described paying attention to the presence or values of specific types of fats in the NIP, such as saturated fat, and trans fats. For some of these consumers, the presence or amount of these types of fats was a key deciding factor for them in whether or not to purchase a product.

> *I'm looking for the saturated fat…I always straight look into the fat total and saturated fat.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *Fairly regularly, not all the time, but often look at sugars and what kind of fat, if it's not all of the polyunsaturated, all those other fats. Those are probably the two things I look at.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59
>
> *Sometimes I do [look at it] when it gives the trans fat, I make sure that's not too high.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
>
> *Normally, I would avoid something that's high in trans or saturated fat.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44

  - *Limiting fat intake to manage weight or health conditions*

  For a small number of consumers, it was important to check the fat content in the NIP as part of weight management or the management of specific conditions such as high blood pressure.

> *I would be looking for a saturated fat because recently, I had high blood pressure. The doctor [is] wanting me to take a tablet.*

NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Use of protein information**

Of the three macronutrients, consumers least commonly mentioned regularly referring to protein information in the NIP. This information was mainly used to help identify higher protein foods and/or track the amount of protein in a diet. Consumers were particularly focused on the protein information in the NIP either for themselves or someone else in their family due to a belief that foods with higher protein levels are heathier or specifically beneficial. This was mainly people who were looking for foods with higher protein content to support gym training or fitness routines and, in another case, protein was mentioned as beneficial to consume to remain fuller for longer.

For me, I also check protein levels. I try to go as high protein as possible, and I also check the sugar level. I try to get as low sugar as possible.

AUSTRALIA, LOW SES, WOMAN, 30-44

I would add in just protein because I have a teenage son and everything's about protein.

AUSTRALIA, LOW SES, WOMAN, 45-59

I go to the gym pretty regularly and I macro count. So, I plan to the numbers. I have my calorie content, my protein goal and stuff like that. I look for that. … higher protein, so to be more satiating. You'll be fuller for longer.

AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

I go to the gym, so I'm pretty interested in nutrition and maximising my protein intake.

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

… I'm always looking at protein. Everything is protein to me.

NEW ZEALAND, LOW SES, WOMAN, 18-29

Sodium or salt information

- **Checking sodium levels to manage specific health conditions**

A number of consumers said they specifically looked at sodium information in the NIP because of specific health concerns such as high blood pressure or heart conditions These consumers either had a specific guideline in mind they were assessing a product against, or they were comparing products to select the lowest sodium option.

I also have a heart condition, so [I look for] low sodium. I make sure that sodium is low, carbohydrates are low, on the packaging as well…

NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

> *Well, being elderly with high blood pressure, I look at the salt. Sort of, that side of it, the salt content, the sodium content of products. That's what I mostly look at.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 60+
>
> *I look at sodium, too… Yeah, I've got high blood pressure, so I definitely do look at that, and I do make decisions based on that because I want to bring my blood pressure back down.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59
>
> *I'll be honest, I never used to look at food labels up until about six weeks ago because I'm going through a health issue at the moment, so I have to watch my sodium intake. I look at all labels now.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44

- **Comparing sodium levels across products as an indicator of relative healthiness**

Some explained that they compared sodium levels across brands or products, either on its own or in conjunction with other energy/nutrient information. This was generally used as a way of identifying the healthier choice between similar food products when shopping.

> *I do not have top of my head numbers about the amount of fat, carbohydrate, or sodium. For instance, two products side by side, I always get the one with a lower sodium or lower carbohydrates or one which says no trans fat…*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+
>
> *…I look at the headline numbers like how much salt or how much sugar. I just compare the ingredients and if it's, say, similar products with similar price, if one's got more sugar, for example, I might pick the one that's got fewer sugar or less fat or salt as well.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *…as I'm looking at the same product, two different brands. Then, it's more of a glance, I thought, "Okay, well, that's got a lot of salt in it or sugar between what you're looking for." I'm probably just comparing it to the same product, same amount, say, both one litre. If one's double the amount of something, then that probably makes me more wary. But I wouldn't go down and measure and think, "That's going to be so many g's or whatever."*
>
> NEW ZEALAND, LOW SES, MAN, 60+

'Per 100g' column

A number of consumers mentioned never using the 'per 100g' column on the NIP for a variety of reasons noted in the barriers to use section below. However, some consumers mentioned that they regularly use the 'per 100g' column in the NIP when shopping for food products. Among those that mentioned using it, this column was mainly used for:

- **Making like-for-like comparisons between products on key nutrients of interest**

Consumers described the 'per 100g' column as the easiest way to compare products fairly on nutrients they are interested in on the NIP because serving sizes could differ across brands, making comparisons using the 'per serving' column difficult.

> *I always use the 100 grams because it's the only thing that you can compare like for like, because the product makers make their serving sizes... If you got two products, the serving size is going to be different between those two, whereas 100 grams is going to be 100 grams no matter what product you pick up.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44
>
> *I'd probably look at the per 100 grams just because that's how I usually calculate things because quantity size per serving tends to differ between different products.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44

- **Quick calculation of nutrient proportions in the product**

Some said they used the 'per 100g' figures to quickly estimate percentages of fat, sugar, or other nutrients in a product to determine whether levels were generally high or low in the product. A few had a specific benchmark in mind to compare this information against, but others did not.

> *Just the per 100 grams, I don't even really even look at that per serving. I just go to 100 grams because it's easy to compare everything. I look at all of those as a quick scan. There's not one that I'm particularly focused on. It just gives a feel for, what's the balance? Is it really sugary? It's just a quick scan for me. It's not an in-depth detailed analytical exercise, but a quick scan will give me a feel for the per 100 grams.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *Mine is pretty much just sugars... Type 2 diabetes... I basically look at the average per 100 grams, 100 mls if it's a drink. You've got a rough idea. As an example, I know with a can of coke, how much it is per 100 grams. Basically, I rate myself against the worst-case scenario.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 45-59

> *Just a quick estimation…. Yeah, I just make sure that the carbohydrates are less than, I think it's 10 grams per 100, and then the sugars are less than 10 grams per 100, and the sodium is less than 30. Any product I buy, I'll check if it's less than that… I like that they put it for 100 grams because the Heart Foundation in New Zealand, they actually give you a guideline to tell you what's healthy in this, using the 100 grams as you have [here].*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

Serving sizes, servings per package and 'per serving' column

Few consumers spontaneously mentioned using the serving size information and 'per serving' column in the NIP regularly. When raised in the discussion, those that did indicate they use this information said that they primarily use it in the following instances:

- **Using serving sizes to measure out portions for counting calories or nutrients**

Some consumers said they used the per serving column when monitoring calories or measuring portions as part of dieting. These consumers were generally keen to stick to consuming what they interpreted as 'recommended' amounts of the product or to measure out one or more serves so they could be confident in knowing the calories or nutrient content of the portion when they needed to stick to a certain amount.

> *I mostly only look at the per serving because to me, the per 100 grams is irrelevant, because if I'm eating excessively more than what I should, then it's not really going to matter… That's not all the time. It's just when I'm focusing on… It's not like I do it all the time. When I'm trying to lose weight or restrict my calories, I will always only look at that per serving.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29
>
> *…also just looking at how many calories or kilojoules are up per serving, just to see how much I can have in a day.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59

- **Using servings per package to guide purchases for sharing or entertaining**

Some explained that they looked at the number of servings in a package to guide how much food could be shared or portioned out at home, particularly if they were entertaining a number of people and needed to know how many packages of the product to purchase.

> *I use the per serving, mainly if I've got a group of people and I buy something and I go, "Well, how many people do they reckon this should feed?"*

NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

- **Assessing energy/nutrient values in single serve products**

A small number pointed out that they refer to the 'per serving' column to understand the level of energy/nutrients in a product when the product only contains a single serve.

Yeah, I tend to use the 100 grams when comparing between products. But for, example, if there's like [single serve product], then serving size will be quite easy to compare because it's already in a packet of serving.

AUSTRALIA, HIGH NIP USE, MAN, 18-29

Other NIP information

- **Percentage daily intake (%DI) column**

Consumers said they sometimes referred to the percent daily intake as a rough or quick guide as to whether a product was particularly high or low in a certain nutrient of interest, for example sugar or sodium, or to assess healthiness overall, while others said they had never seen it or tended to ignore it altogether.

I think I'm not sure how many products and packets, but sometimes there's a third column that says average daily or recommended daily intake, and it gives you a percentage, which could sometimes [be] quite helpful, especially for the sodium milligrams... I wouldn't have a clue as well, but if I say it's 5%, it gives me an idea of, that somebody is recommending that. That's not much.

NEW ZEALAND, LOW SES, MAN, 30-44

I'll look at it [%DI] and just get like a... that just gives me a rough idea, but I wouldn't really take this like gospel. I think it's helpful to look at and be like, "Oh, well, that's 25%, that's a quarter of my sugar intake."

NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44

I've seen it [%DI]. Generally, on breakfast stuff... Cereal, some healthier breads. It's generally like the healthier thing to have it, but the unhealthy stuff just don't have it.

AUSTRALIA, HIGH NIP USE, MAN, 18-29

It's a lot of information [%DI]. I mainly just look at the things that I really care about, and that middle column, sometimes I don't even notice it.

AUSTRALIA, LOW SES, WOMAN, 30-44

- **Vitamins and minerals**

A very small number of consumers said they were interested in information on vitamins or minerals on the NIP and paid attention to this additional information when this was included.

> *This NIP doesn't include the vitamins or any nutrition or something... Especially for my 13-year-old boy, he will have the [cereal brand], because it will have the zinc, all these kinds of iron, these kinds of vitamins in there.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

Findings from culturally-specific focus groups

Sugar content was the main element of the NIP that participants in the Māori and Pacific peoples/Pasifika focus groups reported using. Most of those mentioning sugar content were interested in this information particularly in relation to foods being purchased for children, with sugar being used by these participants as a proxy for 'healthier' overall.

Some participants across both groups also mentioned looking at sodium levels on the NIP. One participant in each group mentioned using the energy information and both of these participants had an interest in fitness and tracking their energy intake. One of these also mentioned being interested in lower calorie, higher protein foods.

Participants in the **Māori** focus group also specifically mentioned using:

- information in the 'per 100g' column - to determine what percentage of a product is sugar
- servings per pack information –as a way of determining a product's value for money relative to other products.

Participants in the **Pacific peoples/Pasifika** focus group also specifically mentioned using:

- serving size information – for portion control and as a way to track exactly the amount of certain energy or nutrients being consumed.

> *I look at the per 100 grams and go, "Okay, this one is like 12% sugar".... That's probably the first thing that I look at.*
>
> MĀORI, WOMAN, 30-44
>
> *I find the serving size useful because I track my food. So, it'll tell me what the average quantity is in regards to like protein, and then it will tell me what the serving size is. So, when I go and weigh my food, I know to weigh that amount and I know exactly what I'm getting.*
>
> SAMOAN, WOMAN, 18-29

4.2 RESEARCH QUESTION TWO – CONSUMER UNDERSTANDING OF THE NIP

This section describes how consumers understand specific elements of the NIP that were explicitly explored in the focus group discussions.

4.2.1 UNDERSTANDING OF SPECIFIC NIP ELEMENTS

Consumers described varied levels of understanding of the elements of the NIP, sometimes combining interpretation and calculations to fill gaps in knowledge. Energy was confusing for some, calories were familiar but kilojoules less clear, sodium was usually but not always read as salt, and total fat was generally understood, but there was more confusion about saturated and trans fats. The 'per 100g' column was recognised as the most reliable for comparisons, in contrast with serving size information which was often seen as incompatible with actual eating habits. The '%DI' column divided consumers, with some finding it helpful for context and others dismissing it as too complex to understand or difficult to apply.

Energy information, including kilojoules and calories

To explore consumer understanding of energy information in the NIP, participants in the focus groups were shown images of the back of two made-up ice cream products, each containing a NIP, as shown in Figure 1. They were first asked to imagine they wanted to have a bowl of ice cream and were trying to decide between these two products. They were then asked to complete a poll question in which they had to indicate which one of the ice cream products they would choose if they wanted to limit the amount of energy the ice cream was going to give them.

Figure 1: Salted Caramel and Caramel Cheesecake ice cream NIP comparison

Based on the labels shown, consumers in the research were split between determining whether the Salted Caramel ice cream or the Caramel Cheesecake ice cream was the right choice to limit their energy intake, with just over half (54%) of participants across the total sample (37 out of 68 people) incorrectly identifying the Salted Caramel ice cream as containing less energy in kilojoules for one bowl (based on a comparison of kilojoules in the 'per 100g' column of each NIP). Fewer participants (44%, or 30 out of the 68 participants) correctly identified the Caramel Cheesecake ice cream as having lower energy and one participant (2%) indicated they were unsure which ice cream to choose out of the two.

Subsequent discussion in the focus groups revealed that the mixed responses to this poll question occurred as consumers used a number of different methods and information contained in the NIP to arrive at their answer, including:

- Comparing energy values in the 'per 100g' column
- Comparing energy values in the 'per serving' column
- Attempting a calculation by comparing one or more of: the total volume, the number of serves, the serving sizes of each packet and the energy value per serving
- Looking at other information (either in conjunction with the energy values or alone) to determine which one they would prefer to eat, rather than which one has less energy
- Making a judgement about energy level from other qualitative information such as the flavour of the products, pack imagery or the types of ingredients included.

> *I chose salted caramel ice cream because it says servings per pack is 10, the other one, servings per pack is 6. The caramel cheesecake has 96 grams per serving, and the salted caramel ice cream is 64 grams per serving. I took it down [that], if you're having a serving, you're going to have a smaller portion in the salted caramel.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *Because they're both so different in serving sizes and quality [quantity] per… I just went because they're both 100 grams per serve, and the caramel cheesecake has less kilojoules than the salted caramel.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I only actually looked at the energy per serving, and I just saw that the 493 was less than 712 per serving. That's just how I looked at it and chose.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *I chose salted caramel purely because one of the main ingredients in the caramel cheesecake is sugar. Number 1 is milk, then you got sweeteners and different kinds of sugar in there.*
>
> NEW ZEALAND, LOW SES, MAN, 30-44
>
> *Yeah. I looked at the serving sizes and how much each serving size weighed, and then the energy, and then also the protein. If it was in calories, again, I already said that, but that would be easier for me. If the serving size is the same, that would be even better.*

NEW ZEALAND, LOW SES, WOMAN, 18-29

I chose salted caramel ice cream because of the servings per package… Just the fact that you get more servings per package would average out the kilojoules for more servings instead of less servings.

AUSTRALIA, GENERAL POPULATION, MAN, 30-44

It felt like caramel cheesecake just sounded heavy, just that flavour in general. It just sounded a lot heavier. It sounded like a bit more sickening than the salted caramel. I'd probably get a stomach ache after the cheesecake.

AUSTRALIA, GENERAL POPULATION, WOMAN, 18-29

Further discussion about this comparison task revealed the following themes relevant to consumer understanding of energy information in the NIP:

- **Consumers are more comfortable interpreting calories than kilojoules**

Consumers said they were more comfortable with calories, which they saw as a more widely recognised and used unit of energy measurement, particularly when it comes to fitness and diet. Some explained that they converted kilojoules back into calories to make sense of them, while others stated they did not know the conversion or it was too difficult for them to calculate on the fly in the supermarket. This limited their ability to interpret the kilojoules information in the NIP to determine if it was relatively high or low.

I know calories better than kilojoules, but I can't remember the conversion rate. Is it 2 kilojoules, approximately double calories or something? I don't know. I'm more familiar with them [calories]. Because I'm a bit older, I suppose, so it's that imperial/metric thing.

AUSTRALIA, HIGH NIP USE, WOMAN, 45-59

I have an idea of how many calories I should have each day, but kilojoules is different. It doesn't mean anything.

NEW ZEALAND, LOW SES, WOMAN, 45-59

- **Lack of understanding of the terms 'energy' and 'kilojoules'**

Through the energy comparison task, it became apparent that some consumers lacked understanding of what the terms 'energy' and 'kilojoules' in the NIP mean, or why it might be important for someone to pay attention to this information. When queried, some consumers said they simply did not know what these terms meant. Some defined 'energy' as 'calories' or 'kilojoules' but couldn't explain further what these terms meant, others described energy as being related to gaining and losing weight. A few said they understood energy to be something that has a recommended daily intake, but they did not know what the daily reference values for energy should be. Energy information in the NIP appeared to be well understood and more commonly used by people who were interested in fitness or had a need to manage their weight.

> *What is kilojoules? What is it? How do you convert that to? I don't understand what that means, kilojoules.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *What is energy? I have no idea what energy is.*
>
> NEW ZEALAND, LOW SES, MAN, 60+
>
> *[Energy] that's your kilojoules. That's like the calories. That's how I understand it anyway. Whether it's true or not, I don't know.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59
>
> *I guess [energy] it's something to do with, like part of your recommended daily intake, but I don't even know what your recommended daily intake is anyway.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59

- **Avoidance of energy information due to perceived complexity of 'calculations' required to interpret**

Some consumers who lacked understanding of the concept of energy, units of energy measurement and/or how to use the 'per 100g' column tended to avoid referring to the energy information when answering the poll question asking them to identify the ice cream product that was lower in energy. Some made guesses or looked to other information on the pack or in the NIP and others attempted calculations based on various information points including the serving size. Some reflected on the complexity of the task and indicated they would never bother doing that instore.

> *I read it and was trying to do some quick math between the two, because even though the salted caramel looks better at first glance, the serving size is smaller. Any decisions that take more than 10 seconds, I'll just make fast decisions all the time. I went, yeah, caramel cheesecake because the flavour is better.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 45-59
>
> *I feel like it took me a little bit of time to actually think, get my head around for some reason. It wasn't quick just looking at it and knowing. I did have to think about it a bit, which it'd take a bit of time.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29

I just find it a little bit misleading, that it's sort of like it's still trying to trick you. You shouldn't have to read it like we have now, really study it. It should be a little bit more universal, a little bit more not... It feels like it's out to trick you. You know what I mean? If you just quickly, briefly looked at it, you'd think initially that the... salted caramel ice cream is more. I'm getting confused now, but you know what I mean? What am I trying to say? You just got to really read it properly. It shouldn't be as hard to read it, and just to work it out. That's all I'm saying. Based on the servings, it's ambiguous [which one has less energy].

AUSTRALIA, HIGH NIP USE, WOMAN, 45-54

Findings from culturally-specific focus groups

Energy information

Some participants in the Māori and Pacific peoples/Pasifika focus groups reported not understanding energy information in the NIP. Specifically:

- some participants were more comfortable interpreting calories than kilojoules
- several participants in the **Pacific peoples/Pasifika group** did not refer to the energy information in the NIP at all when asked to pick the ice cream with the lowest energy; using the pack size, serving size, pack images and other nutrient information to make their decision
- a small number saw 'energy', 'carbohydrates' and 'sugars' as meaning the same thing.

[I didn't look at the energy] because really, the actual amount of energy is kind of negligible anyway. But that sodium was like, well, double, over double.

MĀORI, WOMAN, 30-44

If you're in a tracking phase you know your calorie expenditure for the day is X, right?... And then you're trying to convert the kilojoules to calories. But if it's already present... you would have more understanding [of] what energy consumption means.

MĀORI, MAN, 30-44

Serving sizes, servings per package and 'per serving' column

Consumers in the focus groups were instructed to look at the information in the nutrition panel of the two ice cream products (shown in Figure 1) and to identify the serving sizes for the two products. Consumers in the focus groups were mostly correct in their responses to this and found it easy to locate this information on the NIPs provided in the images.

Further discussion about this task revealed the following themes relevant to consumer understanding of serving-based information in the NIP:

- **Apparently arbitrary serving size information**

Consumers mentioned issues with serving size and servings per pack information that combine to make this information feel arbitrarily determined, irrelevant or misleading:

- that serving sizes vary between similar products
- that servings per pack are often expressed in odd amounts involving decimals
- that serving size and servings per pack do not appear to multiply to the total package size
- that serving sizes often do not reflect what they actually eat, particularly for less healthy products

> *I want to know how you determine serving size? What's the formula for serving size?*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 45-59
>
> *Looking at this information in front of me, servings per packet, 6.3... What does it mean by 6.3? That's a very ambiguous number. And then we go down average quantity per serving. It's a bit tricky to understand that.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 60+
>
> *Is the serving size based on the recommended daily intake for whoever, and that's how they get it, because they're right, no one really eats 10 chips, do they?*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 45-59
>
> *I think the servings can just be so different as well. A can of tuna says two servings on it or three servings on it, and I'm like, "I would easily eat that whole thing. Where have they got two servings from?" It's just a bit arbitrary, really.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

- **Difficulty translating serving sizes or additional contextual information into common household measures**

Consumers noted that serving sizes presented in grams were difficult for them to imagine in their mind or to portion out without the use of scales, which many reported they are unlikely to do in real life. Some noticed that additional contextual information was presented alongside the serving size on the Salted Caramel ice cream NIP (see Figure 1). When asked whether this additional contextual

information helped them to understand or interpret the serving size better, consumers in the focus groups gave mixed responses. The main issue identified with this contextual information was that a 'scoop' is not a standard measurement and might be interpreted differently by different people. Some took this to mean a traditional ice cream scoop kitchen utensil, but others imagined scooping the ice cream with a spoon. Consumers generally agreed that additional contextual information would potentially be useful if it was expressed in standard household cooking measures that most people in Australia and New Zealand understand, such as cups, teaspoons, tablespoons or as a number of individual items where relevant to the product (e.g. 10 chips).

> *I find that it is helpful because with things like… I buy things like collagen or protein, and it will say 12 grams, and I'll say, "I don't know this." Then it will say, "Equivalent to one teaspoon." At least I can just do one teaspoon rather than having to measure it and weigh it.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *What is a scoop, though? What size?*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 45-59
>
> *Your average normal scoop size, when you go to an ice cream, and you order an ice cream, and you see how they put one scoop. I'm guessing.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 30-44
>
> *…What is a scoop? What size of spoon are we using? That's why I think it's a little bit redundant.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

- **Limited understanding of how to use 'per serving' vs 'per 100g' information contributes to perceptions of complexity and limited perceived utility**

A few participants who did not fully understand how to use the 'per 100g' column on the nutrition panel attempted to make mathematical calculations using the serving size and the number of servings per package to interpret the 'per serving' figures. Undertaking this process to compare nutritional values on products with different serving sizes was viewed as complicated and time-consuming. Consequently, these participants felt that the 'per serving' column had limited practical value.

> *At the start of me looking at the food labels, I was using the average quantity per serving row because I thought, "That's how much I eat. That's the row I'll refer to." But I was getting confused when I compare different products and stuff… I didn't know what's good or bad. I've just gone through researching. Now I understand the 100 grams one is the better one to use to compare to different products.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44

- **Preference for 'per 100g' instead of 'per serving' column among those who understand how to use it**

Those who understood how to use the 'per 100g' column said they generally ignore the 'per serving' figures entirely and rely only on the 'per 100g' column for comparisons. This was because it is far easier to interpret nutritional values and make comparisons based on this information. Consequently, these participants also perceived the 'per serving' information as having limited utility.

> *Per serving, it just means nothing really to me, either just keep it as average quantity per 100 grams and just not even have that tally on the other one. Or have something a little bit more consistent with every other product. That's what I'm saying.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-54

- **Confusion when consuming amounts different to the recommended serving size**

Some mentioned that it was still confusing to understand the total energy/nutrient values being consumed if they ate a significantly different amount from the recommended serving sizes of each product (for example if they ate the whole packet of something with multiple serves in it), as neither the 'per 100g' column or the 'per serving' column quickly gave them the answer – mathematical calculations would need to be involved.

> *It's very frustrating when you do have to try and work out, I know I'm going to eat this whole thing, so how much is in this whole thing?*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
>
> *I think even then it's confusing just reading the per 100 grams because I'd rather it just tell me how much sugar is in one product rather than per 100 grams, if that makes sense… As a total, because then I have to do the maths.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 18-29

Findings from culturally-specific focus groups

Serving size and 'per serving' information

Participants in the Māori and Pacific peoples/Pasifika groups reported the following issues related to understanding serving size and 'per serving' information in the NIP:

- serving sizes appear to be arbitrarily determined and do not represent the amounts of different products that people actually consume
- difficulty visualising or easily imagining serving sizes expressed in grams without weighing food
- difficulty interpreting 'per serving' information, particularly when comparing products with different serving sizes
- perceived mismatch between units used in the NIP and on pack, for example serving size of ice cream presented in grams for a product that is sold by volume.

> *And the per serving is always hard to figure out. And the serving size changes…yeah, per product. But I reckon like the, what they've got, the categories they've got, energy, protein. fats, carbs, sugar, sodium, like that's all good information to have. Okay, keep that, but it just needs to be easier to understand. Like, yeah, like not having to get your calculator out so you can get it.*
>
> MĀORI, WOMAN, 30-44
>
> *I'm not going to weigh 96 grams versus 64 grams. I'm just having ice cream! You're never just gonna have 100 grams.*
>
> SAMOAN, WOMAN, 30-44

'Per 100g' column

Focus group discussions in response to the serving size question also revealed and reflected on understanding of the 'per 100g' column included in the NIP. While many participants understood the purpose of this column and how to use it (as reflected in discussions and the responses to the poll question on energy reported earlier in this chapter), there were a number of consumers who either reported or demonstrated a lack of understanding of this column in the NIP.

Themes emerging from the discussions relevant to consumer understanding of the 'per 100g' column of the NIP include:

- **Recognition of 'per 100g' as a standardised tool to enable product comparisons**

Many consumers in the focus groups explained that the 'per 100g' was included in the NIP as a standardised measure allowing people to quickly compare energy/nutrient values like-for-like across products of different sizes.

> *If you look at the quantity, the energy, average quantity per 100 grams, then that would be the one which would give you the best comparison [of energy].*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I don't think I've ever actually taken into account the per serving myself. If I am comparing two things, I just use the 100 grams because it's easier to have that comparison when it's in a set, like, per 100 grams. Because obviously, all the servings can vary quite a bit in each product. I find it more useful just to look at the 100 grams column for comparison.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29

- **Use for simple calculations to understand level of healthiness or unhealthiness of a product**

A few consumers also recognised that it is possible to use the 'per 100g' column figures to easily work out the percentage of the product that is made up by the specific nutrients listed, for example that 20 grams of sugar in the 'per 100g' column means that 20% of the product is sugar.

> *Yeah, it's ['per 100g' column] based on ...100 grams being like a standard measurement, [that] you can work out a percentage from.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44
>
> *It's just really easy to put it ['per 100g' values] into a percentage. If there's 11 grams of fat for 100 grams, 10% or 11% of that whole thing is fat, or sugar is 20 grams, so 20% of sugar. It's an easy way to give you a visual.*
>
> NEW ZEALAND, LOW SES, MAN, 30-44

- **Lack of understanding of purpose among some**

Some consumers, including some in High NIP Use focus groups, indicated a lack of awareness or understanding that the 'per 100g' column in the NIP could assist them to make quick comparisons between products of different sizes and many more seemed unaware that they can use this column to see what proportion of the product is made up of the different nutrients listed. A number of consumers expressed a reluctance to engage with NIP information (particularly information in the 'per 100g' and '%DI' columns) that they knew or assumed required calculations to be made for them to make meaning from it. Some felt that the 'per 100g' figures could be potentially misleading.

