

**APPENDIX A:
GLOSSARY OF TERMS**

GLOSSARY

Health Claim	In relation to the FSANZ Conceptual Framework, a health claim is a claim, other than a therapeutic claim, that describes or indicates the relationship between the consumption of a food, a category of food or one of its constituents and health. FSANZ considers that a health claim may be a type of general level claim or a high level claim. (Refer to subsection 5.5.2 of the Initial Assessment Report). A health claim does not include nutrition content claims.
Nutrition content	A nutrition content claim refers to the presence or absence of energy, nutrients or biologically active substances in a food. For example, 'low fat', 'high fibre', 'reduced in sugar' and '97% fat free'.
Nutrition, health & related claim	In the context of Proposal P293, this is a collective term for any claim which makes reference to nutrients, nutrition or diet and health.
Therapeutic Claim	'is a claim [outside the context of the total diet] which refers to the prevention, treatment, alleviation or cure of a disease, ailment, defect or injury'. For example, 'Eating this food protects you from getting bowel cancer'.
Function Claim	'is a general level claim which describes [explicitly or implicitly] the biological role of a food or energy or a nutrient [or a biologically active substance] in [normal] growth, development, maintenance and other like functions of the body. For example, 'Calcium is good for strong bones and teeth. This food is high in calcium'.
Enhanced Function Claim	'is a general level claim which describes [explicitly/ implicitly] the biological role of a food or energy or a nutrient [or a biologically active substance] beyond [normal] growth, development, maintenance and other like functions of the body. For example, 'A diet high in calcium may help in the development of stronger bones and teeth. This food is high in calcium'.

Risk Reduction Claim referencing a non-serious disease	‘is a general level claim which describes [explicitly/ implicitly] the biological role of a food or energy or a nutrient [or a biologically active substance] in [significantly] reducing the risk of developing a non serious disease or condition’. For example, ‘This food is high in fibre which may reduce constipation’.
Biomarker Maintenance Claim	‘is a high level claim which describes [explicitly or implicitly] the biological role of a food or energy or a nutrient [or a biologically active substance] in maintaining a normal level of a [recognised] biomarker. For example, ‘This food is low in saturated fat, which as part of a diet low in saturated fat, may help to maintain a healthy blood cholesterol level’.
Biomarker Enhancement Claim	‘is a high level claim which describes [explicitly or implicitly] the biological role of a food, energy or a nutrient [or a biologically active substance] in reducing or increasing the level of a [recognised] biomarker’. For example, ‘This food is high in calcium which helps improve bone density when eaten as part of a varied diet high in calcium’.
Risk reduction claim referencing a serious disease	‘is a high level claim which describes [explicitly or implicitly] the biological role of a food or energy or a nutrient [or a biologically active substance] in [significantly] reducing the risk of developing a serious disease or condition’. For example, ‘A healthy diet that may lower the risk of certain cancers is one that is low in fats and includes fibre from a number of sources including a variety of fruits and vegetables, and wholegrain bran and cereals. This food is high in dietary fibre.’

Whole of diet claim	Messages about food in the context of a healthy diet. These claims are based on the Australian Dietary Guidelines or the New Zealand Food and Nutrition Guidelines. For example, ‘A healthy, balanced diet that includes dietary fibre from a number of sources is one that can help reduce your risk of constipation’.
----------------------------	---

Wellbeing claim	a claim that describes the role of a food or a component in a food in terms of the specific benefits related to general wellbeing. For example, ‘St John’s Wort herb has natural soothing mood mending properties, which can help reduce anxiety and uplift your general mental spirit’.
------------------------	--

Performance claim a claim that describes the role of a food or component of a food in enhancing the performance of the body or an organ or system within

the body. For example, 'This product is fortified with Pharmaceutical grade L-Glutamine for muscle protection and faster recovery'.

Slimming claim

a claim that describes the role of a food or component of a food in a diet to assist in weight reduction. For example, 'Whey protein is a natural appetite suppressant and contains properties, which help speed the body's metabolism and therefore assists in weight loss. This product is pure whey protein concentrate'.

Endorsement

A message or pictorial representation indicating endorsement of an organisation on a particular food. For example, the Heart Foundation of Australia's 'Tick Programme'.

Cause-related marketing

A message or pictorial representation indicating that the manufacturer will donate a proportion of the money from the sale of a product to a charity or non profit organisation. For example, a product label that promises to donate 50c to the Cystic Fibrosis Association of New Zealand for every product sold.

