2016 Health Star Rating Monitoring and Evaluation

Year One Follow-up Research Report

January 2017

health promotion agency

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January 2017

COMMISSIONING CONTACT'S COMMENTS

This Health Promotion Agency (HPA) commission was managed by Dr Rebecca Bell, Researcher.

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

HPA has commissioned Colmar Brunton to survey grocery shoppers to monitor awareness, recognition, understanding and correct use of the HSR, in addition to awareness, perceptions and possible impacts of the HSR campaign. This report presents findings from the 2016 follow up survey and compares them to the baseline survey completed in 2015 which assessed consumers' awareness, recognition, understanding, and correct use of the HSR prior to the launch of the consumer campaign. The findings will contribute to the trans-Tasman monitoring and evaluation of the HSR system and also help identify opportunities for future communications related to the HSR.

This report has not undergone external peer review.

ACKNOWLEDGEMENTS

HPA would like to thank those respondents who took the time to participate in this research.

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Health Star Rating monitor 2016

Year 1 follow-up research

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Date:	December 2016

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Visual summary of key baseline findings

AIM

The Health Promotion Agency commissioned Colmar Brunton to monitor consumers' awareness, understanding and correct use of the Health Star Rating (HSR), following the implementation of its marketing and education campaign in March 2016. Findings are compared to the 2015 baseline.

METHOD

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

Fieldwork dates:
2016: 12 September to 23 October
2015: 19 October to 16 November

NOTE

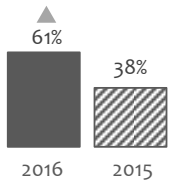
Beyond the general population, the marketing and education campaign targeted several priority audiences: low income shoppers with children under 14 years; Māori shoppers with children under 14 years; and Pacific shoppers with children under 14 years. Findings for these audiences are presented in the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

KEY FINDINGS

Prompted recognition of the HSR

Around six in every ten shoppers recognise the HSR when prompted. This has increased from four in ten in 2015.

% seen or heard of the HSR

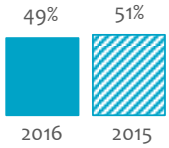


Understanding of the HSR

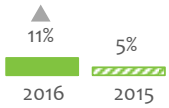
Around half of shoppers currently show accurate understanding of the HSR. This is consistent with 2015.

In contrast, self-reported knowledge has increased, as 11% say they know at least a fair amount about the HSR (up from 5% in 2015).

% showing accurate understanding of the HSR



% that know at least a fair amount about the HSR



Correct use of HSR

To compare similar products: Understanding has improved since 2015. Shoppers are less likely to believe they can use the HSR to compare different types of products (eg. baked beans and breakfast cereal). However, two in three still believe this is the case.

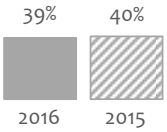
To select the healthier option: Shoppers are more likely to correctly identify the healthier option when comparing two similar products with different health star ratings (67% in 2016 vs. 59 in 2015%).

KEY FINDINGS

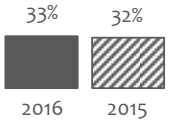
Trust in the HSR and its provenance

Analysis from 2015 showed trust in the HSR is the most important predictor of likelihood to use the rating in the future. Four in ten trust the HSR, which is consistent with 2015. In addition, one in three shoppers are aware the HSR system was developed by food experts, which is also consistent with 2015.

% that trust the HSR



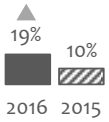
% that know the HSR was developed by food experts



Current use of the HSR

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

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

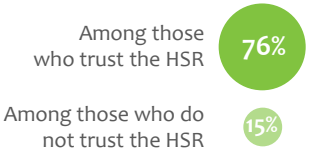


Intention to use the HSR in future

While current use has improved, intended use has remained consistent. Half of all shoppers say it is very or quite likely they will use it in future. Those who trust the HSR are more likely to say they'll use it.

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

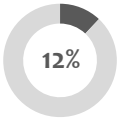
Likelihood to use the HSR among those who trust the HSR



Recognition of campaign advertising

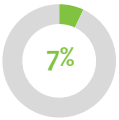
One in ten shoppers have seen the HSR online advertising or adshels. Recognition of the online video is consistent with the Colmar Brunton norm for NZ.

Seen either an online ad or an outdoor poster



Seen an online video ad

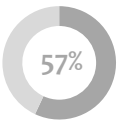
Seen an outdoor poster



Potential influence of the campaign advertising on shopping behaviours*

Two in three shoppers who have used the HSR and seen the advertising say the campaign has encouraged them to use the HSR

Over half of those who have seen the advertising and are checking the healthiness of packaged food more frequently feel the advertising has supported them



* The initial goal of the campaign is to increase awareness and recognition of the HSR, with later phases focusing on behaviour change

Written summary of key findings

Introduction

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

In March 2016, the Health Promotion Agency (HPA) implemented a consumer marketing and education campaign to increase awareness, recognition, understanding and correct use of the Health Star Rating. Priority groups for the campaign are grocery shoppers in households with at least one child under the age of 14 years, with an emphasis on Māori, Pacific and low income families. The campaign runs until June 2018 and is initially focusing on raising consumer awareness and recognition of HSR. Over time, campaign messages will evolve to incorporate consumer understanding and usage of HSR.

HPA has commissioned Colmar Brunton to survey grocery shoppers to monitor awareness, recognition, understanding and correct use of the HSR, in addition to awareness, perceptions and possible impacts of the HSR campaign. This report presents findings from the 2016 follow up survey and compares them to the baseline survey in 2015 to help evaluate the continued roll-out of the HSR and supporting campaign.

In total 1,658 shoppers were surveyed online between 12 September and 23 October 2016. The total sample includes 309 low income shoppers, 310 Māori shoppers and 303 Pacific shoppers, all with at least one child under 14 years of age, and 736 shoppers in the general New Zealand population. This is consistent with 2015.

Awareness of the HSR

Compared to the baseline research in 2015, unprompted and prompted awareness of the HSR has increased for shoppers in the general population and all priority groups. With the exception of awareness for Pacific shoppers, all increases are statistically significant.

- 9% of general population shoppers now mention the HSR without being prompted (up from 3% in 2015).
- 61% of general population shoppers now recognise the HSR when prompted (up from 38% in 2015).
- 15% of low income shoppers, 10% of Māori shoppers and 8% of Pacific shoppers now mention the HSR without prompting (all statistically significant improvements from 2015).
- 77% of low income shoppers, 70% of Māori shoppers and 72% of Pacific shoppers recognise the HSR when prompted (statistically significant improvements from 2015, except for Pacific shoppers).

Knowledge of the HSR

Overall, self-reported knowledge of the HSR has also increased. In 2016, 11% of shoppers in the general population report knowing at least a fair amount about the HSR (up from 5% in 2015).

Shoppers in the general population are now more knowledgeable about the following aspects of the HSR:

- 49% are now aware not all packaged foods are required to have the HSR (up from 34% in 2015).
- 31% are now aware the HSR system is backed by the government (up from 23% in 2015).

Other aspects of knowledge about the HSR remain consistent in the following areas:

- That the product with more stars is healthier (67% in both 2016 and 2015).
- That you can't eat as much as you want of a product with five stars (79% in both 2016 and 2015).
- The HSR was developed by food experts (33% in 2016 and 32% in 2015).

Ability to use the HSR

Compared to 2015, more shoppers now understand the HSR should not be used to compare products in different categories. One example given was comparing baked beans and cereal (36% of the general population said these items could not be compared in 2016 vs. 27% in 2015). That said, the majority of shoppers are still confused on this point.

Perceptions of the HSR

Trust, confidence and believability of the HSR have not changed since 2015.

- 39% of shoppers in the general population say they trust the HSR.
- 45% of shoppers in the general population feel confident using the HSR to choose packaged foods.
- 45% of shoppers in the general population believe it is just something companies use to sell more products.

Findings are broadly consistent across all priority groups, although Pacific shoppers tend to have a more positive view of the HSR when it comes to trust, confidence and believability. However, caution is clearly needed when comparing the results for Pacific shoppers to the other groups. As in 2015, Pacific shoppers were recruited differently to the other groups (on the street rather than through an online panel) and interviewed in different circumstances (an internet café with the interviewer present).

Most shoppers in the general population feel the HSR is easy to use, with over half agreeing:

- It's easy to find the HSR on packaged foods (63% in 2016, up from 51% in 2015).
- It makes it easier to decide which packaged foods are healthier (64% in 2016, consistent with 60% in 2015).
- It's easy to understand (61% in 2016, consistent with 58% in 2015).

Use of the HSR

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

- 19% of shoppers in the general population have used the HSR in 2016 compared to 10% in 2015.
- 25% of low income shoppers have used the HSR in 2016 compared to 14% in 2015.
- 18% of Māori shoppers have used the HSR in 2016 compared to 6% in 2015.
- 37% of Pacific shoppers have used the HSR in 2016 compared to 25% in 2015.

Over half (57%) of shoppers in the general population who have used the HSR say it encouraged them to purchase a product they would not normally purchase, which is consistent with 2015 (55%).

While the majority of shoppers mistakenly believe the HSR can be used to compare products from different categories (eg. baked beans and cereal), only a minority claim to do this in practice (3% of shoppers in the general population, 6% of low income shoppers, 5% of Māori shoppers and 17% of Pacific shoppers).

Intention to use the HSR

Half (49%) of shoppers in the general population say they are at least quite likely to use the HSR the next time they see it on something they are thinking of buying. This is consistent with 2015 (51%).

Barriers to future use of the HSR

Consistent with 2015, the largest barrier for general population shoppers is a belief that other nutrition information is more important than the HSR (46%). It is also the leading barrier for low income shoppers (54%) followed closely by now being much more likely to question the HSR's credibility (53% compared to 20% in 2015).

Also consistent with 2015, the largest barriers to HSR future use among Māori and Pacific shoppers, is prioritising buying what they know their family will eat (43% and 38% respectively) and buying based on price (40% and 30% respectively).

Awareness of the HSR campaign

Overall, 12% of shoppers in the general population have seen some component of the HSR advertising campaign. Specifically, 10% report seeing the online video ads and 7% have seen the still images of the adshel posters. General awareness of the campaign varies greatly among priority groups: 21% of low income shoppers, 14% of Māori shoppers and 45% of Pacific shoppers say they have seen the advertising.

The online component of the HSR campaign specifically is performing in line with the Colmar Brunton norm of 12% for other online campaigns in New Zealand. The campaign has been particularly effective in targeting low income shoppers and Pacific shoppers, where recognition of the online advertising is well above the norm.

The key message shoppers from priority groups identify from the advertising is 'the higher the star rating the better/healthier the product'. Less than one-third (30%) of shoppers in the general population mention this.

Perceptions of the HSR campaign

Overall the priority groups are more engaged with the advertising than the general population. Compared to norms, Pacific shoppers in particular are more engaged with the ads and are more likely to view them as interesting.

Compared to norms, perceptions of the HSR advertising for shoppers in the general population indicate that the advertising is not yet as engaging as it could be to grab and keep people's attention.

Overall, the ads are perceived as easy to understand and relatively motivating in terms of encouraging HSR use. However, a relatively smaller proportion of shoppers believe the ads are relevant to them, or believe what they say:

- 65% of shoppers in the general population say the ads are easy to understand. This is broadly consistent across all priority groups: low income (67%), Māori (66%) and Pacific (63%).
- 51% of shoppers in the general population say the ads encourage them to use the HSR (53% of low income shoppers, 51% of Māori shoppers and 65% of Pacific shoppers).
- 37% of shoppers in the general population say the ads are relevant to them (41% of low income shoppers, 42% of Māori shoppers and 54% of Pacific shoppers).
- 29% of shoppers in the general population say they believe what the ads say (33% of low income shoppers, 29% of Māori shoppers and 52% of Pacific shoppers).

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

Throughout the main findings we highlight some of the differences between those who have seen and not seen the advertising campaign to try and determine its overall impact. While a number of differences are observed it is difficult to disentangle this from wider media coverage of the HSR, and indeed the roll-out of the label on products. Below we have summarised some of differences and commonalities between those who have seen the advertising or not.

Given the initial focus of the campaign advertising is on raising consumer awareness and recognition of HSR, it is encouraging that awareness and use of the HSR is higher amongst those who have seen or heard the advertising than those who have not. It is important that the advertising campaign helps to build trust in the HSR, as trust in the HSR is the best predictor of future use.

The following tables are all based on shoppers in the general population.

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

	Seen or heard advertising	Not seen or heard advertising
Unprompted awareness of HSR	22%	8%
Prompted awareness of HSR	88%	57%
Current use of the HSR	40%	29%
% who correctly identify it is not possible to compare baked beans with cereal	50%	34%

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

	Seen or heard advertising	Not seen or heard advertising
Unprompted understanding of the HSR	49%	51%
% who correctly believe the product with more stars is generally the healthier option	70%	67%
% who are able to correctly identify the healthier option between: • Two tubs of margarine • Two tins of baked beans	 69% 51%	 67% 54%
% who trust the HSR	35%	40%
% who intend to use the HSR	44%	50%
% who check healthiness of packaged food products all / most of the time	59%	61%

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

	Seen or heard advertising	Not seen or heard advertising
% who agree the HSR is just something companies use to sell more products	57%	43%
% who agree it makes it easier to decide which packaged foods are healthier	53%	65%
% who believe if a product has 5 stars you can eat as much of it as you want	14%	6%

Shoppers who had seen the HSR advertising and said they used the HSR were asked about the importance of the advertising in encouraging them to take action. Almost two-thirds (66%) of shoppers in the general population who have used the HSR to help choose packaged food products, say the advertising has been important in encouraging them to do so. A further 57% say the advertising has been important in checking the healthiness of packaged food more often than they used to.

In summary

Overall, a number of promising shifts have occurred since 2015.

Awareness of the HSR has increased, particularly for those who report seeing the HSR campaign. The goal during early phases of the campaign is to increase awareness and recognition of the HSR. Therefore, the findings suggest the campaign is tracking well against this goal.

Self-reported knowledge of HSR has also increased since 2015, though ultimately, knowledge is still at relatively low levels. Promisingly, there is evidence the campaign is supporting an increased appreciation that the HSR can only be used to compare products from within the same packaged food categories.

Levels of use of the HSR have increased across all groups since 2015. There is evidence that the campaign has supported this and encouraged shoppers to use the HSR to help choose certain packaged food, and to more regularly check its healthiness.

Despite some promising shifts in awareness, knowledge and use of the HSR, current levels of trust in the HSR remain relatively low. Perceived trust in the HSR is the main predictor of likelihood to use the HSR in the future, and as such it is important to focus on boosting trust in the HSR system, particularly via the consumer campaign.

Introduction and methodology

The task at hand

The Health Star Rating (HSR) is a voluntary front-of-pack labelling system developed for use in New Zealand and Australia. It was introduced in June 2014 and is designed to assist grocery shoppers to make decisions between similar packaged foods, based on the overall nutritional value of those foods. The HSR is on approximately 2000 packaged foods in New Zealand (as at 30 September, 2016) and this will increase progressively as more food manufacturers adopt the system.

In March 2016, the Health Promotion Agency (HPA) implemented a consumer marketing and education campaign to increase awareness, recognition, understanding and correct use of the HSR. Priority groups for the campaign are grocery shoppers in households that have at least one child under the age of 14 years, with an emphasis on Māori, Pacific and low income families. The campaign runs until June 2018 and is initially focusing on raising consumer awareness and recognition of HSR. Over time, campaign messages will evolve to incorporate consumer understanding and usage of HSR.

HPA has commissioned Colmar Brunton to survey grocery shoppers about awareness, recognition and correct use of the HSR, and to also assess campaign awareness and reach. This report presents findings from the 2016 follow-up survey and compares them to the baseline survey in 2015, to help evaluate the impact of the continued roll-out of the HSR system and the campaign.

Research methodology

2015

1,678 shoppers were surveyed online between 19 October and 16 November 2015. This included 324 low income shoppers, 300 Māori shoppers and 311 Pacific shoppers, all with children under 14 years of age, and 743 shoppers in the general New Zealand population.

2016

In total 1,658 shoppers were surveyed online between 12 September and 23 October 2016. The total sample includes 309 low income shoppers, 310 Māori shoppers and 303 Pacific shoppers, all with children under 14 years of age, and 736 shoppers in the general New Zealand population.

Questionnaire development

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

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

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

Sampling

Target populations

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

Sampling approaches

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

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

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

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

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

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

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

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

Source: Statistics New Zealand, Census 2013

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

Weighting:

General population and low income shopper samples

Weighting was carried out in a number of stages.

1. In 2015 screening data was used to determine the qualifying rate for each age x gender group (ie, the proportion of main or joint grocery decision makers within each group). These qualification rates were applied to Census population counts, and used to estimate the national age and gender profiles of main or joint grocery decision makers. These profiles were used to help weight the data in both 2015 and 2016.
2. The general population sample was weighted by age x gender (calculated at Step 1 above) and household size x household income. This allowed us to better estimate the proportion of households in the low income group that included children under 14 years.
3. The general population and low income samples were pooled, and the pooled sample was weighted to:
    - adjust for having oversampled low income households with children under 14 years of age (weighting targets were based in the household size x household income profile of this group at Step 2)
    - align the sample with household shopper profiles by age and gender (calculated at Step 1 above)
    - align the sample with identification with Māori and Asian ethnic groups (the unweighted sample slightly over-represented these two groups).

Māori sample

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

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

Pacific sample

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

Sampling error

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

Sample profiles

Sample profiles for each group are provided in the Appendix, on Page 52.

Notes to reading this report

- For the sake of brevity, we refer to each priority group with children under 14 years of age as Low income, Māori and Pacific shoppers, respectively.
- Results reported for the "General population" are based on the low income sample in addition to the general population sample (weighted appropriately as explained on page 10). Hence for 2016 the base numbers underlying General population results about all respondents are 1045 (736 from general population sample + 309 from low income sample).
- In a number of the tables that present results to open-ended questions, categories that are similar have been grouped together and presented as a 'nett score' (see bolded descriptions and figures) – each nett score figure gives the percentage of respondents that gave at least one of the more detailed reasons (which are listed below the nett score).
- Please note that occasionally the percentages in the charts and tables do not add up to the nett percentages presented within the text of the report. This is because each percentage in the charts and tables has been rounded to a whole number. When calculating the nett percentages, only the final result has been rounded to a whole number. This reduces the influence of rounding error in the final result.
- The base sizes shown in the tables and graphs are unweighted.
- Throughout this report, only statistically significant differences at the 95% confidence level between sub-groups of the survey populations are presented, unless otherwise specified. In general, z-tests have been used to identify significant differences between proportions. The formula uses the 'effective base'.[1] Using the effective base reduces the likelihood of statistical tests producing significant results because of the adjustments made by weighting.
- Consistent with the pattern of findings from 2015, Pacific shoppers differ in some ways from those in other groups. We are unable to state conclusively why this has occurred. It is possible that some Pacific people tended to respond to the questions in a more socially desirable way. The presence of interviewers in the internet café may have contributed to this, at least in part. It is also possible that language barriers influenced responses to some extent, or that cultural differences exist in the way people think about or define healthy food. To help counter any language barriers or cultural difficulties we had a number of Pacific interviewers on site. This said, we suggest caution be exercised when comparing Pacific shoppers' responses with those from other groups. The main value in results for Pacific respondents is viewing how patterns have changed over time within the Pacific group.