> *I think you still just have to, either way, be careful, because it might have the average per 100 gram, but you might be comparing something that's 500 gram versus 50 gram versus 2 kilos, so you still have to... You're comparing apples and apples, not apples and oranges. They can all be misleading. Just making sure that you actually know what you are comparing and then calculating that figure, whether it's sugar you're looking at or fat, energy, etcetera.*

AUSTRALIA, HIGH NIP USE, MAN, 30-44

It is very misleading, actually, that ['per 100g'] form. You realise the average serving size is 160 grams, that's 60% higher than the average quantity per serving. Like the energy, it says 571 kilojoules per serving of 160 grams. As the average quantity per 100 grams is 357. Is that average per 100 grams of food or that type of food? What's the difference of those two readings?

AUSTRALIA HIGH NIP USE, MAN, 45-59

Findings from culturally-specific focus groups

'Per 100g' column

- participants across both groups reported referring more to the 'per 100g' column than the 'per serve' column when using the NIP, with a number of reasons given for this including:
    - confusion about how to apply 'per serve' figures when serving sizes did not match amounts usually consumed
    - understanding that 'per 100g' information can support like for like comparisons between products where serving sizes differ
    - understanding that nutrient values in this column easily reveal the percentage of a product made up by that nutrient.
- A number of participants, however, did not use the values in the 'per 100g' column to identify the lower energy product when completing the ice cream comparison task and some revealed in subsequent discussion a lack of understanding of the purpose of the 'per 100g' column and how to use it to make product comparisons.

I usually look at the per 100 grams just because I can never figure out what the [per serve] quantity actually means.

MĀORI, WOMAN, 30-44

I just went straight to the 'per 100' grams. And I was thinking, "Oh well, if I'm going to have one, I'll probably go 100 grams of whatever it is"… So, I thought, if I'm going to have 100 grams of one of them, this one is going to have less sugar.

MĀORI, MAN, 30-44

…but why is it on 100 grams? Wouldn't it be on total – total product? Total in the product would make sense… How would you equate 100 grams out of a litre?

MĀORI, MAN, 30-44

Fats information, including saturated and trans fats

Consumers in the research were asked a second poll question after looking again at the information in the nutrition panel of the two ice cream products (shown in Figure 1) which instructed them to write in how much fat is in 100g of each of the two products.

Ninety four percent (94%) of consumers in the research provided a correct response (64/68), with only four consumers out of 68 (6%) providing an incorrect response. Of these four, three gave answers in which the figures for the two ice creams were transposed. This suggests they understood where to look for this information but wrote the answer for each ice cream in the wrong spot. One consumer incorrectly transposed the total fat per 100g for the Caramel Cheesecake ice cream (5g) as the value for the Salted Caramel ice cream. However, they also incorrectly recorded the saturated fats per 100g (not total fats) for the Salted Caramel ice cream (7.8g) as the value for the Caramel Cheesecake ice cream.

Further discussion about this task revealed the following themes relevant to consumer understanding of fats information in the NIP:

- **General understanding of total fat and subcategories layout**

Consumers indicated broad understanding that the figure for total fat included in the NIP was a total accounting for all different types of fat the product contained, as well as an understanding that other fats listed below the total, including but potentially not limited to saturated and trans fats, contributed towards this total.

There was discussion in some groups about whether the subcategories presented on the NIP should always mathematically add up to the total fat figure presented, and examples where this wasn't the case (such as on the NIPs shown for the ice cream products in the focus groups) led a few to doubt their understanding of the fats information. It was more commonly assumed or understood, however, that any difference between the total of the fat subcategories and the fat total reflected the amount of 'unsaturated' fat in the product.

> *That's a breakdown of how much is saturated fat. The top total is the total.*
>
> AUSTRALIA, LOW SES, MAN, 60+
>
> *...the top one is the total, and then it's breaking it down to say that this much is saturated fat...*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59

- **Lack of knowledge about trans fats**

Despite broad awareness that trans fats are 'bad' or should be avoided as part of a healthy diet, consumers in the focus groups commonly commented that they did not actually know what trans fats were, why they were bad to consume or worse than saturated fats, and/or how they differed from saturated and unsaturated fats. Very few consumers felt confident that they knew what trans fats were, with one explaining that trans fats were unsaturated fats altered to behave like saturated fats.

I don't know what it means. I thought if there's people trying to keep track of that, it would be helpful for them. For me, I'm just happy to look at the total.

AUSTRALIA, LOW SES, MAN, 30-44

Saturated fats, they're as the bad ones, but trans fat are just unsaturated fats that have been chemically altered to behave like saturated fats.

AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

What are trans fats? I know saturated fats and unsaturated fats. Is trans fats unsaturated fats or what? The body can process unsaturated fats easier than it can process saturated fats. If you know anything about chemical engineering, which I am a chemical engineer, I know that I'd definitely prefer, unsaturated fats to saturated fats. But I'd like to know what the word trans refers to. I've never heard of a trans fats.

AUSTRALIA, HIGH NIP USE, MAN, 45-59

I personally think it's the recipe. It [trans fats] is going to be a stabiliser in the ice cream production itself. That's my knowledge behind factory work.

NEW ZEALAND, LOW SES, WOMAN, 30-44

I think [trans fats] they're one step worse than saturated. That's why some companies hide them potentially.

AUSTRALIA, HIGH NIP USE, MAN, 18-29

Trans fats are also polyunsaturated, aren't they?

AUSTRALIA, HIGH NIP USE, WOMAN, 45-59

I don't know much about the trans fat, but is that to do with cholesterol?...

NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Confusion about labelling rules regarding inclusion of trans fats in the NIP**

Consumers noted that one of the ice cream products presented in the focus groups (shown in Figure 1) listed trans fats in the NIP while the other did not. Further discussion about this revealed general consumer agreement that this difference between the labels presented a challenge to the interpretation of trans fats information, creating difficulties for people who may be relying on this information to help them choose between products.

Consumers speculated that the absence of trans fats on a NIP could be due to a number of possible reasons, with most expressing uncertainty about which was the actual case. It was suggested that:

- a regulatory threshold may be in place governing when trans fats are required to be listed, with amounts below a specific minimum not required to be listed

- declaring trans fats on the NIP may not be mandatory/may be up to the manufacturer to disclose if they wish
- trans fats may not be included in the NIP only when they are not present at all in the product.

> AUSTRALIA, LOW SES FOCUS GROUP CONVERSATION:
>
> *I didn't think anyone put that [trans fats] on their packaging yet. It's one of the things that there's been concern about. But I didn't think they had to put it on nutrition info yet.*
>
> WOMAN, 45-59
>
> *I took it as in the salted caramel ice cream has trans fat, and the caramel cheesecake one doesn't, because it's not listed.*
>
> WOMAN, 30-44
>
> *Perhaps one's using coconut fat and the other ones using coconut oil where the trans fat is not present in the other…I don't know.*
>
> MAN, 45-59

- **Mixed knowledge about saturated, unsaturated and polyunsaturated fats**

Consumers in the focus groups displayed a range of levels of understanding about different types of fats. Some described saturated fat as a 'bad fat' and it was most commonly believed that saturated fat is best limited or avoided. However there were others that discussed not knowing or understanding what saturated and unsaturated fats are or what the difference is between them. A small number questioned what the difference is between unsaturated and polyunsaturated fats.

It was also expressed that scientific consensus and community awareness around fats has changed over time, with one consumer expressing a belief that the concept of 'good' vs 'bad' fats has been debunked and another noting that polyunsaturated fats were more widely mentioned in the past than they are now.

> *I think it's hard. When I was growing up as a kid, we used to have the saturated and the polyunsaturated fats. That has now shifted, and it's not a mainstream knowledge anymore. I wouldn't know what fat is being presented. I understand that it says saturated fat, but is it the good one or the bad one?*
>
> NEW ZEALAND, LOW SES, WOMAN, 30-44
>
> *The saturated/unsaturated healthy/unhealthy stuff got debunked a few years back. I just look at total fats.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 45-59

Findings from culturally-specific focus groups

Fats information, including saturated and trans fats

- All consumers in the Māori and Pacific peoples/Pasifika groups were able to identify the total fat amount per 100g in each of the ice cream products shown in the focus groups and none reported not understanding how the fats information is broken down in the NIP. One participant questioned what it means when the subcategories of FAT in the NIP don't add to the total fat amount.
- A small number of consumers reported not understanding what saturated and trans fats mean, and how they relate to the concept of 'good' and 'bad' fats
- The absence of trans fats on one ice cream product NIP raised some confusion, with some participants assuming this likely means this product would contain no trans fats.

> *Yeah, I was going to say something similar [about words I don't understand] with the saturated fats. I still kind of wrap my head around good fats, bad fats - saturated or what? Trans fats. Trans fats, like, I still haven't even sussed that out, to be honest.*
>
> MĀORI, MAN, 30-44

Sodium or salt information

Consumers in the focus groups were also specifically asked if there were terms in the NIP they didn't understand and were prompted as part of this conversation to consider the term 'sodium'. Discussions about sodium revealed the following points relevant to understanding:

- **Most are aware of the meaning of 'sodium', but some are not familiar**

Some said they did not understand the word 'sodium', and would have found 'salt' clearer. Most, however, either used the word 'salt' spontaneously when talking about the sodium content on the NIP, or explicitly said they equated 'sodium' with 'salt' and used it in that way when making choices on the basis of this information in the NIP. A few thought that sodium might be a technical term used to cover different types of salts.

> *I equate that [sodium] with salt.*
>
> NEW ZEALAND, LOW SES, MAN, 60+
>
> *I noticed the salt was really high on that one [NIP].*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 30-44

> *You can get different types of salt, though. That's the problem. I think that's why they said it has sodium, like call it NaCl, sodium chloride. That's the big thing when it comes down to salts, but there can be other salts added to food products.*
>
> AUSTRALIA, LOW SES, MAN, 60+
>
> *I don't know what the word sodium means. I haven't studied it or googled it, so I find that one confusing. What is sodium?*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *A lot more people would understand 'salt'… maybe some people wouldn't realise that sodium is salt.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *I think they're using technical names, sodium, which might cover different parts to make up salt.*
>
> AUSTRALIA, LOW SES, MAN, 45-59

- **Many have difficulty interpreting absolute sodium values**

While it was almost universally understood that diets should not be too high in sodium or salt, a number noted they did not know how much sodium was high or low, and felt they would not be able to interpret the absolute amount of sodium in a product without additional understanding or context.

> *How much is 90 milligrams of sodium? Is that harmful to me if it was 180 or 10 or 360? I wouldn't have any idea.*
>
> NEW ZEALAND, LOW SES, MAN, 60+

Findings from culturally-specific focus groups

Sodium or salt information

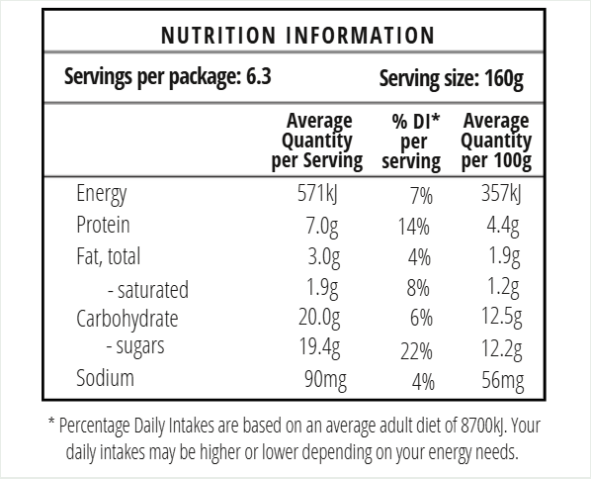
- No participants in the Māori and Pacific peoples/Pasifika focus groups indicated not understanding the term sodium, though some participants indicated that technical terms like sodium may be more difficult for people in their community and with English as a second language to understand.
- Some participants reported not knowing how to interpret sodium information in the NIP, specifically, whether amounts presented in the NIP were high or low.

> *Like, I've got no idea of what an average sodium intake should be, but I know that so many of those snacks have way too much. Way too much.*
>
> TONGAN, WOMAN, 30-44
>
> *If you're in our population, do you know that 'sodium' means 'salt'? … Low sodium is probably good for all of us [But it's important] that [you're] looking at 'sodium' [in the NIP] because it doesn't say 'salt'.*
>
> SAMOAN, MAN, 30-44
>
> *I think for the general public, it would be [difficult for them to understand] … They [might] say. "Oh, we shouldn't be having that much salt intake." But with sodium they're like, 'Oh, maybe that's good for the body, might have something to do with calcium."*
>
> MĀORI, MALE 30-44

Percentage daily intake ('%DI')

Consumers in the focus groups were also shown the image of a NIP which included a column showing the percentage of the daily intake ('%DI') that each of the energy/nutrient values in the NIP represent. This image is shown in Figure 2.

Figure 2: NIP with '%DI per serving' column included



NUTRITION INFORMATION			
Servings per package: 6.3			Serving size: 160g
	Average Quantity per Serving	% DI* per serving	Average Quantity per 100g
Energy	571kJ	7%	357kJ
Protein	7.0g	14%	4.4g
Fat, total	3.0g	4%	1.9g
- saturated	1.9g	8%	1.2g
Carbohydrate	20.0g	6%	12.5g
- sugars	19.4g	22%	12.2g
Sodium	90mg	4%	56mg

* Percentage Daily Intakes are based on an average adult diet of 8700kJ. Your daily intakes may be higher or lower depending on your energy needs.

To investigate consumer understanding of the '%DI' column, consumers in the focus groups were asked what the information in this column means to them. Themes emerging from this conversation relevant to understanding of the '%DI' column in the NIP are summarised below.

- **Lack of awareness of the average adult diet that '%DI' figures are based on**

Consumers commonly noted that the '%DI' figures were based on an 'average adult diet of 8,700kJ'. Many said that this did not apply to them and some others said that they would not know if and how this applies to them. Some mentioned a lack of understanding of what a recommended diet would be for them, and some said they did not know what characteristics would define an 'average adult', for example in terms of gender, weight and activity level. It was concluded by many consumers that the information provided in the '%DI' column was not widely or personally applicable and/or would not be able to be easily translated into information that is personally meaningful for individual consumers.

> *It's [%DI] good if your diet is 8,700 kilojoules per day, then you can work out exactly what percentage is good for you for that day if you're eating that product. But everyone has a different, I would assume, a different intake of what they have every day. If you're not sticking to 8,700 kilojoules, then it's not reflective of what you're eating for that day, percentage-wise.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *Who is it [%DI] calculated off? Who is the person?*
>
> NEW ZEALAND, LOW SES, WOMAN, 18-29
>
> *My part of the concern is who is the average adult?*

AUSTRALIA, GENERAL POPULATION, MAN, 45-59

No. Again, I might consider myself healthy, but someone else might consider me not healthy. It's, again, who is it basing it [%DI] on?

AUSTRALIA, GENERAL POPULATION, MAN, 45-59

For example, if I stuck to what works for a serving size. I'm 6'5", so one scoop wouldn't even give me the energy to get through most of the day. Depending on the type of person you are, your body type. Even working off what these 'an average day should be' for calories or kilojoules, if you're a bigger person, you do need to push higher. That kind of throws you again.

NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

- **'%DI' information seen as complex or misleading by some**

Some described the '%DI' column as 'complex' or generally difficult for them to understand, which led them to avoid using it in their decision-making and/or to consider the information in this column as being misleading. Sources of perceived complexity included:

- The use of percentages, which some saw as inherently complicated to understand or deal with
- The percentage calculation being tied to serving sizes, which as noted elsewhere in this report are perceived as arbitrary and not aligned with the amounts of a product consumers usually eat in a sitting – consumers perceived it would be difficult to work out how to interpret the amounts in this column in light of how much of the product they intend to or usually eat. The perceived complexity increases when consumers consider how they would use this information to compare the values on similar products with different serving sizes
- The percentage calculation being based on an average adult diet, as noted in the previous point.

Further reflecting difficulties understanding how to use the '%DI' information on the NIP, some consumers suggested that the information would be easier to use for product comparisons if it was based on 'per 100g' rather than 'per serving' figures, allowing for 'fairer' product comparisons. None noted that this approach could further exacerbate the problem identified that '%DI' information is based on amounts that do not reflect how much consumers eat in a sitting.

...Not all of them have that [%DI] on it, either... Plus, it can be confusing because it's got a percentage of daily intake per serving. It's got: energy 7%, protein 14%, fats 4, saturated bah blah, 22,4, does that mean you've got to add them all up? Or how do the figures work?

AUSTRALIA, LOW SES, MAN, 45-59

I guess [the utility of %DI] depends on what category (energy or sodium, or fat) you are focusing on. It depends on how many multiple servings you can have of the product. Yes, you can have five servings when you're relating it to sugar, but then you can have 10 or 12 servings when you're relating it to energy. So, it can be a bit more confusing than it needs to be.

AUSTRALIA, LOW SES, MAN, 45-59

That would be a better comparison [%DI per 100g] for you to be able to compare different products and things like that. Then you would feel empowered to make the choices that you want to have for the day, like what you want to eat. You'd feel more empowered to stick to a serving size or go over. You know what your percentage would be for that day.

AUSTRALIA, LOW SES, WOMAN, 30-44

It [%DI] might be a good column to have, but you got to relate it back to the serving size or the serving per packet. So, there's two calculations there. Am I having a bigger serving than what they suggest? Instead of six serves out of a packet, you're only going to get four. Then your percentage is incorrect. You have to allow for that. It can be confusing unless they relate it back to a cup or a half a cup of volume instead of grams or serving size.

AUSTRALIA, LOW SES, MAN, 45-59

I probably wouldn't use it [%DI]. There's a lot of calculations.

NEW ZEALAND, HIGH NIP, WOMAN, 60+

...it's [%DI] just confusing...Just all the percentages, just not knowing the percentage in relating to what exactly.

AUSTRALIA, GENERAL POPULATION, WOMAN, 18-29

- **Some appreciate the '%DI' column aids interpretation of energy/nutrient values by providing a contextual reference**

Several participants said that the '%DI' information aided their interpretation of the numbers in the NIP by putting them into context. They felt that using the external average benchmark of a 'healthy' diet is sufficient to get a sense of whether a product is healthy, even if this information might not be exactly applicable to their own 'adult diet'. The information in the '%DI' column was specifically mentioned as helpful in relation to interpreting sugar and sodium values, noting that some consumers reported being unable to judge whether amounts of these nutrients in the NIP were high or low.

For me, it's [%DI] very useful because particularly when it comes to sodium and sugar, sometimes they will say, "Oh, this will take up actually with one serving of [soft drink brand], for instance, you've just met your quota for the day." I really, really find that useful.

NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

It's [%DI] a good way of quickly assessing whether it's good or bad. But I wouldn't necessarily take it as perfect, because it says, "based on an average adult diet of 8,700 kilojoules", I have no idea how much I would normally have in a day. It's a good quick reference, but I wouldn't be taking too much stock in it.

NEW ZEALAND, GENERAL POPULATION, 30-44

If you look at it [%DI] and go, "Oh, wow, that's 25% of your average daily sugar," it's like, "Wow, that's a lot of sugar to have in one thing." Also, same thing with salt. If you look at it, and it's saying it's 25% of your daily intake of salt, then it's like, "Wow, that's a lot of salt", if you can get that much of your average daily intake out of your 10 chips or whatever it is.

AUSTRALIA, LOW SES, WOMAN, 45-59

It's good [%DI]. Just basically …it gives me an understanding of the sodium. I don't really know what 56 milligrams means, but it says 4%, I know that it's relatively a small amount. Same with the energy. That's basically how I look at that.

NEW ZEALAND, LOW SES, MAN, 30-44

Findings from culturally-specific focus groups

Percentage daily intake ('%DI')

Understanding of '%DI' information was mixed in these groups. While some saw the '%DI' column as aiding interpretation of values in the NIP by providing a contextual reference, others were not familiar with the column. Some felt the use of percentages was confusing and the information in this column would be difficult to apply to anyone who is not an 'average' adult.

I think it is quite good to have [%DI] … it's sort of a flashlight to say that, this is pretty much the percentage of what your daily requirement would be.

MĀORI, FEMALE 30-44

I've seen it. I don't really know about it though.

SAMOAN, FEMALE, 18-29

I reckon that's great information [%DI], but how do you get what 7% looks like? Is it a teaspoon…?

COOK ISLANDER, FEMALE, 45-59

It's quite confusing to have kilojoules and then you've got average adult diet of what's 8,700 kilojoules. Like, is it male or female? And then it goes into percentages. So, it's a lot of like, different measurements, so that can be quite confusing for the average person…, especially if English isn't their first language.

COOK ISLANDER, FEMALE, 30-44

4.3 BARRIERS AND ENABLERS TO USE AND UNDERSTANDING OF THE NIP AND SUGGESTIONS FOR CHANGE

4.3.1 BARRIERS AND ENABLERS TO USE AND UNDERSTANDING OF THE NIP

Consumers described a range of factors that both supported and hindered their engagement with the NIP. Features such as clear fonts, simple layouts, predictable placement, the per 100g column, familiar references, and contextual cues made the panel easier to use and understand. At the same time, small print, inconsistent or incomplete information, technical language, abstract measurements, complexity, limited personal relevance, and time pressures created barriers. Suggested improvements focused on making the NIP clearer, more consistent, and more practical, including standardising included nutrients and serving sizes across products, clearer formatting, highlighting key figures with colour or bold type, providing recommended ranges, expanding the list of nutrients displayed, and offering additional or personalised information through tools such as QR codes.

Consumers in both Australia and New Zealand described a wide range of factors that influenced how they engaged with the NIP. Across the focus groups, participants discussed elements that made the panel easier to use and understand, as well as features that acted as barriers to meaningful engagement. Importantly, many of the same characteristics of the NIP were described as both enablers and barriers, depending on the consumer's context, level of nutrition literacy, or health needs. This section summarises barriers and enablers of use and understanding under key themes highlighting the ways in which the NIP supports engagement alongside the challenges that limit it.

Legibility and visibility

- **Enablers of use and understanding**

Participants described NIPs with larger, clearer fonts and those that were sized appropriately relative to the package as being easier to use. This helped them quickly locate and interpret the information of interest. Some noted that when labels were designed with a simple white background and bold text, the NIP was more prominent and user-friendly.

> *It does vary from brand to brand. Sometimes they're really easy to read. They're big, long white stickers, and sometimes they're tiny, and it's quite hard to read.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 45-59

- **Barriers to use and understanding**

A number of comments were made about the difficulty of reading small print on some NIPs, with older participants especially commenting that they often struggle to use the NIP when shopping without glasses. The perceived absence of minimum label and font size standards was mentioned as a barrier to ensuring all NIPs were able to be used by consumers. Placement of the panel on packaging was also

described as not always obvious and the use of low-contrast text in some cases, such as grey print, was noted as being very difficult to read.

> *Sometimes it's hard to find them. In some packaging, they'll hide it in a little corner, and you've got to look all over it, and it's not obvious where it is.*
>
> AUSTRALIA, LOW SES, MAN, 30-44
>
> *I was just going to say about the actual size because I noticed as I'm getting older, these are getting harder to read. I don't always shop with my glasses with me. So, sometimes I just have to almost toss a coin and go, "Oh, I can't read it. I'm just going to have to take a guess." You can see how that font is greyer than the title font, which makes it hard to read too. Visibility and legibility are important.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

Clarity and complexity

- **Enablers of use and understanding**

Some consumers said they found the simple layout of the NIP helpful for using and navigating it. The short, clear table format was described as easier to use than longer or more detailed lists found on some products. The ability to quickly scan for certain numbers was said to make decisions easier, with consumers explaining that they could glance at key figures and form a view without spending too much time on detailed analysis.

A small number of consumers liked the additional detail provided in the NIP for some nutrients or that they have seen on some NIPs (for example the breakdown of fats to include saturated and trans fats) because it specifically identified information that was of greatest importance to them.

> *It's pretty simple, I think. Might be too simple. Based on what usually in things. But it's good. The simplicity is nice… Usually I see that the categories are broken down further than what they have here. There's more subcategories than what's here. But it's good. This tells you a lot. It's good in that way.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44
>
> *It's simple. I like that.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 45-59
>
> *Just the fat. How it tells you the fat, saturated and natural fat. I like that aspect of it.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 30-44

- **Barriers to use and understanding**

Other consumers described the NIP as too detailed or complex to use, either overall or in the context of supermarket shopping. Tables containing many numbers were said to take considerable time to read and understand. In particular, the '%DI' information was described by some as looking too complex on face value to use.

Consumers described struggling to make the calculations they perceived were needed to interpret serving sizes, percentages, or totals/subtotals in the NIP. In the absence of understanding of how to apply the information in the 'per 100g' and/or the '%DI' column, the belief that mental arithmetic was needed to interpret elements of the NIP presented a significant barrier to understanding information in the NIP for some consumers. This difficulty was amplified in a supermarket setting where time was short, making it harder for these consumers to use the information accurately and meaningfully to support decision-making.

I just wish it was easier [to use].

AUSTRALIA, LOW SES, WOMAN, 30-44

It's easy to do [a comparison task using the NIP in the focus group], but like it's been mentioned before, it's overwhelming when you've got to do it across your sweets, your savouries, everything. Like it's been mentioned, your shopping goes from being a quick five-minute run-through to you're in there for an hour, hour and a half.

NEW ZEALAND, GENERAL POPULATION, MAN, 45-59

It [%DI] looks complex… People sort of ignore it.

AUSTRALIA, GENERAL POPULATION, MAN, 60+

I've seen labels that are way too complicated because they try to jam-pack a lot of definitions in there. Sometimes they would, say, identify the trans fat from the saturated fat and then the sugars and all of those things. It just becomes a bit laborious having to read those. I guess for me, simple is good, but enough information is going to be helpful as well.

NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

Seen it [%DI], but I find it frustrating because it's on per serving… You have to do some maths to calculate what you're actually after to compare stuff.

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

Consistency and allowable variations across NIPs

- **Enablers of use and understanding**

The uniform presence of the NIP on packaging was described as practical, with consumers noting they knew where to find it even if placement varied slightly.

> *I guess it's uniform, so i.e., if you picked up a packet of chips, for example, and then also you were doing the same shop, and then you needed to get some tomato sauce or some other products, at least you can look on the back or the side or wherever they put it. The NIP is, generally speaking, quite uniform in its placement, or in its size, rather. Where it's placed might be different, of course.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44

- **Barriers to use and understanding**

Differences in which nutrients were displayed across products were said to make comparisons between products on these nutrients impossible to make. Confusion arose in the focus groups when products displayed different subcategories of nutrients. This was particularly raised in the context of discussion about the presence or absence of trans fats on two NIP labels shown in the focus groups. Inconsistent treatment of sugars information and inclusion of reference values such as '%DI' across products was also raised as a barrier to using this information to make product comparisons. Participants had a number of interpretations of what differences in presentation across NIPs might mean and awareness that some elements of the NIP are optional to include appeared to be low across the focus groups. Consumers in the focus groups ultimately concluded that the fact that some information in the NIP is optional for manufacturers to include was a barrier to that information being able to be usefully interpreted, applied or relied upon.

> *Some [NIPs] say, like with the fats, they got fat total and saturated. Some of them had monosaturated, and I can't remember the other terms. Some of these nutrition things, you can have 20 lines in them, depending on the product. Obviously, in this case, whoever's selling this product is just condensed it into a short form because sometimes they have sugars, too. Then you've got certain sugars and glucose and fructose and all those sugars all under the sugar category, so you can see which the different types. They can be expanded, but in this particular case, it's in a short form. I don't know [if it's helpful] because you get more information, you get more confused.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *I think it's a worry [having some NIP items that are optional] … Because, what's in your food, the companies are going to do the minimum required to put the minimum requirements on there to satisfy customers. They're not going to go over and above to give you the truth.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59

Perceived relevance of information

- **Enablers of use and understanding**

For people with specific health needs, dietary goals, or higher levels of nutrition interest, the information contained in the NIP was extremely relevant and more likely to be referred to.

