HEALTH STAR RATING SYSTEM: CAMPAIGN EVALUATION REPORT

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## Executive Summary

The Australian Government Department of Health, in collaboration with State and Territory Governments, food industry, public health and consumer groups, has developed the Health Star Rating (HSR) system. The HSR system is voluntary and is being rolled out across various packaged food products and brands over a five year period.

This research project was designed to evaluate the 2015 Health Star Rating campaign and this report addresses awareness and understanding of the Health Star Rating system, how the HSR campaign has performed in terms of recognition, messaging and diagnostics, and what impact the campaign has had on key metrics relating to the success of the Health Star Rating system.

Fieldwork was conducted in September 2015, with the survey including questions in common with the HSR campaign evaluation (benchmark) survey (conducted in September 2014), and the HSR usage and understanding survey (April 2015). Where relevant, results from the surveys have been compared. The results are based on a nationally and population representative sample of 1000 main/joint grocery buyers aged 18 years and older.

Awareness of the HSR has significantly increased from 33% in April 2015 to 42% in September 2015. This is coupled with a significant increase in the accurate understanding of the HSR, which has increased to 64%, up from 49% in April 2015. In line with higher levels of awareness and understanding, likelihood to use the HSR has also increased, with 47% of the sample stating they would be likely to use the HSR on a regular basis, an increase from 40% in April 2015. Additionally, recorded levels of negativity toward using the system are very low, at 7%.

There is a strong desire among the public to see the HSR in store: when asked how many products people would like to see HSR on, 62% stated they would like the HSR on more products than is currently the case. And as more people are becoming aware of the HSR and understanding the role of the HSR when grocery shopping, some are starting to use the HSR to make healthier food choices. Among those aware of the HSR, 33% have decided to buy a product they do not usually buy – rather than their habitual choice – because the new product has a higher HSR than their usual product. This equates to 14% of the total sample, or approximately one in six people who are changing their shopping behaviour based on the Health Star Rating.

Given the HSR is currently on relatively few items in supermarkets, this level of uptake strongly suggests the HSR is creating positive behaviour change among Australian grocery buyers. In addition, the HSR appears to be delivering lasting behaviour change, which is the ultimate objective. Among those grocery shoppers who said they have purchased a new product because it had a higher HSR than their habitual purchase, 73% have continued to buy this new product with a higher HSR. This equates to one in ten people (10% of the total sample) who are effecting lasting behaviour change, through use of the HSR when grocery shopping.

When it comes to understanding how to use the HSR within the supermarket, approximately two thirds (68%) of those surveyed state the HSR makes it easier to compare products that are in the same section of the supermarket. However, there remains confusion regarding using the HSR to compare products in different sections of the supermarket: 42% of those surveyed agree the HSR makes it easier to compare products that are in different sections of the supermarket. This issue of how the HSR can be used has not yet been overtly addressed in campaign messaging, which has to date been largely focussed on introducing the system. Future messaging will need to be address appropriate use of HSR to ensure credibility of the system.

The HSR campaign consisted of an online pre-roll video, three out of home (OOH) executions, five print executions, and online advertising executions. Overall, 1 in 5 of the sample (20%) reported having seen some aspect of the Government’s HSR campaign. Awareness of the campaign was relatively level across most population groups; however some demographics were less likely to have seen the campaign, specifically regional Australians, with campaign recognition being 12%. This is likely lower due to fewer chances to see the campaign than Australians living in metro areas, specifically the out of home placements.

The suite of campaign executions all performed well in terms of clarity – diagnostic strengths of each of the advertising materials were the ease of understanding, and the informative nature of the executions. There is a potential learning for future HSR campaign activity regarding branding – over half of people surveyed do not know who is behind the campaign, with 66% saying ‘don’t know’ when asked who this advertising is from, with 16% mentioning the government.

It is possible the low understanding of who is behind this campaign is contributing to some confusion regarding the message of the campaign. When asked what the campaign message is, message take-out is generally on target as most people understand the objective is to help make healthier choices, however there are some who believe the campaign is advocating purchasing packaged food: specifically 15% agree that ads in this campaign communicate that you should buy packaged foods instead of unpackaged foods.

Despite this small amount of confusion regarding campaign branding and messaging, the overall campaign impact is very positive. Those who have seen the campaign have a significantly higher awareness of the HSR system (68% vs. 42%), and a significantly higher understanding of how to accurately use the system (71% vs. 64%).

As well as driving awareness and understanding of the HSR system, the campaign has had a very strong response to the call to action. Of those who saw the campaign, 77% have carried out at least one of the behavioural objectives of the campaign (only 23% selected ‘none of these’ for the call to action question). The strongest outcomes are for using the HSR in store, and trying to eat healthier.