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

DETAILED RESULTS

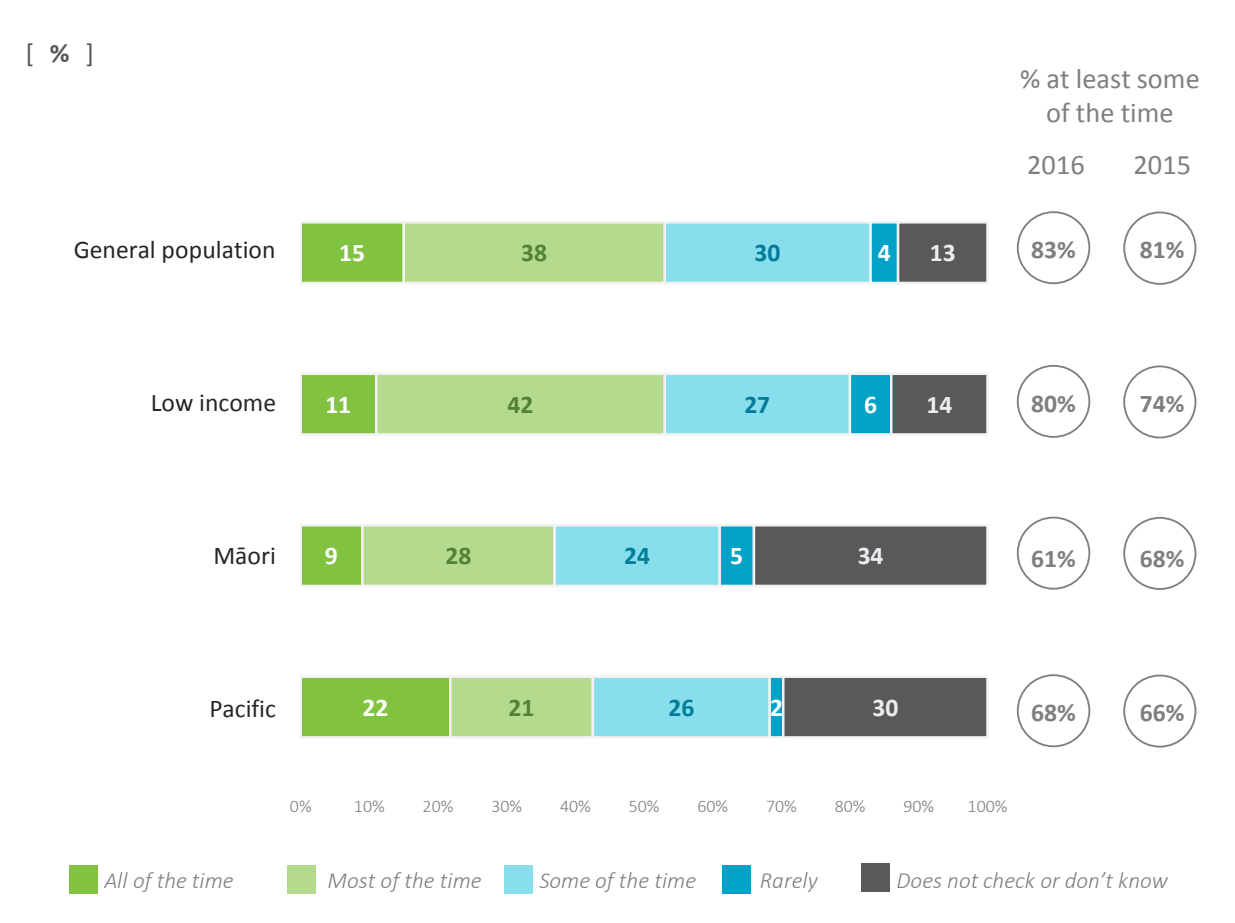
General views and behaviour regarding healthy food choices

Frequency of checking products to see how healthy they are

Shoppers were asked whether they read information on food packaging (to see how healthy products are) and how often they do so. Four out of five (83%) say they check product information at least some of the time. This is consistent with 2015 findings when 81% of shoppers did so.

The proportion of low income shoppers who check product information is similar to that of the general population (80%), while around two-thirds of Māori and Pacific shoppers (61% and 68% respectively) do so at least some of the time. The differences for low income shoppers and Māori shoppers between 2015 and 2016 are not significantly different.

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

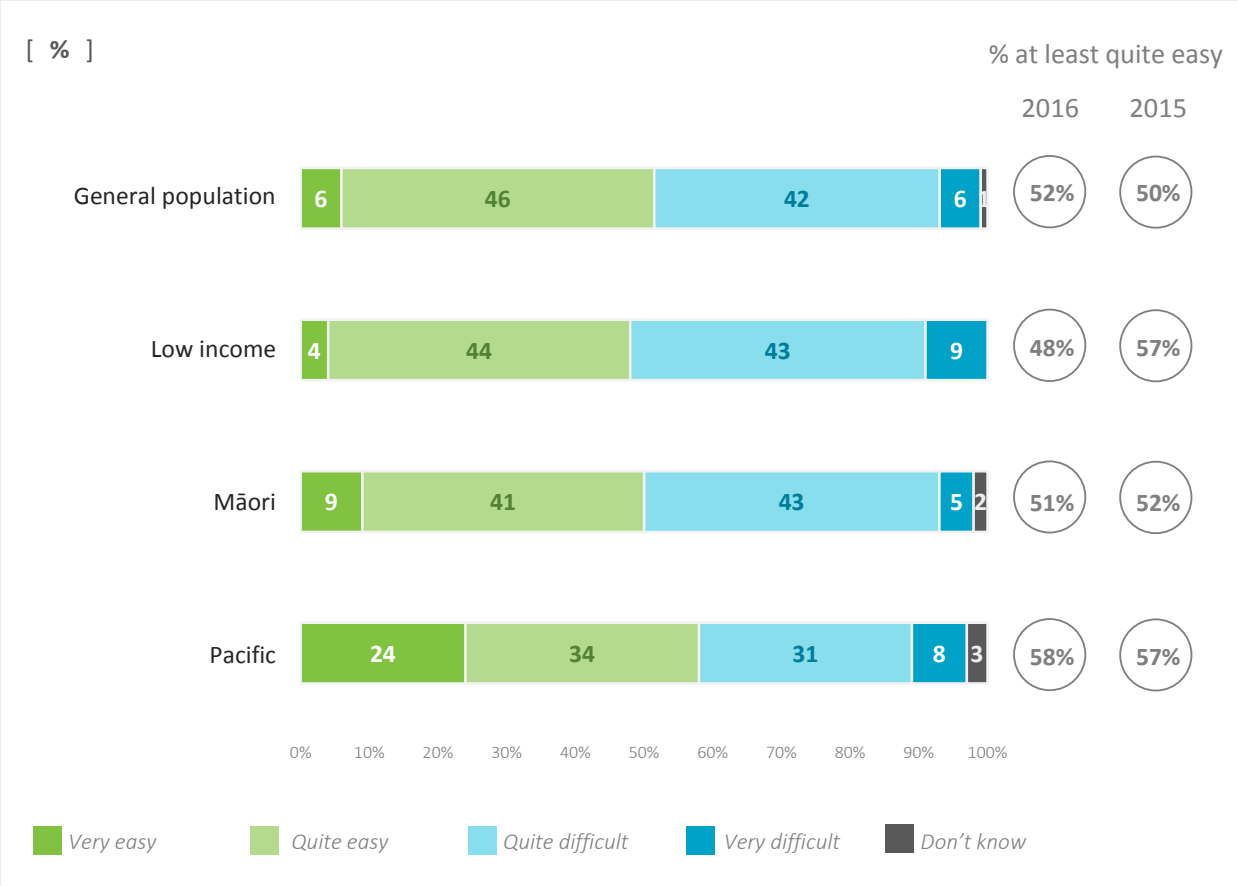


Base: All Respondents (General population: 2015 n=1067; 2016 n=1045. Low income with children under 14 years: 2015 n=324; 2016 n=309. Māori with children under 14 years: 2015 n=300; 2016 n=310. Pacific with children under 14 years: 2015 n=311; 2016 n=303)
Source: Q1b and Q1c

Perceived difficulty deciding how healthy products are

Among those who do check food packaging, just over half of the general population (52%) say it is easy to determine how healthy packaged foods are while the other half (48%) find it difficult. These results have seen little movement since 2015 and are broadly in line across all priority groups.

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



Base: All Respondents who check how health packaged foods are (General population: 2015 n=897; 2016 n=905. Low income with children under 14 years: 2015 n=252; 2016 n=267. Māori with children under 14 years: 2015 n=219; 2016 n=210. Pacific with children under 14 years: 2015 n=216; 2016 n=214)
Source: Q1b and Q1d

Frequency of checking product information and difficulty experienced

As found in 2015, those who check product information more frequently tend to find it easier to decide how healthy packaged foods are:

- **General population:** 57% of shoppers who check product information all or most of the time find it at least 'quite easy' to decide how healthy packaged foods are (compared with 44% of shoppers who sometimes or rarely check product information).
- **Pacific people with children under 14 years:** 70% of shoppers who check product information all or most of the time find it at least 'quite easy' to decide how healthy packaged foods are (compared with 39% of shoppers who sometimes or rarely check product information).
- **Low income shoppers and Māori shoppers:** no significant differences were observed.

Awareness of the HSR

Unprompted awareness of food labels

Without prompting, we asked shoppers to tell us whether they could think of anything other than brand names shown on food packages that they could use to help them determine how healthy a product is. Responses were coded prior to analysis. In the table below, responses have been grouped into 'nett categories' to represent overall themes (shaded).

There is evidence that the profile of the HSR has increased. One in ten (9%) of shoppers in the general population now mention the HSR without prompting. This is a significant improvement from the baseline survey (up from 3% in 2015). This trend is consistent across the remaining three priority groups.

There is evidence the campaign has helped to raise the profile of the HSR. One in five shoppers in the general population who have seen the advertising campaign mentioned the HSR (22%) compared to 8% of those who have not seen it. The same pattern occurs across the remaining three priority groups although the difference is not always statistically significant.

For the majority of shoppers in the general population various types of nutrition information displayed on packages remain the most commonly mentioned resources for determining how healthy a product is (65% in 2016 up from 59% in 2015). The Heart Foundation Tick remains the most commonly mentioned independent health label (33%) without prompting.

	General population %		Low income with children under 14 %		Māori with children under 14 %		Pacific with children under 14 %	
	2015	2016	2015	2016	2015	2016	2015	2016
Base (n)	1067	1045	324	309	300	310	311	303
Independent health labels	35	**40**	47	49	36	**46**	16	**23**
Heart Foundation Tick	32	33	42	39	33	40	14	15
Health Star Rating	3	**9**	3	**15**	1	**10**	1	**8**
RDI / recommended daily intake	3	4	6	5	3	4	2	2
Nutrition information	59	**65**	55	55	47	47	34	36
Sugar content/percentage of sugar	34	36	21	27	29	**21**	13	18
Fat content	21	22	17	13	20	15	15	18
Looking at the ingredients / contents list	18	21	22	17	13	15	10	6
Looking at the nutrition table / information / panel	15	**20**	16	17	9	17	7	9
Salt content	12	11	6	6	6	6	4	4
Check preservative / additive / colouring / flavouring / chemical content	10	10	11	12	7	5	4	1
Energy content (calories / kilojoules)	6	6	5	4	5	5	5	7
Sodium content / percentage of sodium	5	5	3	3	7	5	2	2
Amount of carbohydrates	5	5	3	3	4	2	3	3
Types of fat / saturated / monounsaturated fat / trans fat	5	3	3	2	2	2	2	1
Protein content	2	2	2	1	0	0	1	2
Ingredients with numbers after them	1	2	1	2	1	1	1	0
Amount of fibre	1	1	1	0	1	1	1	1

	General population %		Low income with children under 14 %		Māori with children under 14 %		Pacific with children under 14 %	
	2015	2016	2015	2016	2015	2016	2015	2016
Base (n)	1067	1045	324	309	300	310	311	303
Branding and imagery of products	2	2	6	**1**	3	5	5	4
Picture of the product	1	2	5	1	2	5	2	3
The brand	1	1	1	0	1	0	2	1
Miscellaneous	27	27	25	24	22	20	34	34
Where it's made / country of origin	6	6	3	3	2	1	4	3
Whether it's organic / natural / genetically modified	3	**5**	3	5	3	3	0	**3**
Written information on the packaging (eg, diet / light)	3	4	1	**5**	4	3	4	3
Nutrition/health benefits	3	2	3	2	1	1	4	4
Expiry date / best before date	2	2	1	1	1	2	12	13
Whether it fits dietary requirement (eg, gluten, egg, dairy free)	2	**5**	2	6	3	4	1	2
Type of food / product	1	1	2	4	1	1	4	7
Whether or not it's processed / how processed it is	1	2	1	0	1	1	1	1
Other	10	8	13	**6**	9	6	14	12
None / no comment	7	6	6	10	5	5	6	5
Don't know	23	**18**	24	20	31	27	44	**35**

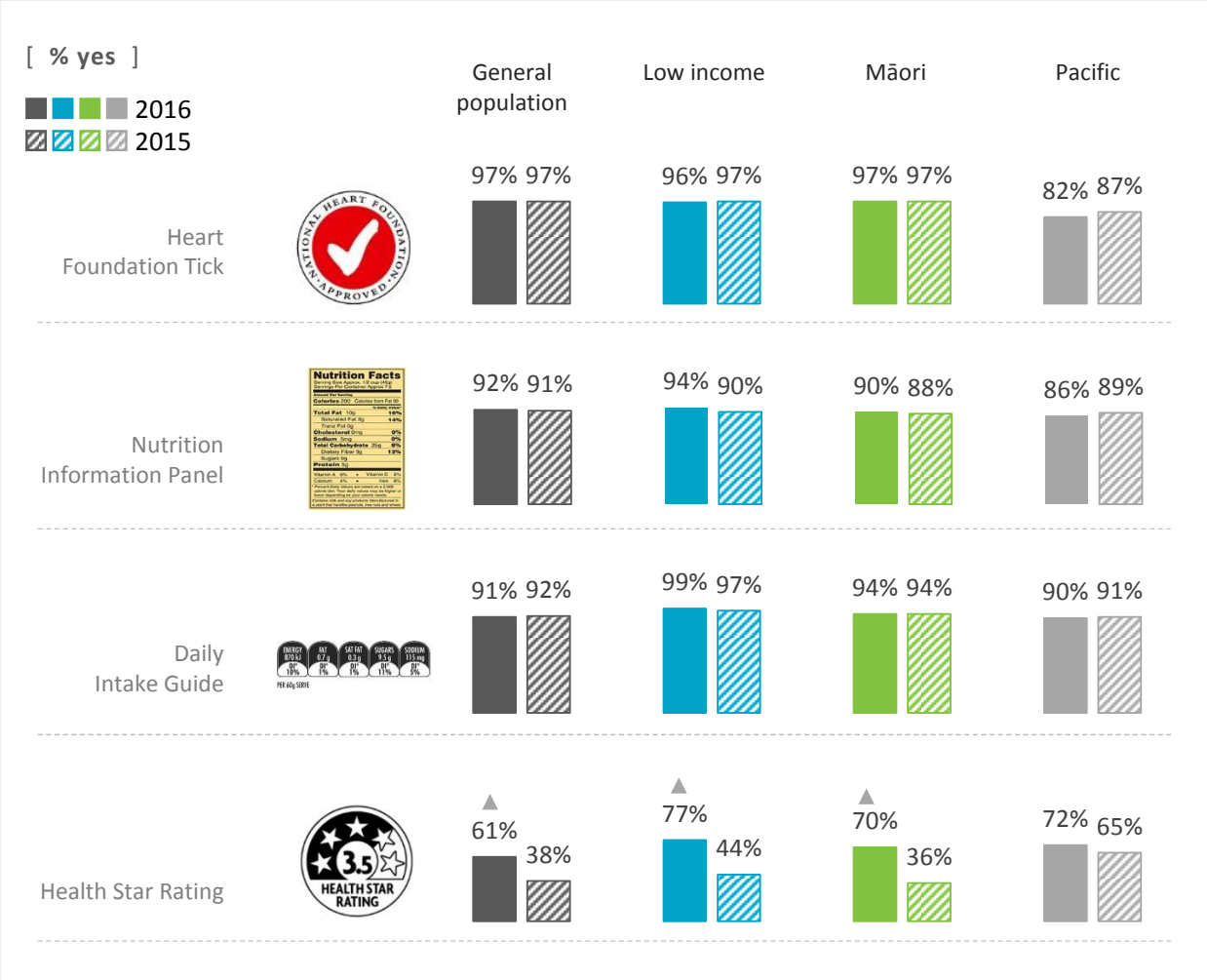
Base: All shoppers
Source: Q2a(i) and Q2a(ii)
Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.

Prompted recognition of food labels

As depicted below, shoppers were prompted with four kinds of nutrition labels, including the HSR, and asked about recognition. This year, nearly two-thirds (61%) of shoppers in the general population say they have seen or heard of the HSR – a significant improvement from the 2015 finding (up from 38%). This increase can be seen across all priority groups (although it is not statistically significant amongst Pacific shoppers).

The vast majority of shoppers also say they have seen or heard of the Heart Foundation Tick, the Daily Intake Guide and the Nutrition Information Panel, with high levels of recognition remaining stable since 2015.

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



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

Recognition of the HSR after the campaign

There is evidence the campaign has helped to strengthen recognition of the HSR. Among shoppers in the general population and all priority groups, those who have seen the advertising are more likely to recognise the HSR than those who have not (although this is not statistically significant for Māori shoppers).

Which shoppers are less aware of the HSR?

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

General population

- Those who have not seen the advertising (57% compared to 88% of those who have seen it).
- Older shoppers, aged 50 years or more (53% compared with 67% of those under 50).

Māori with children under 14 years

- There were no subgroup differences among Māori shoppers.

Low income with children under 14 years

- Those who have not seen the advertising (74% compared to 91% of those who have seen it).

Pacific with children under 14 years

- Those who have not seen the advertising (64% compared to 82% of those who have seen it).
- Those aged 30 years or more (66% compared with 84% of those under 30).

Sources of awareness of the HSR

Following the advertising campaign, shoppers in the general population who recognise the HSR are now more likely than they were in 2015 to say they saw it on food packaging (64% in 2016 up from 51% in 2015), or TV news or current affairs programmes (20% in 2016 up from 13% in 2015).