Some consumers across the focus groups displayed greater nutrition literacy than others and these participants appeared more likely to be able to understand and apply the information shown in the NIP, including understanding the meaning of technical terms such as 'sodium', 'trans fats', and '%DI'. Nutrition literacy appeared to often be related to experience of a specific medical condition, about which they had received specific nutrition advice, or an interest in training, weight management or nutrition.

> *...because I don't have a specific condition that requires me to monitor those items, I ignore it.*
>
> NEW ZEALAND, LOW SES, MAN, 60+
>
> *I feel like everyone has really specific needs as an individual. Old people, young people need different amounts of different things. I have a very specific diet, so I don't look that [%DI]. I have my own thing that I'm looking at.*
>
> NEW ZEALAND, LOW SES, WOMAN, 18-29
>
> *Because it seems to be only unless you've gone through something like high blood pressure, diabetes, that you become quite active at looking at it [the NIP]. Other than that, it's not something that's taught to people. It's not something that you've brought up thinking, "Oh, actually, this is what I should be looking at. This is what my daily intake should be." A lot of people, they just glaze over it as just extra words on a box or a packet.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

- **Barriers to use and understanding**

Certain elements of the NIP were described by some consumers as being irrelevant to them, limiting their use: Values provided in the 'per serving' column were consistently described as being less useful or relevant than information provided in the 'per 100g' column and many said that serving size amounts presented on packaging quite often did not match their own eating habits or did not neatly divide into the package size, making it impossible or irrelevant to use in practice. Information in the '%DI' column was also described by some as being irrelevant to their own situation, as someone who was not the 'average' adult. It was also mentioned that the information provided in the NIP was not relevant for people without a health condition requiring dietary monitoring.

The servings per package are just getting a bit ridiculous, like 6.3. Who's having 0.3 of a serve? Can we make them just six serves? It makes it difficult when you're trying to calorie count or trying to have those exact serves, like 6.3 serves, what is that? I have one other 7.4 serve, and it's like, okay, if you're buying, I don't know, say, one container of chocolate milk, a bottle of chocolate milk, that's one serving. Most people are going to drink the whole thing.

AUSTRALIA, LOW SES, WOMAN, 30-44

It's not relevant for me. I just think it's my business how much I want to eat, and that's why I use that per 100 grams as a balanced approach. Then I'll eat as much or as little as I feel like that day. Whoever's serving size that is judged that, it's not relevant to me.

NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

It's really only useful to you if your average adult diet is 8,700 kilojoules. I think if that isn't your diet and that percentage is not going to help.

AUSTRALIA, LOW SES, MAN, 30-44

I always end up eating more than what the serving size says on the packet. I don't think it's a very good comparison when you're comparing it to different foods.

AUSTRALIA, LOW SES, WOMAN, 30-44

It seems that this education of what each of those items are[in the NIP], is primarily directed towards people who have some a problem about too much or too little of either or any of those components. For example, if you had a high blood pressure, then you would probably be looking at that sodium content more than anybody else.

NEW ZEALAND, LOW SES, MAN, 60+

Contextual information

- **Enablers of use and understanding**

Consumers generally agreed that the presence of contextual information in the NIP (specifically, the translation of serving sizes into recognisable amounts of measures as a guide) aids understanding. In the case of serving sizes, providing additional contextual information could help consumers better imagine or estimate the recommended serving size while they were shopping. Contextual information allowed consumers to translate abstract measurements like grams or milligrams into concrete, everyday amounts they could picture in food or measure out without the use of kitchen scales. It was important to consumers that the contextual information provided used standardised/universally understood measures, rather than ones that could be interpreted differently by different people.

> *I weigh everything that I eat. I weigh it anyway, so I have an idea of how much... A rough idea. It's still helpful when there's a number, like 10 chips or something. I find that still just easier.*
>
> NEW ZEALAND, LOW SES, WOMAN, 18-29

- **Barriers to use and understanding**

Serving sizes and nutrient values expressed in milligrams and grams in the NIP were described as abstract and not easy to relate to the way people ate products or apportioned food at home. Contextual information using non-standardised measures that can be interpreted arbitrarily by different consumers (e.g. describing serving sizes in numbers of 'scoops') hindered rather than aided understanding for consumers and some felt it could lead to people to under or overestimate their nutrient intake as a result.

> *I don't have scales at home, so I'd be just guessing [with serving sizes]. When I'm serving that [the two ice cream products in Figure 1], I'd just be guessing what 64 grams would be and what 96 grams would be because I don't use scales at home.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44

Reference values

- **Enablers of use and understanding**

Consumers in the focus groups commonly mentioned lacking a reference point against which they could judge the values in the NIP as 'good' or 'bad' for their health. The presence of the '%DI' column on some NIPs was seen by those who understood how to interpret this information as aiding their understanding of the specific values in the rest of the NIP, supporting purchasing decisions. Even though they may not know what proportion of a product should or shouldn't be comprised of a particular nutrient, consumers could use the '%DI' information to quickly understand if most of their recommended daily intake of the nutrient would be filled by consuming the product. For nutrients like sodium or sugar, which many consumers were concerned with limiting in their diet, this was particularly valuable information.

> *Some of them have got a column or in brackets, a percentage of what the daily intake should be of that, which is sometimes helpful. If you look at the [image of the NIP], for example, 7 grams of protein, but then 90 milligrams of sodium, but without the brackets and the percentage of what's healthy, or you don't really have an idea. Lots of people wouldn't really have an idea about what's a good amount and what's not a good amount.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29

- **Barriers to use and understanding**

The inclusion of reference information in the '%DI' column was also seen by some as hindering rather than enhancing comprehension of information in the NIP. Many consumers saw the figures in the '%DI' column as complicated to understand, ambiguous or misleading. The reliance on an undefined 'average adult' creates uncertainty about how the values apply across genders, ages (particularly children), and body types, or to individuals with different dietary needs and activity levels. As a result, rather than providing greater clarity, the presence of these reference values gave some consumers the feeling that the NIP overall is overwhelming or complicated to use.

> *I hate this [%DI] on nutrition labels. I think it brings a lot of misinformation out to people because what is an average adult? Is that based on men? Is it based on women? Is it based on someone that's 60 kilos or 120 kilos, a bodybuilder, an average adult?*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

Time and convenience

- **Barriers to use**

A barrier to using the NIP was the time required to read and compare information. Consumers said that reading the NIP and comparing values across many products was time consuming and impractical within the time available in a usual supermarket trip and this was a reason some were less likely to regularly use the NIP.

> *Also, for me, it's the time element. When I'm in the supermarket, I don't have a minute or five minutes or three minutes... I have to make the decision.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+
>
> *I don't really use it much. I don't really have a good reason. I'm just so busy. So, if I have actually purchased food, we are winning at life... I'll either purchase the same things or maybe be swayed if they're on a half price. I generally shop only with a shopping basket multiple times a week, 15 minutes in and out.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 45-59
>
> *It's kinda just on the fly, I don't have that much information when I'm grocery shopping because I've got a gazillion other things to pick up. I would just quickly go by the numbers. This looks okay. This looks healthy-ish enough. Then that's probably what I do because I wouldn't really be calculating all of those things. It will just be like, maybe I'll give it five seconds looking at the numbers. Then I'll make up my mind.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

Trust

- **Barriers to use and understanding**

A number of consumers expressed doubts about the accuracy, completeness, and transparency of information presented in the NIP, which reduced their confidence in using it. Trust was undermined when panels appeared inconsistent, when values did not seem to 'add up', or when participants suspected that manufacturers selectively presented information. Differences in nutrient content across brands of similar products raised questions about reliability, while the use of stickers or difficult-to-find placement fuelled concerns that information was being changed or hidden. Awareness that some items were optional also made consumers wary, as it suggested that not all panels were directly comparable. For some, these doubts were compounded by their own limited understanding of the NIP, leaving them uncertain about whether the information was meaningful or authoritative enough to guide decisions.

> *There's the ones on the label that have to be presented and there's other ones that they just choose what they want to showcase for their product… the important things that have to be on here and all the other stuff is just stuff that they want you to know.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44
>
> *It feels strange [if there are things on that nutrition panel that are optional] that it's not in the other like they're hiding. They're hiding what it is in a way. I would have thought they do have to have it there. But that might show the limit of my knowledge of this.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44
>
> *…If you have two competing brands of a product or three competing brands or five competing brands, that information that you see on that docket there, if you see the same information with differing amounts on different other packages, I feel as if I'm being manipulated. Irrespective of the truth of the contents, I get this impression that I'm being manipulated no matter what.*
>
> NEW ZEALAND, LOW SES, MAN, 60+
>
> *I also question why in some packages, this nutrition information is on a sticker, posted onto a plastic package. I wonder, are they covering a different nutrition information?*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

Findings from culturally-specific focus groups

Barriers and enablers to use and understanding of the NIP reported in the **Māori** focus group included:

- **Enablers** – Simple layout, contextual information that uses everyday or standard measures, reference point provided in '%DI' column is useful to some.
- **Barriers** – Size and location on pack makes it often difficult to read or refer to, order of presentation of energy/nutrients does not match what consumers are most interested in, perceived complexity ('maths' involved in interpretation of values), technical terminology that may be difficult for some to understand, lack of simple reference values or visual information to aid interpretation of values and serving sizes.

> *I reckon it's just usually the size of it on the pack that kind of, I feel like the way it's laid out, putting all the numbers to the side because you have to do some math to figure out what that means, but the way it's actually laid out is quite good in my Opinion, it just needs to be bigger on the pack and easier to find, because sometimes I'm like, trying to find it.*
>
> MĀORI WOMAN, 30-44

Barriers and enablers to use and understanding of the NIP reported in the **Pacific peoples/Pasifika** focus group included:

- **Enablers** –Situational demands such as caring for children or purchasing food for people with specific health needs, contextual information that uses everyday or standard measures (e.g. expressed as number of teaspoons, biscuits, slices), reference point provided in '%DI' column is useful to some.
- **Barriers** – Perceived complexity and technical terminology, 'boredom'/lack of interest in the NIP compared to apps that provide the same or more tailored nutritional information, consumer price consciousness which means that some use NIP (serving size) information to inform value for money decisions rather than health-related ones, size and location on pack makes it often difficult to read or refer to and lack of accessibility features for people with disability.

> *Boring. Why is that? They have apps for it now. Usually if I am on the gym phase, I use the app to find out that detail, right? And it's easier for me to understand.*
>
> TONGAN, WOMAN 30-44

4.3.2 IMPROVEMENTS SUGGESTED BY PARTICIPANTS TO SUPPORT THEIR USE AND UNDERSTANDING OF THE NIP

Consumers in the focus groups offered a wide range of suggestions to improve the usability and clarity of the NIP, summarised under the four categories below:

Design and format

- Ensuring minimum size and design standards for the NIP, so that the font type and size and the NIP size is fit for use for all consumers.
- Highlighting key nutrients in bold or specific colours to make them easier to see.
- Using traffic light colour coding (green, amber, red) to give consumers an immediate sense of whether energy/nutrient levels are high, medium, or low, reducing the need for knowledge of specific reference values to make this assessment.

> *They could have a traffic light rating where if it's good and healthy, it can be green box or something. If it's a mediocre meal, it could be orange. If it's poor, not healthy, it could be a red rating.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *Maybe highlighting the sugars as like in bold format would be nice and the saturated fat in bold format would be nice…Yeah. Because they're quite unhealthy. You want them to stand out, catch the eye.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 18-29
>
> *I do think there should be a minimum font size that these things should be in, because particularly as I've got older, and I haven't got my glasses in the supermarket, you can be really squinting, particularly if they're printed in a light brown or something. I do think sometimes there should be standards on readability.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 45-59

Standardisation

- Standardising the nutrients that are presented in the NIP to ensure comparisons are like-for-like, with some believing that there should be no optional items, just the same nutrients included on every panel.
- Standardising serving sizes across similar food products, so the same types of foods use the same serving size.
- Providing contextual information in standard household measures (teaspoons, tablespoons, cups), included alongside grams and milligrams, as these were easy and consistent to interpret.

- Highlighting information that is mandatory on the NIP, to improve trust in the information that is presented in the NIP and so non-mandatory information could be more easily identified and/or filtered out.

> *I quite like the idea of serving sizes in standard sizes, like one teaspoon, so is equal to five teaspoons. That's quite helpful rather than having it in grams, just the serving size.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
>
> *Just make it standardised. Every single product have the same system. If we're going to include trans fat, have them on every product. If we're not going to include it, then don't have them on any of them.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *Even if it's like what you're saying, you just stick to a minimum because sometimes it feels they put all the extras in and use it like a smoke and mirrors to cover, like throw you off when you're looking, and you're going, "Oh, this is good." But hang on, if I compare it to the other one, this one has it, this doesn't have it. If it's just a standard or … bold, these are the ones that have to be here, these other ones are just fluffy extras.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 45-59

Information content

- Inclusion of additional nutrients – a range of nutrients were mentioned, with no more than 1-2 people mentioning each of fibre, vitamins, minerals, preservatives, and different or added sugars.
- Using calories rather than or in addition to kilojoules as the unit of energy in the NIP.
- Providing recommended ranges for what is high or low in energy/key nutrients.

> *It's hard to see how they get X amount of servings out of a packet of anything. Sometimes it's 10 servings or 19 servings in a pack. You're probably lucky to get 10 or 12 if it's been realistic. The average serving is irrelevant. A hundred grams is the way to go. The previous ['per serving'] column could actually be eliminated and something else put in at its place, which could possibly be: what is a good level of sodium between a certain range.*
>
> AUSTRALIA, LOW SES, MAN, 45

Additional information and tools

- Providing additional definitions of key terms in the NIP.
- QR codes to provide additional explanations or more personalised information.

> *I guess some people may not fully understand what protein means in the context. Sometimes I forget as well or what certain definitions are. It may be challenging to put that on each packet as well… Whether or not it's something at the supermarket or a QR code somewhere that people could find out… Then, of course, if you start adding stuff to each individual product, that increases complexity for packaging, right? But just having, I guess, more information elsewhere might be useful.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44

Findings from culturally-specific focus groups

The following suggestions to improve use and understanding of the NIP were made in both the Māori and Pacific peoples/Pasifika focus groups:

- making the NIP easier to locate and read on packaging by making it larger
- providing contextual information that uses everyday or standard measures that people can interpret quickly
- making serving sizes better reflect amount people eat.

> *It's helpful if you know how to interpret it, but I think pictures would be really good because you just know if this thing equals a teaspoon, because it's something that you can relate to, an everyday household item.*
>
> MĀORI, MAN, 30-44
>
> *It just needs to be bigger on the pack and easier to find, because sometimes, I'm trying to find it.*
>
> MĀORI, WOMAN, 30-44

Additional suggestions raised only in the **Māori** focus group included:

- expressing energy values in calories instead of kilojoules
- reordering the elements in the NIP so that the most commonly referred to items (sugar and sodium) are at the top.

> *I think we could do something with the order though, considering like even we've said that when we're looking at salt and sugar, that should be first, the last one there. I mean, I mean, because who cares about energy? You don't.*
>
> MĀORI, MAN, 45-59
>
> *Some of them have calories, which is way more useful. So yeah, so maybe reordering and changing something like energy to calories would be. And that might, do you think that might improve, that might be more beneficial for maybe those of us that have low literacy with this kind of, this terminology?*
>
> MĀORI, WOMAN, 30-44

Additional suggestions raised only in the **Pacific peoples/Pasifika** focus group included:

- using simpler, everyday language such as 'salt' instead of 'sodium'
- visual/pictorial representations of contextual information
- assisting consumers to understand more about how to use and interpret the information in the NIP.

> *Like if those percentages were like little pie charts? Yeah, yeah, even if it would be just a little more visual... That would be good.*
>
> SAMOAN, WOMAN, 18-29

4.4 RESEARCH QUESTION THREE – CONSUMER USE OF THE HSR

Consumers described mixed awareness and use of the HSR. While most said they rarely noticed or used the system, some others reported drawing on it in particular shopping contexts. The HSR was most often used as a quick visual cue or initial filter when time-poor, to compare similar products, or as reassurance that a choice was broadly healthier. For some, the rating operated more passively or was disregarded altogether for occasional treat foods.

Across the focus groups, awareness and use of the HSR varied. Most consumers said they never or rarely used it, while some others said they used it regularly or exclusively to make product choices. The following points summarise the ways in which consumers actually used or imagined it would be helpful to use the HSR.

- **Fast visual check**

Consumers described using the HSR as a quick visual cue during grocery shopping, to provide a convenient assessment of product healthiness when time-poor to avoid having to turn to the back of a pack to review the NIP, especially for low engagement purchases.

> *The idea about things like the heart [health] stars … was that it was a quicker thing to see.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I would choose [to use] it when I'm not actually turning over the package and reading all the information at the back. If I'm in a rush and I need something, I'll look at the front and go, "Okay, that's 3-star, 4-star, which will be better than something that's 1-star". It's just more of a quicker way to get your information than turning it around and having to scroll through that whole list.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *…with the children and the muesli bars and all of that type of lunchtime snacks, if I don't have time to read [the NIP], and I'm in a rush just picking stuff, I would go off the Health Star Rating.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I look at it all the time. If I don't have time to go through the [NIP] labels at the back, if it's a new product, then this is the one that's going to be drawing my attention to… I quickly look at the star rating, and then I gravitate towards the one with a healthier star.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Facilitating decisions between products**

Some consumers considered the HSR useful for making decisions between food products. The star rating sometimes served as a tie-breaker, to narrow options, to avoid or eliminate perceived unhealthy products from consideration when comparing similar food products, and/or to determine whether checking the NIP or other information on-pack was needed to further inform decisions.

> *I also look at the star rating in the packet, trying to avoid something that's not too unhealthy.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *It'd be helpful for… when they had 4 or 5 star versus when they had 1 or 2 stars, as you can kind of almost discard the 1 or 2 because it's going to have probably a lot of bad stuff or, worse off macros that you're not wanting.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *If it's only got a two-star rating, I'd be a little bit hesitant to get it. But there are other ones similar [products] that might be a four-star or a three and a half, and I'd go for that because I'm time poor, and I think that is a healthier option.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *It might be useful for a broad sweep… If you're looking at one cereal that has 0.5, one cereal that has 5, and you just want to get an idea of which section of the supermarket to go to. But yeah, for specifics, it's not going to go any deeper than that*
>
> .NEW ZEALAND, LOW SES, WOMAN, 18-29
>
> *Yes, [I use it] occasionally, because it gives me an indication of which products may be healthier.*
>
> NEW ZEALAND, GEN POPULATION, WOMAN, 60+ -

- **Reassuring cue of product healthiness**

Higher star ratings also served to provide reassurance to some consumers about the healthiness of individual products. A few consumers said a higher HSR helped them feel better about the products they choose to purchase.

> *I feel better about my choices if I'm choosing something that has a higher star rating compared to others.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44

> *I don't use this thing at all, but I will say it has a psychological impact, because when I notice that I'm eating something that has a five-star health rating, I just feel good about myself.*
>
> NEW ZEALAND, LOW SES, WOMAN, 18-29

- **Passive use**

Some descriptions of use of the HSR suggested a more passive than active use of the HSR. One participant specifically mentioned they may subconsciously absorb the health star information, suspecting that it does in some way influence their impressions of the product.

> *I think it might be subconsciously [looking at HSR in-store]. I don't think I look at it intentionally, but I might be in the back of my mind, "If it's close to five, that's maybe okay." I don't think I look at it, though, specifically. It's just hanging out over there in the corner.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59

- **Deliberate exceptions and active avoidance**

Some consumers mentioned actively ignoring the HSR for different reasons. Some avoided using it for certain types of products that they do not expect to have a high star rating, such as indulgent, treat or 'cheat' foods consumed occasionally. Other consumers reported ignoring the HSR due to a lack of understanding of and/or trust in the system.

> *I like to go for something that has a high Health Star Rating most of the time, but then sometimes I do just ignore it. Even just for a chocolate or something like that. You do see it's 1 star, but you still choose it.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *I never look at Health Star Ratings. I just don't trust them. … I don't trust them with what they're saying.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59

Findings from culturally-specific focus groups

All but one consumer in the Māori and Pacific peoples/Pasifika focus groups had seen the HSR before, but reported use of the system was mixed.

Participants in the **Māori** focus group reported:

- being sceptical of the HSR and preferring to use the NIP and/or other information to make purchasing decisions instead
- one participant reported using the stars to filter out lower rated products to simplify decision-making between similar products/foods.

> *Because sometimes I've looked at the back of the pack and gone, 'How is this getting like a four-star rating?' Yes, I just don't have faith in it.*
>
> MĀORI, FEMALE, 30-44

Participants in the **Pacific peoples/Pasifika** focus group reported using the HSR for:

- comparing and choosing between similar products/foods
- a simpler and quicker assessment of overall product healthiness avoiding the need to turn the package over to look at the NIP
- identifying brands that have put in the effort to be assessed for a star rating.

> *I think that's a lot more user friendly [than the NIP]. … and it's usually on the front of the package as well, so you don't have to physically turn it and just have a look. So, there's a bit of, there's a bit of effort…*
>
> SAMOAN, WOMAN, 18-29

4.5 RESEARCH QUESTION FOUR – CONSUMER UNDERSTANDING OF THE HSR

Consumers generally understood the HSR as a simple indicator of product healthiness but were less confident in their understanding of how the rating is calculated and how it is intended to be applied. While many assumed the HSR reflected nutrient profiles across a range of indicators, there was confusion about the specific inputs, whether comparisons should be made between similar foods or across all food products, and who oversees the system. When ratings did not align with expectations, consumers questioned their validity and often reverted to the NIP or other information to assess the product's healthiness or suitability.

The following points summarise consumer understanding of different aspects of the HSR system.

- **HSR as an overall signal of healthiness**

Consumers universally read a higher star rating as signalling a 'healthier' food option overall and a lower star rating as indicating a less healthy food option. The system was likened to appliance energy ratings or car safety ratings as providing a broad and simple guide to help consumers choose food products.

> *Oh, well, the [chocolate biscuits brand] have only got 0.5 of a star, and that sounds about right. They're not a very healthy option, are they? They're a treat. They're something nice.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *To me, I'd see it as maybe a bit of a marketing thing. People quickly thinking, "That product must be right for me." The more stars - it's a bit like your safety rating with your cars - the more stars, that's meant to be safer for me.*
>
> NEW ZEALAND, LOW SES, MAN, 60+
>
> *Most foods that have five-stars are really only the ones that aren't processed at all like frozen blueberries and whatever. Everything else that's not five-stars is probably not that good for you.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *I would think, okay, if I get that, that's a 'sometimes food' this week, if it's got a lower health star rating, and I would eat more of something that has a higher health star rating because I think it's better for me.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *That's supposed to be the idea with it, isn't it?.. To give you an easy guideline … I guess if you get a lower star rating - probably got more like fat, sugar, salt, whatever in them, and a higher health star rating, they've got less.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59

- **Understanding of the basis for HSR rating**

Consumers assumed that the HSR ratings were based on a system that applies a formula or method to produce a single rating. There was a general expectation that inputs to the HSR calculation would in some way reflect the nutrient profile of the food but, ultimately, participants did not know what the specific inputs were, or the relative impact of each input on the HSR result. Some also noted that the health of food is more complex and potentially more relative to individuals than a single star rating might suggest.

There was an expectation that the HSR for a specific food would align with consumers' own ideas of what healthy is, and when it did not, for instance if consumers preferred a lower-HSR product because of an allergen or prioritising specific energy/nutrient requirements, then the HSR became confusing to interpret, or consumers questioned the basis for the rating.

A couple of participants also wondered whether serving size and other non-nutritional factors, such as sustainability and local economic contribution, might be included in the rating, making it a broader score of product 'health' beyond nutrition.

> *Are these graded to a standard across all products, or is it how the companies want to fudge their own product to get it out there in the public?*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *I presume there's some kind of methodology they use to calculate in a way - different macros.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *How does it get determined that it's five stars or one star? What qualifies it to be five stars or one star? Is it the environment? The conditions? What determines the reading?*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 18-29
>
> *There's some products that basically just all sugar like [powdered drink mix brand], and it gets the health stars because you add fresh milk to it and that's the only way it gets the number of health stars it does. So I'd rather just do the comparison of what's actually in the product... There's no way it should get five stars. It'd be lucky if it got about two by itself.*
>
> AUSTRALIA, LOW SES, MAN, 60+
>
> *If I think about it, I probably just think they're chucking all the numbers into some kind of thing, and it spits out a number: Health Star Rating. But I don't know how else it would come about, but if everyone has to have the same - if 3.5 is the same in two different brands - it must be to do with the numbers you input, the energy, the sugar, the sodium, the protein.*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59

> *I'm wondering if it comes down to the serving size as being different… Just because there are so many less servings in the red box, is that why it's ended up with a better health rating?*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44

- **Understanding of the comparison frame for HSR**

That the HSR only enables comparisons between similar food products was not well understood, with different perceptions expressed by participants. Some consumers knew or suspected they could only use the HSR to compare similar products and observed that star values did not seem to translate across different types of foods. Others assumed they could or believed they should be able to compare HSRs across all food products, while some were unsure what types of decisions the system was designed to enable.

> *I thought about it [applying] a bit across the board. Like, in 3-star yoghurts, it's comparable to the 3-star chicken chips… A 3-star is a 3-star.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 30-44
>
> *I don't like the Health Star… I will look at it, but my understanding is that… Because something in a muesli bar section can have a 5-star rating because it's not compared to something that's made of pure fruit or a cereal. They have their own category that they're compared to. … Like muesli bars aren't rated against rice cakes—they therefore get a better health star in their muesli bar category. So, I don't think it's a good comparison. It's not a good judge of what is actually healthy, if that makes any sense.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *It does make sense to me anyway. That's how I would be using the star guide, with the same products… If it's [compared] with the same products, like cereals or chippies or biscuits, then that's where I would [use it], but I would not use the star rating across products.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Perceptions of governance and oversight**

Uncertainty about which organisation/s are behind the HSR and who calculates or oversees the ratings impacted how consumers interpreted the rating and whether they trusted it. Some consumers expressed an assumption or an expectation that there is an independent health or government body behind the HSR, but others were unsure or were not confident in their assumption. A number of others believed or suspected the HSR was a marketing tool used by industry to get consumers to purchase their products.

I think it's health and nutritional experts decides star ratings or some sort of a government agency.

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

I have no idea who gives them a star rating.

AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

I thought it was an official organisation of some kind, like a health organisation. This is just a random guess, but… I thought that's what it was, rather than a marketing scheme as much, because all of the stuff that is bad for you, like confectionery, it all has 0.5 Health Star Ratings, or most of it. That makes me believe that maybe it is informed by some science or something.

NEW ZEALAND, LOW SES, WOMAN, 18-29

I feel like it's more of a marketing campaign, trying to manipulate people into buying their product instead of someone else's. It doesn't necessarily mean your product is healthy just because it has a 4 or 5-star rating versus some other brands.

NEW ZEALAND, LOW SES, MAN, 30-44

Findings from culturally-specific focus groups

Māori participants in the research expressed significant scepticism about HSR, driven by a perceived lack of transparency and observations that star ratings sometimes do not seem to align with consumer perceptions of a product's healthiness. Participants in this group raised questions around how the stars are determined and who is behind the system, including whether companies could game the system somehow or pay to achieve a higher star rating. One participant in this group understood that the system was designed to facilitate comparisons between similar foods/products.

