Eating Well Choosing Better Survey

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Report prepared for the Food Standards Agency

Ipsos MORI

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Executive summary

The Eating Well Choosing Better (EWCB) tracker survey measures the success of the Food Standard Agency's (FSA) EWCB programme in Northern Ireland (NI) through the collection of robust consumer insights and the monitoring of this data over time. The survey collects information on consumer perceptions of healthy eating, healthier options and reformulation; consumer use of traffic light labels; consumer knowledge and understanding of the recommended daily calorie intake and consumer awareness of the FSA's healthy eating campaigns.

This report presents the findings from the sixth survey conducted between June and August 2020.

Key findings:

- Respondents generally associate healthy eating with a diet rich in fresh foods, particularly lean meat and fruit and vegetables. Maintaining balance, eating well for the most part, but allowing 'treats' from time-to-time is also associated with healthy eating.

- More respondents (61%) seek healthier options when food shopping than when eating outside the home (30%). This suggests there are opportunities to encourage consumers to seek out healthier options when eating out and to further encourage and support food businesses to make healthier options appealing to consumers.

- A larger proportion of females (31%) can correctly identify their recommended daily calorie allowance compared to males (21%). However, large proportions of those surveyed did not know their recommended daily calorie allowance or provided an incorrect response. These findings support the need to continue promoting the recommended daily calorie allowance among both genders.

- Supermarkets are the main source of food shopping for respondents (89%) followed by local shops, such as corner shops, newsagents or garage forecourts (48%).

- Most respondents (91%) recognised the traffic light label. Overall respondents understand the purpose of this label is to provide information on calories, fat, sugar and salt. There is also an understanding that the colours used on the label indicate how healthy food is. Over half (56%) of those surveyed use this label when purchasing food, suggesting there is an opportunity to further improve consumer engagement with this label.

- When food shopping in-store and online, many respondents (65%) look at some form of nutritional labelling on food packaging to find out calorie, saturated fat, sugar and salt content.

- Information found on the back-of-the-pack is the most commonly consulted (36%) nutritional information followed by traffic light labelling (33%) when shopping in store. When food shopping online, traffic light labelling (31%) is the most commonly consulted nutritional information followed by information such as claims (25%) and back-of-pack nutritional labelling (24%).

- The ability to choose healthier food and meals is quite often impacted by the setting in which food is purchased. The majority of respondents (89%) find it easy to prepare healthier meals at home and to choose healthier food when purchasing food items in a supermarket store (78%). However, respondents find it difficult to make healthier choices when purchasing food from takeaways (83%), at leisure facilities such as cinemas and bowling alleys (77%) and from fast food restaurants (73%).

- There is an appetite for healthier food to be offered in a number of food settings, such as takeaways (52%), fast food restaurants (51%) and leisure facilities such as cinemas and bowling alleys (45%).

- Many respondents reported seeing calories on food menus in a range of food settings, with more respondents claiming to have seen this information in fast food restaurants (33%) and restaurants and bars (25%). Many would like to see calories shown on food menus in fast food restaurants (51%), takeaways (48%), restaurants and bars (47%) and cafés and sandwich shops (42%). Calories on food menus is most likely to influence the decision of what to purchase in food outlets at cinemas, bowling alleys, theme parks or leisure facilities, cafes and sandwich shops, compared to other food settings.

- A considerable proportion of respondents are likely to purchase reformulated food reduced in sugar (58%), fat (54%) and salt (53%) compared to the regular versions.

- The majority of those surveyed would like to see more food reduced in sugar (66%), fat (59%) and salt (56%) when purchasing food. Respondents are less likely to purchase food reduced in portion size.

- Respondents in socio-economic group ABC1 (64%) would be significantly more likely to purchase food reduced in sugar (64%), salt (58%) and fat (60%) and smaller portion sizes of snacks and meals high in these nutrients compared to those in socio-economic group C2DE. Those in higher income households are also significantly more likely to be aware of the traffic light label. These findings highlight the need to continue prioritising socio-economic group C2DE when developing nutrition education initiatives.

- Almost a quarter (23%) of those surveyed recalled recently seeing and/or hearing communications relating to calories or food labelling. Respondents recalled general information on eating healthy, eating less and reducing calories and specific information from retailers and fast food establishments about healthier options. One in five (20%) recalled seeing the FSA's healthy eating campaign messaging when prompted.

Introduction

2.1 Background to the research

Dietary intakes in Northern Ireland (NI) contain too much saturated fat, sugar and salt and not enough fruit and vegetables, oily fish and fibre (Bates et al. 2019). Sixty five percent of adults and 25% of children aged 2 to 15 years are overweight or obese in NI (Department of Health 2020). The Food Standards Agency (FSA) in NI is responsible for leading on food product improvement with small and medium sized enterprises (SMEs) and educating and informing consumers to make healthier choices. The Eating Well Choosing Better (EWCB) programme was developed by the FSA to support SMEs to improve the nutritional quality of everyday foods available to NI consumers. This programme aligns with the UK Government's sugar and wider reformulation programme which encourages all sectors of the food industry to reduce sugar, calories and salt from food which contribute most to these intakes (PHE 2017, PHE 2020[a], PHE 2020[b]). The objectives of the EWCB programme include working in partnership with SMEs and appropriate stakeholders to support the NI food industry to engage with food product improvement and monitoring changes in NI consumers' attitudes towards food product improvement.

The purpose of this report is to present the findings of the sixth EWCB survey.

2.2 Objectives of the research

The objectives of the EWCB survey are to monitor:

- Knowledge of NI consumers' understanding of the daily recommended calorie intake;
- NI consumers' understanding of, and use of the multiple traffic light label;
- NI consumers' attitudes and behaviours towards reformulation including reduced portion sizes; and,
- NI consumers' attitudes and behaviours towards healthier options outside the home.

Methodology

3.1 EWCB Survey methodology

The EWCB survey was historically a biannual online survey completed by approximately 300 representative adults from the NI population. It was first completed in November 2017 to inform the EWCB programme objectives. In May 2020, the FSA in NI made the decision to convert from a biannual EWCB survey to an annual survey.

The first five waves of the EWCB survey conducted between November 2017 and November 2019 were completed using online panels. In the 2020 survey (Wave 6), Computer Assisted Telephone Interviewing (CATI) was used to improve the representation of the sample, but due to a poor response rate, the methodology was amended to include Computer Assisted Personal Interviewing (CAPI). The latter method is also commonly referred to as 'face to face' interviewing. The findings of the first five waves and wave 6 of the survey should not be directly compared, as it is not possible to determine if any shifts in findings are real or are the result of the different methodological approaches. A copy of the survey questionnaire can be found in Appendix 1.

As a result of the Covid-19 pandemic, the CAPI methodology was conducted via doorstep interviewing, as opposed to traditional 'face-to-face', with extensive precautions taken to protect public health. Details of the precautions taken during 'face-to-face' interviewing can be found on the Ipsos MORI website.

The administration for both surveys was identical, and Ipsos MORI compared both data sets and did not find significant differences in findings that would suggest that methodologies had impacted the data.

3.2 Sampling and sample size

A total of 601 interviews were completed with food shoppers in NI. 318 interviews were completed using CATI and 283 using CAPI. Interviewing ran from 5th June to 23rd August 2020.

To ensure the final sample was representative of the population of NI, quota sampling was adopted. Quotas were based on 2011 Census data to key demographic variables in the sample, ensuring representation across gender, age, social class and region of NI (Tables 18 to 21 in Appendix 2). The definition of each social grade is appended to this report (Appendix 3).

3.3 Data analysis

Upon completion of fieldwork data from all the interviews was collated into one database. Data was checked and cleaned, with open-ended responses coded and analysed using content analysis. Content analysis identifies common themes and reports them quantitatively according to frequency (count) across the dataset.

Corrective weighting was applied to the gender and age variables in the data to re-align deviation from the quotas. Significance testing was carried out on the data from closed

questions to identify any differences in the views, attitudes and behaviours of key sub-groups. Statistical significance testing establishes whether the variation between groups could have happened by chance or whether it is likely to reflect some 'real' differences in the population. A range of demographic information was collected during the survey, such as age, gender, social class, household income, region in NI and presence of children in the household to enable sub-group analysis. Demographic differences have been reported where statistically significant differences occur at the 5% level.

Please note data may not add up to 100% as a result of rounding.

Results

This chapter of the report explores respondents' views of their personal eating habits and that of other household and family members, such as children and grandchildren. This chapter also explores respondents' views on their understanding of healthy eating and the ease with which they can make healthier choices.

4.1 Views and understanding of healthy eating

Views on what constitutes healthy eating varied. The largest proportion (41%) of respondents perceived a healthy diet to consist of eating plenty of fresh food, such as fresh and lean meat, other protein and fruit and vegetables, with some citing the need for a healthy diet to contain five-a-day. For others (25%), healthy eating means simply eating well and eating healthier foods, such as wholegrains (Figure 1).

> "The best of food. Lean chicken and mince, plenty of salad and fruit. Not too many desserts."

> "Eating the right type of food. Eating healthy, plenty of fruit and veg and fibre."

> "It means controlling fruit intake, fresh vegetables, water, brown bread and things like that. It means having a varied diet to me."

Eating in moderation or having a well-balanced diet was also considered a key component of healthy eating. Almost a quarter (23%) of respondents cited the need to eat well most of the time, while also permitting the occasional treat.

> "Giving a balanced diet, 5 a day and limiting sugary foods."

> "A balanced diet which avoids fats and includes what the PHA [Public Health Agency] recommends. Fruit, veg, carbs and protein, avoiding sugary sweet things."

Almost a quarter (24%) of respondents viewed healthy eating as reducing sugar, salt and fat intake. Reducing the amount of convenience food high in fat, sugar and/or salt in the diet was also believed to be an important part of healthy eating, with 18% of respondents commenting that people should not consume takeaways and fatty foods regularly when following a healthy diet. Cooking from scratch was also viewed as an important part of healthy eating to control the ingredients used to prepare food.

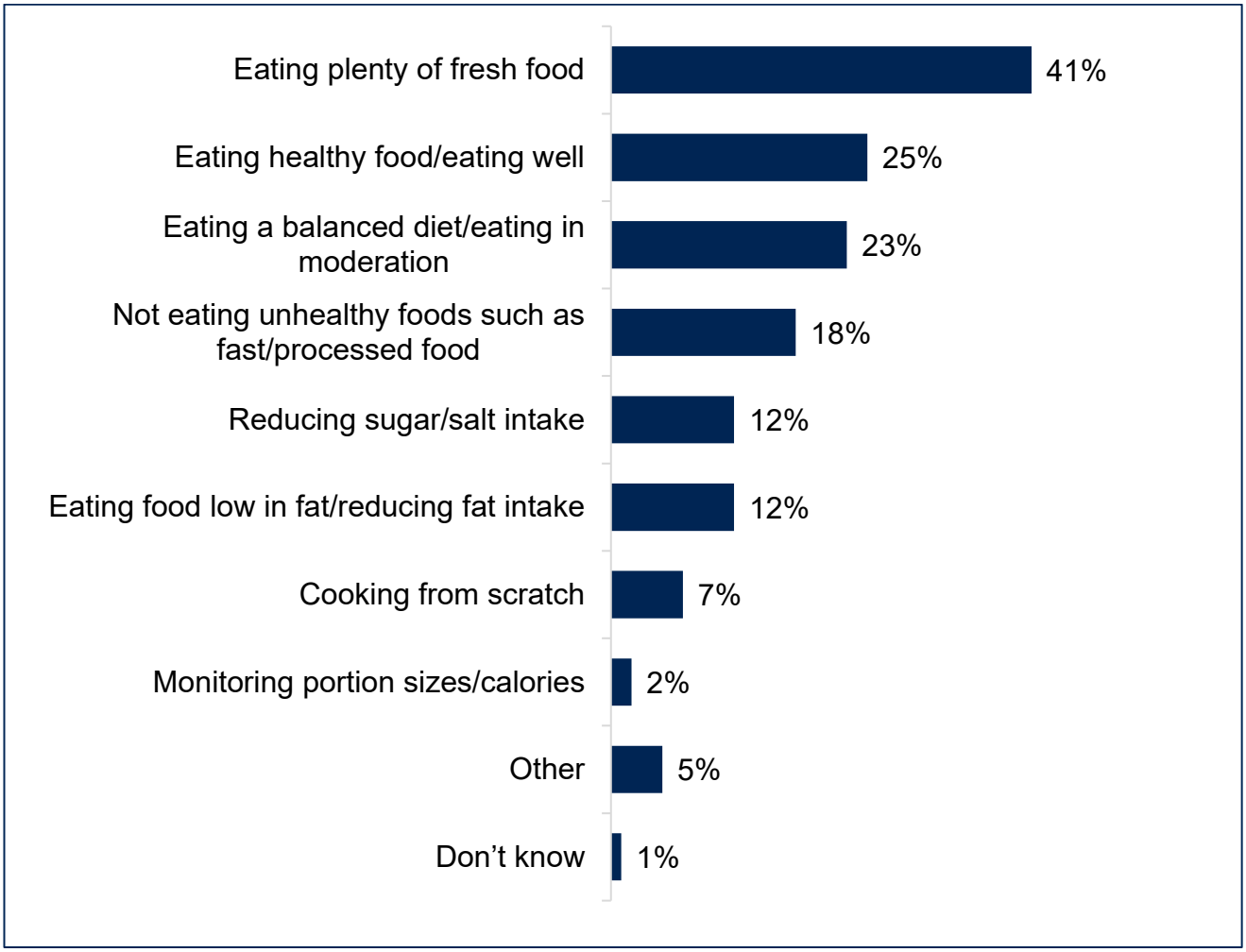
> "Reducing sugar, salt and fat. Limiting our intake of carbohydrates. We all need to eat healthier foods."

> "Eating the right things at the right time, so fruit and veg in place of takeaways and greasy food."

> "Reduction in fatty foods and salt. Eat more veg. More pre-cooking."

Monitoring portion sizes or controlling calories was only referred to by 2% of the sample when thinking of healthy eating.

Figure 1: Understanding of healthy eating



Base: 601 adults in Northern Ireland.

4.2 Perceptions of healthy eating habits

Over half (57%) of respondents agree that their personal eating habits are healthy. Notably, just over a quarter (27%) neither agree nor disagree that their own eating habits are healthy. The majority of respondents also agree their children (62%) and grandchildren's (55%) eating habits are healthy (Table 1).

Table 1: Perceptions of eating habits

Healthy eating habits	Strongly/Tend to agree	Neither agree nor disagree	Strongly/Tend to disagree	Don't know
Your personal eating habits are healthy	57%	27%	17%	-
Your children's eating habits are healthy	62%	28%	10%	-
Your grandchildren's eating habits are healthy	55%	25%	13%	7%

Base: 601 adults in Northern Ireland. 181 adults with children in the household and, 60 adults with grandchildren who they purchase food for at least once a month.

Females are significantly more likely than males to perceive that their eating habits are healthy, as are those in older age groups with significantly more people aged 55 years and over agreeing that their eating habits are healthy, compared to other age groups (Table 2).