**APPENDIX B:
INTERVIEW PROTOCOLS**

INTERVIEW PROTOCOL 1

1 WELCOME & INTRODUCTION (5 MINS)

- Introduce self.
- Explain purpose of interview – topic is food labels and information on labels about nutrition and health.
- Don't need to know anything about nutrition and health. No right or wrong answers.
- Mix of activities and talking, informal.
- Housekeeping issues – toilets, mobile phones off, confidentiality & taping (audio).

WARM UP

Ask about particular shopping habits/patterns and whether have any special dietary needs that influence what food products they buy.

Food allergy01

Asthma.....02

Weight loss03

Medical condition (diabetes, heart disease, health concerns such as high blood pressure or cholesterol, digestive concerns such as coeliac disease, Irritable Bowel Syndrome)04

Other conditions (migraine, pregnancy and breast feeding)05

Lifestyle (Vegetarian / vegan, religious / ethical beliefs, training for sports etc)06

General health07

Other (**CODE & WRITE IN**)08

No, none09

Relevant participant information:	

2 ASSESSING NUTRITION AND HEALTH CLAIMS

(40 MINS)

For this section, the Researcher has 9 picture cards, each depicting milk with different nutrition and health claims regarding calcium.

Introduce the exercise with: *"I'm going to show you a range of different words and images that you might find on various food products in the supermarket now or in the future. Each example is slightly different, but they are all about calcium. The words will mean different things to different people, I'm interested in what they mean to you. There are no right or wrong answers".*

2A: First ask

Firstly, what if anything do you know about calcium – have you heard of that term before?

Record using record sheet. Using probing, establish if participant has heard of calcium before, what they know about it, and also establish if they consider calcium to be important and why. In particular, probe for whether they associate positive, negative or neutral benefits with consuming calcium. Also record if they spontaneously mention an association between calcium and bone/teeth strength, bone density and the prevention of osteoporosis.

Then say: *You do not have to know anything about calcium for the following exercises.*

2B: Individual assessment of claims. (20 minutes)

Show cards in order A-I. Spend approximately 2 minutes on each card, using the following prompts:

Claim A - Content

- What are these words saying about this product?
- Is there a health benefit suggested by the words on this product? If yes, what is it?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim B

- What are these words saying about this product? What words are most useful / important?
- Is there a health benefit suggested by the words on this product? If yes, what is it? (Probe fully. If participant says 'strong bones' probe – if this relevant for adult males adult females, children or some/all.)
- Is the perceived health benefit only maintenance of strong bones or do consumers link the claim to osteoporosis?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim C

- Is there a health benefit suggested by the words on this product? If yes, what is it? (Probe fully. If participant says 'strong bones' probe – if this relevant for adult males adult females, children or some/all.)
- Does claim C mean something different from claim B or promise more than claim B?
- How do consumers interpret 'helps maintain' (claim B) vs 'helps improve' (claim C)?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim D

- Clarify health benefit.
- Do consumers perceive any difference between the health benefit expressed in claims B, C & D?
- Does this claim promise more than B and C? How or what?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim E

- Clarify health benefit, if any.
- Does claim E mean something different from claim D or promise more than claim D? What or how?
- How do consumers interpret 'helps maintain' vs 'helps improve'?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim F

- Clarify health benefit, if any.
- Does following the advice of claim F promise more to the consumer than E?
- Do consumers consider that reducing a risk of osteoporosis is more serious or important than improving bone density?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive the health benefit? (**showcard 2B**)

Claim G

- Clarify health benefit if any.
- Does the endorsement suggest to the consumer that the food may reduce the risk of osteoporosis? Does this claim suggest more than claims B, C, D or E?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive the health benefit? (**showcard 2B**)

Claim H

- Does claim H mean something different from claim F?
- Does it promise more than claim F?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive the health benefit? (**showcard 2B**)

Claim I

- Is there a health benefit suggested by the words on this product? If yes, what is it?
- Do consumers perceive that consumption of this food will alleviate/prevent/reduce the risk of osteoporosis?
- Do they recognise it only as a fundraising statement?
- How, if at all, is it different to G.

2C: Relative comparison of cards (claims)

Spread all 9 cards in front of participant (face up), in random order.

Exercise 1A - Sort on health benefit (10 minutes)

Now imagine we had 9 different brands of milk, each making one of these different claims about calcium. I'd like you to sort these cards based on which milk (claim) you think would give you the greatest health benefit if you included it as part of your whole diet, down to which milk (claim) you think would give you the least health benefit (cards may be sorted in rank order, grouped into piles, or all grouped together if there is no difference).