> *They've got, a [Brand] cereal box and there's 3.5 stars... which is evidence to demonstrate that you fit the framework that allows you to get through. ...[and] where you've seen that some processed foods are given a lower rating versus say less processed foods are given a higher rating because of the nutritional makeup necessary for the same product.*
>
> MĀORI, MAN, 30-44

> *I'm pessimistic [about the system] and I don't know like what that [rating] actually means. Like what are they saying is a good percentage [to get a higher star rating]? The intake like of sugar, sodium, protein, and saturated fat?*
>
> MĀORI, WOMAN, 30-44

Pacific peoples/Pasifika participants, by contrast, were more enthusiastic about and supportive of HSR, understanding the system as an easy and accessible summary of the healthiness of a product. Using the system to compare between similar foods/products was not mentioned and participants in this group also did not raise questions about how the stars are calculated. However, questions were raised around who is behind the system.

> *I'm like, yes, star rating, but you know, who gives it?*
>
> SAMOAN, WOMAN, 30-44

4.6 IMPACT OF HSR FORMAT ON CONSUMER USE, PREFERENCES AND UNDERSTANDING

Consumer engagement with the HSR was impacted by the format, with consumer preference, understanding and anticipated use differing across the three formats shown to them in focus groups. The 'HSR only' version was perceived to enable the quickest scan in a supermarket context, but did not provide supporting information, which limited perceptions of its usefulness. The 'HSR + energy' version was the subject of very limited discussion. Very few recalled having seen the 'HSR + tail' version on products, but it evoked the most positive response from participants, who generally perceived it would be helpful in supporting informed yet fast choices. Some participants also preferred the use of 'high' or 'low' labels against particular nutrients on this version as a way to help them quickly grasp the relative healthiness of a product's key nutrients.

Participants were shown three different variations of the HSR in the focus groups, as displayed in Figure 3. Consumer responses to these variations indicated how each format version affected their use, preferences and understanding, and these are summarised under the subheadings below.

Figure 3: Health Star Rating format variations (left to right, 'HSR only', 'HSR + energy', 'HSR + tail')

'HSR stars only' format

- **Consumer use and preference**

The 'HSR stars only' format was generally seen as simple and easy to read. The clear and recognisable symbol was described as useful for very quick scanning while shopping, particularly for those without the time or interest to engage with more detailed information. Some consumers found this version less cluttered than the two alternatives that included extra information, appreciating its clean look which they felt was easier to read. However, the 'HSR only' format was only rarely preferred over the 'HSR + tail' format by consumers in the focus groups.

> *It's easy to make a decision if you're just looking at the stars. I do like the ones with the extra information as well, but the actual stars itself, it's a nice visual way to choose something that's better for you or not.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44

> *I buy 50–80 items when I go grocery shopping, I haven't got time to read every food label. It's stressful enough shopping. If I could actually just buy a [product with a] four or five-star rating, know that it's good for me, and it's a good star rating, I wouldn't even read it with a small print [HSR + tail] that much. I'll just grab it with a five-star or four-star rating [HSR only] because it will sum it up quickly for me instead of reading every single item I buy.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *I like the one on the far left [HSR only]. It's a lot easier to read. It's less busy.*
>
> NEW ZEALAND, LOW SES, WOMAN, 30-44

- **Consumer understanding**

While the 'HSR only' format supported rapid recognition, many consumers in the focus groups felt it lacked the supporting information necessary to build confidence in the meaning of the rating. Without accompanying detail, consumers were unsure what the stars were based on or what factors drove the score. Some said they would need to turn to the NIP for clarity, reducing the value of the stars alone. One participant suggested that the 'HSR only' format could work once/if the system was more widely understood, but at present the consensus was that this format felt incomplete without further context.

> *It [HSR only] doesn't really mean much without the information right there as well [as on the HSR + tail version].*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44
>
> *Once you've got it established as a system and people understand it, you could limit it down to just the star [HSR only].*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 18-29

'HSR + energy' format

- **Consumer use and preference**

The 'HSR + energy' format generated virtually no conversation in the focus groups, with no participants saying that they had seen or used this HSR format. For just one participant, the 'HSR + energy' was preferable to the 'HSR + tail' format shown for appearing cleaner and less cluttered, though the participant appreciated both versions for providing a quick reference summary to save having to review the NIP on the back.

> *I don't think I've seen much of these extra bits [the HSR tails] in there before, but if it was going to be there, then that's, again, very helpful in terms of having a quick profile summary of the product without having to go through and read through the labels at the back, the nutrition information at the back. I do like the one in the middle [HSR + energy], though, rather than the last one… I think it's cleaner, tidier.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

'HSR + tail' format

- **Consumer use and preference**

Of the three HSR formats shown, the 'HSR + tail' generated the most discussion and positive comment from participants, though very few recalled having seen this version before on product packaging.

Some consumers valued the energy/nutrient information provided in the tail as a helpful summary of what they would otherwise check in the NIP, reducing the need to turn the pack over. For these participants, this format made the HSR more personally relevant, as it highlighted information they were particularly interested in. Some queried the choice of nutrients displayed, saying it would be more useful if the format included the ones most relevant to their needs, for example, carbohydrates.

Having the energy/nutrient details visible alongside the star rating was also seen by some as giving the system greater transparency, as they assumed it reflected what had been taken into account to arrive at the star value.

Some consumers described the 'tail' as a convenient snapshot to use when shopping in a hurry, especially when energy/nutrients were shown with high/low tags. One participant raised concerns about whether the format would always fit on small packs and whether it could appear too cluttered.

Not everyone realised that the values shown in the 'tail' came directly from the NIP, and some assumed they might reflect what manufacturers chose to highlight, reducing confidence in its reliability. One participant felt that having too much information repeated from the NIP on the front of the pack was unnecessary and redundant.

> *This [HSR + tail] is good because it puts the nutritional information and the health star rating just all in one signage thing instead of you having to look at two different things.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 30-44
>
> *… Since I usually am looking for those numbers on the back anyway, I find it [HSR + tail] helpful because then I don't have to turn the packet around.*
>
> NEW ZEALAND, LOW SES, MAN, 30-44

…If you had the four or five columns on the right-hand side of it [HSR + tail], explaining the different things…. If they're on the front of the package, then if you're in a hurry, then you'll have a quick glance, and you can get a guide to what it is. If you don't have the time to read the nutritional information on the back. It would be handy for a basic thing, but if you want to go more depth, you'd always look at the back.

AUSTRALIA, LOW SES, MAN, 45-59

Well, for a quick snapshot, the one on the right [HSR + tail] is actually quite good for me, personally, with the sugars… I'd prefer the previous list [NIP] than this, but for a quick glance, that's [HSR tail] better than what the left-hand one's [HSR only] telling me.

NEW ZEALAND, HIGH NIP USE, MAN, 45-59

It's [HSR + tail] got everything apart from carbs on there that I would look for [on the NIP]…. I think that the [nutrient] options that they got there aren't the main ones people are going to be looking for.

AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

I prefer the one on the right [HSR + tail]… It has some information right there, so I can decide on the spot if I want to reach for the product and check the back package or not.

NEW ZEALAND, LOW SES, MAN, 30-44

It's nice to see, high/low percentage and stuff like that. It gives an idea when you're comparing like a whole shelf full of items… you can just get a quick gauge.

AUSTRALIA, HIGH NIP USE, MAN, 18-29

I haven't actually seen it like that. It's got the Health Star Rating, then it's got all of them lined up beside… I like that because then that's just a quick, easy way to look. If you know your kilojoules' intake, or you know, I want to have something that's under, this much sodium or whatever, then it's a quick way to look at it.

NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44

I was wondering whether if we're going to use the one on the right [HSR + tail] with all those labels of energy, saturated… will they even fit on certain products?

NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

Isn't that just a summary of what's on the back of the label [NIP] just done differently?

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

I didn't realise it [HSR + tail] was a summary of what's on the back. I just assume it's what the product wants to tell you rather than all the other bits are kept secret until you turn it around, and then you find out how much actual sugar it does have or how much is there.

AUSTRALIA, HIGH NIP USE, WOMAN, 45-59

- **Consumer understanding**

Of the three formats shown, the 'HSR + tail' format was viewed as best able to support consumer understanding of the nutritional value of the food and the HSR star value attributed to the product. The 'tail', bringing energy/nutrient details to the front, helped consumers to understand what sat behind the rating.

The high/low indicators in the 'HSR + tail' format were also appreciated by a number of consumers for making nutrient information easy to interpret at a glance, helping consumers quickly identify whether a product was high or low in key nutrients without doing their own mental calculations.

The additional information in the 'HSR + tail' format and product choice tasks consumers completed in the focus groups prompted a check of the units used for nutrients in the 'tail'. Confusion arose when it was noted that nutrient values were expressed 'per pack' rather than 'per 100 g', with participants feeling this would limit their ability to interpret the information and use it to compare products.

One participant felt that the 'tail' could become overwhelming to interpret if it appeared too busy or cluttered.

My favourite out of the three of them is obviously number three [HSR + tail]. It does give you an idea of whether it's low or high type stuff in terms of your daily percentages or the content there.

AUSTRALIA, LOW SES, MAN, 60+

I actually like the last one [HSR + tail], the one showing the lows and the highs. If that information could be taken off that and put on the rear [NIP] chart as an extra column of what each category is, as in it's low in volume, or it's high in volume, and possibly even have that as red as in high, beware, or green as in go, it's low. Add an extra column with the lows and highs or medium against the sugars or the energy or the fat content. And do away with this health star rating. Just have the rear information chart.

AUSTRALIA, LOW SES, MAN, 45-59

I think as long as it's [HSR + tail] … per 100 grams, not per serving. That can be quite confusing. You're double-taking. But if it's all per 100 grams, you know what it is.

NEW ZEALAND, LOW SES, MAN, 30-44

The one on the right [HSR + tail] is just to me, is like another back label. It's just another column of the nutritional label thing. It's very overwhelming for me.

NEW ZEALAND, LOW SES, WOMAN, 30-44

I like the long one [HSR + tail] because it breaks it down.

AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

> *It's [HSR + tail] got a label high. It gives you an idea of what's low, what's high.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 30-44

Findings from culturally-specific focus groups

Māori participants voiced somewhat mixed preferences for the different formats of HSR shown in the group. The 'HSR only' format was seen by some as sufficient for consumers who might just want a quick reference and could be accompanied by a statement to refer to the NIP on the back for further nutritional information noting participants in this group displayed a preference to refer to the NIP for more detailed nutritional information. One participant preferred the 'HSR + energy' format, but only if calories were used instead of kilojoules, while others did not like the use of '%DI' which was difficult to personally apply. The 'HSR + tail' format was also viewed as unnecessary when the same information was on the NIP at the back.

> *I like the first one. I think the second one, I don't like when it's like that. I'm thinking, 'What's DI again? Am I eating the whole pack?' I don't know… it doesn't seem as relevant to me. You know what, even if it ['HSR only'] says, 'This is the Health Star Rating, see reverse for further nutritional information'.*
>
> MĀORI, MAN, 45-59

Pacific peoples/Pasifika participants strongly preferred the 'HSR + tail' format as it was seen to promote use and greater understanding of the system. Its benefits were seen as facilitating comparisons between products at the star-level for those who prefer to use this quick reference point and at the energy/nutrient level without having to turn the pack over and refer to the NIP. Participants liked the 'high' and 'low' indicators which provided guidance on how to interpret energy/nutrient values. It was also observed in this group that the 'HSR + tail' version could remove the need to include an NIP on the back altogether, potentially saving manufacturers the effort and cost of having both systems on a package.

> *That third one ['HSR + tail'] is good because people will be able to match it against the other cereals or whatever it is. They'll have a look because it identifies really good around the energy, all of that stuff in there, 'low', 'low', 'high'. And then I think that would be a better way to match the different foods….*
>
> COOK ISLANDER, WOMAN, 45-59

4.7 BARRIERS AND ENABLERS TO USE AND UNDERSTANDING OF HSR AND SUGGESTIONS FOR CHANGE

4.7.1 BARRIERS AND ENABLERS TO USE AND UNDERSTANDING OF HSR

Consumers identified both positive features of the HSR system that supported their understanding and use, and challenges that limited their confidence or reliance on it. The enablers tended to focus on features of the HSR that made it visible, simple, standardised, and trustworthy, helping shoppers make quick and informed decisions. In contrast, the barriers reflected areas where the system created confusion or scepticism — including lack of clarity about what the stars represent, inconsistencies in how they are applied, and uncertainty about oversight.

Visibility, convenience and coverage

- **Enablers of use and understanding**

The visibility of the HSR on the front of packs was described as a key enabler of use, providing shoppers with a simple and prominent health-related cue. Its placement allows consumers to make quick judgments and decisions, particularly when they are short on time.

The HSR was also described as easy to see and read. Some consumers said the ability to notice and interpret the stars at a glance reduced their need to rely on more detailed back-of-pack information. A few said they relied on the HSR when they did not have time to review the NIP.

> *It's a good tool to have when you're time poor. You can't always spend your time in the supermarket looking at the label and checking the ingredients list in detail.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *It's nice and easy to look at, though… It's like how many energy stars your fridge has got or something like that. If you don't feel like finding your way through the nutrition info label, then it's something quick.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I think it's easier to read than the kilojoule rubbish on the back…*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *It's easy to read. It's easy to make a decision if you're just looking at the stars.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *I don't know [how much I use HSR], but I'll be more likely to follow it [than the NIP] because it's a lot simpler.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 60+

- **Barriers to use and understanding**

Use of the HSR was undermined by its voluntary application leading to lack of universal coverage across products. When some products displayed the HSR and others did not, consumers were unable to use the system to compare.

> *I find them quite handy, but… they're not on every label, so something might be just as good, if not better, but they opted out, or they haven't chosen to have that little label on their product, I feel a bit disadvantaged there…*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *But I find that not all products carry it. What I find useful is when it's in the online shopping, they have the star setting. But sometimes it won't be on the product itself when you see it on the shelf. I really, really find it useful, and I look at it all the time.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

Purpose, meaning and formula

- **Enablers of use and understanding**

Understanding of the intended purpose of the HSR – as a method for identifying healthier choices when comparing similar food products – is an enabler of use for those consumers who are aware of this purpose. Forms of the HSR that include additional energy/nutrient information such as the 'HSR + tail' version also act as an enabler of understanding, and therefore use, by signalling what sits behind the rating.

> *If you're only comparing muesli bars, and you're looking for the particular muesli bar that is healthy, then yeah, [HSR is] helpful. But I don't think there's enough knowledge about the fact that they're not compared with apples-to-apples sort of thing.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *I think having the long tail idea of the Health Star is really good instead of just the four-star [HSR only]. Because the [HSR only], you look at it and have no idea why it's four-star, whereas in the [HSR + tail], you can figure it out.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 18-29

- **Barriers to use and understanding**

Many participants expressed a lack of knowledge of what the HSR measured, how the stars were calculated and whether stars could be compared across food products in general or just between similar products, and this lack of knowledge was a barrier to use. Uncertainty not only left consumers doubtful about the HSR's validity and usefulness, it also left room for misconceptions to enter. When one participant suggested the HSR might incorporate factors such as sustainability or economic impacts, members of this focus group were even more confused about what the stars connote and were less likely to want to use them. Apparent contradictions between the star rating and conclusions consumers drew about healthfulness from the NIP also heightened scepticism of the utility of the HSR, as products that seemed less healthy sometimes carried higher ratings.

I'm a scientist. I need to know the formula.

NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

I'm not sure what the measurement or how it's been measured is. I've just written it [HSR] off.

NEW ZEALAND, LOW SES, MAN, 30-44

Star ratings … I'll say it's a bit B.S. Because some things that they say is a one rating when it's dried fruit. Yes, it's going to have a lot of sugar in it, but it's dried fruit. What do you expect?

AUSTRALIA, GENERAL POPULATION, MAN, 45-59

…you don't know how they've measured it.

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

Also, I don't take into account as much as I used to, the five-star health rating, because that is just so confusing… [A product will have] four stars, and then you have something else which you think is healthier, and then it's lower stars. It's a very confusing system, I found.

NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29

My understanding of the Star system loosely is that it's based on not just the nutritional value, but there are a number of ways they can score if it includes certain ingredients, if it's sustainably sourced, if it creates economy within Australia. My understanding of it is that it's not based solely on the nutritional value. It's based on the product overall.

AUSTRALIA, GENERAL POPULATION, WOMAN, 45-59

Consistency and standardisation

- **Enablers of use and understanding**

Some consumers pointed out that consistency in the HSR's appearance and inclusions supports its use and interpretation, enabling like-for-like comparisons. In the 'HSR + tail' version, the use of a consistent, standardised basis for nutrient values ('per 100g') was believed to best support understanding of their meaning and enable comparisons between similar food products.

> *I personally think that if it [HSR + tail] was standardised and if everything was per 100 grams, just looking at the front of the packaging would be very quick, and it would be very helpful. I don't have to turn over. I think it would be useful in that situation.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
>
> *I've not seen this other label on the right before [HSR + tail], but I really like that one as well. Again, if it was per 100 grams instead, I think that would be very handy, a quick, especially with the low/high on there, I quite like that. But you would have to have it standardised. It would have to be the same on every label. They couldn't choose which ones they put on the front and which they don't.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

- **Barriers to use and understanding**

The existence of different versions of the HSR that manufacturers can use on their products is a barrier to both use and understanding – preventing consumers from being able to interpret differences between star ratings on similar foods products when attempting to choose. Consumers also identified that if additional energy/nutrient information presented in the 'HSR + tail' version of the HSR is based on different units across products (i.e. values being 'per pack' or 'per serve' rather than 'per 100g') this would also limit their ability to make comparisons between products. The use of variable units in the 'HSR + tail' rather than standardised ones was also identified as a potential barrier to interpreting the energy/nutrient values themselves without needing to refer to the NIP on the back.

> *Well, because you can't really compare them because one's got the tail and one hasn't... You kind of have to turn it over and look at the rest of it.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *Well, if it's per serve or per 100 grams, but you don't know whether that 0.9 grams is as discussed before, whether it's per serving, or 100 grams, firstly.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 45-59

> *As soon as the Health Ratings weren't the same [format], I ruled those out, because to me, they didn't feel the same… Since they didn't look the same straight away, I couldn't compare them.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

Governance, perceived independence and trust

- **Enablers of use and understanding**

The fact that the HSR system has independent oversight supports consumer trust and has the potential to be an enabler of use. Consumers who believed or assumed the star rating is set and monitored by a government or credible expert health body were more likely to say they do or would use it.

> *I would just trust it off the bat because I don't know how they arrive at the calculations, so … I would refer to the experts and trust that it's well-informed for the consumers.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *I think it's [HSR] much more effective, generally, than the tables [NIP] that we were shown… Generally, one would have to trust that the manufacturers get monitored about what labels they're putting on what products.*
>
> NEW ZEALAND, LOW SES, MAN, 60+

- **Barriers to use and understanding**

Uncertainty about who was responsible for calculating and overseeing the HSR led to significant scepticism about its legitimacy and value, and undermined consumers' interest in using the system. Some consumers worried that manufacturers determined or could influence the ratings, drawing on negative media stories they had seen about HSR and other compromised health endorsement systems they recalled from the past to support this concern. Cases where apparently highly processed or sugary products carried relatively high star ratings also reinforced doubts and reduced willingness to use the system.

> *For me, there's some hangovers of this from, I think it was back in the '90s where manufacturers could essentially buy these labels. It became very deceptive, and I think there was a lot of trust lost in these kind of star rating labels for food. For me, it's something I would never look at because I still have that hangover from back then.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *I can't explain it, but I trust that Star Rating less than I trust the thing on the back [NIP]. I don't know why.*

NEW ZEALAND, LOW SES, WOMAN, 30-44

Yeah, I do [trust NIP more than HSR]. I just feel like there's more information on the back. I can see per serving and per 100 grams. I prefer to read the back than just the stuff at the front… I feel like I'm reading the fine print of a contract rather than just the summarised stuff.

NEW ZEALAND, LOW SES, WOMAN, 18-29

I just think there's too much corruption in it.

AUSTRALIA, GENERAL POPULATION, MAN, 45-59

There was a big thing on the news recently, that a lot of kids' foods have the star ratings on it. Mothers are buying it, but they're incorrect… They're putting star rating and they're actually not even actually a 1-star… Companies are putting these star ratings on them, and then they're just sticking them on there to give themselves a rating so that the parents will just buy them thinking that they're good for their kids.

AUSTRALIA, GENERAL POPULATION, MAN, 45-59

I don't really pay too much attention to the Health Star Rating, to be perfectly honest. I think, because it's voluntary, but also stuff that I've read about it in the past… they had some odd foods with a high Health Star Rating, but if you looked on the back, they weren't that healthy. I have a little bit of scepticism towards it.

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

Is this [HSR] label then being produced by the manufacturers or by the government department responsible for presenting the information? Is it a marketing thing, or it's a health advisory thing?

NEW ZEALAND, LOW SES, MAN, 60+

Personal relevance

- **Enablers of use and understanding**

The perceived personal relevance of the HSR was a key factor in whether consumers found it useful or not. Time-poor consumers found the system was relevant to their needs because it provides a quick reference point that fits easily into their routines and decision-making. By summarising complex information into a simple star system, the HSR helps these consumers feel they are making better choices without the burden of analysing detailed labels. A small number of consumers noted that the HSR may be more relevant for people with less nutrition knowledge, acting as a practical shorthand to guide healthier choices.

The 'HSR + tail' version was seen as more personally relevant for consumers with an interest in specific nutrients, enabling them to make quick decisions, if the tail included the nutrients they were looking for.

…because I'm time poor, my fault, I'm not looking at the fine print of the nutrition information. I'm just relying on the Star thing because it's easy and visually easy to see.

AUSTRALIA, HIGH NIP USE, WOMAN, 45-59

I think it's probably designed more [for those] who maybe don't have the skills to be able to independently assess [healthiness or suitability using other information].

AUSTRALIA, HIGH NIP USE, MAN, 30-44

I think it should be used for people that don't have the in-depth knowledge to break down the nutrition information. It should be something that's super easy for people that don't have the time to go and study it.

AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

- **Barriers to use and understanding**

The HSR was more often criticised by consumers for being too generic to meet their personal health needs. Those with specific dietary goals or needs, such as lowering sugar, staying under a sodium guideline or increasing protein, felt the single star rating lacked relevance to their situation, as they needed to refer to the more specific information found in the NIP. The HSR was also dismissed by some as irrelevant to use for foods they already considered inherently unhealthy (such as cereals and butters) or inherently healthy (such as fruits and vegetables), and irrelevant for people who have a general understanding of what types of foods are healthy or unhealthy.

I look at the Health Star Rating, but I don't use this little tail at all because sometimes it doesn't have the protein there.

NEW ZEALAND, LOW SES, WOMAN, 18-29

People have different health goals… having that number 1–5 [HSR], that's quite arbitrary. But we have the headline numbers on the back… [so] you can make an informed decision [for] yourself.

NEW ZEALAND, HIGH NIP USE, MAN, 30-44

It's [HSR] misleading. I never look at them because I don't know if they have them on butters, or they have them on cereals, but at the end of the day, they're all 'not good for you' foods. I wouldn't buy a five-star butter.

AUSTRALIA, LOW SES, WOMAN, 45-59

[HSR] can be, I suppose, misleading… you generalise what's healthy and if you're saying five-star being the gold standard but what's healthy for me is not healthy for you, is not healthy for [someone else], is not healthy for everyone else in this group. It's a bit of a one-size-fits-all.

AUSTRALIA, HIGH NIP USE, MAN, 30-44

Findings from culturally-specific focus groups

Barriers and enablers to use and understanding of the HSR reported in the **Māori** focus group included:

- **Enablers** – Understanding of the purpose of the system as being to compare similar products/foods; accessibility, convenience and simplicity of the system.
- **Barriers** – Lack of understanding of the purpose of HSR, who is behind the system and how the stars are calculated; lack of trust in the independence and credibility of the system; lack of universal coverage; inconsistency in format, size and placement on packaging.

Barriers and enablers to use and understanding of the HSR reported in the **Pacific peoples/Pasifika** focus group included:

- **Enablers** – Accessibility, convenience and simplicity of the system
- **Barriers** – Lack of awareness of HSR, lack of understanding of who is behind the system and how to use it, lack of universal coverage.

> *It's [HSR] easy to read.*
>
> MĀORI, MAN, 30-44
>
> *We know that companies will do whatever they can to bump up their rating, even though, you know, the ingredients or whatever the product is shouldn't get there. But they buy it, I guess. They buy the rating.*
>
> MĀORI, MAN, 45-59
>
> *Also, like, you know, everyone's different heights. Some people may not be able to reach the top shelf to turn it around [to look at the NIP], where you can just like visually see it [HSR on the front]. Yeah, so it's [benefit is] that accessibility.*
>
> COOK ISLANDER, WOMAN, 45-59
>
> *Because not every product has the star rating. So, for me, it's like, oh, they've gone through the effort to make sure that it's been assessed. They've done the work on it to actually give it a star rating, whereas the products that don't, maybe they haven't been through that process?*
>
> SAMOAN, WOMAN, 30-44

4.7.2 RESPONSE TO POTENTIAL MANDATORY APPLICATION OF HSR

Consumers also discussed how use and understanding of HSR might change if its application were made mandatory. Many expected that universal coverage would strengthen the system by improving consistency, comparability, and trust, particularly if it was overseen by a credible authority. At the same time, some participants raised practical concerns, including how the system would apply to fresh produce or takeaway foods, whether costs would be passed on to consumers, and the need for public education to explain the change.

Consumers in the focus groups were specifically asked to share their views on the potential mandating of the HSR, including how this might impact their trust in the system and what foods they expect would be included. Themes arising from this discussion are summarised under the following headings.

General support for mandating the HSR

Most consumers in this research were supportive of the idea of making the HSR mandatory for manufacturers to display on their products. Consumers expected that universal application of the HSR would support both use and understanding of the system, with the following reasons given:

- The broader coverage across products would better support comparisons being made between similar food products than is currently possible.
- It's presence on all packaged foods would signal to consumers that it was a mandated system and therefore endorsed/overseen by an authoritative body.
- Consumers assumed it would mean that all products had to be rated according to the same standards, increasing confidence in the ratings.

One participant also saw as an additional benefit of mandating the system that manufacturers might feel pressure to improve the healthiness of their products.

> *If it was standardised [mandated], I would feel good. If I was only referring to the Health Star Rating, I would feel better about the choices I would make if the stars were higher, if I was just looking at Health Star Ratings only and it was standardised. Because then I know everyone's going to the same quality or the same standard.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *...If it's mandatory and everyone's using the same formula, and if you're in a rush in the supermarket, most people, if the price is similar too, they're going to grab the healthier one, for sure.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44

> *If it's a [mandated] Star Rating, and if it's by an independent source... The manufacturer may change his product knowing that, "Oh, they're only giving me 1. I'm producing crap that's killing people, maybe I'll have to improve it." Maybe that's a good thing. To improve that, to be able to change it. Hopefully, it's not ...a static star thing that if manufacturers improve their product, then they should get a better rating.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 60+

Consumers generally expect fresh foods would not be included in a mandated HSR system

Across the focus groups, most participants felt that fresh fruit, vegetables, eggs and water should be excluded from a mandatory HSR system. It was generally felt that to include them would add little value and might on balance have a negative impact on consumers and the environment. Arguments against including these fresh foods in the HSR included:

- fresh fruit, vegetables, eggs, and water were widely seen as self-evidently healthy and not in need of a star rating
- it would be impractical to apply a HSR to fresh produce sold individually and there might be packaging waste associated with extending the system to foods that are currently sold without it
- it might introduce additional costs for manufacturers that might be passed on to consumers.