Respondents' views of how healthy their personal eating habits also vary depending on household income. Over three quarters of those with a household income of £60,000 or more agree that their personal eating habits are healthy. This is significantly higher than those in lower income households.

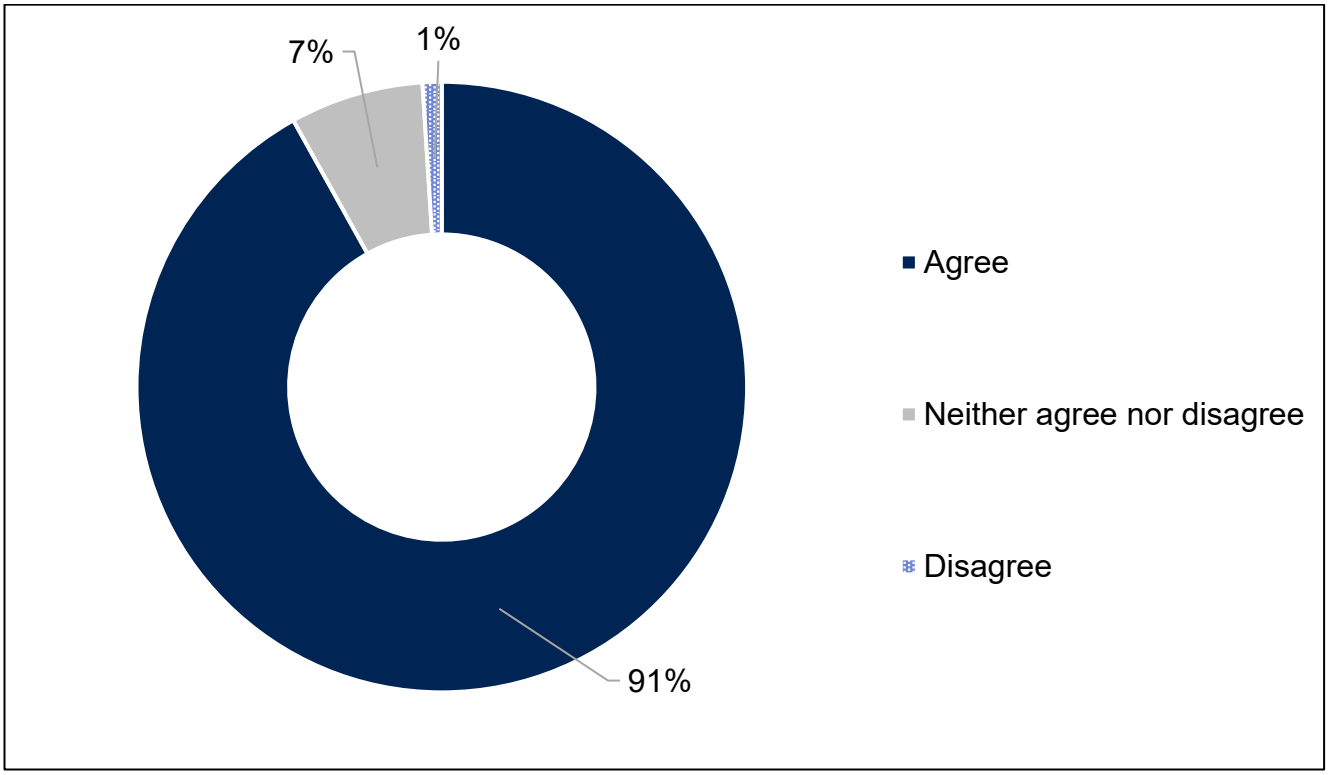
Table 2: Demographic breakdown on perceptions that own eating habits are healthy

Demographic break	Proportion who viewed own diet as healthy
Male	52%
Female	62%
18-34 year olds	51%
35-54 year olds	55%
55 year and older	65%
£19,999 and below	54%
£20,000 to £39,999	59%
£40,000-£59,999	62%
£60,000 and over	79%

Base: 601 adults in Northern Ireland.

In addition, perceived understanding of what is healthier and what is less healthy is high with nine in ten (91%) respondents reporting that they understand this (Figure 2).

Figure 2: Understanding of what is healthier



Base: 601 adults in Northern Ireland.

Understanding of 'what is healthier' varies by a number of factors, particularly gender and household income. A significantly larger proportion of females (96%) claim that they understand what is healthier compared to males (84%).

Those with higher household incomes are also significantly more likely to claim they understand what is healthier and what is less healthy. All of those surveyed with a household income of £60,000 and over say they understand what is healthier compared to a significantly lower proportion of those with an income of £19,999 and below (85%).

4.3 Seeking healthier options when shopping and eating out

The majority of respondents (61%) actively seek out healthier options when food shopping. However, fewer do so when eating out (30%) (Table 3).

Table 3: Seeking healthier options outside the home

Seeking healthier options	Strongly /Tend to Agree	Neither agree nor disagree	Strongly /Tend to Disagree	Don't know
I actively seek out healthier options when food shopping	61%	22%	17%	-
I actively seek out healthier options when eating out	30%	28%	39%	3%

Base: 601 adults in Northern Ireland.

Actively seeking healthier options when either food shopping or eating out appears to vary by a number of factors, particularly gender and household income. A significantly larger proportion of females tend to actively seek out healthier options when food shopping and eating outside the home compared to males (Table 4).

Table 4: Gender differences in seeking healthier options outside the home

Seeking healthier options	Males	Females
I actively seek out healthier options when food shopping (% agree)	51%	72%
I actively seek out healthier options when eating out (% agree)	23%	36%

Base: 601 adults in Northern Ireland.

Those with higher household incomes are significantly more likely to claim they make healthier choices when it comes to food shopping (Table 5).

Table 5: Household income differences in seeking healthier options outside the home

Seeking healthier options	£19,999 and below	£20,000 to £39,999	£40,000 to £59,999	£60,000 and over
I actively seek out healthier options when food shopping (% agree)	51%	64%	70%	80%
I actively seek out healthier options when eating out (% agree)	26%	41%	33%	40%

Base: 601 adults in Northern Ireland.

Younger people i.e. those aged 18-34 years old are significantly less likely to search for healthier options when food shopping, compared to those aged 35-54 and 55 years and over. 18-34 year olds are also significantly less likely to choose a healthier option when eating outside the home compared to the older age groups (Table 6).

Table 6: Age differences in seeking healthier options outside the home

Seeking healthier options	18-34 year olds	35-54 year olds	55 years and over
I actively seek out healthier options when food shopping (% agree)	53%	67%	66%
I actively seek out healthier options when eating out (% agree)	23%	26%	40%

Base: 601 adults in Northern Ireland.

4.4 Understanding of Recommended Daily Allowance of calories

There is considerable variation in the understanding of the Recommended Daily Allowance (RDA) of calories for both men and women, and it is clear a large proportion of the public are not aware of the government RDA guidance on calories. The Government recommended daily intake of calories is 2,500 calories for males and 2,000 calories for females (PHE 2016).

4.4.1 Male recommended daily allowance of calories

When men were asked what the RDA of calories is for males, the range of responses varied from 500 calories to 3,500 calories.

One in five (21%) males are aware the RDA of calories for males is 2,500 calories per day. A third (33%) provided an incorrect response and 46% reported they did not know their RDA of calories.

4.4.2 Female recommended daily allowance of calories

Similar themes emerged when female responses to this question were analysed. When women were asked to identify the RDA of calories for females, responses ranged from 300 calories to 3,000 calories, although one respondent thought the RDA for calories was just 3. Almost a third (31%) of females correctly identified their recommended daily calorie allowance is 2,000, while 47% provided an incorrect response and 22% reported they do not know their recommend daily calorie allowance.

Section summary

- Healthy eating is generally associated with a diet rich in fresh foods, particularly lean meat and fruit and vegetables, while others believe that healthy eating means maintaining balance, eating well for the most part, but allowing 'treats' from time-to-time.
- More respondents seek healthier options when food shopping than when eating outside the home, suggesting there is a need to further encourage and support food businesses to provide healthier options and to make such options appealing to consumers.
- A larger proportion of females can correctly identify their recommended daily calorie allowance compared to males. However, large proportions of those surveyed did not know this or provided an incorrect response. These findings support continued promotion of the recommended daily calorie allowance among both genders.

4.5 Healthy eating behaviours

This section of the report explores how the public in NI shop for food, the extent to which they use nutritional labelling to make informed food purchasing decisions and their awareness and understanding of the traffic light label.

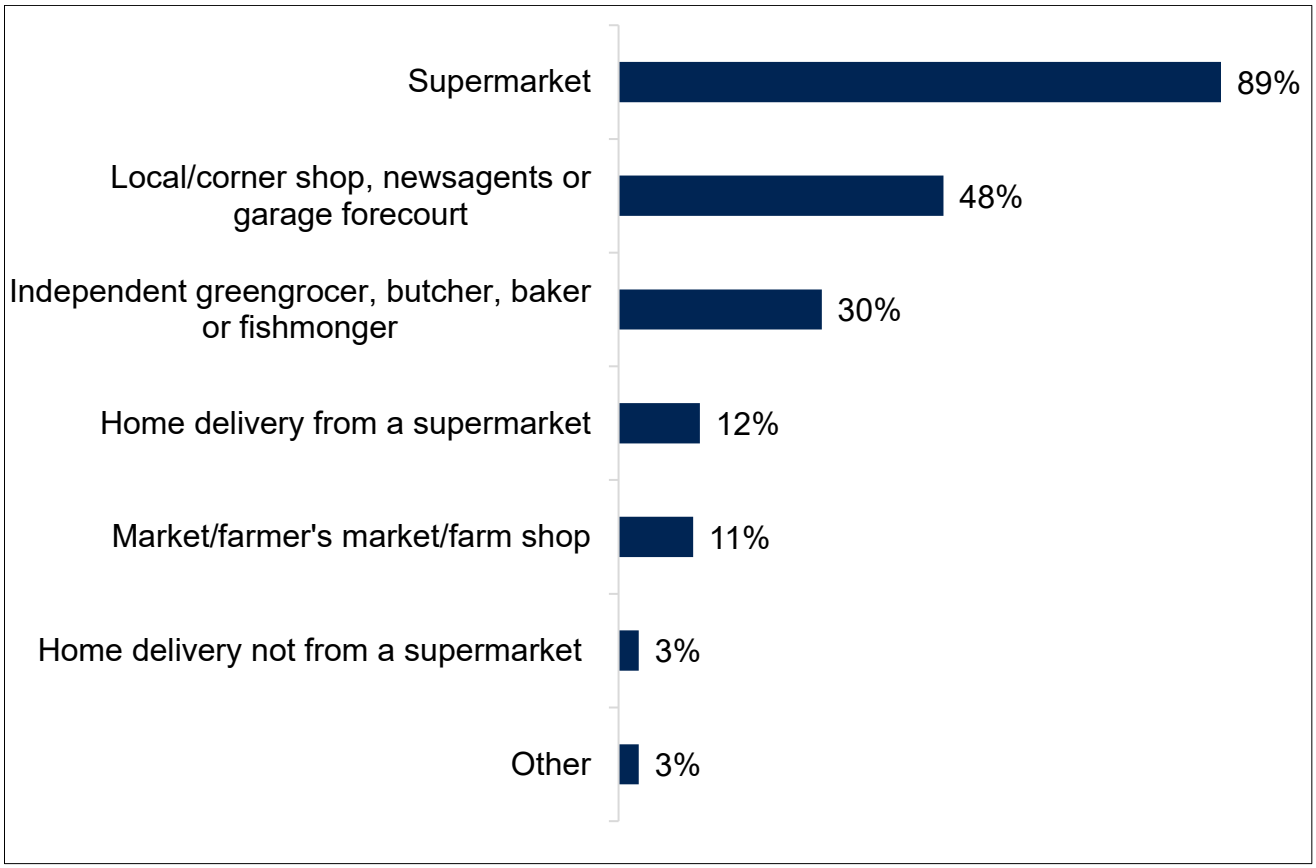
4.5.1 Where respondents purchase food

Supermarkets are the main source of food shopping for NI consumers (89%), followed by local shops such as corner shops, newsagent or garage forecourts (48%). Independent shops such as greengrocers, butchers, bakeries and fishmongers are also popular (30%) (Figure 3).

Home deliveries from supermarkets are much less commonly used (12%), as are markets or farmer's markets (11%). A very small proportion (3%) use home deliveries not from supermarkets[1].

[1] Fieldwork was conducted during the Covid-19 pandemic, and as a result, question wording was adapted to ensure respondents considered their food shopping habits in a typical year.

Figure 3: Where respondents shop for food



Base: 601 adults in Northern Ireland.

Females are significantly more likely to use a supermarket (93% compared to 85% of males), independent shops such as greengrocers (37% compared to 22% of males) and markets, farmer's markets or farm shops (13% compared to 8% of males). Similarly, those aged 55 years and over are significantly more likely to use supermarkets (92% compared to 84% of 18-34 year olds), independent shops (39% compared to 18% of 18-34 year olds) and markets or farmers markets (17% compared to 5% of 18-34 year olds).

Those living in rural communities tend to use local shops (63% compared to 40%), independent shops (42% compared to 24%) and home deliveries from supermarkets (17% compared to 10%) more than those living in urban areas.

Some differences emerge in shopping habits depending on household income. Those in higher household income brackets of £60,000 or more are significantly more likely than those with an income of £19,999 or less to use independent stores such as greengrocers, butchers, bakers and fishmongers (59% compared to 23%), and farmer's markets/shops when compared to those with a household income of £19,999 or less (26% compared to 8%).