Researcher note and **record** how the cards were sorted. Then probe:

- Was it hard to decide? Why have you grouped the claims as you have done?
- PROBE as to why particular claims have been grouped together or apart. How are they similar or different? What words or attributes or implied meaning makes them so?
- Which are the claims that they feel will give greater health benefit? Why? PROBE for words, length, graphics etc.

Exercise 1B - Sort on link to Osteoporosis (3 minutes)

Which claims are more closely linked to Osteoporosis? Get respondent to **rank order**, and **record** using recording sheet.

Exercise 2 - Sort on impact on intended purchase (10 minutes)

Shuffle cards and lay in front of participant, in different but random order.

Next I'd like you to think about what influence these words or claims would have on which or all of these 9 products you would buy. Please sort these cards based on which milk (claim) you think you would be most likely to buy if you saw it in the supermarket, down to which milk (claim) you think you would be least likely to buy. If calcium is not important to you, could you please imagine that it is in order to do this exercise. (cards may be sorted in rank order, grouped into piles, or all grouped together if there is no difference).

Researcher note and **record** how the cards were sorted. Then probe:

- Clarify which ones the participant would and wouldn't buy, and why.
- Was it hard to decide? Why have you grouped the claims as you have done?
- PROBE as to why particular claims have been grouped together or apart. How are they similar or different? What words or attributes or implied meaning makes them so?
- How likely are you to buy the milk with the claim(s) you favour, compared to a milk without any of these claims (assume that you have to buy milk)? (very likely, somewhat likely, not very likely, not at all likely, don't know). Probe as to WHY?
- If not ranked top or bottom, PROBE about placement of biomarker, cause-related marketing and endorsement claims and reasons why placed where they were.
- What other information might you use on the food label to help you make a choice? Probe as to WHY? (If NIP mentioned, probe further to ascertain what parts/information and why)

3 –CONCEPT OF A 'HEALTHY/BALANCED/TOTAL DIET' (5 MINS)

This section may have already come up spontaneously in Section 2. Explore to the extent that this has not been covered adequately.

Some of these claims include the words 'healthy diet', 'balanced diet', 'total diet'.

Refer and point to specific claims that mention 'healthy / balanced / total diet'.

- What does that expression 'as part of a healthy diet' mean to you when you read these claims?
- Why do you think this particular claim includes that expression 'as part of a healthy diet'?
- Should these words 'healthy diet' be included or not? Why/why not? How would this claim be different if those words were excluded – would the meaning change?
- Do other terms like 'as part of a balanced diet' or 'as part of the total diet' mean the same thing? Are they different from a 'healthy diet'? If so, which expression do you prefer?

4 SOURCES OF INFORMATION ABOUT 'HEALTHY BALANCED/TOTAL DIET' (5 MINS)

Think back to how you formed your opinion of what is meant by a 'healthy/balanced/total diet'.

- What information did you use to decide? (**write in or tick on prompt sheet 4**)
- Where do you get this information?

SHOW PROMPT LIST, INCLUDING PARTICIPANT'S MENTIONS FROM ABOVE.

- What are the best sources of information about 'healthy/balanced/total diets'? What do you trust most? What would you trust least?

(RECORD)

5 WORD ASSOCIATION (5 MINS, IF TIME AVAILABLE)

To finish with we're going to do something very different, and it should be quite fun. I'm going to read out a number of different items, and I want to you tell me the words that come immediately to mind for you. Don't hold back or think too hard, just say what ever comes to your mind. You can say as many things as possible. There are no right or wrong answers.

First, we'll do a practice:

1. wheelchair

Now we'll do some words that you may see on food labels.

Read out one at a time (rotate order), record all mentions for each. For each word, probe "anything else?" once only.

1. **Blood cholesterol**
2. **Blood pressure**
3. **Blood glucose**

THANK AND CLOSE

Your views will assist FSANZ in their work on developing food labelling standards

PROVIDE INCENTIVE.

INTERVIEW PROTOCOL 2

1 WELCOME & INTRODUCTION (5 MINS)

- Introduce self.
- Explain purpose of interview – topic is food labels and information on labels about nutrition and health.
- Don't need to know anything about nutrition and health. No right or wrong answers.
- Mix of activities and talking, informal.
- Housekeeping issues – toilets, mobile phones off, confidentiality & taping (audio).

WARM UP

Ask about particular shopping habits/patterns and whether have any special dietary needs that influence what food products they buy.