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

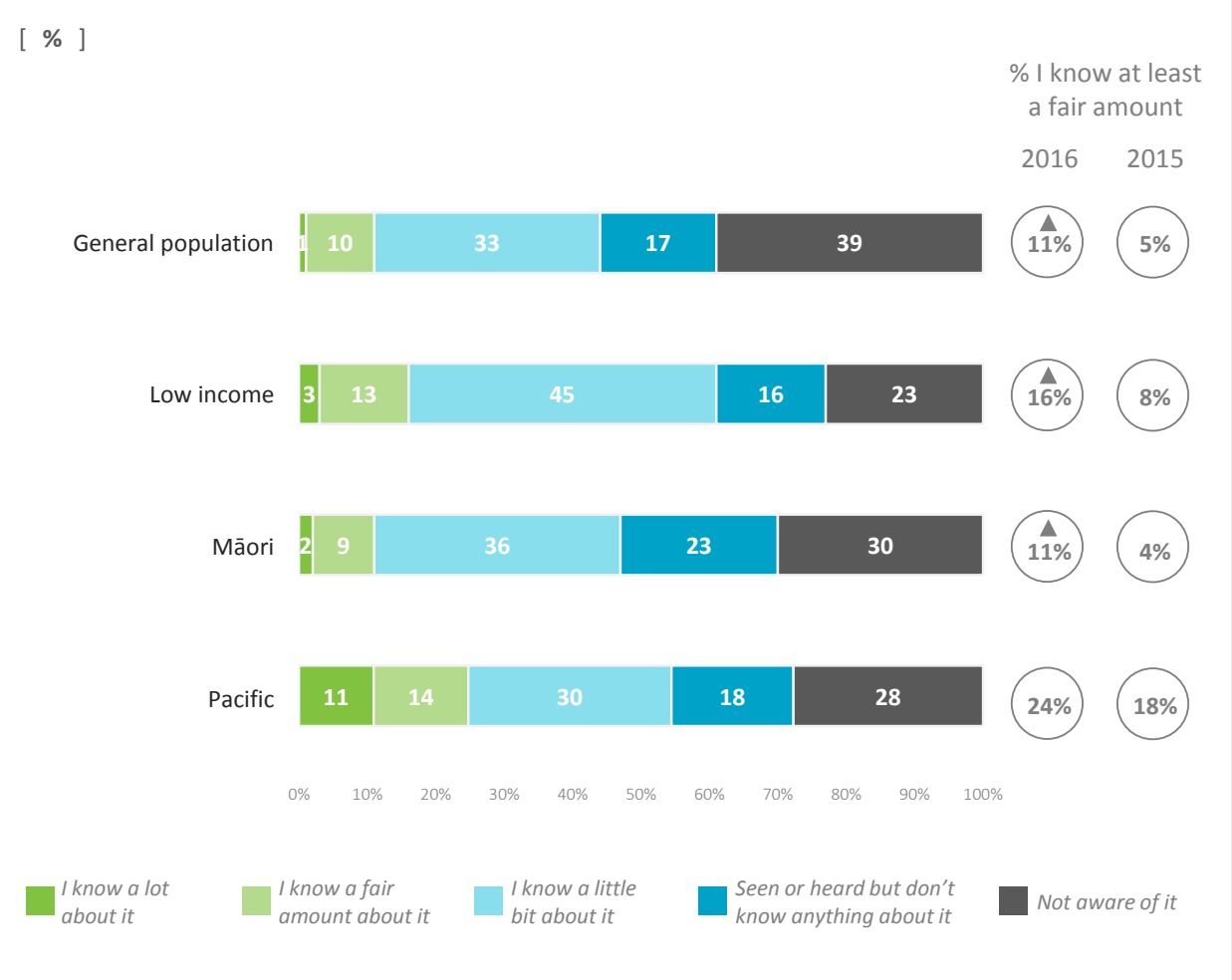
Base: Those who have seen or heard of the HSR
Source: Q2c
Note: Percentages in green and bold are significantly higher than 2015. Percentages in red and bold are significantly lower than 2015.
Note: A number of new options were added to this question in 2016 to reflect the nature of campaign activity.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

Perceived knowledge of the HSR

Self-reported knowledge of the HSR in 2016 is higher than in 2015. In the general population, 11% now feel they know at least a fair amount about the HSR (up from 5% in 2015). A further 33% say they have a little knowledge of the HSR, while the remaining shoppers either say they are aware but have no knowledge of it (17%), or are unaware of it (39%).

Improved knowledge of the HSR is visible among all groups, although Pacific shoppers have not seen a significant shift.

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



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

Unprompted understanding of the HSR

Without prompting with possible responses, we asked all shoppers to describe how the HSR could be used when purchasing food products. Responses were coded prior to analysis. In the table below, accurate understanding has been grouped into a 'nett category' (shaded).

Half of shoppers in the general population (49%) provide comments that suggest they have an accurate understanding of the HSR. This finding is consistent with 2015, however there has been a significant increase in the proportion of shoppers who now say they would 'judge by the number of stars' (3% in 2016 up from 1% in 2015).

The findings for low income and Pacific shoppers are also consistent between 2015 and 2016, while the proportion of Māori shoppers with an accurate understanding has declined (from 56% to 42%).

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

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

Levels of understanding after the campaign

At this point, there is no evidence that the campaign has uniquely contributed to an accurate understanding of the HSR. That is, those who have seen the advertising are no more likely to provide comments suggesting they have an accurate understanding of the HSR than those who have not seen the advertising. However, it is important to acknowledge that the goal of the campaign to date has primarily been to raise awareness and recognition. Later phases of the campaign will be specifically targeted toward increasing understanding and usage of the HSR.

Who has a lower level of understanding of the HSR?

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

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

General population

- Older shoppers, aged 60 years or more (44% compared with 52% of those under 60).
- Those who make shopping decisions jointly with another person (45% compared to 53% of those who make these decisions themselves).
- Low income households, with an annual household income up to $30,000 (40% compared with 51% receiving a higher income).

Low income with children under 14 years

There were no subgroup differences among low income shoppers.

Māori with children under 14 years

There were no subgroup differences among Māori shoppers.

Pacific with children under 14 years

- Those with an annual household income up to $50,000 (19% compared with 50% receiving a higher income).

Prompted understanding of the HSR

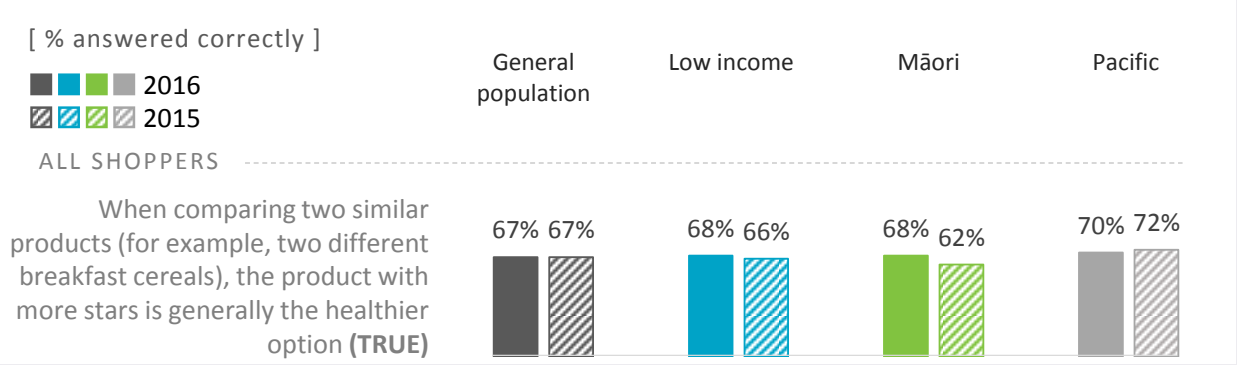
We asked shoppers a series of true or false questions to assess their knowledge of the HSR system. We explicitly requested the shopper select 'don't know' if they were unsure. The charts below display the percentage of shoppers that provided correct responses to each statement. The complete results (ie, true, false and don't know) are provided in the Appendix on Page 55.

Understanding of how to use the HSR System

There is further evidence that understanding of the HSR has not increased significantly since 2015. Around two-thirds of all shoppers in the general population (67% in both 2015 and 2016) correctly answer that, when comparing two similar products, the one with the more stars is generally the healthier option. This level of understanding is broadly consistent across all priority groups. The difference for Māori shoppers in 2015 and 2016 is not statistically significant.

Those who have seen the advertising are no more likely, than those who have not, to understand that, when comparing two similar products, the one with the more stars is generally the healthier option.

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



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

Who has a lower level of understanding of the HSR?

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

- Low income households, with an annual household income up to $50,000 (62% compared with 70% receiving a higher income).
- Those who never check how healthy products are (63% compared with 75% who check rarely or sometimes).
- Those who check how healthy products are all of the time or most of the time (63% compared with 75% who check rarely or sometimes).

Understanding of different aspects of the HSR

Those shoppers who recognised the HSR were presented with a further set of true and false statements to provide further insight into their knowledge of the HSR.

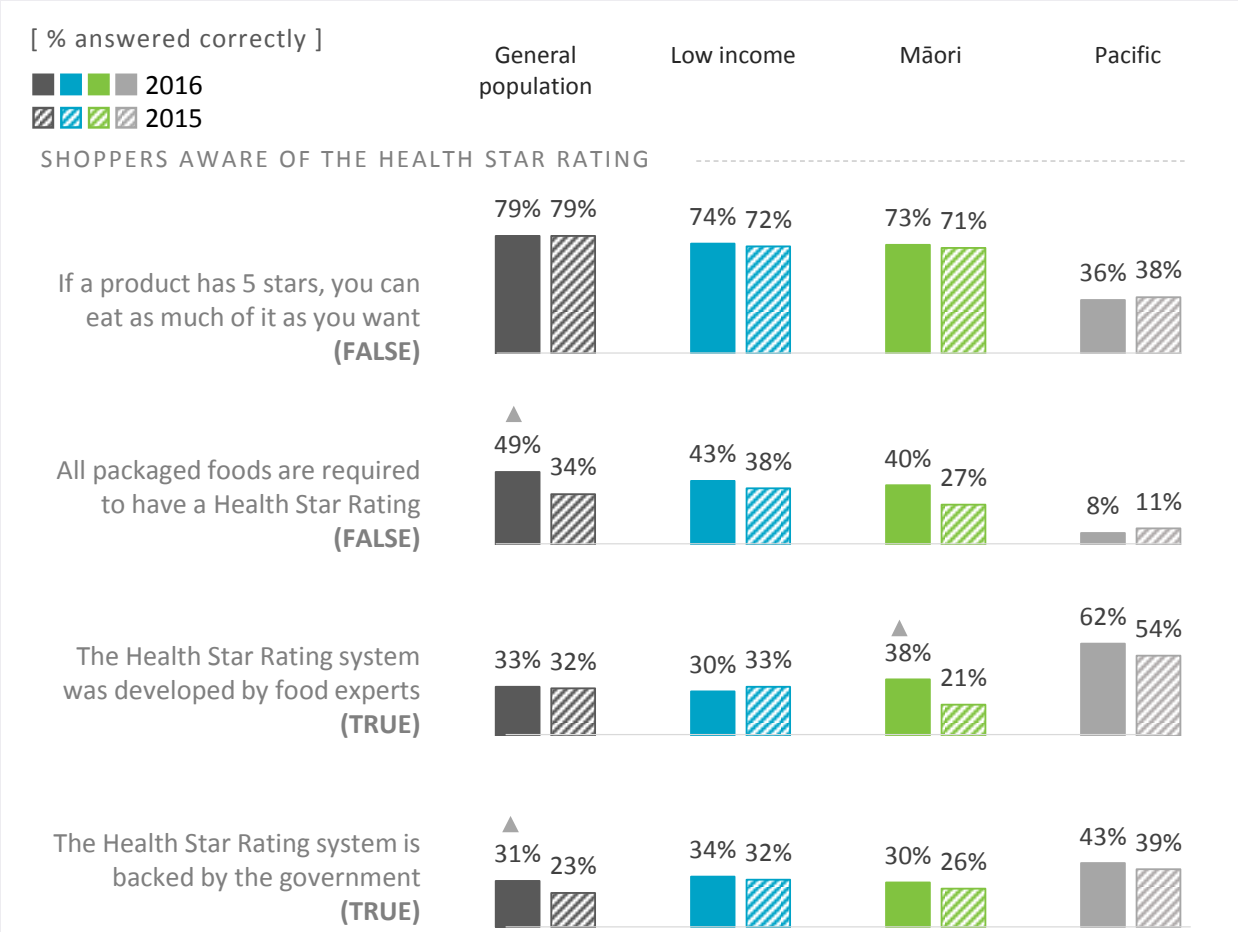
There is evidence of increased knowledge of the HSR system amongst those who are aware of it. As can be seen in the chart below more shoppers in the general population now know not all packaged foods are required to have the HSR (49% in 2016 up from 34% in 2015) and the HSR is backed by the government (31% in 2016 up from 23% in 2015).

Consistent with 2015, the majority of shoppers in the general population (79%) agree that a product with five stars should be eaten in moderation, and around one-third (33%) know the HSR was developed by food experts.

Māori shoppers are now more likely to know the HSR was developed by food experts (38% in 2016 up from 21% in 2015).

Similar to 2015, the results for Pacific shoppers tend to differ to those in other groups. They are more likely to agree the HSR was developed by food experts (62%) and is backed by the government (43%). However, they are less likely to understand that even a product with five stars should be eaten in moderation (36%) and that the HSR is voluntary for manufacturers (8%).

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



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

Knowledge of the HSR after the campaign

There is mixed evidence that understanding of the HSR has changed following exposure to the advertising campaign so far. Amongst the general population and Pacific shoppers, those who have seen the advertising are more likely to erroneously believe that they can eat as much as they like of products with five stars. Pacific shoppers who have seen the advertising are also more likely to erroneously think the HSR is mandatory. But promisingly, Pacific shoppers who have seen the advertising are more likely to correctly believe the HSR was developed by food experts.

Further detail of these findings is presented below.

General population
Those who have seen the advertising are more likely to agree that if a product has 5 stars you can eat as much if it as you want (14% compared to 6% of those who have not).

Pacific with children under 14 years
Those who have seen the advertising are more likely to agree that:

- the HSR was developed by food experts (70% compared to 54% of those who have not)
- all packaged food are required to have a HSR (69% compared to 51% of those who have not)
- if a product has 5 stars you can eat as much if it you want (53% compared to 35% of those who have not).

Low income shoppers and Māori shoppers who have seen the advertising are no more likely, than those who have not, to agree to any of the above statements.

Ability to correctly use the HSR

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

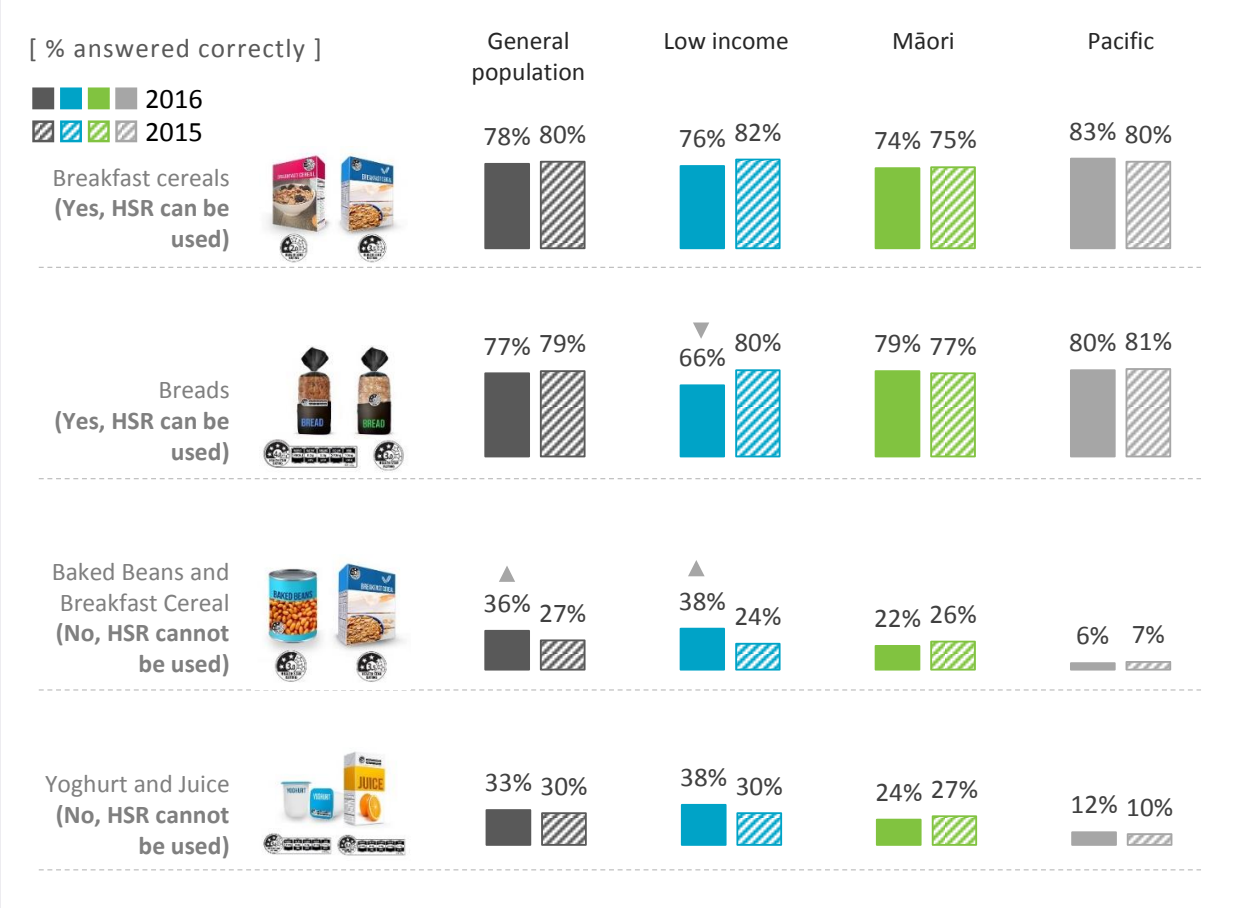
Using the HSR to compare similar products

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

Shoppers' understanding of how to use the HSR correctly has improved. Compared to 2015, more shoppers in the general population now understand the HSR should not be used to compare products in different categories. For example, 36% in 2016 correctly identified that baked beans cannot be compared with cereal, (up from 27% in 2015).

In 2016, low income shoppers are less likely than in 2015 to correctly state that the HSR can be used to compare two different varieties of bread, but more likely to correctly state that it cannot be used to compare baked beans and cereal. Findings are consistent between 2015 and 2016 for the other two priority groups.

Ability to use the Health Star Rating to compare products



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

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

There is evidence that shoppers who have been exposed to the campaign are better able to use the HSR. Half of all shoppers in the general population who have seen the advertising correctly identify that the HSR cannot be used to compare baked beans with cereal (50% compared to 34% who have not seen the advertising).

Using the HSR to select the healthier option

To test shoppers' ability to use the HSR to select the healthier product, we presented pairs of products to respondents. Each pair either had the same number of stars (bread), or different numbers of stars (margarine and baked beans). Each image was presented in black and white, and without branding, to reduce the possibility that respondents would base their decisions on non-HSR factors. Again, for simplicity, the chart below presents the percentage of respondents who gave the correct answer. Complete results are provided in the Appendix on Page 56.