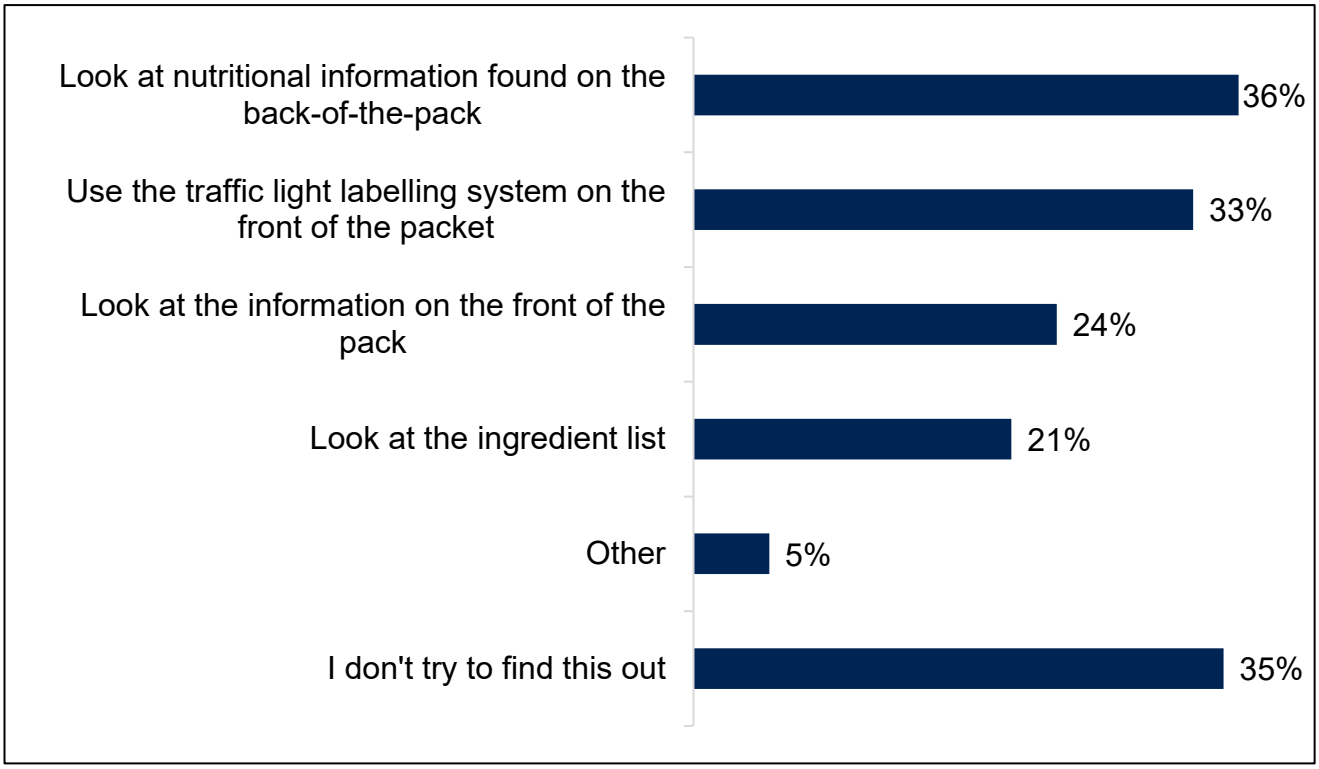
4.5.2 Use of nutritional labelling

Use of nutritional labelling when food shopping in-store

Among those who shop for food in-store almost two thirds (65%) state they tend to look at some form of nutritional labelling on food packaging in order to find the sugar, salt, saturated fat and

calorie content. Looking at the back-of-the-pack (36%) or using the traffic light labelling system (33%) on the front of the pack are the most common methods respondents use to source nutritional information. Almost a quarter (24%) use information on the front of the pack such as health claims or look at the ingredients list (21%) when food shopping in-store (Figure 4).

Figure 4: Finding nutritional information when food shopping in-store



Base: 583 adults who shop in-store.

Females are more inclined to use the nutritional information found on the back-of-the-pack compared to men and are also more likely to use the traffic light labelling system (Table 7).

Table 7: Gender breakdown on use of nutritional information on food packaging

Usage of labelling	Male	Female
Use the nutritional information found on the back-of-the-pack	27%	43%
Use the traffic light labelling system on the front of the packet	28%	37%

Base: 583 adults who shop in-store.

In addition, those aged 55 years and over are significantly more likely to use the back-of-pack nutritional information to understand the level of salt, sugar, saturated fat and calories in food

compared to 18-34 year olds. A significantly larger proportion of those aged 18-34 years claim they do not tend to look for nutritional information when making food purchases compared to 35-54 year olds and 55 year olds and over (Table 8).

Table 8: Age breakdown on use of nutritional information on food packaging

Usage of labelling	18-34 year olds	35-54 year olds	55 years and over
Use the nutritional information found on the back-of-the-pack	30%	37%	43%
I do not try to find this information out	46%	33%	26%

Base: 583 adults who shop in-store.

Respondents with a higher household income are significantly more likely to claim they try to find out information on salt, sugar, saturated fat and calories in food compared to those in lower income households (Table 9). Those with household incomes of £40,000-£59,999 and £60,000 or more are significantly more likely to look at the nutritional information found on the back-of-the-pack compared to those with a household income lower than £40,000. In addition, those with a household income of £60,000 or more are significantly more likely to use the traffic light labelling system on the front of the packet compared to those with an income of £19,999 or less.

Table 9: Breakdown of household by income on use of nutritional information on food packaging

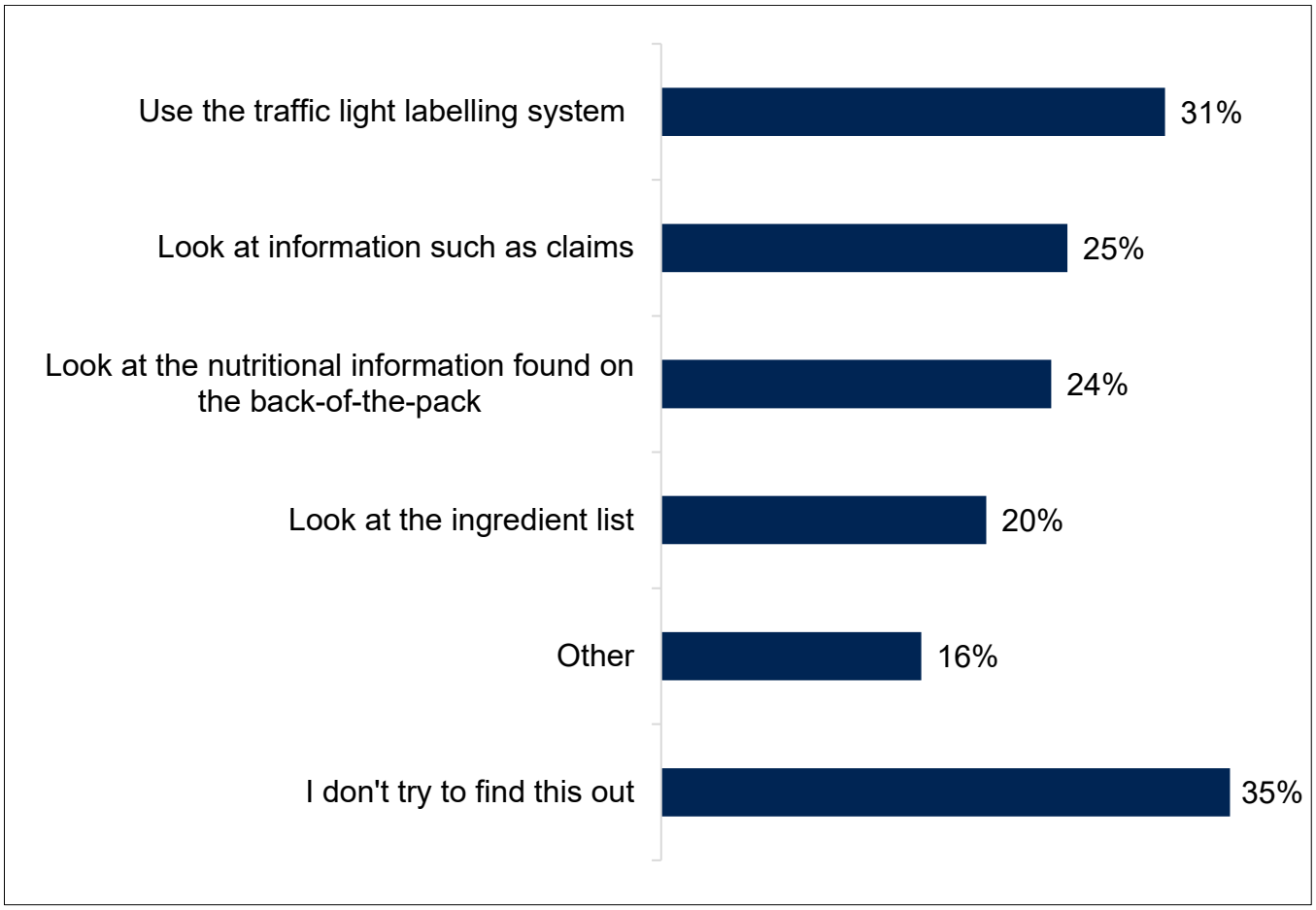
Usage of labelling	£19,999 or less	£20,000 to £39,999	£40,000 to £59,999	£60,000 or more
Look at the nutritional information found on the back-of-the-pack	30%	38%	55%	56%
Use the traffic light labelling system on the front of the packet	28%	39%	41%	47%

Base: 583 adults who shop in-store.

Use of nutritional labelling when food shopping online

When purchasing food online almost two thirds of respondents (65%) use some form of nutritional labelling. Almost a third (31%) of respondents report using the traffic light labelling system, while a quarter look at information such as claims or look at the nutritional information usually found on the back-of-the-pack (24%). However, just over a third (35%) say that they do not look for nutritional information (Figure 5).

Figure 5: Finding nutritional information when food shopping online



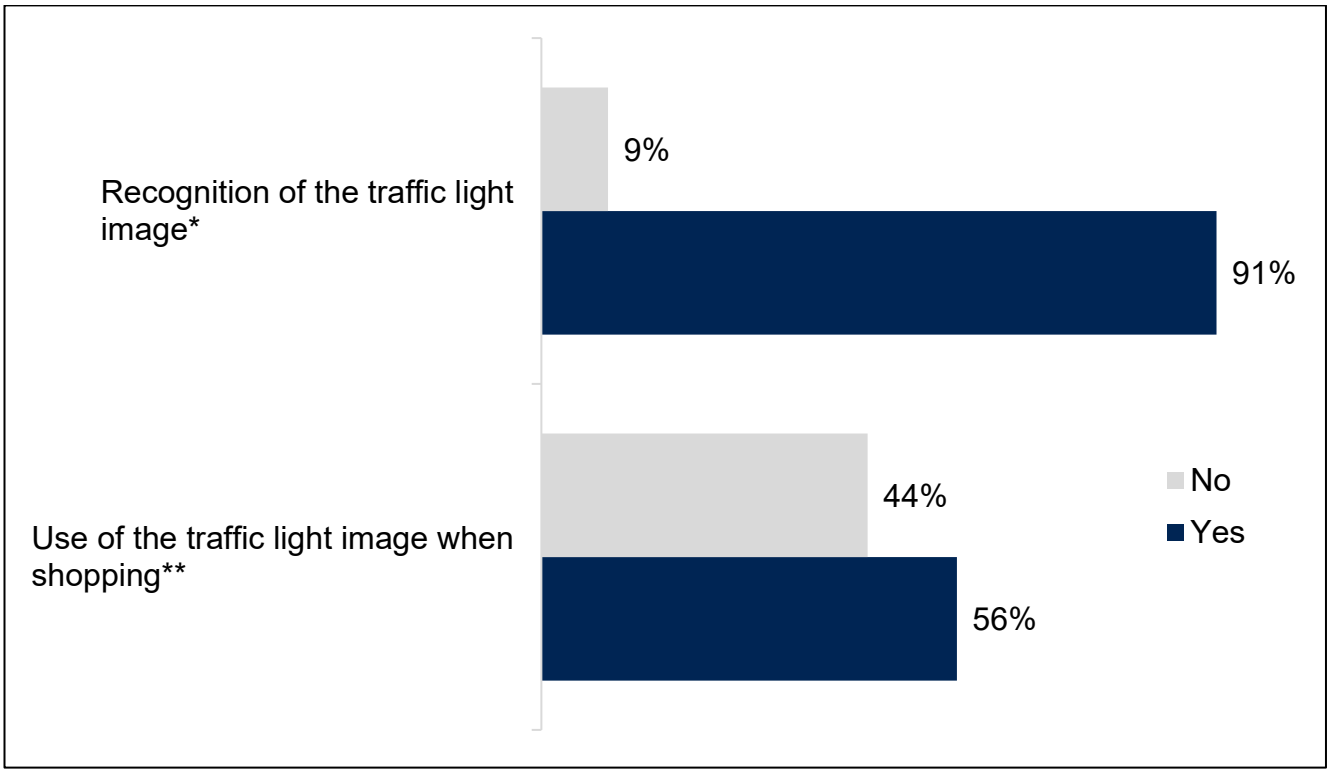
Base: 80 adults who shop online.

4.5.3 Recognition and understanding of the traffic light label

Awareness of the traffic light label is high; nine in ten (91%) respondents claim to be aware of it (Figure 6). Recognition of the traffic light label is significantly higher among females (95%) when compared to males (85%). Those aged 35-54 years are also significantly more likely to be aware of the traffic light label (95%) compared to those aged 55 over (88%). In addition, those in higher income households are significantly more likely to be aware of this label. Those with a household income of £19,999 or less report lower levels of awareness of the traffic light label (81%) when compared to those in households where the income is £60,000 or more (98%).

Although awareness of the labelling is high a smaller proportion (56%) use it when food shopping, with females (64%) claiming to use the label more than men (47%). A larger proportion of those living in rural areas (65%) are also more likely to claim they use the traffic light label than those in urban areas (52%)

Figure 6: Awareness and usage of the traffic light label



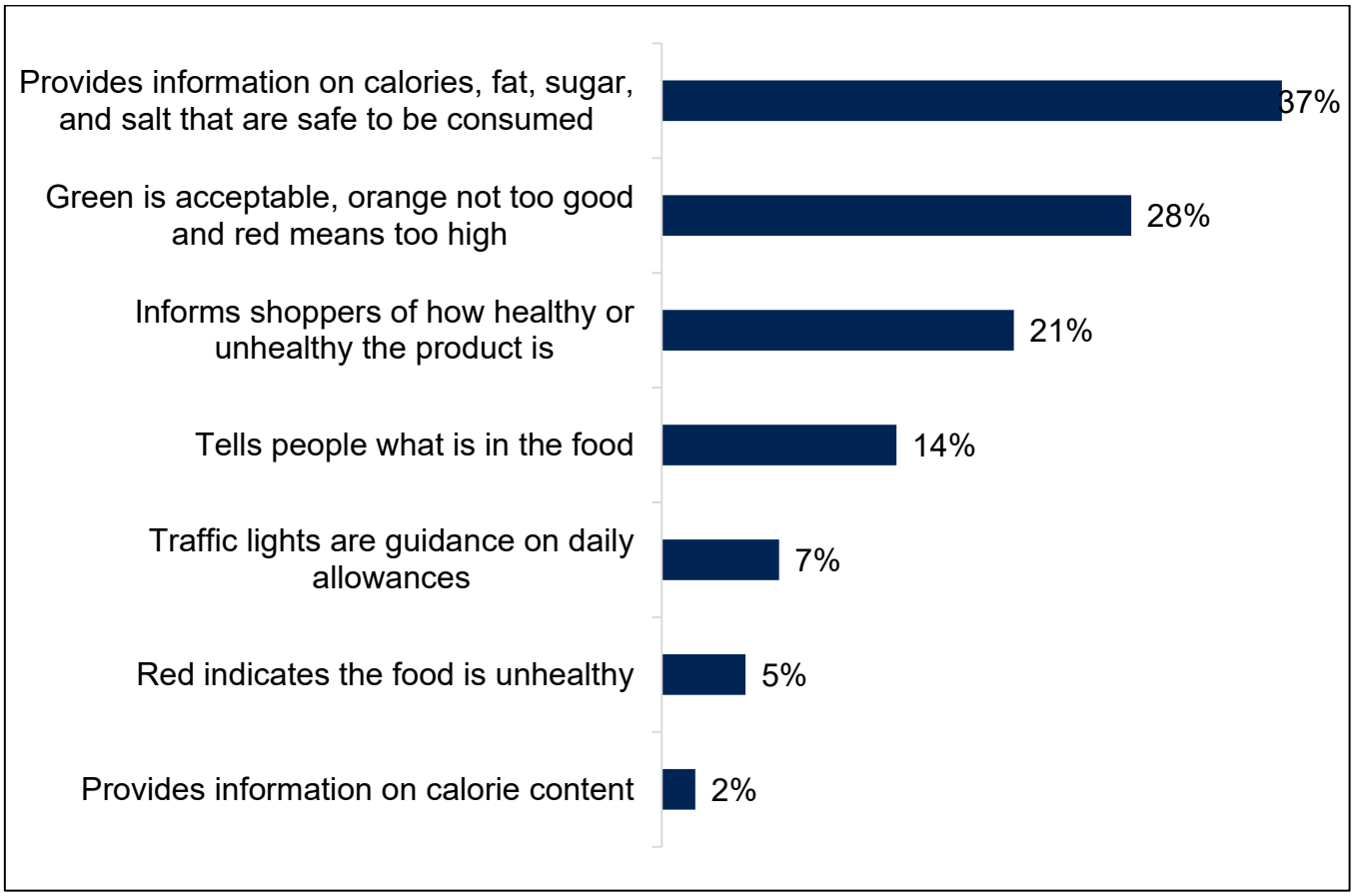
*Base: 601 adults in Northern Ireland.
**Base: 544 adults in Northern Ireland who recognise the traffic light image.