Food allergy 01
Asthma..... 02
Weight loss 03
Medical condition (diabetes, heart disease, health concerns such as high blood pressure or cholesterol, digestive concerns such as coeliac disease, Irritable Bowel Syndrome) 04
Other conditions (migraine, pregnancy and breast feeding) 05
Lifestyle (Vegetarian / vegan, religious / ethical beliefs, training for sports etc) 06
General health 07
Other (**CODE & WRITE IN**) 08

No, none 09

Relevant participant information:	

2 ASSESSING NUTRITION AND HEALTH CLAIMS

(40 MINS)

For this section, the Researcher has 7 picture cards, each depicting sunflower oil with a different health claim regarding omega-6 fatty acids.

Rotate order in which cards are shown. Introduce the exercise with: *"I'm going to show you a range of different words and images that you might find on various food products in the supermarket now or in the future. Each example is slightly different, but they are all about omega-6 fatty acids. The words will mean different things to different people, I'm interested in what they mean to you. There are no right or wrong answers"*.

2A: First ask

Firstly, what if anything do you know about omega-6 fatty acids – have you heard of that term before?

Record using record sheet. Using probing, establish if participant has heard of omega-6 fatty acids before, what they know about it, and also establish if they consider them to be important and why. In particular, probe for whether they associate positive, negative or neutral benefits with consuming omega-6 fatty acids. Also record if they spontaneously mention an association between omega-6 fatty acids and heart health.

Then say: *You do not have to know anything about omega-6 fatty acids for the following exercises.*

2B: Individual assessment of claims. (15 of 40 minutes)

Show cards in order A-G. Spend approximately 2 minutes on each card, using the following prompts:

Claim A - Content

- What are these words saying about this product?
- Is there a health benefit suggested by the words on this product? If yes, what is it?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim B

- What are these words saying about this product?
- Is there a health benefit suggested by the words on this product? If yes, what is it? (Probe fully. If participant says 'healthy skin' probe – what does 'healthy skin' mean?)
- What does 'essential' mean?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim C

- Is there a health benefit suggested by the words on this product? If yes, what is it? (Probe fully. If participant says 'healthy heart' probe – what that means.)
- What does 'healthy heart' and 'general well being' mean? Does this sound authentic?
- If you saw this claim on one product and claim B on another, what does it mean? How are they different?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim D

- Clarify health benefit.
- What is the difference between 'high in this claim and 'rich' in Claim C?
- Who is this claim useful for? (Probe to clarify if it applies to everyone, or just people with high blood cholesterol).
- What is the difference between this claim and Claim C?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim E

- Clarify health benefit.
- What is the difference between this and Claims C and D?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard 2B**)

Claim F

- Clarify health benefit, if any.
- What difference does the logo make as to the authenticity of the claim?
- Is this claim better (healthier) than any of the other claims?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive the health benefit? (**showcard 2B**)

Claim G

- What health benefit, if any might be associated with the product?
- Is the product more likely to have characteristics that relate to cancer?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive the health benefit? (**showcard 2B**)

2C: Relative comparison of cards (claims) (20 of 40 minutes)

Spread all 7 cards in front of participant (face up), in random order.

Exercise 1 - Sort on health benefit (10 of 20 minutes)

Now imagine we had 7 different oils, each making one of these different claims about omega-6 fatty acids. I'd like you to sort these cards based on which oil (claim) you think would give you the greatest health benefit if you included it as part of your whole diet, down to which oil (claim) you think would give you the least health benefit (cards may be sorted in rank order, grouped into piles, or all grouped together if there is no difference).

Researcher note and **record** how the cards were sorted. Then probe:

- Was it hard to decide? Why have you grouped the claims as you have done?
- PROBE as to why particular claims have been grouped together or apart. How are they similar or different? What words or attributes or implied meaning makes them so?
- Which are the claims that they feel will give greater health benefit? Why? PROBE for words, length, graphics etc.

Exercise 2 - Sort on impact on intended purchase (10 of 20 minutes)

Shuffle cards and lay in front of participant, in different but random order.

Next I'd like you to think about what influence these words or claims would have on which or all of these 7 products you would buy. Please sort these cards based on which oil (claim) you think would be most likely to buy if you saw it in the supermarket, down to which oil (claim) you think would be least likely to buy. If omega-6 fatty acids are not important to you, could you please imagine that they are in order to do this exercise. . (Cards may be sorted in rank order, grouped into piles, or all grouped together if there is no difference).