Differing star conditions

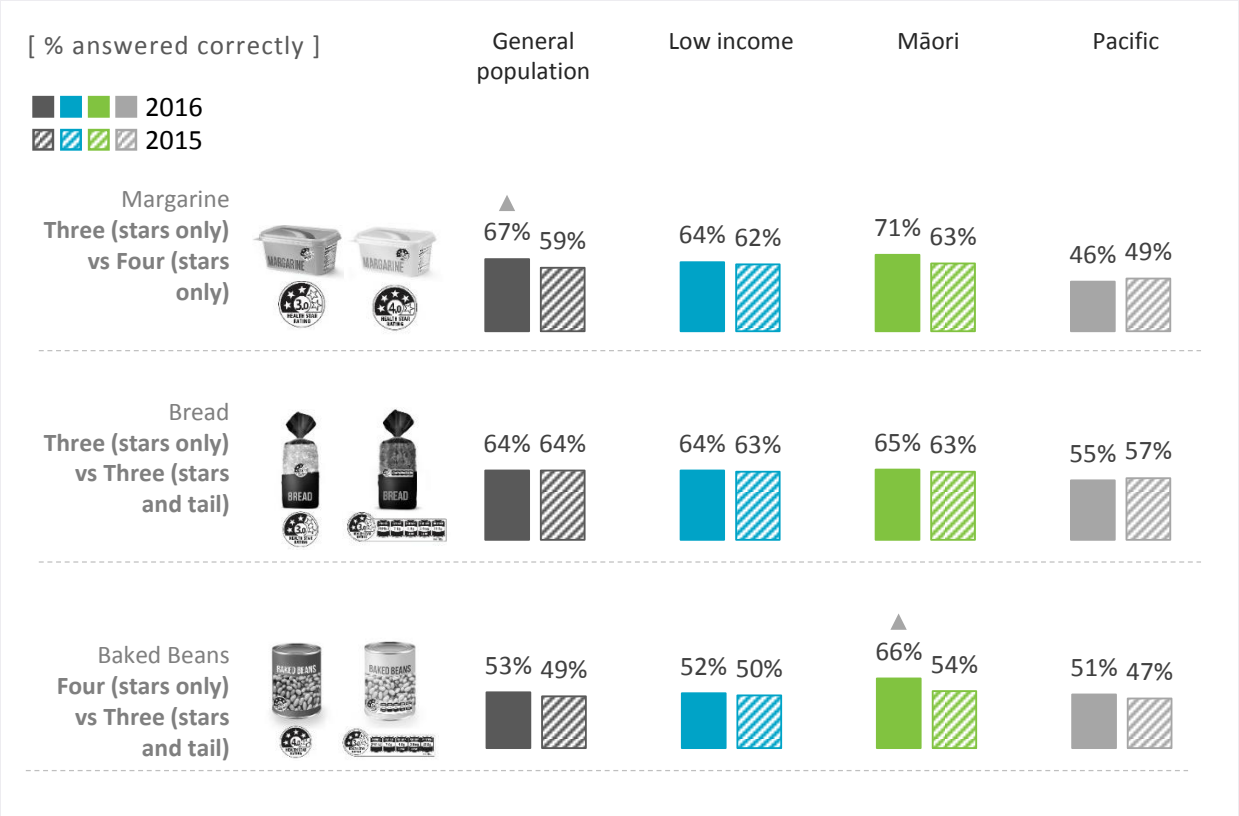
Margarine: A higher proportion of shoppers in the general population now recognise the margarine with the greater number of stars to be the healthier option (67% in 2016 up from 59% in 2015).

Baked beans: Broadly consistent with last year, just over half of shoppers in the general population (53%) correctly selected the baked beans displaying the most stars. This year more Māori shoppers correctly selected the Beans with the highest star rating (66% up from 54% in 2015).

Equal star condition

Consistent with 2015, around two-thirds of shoppers in the general population (64%) correctly identified that the breads were equally healthy.

Ability to use the Health Star Rating to select healthier options



Base: All Respondents (General population: 2015 n=1067; 2016 n=496~527. Low income with children under 14 years: 2015 n=324; 2016 n=136~168. Māori with children under 14 years: 2015 n=300; 2016 n=149~160. Pacific with children under 14 years: 2015 n=311; 2016 n=147~159)
Source: Q3d
Note: ▲ significantly higher than 2015 ▼significantly lower than 2015

Correct use of the HSR after the campaign

The improvements in shoppers' ability to identify healthier choices is not significantly different between those who have seen the campaign and those who have not seen the campaign. For example, the proportion of general population and Māori shoppers who correctly identify the healthier choice for margarine and baked beans respectively is marginally higher amongst those who have seen the advertising than those who have not, but the differences are not statistically significant.

In contrast, Pacific shoppers who have seen the advertising are less likely than those who have not, to correctly select the healthier baked beans option (40% compared to 60% among those who have not seen the advertising).

Perceptions of the HSR

To understand how shoppers currently perceive the HSR, we asked whether they agree or disagree with a number of statements. For simplicity, the chart below displays the proportion of respondents in each group that 'strongly' or 'somewhat' agree with each statement. Complete results are shown in the Appendix, on Page 58.

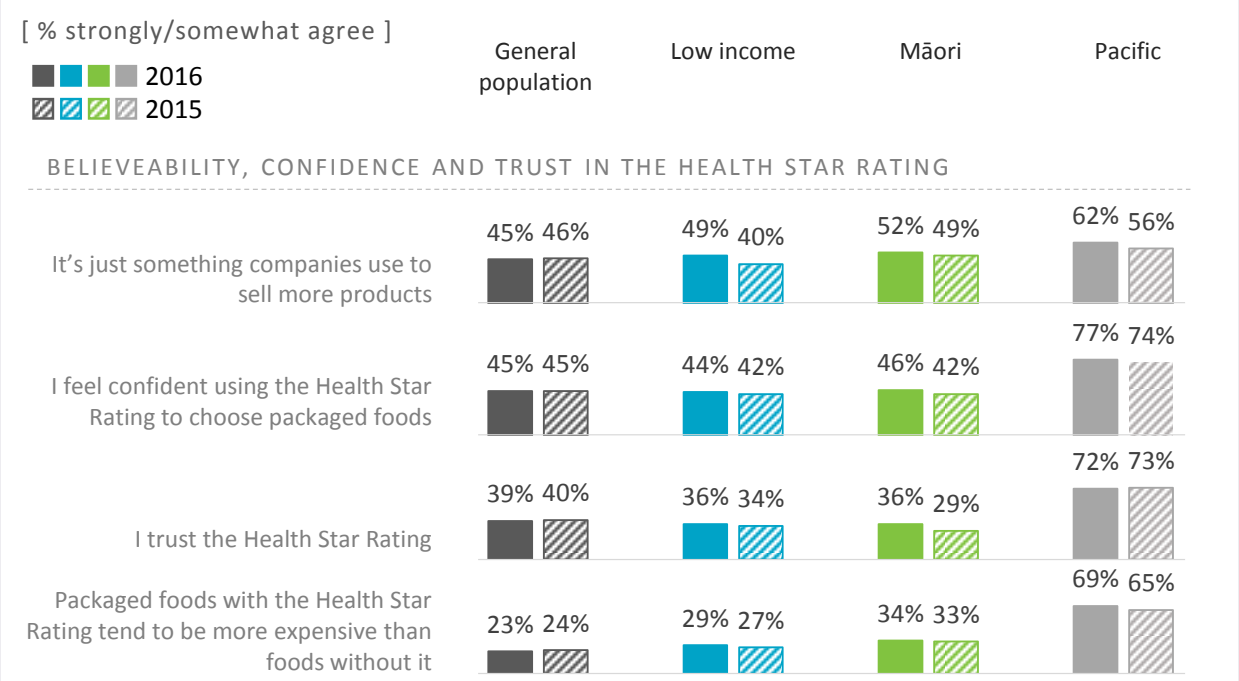
Believability, confidence and trust in the HSR

Very little movement between 2015 and 2016 can be seen in ratings for believability, confidence and trust for the HSR:

- Nearly half (45%) think the HSR is just something companies use to sell more products.
- Nearly half of shoppers (45%) say they feel confident using the HSR to choose packaged foods.
- Two in five (39%) say they trust the HSR.

Pacific shoppers continue to have slightly higher levels of trust and confidence in the HSR when compared to shoppers in the general population.

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



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

Trust, confidence and believability after the campaign

Shoppers in the general population who have seen the advertising are more likely to agree that the HSR is just something companies use to sell more products (57% compared to 43% of those who have not).

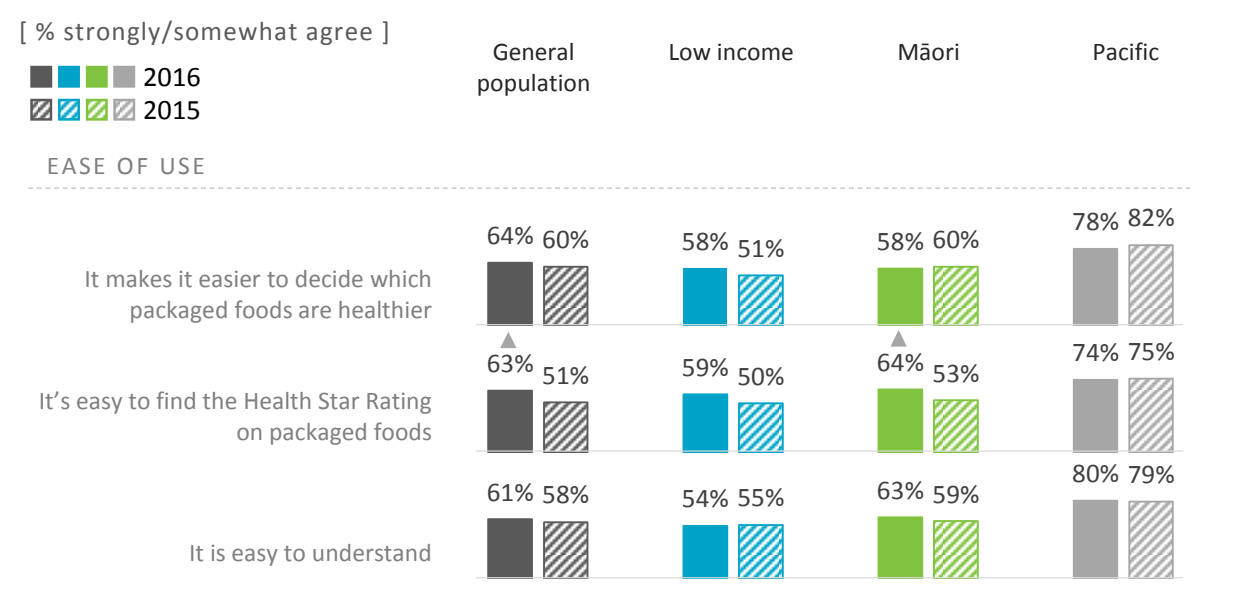
Ease of use

As can be seen in the chart below, shoppers in the general population are confident in their ability to use the HSR. Two-thirds now agree:

- It makes it easier to decide which packaged foods are healthier (64%).
- It is easy to find on packaging (63% in 2016 up from 51% in 2015).
- It is easy to understand (61%).

Pacific shoppers continue to be more likely than average to agree the HSR is easy to use.

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



Base: All Respondents (General population: 2015 n=1067; 2016 n=1045. Low income with children under 14 years: 2015 n=324; 2016 n=309. Māori with children under 14 years: 2015 n=300; 2016 n=310. Pacific with children under 14 years: 2015 n=311; 2016 n=303)
Source: Q3f and Q3g
Note: ▲ significantly higher than 2015 ▼significantly lower than 2015

Ease of use after the campaign

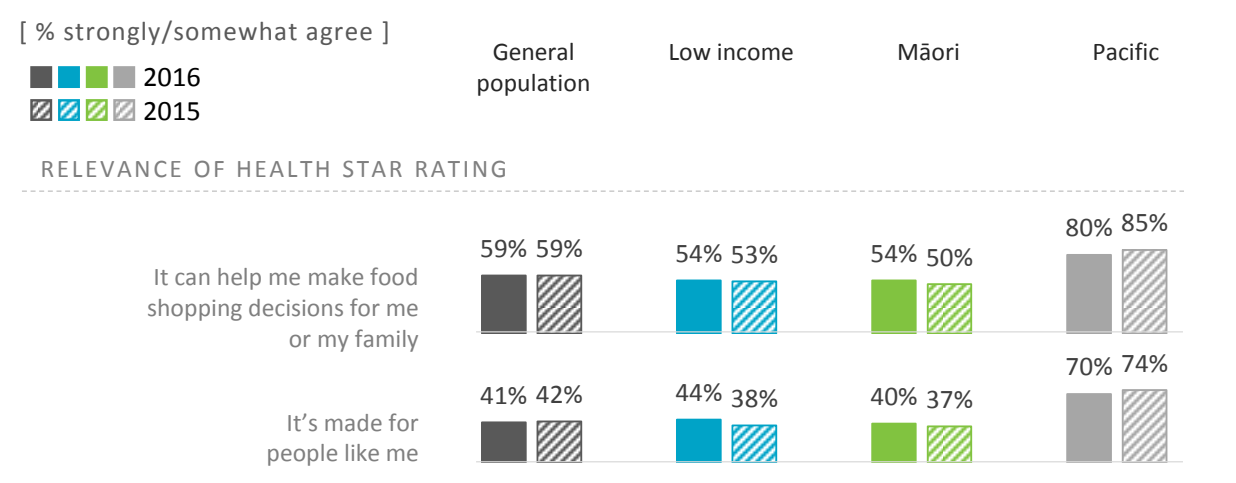
Shoppers in the general population who have seen the advertising are less likely to agree that the HSR makes it easier to decide which packaged foods are healthier (53% compared to 65% of those who have not). This suggests the campaign messages are not yet strong enough to be having the desired impact in reinforcing how easy it is to use the HSR.

Relevance of the HSR

Consistent with 2015, just over half of shoppers in the general population (59%) agree the HSR can help them make food shopping decisions for themselves and their family, while just 41% agree it is made for people like them.

Findings are consistent across low income and Māori shoppers. Pacific shoppers, however, are more likely than all other groups to agree they find the HSR relevant.

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



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

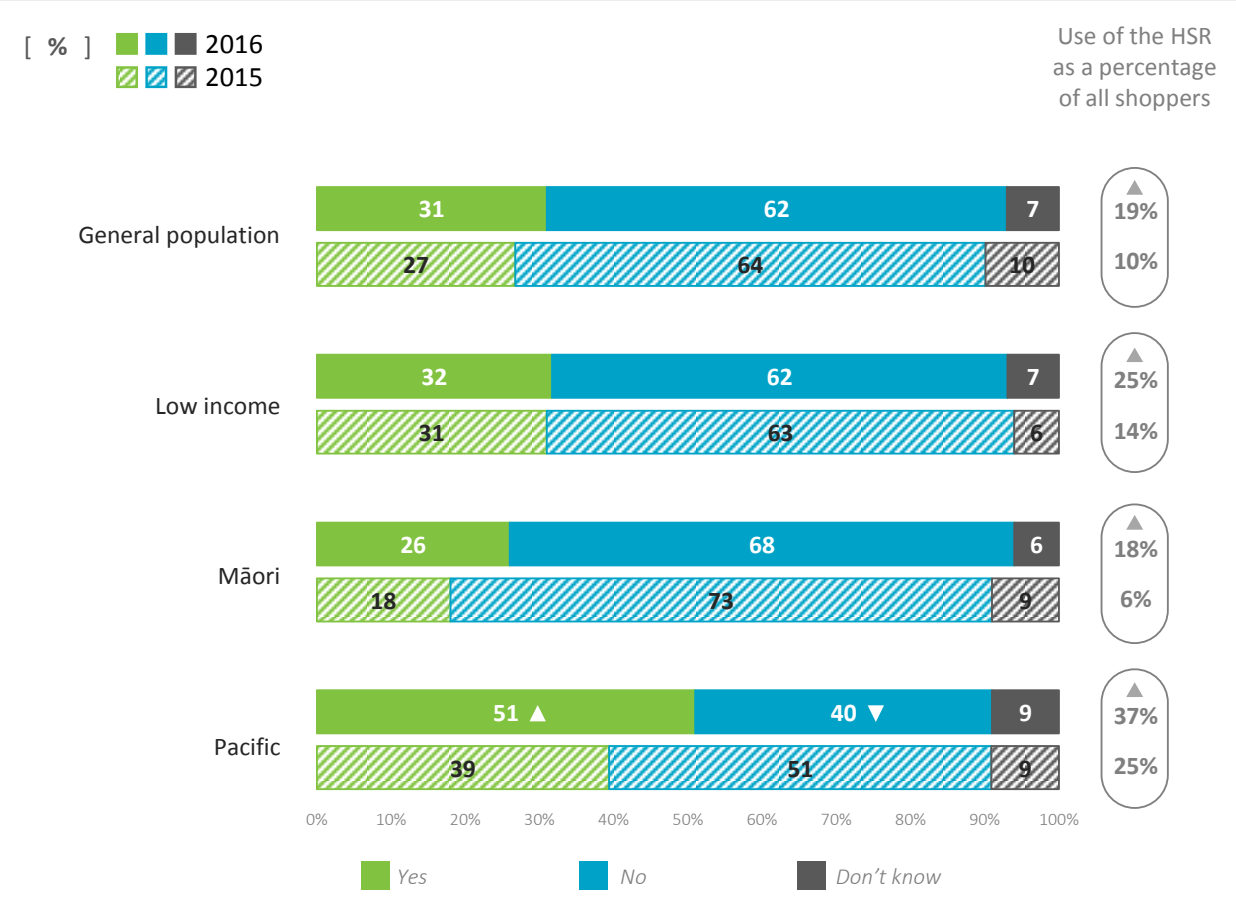
Current use of the HSR

Across all of the groups, use of the HSR since 2015 has significantly increased.

We asked those shoppers who said they have heard of, or seen, the HSR to say whether they have personally used it to help choose a packaged food product. Among those aware of the HSR, 31% of the general population say they have used it to help them choose a packaged food. This equates to 19% of all shoppers in the general population compared to 10% in 2015; a significant increase.

Similar patterns can be seen across the other three priority groups. As a percentage of all shoppers, use of the HSR to help choose a packaged food product has increased from 14% to 25% for low income shoppers, from 6% to 18% for Māori shoppers and from 25% to 37% for Pacific shoppers.

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



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

Current use of the HSR after the campaign

For most of the groups there are no statistically significant differences between those who have seen the campaign advertising and those who have not in terms of use. However, Pacific shoppers who have seen or heard the campaign advertising are more likely to have used the HSR compared to those who have not seen or heard it (63% compared to 40%).

Who is more likely to use the HSR?

We carried out further sub-group analyses to identify who, among those who have seen or heard of the HSR, are more likely to have used it. Results are shown below. Few differences were identified, at least partly due to the small number of those who have used the HSR at this point.

Those more likely to use the HSR are:

General population

- Asian respondents (54% compared with 31% overall).
- Lower income households (46% amongst those earning up to $30k compared to 29% for those earning over $30k)

Māori with children under 14 years

- No significant differences were observed.

Low income with children under 14 years

- No significant differences were observed.

Pacific with children under 14 years

- Shoppers aged 40 and over (65% compared to 46% aged under 40).

Most recent experience using the HSR

We asked shoppers to think about the last time they used the HSR to help choose a packaged food product, and to tell us what type of product it was. As can be seen in the table below, shoppers most commonly used the HSR to make a decision about breakfast cereal. Comparisons are not made with 2015 as the question was asked as an open-ended question in 2015, whereas in the 2016 survey, respondents chose from a list of products derived from the 2015 responses.

	General population %	Low income with children under 14* %	Māori with children under 14* %	Pacific with children under 14 %
	2016	2016	2016	2016
Base (n)	211	77	56	113
Breakfast cereal	74	63	77	74
Muesli bars	27	30	36	37
Margarine/butter	18	6	22	30
Yoghurt	17	16	12	30
Snack foods	17	20	32	30
Canned food	15	17	14	28
Bread	14	7	16	30
Nuts	12	11	15	22
Biscuits	9	11	7	16
Confectionary	6	4	3	8
Milk	4	4	6	27
Meat products	3	4	8	21
Other	6	0	0	1
None / no comment	2	2	2	11
Don't know	0	0	0	0

Base: Shoppers who have used the HSR to help them choose a packaged food product.
Source: Q4b
Notes: *Small base sizes for these groups.