Understanding of the traffic light label varies among respondents who claim to use this label. Some respondents were only able to provide a general overview of the purpose of this label, while others were able to offer a more detailed understanding of its function. Over a third (37%) of respondents correctly highlighted the label is designed to provide information on calories, fat, sugar and salt. However, these respondents also mistakenly think this label provides information on the levels at which these nutrients can be consumed.

The use of colours is understood to denote the levels of fat, saturated fat, sugar and salt in food with over a quarter (28%) of respondents stating green indicates the food contains low level of salt, sugar and/or fat, amber acts as a warning and red indicating that levels of these nutrients are high. These respondents also mistakenly believe calories are colour coded in this label. One in five (21%) respondents believe the traffic light label simply provides an indication of how healthy or unhealthy the food is and 14% feel that the label informs people of what is in the food they are purchasing.

A small proportion (7%) specifically indicated that traffic light labelling provides guidance on daily allowances of calories, fat, saturated fat, sugars and salt (Figure 7).

Figure 7: Understanding of the traffic light label



Base: 307 adults in Northern Ireland who use the traffic light label when food shopping.

4.5.4 Frequency of using traffic light labelling to make healthier choices

Traffic light labelling is frequently used to help respondents choose food with a lower quantity of sugar (68%) and fat (64%). A further 68% choose food with 'healthier' traffic light colours 'always or most of the time' (Table 10).

Traffic light labelling on food packaging is not used as frequently by respondents to select food lower in calories and salt. Significantly larger proportions of respondents 'rarely or never use' this label to select food with a lower percentage of the recommended daily calorie allowance (22%); food with a lower quantity of calories (22%) and food with a lower quantity of salt (20%).

Table 10: Frequency of using traffic light labelling to make healthier choices

Frequency of label usage	Always/Most of the time	Every now and then	Rarely/ Never
Food with a lower quantity of sugar in the traffic light label	68%	23%	9%
Food with 'healthier' traffic light colours (green/amber)	68%	27%	5%
Food with a lower quantity of fat in the traffic light label	64%	27%	9%
Food with a lower quantity of saturates in the traffic light label	59%	27%	15%
Food with a lower quantity of salt in the traffic light label	56%	24%	20%
Food with a lower quantity of calories in the traffic light label	46%	33%	22%
Food with a lower percentage of my recommended daily calorie allowance	44%	34%	22%

Base: 307 adults in Northern Ireland who use the traffic light label when food shopping.

4.5.5 Use of the traffic light label when making food purchasing decisions

The information respondents consult on the traffic light label is dependent on whether they are purchasing food for themselves, their children or grandchildren. The majority (81%) use the traffic light label to understand the amount of sugar in food when purchasing food for themselves, which increases to 89% when purchasing food for their children. However, respondents are less likely to look for information on calories and significantly less likely to look for information on fat when purchasing food for their children when compared to purchasing food for themselves.

A greater proportion (20%) of respondents report not consulting any information in the traffic light label when purchasing food for their grandchildren when compared to purchasing food for themselves (5%) or their children (7%). When shopping for grandchildren, 20% of respondents don't consult traffic light labelling (Table 11).

Table 11: Use of the traffic light label when making food purchasing decisions

Usage of labelling for self and others	Personally	For children	For grandchildren
I look at the calories next to the traffic light	60%	44%	23%
I use the traffic light label to understand the amount of fat in products	73%	63%	43%
I use the traffic light label to understand the amount of saturated fats in products	64%	64%	36%
I use the traffic light label to understand the amount of sugar in products	81%	89%	73%
I use the traffic light system to understand the amount of salt in products	66%	69%	46%
I don't do any of these	5%	7%	20%

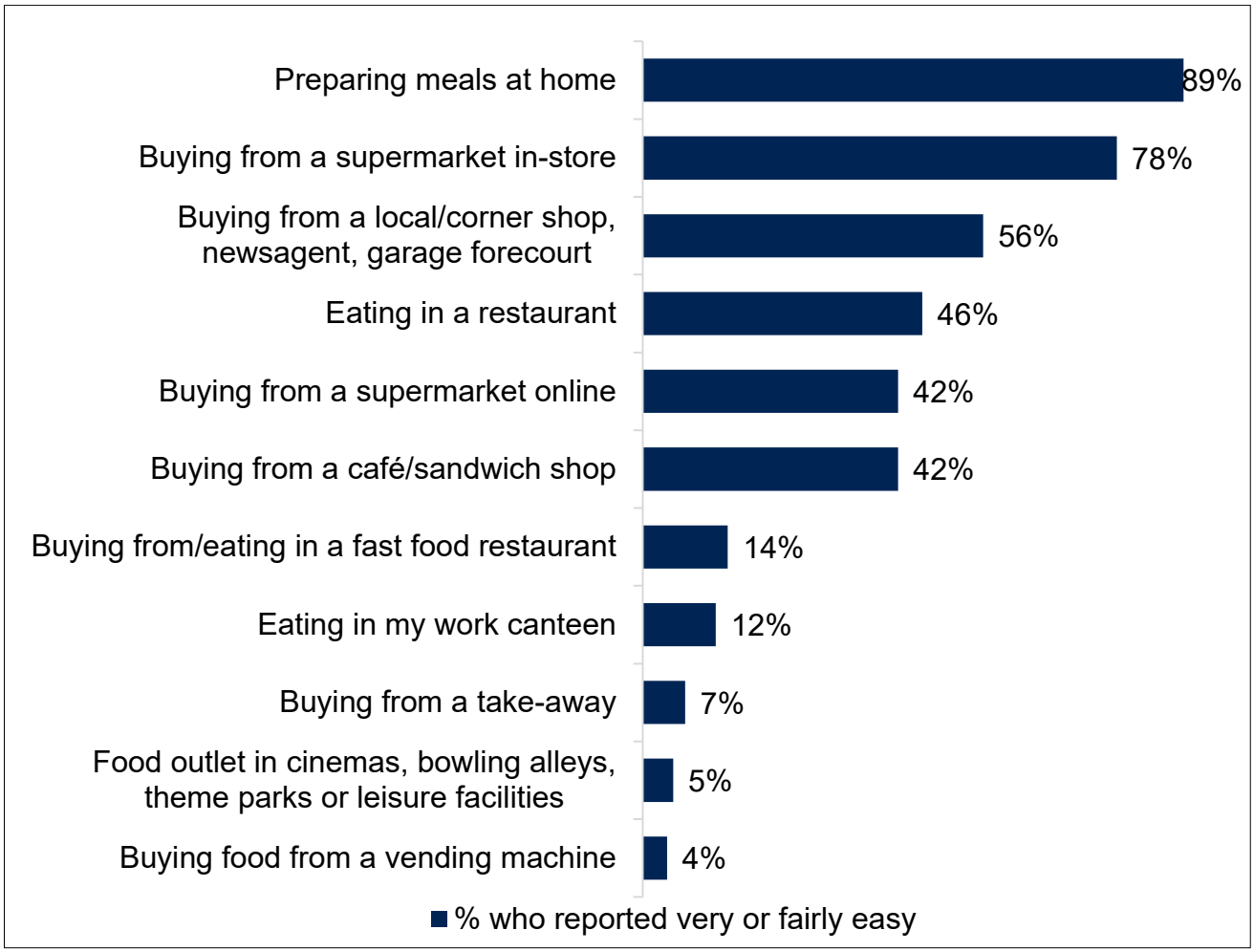
Base: 307 adults in Northern Ireland who use the traffic light label when food shopping. 181 adults with children in the household and 60 adults with grandchildren who they purchase food for at least once a month.

4.5.6 Ease of choosing healthier food and meals

The ability to choose healthier food and meals is very often impacted by the setting in which food is purchased. Many find it easy to prepare healthier meals at home (89%) and over three quarters (78%) also believe it is easy to choose healthier products when purchasing food items in a supermarket store. This decreases to 42% when purchasing food items from a supermarket online. Over half (56%) of respondents find it easy to choose healthier food in local/corner shops, newsagents or garage forecourts (Figure 8).

Making healthier food choices is considered 'difficult' when purchasing from takeaways (83%), at leisure facilities such as cinemas and bowling alleys (77%) and from fast food restaurants (73%). Many also find it difficult to make healthier food choices when purchasing food from vending machines (61%), cafés and sandwich shops (49%) and restaurants (47%).

Figure 8: The ease with which people can choose healthier food and meals



Base: 601 adults in Northern Ireland.

Females are significantly more likely to report that it is easy to make healthier meal and food choices when purchasing food in a supermarket, both in-store and online, when eating in a restaurant and when preparing meals at home compared to males (Table 12).

Table 12: Gender differences in ease of choosing healthier meals and food

Proportion who find choosing healthier food quite easy/very easy	Male	Female
When buying from a supermarket in-store	71%	85%
When buying from a supermarket online	36%	47%
When eating in a restaurant	51%	61%
When preparing meals at home	86%	92%

Base: 601 adults in Northern Ireland.

There are also differences in the survey findings when exploring this subject by age, with those aged 18-34 years old significantly less likely to find it easier to make healthier food choices when purchasing food from a supermarket in-store, from a local or corner shop, newsagent or garage forecourt and when eating in a restaurant compared to both 35-54 year olds and those aged 55 years and over. 18-34 year olds are also much less likely to find it easy to make healthier choices in work canteens, in takeaways, in food outlets and at vending machines compared to older age groups (Table 13).

Table 13: Age differences in ease of choosing healthier meals and food

Proportion who finds choosing healthier food quite easy/ very easy	18-34 year olds	35-54 year olds	55 years and older
When buying from a supermarket in-store	71%	84%	80%
When buying from local/corner shop, newsagents or	49%	61%	59%
When eating in a restaurant	43%	49%	46%
When buying from a supermarket online	40%	49%	36%
When eating in my work canteen	8%	17%	12%
When buying from a take-away	3%	4%	13%
Food outlet in cinemas, bowling alleys, theme parks or leisure facilities	3%	4%	8%
When buying food from a vending machine	2%	6%	5%

Base: 601 adults in Northern Ireland.

The ease of choosing healthier food and meals in particular settings is also affected by household income. Those households earning £40,000-£59,999 and £60,000 or more are significantly more likely to find it easier to make healthier choices than those in the lower income households when purchasing food from a supermarket, both in-store and online (Table 14).

Table 14: Household income differences in ease of choosing healthier meals and food

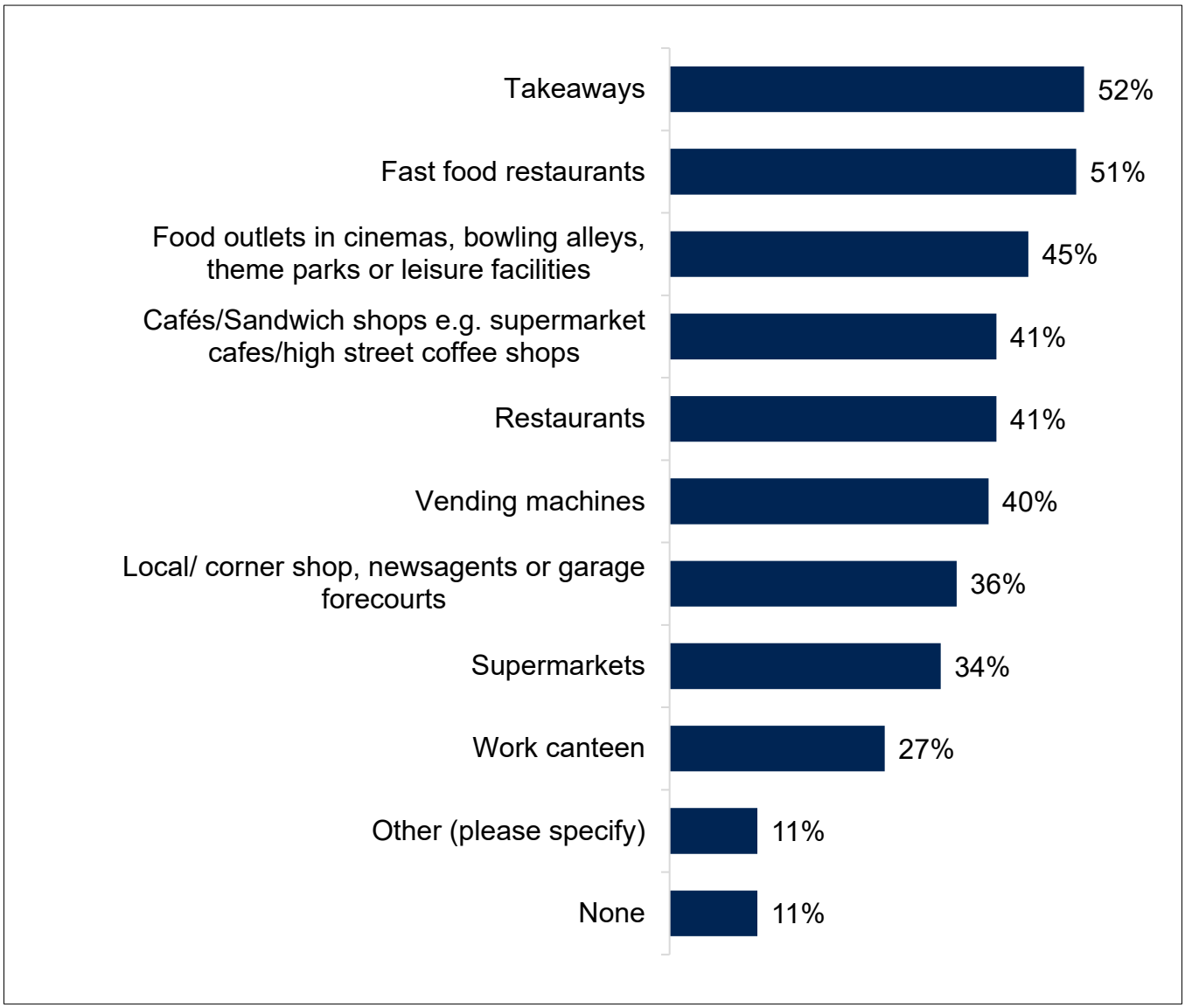
Proportion reported quite/very easy	£19,999 or less	£20,000 to £39,999	£40,000 to £59,999	£60,000 or more
When buying from a supermarket in-store	72%	71%	92%	91%
When buying from a supermarket online	35%	33%	64%	57%

Base: 601 adults in Northern Ireland.