> *I think fresh produce could be excluded.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *No, not on fresh fruit and vegetables, not on water.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I think it would just be anything processed, anything that's got more than one ingredient, really.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
>
> *It's a bit hard on primary products, surely.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 45-59
>
> *If they did put it on fruit and vegetables, I would not find it useful at all. I mean, I guess it depends on how much food knowledge you have.*
>
> NEW ZEALAND, LOW SES, WOMAN, 18-29

> *What are you going to do as well, but like have an average per 100 gram of apple, and then you're going to weigh each apple and find one that's exactly 100 to know how much sugar is in that there.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44
>
> *I guess it would come at a cost too, right? Because all these things do. The last thing our consumers need is additional cost for manufacturers to stick a label onto their packaging that maybe doesn't add a lot of value for a big number of people, but it's cost for every consumer… Cost of the policing, the additional packaging cost, changing of labels, changing of packaging to accommodate that.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

A small number of participants supported the idea of extending the system to fresh fruit, vegetables, eggs and water, for the following reasons:

- it could help those with less nutrition knowledge to identify very healthy foods
- a mandated system should have no exceptions
- it would be odd to have a health rating system that excluded the healthiest types of foods.

> *[If HSR is mandatory] I think if it's one rule, then it's one rule across all food providers. That would seem logical.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *I think even if … it's displayed when you pick up a broccoli or something like that, it might help people, I don't know. But why is everything got this on except fruit and vegetables?*
>
> NEW ZEALAND, LOW SES, WOMAN, 45-59
>
> *I find a little bit ironic [that we're saying] we don't need to put it on fresh fruit and vegetable because we all know that that is healthy. It's just like, "All right, let's put labels on foods that are [bad]". It's just [rating] what level of not-good they are.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44

Other actions would also need to occur to support trust and use

A number of consumers pointed out that mandating the HSR might not improve consumer confidence and use in the system unless other steps were also taken in conjunction with this, including:

- Increasing awareness of the credible health authority behind the system, how to use it and that common rules applied to all products
- Educating consumers that the system was now mandatory

- Ensuring that manufacturers' costs to change their systems and packaging to comply would not be passed on to consumers
- Resolving scope questions – such as how fresh produce sold loose or in packaging would be handled
- Resolving inconsistencies in format and content that also act as barriers to comparison.

> *I think whatever the standard is, it has to be developed by an authority, not by the industry.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *If there was some education about what goes in there [the formula], yeah, definitely [support HSR being mandatory]. If they were just going to put it on [all products], I don't think it would have any purpose.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44
>
> *It would certainly impact it [my feelings toward HSR if it was mandatory], provided that it was standardised and there was an actual guideline.*
>
> AUSTRALIA, LOW SES, MAN, 60+

Findings from culturally-specific focus groups

Both Māori and Pacific peoples/Pasifika participants supported making the HSR mandatory, with different reasons given across the two groups.

Māori participants supported this change as they thought it might make the system fairer for smaller, New Zealand based food companies that currently find it too costly to implement HSR.

Pacific peoples/Pasifika participants saw it as improving accessibility and accountability – making it easier to compare products and holding manufacturers accountable. Mandating HSR might give consumers more confidence in HSR and manufacturers might feel more pressure to improve the healthiness of their products to attract higher star ratings.

Participants in both groups identified that mandating HSR would not be sufficient to support use and understanding (and build trust) without also communicating to consumers what it means, how it is calculated and who governs the system. However, participants in both groups did not expect that fresh fruit, vegetables, eggs and water would be included if HSR was mandatory, indicating that this would be unnecessary. **Pacific peoples/Pasifika** participants also expressed that it would be a waste of money if they were included, particularly foods with New Zealand origin. Concerns about the quality and safety of produce being imported from outside New Zealand led some to wonder whether HSR labelling might provide additional comfort or whether knowing country of origin was sufficient.

Currently it's not mandatory, right? So, companies opt in to demonstrate that. It would [currently] have a financial advantage for those larger companies, the bigger brands that are more popular [over smaller companies].

MĀORI, MAN, 30-44

I don't think [that it should be on fresh foods]. I think it's [for] certain categories. They probably don't need it….It would just be a bit weird.

MĀORI, MAN, 45-59

If the government decided that the Health Star Rating must be put on packaged foods, I think we'd just want to know that it's actually true.

TONGAN, WOMAN, 30-44

And [mandating] it holds the companies accountable too. Because they know if they have a 5 on their box, people will buy it. If they have a 3 or under, no.

SAMOAN, WOMAN, 18-29

You know, it's fresh. Well, I mean, if it's imported from different countries, maybe not. But if it's New Zealand homegrown, everything's OK. A lot of this is something that's going to be a waste of money [if HSR was on fresh foods from New Zealand].

COOK ISLANDER, WOMAN 30-44

4.7.3 IMPROVEMENTS SUGGESTED BY PARTICIPANTS TO AID USE AND UNDERSTANDING OF HSR

Participants suggested improvements focused on making the HSR more consistent, comparable, relevant and trustworthy, summarised under the following headings.

Standardisation and consistency

- Mandating the application of HSR across all packaged foods.
- Standardising units and avoiding variable measures – i.e. using 'per 100 g' as the basis for any energy/nutrient values displayed.
- Ensuring the same formula is used to calculate the rating for similar foods products and that the formula produces outcomes in line with basic consumer assumptions about healthiness of certain types of products.

> *…we need to standardise it, so it's for the product, not for the product plus milk or plus something else. That needs to be standardised.*
>
> AUSTRALIA, LOW SES, MAN, 60+
>
> *I do like the right-hand side [HSR + tail]. It looks good, but it also is per pack, and so all your packages are going to be different. It'd be nice if it was just per 100 grams.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

Purpose, meaning and calculation

- Providing an explanation of the system, what the stars mean and how to use them, including that it is designed to be used to compare similar food products.
- Providing a reference to the formula/calculation for those that want the detail.

> *I'm an engineer, so I need to know what it's made of, where it's come from, and their reason behind it.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 18-29
>
> *[It would be useful] if they also gave an explanation on the back of the box saying what it involves, what contributes to the Star Rating, who it's done by.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 18-29
>
> *If it was actually explained how they got that [value], how they set up the Star Rating to begin with. Then it will give everyone a more valued respect behind it*
>
> NEW ZEALAND, LOW SES, WOMAN, 30-44

Governance and independence

- Making HSR's source and governance explicit by identifying this within the logo or somewhere on the packaging.
- Emphasising the independence of the HSR system from product manufacturers/industry.

> *Most people are wary of the Star Ratings. Really what they should be doing is it should have the Star Rating, but as determined by who in accordance with what. Whether it's an independent thing like [Consumer Advocacy Group] does or whether by governmental.*
>
> AUSTRALIA, GENERAL POPULATION, MAN, 60+
>
> *... my tendency would be to put some testing authority seal underneath or somewhere identified that this is not just an arbitrary sticker on this to try to sell more products, but it's actually authorised by the relevant health authority, whether it's Australian, New Zealand, or international.*
>
> NEW ZEALAND, LOW SES, MAN, 30-44

Format and layout

- Using the more informative formats but ensuring legibility. Many favoured the versions of the HSR with more detail over the 'HSR only' version being the standard format, though one consumer questioned whether it would fit on all products.
- Including the limited set of key nutrients with simple high/low cues as shown in the 'HSR + tail' version– consumers were split on which nutrients would be best to include on the front of pack in the 'tail', with preferences aligned with nutrients they were personally most interested in.

> *As long as they put that [HSR + tail], they don't just have five star [HSR only], but no little boxes next to it to tell you, you know what I mean? Because if that's the fact, then you don't know exactly, then you have to turn it around and read it anyway.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *It's [HSR + tail] got everything apart from carbs on there that I would look for. I think instead of saturated fat, it should be carbs.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44
>
> *I was wondering whether, if we're going to use the one on the right [HSR + tail] with all those labels of energy, saturated... will they even fit on certain products? Or will there be a Health Rating and then QR code where you will say, 'you can scan this if you want to know more', which will not be very inclusive for some people who are not into QR codes.*

AUSTRALIA, GENERAL POPULATION, WOMAN, 18-29

Community education and information

- Promoting the HSR system to consumers overall – suggested by those who did not recall seeing HSR before.
- Educating consumers on how to use and interpret the HSR.
- If the system becomes mandatory, promoting this change to consumers and clarifying its scope.

> *I just feel like it needs to be more knowledge around it for just general consumers...It's almost like it needs to state ... Because they've got different categories... A 3.5 star in the pasta rated to a 3.5 star in the whatever confectionery ... they're not the same healthiness for you. It almost needs to say this.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 30-44
>
> *I think you would have to advertise it that it's changed. This is now on everything, and it's standardised, because otherwise, if people don't know that, if it just suddenly appears on everything, it doesn't make a difference to people's attitudes towards it.*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 30-44

Findings from culturally-specific focus groups

Suggested changes to the HSR reported by Māori and Pacific peoples/Pasifika participants included:

- Using a single consistent format and standardising placement on packaging (with top left corner preferred)
- Use calories instead of kilojoules
- Making the system mandatory but excluding fresh foods
- Improving awareness of the system, how to use it and who endorses it.

> *If they did have some transparency around like what was behind it, it would actually be really useful.*
>
> MĀORI, WOMAN, 30-44
>
> *I wouldn't put it in the bottom right-hand corner. I'll put it at the top. It's like when you're reading anything, right? You start like that. Top left.*
>
> MĀORI, MAN, 45-59

Just knowing what the stars mean [would help]— just saying that this is [to be used] when compared with other cereals, compared with other yoghurts.

MĀORI, WOMAN, 30-44

If it's easier to read and understand, than it's kind of more user friendly

MĀORI, WOMAN, 30-44

I think [I would trust or use HSR more] if you said it was endorsed by like the Heart Foundation or something like that, or like if it was endorsed by a medical or like the healthy heart kind of [organisation].

TONGAN, WOMAN, 30-44

I reckon it could probably have a little information at the bottom about who gives the star rating.

SAMOAN, WOMAN, 30-44

4.8 RESEARCH QUESTION FIVE – INTERACTION OF THE NIP AND HSR

Two comparison tasks explored how consumers in the focus groups used the HSR and the NIP when deciding which of a pair of products was healthier. Consumer responses to the tasks show that HSR and NIP are used in complementary but varied ways: the HSR often acted as a quick visual cue, while the NIP was consulted for detail or when quick assessments were not possible or star ratings seemed contradictory. In practice, reliance on each system was shaped by consumers' priorities, habits, and trust in the information presented.

To explore how consumers use the NIP and HSR in combination, participants in the focus groups completed two structured comparison tasks. In each task, they were shown a pair of cereal products displaying both the NIP and HSR and asked to pick which of the cereal products in each pair was healthier. The images shown to participants in these tasks (shown in Figures 4 and 5) included mocked-up front and back labels for each product in the pair with the nutritional profiles taken from real products to reflect realistic comparisons for consumers.

In the first comparison task, participants were presented with the pair of cereal products shown in Figure 4 which used consistent HSR formats (both featured the 'HSR + tail' version). In the second comparison task, participants were presented with the pair of cereal products shown in Figure 5 which used inconsistent HSR formats (one featured the 'HSR + tail' version and one featured the 'HSR only' version). None of the 'HSR + tail' labels used in the comparison tasks featured 'high/low' text.

The two comparison tasks were designed to simulate real-world shopping decisions under time pressure, while probing whether people relied more on the HSR, the NIP, or a mix of both when comparing products to select the healthier option. This approach allowed the examination of how the systems interact in practice, highlighting the conditions under which each label supports or undermines the other.

Figure 4. Cereal healthiness comparison 1 – consistent HSR formats

Figure 5 Cereal healthiness comparison 2 – inconsistent HSR formats

Poll results show consistency of HSR format is one of the factors that supported ease of comparison

Participants in the focus groups were asked to privately record their answer to each comparison task in a poll question before discussing with the group.

For the first comparison task, where the HSR labels were consistent, 85% of participants completing the poll question (58 out of 68) selected the Cereal Breakfast Co, product shown in the blue box in Figure 4 and the remaining 15% (10 participants) selected the Morning Co Breakfast Cereal (brown box). These results showed that almost all participants selected the cereal product with the higher star rating. When reflecting on how they made their decision on this comparison task, participants described a variety of pathways taken and inputs considered. However, there was general agreement that it was easy to select an answer on this task because one product appeared more obviously 'healthier' on a variety of measures (HSR, energy/nutrient profiles and ingredients).

For the second comparison task, where the HSR labels were inconsistent, 72% of participants completing the poll question (49 out of 68) selected the Food Co Breakfast Cereal, product shown in the purple box in Figure 5 and the remaining 28% (19 participants) selected the Sunny Foods Breakfast Cereal (red box). These results showed that almost all participants selected the cereal product with the lower star rating as being healthier. As for the first comparison task, participants described taking a variety of different pathways to make their decision, but there was general agreement that it was more difficult to select a healthier product in this comparison task when the HSR formats differed and where different elements of the products appeared more or less healthy based their individual knowledge and interests.

Consumers used a variety of combinations of HSR, NIP and other information to choose healthier products

Consumers combined the HSR and NIP in complementary ways when completing the comparison tasks and sometimes also referred to other packaging information to make their decisions. The HSR often served as a quick scan to shortlist products, with the NIP used to check sugars, sodium and other personally relevant energy/nutrient priorities before deciding. Some consumers relied on the HSR alone, while others relied more on the NIP and used the HSR as a light check or not at all. When consumers perceived that information on the pack conflicted or was inconsistent, consumers tended to revert to the NIP to make sense of the difference.

The different pathways participants followed to make their choice in each comparison task included:

- **Using the HSR as a first pass, then checking specifics on the NIP**

Some consumers said they took the HSR as a quick indicator to shortlist products, then turned to the NIP to compare details of interest such as sugars or sodium.

> *I went straight to the five star [product] and then looked at the sugar [on the NIP] because it's a breakfast cereal. I know that that's where the manufacturers tend to pump in all the sugar in that kind of product. When I saw that the five-star and then the sugar content is lower in the blue one… that's the one I chose.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+
>
> *I looked at the Health Star initially, and then I actually looked at the salt, the sodium [on the NIP], and then double-checked the Health Star Rating against the sugars [on the NIP].*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 45-59

- **Focussing in on the NIP first, with the HSR used as a secondary cue**

Some used the NIP primarily, with the HSR as a light confidence check. A few consumers described relying on the NIP to compare specific nutrients (such as sugars, sodium or fats), using the HSR only to sense-check a decision.

> *For me, it was a bit of a combination [of HSR and NIP]. There's a four-star and a five-star. Roughly compare these [HSRs] to start with and then look at the NIP.*
>
> AUSTRALIA, HIGH NIP USE, WOMAN, 45-59
>
> *Sometimes I see the Star Rating and I think, oh, yeah, prove it. Then maybe go on to the back [NIP] and have a little bit of a look and look at a few of those already-mentioned factors [that I'm interested in].*
>
> AUSTRALIA, HIGH NIP USE, MAN, 30-44

> *You just do a quick comparison on the average quantities per 100. Then you look at the star ratings and say, bingo, it's a winner.*
>
> AUSTRALIA, LOW SES, MAN, 60+

- **Relying on the NIP alone**

Some consumers ignored the HSR altogether and went straight to the NIP – either out of habit or because they dismissed the value of the HSR. One consumer noted that despite having expressed a preference earlier in the focus group for the 'HSR + tail' format, in practice they still automatically referred to the NIP.

> *I didn't really look at the health star ratings with those. I was just looking at the per 100 grams [column in the NIP] and mostly going off the amount of fat and the amount of sugars.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *What's funny is, though, just straight away after saying that I really like the idea of having those extra things [energy/nutrients] on the front next to the Health Star Rating [HSR + tail], I completely ignored them. I went straight to the back of the label [to the NIP].*
>
> NEW ZEALAND, GENERAL POPULATION, MAN, 45-59
>
> *[I looked at] the nutrition panel, I think that's just out of habit, though, given that I don't normally look at the Star Rating ever.*
>
> AUSTRALIA, GENERAL POPULATION, WOMAN, 30-44

- **Relying on the HSR alone**

A small number of consumers focused only on the HSR and did not use the NIP in completing the comparison tasks, , especially in the first comparison task comparison, where both HSRs shown used the 'HSR + tail' format. One consumer used the HSR exclusively because it supported their initial assumption about the healthiness of the products from looking at the pack design.

> *I did pick the blue one because of the stars purely, and then I broke down the little four boxes [in the HSR + tail]. I didn't even look at the back of the boxes.*
>
> AUSTRALIA, LOW SES, WOMAN, 45-59
>
> *I looked at just the left-hand star rating, the bigger star. I chose the 5. I let them [the body that determines HSR] decide that this is healthy overall.*
>
> NEW ZEALAND, LOW SES, MAN, 60+

- **Looking at other pack information in conjunction with NIP and/or HSR**

A number of consumers weighed up a few different elements of packaging information in conjunction with the NIP (and sometimes also with the HSR) in order to make their decisions. These consumers looked at various other elements of personal interest including the ingredients list, package volume and serving size.

> *I looked at star rating, and I was like, 'The other one is only 3 grams sugar, while the other one is 23 grams of sugar.' I went to the back and, I saw the difference. Then I looked at the ingredient list, and I was like, 'This one has much less ingredients.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 18-29
>
> *I went with purple as well, and I looked and compared the nutrition information, in particular, the fat total and the sugars… so I didn't take into account the Health Star Rating, but I looked at the ingredients list and purple was a much shorter ingredients list and a bit more like less processed.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29
>
> *I went with Food Co breakfast cereal… with a quantity 460 over the red box, which is only 290 grams. Albeit there's a three-star rating… It's nearly double the quantity for that one [purple box] as well. It's got smaller serving size portions and fewer ingredients. I think that's where I was drawn to this list.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Looking at other information and ignoring HSR and NIP**

A small number of consumers did not look at the HSR or NIP at all and made their decisions solely based on other packaging information or cues.

> *I looked at the back, but mostly I was interested in what ingredients were in it. I just checked to see if it had too many additives, that's how I decided.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29

Certain circumstances influenced how HSR and NIP were used together

How consumers used the NIP and HSR when both were present depended on the following circumstances:

- **Personal health needs**

  Consumers with specific conditions (for example, diabetes, high blood pressure) mainly referred to information in the NIP to check personally relevant information – either because this information was not provided on the front or out of sheer habit. Only a few selecting the product that would best meet their specific health needs also referred to the HSR, but this was not commonly reported as the main basis for their decisions.

- **Apparent contradictions between HSR and NIP**

  In the second comparison task, the star ratings appeared to contradict information provided in the NIP and/or the ingredients list for some consumers. This triggered deeper checks of the NIP and ingredients list to explain or validate the star rating. When the HSR suggested a 'healthier' option but the energy/nutrient analysis appeared less healthy than expected, (for example, when comparing the sugar content), consumers questioned the validity of the rating. Because one product included the 'tail' format and one did not, participants reported not being able to use the information in the 'tail' to help explain the apparently contradictory star ratings and had to refer to the NIP (and in some cases relied on other information) to make their decision. This reduced the perceived value of the HSR to support product comparisons and further reinforced the trust concerns of some.

- **Products that looked similar in healthiness at first glance or with the same HSR**

  Some consumers felt that the products in the second comparison task appeared to be more similar in healthiness than the products in the first comparison task, meaning they either needed to rely on deeper analysis of multiple indicators or to make a more superficial 'gut feel' assessment. One also said that if they encountered two products in the store with the same rating, they would then review the NIP to make a choice.

> *As a diabetic, they were both pretty horrific, but I chose the Food Co one [purple box – lower HSR] just because of the lower sugars… At the end of the day, still going to turn into sugar for me. Bad in the sodium department and overall health star – I did look at that and thought it just comes down to sugar for me personally.*
>
> NEW ZEALAND, HIGH NIP USE, MAN, 45-59
>
> *[If] there's two of them with the same rating, then that's when I'd start looking at the back [NIP] if I had the time.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *I was initially thrown by… the star rating at the front. When you flip it over, and you saw the back, and then it was pretty much easy to work out. As soon as I saw the 4 stars, I thought, okay, that one's going to be a bit more healthier than the other one. Then when I started reading, I was just like, okay, the one that's got 4 stars has got 24 grams of sugar per 100, whereas the other one's only got 8. Then I started questioning it [the HSR].*

AUSTRALIA, LOW SES, WOMAN, 45-59

I'm now confused with the Health Star Rating because I went in the end with the Health Star Rating and the healthier one, which is the red one. But then it's got significantly more sugars than the unhealthy one. I am now back to, now I don't know what the Health Star Rating means.

NEW ZEALAND, GENERAL POPULATION, WOMAN, 45-59

I assumed that the Health Star Rating [on the red cereal] came from having a lot higher protein, but that to me felt less healthy because there was so much more sugar that I ended up going for purple. I don't know if I would have considered that in a real-life situation. I think I looked a lot more into it now than I would have, but it definitely questions the Health Star Rating.

NEW ZEALAND, GENERAL POPULATION, MAN, 45-59

Findings from culturally-specific focus groups

In answering the two cereal comparison tasks, participants across the **Māori** and **Pacific peoples/Pasifika** groups tended to use a combination of packaging elements to determine which product they thought was the healthiest, though few referred to the NIP.

In the first comparison task, where the products contained the same HSR format ('HSR + tail'), where one product was apparently 'healthier' on a range of attributes and this product also had a higher star rating, 12 of the 15 participants chose the 'healthier' product. Participants reported making their decisions by looking at the packaging colour and product image, the star rating and the number of ingredients on the ingredient list. No participants mentioned looking at the NIP.

I went for A [blue cereal box] as well, because B [brown cereal box] — those little brown balls look like chocolate, [I don't want] chocolate in my cereal at 7:00 in the morning, you know? So, yeah, I [chose based on] marketing and aesthetics.

MĀORI WOMAN, 30-44

I chose A [blue cereal box]. The stars and the ingredients list just look way smaller, which I prefer.

MĀORI, WOMAN, 18-29

In the second comparison task, where the products contained HSRs in different formats ('HSR + tail' vs 'HSR only') and when the HSR suggested a 'healthier' option but the energy/nutrient analysis appeared less healthy than expected, 13 of the 15 participants chose the product with the lower star rating as healthier. Participants noted that the HSR formats differed and some mentioned that they would make different choices if going off the star rating or the NIP. In this context, some participants based their decision on the product image and/or the number of ingredients listed, one

participant used the protein information in the NIP, and one participant made their decision based on the stars but noted in real life they would purchase the other product based on other attributes.

> *I wrote B [red cereal box], but I'd buy A [purple cereal box]. But it was the ingredients list…if there's one that's significantly shorter, even without reading them, I'm always like [that one]. But I went off the stars first. Off the stars, I'd buy the red one, but if I turned it around, I'd buy the purple.*
>
> MĀORI, WOMAN, 18-29
>
> *I went for A [purple cereal box] … I couldn't quite see [what was behind] the difference in the star rating. But also, I really like that purple and the layout and the packaging just looks cleaner. Tidier in my eyes.*
>
> MĀORI, WOMAN, 30-44
>
> *[I chose based on] Stars and the picture.*
>
> SAMOAN, WOMAN, 18-29

4.9 USE OF FOOD LABELLING OR PACKAGING MORE BROADLY THAN NIP OR HSR

This section describes contextual findings from the focus groups about elements of food packaging that consumers look at/for when they are choosing food products to purchase. The findings summarised in this section include all elements of food packaging mentioned by consumers aside from the NIP and HSR and covered earlier in this report.

> *Consumers described using broader packaging and labelling cues beyond the NIP and HSR when shopping for food products. Many focused on ingredient lists, country of origin, and visual design elements, as well as information about expiry dates and product volume.*

- **Ingredients list**

Some consumers described regularly checking the ingredient list on food packaging. In some cases, this was to judge how processed a product was, with shorter or simpler ingredient lists being taken to indicate the product was healthier or less processed. In other cases, consumers were checking for the presence of specific ingredients that they wanted or needed to avoid, such as flour/wheat, sugar, artificial sweeteners, preservatives, and food dyes. A few participants purchasing products for themselves or others with coeliac disease, nut allergies, or other sensitivities described careful checking of ingredients lists.

> *I look at how many ingredients there are altogether because the more ingredients there are, the worse the product is, I find. I always look for things that have less ingredients and less processed things.*
>
> AUSTRALIA, LOW SES, WOMAN, 30-44
>
> *Especially the list of ingredients. If it's long, I tend to [think], "Why is it long?" Also, if salt is the first ingredient or sugar, that's really like a red alert for me…*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+
>
> *I've got nut allergy, so I'm checking ingredients for nuts.*
>
> NEW ZEALAND, GENERAL POPULATION, WOMAN, 45-59
>
> *I look at the ingredients also and preservatives. Any preservatives which I can avoid, I prefer to leave them right alone. I prefer natural source food. The higher the concentration of ingredients, of course that means the more ingredients you got, they're naturally going to be preservatives in there. But preservatives are a no-no as far as I'm concerned.*
>
> AUSTRALIA, HIGH NIP USE, MAN, 45-59
>
> *I've just started recently looking at the ingredients, and if there's a huge, long name of something that I don't understand, I'll always pick up the next product and be like, "Oh, that's just got straightforward things," and I'll choose that. Sometimes even if the price is higher, I'll just be like, "Oh, that seems like a cleaner product."*

NEW ZEALAND, GENERAL POPULATION, WOMAN, 18-29

- **Origin and country of manufacture**

A few consumers said they looked at where a product was made and expressed a preference for products made in Australia or New Zealand, which they linked to greater freshness and stronger food regulation.

> *Normally, I look first if it's made in Australia or made in New Zealand. Sometimes I know it's pricey, but I tend to buy the one that's made in New Zealand and Australia because I believe that it's more regulated.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59
>
> *Where it's made first, like if it's made in China or made in Turkmenistan or somewhere.*
>
> AUSTRALIA, LOW SES, MAN, 45-59

- **Expiry dates and shelf life**

Some consumers said they checked use-by dates, particularly for milk and other perishables. This was described as a way to get the longest shelf life or avoid products past their best.

> *When I buy milk, I always check the use-by date, so I can get the longest date out of it.*
>
> AUSTRALIA, LOW SES, MAN, 45-59
>
> *I'm looking for dates because my daughter's made me aware of dates. Prior to that, I would eat anything irrespective of dates… I've never suffered for it, but I am conscious of it now. That's probably the only real thing that I look for.*
>
> NEW ZEALAND, LOW SES, MAN, 60+
>
> *It's shelf life as well because, sometimes if I'm looking for costs… you wonder "Why is this so cheap?" Then you have a look. It's past expiry date or best before dates.*
>
> NEW ZEALAND, HIGH NIP USE, WOMAN, 45-59

- **Packaging and presentation**

Some consumers referred to packaging design and materials as important, saying they chose products with appealing design or where the product matched what was pictured on the packaging. One expressed dislike of large or excessive plastic packaging.

> *One thing I watch out for is the packaging, because the less packaging, the more it appeals to me. I don't like those huge plastic packaging.*

NEW ZEALAND, GENERAL POPULATION, WOMAN, 60+

I eat with my eyes, so the packaging has to be appealing to me, bright colours, making sure that the actual product is being represented well, so there's a similarity to what's on the package to what's actually in the package.