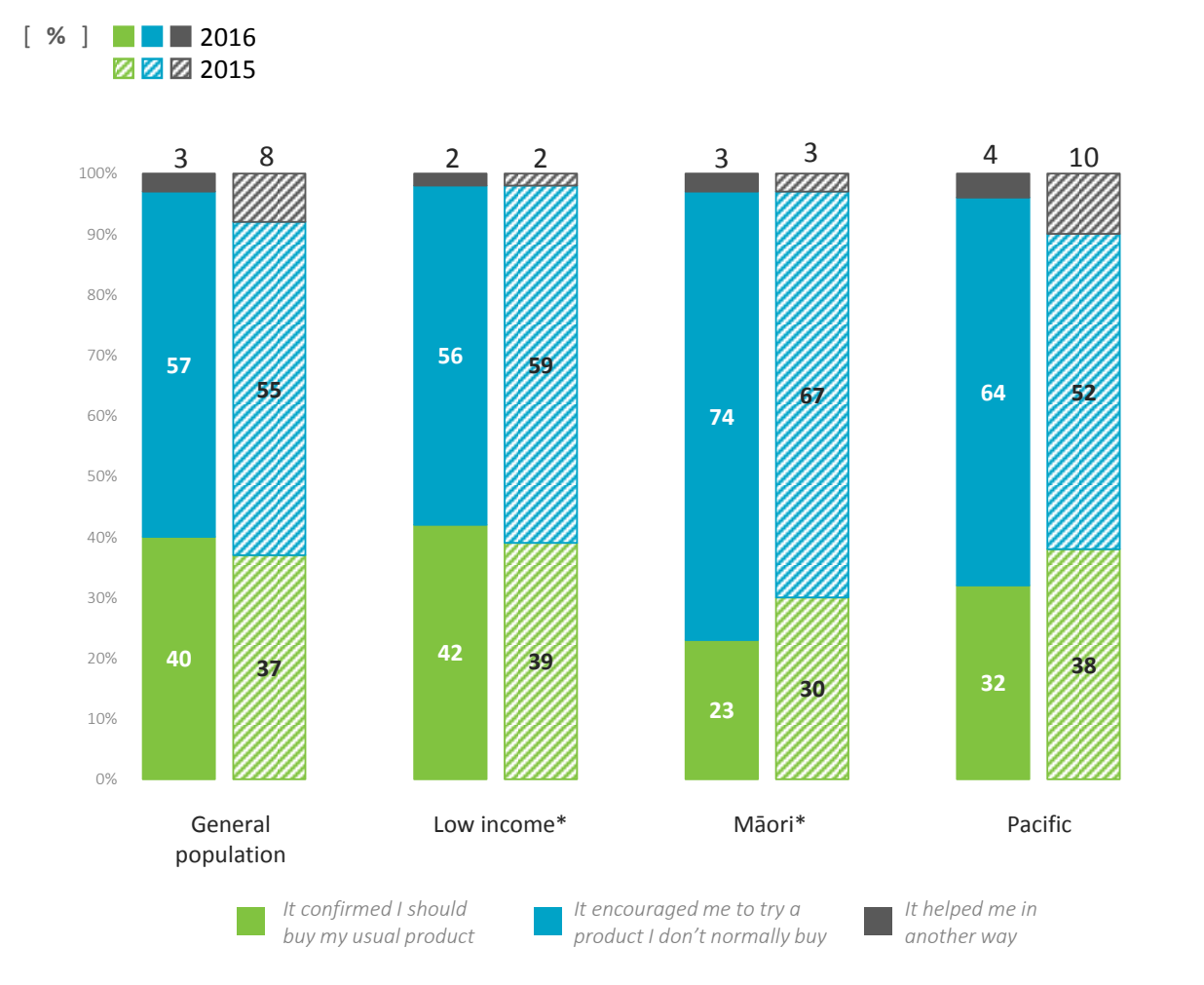
How the HSR influences product decisions

We asked those who had used the HSR to tell us how it had helped them to decide to buy the product they most recently purchased. As can be seen below, shoppers most commonly say the HSR encouraged them to try a product they do not normally buy (56% to 74% across all groups). Most of the remaining shoppers (23% to 42% across all groups) say it confirmed they should buy their usual product.

A small number of shoppers say the HSR helped them in a different way. Some of these respondents commented about using the nutrient values on the HSR to inform their decision, in particular to avoid products with high sugar content. Other comments include how the ratings helped them narrow down their choices, as well as challenge their existing perceptions around how healthy, or not, certain products are.

The data between 2015 and 2016 is largely consistent, although Pacific shoppers are more likely in 2016 than in 2015 to say the HSR encouraged them to try a product they don't normally buy.

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

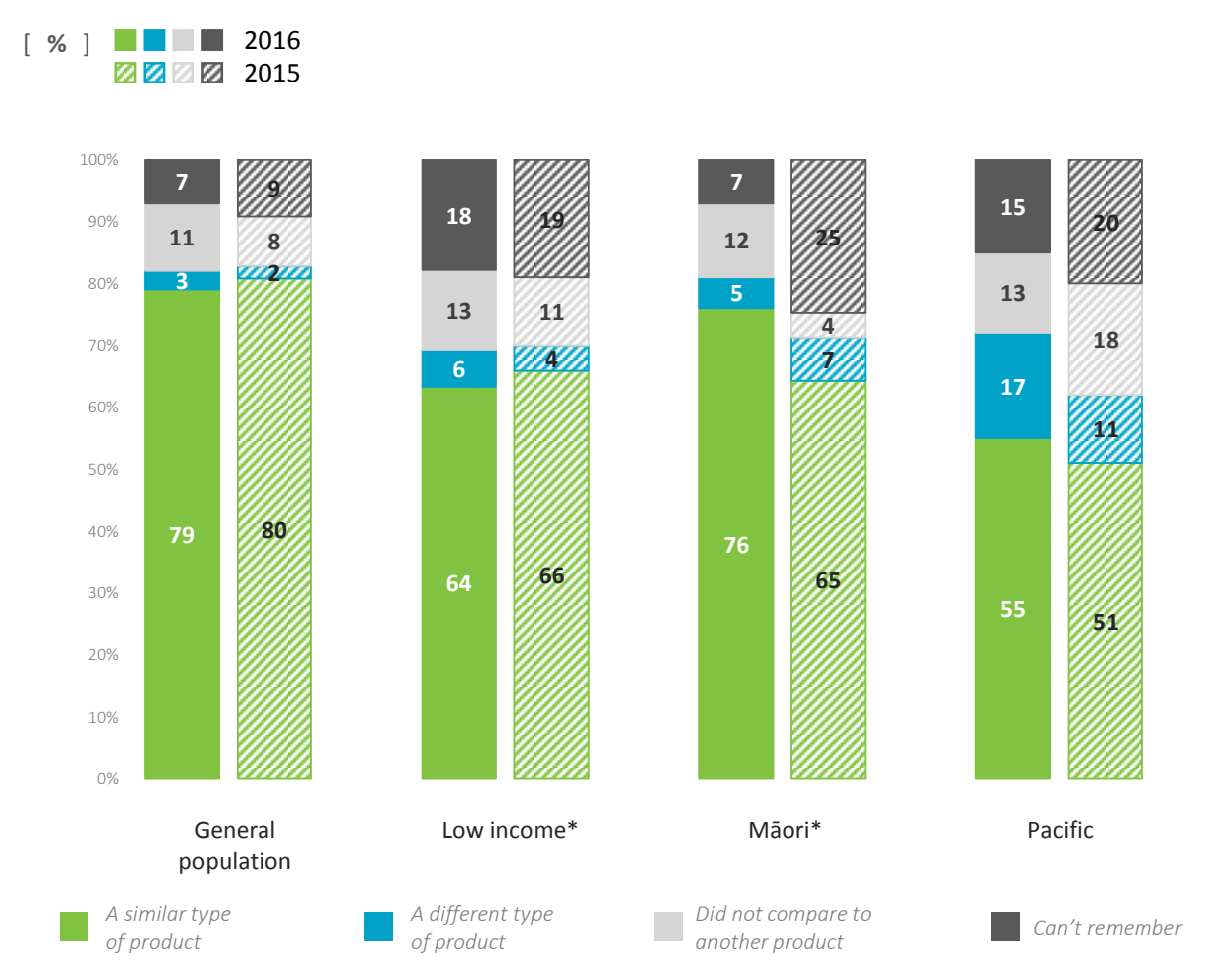


Base: Those who have used the HSR (General population: 2015 n=113; 2016 n=211. Low income with children under 14 years: 2015 n=41; 2016 n=77. Māori with children under 14 years: 2015 n=19; 2016 n=56. Pacific with children under 14 years: 2015 n=79; 2016 n=113)
Source: Q4c.
Note: *Small base sizes for these groups

Using the HSR to compare products

While the proportion of shoppers who correctly identify they cannot use the HSR to compare different types of products has improved since 2015, the majority still believe it can be used in this way. However, in practice few shoppers (ranging from 3% to 17% across all groups) have used the HSR to compare different types of products. For each of the groups the findings about product comparison are consistent between 2015 and 2016; the difference for Pacific shoppers, between 11% in 2015 and 17% in 2016, is not statistically significant.

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



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

Selecting the product

Those who compared two products were asked to say whether they chose the product with more stars or with fewer stars. Most shoppers (ranging from 81% to 88% across the groups) chose the product with more stars. This suggests a high level of understanding that more stars equates to a healthier choice.

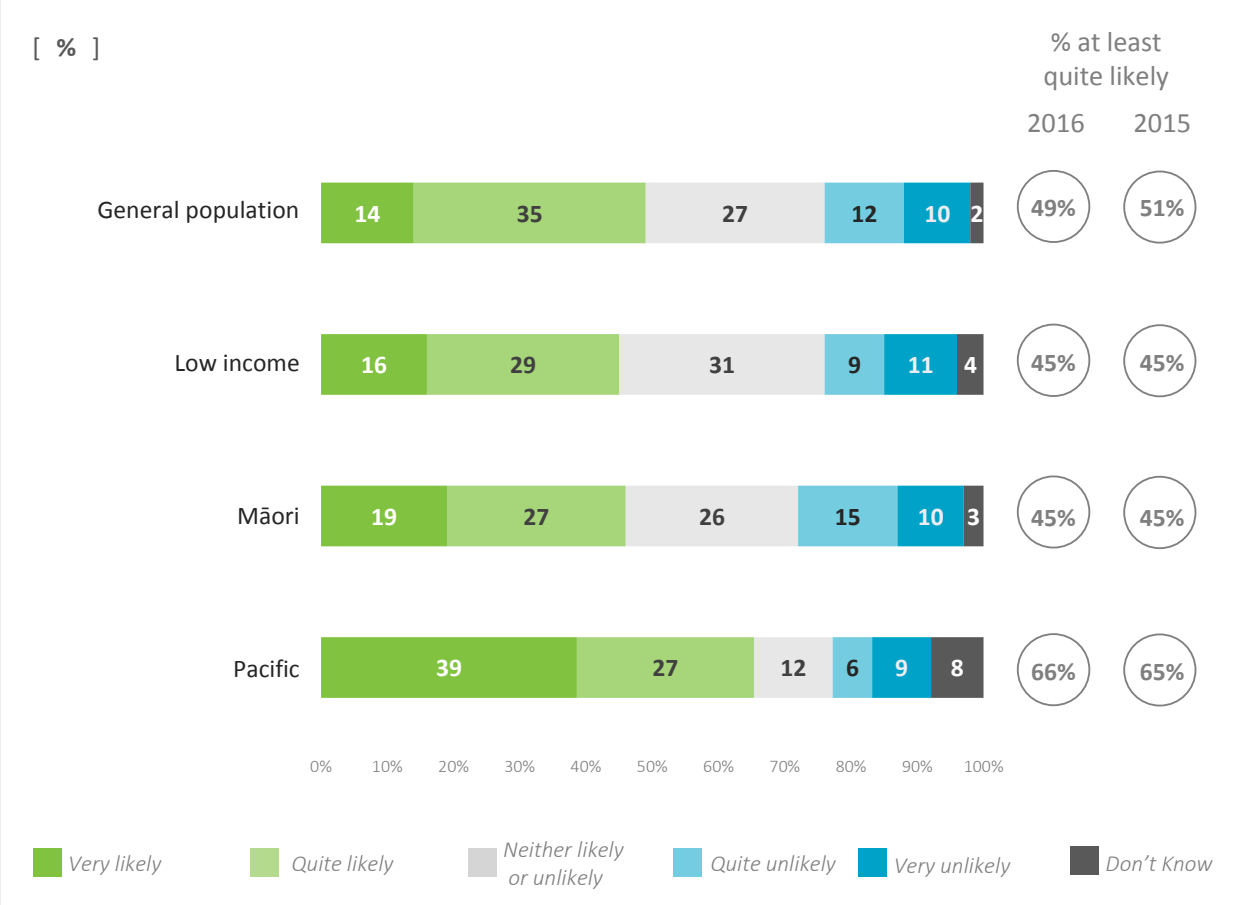
	General population %		Low income with children under 14* %		Māori with children under 14* %		Pacific with children under 14* %	
	2015	2016	2015	2016	2015	2016	2015	2016
Base (n)	88	170	29	58	15	45	49	81
The one with more stars	83	85	90	88	81	87	71	81
The one with fewer stars	1	5	0	1	9	4	10	13
Neither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

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

Intention to use the HSR

We asked all shoppers how likely or unlikely they would be to use the HSR the next time they see it on a product they are thinking of buying. About half (45%) to two-thirds (65%) of shoppers say they are at least quite likely to use the HSR in future. These findings are entirely consistent with 2015.

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



Base: All Respondents (General population: 2015 n=1067; 2016 n=1045. Low income with children under 14 years: 2015 n=324; 2016 n=309. Māori with children under 14 years: 2015 n=300; 2016 n=310. Pacific with children under 14 years: 2015 n=311; 2016 n=303)
Source: Q5a

Intended use of the HSR after the campaign

Those who have seen the campaign are no more likely to say they would use the HSR in future than those who have not seen the campaign. Although 44% of shoppers in the general population who have seen the advertising say they are likely to use the HSR in future, compared to 50% who have not seen the advertising, this difference is not statistically significant.

The one priority group for which the campaign appears to be having a positive impact on intended use is among Pacific shoppers. Almost one-half (46%) of those Pacific shoppers who have seen the advertising are very likely to use the HSR in future compared to 32% who have not seen the advertising.

Who is more likely to use the HSR in future?

We carried out further sub-group analyses to determine who in each group is more likely to say they will use the HSR in future. No significant differences of note exist for low income, Māori or Pacific shoppers. However, the

following groups in the general population are more likely to say they're at least quite likely to use the HSR in future:

- Asian respondents (69% compared with 49% overall)
- Older shoppers, aged 60 years or more (60% compared to 36% under 60).
- Aucklanders (59% compared to 49% overall).

Other associations with likelihood to use the HSR in future

We carried out further sub-group analyses to learn if shopping behaviour and trust in the HSR are associated with likely use.

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

General population

- Check the healthiness of products at least some of the time (53% compared with 32% who do not)
- Have used the HSR (67% compared with 38% who have not)
- Trust the HSR (76% compared with 15% who do not).

Low income with children under 14 years

- Have used the HSR (63% compared with 35% who have not)
- Trust the HSR (81% compared with 13% who do not).

Māori with children under 14 years

- Check the healthiness of products at least some of the time (54% compared with 34% who do not)
- Have used the HSR (70% compared with 33% who have not)
- Trust the HSR (67% compared with 18% who do not).

Pacific with children under 14 years

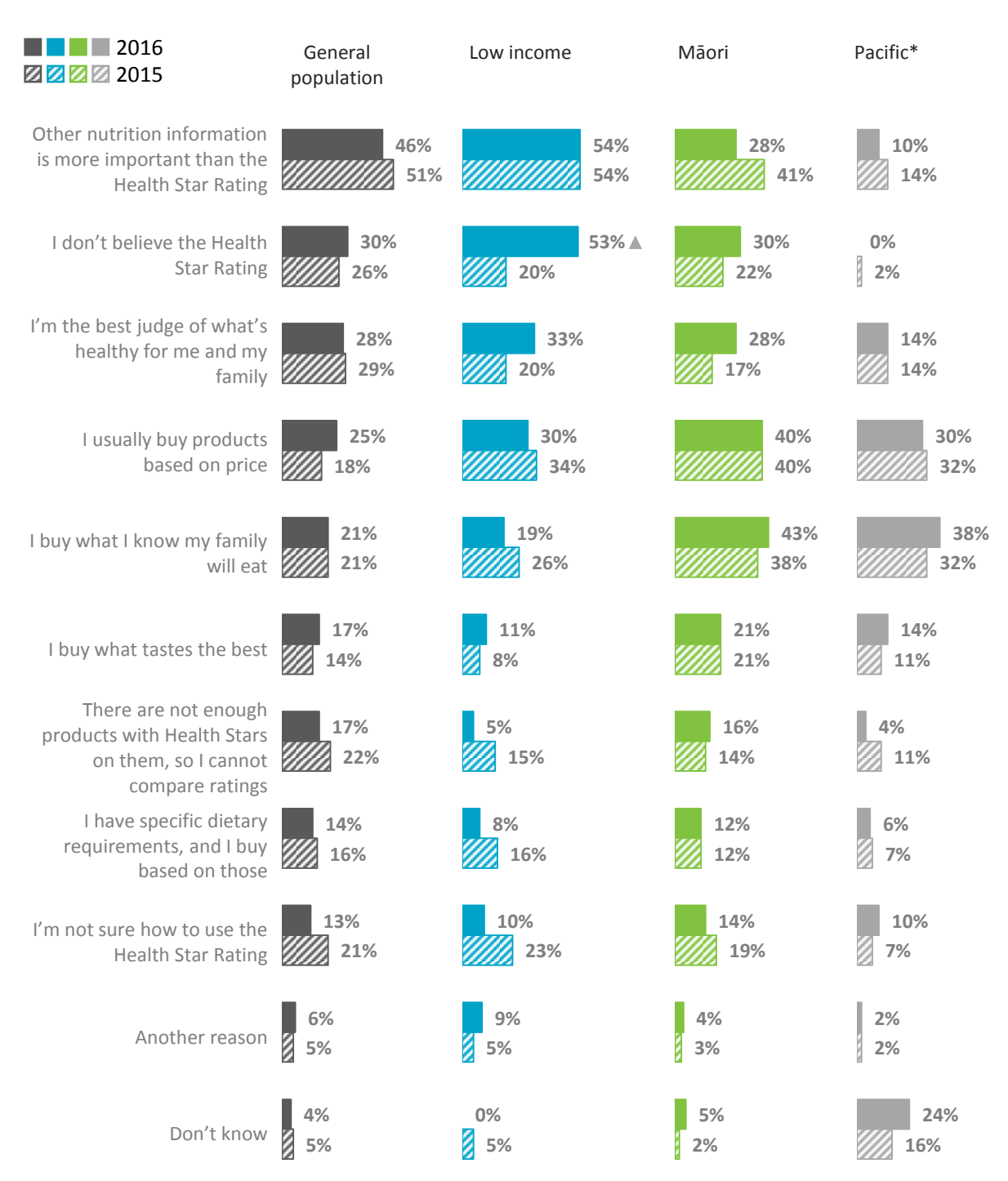
- Trust the HSR (71% compared with 28% who do not).

Please note in contrast to the other groups, Pacific shoppers who have used the HSR are no more likely than those who have yet to use to say they will use the HSR in future (67% of those who currently use it compared to 72% who haven't).

Barriers to using the HSR

We asked shoppers who are 'quite' or 'very' unlikely to use the HSR to tell us their reasons why that is the case. As can be seen below, barriers to using the HSR differ markedly by group.

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



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

Main barriers among general population shoppers

The main barriers for shoppers in the general population are a belief that other nutrition information is more important than the HSR (46%), disbelief in the HSR system (30%), and the view that they are the best judge for themselves and their family (28%).

None of the differences between the barriers identified in 2015 and 2016 are statistically significant.

Main barriers among low income shoppers

The main barriers for low income shoppers are a belief that other nutrition information is more important than the HSR (54%), disbelief in the HSR system (53%), the view that they are the best judge of what's healthy for themselves and their family (33%), and buying products based on price (30%).