4.5.7 Preferred settings for increased availability of healthier options

Respondents would like healthier options made available in takeaways (52%), fast food restaurants (51%), food outlets in cinemas and leisure settings (45%), cafés/sandwich shops (41%), restaurants (41%) and vending machines (40%). Only 11% of respondents do not want healthier options to be made available in any setting (Figure 9).

Figure 9: Food settings respondents would like to see increased availability of healthier food



Base: 601 adults in Northern Ireland.

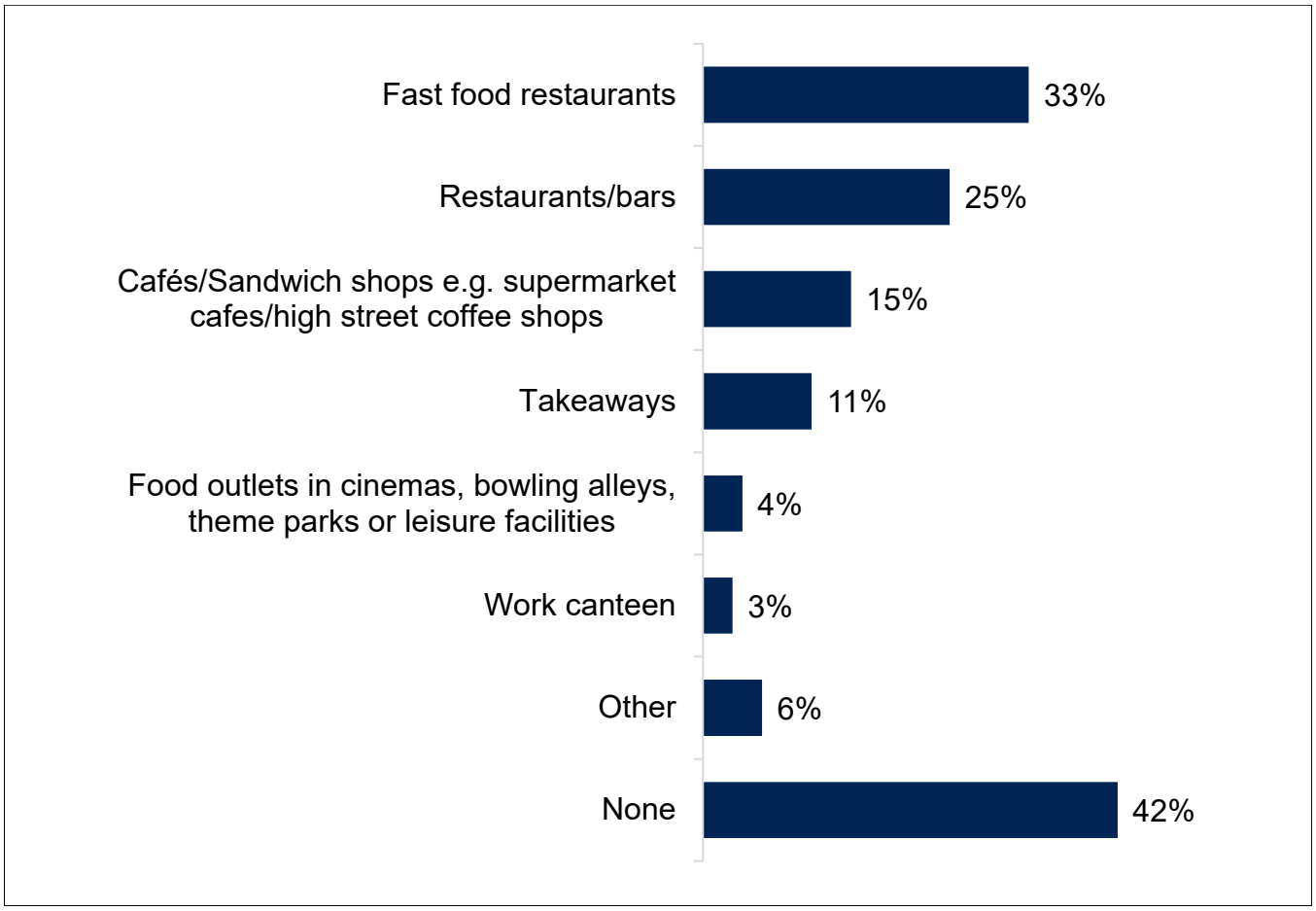
Making healthier options available in food outlets in cinemas, bowling alleys and other leisure facilities, cafés and sandwich shops and restaurants is more appealing to females (51%, 50% and 46%, compared to males 38%, 33% and 35%, respectively). Those aged 55 years and older are more likely to want healthier options to be made available in cafés/sandwich shops (47%) and restaurants (50%) compared to those aged 18-34 years old (34% and 32%, respectively).

More females than males would like to see healthier food products in cafés and sandwich shops (51% versus 39%), restaurants (50% versus 33%) and at vending machines (46% versus 35%).

4.5.8 Displaying calorie information on menus

The most common venues respondents reported seeing calorie information on menus were fast food restaurants (33%), restaurants/bars (25%) and cafés/sandwich shops (15%). Forty two percent of respondents reported that they had not noticed calorie information on menus in any food setting (Figure 10).

Figure 10: Food settings respondents noticed calorie information displayed on menus



Base: 601 adults in Northern Ireland.

Females are significantly more likely to have noticed calorie information on food menus in fast food restaurants (39% compared to 27%) and cafés (19% compared to 11%) when compared to males. Those aged 18-34 years (39%) and 35-54 years (45%) are more likely to have noticed this information in fast food restaurants compared to those aged 55 years and over (17%).

4.5.9 Influence of calorie information on food decisions when eating out

Displaying calories on food menus impacts the decision on what to eat in some settings more than others. Respondents are more likely to use calorie information in cafés and sandwich shops (42%) followed by food outlets in cinemas, bowling alleys and leisure facilities (39%) (Table 15).

However, calorie information is much less likely to impact the decision of what to eat in takeaways, with almost two thirds of respondents (65%) saying it does not influence their decision 'very often' or it 'never does'. In addition, large proportions of respondents say that calories in the work canteen (44%) and in fast food restaurants (61%) 'never' or 'not very often' influences their decision on what to eat.

Table 15: Influence of calorie information on food decisions when eating out

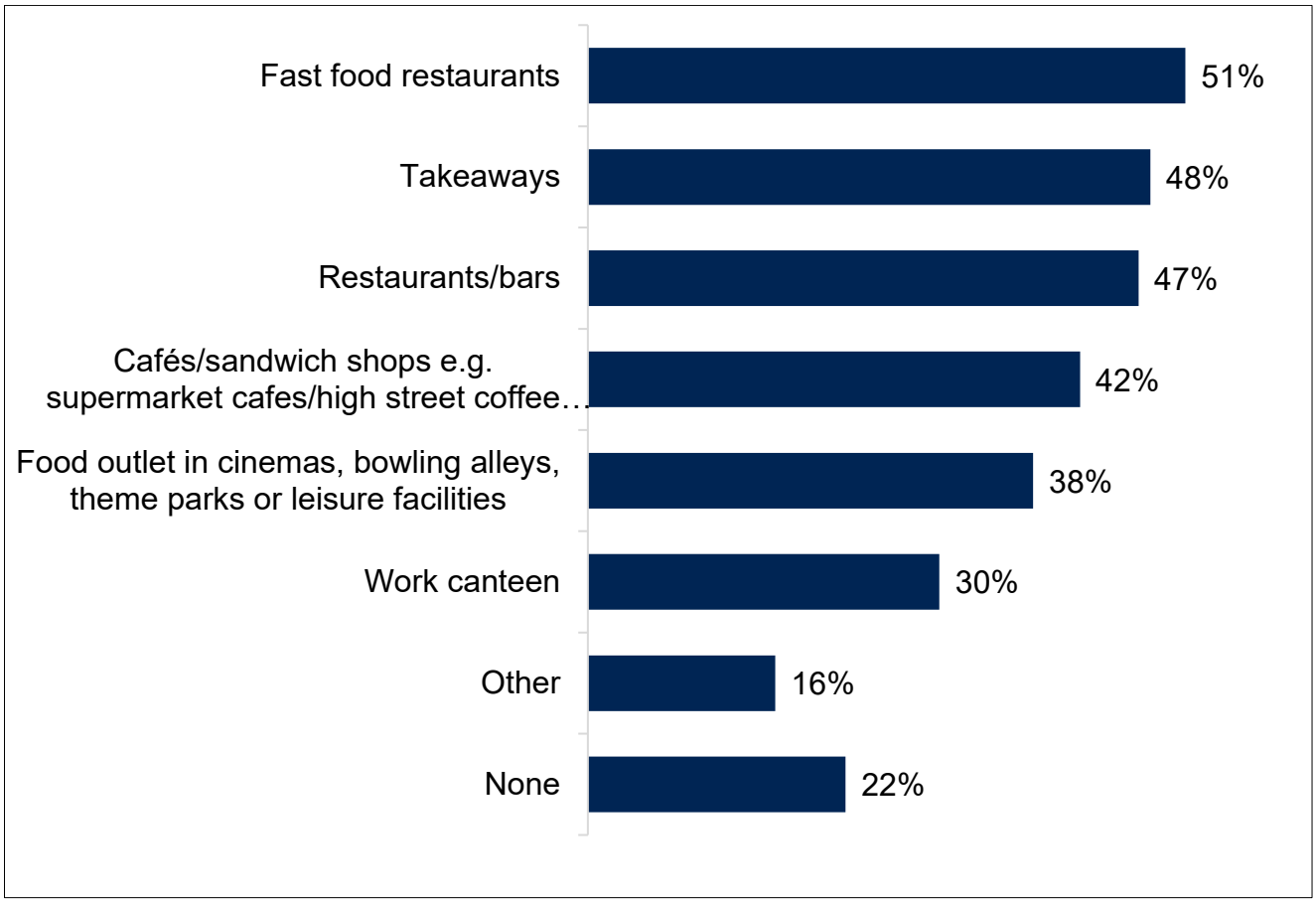
Settings	Always influences/ Most times	Every now and then	It never influences my decision/Not very often
Restaurants and bars	22%	31%	47%
Work canteen	18%	39%	44%
Cafés/sandwich shops	42%	20%	38%
Fast food restaurants	21%	18%	61%
Takeaways	24%	11%	65%
Food outlets in cinemas, bowling alleys, theme parks or leisure facilities	39%	12%	48%

Base: 601 adults in Northern Ireland.

4.6 Preferred settings for the display of calories on menus

Many respondents would like calorie information to be shown on food menus in a range of food settings outside the home including fast food restaurants (51%), takeaways (48%) and restaurants and bars (47%). Respondents would also like to see calorie information shown on food menus in cafés and sandwich shops (42%), food outlets in leisure facilities (38%) and work canteens (30%). Only 22% of those surveyed do not want calorie information displayed on menus (Figure 11).

Figure 11: Venues that respondents would like to see calories shown on a food menu



Base: 601 adults in Northern Ireland.

Section summary

- Supermarkets are the main source of food shopping for NI consumers followed by local shops, such as corner shops, newsagents or garage forecourts.
- When food shopping in-store many look at nutritional labelling on food packaging to find out sugar, salt, saturated fat and calorie content, with information found on the back-of-the-pack the most popular followed by traffic light labelling.
- Respondents also use nutritional information when purchasing food online. Many use traffic light labelling, information such as claims and back-of-pack nutritional labelling.
- The majority of those surveyed use the traffic light label when purchasing food. Overall respondents understand the purpose of this label is to provide information on calories, fat, sugar and salt. Respondents also associate the colours in this label with how healthy foods are.
- The ability to choose healthier foods and meals is quite often impacted by the setting in which food is being purchased. Many respondents find it easy to prepare healthier meals at home and to choose healthier food when purchasing food items in a supermarket store. However, it is more difficult to choose healthier food when purchasing from takeaways, leisure facilities such as cinemas and bowling alleys and from fast food restaurants.
- There is an appetite for healthier food products to be offered in a number of settings such as takeaways, at leisure facilities such as cinemas and bowling alleys and fast food restaurants.
- Many respondents reported seeing calories on food menus in a range of food settings, with more respondents claiming to have seen this in fast food restaurants and restaurants and bars. Many respondents would also like to see calories shown on the food menus of fast food restaurants, takeaways, restaurants and bars and cafés and sandwich shops.
- Calories on food menus is most likely to influence the decision of what to purchase in food outlets at cinemas, bowling alleys, theme parks or leisure facilities, cafés and sandwich shops compared to other food outlets.

4.7 Appetite for change

This section of the report explores respondents' views on the reformulation of food to reduce sugar, saturated fat and salt and the reduction of portion sizes.

4.7.1 Likelihood to purchase reformulated food or reduced portion sizes

Over half of those interviewed would be more likely to purchase food reduced in sugar (58%), fat (54%) and salt (53%) compared to the regular version (Table 16).

Respondents would be less likely to purchase reduced portion sizes of food high in sugar (42%), saturated fat (38%) and salt (33%). At least 43% report reducing the portion size of food high in these nutrients would have no impact on the likelihood to buy such products.

Table 16: Likelihood to purchase reformulated or smaller portion sizes of food

Reformulated and portion size options	More likely to buy	Would not change	Less likely to buy
Reduced sugar products	58%	33%	9%
Reduced fat products	54%	35%	11%
Reduced salt products	53%	39%	8%
Smaller portion sizes of sugary snacks/meals	42%	43%	16%
Smaller portion sizes of snacks/meals high in saturated	38%	47%	16%
Smaller portion sizes of snacks/meals high in salt	33%	51%	16%

Base: 601 adults in Northern Ireland.

Females (62%) would be significantly more likely to purchase food reduced in sugar compared to males (53%) (Table 17). A significantly larger proportion of males (41%) reported the availability of food reduced in sugar would not change their likelihood of purchasing such food when compared to females (26%). Females are also significantly more likely to purchase reduced fat (61%), reduced salt (60%) and smaller portion sizes of snacks and meals high in sugar (28%) and saturated fat (42%) compared to males (46%, 46%, 17% and 33%, respectively).

Table 17: Gender differences in the likelihood to purchase reformulated or smaller portion sizes of food

Reformulated and portion size options	Male	Female
Reduced sugar products	53%	62%
Reduced fat products	46%	61%
Reduced salt products	46%	60%
Smaller portion sizes of sugary snacks/meals	17%	28%
Smaller portion sizes of snacks/meals high in saturated fat	33%	42%

Base: 601 adults in Northern Ireland.