Researcher note and **record** greatest and least impact on purchase. Then probe:

- Clarify which ones the participant would and wouldn't buy, and why.
- Was it hard to decide? Why have you grouped the claims as you have done?
- PROBE as to why particular claims have been grouped together or apart. How are they similar or different? What words or attributes or implied meaning makes them so?
- How likely are you to buy the oil with the claim(s) you favour, compared to an oil without any of these claims (assume that you have to buy oil)? (very likely, somewhat likely, not very likely, not at all likely, don't know). Probe as to WHY?
- If not ranked top or bottom, PROBE about placement of biomarker, cause-related marketing and endorsement claims and reasons why placed where they were.
- What other information might you use on the food label to help you make a choice? Probe as to WHY? (If NIP mentioned, probe further to ascertain what parts/information and why)

2D: Slimming Claim (5 minutes)

Introduce picture card with slimming claim (Chocolate flavoured milkshake with the claim “The natural substance chromium picolinate may assist in weight management”.)

- What is this product suggesting?
- What benefit is it offering? AFTER response, PROBE whether this is perceived as a health benefit vs other benefit.
- NOTE and record if participant asks about how can a food with kJ make you lose weight (ie give you negative energy).
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**show card**)
- What other information might you use on the food label to help you make a choice or be more certain? Probe as to WHY? (If NIP mentioned, probe further to ascertain what parts/information and why)
- Should this type of claim be allowed on food products? Should they be allowed under any particular conditions, or with any other information / restrictions?

3 CONCEPT OF A ‘HEALTHY/BALANCED/TOTAL DIET’ (5 MINS)

This section may have already come up spontaneously in Section 2. Explore to the extent that this has not been covered adequately.

Some of these claims include the words ‘healthy diet’, ‘balanced diet’, ‘total diet’.

Refer and point to specific claims that mention ‘healthy / balanced / total diet’.

- What does that expression ‘as part of a healthy diet’ mean to you when you read these claims?
- Why do you think this particular claim includes that expression ‘as part of a healthy diet’?
- Should these words ‘healthy diet’ be included or not? Why/why not? How would this claim be different if those words were excluded – would the meaning change?
- Do other terms like ‘as part of a balanced diet’ or ‘as part of the total diet’ mean the same thing? Are they different from a ‘healthy diet’? If so, which expression do you prefer?

4 ROLE OF GOVERNMENT

(10 MINS)

Refer back to picture cards (section 2 claims) for this section.

- Now that you've seen a range of potential health claims, how do you feel about the use of these sorts of claims by food manufacturers? [probe to assess level of concern or favour, and whether need for regulation comes up]
- Do you think any limitations or regulations should be placed around the use of these claims? Why / why not?
- Probe for degree of certainty of scientific evidence needed to back up claims. How would this be collected / managed/ communicated?
- Do some claims need more regulation than others? Which ones? Why / why not? [Probe for each, or for those different from others]
- Whose responsibility do you think it is to regulate the use of these claims (government, food manufacturer?)
- What role do you think the government currently plays? What role should it play?
- How could you be reassured that government was playing an active role in regulating these claims? (eg through education, or some other means?)
- How can consumers be advised or reassured that that government is regulating the claims. (If say's "TV" PROBE for other ways as TV not viable).

5 WORD ASSOCIATION

(5 MINS, IF TIME AVAILABLE)

To finish with we're going to do something very different, and it should be quite fun. I'm going to read out a number of different items, and I want you to tell me the words that come immediately to mind for you. Don't hold back or think too hard, just say what ever comes to your mind. You can say as many things as possible. There are no right or wrong answers.

First, we'll do a practice:

- a. wheelchair

Now we'll do some words that you may see on food labels.

Read out one at a time (rotate order), record all mentions for each. For each word, probe "anything else?" once only.

1. **Blood pressure**
2. **Blood glucose**
3. **Bone density**

THANK AND CLOSE

Your views will assist FSANZ in their work on developing food labelling standards

INTERVIEW PROTOCOL 3

1 WELCOME & INTRODUCTION (5 MINS)

- Introduce self.
- Explain purpose of interview – topic is food labels and health information.
- Don't need to know anything about health. No right or wrong answers.
- Mix of activities and talking, informal.
- Housekeeping issues – toilets, mobile phones off, confidentiality & taping (audio).

WARM UP

Ask about particular shopping habits/patterns and whether have any special dietary needs that influence what food products they buy.

Food allergy 01
Asthma..... 02
Weight loss 03
Medical condition (diabetes, heart disease, health concerns such as high blood pressure or cholesterol, digestive concerns such as coeliac disease, Irritable Bowel Syndrome) 04
Other conditions (migraine, pregnancy and breast feeding) 05
Lifestyle (Vegetarian / vegan, religious / ethical beliefs, training for sports etc) 06
General health 07
Other (**CODE & WRITE IN**) 08

No, none 09

Relevant participant information:	

2 ASSESSING IMPLIED HEALTH CLAIMS

(20 MINS)

For this section, the Researcher has 6 picture cards, each depicting a different implied health claim in graphic/symbol format.