The key difference for this group in 2016 compared to 2015, is a significant increase in trust as a barrier; 53% don't believe in the HSR system compared to 20% in 2015. None of the other differences between the barriers identified in 2015 and 2016 are statistically significant.

Main barriers among Māori shoppers

The main barriers for Māori shoppers are a desire to buy what they know their family will eat (43%), buying products based on price (40%), and disbelief in the HSR system (30%).

None of the differences between the barriers identified in 2015 and 2016 are statistically significant.

Main barriers among Pacific shoppers

The main barriers for the Pacific shoppers are normally basing decisions on what they know their family will eat (38%), and price (30%).

None of the differences between the barriers identified in 2015 and 2016 findings are statistically significant

HSR Campaign Recognition

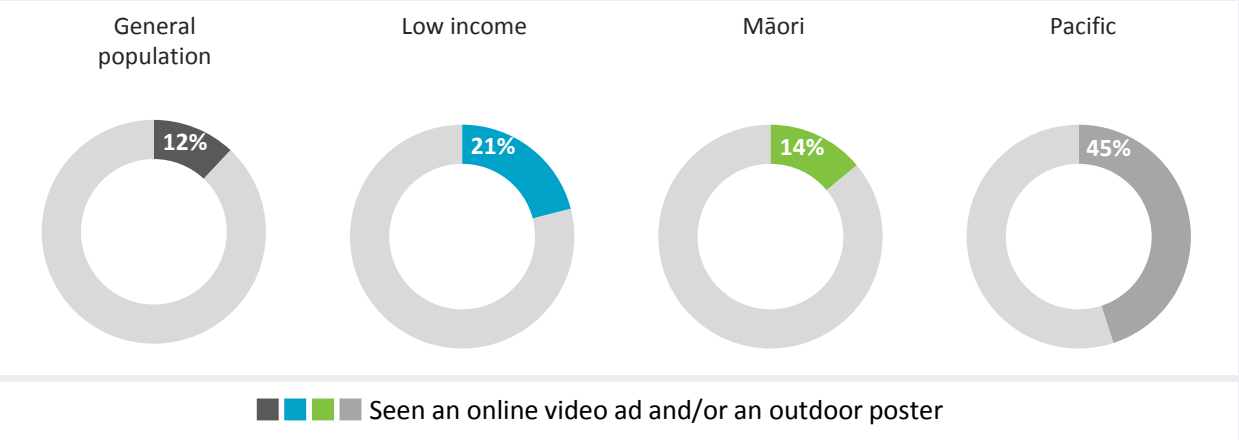
HSR campaign recognition

Towards the end of the survey shoppers were played one of the online video ads from the recent HSR Campaign, and asked if they had seen or heard the ad, or similar versions of it. They were also shown still images from two adshel posters, and again asked if they had seen them, or similar versions of them.

Overall recognition of campaign advertising

Overall recognition of either the online video or adshel posters ranges from 12% to 45%, depending on the group.

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



Base: All Respondents (General population: 2016 n=1045. Low income with children under 14 years: 2016 n=309. Māori with children under 14 years : 2016 n=310. Pacific with children under 14 years: 2016 n=303)
Source: Q6a and Q6b

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

General population

- Those aged under 40 (16% compared with 9% aged 40+)
- Asian respondents (21% compared with 12% overall)
- Aucklanders (16% compared with 12% overall).

Low income with children under 14 years

- Men (33% compared to 14% of women)
- Aucklanders (37% compared to 21% overall).

Māori with children under 14 years

- No significant differences were observed.

Pacific with children under 14 years

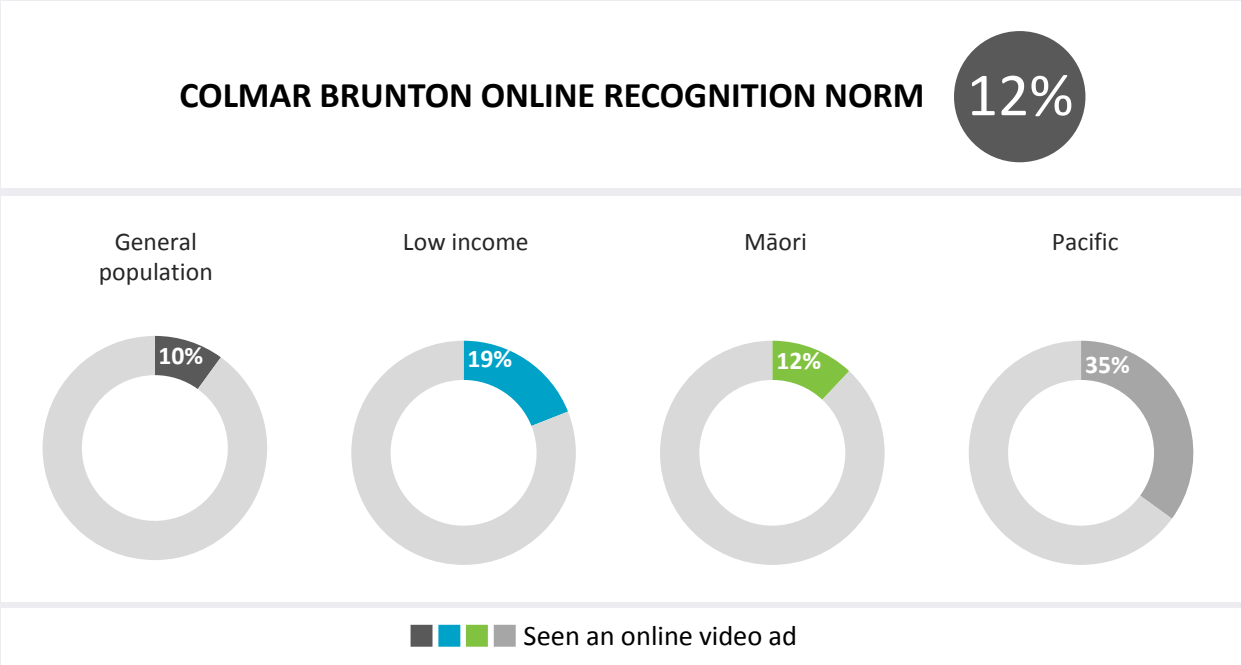
- Those with an annual household income of up to $50,000 (49% compared to 33% of those on $50k+).

Recognition of online video advert

The online video advert is performing broadly in line with expectations. Recognition amongst the general population is 10% compared to the Colmar Brunton norm of 12% for online advertising in New Zealand.

The campaign has been particularly effective in targeting low income shoppers (19%) and Pacific shoppers (35%), where recognition for the online video advert is well above the norm of 12%.

Before today have you seen or heard this advert, or similar versions of it?

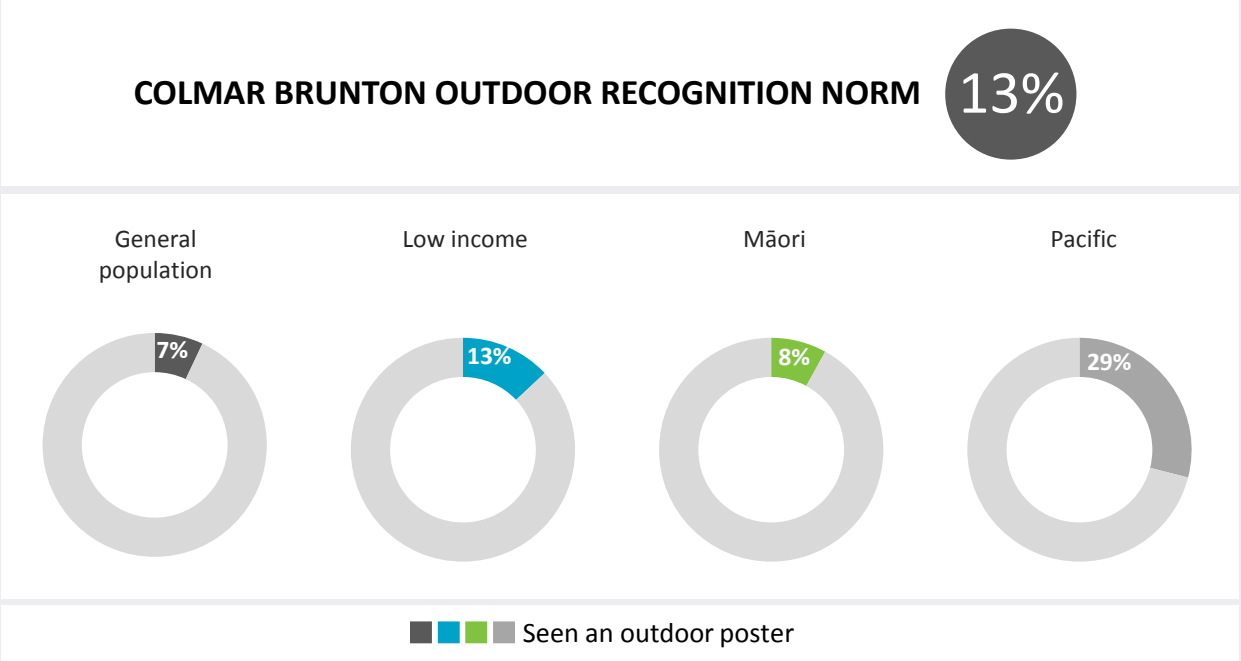


Base: All Respondents (General population: 2016 n=1045. Low income with children under 14 years: 2016 n=309. Māori with children under 14 years: 2016 n=310. Pacific with children under 14 years: 2016 n=303)
Source: Q6a

Recognition of adshel adverts

The adshels are not performing in line with expectations. Recognition amongst the general population is 7% compared to the Colmar Brunton norm of 13% for outdoor advertising in New Zealand. However, recognition amongst Pacific shoppers (29%) is well above the norm.

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

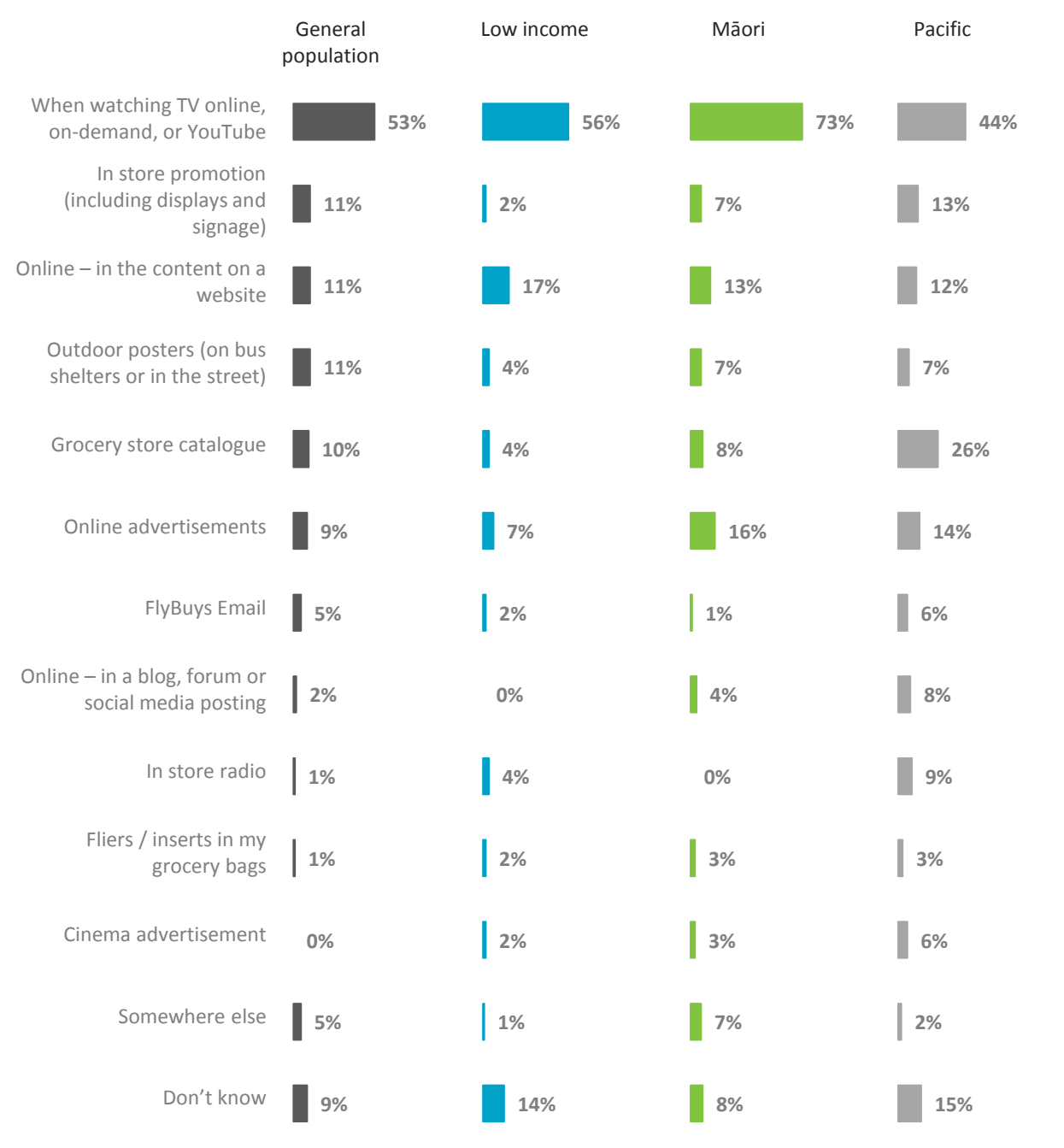


Base: All Respondents (General population: 2016 n=1045. Low income with children under 14 years: 2016 n=309. Māori with children under 14 years: 2016 n=310. Pacific with children under 14 years: 2016 n=303)
Source: Q6b

Source of advertising recognition

Shoppers who recognise the campaign advertising (either the online video advert or the adshels) are most likely to say they have seen it on TV online, on demand or YouTube. Pacific shoppers are less likely than the general population to say they have seen the advertising on TV online, on demand or YouTube, while Māori shoppers are more likely to do so. Grocery store catalogues are of particular significance to Pacific shoppers with one-quarter (26%) saying this is where they had seen the advertising.

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



Base: Those who have seen the advertising (General population: 2016 n=1045. Low income with children under 14 years: 2016 n=309. Māori with children under 14 years: 2016 n=310. Pacific with children under 14 years: 2016 n=303)
Source: Q6c

Key campaign advertising messages

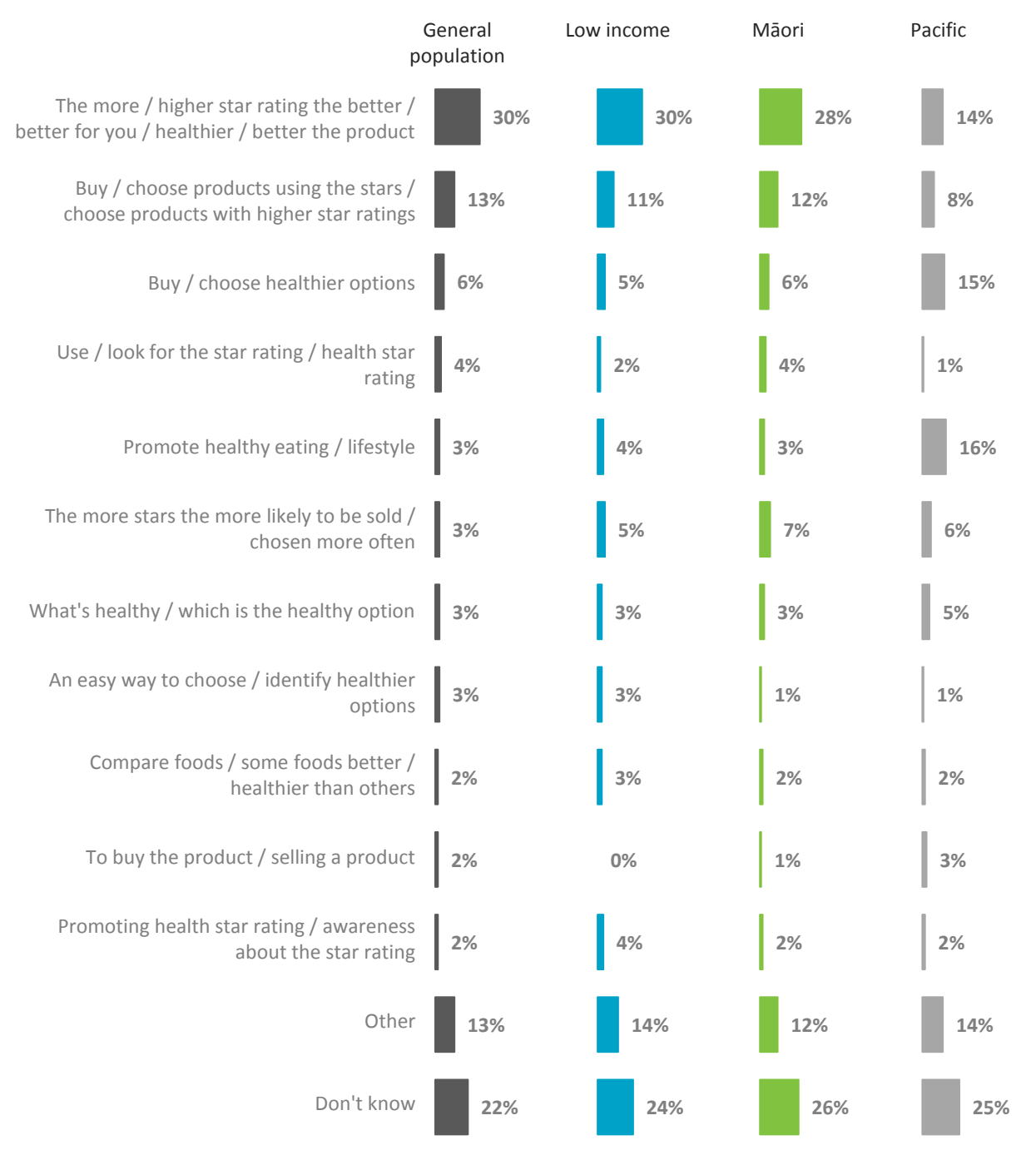
All respondents were asked to describe what they thought the campaign advertising was trying to tell them. Their responses indicate that the majority of consumers broadly understand the key messaging about the HSR. When interpreting these responses, it is important to acknowledge that survey respondents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

It is also important to acknowledge that around one-quarter of respondents (ranging from 22% to 26% across all groups) do not know what the key messages are from the advertising.

Those who could identify key messages from the advertising most commonly say it is around using the HSR to identify healthier products. This is mentioned by three in ten shoppers in the general population, as well as low income (30%) and Māori (28%) shoppers.

Pacific shoppers (14%) are less likely to identify this message than the other groups. However, Pacific shoppers are more likely to say the advertising is promoting the concept of a healthy lifestyle or telling them to buy / choose healthier options. In other words, they identify some of the consequences which they think the advertising is pointing towards, rather than the key HSR-specific messages themselves.