A number of differences in likelihood to purchase reformulated food are also apparent across age groups (Table 18). A significantly larger proportion of those aged 35-54 years (30%) and 55 years and over (30%) would be more likely to purchase food reduced in sugar compared to those aged 18-34 years (22%). In addition, those over the age of 55 years (58%) are significantly more likely than those aged 35-54 years (54%) and those aged 18-34 years (50%) to purchase food reduced in fat. Those aged 55 years and over (33%) and 35-54 years (36%) are significantly more likely to purchase smaller portion sizes of snacks/meals high in salt compared to those aged 18-34 years old (30%).

Table 18: Age differences in the likelihood to purchase reformulated or smaller portion sizes of food

Reformulated and portion size options	18-34 year olds	35-54 year olds	55 years and over
Reduced sugar products	22%	30%	30%
Reduced fat products	50%	54%	58%
Smaller portion sizes of snacks/meals high in	30%	36%	33%

Base: 601 adults in Northern Ireland.

Respondents in socio-economic group ABC1 (64%) would be significantly more likely to purchase food reduced in sugar (64%), salt (58%) and fat (60%) compared to those in socio-economic group C2DE (51%, 48% and 48%, respectively) (Table 19). Respondents in socio-economic group ABC1 would also be significantly more likely to purchase smaller portion sizes of snacks and meals high in sugar (51%), saturated fat (46%) and salt (41%) compared to those in socio-economic group C2DE (32%, 29% and 25%, respectively).

Table 19: Socio-economic group differences in the likelihood to purchase reformulated or smaller portion sizes of food

Reformulated and portion size options	ABC1	C2DE
Reduced sugar products	64%	51%
Reduced fat products	60%	48%
Reduced salt products	58%	48%
Smaller portion sizes of sugary snacks/meals	51%	32%
Smaller portion sizes of snacks/meals high in saturated fat	46%	29%
Smaller portion sizes of snacks/meals high in salt	41%	25%

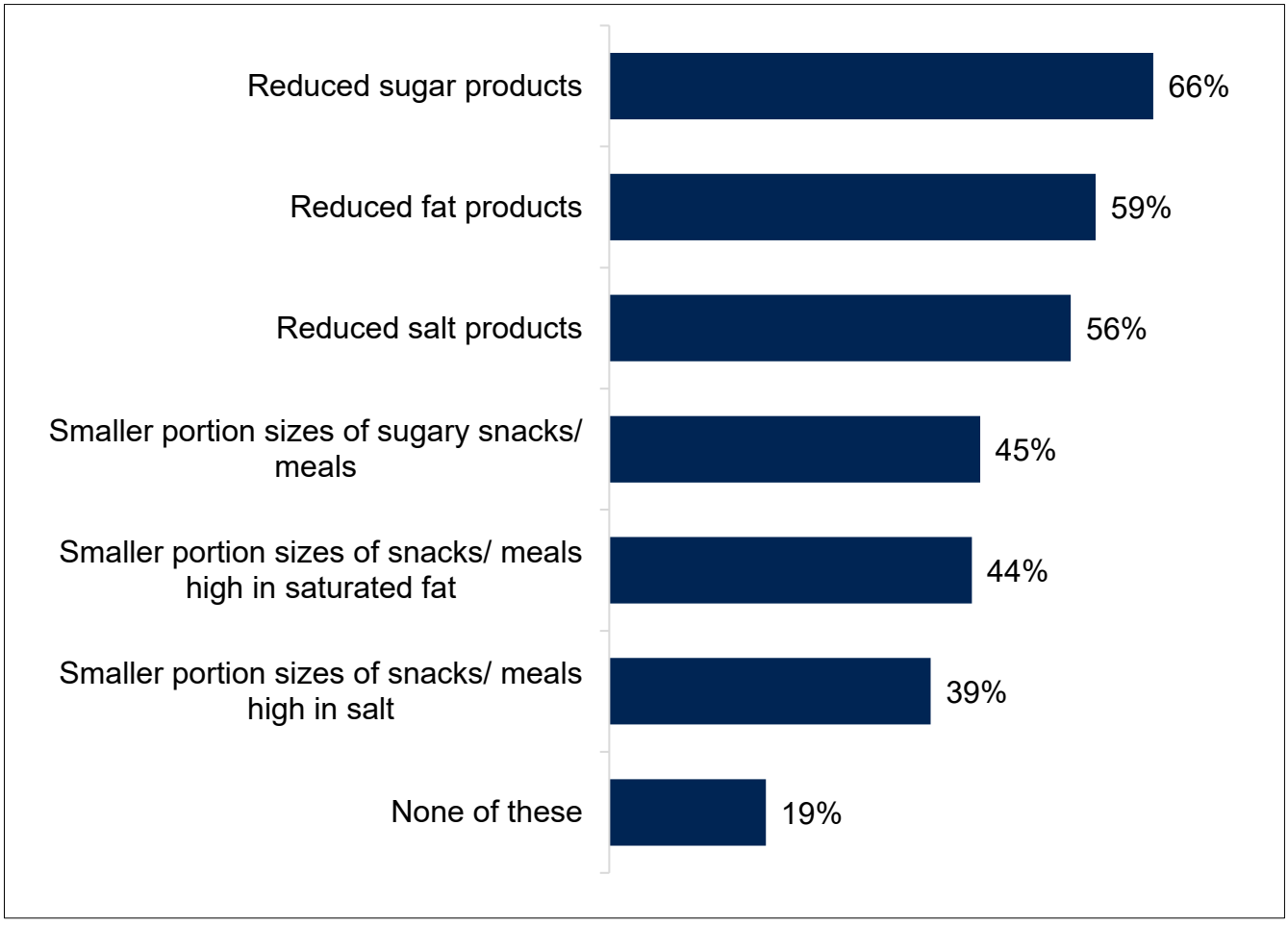
Base: 601 adults in Northern Ireland.

A significantly larger proportion of respondents from socio-economic group ABC1 (61%) report that they would be more likely to purchase smaller portions sizes of food high in sugar, saturated fat and salt than respondents from socio-economic group C2DE (41%).

4.7.2 Interest in reformulated and reduced portion size options

Overall, a large proportion (81%) of those interviewed would like to see at least one of the reformulated and/or smaller portion size options when purchasing food. Respondents would generally prefer to see increased availability of food reduced in sugar, fat and salt in comparison to smaller portion sizes of food high in these nutrients. Only one in five (19%) do not wish to see any of these options when purchasing food (Figure 12).

Figure 12: Proportion of respondents who would like to see increased availability of healthier alternatives when shopping for food



Base: 601 adults in Northern Ireland.

Section summary

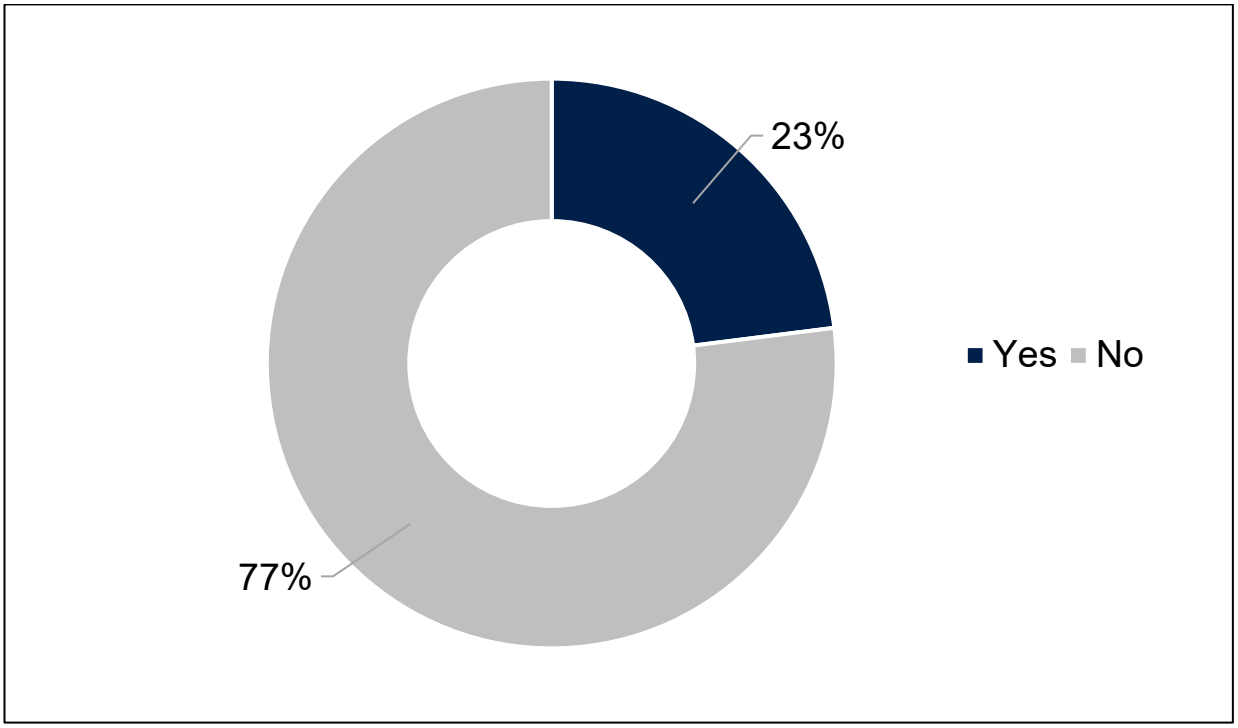
- Considerable proportions of the sample would be likely to purchase food reduced in sugar, fat and salt compared to the regular version.
- The majority of those surveyed would like to see more reduced sugar, fat and salt products when buying food. Respondents are less likely to purchase food reduced in portion size.
- Only one in five respondents do not wish to purchase reformulated or reduced portion size products.

4.8 Awareness of calorie or food label related communications

Almost a quarter (23%) of those surveyed recently recalled seeing and/or hearing calorie or food label related communications. Females (27%) were significantly more likely to have seen or heard these communications compared to males (19%) (Figure 13).

Those from Greater Belfast (33%) and Co. Armagh (30%) were significantly more likely to have seen or heard calorie and food labelling related communications compared to other regions in NI. Respondents in socio-economic group ABC1 (28%) were also significantly more likely to have seen or heard this information compared to those in socio-economic group C2DE (18%).

Figure 13: Awareness of calorie or food label related communications



Base: 601 adults in Northern Ireland.

When asked what respondents could specifically recall from the calorie and food labelling related communications, a wide variety of responses were given. Many could remember seeing or hearing information on eating healthy, eating less and reducing calories particularly through television advertising.

> “A campaign for "healthier options", where there was a choice between a roast chicken and a bottle of cola that were the same calories but trying to get the message across that it would be better to have the calories from a substantial meal than a sugary drink.”

> “Billboards around Belfast about eating less fat and getting more exercise.”

> “Difference 100 calories can make. Saying small changes can make a difference to overall health.”

Respondents also specifically mentioned seeing ‘traffic lights’ or the traffic light system in various health messages.

> “They were talking about the amount of calories in the view of the traffic light system.”

> “Talking about traffic light system, explaining the basic idea of the colour coding.”

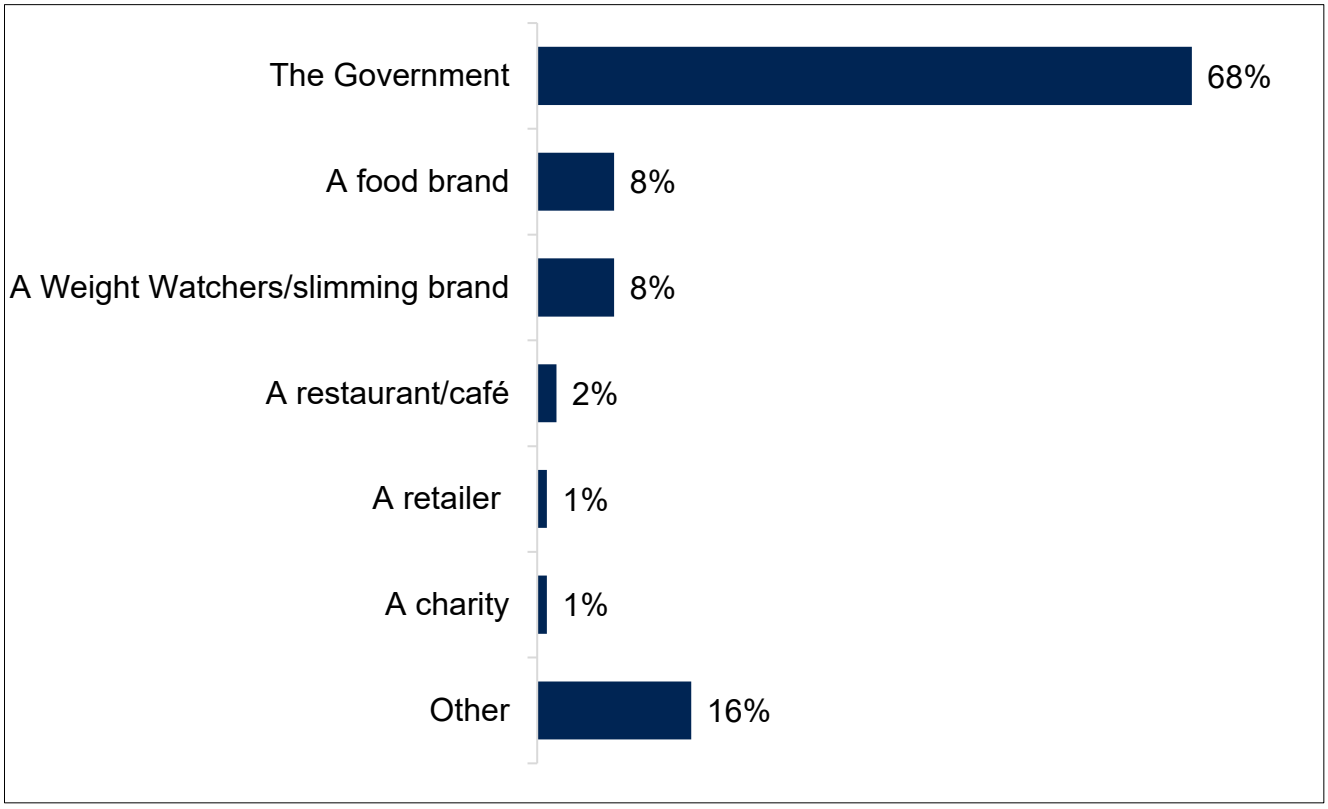
Other respondents could recall seeing information from retailers and fast food establishments about healthier options. They could also recall information on products such as Quorn, Alpen bars and meal plans. Respondents also made reference to weight loss and obesity messaging.

> “Not sure but I know I have seen slimming world ads and such.”

> “On social media new feed, regularly ads for weight watchers, slimming world and also the Public Health Agency ad promoting taking away 100 calories a day.”

The communications on calories and food labelling that respondents had seen or heard were mainly perceived to be from the Government (68%), followed by food brands (8%) and slimming brands such as Weightwatchers (8%) (Figure 14).