The implied claims are:

- A. Implied claim (heart logo on tomatoes)
- B. Implied claim (heart logo with ECG tracing on tomatoes)
- C. Implied claim for dental health (Chewing gum - 'happy, healthy teeth')
- D. Implied claim for sport performance (Boost protein bar - 'better, stronger, faster performance')
- E. Night time tea ('sleep easy')

11.1.1 Osteofix and graphic of skeleton

2A – Assessing claims individually (18 of 20 minutes)

Rotate order in which cards are shown. Introduce the exercise with: *“I’m going to show you a range of different words and images that you might find on various food products in the supermarket. Each example is slightly different, and they will mean different things to different people, I’m interested in what they mean to you. There are no right or wrong answers”.*

Spend approximately 3 minutes on each card, using the following prompts:

- What are these words (images) saying about this product? .
- What else? [Exhaust fully before probing elicit and clarify if implied or explicit, and influence of graphic/symbol/words? Note extent to which you had to prompt on this.]
- Is it suggesting a health benefit? What is the health benefit that it is suggesting?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**show card**)
- Is this type of representation more or less credible/believable than just words?
- Do you need other information to help you interpret these claims? What information do you need and where would you obtain it?

2B – Comparing claims (2 of 20 minutes)

Refer to the two heart examples.

- Are these two claims conveying the same message or a different message?
- Is this type of representation more or less credible/believable than just words?
- Which of these two claims do you prefer? Why? (PROBE fully)
- Is one more trustworthy / credible than the other?
- Which is more likely to get your attention? Why?
- Do you need other information to help you interpret these claims? What information do you need and where would you obtain it?

PROBE to clarify what difference the 'ECG' type symbol makes.

3 RELATIVE IMPACT OF CLAIMS ON PRODUCTS VS ADVERTISING (25 MINS)

3A: Yogurt (10 of 25 mins)

Introduce stimulus material A [Jalna yoghurt with no health claim].

- Here is one brand of yogurt. It doesn't make any particular health claims, but what if any health benefits do you think it may have— take your time to read the label and tell me what you think. [reinforce it's ok to say 'don't know' or 'no particular benefit']

Then show stimulus material B [Jalna yoghurt with implied health claim] or C [advertising material featuring Jalna yogurt with health claim and additional text about health benefits of consuming the product]. Rotate order but ask both.

B: Yogurt with implied claim

- What do you make of the health claim – what do you see and what does it mean to you?
- What does this product offer that the first yogurt didn't? [probe for health benefit and also likelihood of purchase]

C: Advertising material:

Here is some information/advertising material produced by the yoghurt manufacturer

- What do you make of this material – what do you see and what does it mean to you?
- What does this product appear to offer that the first yogurt didn't? [probe for health benefit and also likelihood of purchase]
- What words or sentences suggested that this product has a health benefit that the first product didn't?
- Is the advertising material more or less credible/trustworthy than the information on the food label of the yoghurt making a claim?

Comparing the yogurt with no health claim (A) to the yogurt with the claim (B), what influence might the advertising material (C) have on how you feel about that product? [probe on trust and also purchase intention]. Does seeing the ad make you feel differently (positive or negative) about the 2 yogurt products?

3B Soy Milk (10 of 25 mins)

Introduce stimulus material A [soy milk product with no health claim].

- Here is one brand of soy milk. It doesn't make any particular health claims, but what if any health benefits do you think it may have– take your time to read the label and tell me what you think. [reinforce it's ok to say 'don't know' or 'no particular benefit']

Then introduce stimulus material B [magazine ad for soy milk – no brand].

- What do you make of this material – what do you see and what does it mean to you?
- What does this product appear to offer that the soy milk product didn't? [probe for health benefit and also likelihood of purchase compared to product with no claim].]
- What words or sentences suggested that this product has a health benefit that the first product didn't?
- What difference would it make if this ad was branded *Sanitarium*? (i.e. same brand as soy milk product). Would you feel differently about the soy milk? How? Why? [probe for influence on trust and also purchase intention].]
- What difference would it make if this ad was branded *Dietitians Association of Australia*? (i.e. same brand as soy milk product). Would you feel differently about the soy milk? How? Why? [probe for influence on trust/credibility and also purchase intention].]