NEW ZEALAND, LOW SES, WOMAN, 30-44

- **Front of pack claims**

Some participants said they looked at front of pack messages indicating products were 'gluten-free 'but others were cautious about such claims, mentioning how they can be applied to products that are naturally free of gluten, which consumers saw as a marketing tactic.

If it's made in the factory, the product can be, as they were saying, gluten-free, but it's made in a factory that does contain gluten, that can be quite tricky as well.

NEW ZEALAND, LOW SES, WOMAN, 30-44

Quite often they'll have on the front of the packaging, it'll say gluten-free, but then when you look closer, it's a naturally gluten-free product, but they can put gluten-free on it because they can charge more.

NEW ZEALAND, LOW SES, WOMAN, 45-59

If you're able to find something that has non-dairy or is vegan friendly, even though I eat meat, but I find other foods that are vegan-friendly or plant-based are better suited for me… [I'm looking for it] pretty much like in the nutritional information. But some packaging will mention it, which makes it easier, but it doesn't always.

AUSTRALIA, LOW SES, MAN, 30-44

- **Product volume**

One consumer said they focused on weight information on packaging more than on other label details, comparing products on weight and price to decide which offered better value for money.

With me, budget-conscious-wise, because I basically buy the same thing nearly every week. I know when I'm getting it, and I don't tend to look at labels anymore, unless I'm buying something new, something different to try. But with me, the main thing I look for is the weight compared to other products. I do a lot of comparison. If I got say pasta, I look at the weight and the cost, compare the two, see what I get value for money. If I get more for one product, but cheaper price. Yeah, I look at the product the weight and the cost.

NEW ZEALAND, HIGH NIP USE, WOMAN, 60+

- **Information on allergens**

Only one participant said they have friends who have allergies and other dietary requirements that requires them to look for small print information on product packaging about whether the product contains traces of allergens.

> *I've got friends that are [allergic to] soy, dairy, gluten, sulphites. So, if they're coming to me, I always have to check those as well. It's not just the bold print that is in there, it's also the traces.*
>
> NEW ZEALAND, LOW SES, WOMAN, 30-44

Findings from culturally-specific focus groups

Māori participants tended to distrust information or claims made on the front of food packaging, viewing marketing claims as deliberately misleading and these participants reported regularly referring to information on the back of the pack. Apart from information in the NIP, they were also interested in the number and type of product ingredients and country of origin. Responses to the cereal comparison tasks also revealed that product ingredients are a dominant consideration for these participants when deciding on product healthiness.

Pacific peoples/Pasifika participants tended to report referring to elements on the front of product packaging more often when making purchasing decisions and less often looking at the back of products. These participants took into account product volume, price, product imagery, and front of pack messaging. Information on the front of the pack was described as being in 'every day language' that was easier to understand than information in the NIP. Country of origin was also a strong factor in deciding what products to purchase for Pacific peoples/Pasifika participants.

> *I don't know if anyone else shops like that, but when you're pressed for time, you're looking to think, "I like the packaging on that. Let's go."*
>
> COOK ISLANDER, WOMAN, 45-59
>
> *I don't read this stuff as much as more the ingredients... But that's for mostly for the stuff for the Tamariki [kids]. All these specific foods or products that I know have weird stuff that I really don't like. So, I'll just go straight to the ingredients.*
>
> MĀORI,, WOMAN, 18-29

5. Limitations of the research

5.1 LIMITATIONS

There are several limitations of the current research that should be considered in interpreting the findings.

Given the qualitative nature of this research, the findings are based on a relatively small sample drawn from a population of people who have indicated interest in participating in market research. The strength of a qualitative research approach is that it is able to identify the range of views among consumers on the questions of interest to the research and provide some insight as to why these views may be held. However, it cannot show the extent to which each of these views are held among the broader Australian and New Zealand populations.

This limitation is important to note particularly with respect to the culturally specific elements of the research project. While the research incorporated a diverse range of Māori and Pacific peoples/Pasifika participants, and the Pacific peoples/Pasifika focus group represented some specific ethnicities (Tongan, Cook Islander, and Samoan), the findings may not reflect other Pacific communities, or Māori and Pacific peoples more broadly. Additionally, the research did not capture the views of Aboriginal and/or Torres Strait Islander Peoples. In seeking ethical review of this component, feedback from AIATSIS indicated that the proposed research design was insufficient to capture the diversity of Aboriginal and/or Torres Strait Islander Peoples nationwide and a larger scale study was not possible within the time and resource constraints for this project.

The use of the NIP was a core recruitment specification for this research, with those who never use the NIP being excluded while some sessions focused exclusively on people who self-report using the NIP very frequently. For this reason, care should be taken not to draw conclusions from this report on the extent of consumer use of the NIP.

The decision to include or exclude people who never use the NIP from the research was considered extensively during the research design. While it is very important to FSANZ to understand why people may not use nutrition labelling, it was also known from previous research experience that those who never use nutrition labelling often do not feel that the research is relevant to them, and as such, may not actively engage or feel able to contribute to discussions. The decision was made to include those who 'rarely' use the NIP to get some insights into the barriers to use but to exclude those who 'never' use the NIP to ensure that every participant had relevant experiences to share. It is important to note that this piece of work is part of a broader package of social science research that is being undertaken to inform FSANZ's work, including literature reviews and surveys, which are also exploring barriers to use and understanding for those who never use nutrition labelling information, including the NIP. Nevertheless, as the current research explicitly excluded people who do not use the NIP, the barriers to use and understanding discussed in this report may not represent all of the barriers to use and understanding in the community.

Finally, the online research method used for most of the research and the conduct of the research sessions entirely in English is likely to have precluded some people with technological disadvantage or with lower English proficiency from inclusion in the research.

6. Appendix A: Research materials

6.1 RECRUITMENT SPECIFICATIONS AND SCREENER - ONLINE SESSIONS

Session	Group details	Date	Time
Group 1	Australia - Low SES (PILOT)	Tuesday 8 July, 2025	5:30pm-7:00pm AEST
Group 2	Australia - Low SES	Thursday 17 July, 2025	5:30pm-7:00pm AEST
Group 3	New Zealand - Low SES	Tuesday 22 July	6pm-7:30pm NZST (4pm AEST)
Group 4	Australia - High NIP Users	Thursday 24 July	6pm-7:30pm (AEST)
Group 5	New Zealand - High NIP users	Wednesday 23 July	6pm-7:30pm NZST (4pm AEST)
Group 6	Australia - General Population	Thursday 17 July	7:30pm – 9:00pm
Group 7	New Zealand - General Population	Monday 21 July	6pm-7:30pm NZST (4pm AEST)
Paired interview 1	New Zealand - High NIP users	Tuesday 5 August	6pm-7:30pm NZST (4pm AEST)

GROUP SPECIFICATIONS - ONLINE SESSIONS

1. Sessions will be conducted by Heartward online using Zoom.
2. Ensure all prospective participants have the technology (including monitor larger than phone) and skills to be able to participate via Zoom and will have a private and quiet space set up to participate in the group.
3. Participants will be onboarded prior to the start of the group to check participant identification and ensure set-up and technology is working, so they need to be instructed to be online 15 minutes before the exact group start time to enable these checks. Participants who attempt to join the group after this start time may not be able to be admitted (or incentivised).
4. Session duration ~ 90 mins
5. Session sizes - Recruit 8 for 6-8 (min 6) participants in each group, 2 for paired interview
6. Incentives - $110 gift card per person, to be handled and distributed by recruiters
7. Participants must be over 18 years of age, a food shopper in their household, must at least *'rarely use nutrition information on food labelling'*, and must not work in a related industry (e.g. food industries, food policy, nutrition/dietetics or food related public health advocacy).
8. Groups primarily segmented as shown in the table above. Groups must also include a diversity of consumers across the sample by ensuring through screening that there is:
    - a mix of ages (18+) (S1)
    - a gender balance across sample and at least 2 of each within each group (S2)
    - a mix of jurisdictions (Australian states/territories and for New Zealand: Upper North Island, Lower North Island and South Island) (S3)
    - a mix of major city, regional/rural and remote locations (S4)
    - a mix of cultural backgrounds (S7)
    - at least two parents per group (S10)
    - a mix of effort to maintain a healthy diet (S12)
    - a mix of dietary influences (S13) – e.g. managing a medical condition, weight loss etc.
9. Informed consent will be collected from participants at the screening stage using a provided Participant Information and Consent Form (PICF). Focus groups will be audio recorded and digitally transcribed, as described in the PICF, and audio recordings may be provided to the client if all participants in that group consent.

SCREENING QUESTIONNAIRE – ONLINE SESSIONS

INTRODUCTION

[FOR Australia: Cnrstone/ FOR NZ: Prime Research] is recruiting participants for a research project about labelling on food.

The study is being undertaken by Heartward Strategic on behalf of Food Standards Australia New Zealand (FSANZ), which is the government body responsible for developing food regulations in Australia and New Zealand. The research will be used to inform potential changes to food labelling in Australia and New Zealand.

We are looking for a range of different people to participate in an online focus group to share your views and opinions. The group will run for 1.5 hours and there is nothing you would need to do to prepare for this focus group. Participants will receive a $110 gift card as a token of thanks for participating.

There are some screening questions we need to ask to see if you qualify as one of the people we are looking to include in the research. If you qualify, we will provide a more detailed information sheet about the research project, and you will be asked to confirm that you consent to participate in the research.

SCREENING QUESTIONS

S.1 What is your age?

[ASK ALL. SINGLE RESPONSE]

Under 18	1	**TERMINATE**
18-24	2	**ENSURE MIX ACROSS SAMPLE**
25-34	3	
35-44	4	
45-54	5	
55-64	6	
65-74	7	
75 or older	8	

S.2 How do you describe your gender?

This refers to your current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.

[ASK ALL. SINGLE RESPONSE]

A man or male	1	**ENSURE REPRESENTATION ACROSS SAMPLE, AIM FOR MINIMUM 2 AND MAX 4 IDENTIFYING AS MAN/MALE PER GROUP**
A woman or female	2	
Non-binary	3	
A different term (Please specify)	4	

S.3 Where do you live?
[SINGLE RESPONSE]

[FOR AUSTRALIA:]

NSW / ACT	1	**ENSURE MIX ACROSS SAMPLE**
VIC / TAS	2	
QLD	3	
SA / NT	4	
WA	5	

[FOR NZ:]

Upper North Island	1	**ENSURE MIX ACROSS SAMPLE**
Lower North Island	2	
South Island	3	

S.4 Is the location where you live…?
[ASK ALL. SINGLE RESPONSE]

A major city	1	**ENSURE MIX ACROSS SAMPLE**
A regional or rural area	2	
Remote	3	

S.5 How much of the food shopping do you have responsibility for in your household?
[ASK ALL. SINGLE RESPONSE]

I do all or the majority of the food shopping for my household	1	**ENSURE MIX ACROSS SAMPLE**
I share the food shopping with someone else	2	
Someone else does all or the majority of food shopping for my household	3	**TERMINATE**

S.6 Do you currently work in any of the following industries?
[ASK ALL. MULTI RESPONSE]

Market research	1	**TERMINATE**
Food primary production	2	
Food manufacturing	3	
Food retailing	4	
Food related public health advocacy	5	
Food policy or regulation	6	
Another industry	7	**CONTINUE**

S.7 How would you describe your cultural background?
Please select all that apply **[ASK ALL. MULTI RESPONSE]**

[IF AUSTRALIA:]

Aboriginal and/or Torres Strait Islander	1	**ENSURE MIX OF CULTURAL BACKGROUNDS ACROSS SAMPLE** ***NOTING SPECIFIC GROUP WILL BE CONDUCTED SEPARATELY WITH PEOPLE FROM ABORIGINAL AND/OR TORRES STRAIT ISLANDER CULTURAL BACKGROUND – DON'T EXCLUDE BUT INCLUDE IN GROUPS AS FALLS***
English	2	
Irish	3	
Scottish	4	
Chinese	5	
Italian	6	
German	7	
Indian	8	
Greek	9	
Dutch	10	
Australian	11	
Other (please specify):	12	

[IF NZ:]

Māori	1	**ENSURE MIX OF CULTURAL BACKGROUNDS ACROSS SAMPLE** ***NOTING SPECIFIC GROUPS WILL BE CONDUCTED SEPARATELY WITH PEOPLE FROM MĀORI AND PACIFIC ISLAND CULTURAL BACKGROUND – DON'T EXCLUDE BUT INCLUDE IN GROUPS AS FALLS***
New Zealand European	2	
Pacific Islander / Pasifika	3	
Chinese	4	
Indian	5	
Other (please specify):	6	

S.8 What is the highest level of formal education you have completed or are in the process of completing? **[ASK ALL. SINGLE RESPONSE]**

High school	1	**Potentially eligible for Low SES (IF ALSO eligible at S9)**
Vocational/trade qualification	2	
Undergraduate university degree	3	**Ensure High NIP and General Population groups have a mix of education levels from those people not counted as Low SES**
Postgraduate university degree	4	

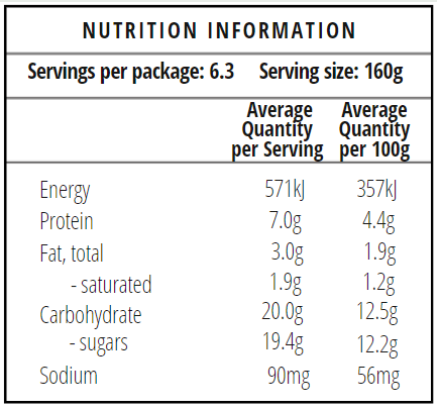
S.9 Which one of the following best describes your household's total annual income (before tax)? *Please include the income of everyone in your household. If you don't know the exact amount, then please take your best guess.* **[ASK ALL. SINGLE RESPONSE]**

Up to $35,000 per year	1	**Eligible for Low SES (IF ALSO ELIGIBLE AT S8)**
$35,001 – $75,000 per year	2	**Eligible for Low SES (IF ALSO ELIGIBLE AT S8)**
$75,000 - $105,000 per year	3	**Eligible for Low SES (IF ALSO ELIGIBLE AT S8)**
$105,000 - $145,000 per year	4	**Ensure High NIP and General Population groups have a mix of income levels from those people not counted as Low SES**
$145,001 or more per year	5	

S.10 Do you have any children (aged less than 18 years old) living in your household, at least some of the time?
[ASK ALL. SINGLE RESPONSE]

Yes	1	**Ensure at least 2 per group**
No	2	

S.11 How often, if at all, do you look at the Nutrition Information Panel on food packaging or containers when you are food shopping? **[SHOW IMAGE PROVIDED. ASK ALL. SINGLE RESPONSE]**



NUTRITION INFORMATION		
Servings per package: 6.3	Serving size: 160g	
	Average Quantity per Serving	Average Quantity per 100g
Energy	571kJ	357kJ
Protein	7.0g	4.4g
Fat, total	3.0g	1.9g
- saturated	1.9g	1.2g
Carbohydrate	20.0g	12.5g
- sugars	19.4g	12.2g
Sodium	90mg	56mg

Always	1	**ELIGIBLE FOR HIGH NIP USER GROUP**
Most times	2	
Sometimes	3	**INELIGIBLE FOR HIGH NIP USER GROUP** **ENSURE AT LEAST 2 x 'RARELY 'AND 3 x 'SOMETIMES' IN EACH OF GROUPS 2, 3, 6 & 7**
Rarely	4	
Never	5	**TERMINATE**

S.12 How much effort do you generally put into maintaining a healthy diet for you and/or your household? [ASK ALL. SINGLE RESPONSE]

No effort	1	**ENSURE MIX ACROSS SAMPLE**
Not much effort	2	
Some effort	3	
Quite a bit of effort	4	
A lot of effort	5	

S.13 Do any of the following currently affect the food choices you make for you or your household?

Please select all that apply. **[ASK ALL. MULTI RESPONSE, EXCEPT IF 99 SELECTED]**

Food allergy or intolerance	1	**ENSURE MIX ACROSS SAMPLE**
Digestive concerns such as coeliac disease, irritable bowel syndrome etc.	2	
Other diet related health concerns such as diabetes, heart disease, high blood pressure etc.	3	
Pregnancy or breastfeeding	4	
Looking to lose weight and or/ maintain a healthy weight	5	
Vegetarian or vegan	6	
Religious beliefs that affect food choices	7	
Training for sports that affects food choices	8	
Other things about you or your household that affect your food choices (please specify)	9	
None of the above	99	

6.2 RECRUITMENT SPECIFICATIONS AND SCREENER - IN PERSON SESSIONS

GROUP SPECIFICATIONS

- Group participants will be recruited by Hemisphere using community and partner networks
- Session duration ~ 90 mins
- Session size - Recruit 8 – for 6-8 participants to attend the group
- $150 koha will be distributed to each participant by Hemisphere following the focus groups
- To qualify, participants must indicate through screening questions S1 to S5 that they:
    - are Māori and/or Pacific Peoples/Pasifika (S1)
    - are over 18 years of age (S2)
    - do the food shopping in their household (S3)
    - 'rarely' or more frequently use nutrition information on food labelling (S4)
    - do not work in a related industry (e.g. food industries, food policy, nutrition/dietetics or food related public health advocacy) (S5).
- The screening questions S6-S10 will ensure as far as possible that the groups include:
    - a mix of ages (18+) (S1)
    - at mix of gender with least 2 identifying as male (S2)
    - at least some parents (S7)
    - a mix of effort to maintain a healthy diet (S8)
    - a mix of dietary influences (S9) – e.g. managing a medical condition, weight loss etc.
- Informed consent will be collected from participants at the screening stage using the provided Participant Information Sheet and Consent Form. Focus groups will be audio recorded and digitally transcribed, as described in the Information Sheet and Consent Form.

SCREENING QUESTIONNAIRE – IN PERSON SESSIONS

INTRODUCTION

Hemisphere is recruiting Māori and Pacific Peoples for focus groups about labelling on food.

This focus group is part of a study being undertaken by the independent research companies, Hemisphere and Heartward Strategic, on behalf of Food Standards Australia New Zealand (FSANZ), which is the government body responsible for developing food regulations in Australia and New Zealand. The research will be used to inform potential changes to food labelling in Australia and New Zealand.

We are looking for a range of different people to participate in an online focus group to share your views and opinions. The group will run for 1.5 hours and there is nothing you would need to do to prepare for this focus group. Participants will receive koha of $150 following the completion of the focus group.

There are some screening questions we need to ask to see if you qualify as one of the people we are looking to include in the research. If you qualify, we will provide a more detailed information sheet about the research project, and you will be asked to confirm that you consent to participate in the research.

SCREENING QUESTIONS

S.1 Do you identify as …?
[ASK ALL. MULTIPLE RESPONSE]

Māori	1	**POTENTIAL PARTICIPANT FOR MĀORI GROUP (IF ALSO QUALIFIES ON OTHER SPECIFICATIONS)**
Cook Islands Māori	2	**POTENTIAL PARTICIPANT FOR PACIFIC PEOPLES/PASIFIKA GROUP (IF ALSO QUALIFIES ON OTHER SPECIFICATIONS)**
Samoan	3	
Tongan	4	
Niuean	5	
Fijian	6	
Tokelauan	7	
Tuvaluan	8	
Kiribati	9	
Another Pacific Island ethnicity/cultural group (Please specify)	10	
No, none of these	99	**DOES NOT QUALIFY**

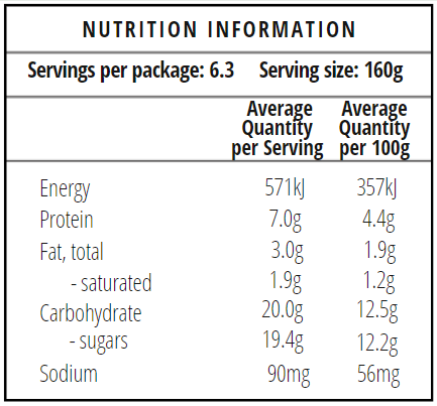
S.2 What is your age?
[ASK ALL. SINGLE RESPONSE]

Under 18	1	**DOES NOT QUALIFY**
18-24	2	**ENSURE MIX**
25-34	3	
35-44	4	
45-54	5	
55-64	6	
65-74	7	
75 or older	8	

S.3 How much of the food shopping do you do in your household?
[ASK ALL. SINGLE RESPONSE]

I do all or most of the food shopping for my household	1	**ENSURE MIX**
I share the food shopping with someone else	2	
Someone else does all or most of the food shopping	3	**DOES NOT QUALIFY**

S.4 How often, if at all, do you look at the Nutrition Information Panel on food packaging or containers when you are food shopping?
[SHOW OR DESCRIBE IMAGE. ASK ALL. SINGLE RESPONSE]



NUTRITION INFORMATION

Servings per package: 6.3 **Serving size: 160g**

	Average Quantity per Serving	Average Quantity per 100g
Energy	571kJ	357kJ
Protein	7.0g	4.4g
Fat, total	3.0g	1.9g
- saturated	1.9g	1.2g
Carbohydrate	20.0g	12.5g
- sugars	19.4g	12.2g
Sodium	90mg	56mg

Always	1	**AIM FOR MIX**
Most times	2	
Sometimes	3	
Rarely	4	
Never	5	**TERMINATE**

S.5 Do you currently work in any of the following industries?

[ASK ALL. MULTIPLE RESPONSE]

Market research	1	**DOES NOT QUALIFY**
Food primary production	2	
Food manufacturing	3	
Food retailing	4	
Food related public health advocacy	5	
Food policy or regulation	6	
Another industry	7	**CONTINUE**

S.6 How do you describe your gender?

This refers to your current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.

[ASK ALL. SINGLE RESPONSE]

A man or male	1	**AIM FOR MINIMUM 2 AND MAX 4 IDENTIFYING AS MAN/MALE IN EACH GROUP**
A woman or female	2	
Non-binary	3	
A different term (Please specify)	4	
Prefer not to say	99	

S.7 Do you have any children (aged less than 18 years old) living in your household, at least some of the time?

[ASK ALL. SINGLE RESPONSE]

Yes	1	**AIM FOR AT LEAST 2 IN THE GROUP**
No	2	

S.8 How much effort do you generally put into maintaining a healthy diet for you and/or your household?

[ASK ALL. SINGLE RESPONSE]

No effort	1	**AIM FOR MIX IF POSSIBLE**
Not much effort	2	
Some effort	3	
Quite a bit of effort	4	
A lot of effort	5	

S.9 Which, if any, of the following currently affect the food choices you make for you or your household?

[ASK ALL. MULTIPLE RESPONSE]

Food allergy or intolerance	1	**AIM FOR MIX IF POSSIBLE**
Digestive concerns such as coeliac disease, irritable bowel syndrome etc.	2	
Other diet related health concerns such as diabetes, heart disease, high blood pressure etc.	3	
Pregnancy or breastfeeding	4	
Looking to lose weight and or/ maintain a healthy weight	5	
Vegetarian or vegan	6	
Religious beliefs that affect food choices	7	
Training for sports that affects food choices	8	
Other things about you or your household that affect your food choices (please specify)	9	
None of the above	99	

RECRUIT TO RELEVANT GROUP IF QUALIFIES.

6.4 PARTICIPANT INFORMATION AND CONSENT FORM – ONLINE SESSIONS

INFORMATION SHEET

You are invited to participate in focus group research about labelling on food. The study is being undertaken by Heartward Strategic on behalf of Food Standards Australia New Zealand (FSANZ), which is the government body responsible for developing food regulations in Australia and New Zealand. The research will be used to inform potential changes to food labelling in Australia and New Zealand.

Why am I being asked to participate?

You have been invited to participate as you are over 18 years old and are a primary food shopper in your household.

What will I be asked to do?

You will be asked to participate in an online focus group run via Zoom. Focus group discussions involve a small group of people coming together to talk openly about their views and experiences around a certain topic. In this study, the focus groups will explore how you use nutrition information on food labels.

The focus groups will involve 5–7 other participants, who will be joining remotely from various locations around Australia/New Zealand. One of the researchers will lead the focus group discussion, enabling each participant to share their thoughts and experiences. During the discussion you will be encouraged to not only share your own views and experiences but also to comment kindly on remarks made by other participants. You do not have to answer every single question, but you will be encouraged to participate in the discussion. It is important to remember that there are no right or wrong answers but rather different points of view. So, feel free to share your opinion even if it differs from what others have said.

How much time will the project take?

Your focus group will run for up to 1.5 hours. You will be emailed an $110 gift card once the focus group is completed as a token of thanks for participating. There will be no follow-up contact with the researchers after attending the focus group, apart from being sent a copy of the final report if you are interested in this. You will be asked to join to the Zoom call early to make sure you are set up before the meeting starts.

Are there any risks associated with participating in this project?

There are no foreseeable risks associated with taking part in this study other than the inconvenience associated with taking time out of your day to attend the focus group discussion. There are no wrong or right answers, as we are interested in your views and experiences.

There will be no pressure to answer every single question and every effort will be made to establish a comfortable, safe and friendly group environment.

What are the benefits of the research project?

While individuals may not directly benefit from participating in this study, the results may be used to improve food labelling for Australian and New Zealander consumers.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time without any explanation.

How will the information be collected?

The focus group will be facilitated by a Heartward Strategic moderator. The discussion will be audio recorded and may be viewed by other members of the research team including from FSANZ. The recording and any transcript made from it will not include any identifying details. This research will be carried out in compliance with the Privacy Act and The Research Society's Code of Professional Behaviour. Any information you provide will be used for research purposes only. Your identity will be kept confidential.

What will happen to my information?

The results from this study will be published in a report on FSANZ's website and may also be published in peer-reviewed journals and presented at professional meetings. While the final report may contain some de-identified verbatim quotes from project participants, no participants in this project will be identifiable through any reporting. Neither your name nor any other identifying information will appear on any research documents. The deidentified study data and records will be kept on secure servers located in Australia by Heartward Strategic and FSANZ, they will be password protected and all identifying information will be deleted from this server at the end of the project. De-identified transcripts and audio recordings may be made available to FSANZ. There is no intention to use the transcripts or audio-recordings from this project in future research.

Who do I contact if I have questions or concerns about the project?

If you have any questions about the research, please feel free to contact:

CONSENT FORM

1. I have read the above information and agree to take part in the following research project: **NUTRITION LABELLING FOCUS GROUPS**
2. I have had the project, so far as it affects me, fully explained to my satisfaction and my consent is given freely. I understand I have the opportunity to ask any questions to the researchers prior to the focus group.
3. I understand the purpose of the research project and it has also been explained that my involvement may not be of any direct benefit to me.
4. I have been informed that, while information gained during the study may be published, I will not be identified and my personal inputs will not be divulged.
5. I understand that I am free to withdraw from the project at any time.
6. I agree to the interview being audio recorded.
   Yes ☐ No ☐
7. I agree to the audio recording being provided to Food Standards Australia New Zealand.
   Yes ☐ No ☐
8. I agree to the deidentified transcript of the audio recording being provided to Food Standards Australia New Zealand.
   Yes ☐ No ☐
9. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name	**Signature**	**Date (dd/mm/yy)**

6.5 PARTICIPANT INFORMATION SHEET – IN PERSON SESSIONS

What is the purpose of the project?

You are invited to participate in focus group research about labelling on food. This focus group is part of a larger focus group research project being conducted across Australia and New Zealand for Food Standards Australia New Zealand (FSANZ), which is the government organisation responsible for regulating food in Australia and New Zealand. The research will be used to guide potential changes to food labelling in Australia and New Zealand.