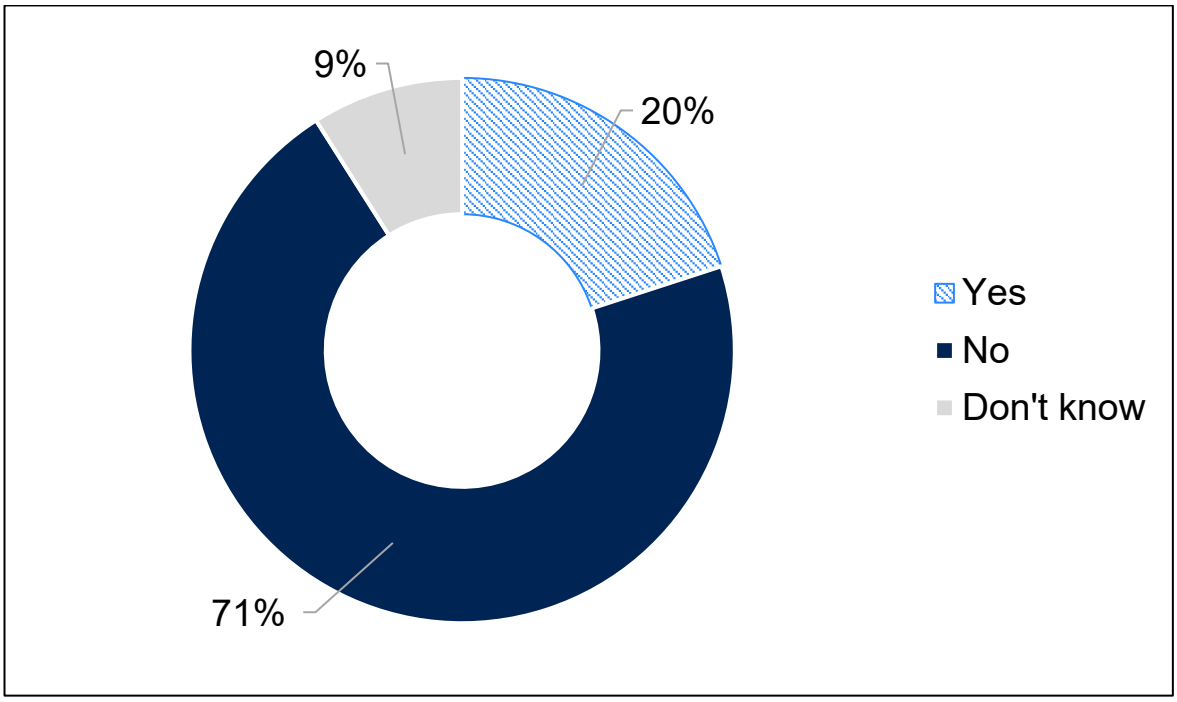
Figure 14: Perceived source of communications on calories and food labels



Base: 141 adults in Northern Ireland who have seen or heard communications on calories and food labels

When prompted with FSA’s campaign communications (Appendix 4) one in five (20%) could recall seeing it (Figure 15).

Figure 15: Prompted awareness of FSA's campaign

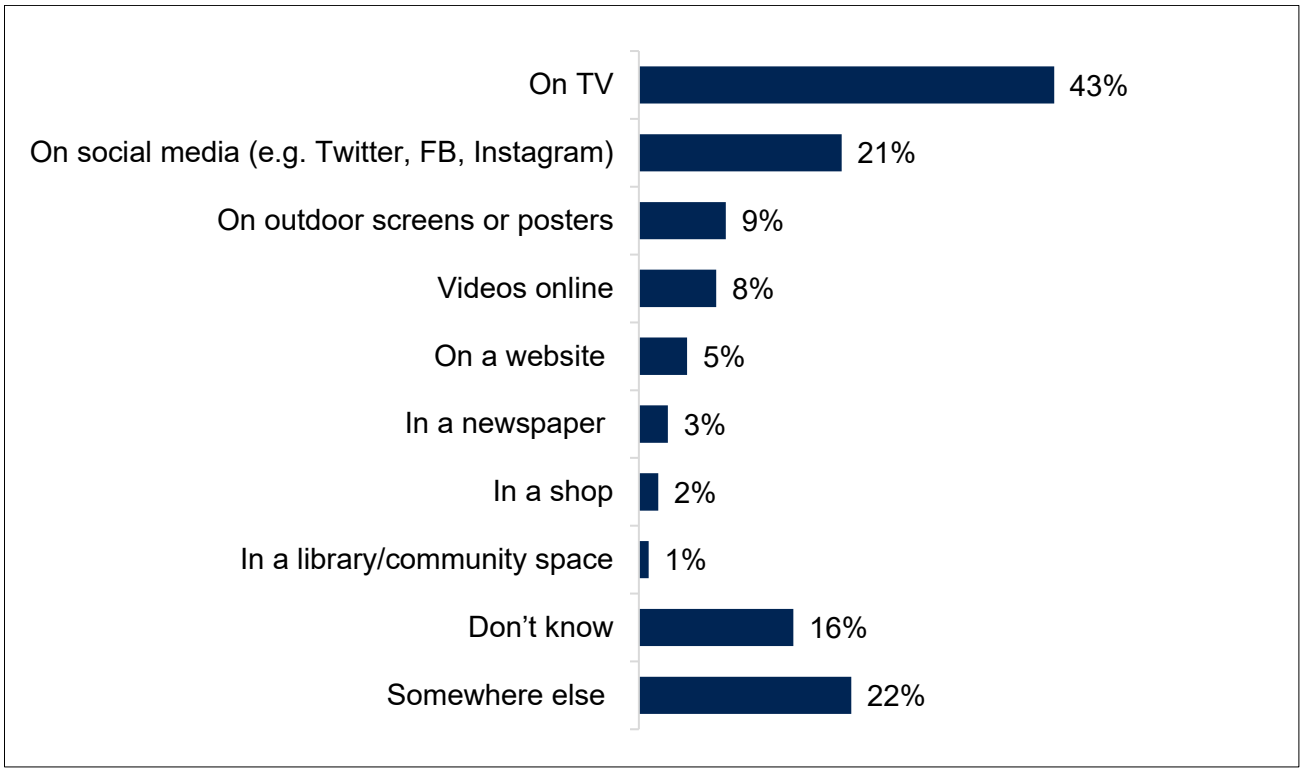


Base: 601 adults in Northern Ireland.

The FSA communications have mostly been viewed across television (43%) and on social media platforms (21%). A smaller proportion of respondents viewed this messaging through outdoor advertising (9%) or through online videos (8%) (Figure 16).

Those aged 18-34 years (48%) and those aged 55 years and over (46%) are significantly more likely to have seen communications on television than those aged 35-54 years (34%).

Figure 16: Source of FSA communications



Base: 100 adults in Northern Ireland who have seen or heard the FSA communications.

Section summary

- Almost a quarter of those surveyed recently recalled seeing and/or hearing calorie or food label related communications. Respondents recalled general information on eating healthy, eating less and reducing calories. Respondents also recalled specific information from retailers and fast food establishments about healthier options. Respondents also made reference to weight loss and obesity messaging.
- One in five could recall seeing the FSA's television and online advertisements when prompted.

Discussion

This wave of the EWCB survey demonstrates a number of positive findings in relation to NI consumers' attitudes, decisions and behaviours towards healthier food at home, when food shopping and eating outside the home. The majority of respondents claim to understand 'what is healthier' and recognise the important role fruit and vegetables and reducing intakes of fat, sugar and salt play in consuming a healthy balanced diet. Encouragingly almost two thirds (65%) of respondents look at some form of nutritional labelling to make informed healthier choices when shopping in store and online. There is also strong awareness and comprehension of the UK recommended traffic light labelling system and a clear understanding of the need to monitor fat, sugar and salt intakes. Approximately 60% of NI consumers actively seek healthier options when food shopping and want to see increased availability of food reduced in sugar, fat and salt. Consumers also would like to see calories on menus in a range of food settings including takeaways, fast food restaurants and leisure facilities.

However, the findings in this wave of the EWCB survey also demonstrates that several opportunities exist to further encourage and enable consumers to make healthier choices when food shopping and eating out.

5.1 Supporting consumers to make healthier choices in the shopping environment

Reformulating food to reduce fat, sugar and salt and reducing the portion size of food high in these nutrients are considered to be among the most impactful approaches to support consumers make healthier choices (CHL UK 2020). The results of this survey demonstrate NI consumers are receptive to food reduced in fat, sugar and salt when food shopping. Sixty one percent of consumers actively seek healthier options when food shopping and the majority (81%) of consumers would like to see increased availability of food reduced in either sugar, fat or salt and/or smaller portion sizes. However, consumers are more receptive to foods reduced in these nutrients than smaller portion sizes. These findings should act as an important indicator to the food industry of consumer demand for healthier food in NI and the importance of promoting the health benefits of such food to consumers. The findings also highlight the need to continue supporting the food industry to make smaller portions of food appealing to consumers. Important differences were established in consumers receptiveness to food reduced in fat, sugar and salt. Females and consumers in socio economic group ABC1 are significantly more likely to purchase food reduced in these nutrients, as well as smaller portion sizes of such food, compared to males and consumers in socio economic group C2DE. These findings highlight the need to continue encouraging and supporting the food industry to make reformulated food and food reduced in portion size appealing to all consumers.

Front of pack nutritional labelling is recommended by the World Health Organisation (WHO) as a strategy to improve dietary intake, allowing consumers to make healthier choices and motivating food manufacturers to undertake reformulation to produce healthier food (WHO 2014). Encouragingly, the results of this survey demonstrate that recognition of the traffic label is very high (91%) among NI consumers with 56% reporting the use of this label when making food purchasing decisions. Sugar is the most commonly consulted nutrient on the traffic light

label. However, approximately 60% of consumers also use this label to source information on fat, saturated fat and salt 'always or most of the time'. A greater proportion (68%) of respondents are more likely to purchase 'healthier' food as characterized by the traffic light colours 'green' and 'amber' than food with lower calories. Promoting these findings with food manufacturers may encourage those who do not currently display traffic light labelling to do so and encourage food manufacturers to engage with reformulation. Findings from research with food manufacturers in NI found this type of labelling motivates engagement with reformulation (Community Research and 2CV 2020). Findings from this survey also demonstrate similar proportions of NI consumers use the traffic light label when food shopping in-store and online. Given consumer demand for this information and the growth of online food shopping in the UK (Mintel 2019), it is important that all retailers continue to be encouraged and supported to provide this label regardless of the platform consumers use to purchase food.

Findings from this survey demonstrate there are differences in consumers' knowledge, attitudes and behaviours towards healthier eating between different genders, age groups and those with different household incomes. Females and older age groups are significantly more likely to report they actively seek out healthier options when food shopping and eating outside the home compared to males and younger people. Females are also significantly more likely to report they want increased availability of healthier options in a range of food settings outside the home compared to males. Females and consumers in socio-economic group ABC1 are also significantly more likely to report they would purchase food reduced in sugar, fat and salt compared to males and consumers in socio economic group C2DE.

This data suggests the need to continue prioritising respondents from socially disadvantaged groups while also considering how to engage males and younger age groups when developing nutrition education initiatives. Only 31% of females and 21% of males could correctly identify the recommended daily calorie intake for their gender. This data suggests a need for continued or increased promotion of the recommended daily calorie intake, particularly among males.

Awareness of the FSA healthy eating campaign is low, with only one in five claiming to have seen the most recent campaign messaging. As television was the most common medium respondents recalled viewing FSA campaign communications, future campaigns should consider utilizing this medium further to increase the campaign's reach and in ensuring the medium used to deliver campaign messages is suitable for all age groups.

5.2 Supporting consumers to make healthier choices when eating out of home

NI consumers are more likely to seek healthier options when food shopping compared to eating outside the home, however, the findings of this survey suggest NI consumers need greater support to make healthier food choices when eating outside the home. Many respondents report finding it difficult to make healthier choices when selecting food in a range of food settings outside the home including takeaways, leisure facilities, fast food restaurants, vending machines, cafés and sandwich shops and restaurants. Only 11% of consumers reported not wanting to see healthier options in any food setting. These findings would suggest there is a need to continue supporting and encouraging food establishments to provide healthier options and to make these options appealing to consumers.

The results of this survey also demonstrate calorie information on food menus impacts the decision on what to eat in some settings more than others. When deciding what to eat consumers are more likely to be influenced by calorie information on food menus in cafés and sandwich shops and in food outlets in cinemas, bowling alleys and leisure facilities. Calorie information on menus is less likely to influence consumer decisions on what to eat in takeaways and fast food restaurants. However, approximately 50% of NI consumers report they would like to see calorie information in these food settings. Providing calorie information on menus would support these consumers to make healthier informed choices and provide food businesses with the opportunity to meet NI consumers increasing demands for healthier food. Continued delivery and promotion of the FSA and district council led Calorie Wise Scheme would help support food businesses to display calories on their menus and provide healthier choices for consumers. To support businesses in calculating the calories in their food and drink and managing allergens, the FSA provides a free online tool known as 'Menucal'. NI food businesses can also avail of funding and support from the local regional colleges and Invest NI for food product development which includes the production of healthier food.

Conclusion

Overall, NI consumers hold positive attitudes towards healthier food but need further support to make healthier informed choices when food shopping and eating outside the home. Males, those in younger age groups and those from socio-economic group C2DE need to be further supported to make healthier food choices. Consumer demand for healthier food in NI should provide food businesses with the confidence to improve the nutritional profile of food made available inside and outside the home. Continuing to support food manufacturers to display front of pack nutritional labelling alongside action to motivate consumers to use this labelling will help support healthier food purchases. Further support for the out of home sector to display calorie information will help to increase consumer awareness of the energy content of food and drink and meet the needs of consumers who want to make informed healthier food choices.

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Appendices

Appendix 1: Eating Well Choosing Better questionnaire

Introduction

Good morning/afternoon/evening, I am_____ from Ipsos, a market research company. We are currently conducting a research study about understanding of food packaging and nutritional information. Your input would be of great value to us. There are no right or wrong answers, and please be assured that the information collected from you will be treated completely confidentially. Your answers will be combined with information from other participants and only the total results will be used for market research reporting.

The survey will take approximately 17-22 minutes to complete.

Would you be happy to take part in this research?

1. Yes
2. No

Thank you for agreeing to complete this survey. Before we begin, if you would like to read our privacy policy then you can access it at <insert link>.

I also must draw to your attention that within this survey we ask information about your household and income, just to ensure that we speak to a range of people within Northern Ireland. Are you happy to proceed with this research on this basis?

1. Yes
2. No

I'd also like to inform you that Ipsos MORI is a member of the Market Research Society. All information that you give us will be treated in the strictest confidence and your identity will not be passed on to a third party or connected to your answers in any way.

Please note that your call will be recorded for monitoring and training purposes.

Before continuing with this survey, I need to check that you are eligible to take part.

In the last 12 months, who is typically responsible for the food shopping for your household? Please include both online and in store food shopping.