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



Base: All Respondents (General population: 2016 n=1045. Low income with children under 14 years: 2016 n=309. Māori with children under 14 years: 2016 n=310. Pacific with children under 14 years: 2016 n=303)
Source: Q6e

Perceptions of the HSR advertising

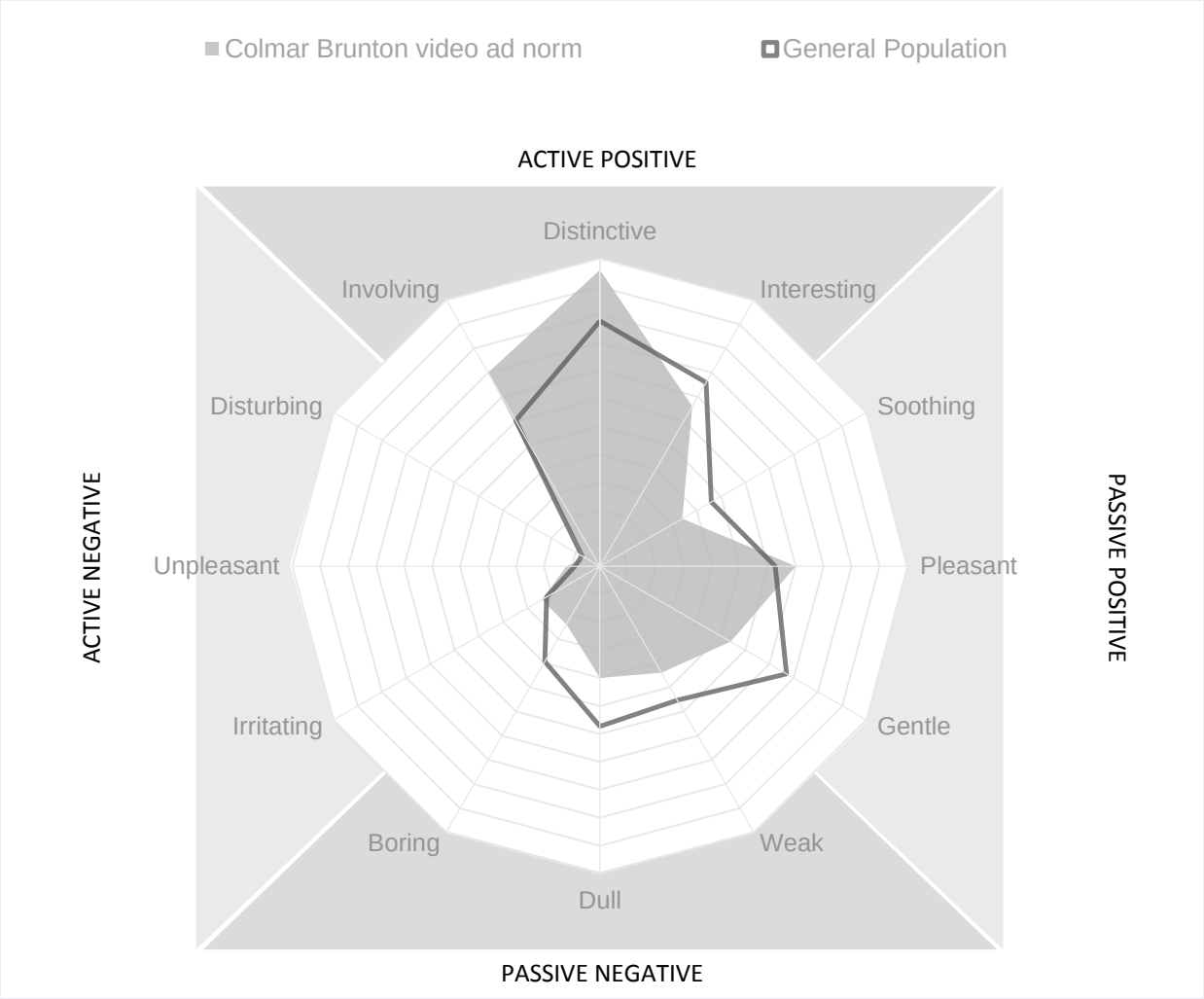
Descriptions of the online video ad

After having viewed the online video ad, shoppers were asked to select three words which they felt best described the advertising. The chart below shows the perceptions of the general population (the dark grey line) and maps this against the Colmar Brunton NZ norm (the light grey shape).

For an ad to grab and keep attention, it should aim for the 'Active' quadrants. In terms of public information campaigns some adverts might be designed to be 'active positive' so they engage and encourage positive behaviours. In contrast others might be designed to be 'active negative' and deter viewers from certain behaviours (eg. speeding or drink driving). The HSR advertising should aim for the 'active positive' quadrant.

Perceptions of the HSR advertising are broadly positive. Shoppers tend to describe them as distinctive, interesting and gentle. However, when compared to the norm they are less likely to be viewed as distinctive, but more likely to be viewed as interesting. Overall the descriptions of the ads tend to be more 'passive' than is the case for the norm. This indicates they are not as engaging as they could be for some shoppers, which risks their message being ignored.

Now thinking about the video advert you have just seen. Please select one word from each of these three lists that applies most to the video.

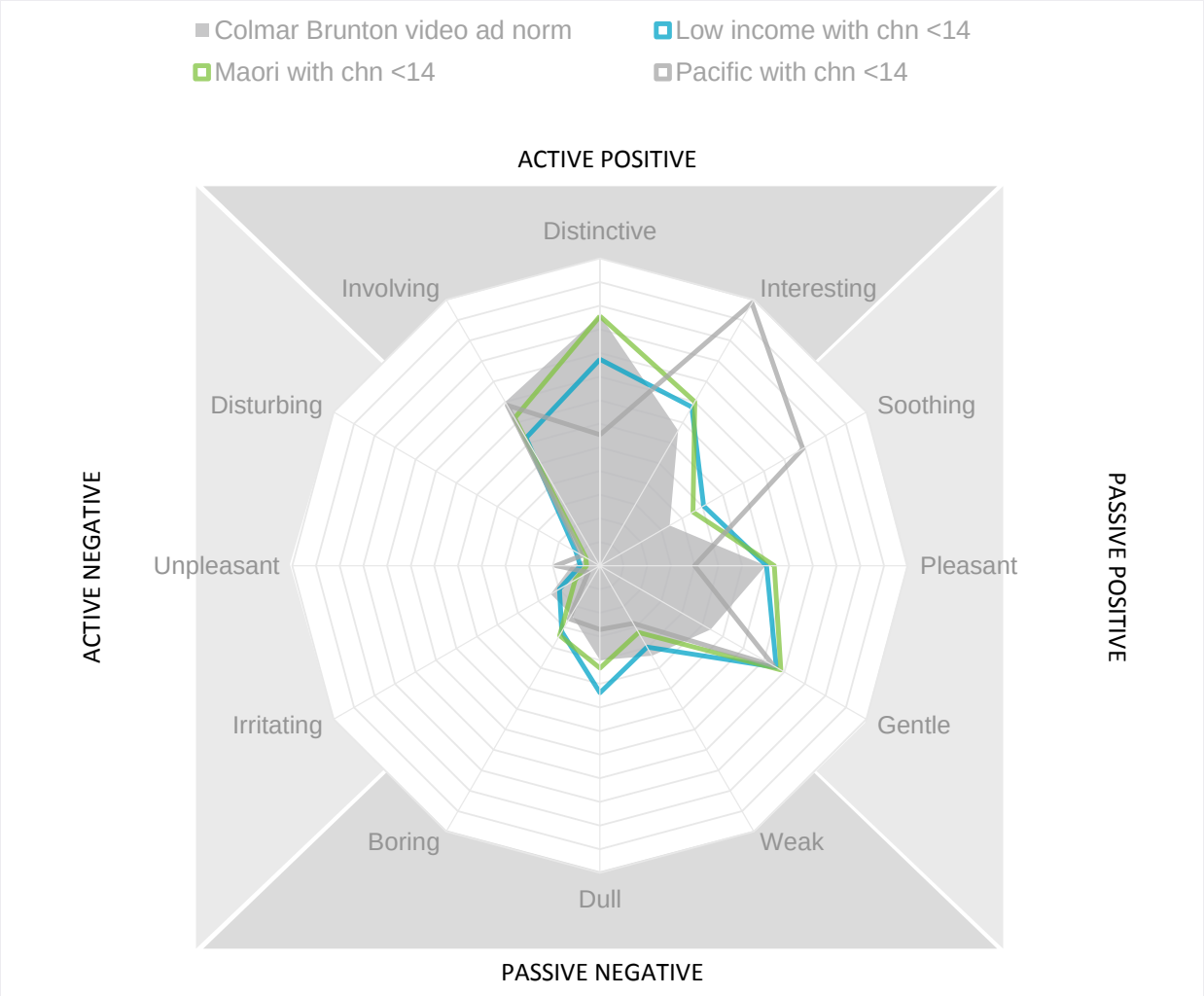


Base: All Respondents (General population: 2016 n=1045)
Source: Q6d

The perceptions of each of the priority groups are also broadly positive. They are mapped below against the Colmar Brunton NZ norm. Overall the priority groups are more engaged with the advertising than the general population and less likely to describe them as boring or dull.

Pacific shoppers hold somewhat different perceptions to other shoppers, and are much more likely to view the ads as interesting and soothing, and less likely to view them as distinctive or pleasant.

Now thinking about the video advert you have just seen. Please select one word from each of these three lists that applies most to the video.



Base: All Respondents (Low income with children under 14 years: 2016 n=309. Māori with children under 14 years: 2016 n=310. Pacific with children under 14 years: 2016 n=303)
Source: Q6d

Perceptions of both the online video ad and adshels

Shoppers were asked about their perceptions of both the online video ad and adshels (see chart below).

The majority (65%) of shoppers in the general population agree that the advertising is easy to understand. However Pacific shoppers (25%) are more likely than the general population (9%) to disagree with this statement.

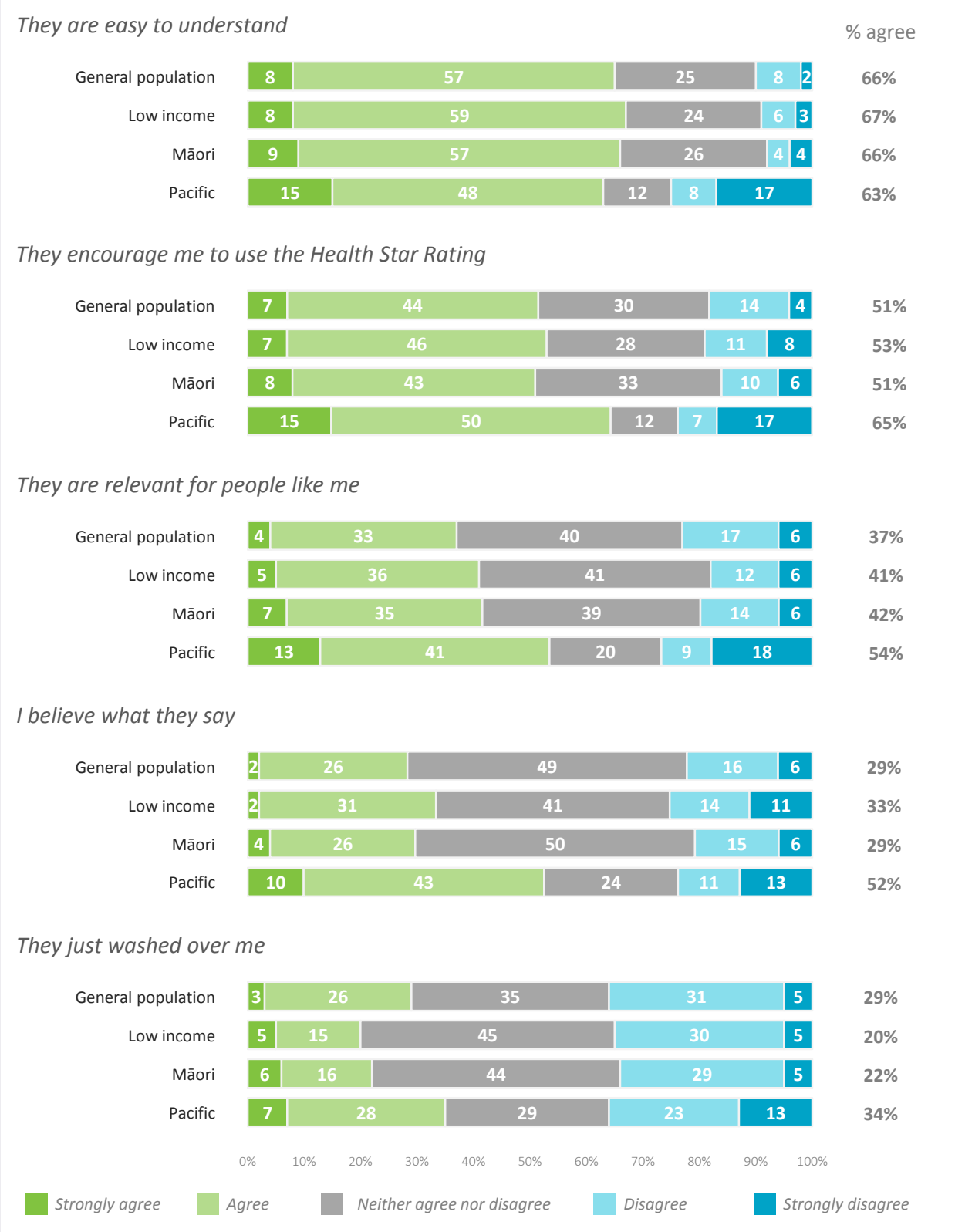
There is evidence that the advertising encourages shoppers to use the HSR. Around half of the general population (51%), low income shoppers (53%) and Māori shoppers (51%) agree it encourages them to do so. This increases to two-thirds of Pacific shoppers (65%).

Most shoppers do not perceive the advertising as being relevant to them. In the general population 37% agree the advertising is relevant to them, although a majority of Pacific shoppers (54%) feel they are relevant. It may be of value in future research to further explore the type of people who shoppers believe the advertising is targeting to better understand any reluctance or not to identify themselves with this group and fully engage with the HSR.

Relative to understanding the advertising, a lower proportion of shoppers believe what the advertising says: 29% of the general population, 33% of low income shoppers and 29% of Māori shoppers agree with this belief. The advertising has greater credibility amongst Pacific shoppers; 52% agree they believe what it says. It is possible the relatively low level of belief in the advertising is a consequence of current trust levels in the HSR system itself (39% of the general population agree they trust the HSR).

Finally, between 20% and 34% of shoppers across the different groups agree the advertising washes over them. This reflects the earlier finding that respondents are more likely than average to use 'passive' words to describe the advertising. It will be of value for future campaign activity to maximise levels of engagement to ensure key messages have maximum impact with consumers.

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



Base: All Respondents (General opulation: 2016 n=1045. Low income with children under 14: 2016 n=309. Māori with children under 14: 2016 n=310. Pacific with children under 14: 2016 n=303)
Source: Q6f

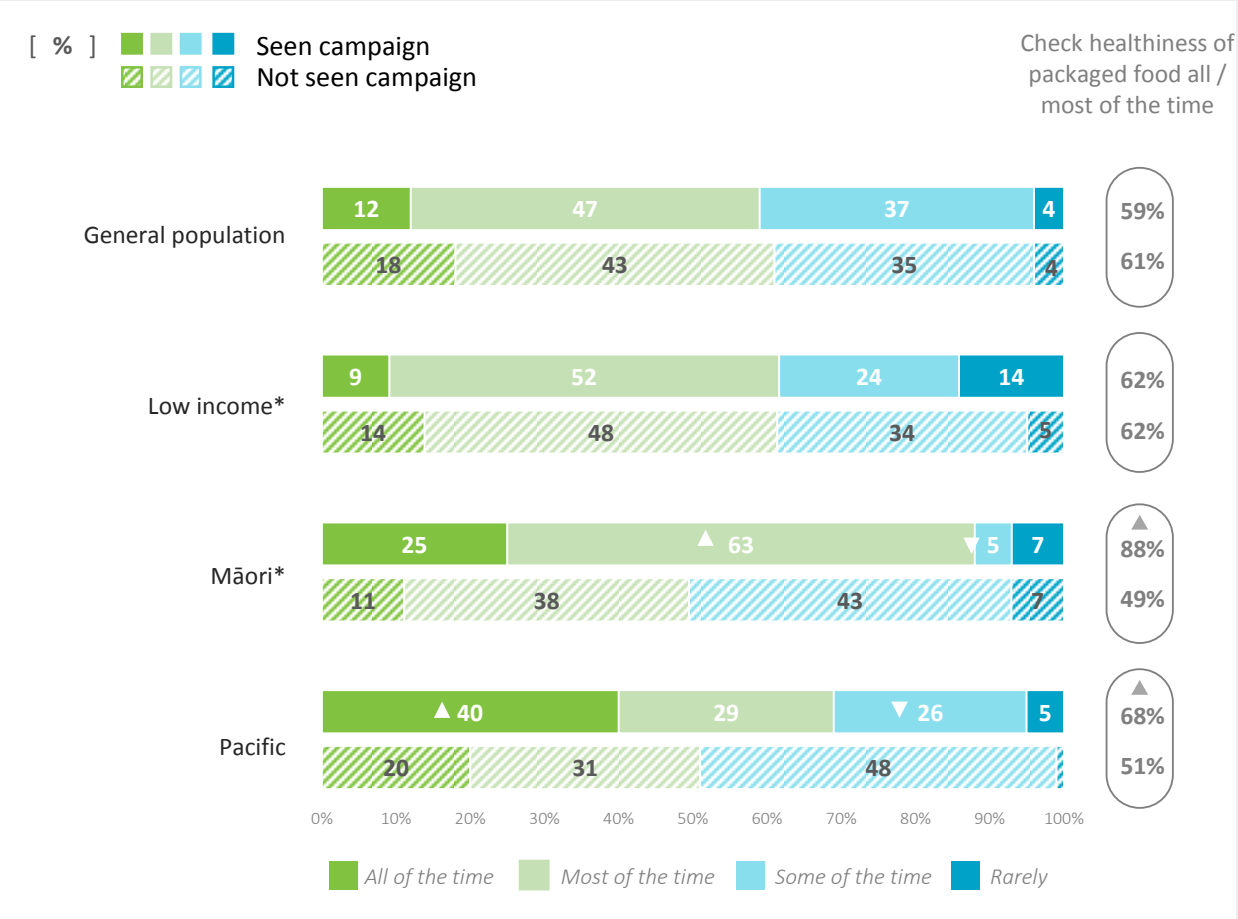
Spontaneous measures of the influence of the campaign advertising on behaviours

To help evaluate possible contributions of the advertising campaign and the HSR, we asked shoppers about the frequency with which they now check healthy packaged foods. Although presented last in this report, these questions were asked prior to any mention of food labelling and the HSR.

For the general population, the proportion of those who have seen the campaign advertising and who check the healthiness of packaged food on a regular basis is consistent (59% compared to 61% who have not seen the advertising). There is a similar pattern for low income shoppers.

In contrast, Māori and Pacific shoppers who have seen the advertising are more likely to check the healthiness of packaged food on a regular basis than those who have not seen the advertising. This positive increase is particularly pronounced for Māori shoppers (88% in 2016 compared to 49% in 2015).