This information sheet provides more details about this research, to help you decide whether you would like to participate.

Why am I being asked to participate?

You have been invited to participate because you are Māori and/or Pasifika, you are aged over 18 years old and are a food shopper in your household.

What will I be asked to do?

You are being asked to participate in a focus group. Focus group discussions involve a small group of people coming together in person to talk about their views and experiences on a certain topic. In this study, the focus group will explore how you use nutrition information on food labels.

If you agree to participate, you will be asked to complete the Participant Consent Form that has been provided to you before you can attend. You will not need to do anything else to prepare for the discussion.

The focus group will involve 6-8 participants. The focus group will be led by Māori and Pasifika/Pacific researchers, and they will be joined by another researcher from Hemisphere who will provide technical support. The session will be culturally safe and confidential. Food will be provided.

During the discussion you will be shown some images of food labels and will be asked some questions about your interpretation and opinions of these. You will have the opportunity to share your own views and experiences and to interact respectfully with other participants.

How much time will it take?

The focus group will run for up to 1.5 hours. After the group is finished, Hemisphere will provide $150 koha through the Koha Kiwi platform. You will be asked to arrive 10 minutes before the discussion starts to make sure everyone is present when the focus group starts.

There will be no follow-up contact from the researchers after attending the focus group, apart from being sent a link to the final report if you are interested in and request this.

Are there any costs or risks associated with participating in this project?

Aside from the time involved, we do not expect that there will be any costs associated with participating in this project. The chance of any risks to you associated with participating in this research are minimal. There will be no pressure to answer every single question, and every effort will be made to establish a comfortable, safe and friendly group environment.

However, as discussions about food can be sensitive and personal for some people, there is a possibility that discussing them may bring up some discomfort or remind you of unpleasant feelings.

- The Eating Disorders Association of New Zealand can assist with concerns relating to eating disorders. Go to https://www.ed.org.nz/ or call 0800 233 269 or 09 5222 679 to access their helpline and other support services.
- The New Zealand Dietary Guidelines can also provide advice around healthy eating. Go to: https://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults
- 1737 Need to Talk? New Zealand's national mental health helpline – Free call or text 1737 to talk or text with a trained counsellor or to talk to a peer support worker.

What are the benefits of the research project?

While you may not directly benefit from participating in this study, the results may be used to improve food labelling for Australian and New Zealander consumers and may inform potential tailored information which builds on community strengths and ensures that any specific challenges are addressed.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time without any explanation, even after the focus group discussion has been completed. You can do this by contacting Hemisphere and the data you have contributed will be deleted from the focus group transcript. If you withdraw from the study within two weeks of the focus group being completed, your data will not contribute to the data analysis or reporting. After two weeks, it will not be possible to remove data you have contributed from the research results and report.

How will the information be collected?

The focus group will be facilitated by two researchers from Hemisphere. No one else will view the discussion. The discussion will be audio recorded, and other members of the research team listed above may listen to the recording. The recording will be deleted once a transcript has been made from it. This transcript will not include any details that could identify the participants in the discussion.

This research will be carried out in compliance with the New Zealand and Australian Privacy Acts, and the codes of conduct of The Royal Society of New Zealand and The Research Society (Australia). Any information you provide will be used for research purposes only.

What will happen to my information?

The results from this focus group will be brought together with results from other focus groups being conducted across Australia and New Zealand with other participants. The data analysis will identify and report on themes that came up across the focus groups. The results will be published in a report on FSANZ's website and may also be published in peer-reviewed journals and presented at professional meetings. The final report will contain some de-identified verbatim quotes from project participants, and though complete anonymity cannot be fully guaranteed in focus group research, care will be taken to ensure reporting contains no identifying information about or from participants. This means that neither your name nor any other identifying information will appear on any research documents.

The deidentified transcript will be kept on secure servers located in Australia by Heartward Strategic and FSANZ after the conclusion of the research project, it will be password protected, and no identifying information will be included. With your permission, the de-identified transcript will be made available to FSANZ. It will only be used for this research project and will not be used for any other purpose, including in any future research. The research data will be retained securely on Heartward's cloud-based server for 12 months. After this time, it will be password protected and digitally archived indefinitely. It may be possible for you to access a copy of the data you have provided and/or the deidentified discussion transcript after the research has been completed. Please contact Hemisphere if you wish to request this. Reasonable requests for access to the transcript will be considered.

Will the research collect any culturally restricted information?

No culturally restricted information will be intentionally collected in this research project. Should any such information be accidentally provided or collected, it will be deleted from any project record it appears in, including from the focus group transcript and will not be used or referred to in the research.

Who are the researchers and who is funding the research?

This project is being conducted by Heartward Strategic, an independent social research company, and Hemisphere, a New Zealand-based research company, and is being funded by Food Standards Australia New Zealand. The researchers conducting the project are: [INSERT RESEARCHERS]. The researchers have no conflicts of interest to disclose.

Who do I contact if I have questions, concerns or complaints about the project?

If you have any questions about the research, please contact: [INSERT CONTACTS]

If you think there has been a breach of your privacy, please first contact the researchers using the details above. You can also contact the NZ Privacy Commissioner by filling out this form: Office of the Privacy Commissioner | Complaint self-assessment. If you have ethical concerns, contact the Chair of the Independent Human Research Ethics Committee (IHREC) at info@ihrec.nz.

Ethics Committee Clearance

This research has been approved by the NZ Independent Human Research Ethics Committee (IHREC) on 1 October 2025 for three years. Reference number: 2025 IHREC_08.

6.6 PARTICIPANT CONSENT FORM – IN PERSON SESSIONS

1. I understand what this research project is about.	Yes ☐ No ☐
2. I voluntarily agree to take part in the research project named above by participating in a focus group that will be held in person.	Yes ☐ No ☐
3. I have had the project, so far as it affects me, fully explained to my satisfaction.	Yes ☐ No ☐
4. I understand I have the opportunity to ask any questions to the researchers prior to the focus group.	Yes ☐ No ☐
5. I understand that I can withdraw from the project at any time and that this means my contribution will be deleted from the focus group transcript. If I withdraw more than two weeks after the focus group is completed, it will not be possible to separate my contribution from the research results or the report.	Yes ☐ No ☐
6. I consent to this focus group being audio recorded so that a transcript can be made. Once the transcript has been made, I understand that the audio recording will be deleted.	Yes ☐ No ☐
7. I agree to the deidentified transcript of the audio recording being provided to Food Standards Australia New Zealand.	Yes ☐ No ☐
8. I understand that $150 koha will be provided through the Koha Kiwi platform after the focus group.	Yes ☐ No ☐
9. I understand the risks of participating and that my involvement may not be of any direct benefit to me.	Yes ☐ No ☐
10. I have been informed that, while information gained during the study may be published, the researchers will ensure to the best of their ability that I will not be identified in any recording or reports, and my individual personal input will not be disclosed to anyone outside of the focus group itself.	Yes ☐ No ☐
11. I want to be notified when the report that is produced as a result of this research is published.	Yes ☐ No ☐

12. I am aware that I should keep a copy of this Consent Form, when completed, and the Participant Information Sheet.	Yes ☐ No ☐

PARTICIPANT to complete:

- I am 18 years of age or older.
- I have read the Participant Information Sheet and Informed Consent Form (or someone has read it to me in language I understand).

Participant Name	**Signature**	**Date (dd/mm/yy)**

RESEARCHER to complete:

- I have described the nature of the research to the Participant and I believe that he/she understood and agreed to it.

Researcher Name	**Signature**	**Date (dd/mm/yy)**

6.7 FOCUS GROUP DISCUSSION GUIDE - ONLINE SESSIONS

Introduction (~5mins)	
Welcome	Hello and welcome to today's focus group, where we will be talking about nutrition labelling on food. My name is [name], I am a researcher from [consultant] and I will be facilitating today's session on behalf of Food Standards Australia New Zealand. Thank you for agreeing to be with us today. Your insights as Australian/New Zealand consumers will provide valuable information to inform potential changes to food labelling. Today we are going to discuss nutrition information and how this is presented on food labels. The session will take no more than 90 minutes.
Housekeeping	Firstly, everyone's perspective in this room is important. There are no wrong answers, and we have brought you together expecting you will have differing points of view. So please feel free to disagree and discuss and I'd ask that everyone be respectful and listen to other people's thoughts. We are interested in all views. I want to make sure everyone has the opportunity to share their views today, so I may ask you for your opinion at certain points or ask that we move on to allow others time to answer. Please feel free to respond directly to each other. We want to have a conversation here today, I am just here to facilitate.
Recording and confidentiality	As mentioned in the consent form, we will be recording the session today to make sure we don't miss any of your comments. We'd appreciate it if you try to avoid talking at the same time as someone else, as this can make it difficult to hear you now and also to understand the recording. This research is being carried out in compliance with the Privacy Act. None of your names or identifying details will be used in our reports or will be able to be traced back to you in any other way. The results from this study will form a report back to Food Standards Australia New Zealand, which will be published online and may be used in academic articles. You will have received and signed an informed consent form when you agreed to participate in this study. Can I confirm, before we begin, that everyone here is still comfortable to participate? Are there any other questions about all of that before we get started?

Zoom orientation	How familiar are you with Zoom? Right now check that you have your 'view' set to gallery, so we can see each other. In today's group I will be showing you some images and also running some polls. I'll give you instructions as we go. Please ask about anything related to zoom if you're not sure. And if you have technical difficulties, please contact us by phone or email. You will see the phone number on the screen for technical support, please make a note of it somewhere handy now in the unlikely event that you drop out of Zoom and cannot rejoin or need technical help. In general, when contributing, we need you to speak your responses to the group, but if you are waiting to speak you can 'raise your hand' or if think you'll forget, you can type something in the group chat.
Ice breaker	Let's start by getting to know each other a little. We will go around the room and if you could please tell us your name, where you are from, and your favourite food.

QUESTION 1 - General use, preferences and subjective understanding of the NIP (10 mins)	
Purpose: Understand how consumers use and understand the NIP, what they use it for, what additional information may be useful, and any barriers to use and understanding. *NB: Sodium will be specifically probed if not raised independently due to previous research and stakeholder submissions to a recent call for information suggesting that this is an area of confusion.*	I understand all of you here today do quite a bit of the food shopping for your household. • When doing the food shopping, what are some of the things you usually look for on the label/packaging, especially when buying a product for the first time, if you look at the label at all? ○ Do you usually look more at the front or back of the pack? Or both? Why? **SHARE SCREEN** SHOW NIP IMAGE – SLIDE 2). HAVE PARTICIPANTS ADJUST ZOOM TO SEE IMAGE AND GROUP CLEARLY). NUTRITION INFORMATION Servings per package: 6.3 Serving size: 160g Average Quantity per Serving / Average Quantity per 100g Energy 571kJ 357kJ Protein 7.0g 4.4g Fat, total 3.0g 1.9g - saturated 1.9g 1.2g Carbohydrate 20.0g 12.5g - sugars 19.4g 12.2g Sodium 90mg 56mg You may have seen one of these on food labels before. They're called Nutrition Information Panels, or NIP for short, and they're required to be displayed on most packaged food. Food Standards Australia New Zealand is currently reviewing the NIP to see if people can use and understand it. Your discussion today will be an important input to this process.

[ALL NON-HIGH NIP USER GROUPS] *Probing questions:*

- Let's do a quick show of hands – how many of you use this information regularly? And how many not so much? Anyone in between?
    - I'll start with those who don't use it very much - Why is that?
    - What about those who do use it -What do you use it for?

[HIGH NIP USER GROUPS] *Probing questions:*

- I understand most of you here use this information pretty regularly, is that right?
    - What do you typically use it for?
    - Are there scenarios where you don't use it? Why?

[FOR ALL:]

- What things do you like about the NIP? Is there anything in particular you find useful or important?

1. *Probing questions if needed:*
    - Are there any nutrients you use more than others? (*If required:* Like sugar, or sodium)?
    - Is there anything about the layout you like?
- Is there anything about the NIP that you don't like or find hard to use?

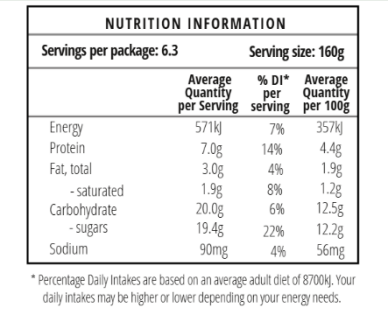
2. *Probing questions:*
    - Are there any words you don't understand? Are there any alternative words that make more sense?
        - What about sodium? Is salt a more helpful term?
    - Is there anything about the amounts or measures (e.g. g or kJ) you don't understand?
    - Anything about the layout?
- Is there nutrition information you are interested in that isn't currently included in the NIP, that you think should be? Is there information that you have seen in some NIPs that you think should be provided on all NIPs?

QUESTION 2 – Comparing foods using the NIP (30 mins)	
Purpose: *To objectively investigate consumer's ability to use and understand the NIP to compare foods*	I'm going to show you the back of two tubs of ice cream. I want you to imagine you are comparing these two to see if there is a healthier option. I'm going to ask you to use the information on the pack in a few different ways, and then I'd like to discuss how you found doing those tasks. This isn't designed to be a test, so it doesn't matter if you get the answers right or wrong. We are asking these questions to understand how people use and understand the information in the NIP and if there is anything that could be improved. REITERATE THIS THROUGHOUT SESSION. SHOW ICECREAM IMAGE [SLIDE 3]  A B Here are two different ice cream products. On one side you can see the back of one tub of ice cream, and on the other side you can see the back of a second tub. ADVISE PEOPLE TO ZOOM IN ON IMAGES TO ENSURE THEY CAN READ ALL THE TEXT
Q 2.1 specifically investigates consumers' ability to compare on single factor (energy), when serving sizes are different.	**Question 2.1 – comparing energy** The first task is to imagine you are trying to decide between these two products to have a bowl of ice cream. Which one would you choose if you wanted to limit the amount of energy the ice cream was going to give you? I'm going to put this up as a poll, so pop your answer in there when you are ready, and then we can discuss. LAUNCH 'Q1 ICECREAM' POLL CLOSE POLL AND DISCUSS AS A GROUP Thank you for your responses. Now I'd like to discuss as a group.

	• Can someone start us off by telling us which product you chose, and what you looked at on the label to decide? *Probing questions:* ○ Which column of the NIP did you use? Why? ○ Did anyone choose a different product? What did you look at to come to that choice? ○ How did the different serving sizes impact your ability to compare the energy? ○ Did anyone use any other information to decide which was higher in energy? ○ Would any other information have been useful to help? What about calories?
Q 2.2 investigates consumers' ability to identify serving size, its utility and whether context beyond grams in serving size is helpful.	**Question 2.2 – Serving size/per serve column** Great. Now the second thing I'd like to ask is, based on the information in the nutrition panel, what would you say the serving sizes are for these ice-creams? • Let's start with the salted caramel? What about the caramel cheesecake? • Was everyone able to identify that information ok? *[If not]* What made it difficult? You may have noticed that one of the products' serving size tells you a bit more information, by saying that the serving size is roughly equivalent to a scoop. • Did you find that additional context useful? Why/Why not? *Probing questions:* ○ Have you seen this on other products – e.g serving = 1 teaspoon, 1 cup, 10 chips etc? Was this useful or not? ○ What do you think one serve of the caramel cheesecake ice cream would look like if you were trying to portion it out using household measurements? • How useful did you find the serving size and per serving nutrition information? *Probing questions:* ○ Do you find the serving sizes on products reflect how much you would usually eat in one sitting? ○ When would you use the per serving column vs the per 100g column? IF CONFUSION AROUND SERVING SIZE ADDING UP TO TOTAL PRODUCT VOLUME: The NIP is presented in grams, but volume for ice-cream is measured in mils, so the servings per pack won't always add up to the total package volume.

Q2.3 investigates consumers' ability to identify fat per 100g, understanding of sub-components of fat total, and impact of additional fat information being voluntarily provided in one NIP.	**Question 2.3 – Comparing fat/nutrients with sub-components** Now I am going to ask you another poll question. [LAUNCH POLL – Q2 ICECREAM] This question asks you to write in the amount of fat in each ice cream, per 100g. CLOSE POLL TO DISCUSS • What did people think for this question? *Probing questions*: ○ Did anyone have any different answers? ○ [*If anyone added together sat/trans and total, explain that they are sub-components and then ask*] – Is there something that would make it more clear that those are parts of the total fat? ○ What did you think about the trans fat line in the NIP of Product A? ▪ Why do you think it was only on one product?

QUESTION 3 - Interpretive element - %DI (~5mins)	
Purpose: *Investigate consumer use, understanding and value in one of the main interpretive elements of the NIP that are currently permitted, i.e. % daily intake*	You may have noticed that NIPs on different products don't always look the same. They can sometimes include extra nutrients or columns for example. One thing that is included in some NIPs is percentage daily intake information. I'll show you a NIP with this in it now. [SHOW NIP WITH %DI - SLIDE 4] • Have you used this information? How? If no, why not? • What does the %DI information mean to you? [*Explanation of %DI if no one is correct:* % DI is short for percentage daily intake. This is a guide to the amount energy or key nutrients that are in one serve of a food, compared to the daily needs of an average healthy adult. For example, how much of the average daily protein or energy needs you would get if you ate a serve of the food.] • Do you find %DI information useful? How/why not?



NUTRITION INFORMATION

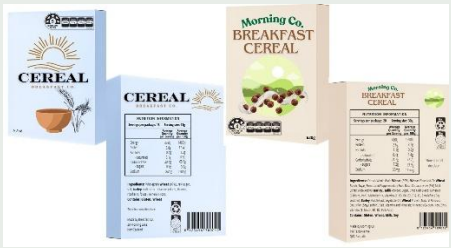
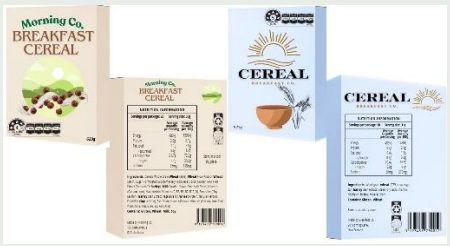
Servings per package: 6.3 — Serving size: 160g

	Average Quantity per Serving	% DI* per serving	Average Quantity per 100g
Energy	571kJ	7%	357kJ
Protein	7.0g	14%	4.4g
Fat, total	3.0g	4%	1.9g
- saturated	1.9g	8%	1.2g
Carbohydrate	20.0g	6%	12.5g
- sugars	19.4g	22%	12.2g
Sodium	90mg	4%	56mg

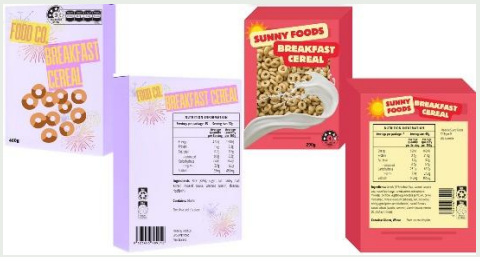
* Percentage Daily Intakes are based on an average adult diet of 8700kJ. Your daily intakes may be higher or lower depending on your energy needs.

	Probing question: ○ Going back to our earlier discussion on serving size, does the fact that %DI relates to serving size influence how useful it is? • After doing these tasks, is there anything else you think could be improved about the NIP?

QUESTION 4 - HSR general use, understanding and preferences (~10mins)	
Purpose: *investigate consumer use, understanding and barriers to use and understanding of the HSR, including understanding that the HSR is designed to facilitate comparisons between similar packaged products, and is not a measure of overall healthiness.* *Also explores likes, dislikes and preferences between HSR and NIP.*	Another type of nutrition label that you may have seen is the Health Star Rating system, or the HSR for short. [SHOW HSR – SLIDE 5]  This is currently something food manufacturers can put on the front of their label if they want to. The Government is considering whether this should become mandatory. The HSR can also be presented in different ways. Sometimes it is just the star symbol like you see on the left, while other times it can include additional information like the ones on the right. There are quite a few variations allowed. • Do you look at Health Star Ratings when shopping for food? Why/why not? • For those that do, how do you usually use the HSR? ○ What do you think it means? ○ [If comparing products is raised] - What types of products do you usually compare? ○ Does anyone use it to get a sense if a product is generally healthy, but not compare? • What do you like about the HSR? ○ Is there anything in these formats here you particularly like? • What don't you like about the HSR? ○ Is there anything you don't particularly like in these different formats? • How would you use this information, compared to how you might use the NIP? Why?

	IF TIME ALLOWS, PROBE FURTHER ABOUT DIFFERENT FORMATS
QUESTION 5 – HSR/NIP Interaction A (~15 mins)	
Purpose: *Explores how consumers may use the NIP and the HSR when the HSR consistently contains information about key nutrients – i.e. the HSR is consistently presented with a 'tail' including energy and nutrients of concern.* *Investigates what impact including additional nutrients on the FOP may have on consumer use and understanding and whether the use of the NIP and HSR aligns with their intended purpose.*	I'm now going to show you another two food products. [SHOW CEREAL COMPARISON IMAGE FOR CORRECT ROTATION - SLIDE 6 / SLIDE 13 – PRODUCTS REVERSED FOR HALF OF THE GROUPS] These images show you the front and the back of the pack for both products. Each one has a NIP and a Health Star Rating. I'm going to ask you to answer another quick poll question before we discuss them.  A  B [LAUNCH POLL – Q3 CEREAL] Imagine you are shopping for some cereal and are comparing these two products. Which one would you choose to purchase if you wanted the one that is healthiest? I'll give you a bit of time to consider, but imagine you are actually at the shops and don't have too much time to spare. [CLOSE POLL TO DISCUSS] Let's discuss. • Which did you choose and what nutrition information did you look at, if any, to help you make your choice? • What information did you find most useful? *Probing questions:* ○ Was it easy or difficult to compare these products? Why? ○ Did you rely more on the NIP or the HSR when making your choice?

	▪ If the HSR was displayed like this on all products, do you think this would be how you would generally use that information, or would it be different when you were in a normal shopping environment? ▪ When would you be more likely to use the NIP? When would you be more likely to use the HSR?

QUESTION 6 - NIP/HSR Interaction B (~15mins)	
Purpose: *Explore how consumers may use the NIP and the HSR when the HSR formats are inconsistent, with one providing numerical information about specific nutrients while the other does not.*	Thanks so much for all of your insights so far. Now onto our final question for today. Imagine you are continuing to compare cereals. I am going to show you two more products, again showing the front and back of the label which have a Health Star Rating and a NIP. [SHOW SECOND PAIR OF CEREAL LABELS –SLIDE 7 / SLIDE 14 – PRODUCTS REVERSED FOR HALF OF THE GROUPS]  A  B As before, I'm going to ask you to answer another quick poll question before we discuss them. [LAUNCH POLL - Q4 CEREAL] The poll says: If you were going to choose which one of these two was healthier, which would you choose? I'll give you some time to consider but imagine you are grocery shopping and don't have too much time to spare. [CLOSE POLL] Let's discuss. • Which did you choose and what information did you look at, if any, to help you make your choice?

	• Did you find it easy or difficult to compare these products? Why? • Was it easier or harder than the last comparison you made? Why? • Did you use the NIP and the HSR differently in this scenario? Is there anything that would improve your trust in the HSR, or make it more likely that you would use it? • If the government decided that the HSR must be put on the majority of packaged foods, would this impact the way you feel about it? • Would you expect to see the HSR on foods like packaged fresh fruit and veg, eggs or water if the system became mandatory/compulsory? **STOP SCREEN SHARE**

Conclusion and debrief (5 mins)	
Recap and thanks	That brings us to the end of our session. Thank you very much for your participation. Your insights will be incredibly valuable for Food Standards Australia New Zealand in considering whether and how to improve the NIP and the Health Star Rating. Is there anything else that would like to raise about the NIP or Health Star Rating? If anyone has any questions about the NIP or the Health Star Rating that we were unable to answer during the session, we would be happy to discuss those now. I'll provide you with an information sheet in the chat with further links about how the Health Star Rating is calculated, but I can give you a quick overview now. • The rating is calculated using a system regulated by the government, which gives points for positive nutrients like protein and fibre, and takes away points for more negative things like saturated fat and sugar. • In this way, it summarises a product's overall nutrition to give a simple a rating from ½ a star to 5 stars. • The more stars, the healthier the choice. • However, it is important that you only use the stars to compare similar foods. For example, you can compare a yoghurt to another yoghurt, but you cannot compare a yoghurt to a bag of chips. PROVIDE DEBRIEFING SHEET LINK (AUS OR NZ SPECIFIC) IN ZOOM CHAT

Follow up/ debriefing	Before we finish, I'd like to remind you to please not share any of the stories or perspectives that were discussed today outside this room in order to be respectful of other participants' privacy. If you are interested in seeing the results of the study, you can sign up to receive the Food Standards Australia New Zealand Newsletter, which will notify you when then results are published on their website. To sign up, go to https://www.foodstandards.gov.au/subscribe. IF REQUIRED CAN ALSO SAY: If any of the discussions today raised some issues for you, please reach out to us, or to local support services. In Australia: • The butterfly foundation can assist with concerns relating to eating disorders or body image. Go to https://butterfly.org.au/ to chat online or in person, or access other support services. • The Australian Dietary Guidelines can also provide advice around healthy eating. Go to The Australian Dietary Guidelines | Australian Government Department of Health and Aged Care • [For Aboriginal and/or Torres Strait Island Group: 13YARN is an Aboriginal & Torres Strait Islander crisis support line, run by Aboriginal and Torres Strait Islander people. Go to https://www.13yarn.org.au/ or call 13 92 76] In New Zealand: • The Eating Disorders Association of New Zealand can assist with concerns relating to eating disorders. Go to https://www.ed.org.nz/ to access their helpline number and other support services. • The New Zealand Dietary Guidelines can also provide advice around healthy eating. Go to Eating and activity guidelines – Te Whatu Ora - Health New Zealand

6.8 DISCUSSION GUIDE - IN PERSON SESSIONS

Introduction (~5mins)	
Welcome	USE RELEVANT LANGUAGE GREETING AND WELCOME AS APPROPRIATE [e.g. kia ora koutou kātoa / talofa lava / mālō e lelei / kia orana / fakaalofa lahi atu] We'll begin with karakia (opening prayer/blessing) to bring us together safely in this space. In today's focus group, we will be talking about nutrition labelling on food. My name is [name], I am a researcher from Hemisphere, and I will be facilitating today's session on behalf of Food Standards Australia New Zealand with help from my colleague [name]. Thank you for agreeing to be with us today. Today we are going to discuss nutrition information and how this is presented on food labels. Your views as food consumers will provide valuable information to inform potential changes to food labelling. The session will take no more than 90 minutes.
Housekeeping	Firstly, everyone's perspective in this room is important. There are no wrong answers, and we have brought you together to hear everyone's points of view, which we know may be different from each other. So please feel free to disagree and discuss and I'd ask that everyone be respectful in listening and responding to other people's thoughts. I am keen to make sure everyone has the opportunity to share their views today on this topic. We would like this to be a conversation, so please feel free to respond directly to each other. I am just here to facilitate.