- I am responsible for all or most of the food shopping
- I share the responsibility with someone else
- Someone else in my household
- Someone else outside of my household e.g. a relative or carer
- Each person is responsible for their own food/grocery shopping
- Don't know

Which of the following best describes you…?

- Male
- Female
- In another way
- Refused/prefer not to say

What is your age?

[TYPE IN]

Can you confirm your postcode? (If required: this is just so we can check that we have up-to-date records)

[TYPE IN]

Which of these counties best describes where you live?

- Antrim
- Armagh
- Down
- Fermanagh
- Derry/Londonderry
- Tyrone
- None of these

Which of these best describes the area you live in?

- Open countryside
- A hamlet
- A village
- A small town in the countryside
- A medium town
- A large town
- Inner city
- Outer city (Suburban)

Please indicate to which occupational group the Chief Income Earner in your household belongs, or which group fits best.

The Chief Income Earner is the person in your household with the largest income, including you. If the Chief Income Earner is retired but still has the largest income via an occupational pension, please answer for their most recent occupation.

If the Chief Income Earner is not in paid employment but has been out of work for less than 6 months, please answer for their most recent occupation.

1. Self Employed / Business Owner
2. Skilled manual worker (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, HGV driver, AA patrolman, pub/bar worker, etc.)
3. Semi or unskilled manual work (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)
4. Supervisory or clerical/junior managerial/professional/ administrative (e.g. Office worker, Student Doctor, Police Constable, Firefighter, Foreman with 25+ employees, salesperson, etc.)
5. Intermediate managerial/professional/administrative (e.g. Newly qualified (under 3 years) doctor, Solicitor, Board director small organisation, middle manager in large organisation, teacher, principal officer in civil service / local government, military lieutenant)
6. Higher managerial/professional/administrative (e.g. Established doctor, Solicitor, Architect, Board Director in a large organisation (200+ employees), head teacher, police/fire chief, top level civil servant / public service employee, high ranking military officer)
7. Casual worker – not in permanent employment
8. Student
9. Housewife / Homemaker
10. Retired and living on state pension
11. Unemployed or not working due to long-term sickness
12. Full-time carer of other household member

As a self-employed business owner, is your business… (Select one)

1. Semi-skilled Manual trade (e.g. Window cleaner, Provincial taxi driver, labourer, etc.)
2. Skilled Manual trade (e.g. Electrician, Plumber, Mechanics, London Taxi driver, etc.)
3. Semi-skilled Non-Manual trade (e.g. Shopkeeper, Wholesaler, Hotelier, etc.)
4. Skilled Non-Manual trade (e.g. Draughtsman, Chiropodist, Photographer, etc.)
5.

How many employees do you have? (Select one)

1. None – just me
2. 1 – 5
3. 6 – 25
4. 25+

Do you have any children aged under 16 living at home currently?

1. Yes
2. No

Do you have any grandchildren aged under 16 that you purchase food for at least once a month?
By ‘food’ we mean food used to prepare whole meals and treats/snacks.

1. Yes
2. No

And how old are your children and grandchildren?

1. 0-3
2. 4-6
3. 7-10
4. 11-13
5. 14-16

You qualify for our survey! Thank you for taking part.

We would now like to ask you some questions about yourself and your opinion on things relating to food.
There are no right or wrong answers here, we are just interested in what you think.

We would like you to take a moment to think about healthy eating.

What does healthy eating mean to you?

OPEN QUESTION

On a scale of 1-5 where 1 is strongly disagree and 5 is strongly agree…

To what extent would you agree or disagree that your personal eating habits are healthy?

To what extent would you agree or disagree that your children’s eating habits are healthy?

To what extent would you agree or disagree that your grandchildren’s eating habits are healthy?

1. Strongly disagree
2. Tend to disagree
3. Neither agree nor disagree
4. Tend to agree
5. Strongly agree
6. Don’t know

To what extent do you agree or disagree with the following statements?

I understand what is healthier and what is less healthy

I actively seek out healthier options when shopping

I actively seek out healthier options when eating out

1. Strongly disagree
2. Tend to disagree
3. Neither agree nor disagree
4. Tend to agree
5. Strongly agree
6. Don't know

What do you think is the government recommended daily average allowance of calories?

Please think what this is for women and men. If you think you know but aren't sure, please let us know what you think it is!

1. For women
2. For men

In a typical month, where do you shop for food?

- Supermarket (including mini supermarkets e.g. Metro/local)
- Home delivery from a supermarket
- Home delivery not from a supermarket (e.g. vegetable boxes, Hello Fresh, Amazon Fresh)
- Local/corner shop, newsagents or garage forecourt
- Independent greengrocer, butcher, baker or fishmonger
- Market/farmers' market/farm shop
- Other (please specify)
- None of these*

How, if at all, do you tend to find out how much sugar, salt, saturated fat or calories are in a product when food shopping in store?

- Look at the ingredient list
- Look at the information on the front of pack (e.g. claims)
- Look at the nutritional information found on the back-of-pack
- Use the traffic light labelling system on the front of the packet
- Other (please specify)
- I don't try to find this out

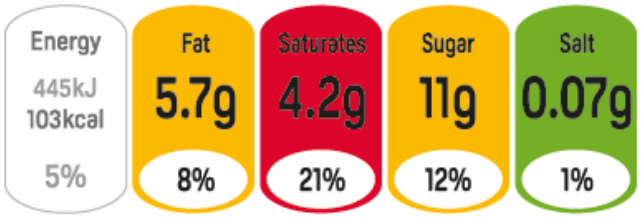
How, if at all, do you tend to find out how much sugar, salt, saturated fat or calories are in a product when food shopping online?

- Look at the ingredient list
- Look at information such as claims
- Use the traffic light labelling system
- Look at the nutritional information usually found on the back-of-the-pack
- Other (please specify)
- I don't try to find this out

Thinking about when you are choosing food in a supermarket/shop, some foods show traffic lights on the front of packets/packaging.

Here is an example image of the traffic lights.

Do you recognise this traffic light image?



1. Yes
2. No

Do you use this when shopping for food?

1. Yes
2. No

What do you think these traffic lights are for?

OPEN QUESTION

How often, if at all, do you choose ….?

- Foods with ‘healthier’ traffic light colours (green/amber)
- Foods with a lower percentage of my recommended daily calorie allowance
- Foods with a lower quantity of calories in the traffic light label
- Foods with a lower quantity of fat in the traffic light label
- Foods with a lower quantity of saturates in the traffic light label
- Foods with a lower quantity of sugar in the traffic light label
- Foods with a lower quantity of salt in the traffic light label

1. Never
2. Rarely
3. Every now and then
4. Most times
5. Always

Which, if any, of these do you do when buying food for yourself?

Which, if any, of these do you do when buying food for your children?

Which, if any, of these do you do when buying food for your grandchildren?

1. I look at the calories next to the traffic light label
2. I use the traffic light label to understand the amount of Fat in products
3. I use the traffic light label to understand the amount of Saturated fats in products
4. I use the traffic light label to understand the amount of Sugar in products
5. I use the traffic light system to understand the amount of Salt in products
6. I don't do any of these

Overall, for each of the following, how easy or difficult is it for you to choose healthier food and meals?

- When buying from a supermarket in-store
- When buying from a supermarket online
- When buying from local/ corner shop, newsagents or garage forecourts
- When eating in a restaurant
- When eating in my work canteen
- When preparing meals at home
- When buying food from a vending machine
- When buying from a cafés/sandwich shop e.g. supermarket cafes/high street coffee shops
- When buying from a take-away
- When buying from/eating in a fast food restaurant
- Food outlet in cinemas, bowling alleys, theme parks or leisure facilities

1. Very difficult
2. Quite difficult
3. Quite easy
4. Very easy
5. Not applicable

Where, if in any setting, would you like to see healthier products?

1. Supermarkets
2. Local/ corner shop, newsagents or garage forecourts
3. Restaurants
4. Work canteen
5. Vending machines
6. Cafés / Sandwich shops e.g. supermarket cafes/high street coffee shops
7. Fast food restaurants
8. Takeaways
9. Food outlets in cinemas, bowling alleys, theme parks or leisure facilities
10. Other (please specify)
11. None of these

Have you ever noticed calories being shown on a food menu in any of these places?

1. Restaurants/bars
2. Work canteen
3. Cafés / Sandwich shops e.g. supermarket cafes/high street coffee shops
4. Fast food restaurant
5. Takeaways
6. Food outlets in cinemas, bowling alleys, theme parks or leisure facilities
7. Other (please specify)
8. None of these

How often, if at all, do calories shown on a food menu influence your decision of what to eat?

- In restaurants/bars
- In a work canteen
- In cafés / Sandwich shops e.g. supermarket cafes/high street coffee shops
- In fast food restaurant
- In takeaways
- In food outlets in cinemas, bowling alleys, theme parks or leisure facilities

1. It never influences my decision
2. Not very often
3. Every now & then
4. Most times
5. It always influences my decision

In what venues, if any, would you like to see calories being shown on a food menu?

1. Restaurants/bars
2. Work canteen
3. Cafés / Sandwich shops e.g. supermarket cafes/high street coffee shops
4. Fast food restaurant
5. Takeaways
6. Food outlets in cinemas, bowling alleys, theme parks or leisure facilities
7. Other (please specify)
8. None of these

Thinking about when you are shopping for/choosing food products, in particular manufactured products such as sauces, cereals, meals, snacks and puddings…

How likely or unlikely would you be to buy these options compared to a regular version of products? (e.g. for sauces, cereals, meals, snacks & puddings)

- Reduced sugar products
- Reduced fat products
- Reduced salt products
- Smaller portion sizes of sugary snacks / meals
- Smaller portion sizes of snacks / meals high in saturated fat

- Smaller portion sizes of snacks / meals high in salt

1. Much less likely to buy it
2. A little less likely to buy it
3. It wouldn't change
4. A little more likely to buy it
5. Much more likely to buy it

Which, if any, would you like to see more of when you buy food?

1. Reduced sugar products
2. Reduced fat products
3. Reduced salt products
4. Products with a maximum limit on calories (e.g. chocolate bars, sweets, slices of cake, croissants, biscuits)
5. Smaller portion sizes of sugary snacks / meals
6. Smaller portion sizes of snacks / meals high in saturated fat
7. Smaller portion sizes of snacks / meals high in salt
8. None of these

Have you seen or heard any communications about calories or food labels recently (e.g. messages from companies on TV, posters, billboards, on social media or on the radio)?

1. Yes
2. No

What do you remember seeing or hearing? What was it talking about? Please explain in as much detail as possible.

OPEN QUESTION

Please look at Image B and watch the video on the link we provided you earlier.

Who do you think the communications were from?

1. A food brand
2. The government
3. A charity
4. A retailer
5. A restaurant/café
6. A weight watcher / slimming brand
7. Other (please specify)
8. Don't know

Have you seen any of the following communications before today?

1. Yes
2. No

Where did you see these communications?

1. On social media (e.g. Twitter, FB, Instagram)
2. On TV
3. On outdoor screens or posters
4. In a newspaper
5. In a shop
6. Videos online
7. On a website
8. In a library/community space
9. I don't know
10. Somewhere else (please specify)

Almost finished! Thank you for your opinions so far. Now we would just like to ask a final question about yourself.

Please select the range which best describes your annual household income?
If you're not sure, your best guess is fine.

1. Under £10,000
2. £10,000-£19,999
3. £20,000-£29,999
4. £30,000-£39,999
5. £40,000-£49,999
6. £50,000-£59,999
7. £60,000-£69,999
8. £70,000-£79,999
9. £80,000-£89,999
10. £90,000-£99,999
11. £100,000+
12. Not sure / Don't know
13. Would rather not say

Appendix 2: Breakdown of sample demographics

Table 21: Age bands and the proportions in the NI population

Age band	Proportion in the population
16-29	25%
30-44	26%
45-59	24%
60+	25%

Base: 601 adults in Northern Ireland

Table 22: Gender and the proportions in the NI population

Gender	Proportion in the population
Male	48%
Female	52%

Base: 601 adults in Northern Ireland

Table 23: Social class and the proportions in the NI population

Social class	Proportion in the population
ABC1	44%
C2DE	56%

Base: 601 adults in Northern Ireland

Table 24: Regions and the proportions in the NI population

Regions	Proportion in the population
Belfast City	16%
Greater Belfast	22%
Co. Down	16%
Co. Armagh	8%
Co. Tyrone/ Co. Fermanagh	13%
Co. Derry	13%
Co. Antrim	11%

Appendix 3: Explanation of socio-economic groupings

Grade	General description	Examples of occupations	Retiree description
A	These are professional people, or are very senior in business or commerce or are top level civil servants	• Coroner • General Practitioner if in own practice or partner in practice • Film Producer • University Professor • Self Employed electrician with over 25 employees • Chief Officer in fire service • Police Commissioner • Bishop Chartered Accountant with own practice • Editor of national newspaper	Retired people, previously grade A, and their widows
B	Middle management executives in large organisations, with appropriate qualifications Top management or owners of small business	• Editor of provincial newspaper • Self-employed electrician with under 24 staff • Self-employed window cleaner with 25+ staff • Fully qualified doctor who is not in own practice or a consultant • Hospital sister/charge nurse grades F & G • Health visitor • Computer programmer • Civil engineer with professional qualifications • University lecturer • Teacher in secondary school • Television producer • Lawyer not in own practice • Detective Inspector (police) • Vicar	Retired people, previously grade B, and their widows.

Grade	General description	Examples of occupations	Retiree description
C1	Junior management owners of small establishments: and all others in non-manual Positions Jobs in this group have very varied responsibilities and educational needs	• Primary school teacher • Students living away from home • Nurse - SEN SRN Midwife • Student Nurses • Typist • Travel courier • Telephone operator • Detective Sergeant • Police Constable • Curate • Self employed electrician with 1-4 employees • Self employed window cleaner with 5-24 employees • Market Research interviewer • Television production assistant	Retired people preciously grade C1 and their widows.
C2	All skilled manual workers, and those manual workers with responsibility for other people	• Electrician • Plumber • Panel beater • Thatcher • Tailor • Cobbler • Coach Driver (PSV) • HGV Driver • Ambulance Driver • Prison officer • Weaver • Welder • Typesetter • Computer engineer • Joiner • London black cab driver	Retired people previously grade C2 with a pension from their job Widows if receiving pensions from their late husband's job

Grade	General description	Examples of occupations	Retiree description
D	All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers	• Window cleaner • Taxi driver – provinces • Nursing auxiliary • Porter • Fork lift truck driver • Warehouseman • Road worker • Road sweeper • Waiter • Machine tool operator • Groom • Child minder • Chambermaid • Farm worker – no qualifications	Retired people previously grade D with a pension from their job Widows if receiving pensions from their late husband's job
E	All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding 6 months (otherwise classify on previous occupation) Casual workers and those without a regular income Only households without a chief wage earner will be coded in this group	• Unemployed longer than 6 months • Living off state benefits only • Pensioners with no private/occupational pension • Pensioners with occupational pension retain their social grade • Widows with pension from their husbands' occupation retain the SG of their husband. • Divorcees living off maintenance from their husbands' employment are graded on their husbands' occupation.	N/A

Appendix 4: Campaign image shown to respondents