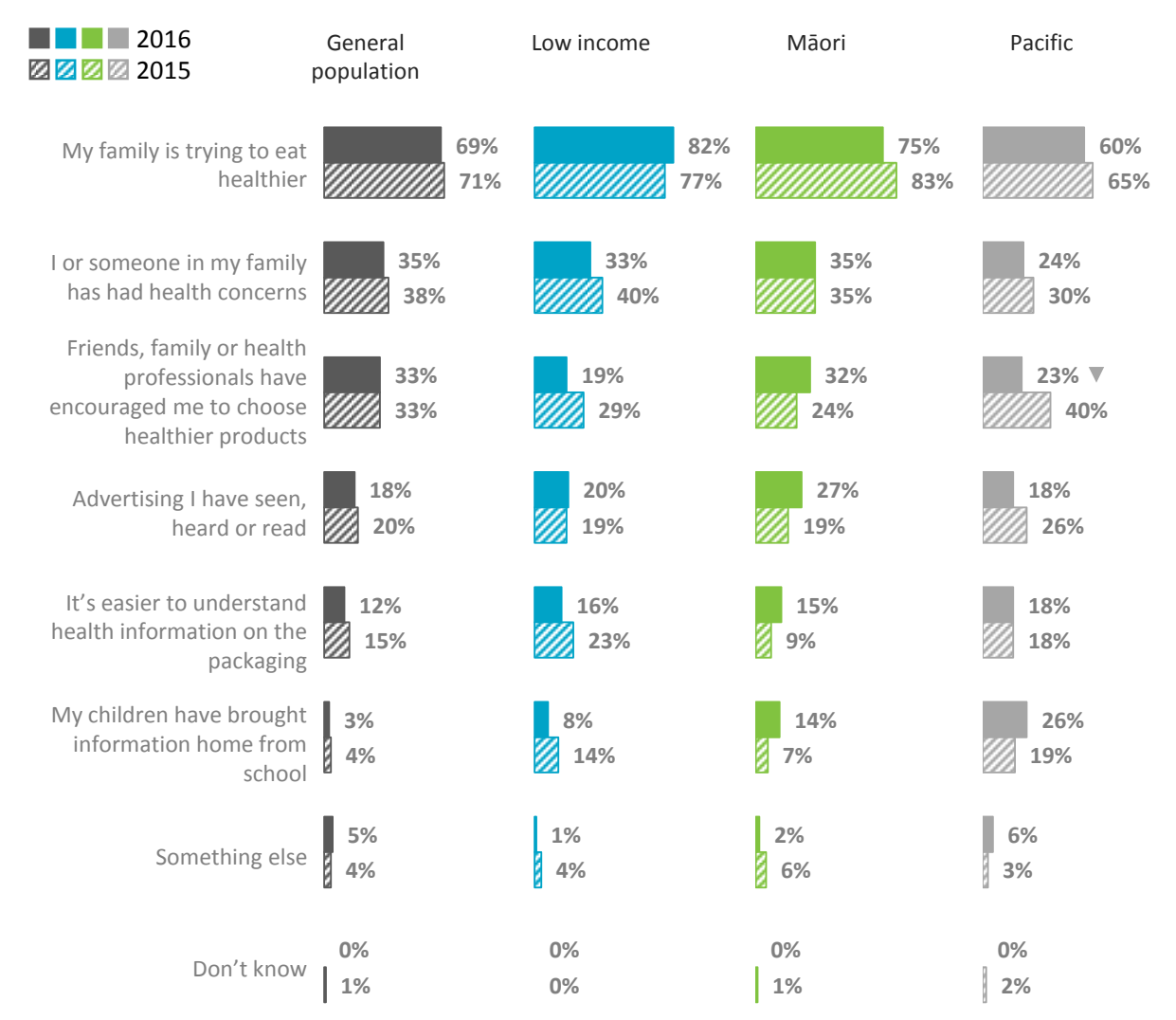
How often do you check how healthy they [packaged food products] are?



Base: Shoppers who read food health information (General population: seen campaign n=114; not seen campaign n=791. Low income with children under 14 years: seen campaign n=44; not seen campaign n=223. Māori with children under 14 years: seen campaign n=35; not seen campaign n=175. Pacific with children under 14 years: seen campaign n=113; not seen campaign n=101)
Source: Q4a
Note: *Small base sizes for these groups
Note: ▲ significantly higher than not seen campaign ▼ significantly lower than not seen campaign

We asked those shoppers who are more likely now to check how healthy packaged foods are than a year ago, why this is. As shown in the figure below, the proportion who attribute this increased behaviour to advertising they have seen, heard or read is broadly consistent with 2015. This suggests the HSR campaign is not top-of-mind for shoppers when asked to spontaneously make attributions for their behaviour change. This finding is not surprising at this stage of the campaign given that the initial goal is to increase awareness and recognition of the HSR, with later phases of the campaign focusing specifically on behaviour change.

For what reasons do you now check the healthiness of packaged foods more often?



Base: Shoppers who check the healthiness of packaged foods more often than they did a year ago (General population: 2015 n=443; 2016 n=424. Low income with children under 14 years: 2015 n=126; 2016 n=130. Māori with children under 14 years: 2015 n=101; 2016 n=113. Pacific with children under 14 years: 2015 n=119; 2016 n=116)
Source: Q1f
Note: ▲ significantly higher than 2015 ▼ significantly lower than 2015

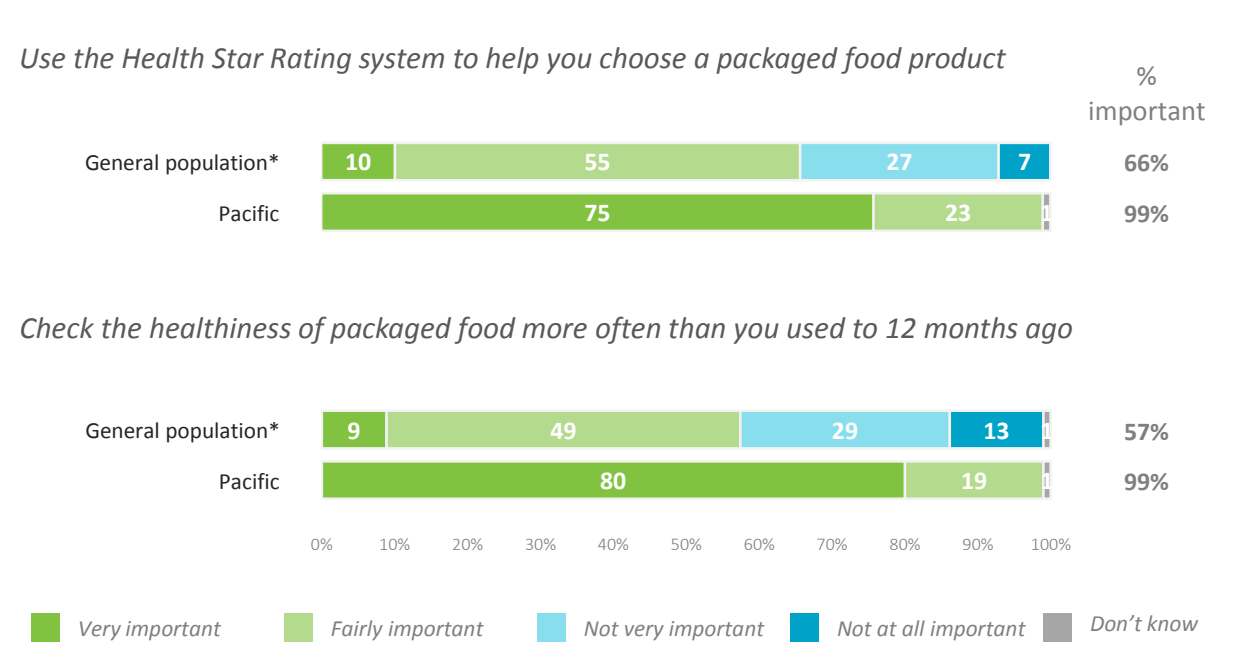
Prompted measures on the influence of the HSR advertising campaign

Shoppers who had seen the HSR campaign advertising, and said they used the HSR, were asked about the importance of the advertising in encouraging them to take action. Two-thirds (66) of shoppers in the general population who have used the HSR to help choose packaged food products, say the advertising has been important in encouraging them to do so. A further 57% of the general population say the advertising has been important in checking the healthiness of packaged food more often now than they used to one year ago.

Pacific shoppers are yet more enthusiatic about the extent to which the advertising has been important in influencing their use of the HSR when choosing a packaged food product, or when checking the healthiness of packaged food more often now than one year ago. However, these findings should be treated with caution due to the low base size.

It is not possible to show responses for the Māori and low income shoppers due to the relatively low base sizes.

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



Base: Those who have seen the ads and either check the healthiness of packaged food more often than they did 12 months ago or have used the HSR to help them choose a product (General population: 2016 n=51~45. Pacific with children under 14 years: 2016 n=65~70)
Source: Q7
Note: *Small base sizes for this group

APPENDICES

Sample profiles

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

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

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

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

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

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

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

Q3g/e – Prompted understanding of the HSR

	General population %		Low income with children under 14 %		Māori with children under 14 %		Pacific with children under 14 %	
	2015	2016	2015	2016	2015	2016	2015	2016
Q3e/g - When comparing two similar products (for example, two different breakfast cereals), the product with more stars is generally the healthier option								
True (Correct)	67	67	66	68	62	68	72	70
False	11	12	16	19	13	13	9	8
Don't know	22	21	18	14	25	19	19	22
Base (n)	1067	1045	324	309	300	310	311	303
Q3g - If a product has 5 stars, you can eat as much of it as you want								
True	7	7	18	13	10	14	39	44
False (Correct)	79	79	72	74	71	73	38	36
Don't know	14	14	10	13	19	14	23	20
Base (n)	401	656	131	236	107	220	201	220
Q3g - All packaged foods are required to have a Health Star Rating								
True	13	10	18	15	16	16	50	60
False (Correct)	34	**49**	38	43	27	40	15	19
Don't know	52	**41**	44	42	57	44	35	**21**
Base (n)	401	656	131	236	107	220	201	220
Q3g - The Health Star Rating system was developed by food experts								
True (Correct)	32	33	33	30	21	**38**	54	62
False	6	**13**	14	17	7	9	5	6
Don't know	62	**54**	53	54	72	**54**	41	32
Base (n)	401	656	131	236	107	220	201	220
Q3g - The Health Star Rating system is backed by the government								
True (Correct)	23	**31**	32	34	26	30	39	43
False	7	10	11	11	10	10	6	**16**
Don't know	70	**59**	56	56	63	59	55	**40**
Base (n)	401	656	131	236	107	220	201	220

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

Q3c – Ability to use the HSR to compare products

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

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

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

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

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

Q3e – Perceptions of the HSR

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

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

	General population %		Low income with children under 14 %		Māori with children under 14 %		Pacific with children under 14 %	
	2015	2016	2015	2016	2015	2016	2015	2016
Base (n)	1067	1045	324	309	300	310	311	303
Q3e - It makes it easier to decide which packaged foods are healthier								
Strongly agree	16	15	15	16	16	21	55	54
Somewhat agree	44	48	36	42	44	36	27	24
Neither agree nor disagree	17	18	19	22	19	22	8	9
Somewhat disagree	11	10	11	10	10	10	3	2
Strongly disagree	8	6	11	9	6	6	2	4
Don't know	5	**2**	8	**1**	5	4	5	7
Q3e - I feel confident using the Health Star Rating to choose packaged foods								
Strongly agree	13	10	13	11	12	12	48	47
Somewhat agree	32	35	29	33	30	33	26	30
Neither agree nor disagree	24	27	23	26	26	28	13	8
Somewhat disagree	14	15	11	12	18	**11**	5	4
Strongly disagree	11	10	16	16	9	10	3	4
Don't know	6	**3**	8	**2**	5	5	6	8
Q3e - It's easy to find the Health Star Rating on packaged foods								
Strongly agree	17	18	17	19	22	28	46	46
Somewhat agree	35	**45**	33	40	31	36	29	28
Neither agree nor disagree	25	21	25	26	20	23	8	10
Somewhat disagree	9	9	8	6	9	5	5	4
Strongly disagree	3	2	5	4	5	3	4	6
Don't know	12	**5**	12	**4**	13	**5**	8	6
Q3e - Packaged foods with the Health Star Rating tend to be more expensive than foods without it								
Strongly agree	5	6	7	8	9	12	40	41
Somewhat agree	19	17	19	21	25	22	25	28
Neither agree nor disagree	33	37	36	33	32	36	14	10
Somewhat disagree	6	9	7	10	4	**10**	3	3
Strongly disagree	3	3	4	3	4	1	3	3
Don't know	35	**28**	27	24	27	**19**	16	15

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

Screening questions

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

DP: IF QUOTA FULL OR INELIGIBLE CLOSE AFTER S6.

S1 Are you…?
Please select one only.

Male	1
Female	2

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

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

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

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

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

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

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

Yes	1
No	2

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

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

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

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

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

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

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

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

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

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

Consideration and behaviour influences

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

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

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

ASK THOSE WHO HAVE EVER READ FOOD HEALTH INFORMATION (CODE 1 @ Q1B)
Q1c When choosing packaged foods, **how often** do you check how healthy they are?
Please select one only.
REVERSE CODE 1 TO 4 50% OF THE TIME.

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

Q1d How **easy or difficult** is it to decide how healthy packaged foods are?
Please select one only.
REVERSE CODE 1 TO 4 50% OF THE TIME.

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

Q1e Compared to a year ago, do you now check how healthy packaged foods are **more often** or **less often**?
Please select one only.
ROTATE CODES 1 AND 3.

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

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

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

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

Awareness of the HSR

ASK ALL

Q2a Other than brand names, can you think of anything shown on food packages that can help you decide how healthy something is?
Please describe in the box below.
INCLUDE DON'T KNOW TICK BOX.

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

Q2a(ii) Is there anything else you can think of that is shown on food packages to help you decide how healthy they are?
Please describe in the box below.
INCLUDE DON'T KNOW TICK BOX.

Q2b Have you seen or heard about the following food package labels?
Please select one only.
SHOW EACH ON A SEPARATE SCREEEN. RANDOMISE 2 TO 4. DISPLAY BOTH NAME AND IMAGE.

	Yes	No
2) Daily Intake Guide 	1	2
3) Nutrition Information Panel 	1	2
4) Heart Foundation Tick 	1	2
DISPLAY LAST 1) Health Star Rating 	1	2

ASK Q2C IF CODE 1 AT Q2B(1). OTHERWISE GO TO TEXT BEFORE Q3A.

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

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

Please select all that apply.

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

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

Understanding, perceptions, and correct use of the HSR

ASK Q3A IF CODE 1 AT Q2B(1).

Q3a How much, if anything, do you know about the Health Star Rating?

Please select one only.

REVERSE CODE 1 TO 4 50% OF THE TIME.

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

SHOW TO THOSE WHO CODE 2 AT Q2B(1)

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

ASK ALL

Q3b Below are images of the Health Star Rating. The next screen shows where you might find them on a package.

DISPLAY HSR IMAGES ON FIRST SCREEN.

Next screen: Here is where you might find the Heath Star Rating on a package.

DISPLAY IN-SITU IMAGE ON SECOND SCREEN. INCLUDE DON'T KNOW TICK BOX.

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

SHOW ALL
Now we'll show you examples of packaged foods with the Health Star Rating.
For each pair of products, please tell us whether you think the Health Star Rating **can be used** to decide which is healthier.
Don't worry if you are not sure; you can select 'Don't know'.

ASK ALL
Q3c Can the Health Star Rating **be used** to decide which of these is healthier?
If you are not sure please select 'Don't know'.
IMAGES OF PAIRS OF PRODUCTS TO BE SHOWN.

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

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

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

SHOW ALL
Now we'll show you some more examples of packaged foods with the Health Star Rating.
For each pair of products, please use the Health Star Rating to decide **which is the healthier option**.
Don't worry if you are not sure; you can select 'Don't know'.

ASK ALL
Q3d Please click the product you think is the healthier option. Then click the 'next' arrow.
If you are not sure please select 'Don't know'.
Please select one only.
IMAGES OF PAIRS OF PRODUCTS TO BE SHOWN

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

EACH RESPONDENT TO BE SHOWN ONLY TWO COMBINATIONS. THE TWO COMBINATIONS THEY ARE SHOWN SHOULD BE SELECTED AT RANDOM.
RANDOMISE 2 TO 4 AND A AND B

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

Q3e How strongly do you agree or disagree with the following statements about the Health Star Rating?
Please select one only.
USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

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

RANDOMISE STATEMENTS.

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

ASK Q3F IF CODE 2 AT Q2B(1).
Q3f Do you think the following statement is true or false? If you are unsure, please choose don't know.

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

True	1
False	2
Don't know	3

ASK Q3G IF CODE 1 AT Q2B(1).
Q3g Please tell us whether you think each statement is true or false. If you're not sure, please choose don't know.
Please select one only for each.
USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

True	1
False	2
Don't know	3

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

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

Use of the HSR

ASK Q4A IF CODE 1 AT Q2B(1).

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

Please select one only.

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

ASK Q4B IF CODE 1 @ Q4A

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

Please select all that apply.

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

Q4c How did the Health Star Rating help you decide to buy this product?

Please select one only.

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

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

Please select one only.

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

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

Q4d(ii) What type of product did you compare it to?

Please select one only.

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

ASK Q4E IF CODES 1-2 @ Q4D

Q4e And which product did you choose…

Please select one only.

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

Q4f What is the main reason you bought the product with fewer stars?

Please select all that apply.

RANDOMISE.

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

Intended use of the HSR

ASK ALL

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

Please select one only.

REVERSE SCALE 50% OF THE TIME.

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

ASK Q5B IF CODES 4-5 @ Q5A

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

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

Campaign questions

SHOW ALL

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

RANDOMISE ORDER IN WHICH ADVERTS ARE SHOWN

AD1 SHOW ONLINE VIDEO AD

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

Yes	1
No	2

Q6d Now thinking about the **video** advert you have just seen. Please select one word from each of these three lists that applies most to the video.

CLICK AND FLY FORMAT.

DISPLAY ALL 3 LISTS ON ONE SCREEN IN ORDER SHOWN. ONE CODE ONLY PER LIST.

KEEP SAME WORDS IN EACH LIST OF 4 WORDS – RANDOMISE ORDER OF WORDS WITHIN EACH LIST

Pleasant	1
Interesting	2
Boring	3
Irritating	4
Soothing	5
Distinctive	6
Dull	7
Unpleasant	8
Gentle	9
Involving	10
Weak	11
Disturbing	12

AD2 SHOW ADSHEL ADVERTS

Q6b Have you seen either of these adverts, or similar versions of them?

Please select one only.

Yes	1
No	2

ASK IF CODE 1 AT Q6A OR Q6B

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

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

A	In store promotion (including displays and signage)	1
A	In store radio	2
A	Grocery store catalogue	3
A	Fliers / inserts in my grocery bags	4
B	Online – in a blog, forum or social media posting	5
B	Online – in the content on a website	6
B	Online advertisements or web banner ads	7
B	When watching TV online, on-demand, or YouTube	8
C	Cinema advertisement	9
D	Outdoor posters (on bus shelters or in the street)	10
E	FlyBuys Email	11
F	Somewhere else (please tell us)	12
F	Don't know	13

Q6e What do you think these ads are trying to tell you? What is the message?
Please describe in the box below.
INCLUDE DON'T KNOW TICK BOX.

Q6f To what extent do you agree or disagree with the following statements about the ads …
USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

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

ROTATE STATEMENTS.

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

ASK THOSE WHO DO AT LEAST ONE OF FOLLOWING:

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

AND SEEN ADVERTISING (CODE 1 AT Q6A OR Q6B)

Q7 Earlier in the survey you said that you …

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

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

USE DYNAMIC GRID WITH THE FOLLOWING SCALE.

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

ROTATE STATEMENTS.

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

Demographics

Finally we have just a few more background questions.

D2 Which of the following **best describes** your household?

Please select one only.

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

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

D3 What ages are the children that live with you?

Please select all that apply.

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

ASK ALL

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

Please select one only.

In store	1
Online	2
Both	3

D4b And which supermarket chain do you visit most regularly, if any?

Please select one only.

RANDOMISE

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

ASK ALL

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

If you say yes, the summary will be available toward the end of the year.

Please select one only.

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

IF PACIFIC INTERCEPT LINK PLEASE SKIP THIS QUESITON

D6 Where would you like us to send the summary?

Please select one only.

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

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

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

Close

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

INSERT SUBMIT BUTTON

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

Health Star Rating:

www.mpi.govt.nz/healthstars

Healthy eating:

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