3C Comparing the yogurt and soy milk advertising (5 of 25 minutes)

In the yogurt example, the health benefit was claimed for that particular brand of yogurt, where as in the soy milk advertisement, there is no particular brand being advertised.

- Is one approach better than the other? Does a brand (or endorsement by a trusted organisation like DAA) make a difference to how you view the 'health' or 'scientific' information being given? How?
- When does scientific or health information become 'advertising'? How do you make a distinction between the two?

4 COMPLEMENTARY MEDICINES

(10 MINS)

Use two example products as references (St Johns Wort tea and capsules).

4A: Individual assessment of one product.

Rotate order. Introduce either tea product or capsules.

This product makes a claim about a health benefit.

- What are these words (images) saying about this product?
- What is the health benefit that it is suggesting?
- On a scale of 1 to 10, how certain would you be that by consuming this product you would receive this benefit? (**showcard**)
- What words are most useful / important?

4B: Relative comparison of both products

Introduce second product.

This product makes the same health claim.

- Comparing both products, are the claims different in any way?
- Although both products claim to offer the same thing, would you expect the health benefit to be different in any way between the products? If so, is one better than the other?
- Would you expect the health benefit from one product to be more effective than another, or would you might expect them to be the same? What about in terms of:
 - Act faster – quicker results
 - Healthier / better for you
 - Cheaper
 - More reliable
 - Dangerous
 - Safer
- Is the claim more fitting or appropriate on one product more than another, or is it equally fitting in both?

THANK AND CLOSE

Your views will assist FSANZ in their work on developing food labelling standards

INTERVIEW PROTOCOL 4

This discussion guide is intended as an outline only. There will be considerable scope within the discussion for exploring issues as they arise. Questions are indicative only of subject matter to be covered and are not word for word descriptions of the moderator's questions.

1 WELCOME & INTRODUCTION (5 MINS)

- Introduce self.
- Explain purpose of group interview – topic is food labels and health information.
- Don't need to know anything about health. No right or wrong answers.
- Mix of written activities and talking, informal
- Housekeeping issues – toilets, mobile phones off, refreshments, confidentiality & taping (audio).

WARM UP

Ask about particular shopping habits/patterns and whether have any special dietary needs that influence what food products they buy.

Food allergy01
Asthma.....02
Weight loss03
Medical condition (diabetes, heart disease, health concerns such as high blood pressure or cholesterol, digestive concerns such as coeliac disease, Irritable Bowel Syndrome)04
Other conditions (migraine, pregnancy and breast feeding)05
Lifestyle (Vegetarian / vegan, religious / ethical beliefs, training for sports etc)06
General health07
Other (**CODE & WRITE IN**)08

No, none09

Relevant participant information:	

2 WORD ASSOCIATION

(10 MINS)

We're going to do something that should be quite fun. I'm going to read out a number of different items, and I want you to tell me the words that come immediately to mind for you. Don't hold back or think too hard, just say whatever comes to your mind. You can say as many things as possible. There are no right or wrong answers.

First, we'll do a practice:

1. wheelchair

Now we'll do some words that may be seen on food labels.

Read out one at a time (rotate order), **record** all mentions for each using record sheet. For each word, probe "anything else?" once only.

1. **Blood cholesterol**
2. **Blood pressure**
3. **Blood glucose**
4. **Bone density**
5. **Obesity**
6. **Well being**
7. **Health**

3 MESSAGE DEVICES

(45 MINS)

For this section, the Researcher has 4 sets of 3 different mock-up products bearing differing message device scenarios to work through. A message device refers to information that supplements the health claim. Ideally you will be testing 4 message devices, however you are likely to only have time for 3. The four devices are listed below, the three priority ones are in bold (1,3,4):

- 1. See nutrition information for sugar content**
2. Many factors, such as a family history of heart disease, increased blood pressure and LDL cholesterol levels, cigarette smoking, diabetes and being overweight contribute to heart disease
- 3. Consume no more than 3 servings per day**
- 4. Not recommended for infants, children and pregnant or lactating women unless under medical supervision**

There are 2 sets of cereal and 2 sets of bread

Set 1, cereal A – message device 1, health claim 1

Set 2, cereal B – message device 2, health claim 1

Set 3, bread A – message device 3, health claim 2

Set 4, bread B – message device 4, health claim 2

Different positions of the message devices are also being measured., each involving 3 picture cards that show different message positions.