Recording and confidentiality	As mentioned in the consent form, we will be recording the session today to make sure we don't miss any of your comments. We'd appreciate it if you try to avoid talking at the same time as someone else, as this can make it difficult to hear you now and also to understand the recording. This research is being carried out in compliance with the Privacy Act. None of your names or identifying details will be used in our reports and we will try out best to ensure that any quotes used in the research cannot be traced back to you. The results from this study will form a report back to Food Standards Australia New Zealand, which will be published online and may be used in academic articles. You will have received and signed an informed consent form when you agreed to participate in this study. Can I confirm, before we begin, that everyone here is still comfortable to participate? Are there any other questions about what I have said or the research in general before we get started?
Ice breaker	Before we talk about food labels, let's get to know each other. We can't do good mahi together without understanding who we are to each other. Let's go around our circle. Please share as much or as little as you're comfortable with. This might include: • Your name and what it means to you • Your pepeha if you'd like to share it • Where your people are from • A food that connects you to whānau (family) or home • Whatever feels right for you to share There's no pressure to share everything — follow your heart about what feels appropriate to offer to this group. RESEARCHER GOES FIRST

QUESTION 1 - General use, preferences and subjective understanding of the NIP (10 mins)

Rationale: This is an exploratory question, designed to understand how people use and understand the Nutrition Information Panel, what they use it for, what additional information may be useful, and any barriers to use and understanding.

In respect of use of the Nutrition Information Panel, the focus is more on understanding how and why people use the Nutrition Information Panel, rather than establishing how many or how often people use it. This is because the intent of the Nutrition Information Panel is to accurately communicate nutrition information. Focus groups are also not well suited to answering these questions.

NB: Sodium will be specifically probed if not raised independently due to previous research and stakeholder submissions to a recent call for information suggesting that this is an area of confusion.

I understand all of you here today do quite a bit of the food shopping for your household.

- When doing the food shopping, what are some of the things you usually look for on the label/packaging, especially when buying a product for the first time, if you look at the label at all?
    - Do you usually look more at the front or back of the pack? Or both? Why?

SHOW STIMULUS NIP IMAGE:

NUTRITION INFORMATION		
Servings per package: 6.3	**Serving size: 160g**	
	Average Quantity per Serving	**Average Quantity per 100g**
Energy	571kJ	357kJ
Protein	7.0g	4.4g
Fat, total	3.0g	1.9g
- saturated	1.9g	1.2g
Carbohydrate	20.0g	12.5g
- sugars	19.4g	12.2g
Sodium	90mg	56mg

You may have seen one of these on food labels before. They're called Nutrition Information Panels and they're required to be displayed on most packaged food.

Food Standards Australia New Zealand is currently reviewing the nutrition panel to see if people can use and understand it. Your discussion today will be an important input to this process.

- Let's do a quick show of hands – how many of you use this information regularly? And how many not so much? Anyone in between?
    - I'll start with those who don't use it very much - Why is that?
    - What about those who do use it -What do you use it for?

- What things do you like about the nutrition panel? Is there anything in particular you find useful or important?

  Probing questions:

  - Are there any nutrients you use more than others? (*If required:* Like sugar, or sodium)?
  - Is there anything about the layout you like?
- Is there anything about the nutrition panel that you don't like or find hard to use?

  Probing questions:

  - Are there any words you don't understand? Are there any alternative words that make more sense?
    - What about sodium? Is salt a more helpful term?
  - Is there anything about the amounts or measures (e.g. g or kJ) you don't understand?
  - Anything about the layout?
- Is there nutrition information you are interested in that isn't currently included in the nutrition panel, that you think should be? Is there information that you have seen in some nutrition panels that you think should be provided on all nutrition panels?

QUESTION 2 – Comparing foods using the NIP (30 mins)

Rationale: This question aims to objectively investigate people's ability to use and understand the Nutrition Information Panel to compare foods. Poll questions are asked to get an indication of consumer's understanding, prior to them potentially being influenced by broader group discussions.

The sub-questions explore use and understanding of different components of the Nutrition Information Panel, which have been demonstrated as potentially challenging in prior research or which have been raised in stakeholder submissions to a recent call for information:

Q 2.1 will investigate people's ability to compare on single factor (energy), when serving sizes are different.

Q 2.2 will investigate people's ability to identify serving size, and how useful and relevant this information is. It will also investigate whether context beyond grams in serving size is helpful.

Q2.3 will investigate people's ability to identify fat per 100g, to understand that saturated fat and trans fat are sub-components of fat, and what may be driving any misunderstanding - e.g. format. It will also investigate the impact of additional fat information being voluntarily provided in one Nutrition Information Panel.

We're now going to look at some pictures of the back of two tubs of ice cream. Please imagine you are comparing these two ice cream products to see if there is a healthier option. [IF NEEDED: These are not real products, they've been made up for us to use in this discussion.]

I'm going to ask you to use the information on the pack in a few different ways, and then I'd like to discuss how you found doing those tasks. This isn't designed to be a test, so it doesn't matter if you get the answers right or wrong. We are asking these questions to understand how people use and understand the information

in the Nutrition Information Panel and if there is anything that could be improved. [REITERATE THIS THROUGHOUT SESSION.]

SHOW ICECREAM IMAGE:

Here are the two different ice cream products. On the left you can see the back of one tub of ice cream, and on the right you can see the back of a second tub.

Question 2.1 – comparing energy

The first thing I'd like you to do is to imagine you are trying to decide between these two products to have a bowl of ice cream.

READ OUT 'Q1 ICECREAM' POLL Q: Which ice cream would you choose if you wanted to limit the amount of energy the ice cream was going to give you?

ASK PEOPLE TO NOTE DOWN OR PRIVATELY THINK ABOUT THEIR ANSWER BEFORE WE DISCUSS.

Thanks, now I'd like to discuss as a group.

- Who would like to start us off by telling us which product you chose, and what you looked at on the label to make your decision?

  Probing questions:

  - Which column of the nutrition panel did you use? Why?
  - Did anyone choose a different product? What did you look at to come to that choice?
  - How did the different serving sizes impact your ability to compare the energy?
  - Did anyone use any other information to decide which was higher in energy?
  - Would any other information have been useful to help? What about calories?

Question 2.2 – Serving size/per serve column

Great. Now the second thing I'd like to ask about these ice cream products is: based on the information in the nutrition panel, what would you say the serving sizes are for these ice-creams?

- Let's start with the salted caramel? What about the caramel cheesecake?
- Was everyone able to identify that information ok? *[If not]* What made it difficult?

You may have noticed that one of the products' serving size tells you a bit more information, by saying that the serving size is roughly equivalent to a scoop.

- Did you find that additional information useful? Why/Why not?

  Probing questions:

  - Have you seen this on other products – e.g serving = 1 teaspoon, 1 cup, 10 chips etc? How useful was this?
  - What do you think one serve of the caramel cheesecake ice cream would look like if you were trying to portion it out using household measurements?
- How useful did you find the serving size and per serving nutrition information?

  Probing questions:

  - Do you find the serving sizes on products reflect how much you would usually eat in one sitting?
  - When would you use the per serving column vs the per 100g column?

IF CONFUSION AROUND SERVING SIZE NOT ADDING UP TO TOTAL PRODUCT VOLUME: The NIP is presented in grams, but volume for ice-cream is measured in millilitres/litres, so the servings per pack won't always add up to the total package volume.

Question 2.3 – Comparing fat/nutrients with sub-components

Now I would like you to look at another poll question.

SHOW/READ OUT 'Q2 ICECREAM' POLL Q: What is the amount of fat in each of these ice cream products, per 100g?

ASK PEOPLE TO NOTE DOWN OR PRIVATELY THINK ABOUT THEIR ANSWER BEFORE WE DISCUSS.

DISCUSS ANSWERS

- What was your answer for this question?

  Probing questions:

  - Did anyone have any different answers?
  - [*If anyone added together sat/trans and total, explain that they are sub-components and then ask*] – Is there something that would make it more clear that those are parts of the total fat?

- What did you think about the trans fat line in the nutrition panel of Product A?
  - Why do you think it was only on one product?

QUESTION 3 - Interpretive element - %DI (~5mins)

Rationale: This question aims to investigate use, understanding and value of one of the main interpretive elements of the NIP that are currently permitted: % daily intake. Asking about how useful people find %DI information after being informed about what it means may provide some insight into whether education would be a useful tool to assist people to get more value out of this information.

You may have noticed that nutrition panels on different products don't always look the same. They can sometimes include extra nutrients or columns for example. One thing that is included in some nutrition panels is percentage daily intake information.

I'll show you a nutrition panel with this in it now.

[SHOW NIP WITH %DI:]

NUTRITION INFORMATION

Servings per package: 6.3 **Serving size: 160g**

	Average Quantity per Serving	% DI* per serving	Average Quantity per 100g
Energy	571kJ	7%	357kJ
Protein	7.0g	14%	4.4g
Fat, total	3.0g	4%	1.9g
- saturated	1.9g	8%	1.2g
Carbohydrate	20.0g	6%	12.5g
- sugars	19.4g	22%	12.2g
Sodium	90mg	4%	56mg

* Percentage Daily Intakes are based on an average adult diet of 8700kJ. Your daily intakes may be higher or lower depending on your energy needs.

- Have you used this information? How? If no, why not?
- What does the %DI information mean to you?

[*EXPLANATION OF %DI IF NEEDED:* % DI is short for percentage daily intake. This is a guide to the amount energy or key nutrients that are in one serve of a food, compared to the daily needs of an average healthy adult. For example, how much of the average daily protein or energy needs you would get if you ate a serve of the food.]

- Do you find %DI information useful? How/why not?

Probing question:

- Going back to our earlier discussion on serving size, does the fact that %DI relates to serving size influence how useful it is?

- After thinking about all of this information and the tasks we've been doing, is there anything else you think could be improved about the nutrition panel?

QUESTION 4 - HSR general use, understanding and preferences (~10mins)

Rationale: This question aims to investigate use and understanding of the Health Star Rating, and barriers to use and understanding. This includes examining understanding that the Health Star Rating is designed to facilitate comparisons between similar packaged products and is not a measure of overall healthiness. This question may also provide some insights into what people like and don't like about different Health Star Rating formats shown, as well as overall preferences for the Health Star Rating relative to the Nutrition Information Panel.

Another type of nutrition label that you may have seen on products in the supermarket is the Health Star Rating system.

[SHOW:]

This is currently something food manufacturers can put on the front of their label if they want to. The Government is considering whether this should become mandatory – so that manufacturers have to put this on product labels.

The Health Star Rating can also be presented in different ways. Sometimes it is just the star symbol like you see on the left, while other times it can include additional information like the ones on the right. There are quite a few variations allowed.

- Do you look at Health Star Ratings when shopping for food? Why/why not?
- For those that do, how do you usually use the Health Star Rating?
  - What do you think it means?
  - [IF COMPARING PRODUCTS IS RAISED] - What types of products do you usually use it to compare?
  - Does anyone use it to get a sense if a product is generally healthy, rather than to compare products?
- What do you like about the Health Star Rating?

- Is there anything in these formats here you particularly like?

- What don't you like about the Health Star Rating?
  - Is there anything you don't particularly like in these different formats?
- How would you use this information, compared to how you might use the Nutrition Information Panel? Why?

IF TIME ALLOWS, PROBE FURTHER ON VIEWS ABOUT THE DIFFERENT FORMATS

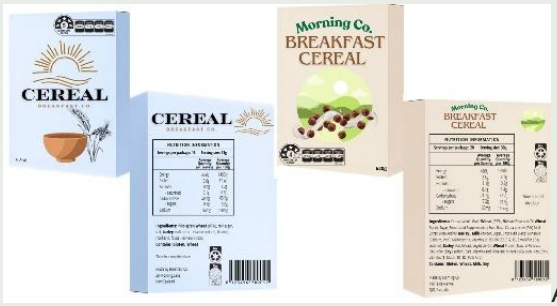
QUESTION 5 – HSR/NIP Interaction A (~15 mins)

Rationale: This question aims to explore how people may use the Nutrition Information Panel and the Health Star Rating when the Health Star Rating consistently contains information about key nutrients – i.e. the Health Star Rating is consistently presented with a 'tail' including energy and nutrients of concern. Should the Health Star Rating be made mandatory, a decision will need to be made around what Health Star Rating format is mandatory at a minimum, which (if any) continue to be optional, and if any current formats would no longer be allowed. This question will explore what impact including additional nutrients on the front of pack may have on consumer use and understanding. It may also provide insight into whether the use of the Nutrition Information Panel and Health Star Rating aligns with their intended purpose.

We're now going to look at some more pictures – this time it is two cereal products.

[SHOW FIRST CEREAL COMPARISON IMAGE – SHOW IMAGE A IN ONE GROUP AND B IN THE OTHER]

These images show the front and the back of the pack for both products. You can see that each one has a Nutrition Information Panel and a Health Star Rating. I'm going to ask you to answer another quick poll question before we discuss them.



A

B

[READ OUT POLL Q3 – CEREAL:]

Please imagine you are shopping for some cereal and are comparing these two products. Which one would you choose to purchase if you wanted the one that is healthiest? I'll give you a bit of time to consider, but imagine you are actually at the shops and don't have too much time to spare. Please write down or think quietly about your answer before we discuss.

Let's discuss.

- Which did you choose and what nutrition information did you look at, if any, to help you make your choice?
- What information did you find most useful?

  Probing questions:

  - Was it easy or difficult to compare these products? Why?
  - Did you rely more on the nutrition panel or the Health Star Rating when making your choice?
    - If the Health Star Rating was displayed like this on all products, do you think this would be how you would generally use that information, or would it be different when you were in a normal shopping environment?
    - When would you be more likely to use the nutrition panel? When would you be more likely to use the HSR?

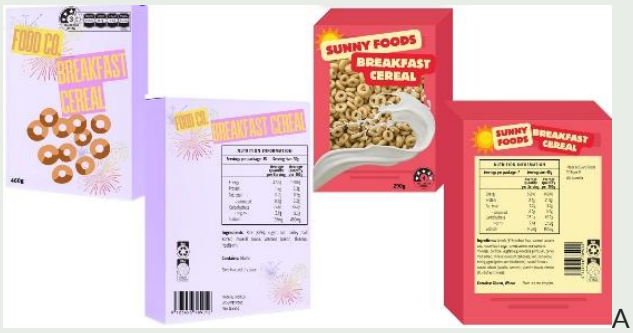
QUESTION 6 - NIP/HSR Interaction B (~15mins)

Rationale: This question aims to explore how people may use the Nutrition Information Panel and the Health Star Rating when the Health Star Rating formats are inconsistent, with one providing numerical information about specific nutrients while the other does not. I.e. would people use the information in the Nutrition Information Panel for the product with the stars-only format to compare, or would the focus be on front of pack information only? This can be contrasted with the results from Question 5 to provide insight into the importance of consistency for the Health Star Rating format across products.

Thanks so much for all of your input so far. Now onto the final part of our discussion today.

Imagine you are continuing to compare cereal products. I am going to show you pictures of two more products, again showing the front and back of the label which have a Health Star Rating and a Nutrition Information Panel.

[SHOW SECOND CEREAL COMPARISON IMAGE – SHOW IMAGE A IN ONE GROUP AND B IN THE OTHER]



A

B

As before, I'm going to ask you to answer another quick poll question before we discuss them.

[READ OUT POLL Q4 – CEREAL:]

If you were going to choose which one of these two was healthier, which would you choose? Again, I'll give you some time to consider but imagine you are grocery shopping and don't have too much time to spare.

Please write down or think quietly about your answer before we discuss.

Let's discuss.

- Which did you choose and what information did you look at, if any, to help you make your choice?
- Did you find it easy or difficult to compare these products? Why?
- Was it easier or harder than the last comparison you made? Why?
- Did you use the nutrition panel and the Health Star Rating differently in this scenario?

Is there anything that would improve your trust in the Health Star Rating, or make it more likely that you would use it?

- If the government decided that the Health Star Rating must be put on the majority of packaged foods, would this impact the way you feel about it?
- Would you expect to see the Health Star Rating on foods like packaged fresh fruit and veg, eggs or water if the system became mandatory/compulsory?

Conclusion and debrief (5 mins)	
Recap and thanks	That brings us to the end of our session. Thank you very much for your participation. Your insights will be incredibly valuable for Food Standards Australia New Zealand in considering whether and how to improve the Nutrition Information Panel and the Health Star Rating. Is there anything else that would like to raise about the nutrition panel or Health Star Rating? If anyone has any questions about the nutrition panel or the Health Star Rating that we were unable to answer during the session, we would be happy to discuss those now. I'll provide you with an information sheet in the chat with further links about how the Health Star Rating is calculated, but I can give you a quick overview now. • The rating is calculated using a system regulated by the government, which gives points for positive nutrients like protein and fibre, and takes away points for more negative things like saturated fat and sugar. • In this way, it summarises a product's overall nutrition to give a simple a rating from ½ a star to 5 stars. • The more stars, the healthier the choice. • However, it is important that you only use the stars to compare similar foods. For example, you can compare a yoghurt to another yoghurt, but you cannot compare a yoghurt to a bag of chips. PROVIDE DEBRIEFING SHEET

Follow up/ debriefing	Before we finish, I'd like to remind you to please not share any of the stories or perspectives that were discussed today outside this room in order to be respectful of other participants' privacy. If you are interested in seeing the results of the study, you can sign up to receive the Food Standards Australia New Zealand Newsletter, which will notify you when then results are published on their website. The details are on the debriefing sheet. IF REQUIRED CAN ALSO SAY: If any of the discussions today raised some issues for you, please reach out to us, your GP or to local support services, including The Eating Disorders Association of New Zealand which can assist with concerns relating to eating disorders. Go to https://www.ed.org.nz/ to access their helpline number and other support services. You can also contact 1737 Need to Talk? New Zealand's national mental health helpline by free call or text to 1737 to talk or text with a trained counsellor or to talk to a peer support worker. Karakia whakamutunga [Final round of checking in / poroporoaki if needed.]

6.9 PARTICIPANT DEBREIFING SHEET AUSTRALIA

Food Standards Australia New Zealand (FSANZ) would like to thank you for participating in today's focus group about the Nutrition Information Panel and the Health Star Rating. The perspectives you shared will be very valuable in deciding whether and how to improve nutrition information on food labels.

If you are interested in seeing the results of the study, you can sign up to receive the FSANZ Newsletter, which will notify you when the report is published on the FSANZ website. To sign up, go to: https://www.foodstandards.gov.au/subscribe

For more information on FSANZ's work to improve nutrition labelling, you can also visit: https://www.foodstandards.gov.au/consumer/labelling/hsr-nip-review

Why is the study being undertaken?

The Health Star Rating is a voluntary nutrition label food companies can choose to apply to their product. It provides simple front-of-pack information on the food's overall nutritional quality to support consumers to compare similar packaged foods. Currently the HSR is only shown on around 30% of products. Australian governments are considering whether to make the HSR mandatory for most packaged foods.

The Nutrition Information Panel provides more detailed information on the nutritional content of food to enable consumers to make informed food choices. FSANZ is reviewing this information to see if consumers can use and understand it, and if any improvements could be made.

Using the Nutrition Information Panel and the Health Star Rating

The Health Star Rating

The Health Star Rating rates the nutritional profile of packaged food and gives each product a rating from ½ a star to 5 stars. The rating is calculated by food manufacturers using a government regulated algorithm, then displayed on the front label of packaged foods. The more stars, the healthier the choice.

You must compare similar products when using the Health Star Rating system. For example, you can compare a yoghurt to another yoghurt, but you cannot compare a yoghurt to a bag of chips. The system helps shoppers choose a healthier option among a range of similar products.

You can find out more about the Health Star Rating and how it is calculated here: https://www.healthstarrating.gov.au/about

Nutrition Information Panel

Nutrition information panels (NIP) provide information on the average quantity of energy in kilojoules and these nutrients:

- protein
- fat

- saturated fat
- carbohydrate
- sugars
- sodium - a component of salt

A NIP will include information about other nutrients if a claim is made. For example, if a food has a 'good source of fibre' claim then the amount of dietary fibre in the food must be shown in the NIP.

You can find out more about the components of the Nutrition Information Panel here: https://www.foodstandards.gov.au/consumer/labelling/panels

You can also learn more about other things on food labels here: https://www.foodstandards.gov.au/sites/default/files/2023-11/food%20label%20poster%20%281%29.pdf

Healthy Eating

Nutrition information on food labels aims to help consumers to make informed food choices, in line with the Australian dietary guidelines. You can find out more about what these guidelines recommend here: https://www.health.gov.au/resources/publications/the-australian-dietary-guidelines?language=en

Supports

If any of the discussions today raised some issues for you, please reach out to local supports:

The Butterfly Foundation can assist with concerns relating to eating disorders or body image. Go to https://butterfly.org.au/ to chat online or in person, or access other support services.

If you have any further questions or concerns about the study, you can also contact:

CONTACT DETAILS FOR HEARTWARD STRATEGIC AND FOOD STANDARDS AUSTRALIA NEW ZEALAND PROVIDED

6.10 PARTICIPANT DEBREIFING SHEET NEW ZEALAND

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Nutrition information on food labels aims to help consumers make informed food choices, in line with the New Zealand dietary guidelines. You can find out more about what these guidelines recommend here: https://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults

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If any of the discussions today raised some issues for you, please reach out to local supports:

The Eating Disorders Association of New Zealand can assist with concerns relating to eating disorders. Go to https://www.ed.org.nz/ to access their helpline number and other support service

If you have any further questions or concerns about the study, you can also contact:

CONTACT DETAILS FOR HEARTWARD STRATEGIC AND FOOD STANDARDS AUSTRALIA NEW ZEALAND PROVIDED

7. Appendix B: Sample characteristics

Screening question reference	Characteristics	Australian Sample n=27	New Zealand Sample n=41
S1	Age		
	18-24	3	3
	25-34	2	9
	35-44	7	15
	45-54	8	7
	55-64	5	5
	65-74	2	1
	74+	0	1
S2	Gender		
	Male	12	16
	Female	15	24
	Different term	0	1
S3	State/region		
	NSW / ACT	11	
	VIC / TAS	9	
	QLD	5	
	SA / NT	1	
	WA	1	
	Upper North Island		9
	Lower North Island		24
	South Island		8

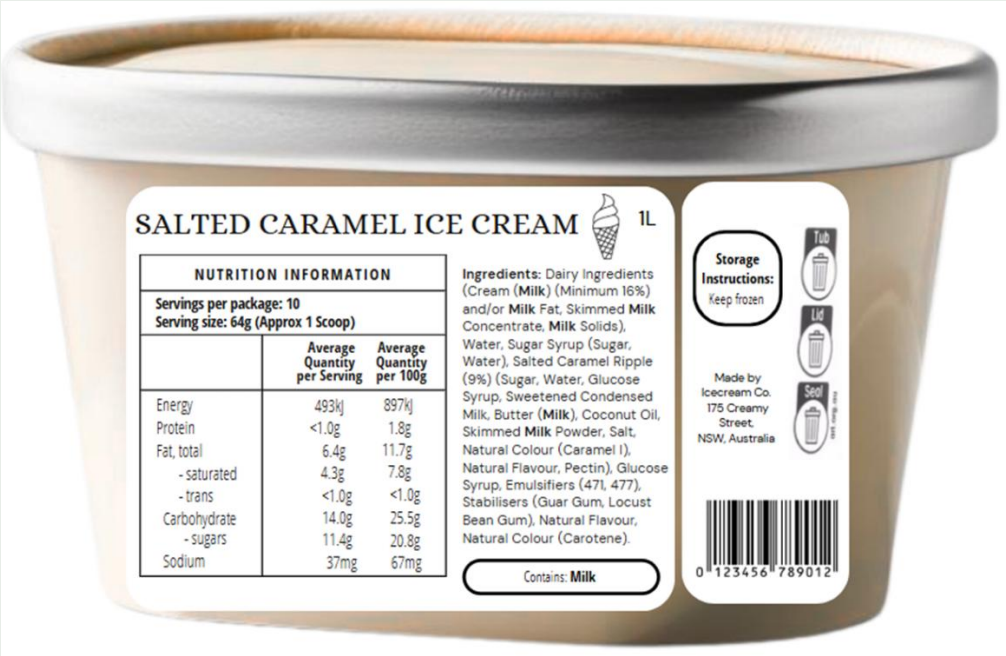
Screening question reference	Characteristics	Australian Sample n=27	New Zealand Sample n=41
S4	Location		
	Major city	21	30
	Regional, rural, remote	6	11
S7	Cultural background		
	Australian	14	
	English, Irish, Scottish	9	
	Aboriginal and Torres Strait Islander		
	NZ European		17
	Māori		7
	Pasifika/Pacific (Samoan, Tongan, Cook Islands)		11
	Other – European country	2	1
	Other – Asian country	2	5
	Other – American country	1	
	Other – African country		1

Screening question reference	Characteristics	Australian Sample n=27	New Zealand Sample n=41
S10	Parental Status		
	Parent of dependent child <18years	15	24
S8	Education level		
	Postgraduate university degree	3	12
	Undergraduate university degree	5	16
	Vocational/trade qualification	12	8
	High school	7	5
S9	Annual household income before tax		
	Up to $35,000 per year	1	1
	$35,001 – $75,000 per year	10	7
	$75,000 - $105,000 per year	5	9
	$105,000 - $145,000 per year	2	10
	$145,001 or more per year	9	14
S5	Food shopping for household		
	I do all or the majority of the food shopping for my household	21	26
	I share the food shopping with someone else	6	15
S11	Frequency of reviewing NIP on food packaging or containers when shopping		
	Always	6	4
	Most times	11	18
	Sometimes	6	14
	Rarely	4	5

Screening question reference	Characteristics	Australian Sample n=27	New Zealand Sample n=41
S12	Effort put into maintaining a healthy diet for self and/or household		
	A lot of effort	6	9
	Quite a bit of effort	10	19
	Some effort	10	12
	Not much effort	1	1
S13	Dietary influences		
	Looking to lose weight	15	21
	Training for sport	3	14
	Food allergy or intolerance	5	11
	Other diet related concerns	1	9
	Digestive concerns	3	6
	Vegetarian/vegan	6	3
	Religious	1	2
	Pregnancy/breastfeeding	0	3
	Other things	6	1
	None	4	4

8. Appendix C: Poll results

POLL QUESTION ONE - ICE CREAM



Q. Which ice cream would you choose to eat if you were trying to limit your energy intake?

Response option	Frequency (n)	%
Salted Caramel Ice Cream	37	54%
Caramel Cheesecake Ice Cream	30	44%
Unsure	1	2%
Total	**68**	**100%**

POLL QUESTION TWO - ICE CREAM

Q2a. How much fat is in 100g of the Salted Caramel Ice Cream? Write in a number of grams or write 'unsure'.

Responses	Frequency (n)	%
5g	4	6%
11.7g	64	94%
Total	**68**	**100%**

Q2b. How much fat is in 100g of the Caramel Cheesecake Ice Cream? Write in a number of grams or write 'unsure'.

Responses	Frequency (n)	%
5g	64	94%
11.7g	3	4%
7.8g	1	2%
Total	**68**	**100%**

POLL QUESTION THREE - CEREAL

Q3 Which cereal would you choose to purchase if you wanted the one that is healthiest?

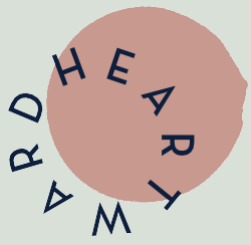
Response option	Frequency (n)	%
Cereal Breakfast Company (blue box)	58	85%
Morning Co Breakfast Cereal (brown box)	10	15%

Total	**68**	**100%**

POLL QUESTION FOUR - CEREAL

Q3 Which cereal would you choose to purchase if you wanted the one that is healthiest?

Response option	Frequency (n)	%
Food Co. Breakfast Cereal (purple box)	49	72%
Sunny Foods Breakfast Cereal (red box)	19	28%
Total	**68**	**100%**


HEARTWARD