Within each set of products, the message devices are positioned in three different ways – a, b, c (12 mock-ups in all):

- a) in close proximity to the health claim
- b) separated from the health claim, but on the same panel
- c) separated from the health claim but on a different panel

Always show the three positions A-C within the one set at the same time (random order). Introduce the exercise with: *“I’m going to show you a range of different words and images that you might find on various food products in the supermarket. Each example is slightly different, and they will mean different things to different people, I’m interested in what they mean to you. There are no right or wrong answers”.*

3A: Assessing first health claim, message device 1 (20 minutes)

Introduce Cereal A (3 mock ups) picture cards and ask:

- Are any of these products making any sort of claim about a health benefit you would get by consuming it? What is the health benefit that it is suggesting? (is response correct?)
- Can you identify where the health information is on each of these products? (get participant to point to information, and **record**).

Clarify for the participant that each product is making the same health claim, and point out the critical difference between the 3 products in terms of position of the message device. Allow participant to familiarise themselves with each.

Note extent to which participant can see the linkage between the health claim and the message device.

- What does this additional information suggest that you should/ shouldn't do?
- Would you take notice of this advice? Does the device encourage you to read the NIP?
- How likely would you be to act on this message (i.e. read the NIP)
- Do any of these versions work better? Do you have a preference?
- Why do you prefer the claim information to be in your preferred format? Exhaust fully before probing for detail and depth (related to visibility / comprehension vs clutter vs perceived distinction between front of product = "advertising" and side of product = "facts".)
- Probe for advantages and disadvantages of linked claim and device vs split health claim and message device, particularly in regards to ability to interpret, verify or believe the claim.
- Which version makes it easier for you to make a decision about which product is a better choice for a healthy diet? Which is more user / reader / shopper friendly?

Rotate order of presenting 3B and 3C.

3B: Assessing the second health claim, message device 3 (15 minutes)

Introduce set of 3 mock ups (Bread A):

- Are any of these products making any sort of claim about a health benefit you would get by consuming it? What is the health benefit that it is suggesting? (is response correct?)
- Can you identify where the health information is on each of these products? (get participant to point to information, and **record**).

Clarify for the participant the health claim that each product is making the same health claim (different to the cereal), but that the additional information (device) has changed. Allow participant to familiarise themselves with the claim and device in each of the 3 positions.

- What does this additional information suggest that you should/ shouldn't do?
- Would you take notice of this advice?
- Is the message device interpreted as 'guidance' or as a 'rule' that must be followed?
- Do any of these versions work better? Do you have a preference?
- Why do you prefer the claim information to be in your preferred format? Exhaust fully before probing for detail and depth (related to visibility / comprehension vs clutter vs perceived distinction between front of product = "advertising" and side of product = "facts".)
- Probe for advantages and disadvantages of linked claim and device vs split health claim and message device, particularly in regards to ability to interpret, verify or believe the claim.
- Which version makes it easier for you to make a decision about which product is a better choice for a healthy diet? Which is more user / reader / shopper friendly?
- What will happen if someone eats more or less than the recommended 3 servings?
- What do you think is meant by 'serving'?

3C Assessing second health claim, message device 4 (10 minutes)

Introduce set of 3 mock ups (Bread B):

Clarify for the participant the health claim that each product is making the same health claim as the previous bread example, but that the additional information (device) has changed. If necessary, point out the critical difference between the 3 products in terms of position. Allow participant to familiarise themselves with the claim and device in each of the 3 positions. .

- What does this additional information suggest that you should/ shouldn't do?
- Is the message device interpreted as 'guidance' or as a 'rule' that must be followed?
- Would you take notice of this advice? Why/not? (do they pay attention if they are not one of the groups mentioned?)
- How would you use this information? (to limit or control usage of the product??)
- Do any of these versions work better? Do you have a preference?
- Why do you prefer the claim information to be in your preferred format? Exhaust fully before probing for detail and depth (related to visibility / comprehension vs clutter vs perceived distinction between front of product = "advertising" and side of product = "facts".)
- Probe for advantages and disadvantages of linked claim and device vs split health claim and message device.
- Which version makes it easier for you to make a decision about which product is a better choice for a healthy diet? Which is more user / reader / shopper friendly?

OPTIONAL:

3D: Assessing first health claim, message device 2 (10 minutes)

Introduce the other cereal example (message device 2) **only if time left**. Use same question format, plus:

- Is this message too long?
- How, if at all, does it assist the consumer to verify or understand the claim?
- Is this message relevant? Useful? Necessary?
- Does this message make the health claim more or less credible?
- Did you know this information before reading it now?

THANK AND CLOSE:

- Your views will assist FSANZ in their work on developing food standards.