The strengths of the HSR system remain the clarity of the system, with high levels of agreement with statements such as ‘makes it easier to identify the healthier option’ (70% agree) and ‘easy to understand’ (66% agree). The HSR campaign is having a positive impact on these already high metrics, with both statements scoring 76% level of agreement among those who saw the campaign. Campaign recognisers are also considerably more likely to agree the HSR is a system they trust (55% vs. 37%) and that the HSR is believable (65% vs. 48%). These higher scores, coupled with higher levels of awareness and understanding, are likely impacting on the higher levels of action when it comes to buying healthier food. This is reflected in the much higher levels of agreement regarding ‘makes choosing foods easier’ (52% vs. 42%), helps me make decisions about which foods to buy (68% vs. 58%), and makes it easier for me to identify the healthier option (76% vs. 70%).

Overall, awareness and understanding of the HSR system has significantly increased since April 2015, with 42% of Australians now aware of the HSR, and 64% understanding how to use the system. The HSR is creating positive behaviour change, with 33% of those aware of the HSR having bought a new product that has a higher HSR than their usual product.

The HSR campaign performed well, with 20% having seen at least one aspect of the campaign. This is an especially notable result given the relatively small media spend associated with the campaign. All campaign executions are perceived as clear and easy to understand, and are driving awareness and understanding of the HSR system. The campaign also has a strong call to action – resulting in 77% of those who saw the campaign carrying out at least one of the behavioural objectives of the campaign.

# Key Findings And Results

## The Health Star Rating System

**Awareness and understanding of the Health Star Rating (HSR) has significantly increased since April 2015**

Awareness has reached 42% (up from 33%), and accurate understanding of the HSR has reached 64% (up from 49%), with the proportion of Australians who say that they ‘don’t know’ how they would use the HSR’ having significantly declined since April 2015, from 31% to 22%.

**Likelihood to use the HSR on a regular basis has increased**

This has shifted from 40% in April 2015 to 47% in September 2015, with recorded levels of negativity being very low (7%).

**The majority of people want to see the HSR on packaged foods**

When asked about how many products they would like to see HSR on, 62% stated they would like the HSR on more products.

**The HSR is creasing positive behaviour change.**

Of those aware of the HSR, **33% have bought a new product because it had a higher HSR than their usual product (14% among the total sample).** This is even higher among those who are aware of HSR and had also seen the campaign, at 47% (representing 7% of the total sample) buying a new product because it had a higher HSR than their usual product.

**This appears to be lasting behaviour change, which is the ultimate objective.**

Of those who have bought a new product because it had a higher HSR than their usual product, **73% have continued to buy this new product with a higher HSR (10% of the total sample)**. Again, this figure is higher among those who have seen the campaign at 84% (representing 5% of the total sample).

## The Campaign

**1 in 5 Australians (20%) have seen the Government’s HSR campaign.**

Awareness levels are relatively even across the population. All campaign executions are clear, easy to understand and informative.

**Overall impact of the campaign is very positive**.

Those who have seen the campaign have significantly higher awareness of HSR and understanding of how to accurately use the HSR system than other respondents

**There has been a very strong response to the campaign call to action.**

77% of people who have seen the campaign have carried out at least one of the behavioural objectives of the campaign: using the HSR in store and trying to eat healthier are the strongest outcomes.

**The HSR is creating lasting positive behaviour change.**

47% of those who were aware of the HSR and saw the campaign have bought a new product because it had a higher HSR than their usual product. Of this group, 84% have continued to buy this new product (5% of total sample).

**Over half of people surveyed do not know who is behind the campaign**.

When asked who this advertising is from, 66% say ‘don’t know’, 16% mention the government.

**The HSR system’s strengths remain its clarity (makes it easier to identify the healthier option: 70% agree) and that it is easy to understand (66% agree)**.

These scores are significantly higher among campaign recognisers (76% for both measures). Campaign recognisers are considerably more likely to trust and believe the HSR than those who have not seen the campaign, or have not heard of the HSR system (55% vs. 37% and 65% vs. 48%, respectively), and feel encouraged to make healthier choices.

**In summary: 1 in 5 Australians recognise the HSR campaign, and the campaign has helped drive awareness, understanding and trust in the HSR system.**

# Research Background & Objectives

## Background

The Australian Government Department of Health, in collaboration with the State and Territory Governments, food industry, public health and consumer groups, has developed the Health Star Rating (HSR) system. The HSR is voluntary and is being rolled out across various products and brands over a five year period.

The HSR is a clear, simple and easy to interpret nutritional information label on food packaging which has the potential to greatly assist in making healthier food purchases.

## Objectives

This research project was designed to evaluate the Health Star Rating campaign. The findings here build on previous research conducted as a benchmark to measure understanding, use, consideration and areas for optimisation of the Health Star Rating campaign.

This report addresses:

1. Awareness and understanding of the Health Star Rating system;
2. How the campaign has performed in terms of recognition, messaging and diagnostics; and
3. What impact the campaign has had on key metrics relating to the success of the Health Star Rating system.

# Methodology

Results in this report are from the HSR campaign evaluation survey, which was conducted in September 2015. The survey included questions in common with the HSR campaign evaluation (benchmark) survey (conducted in September 2014), and the HSR usage and understanding survey (April 2015). Where relevant, results from the surveys have been compared.

## Survey

The research was conducted using a 15 minute online survey, developed by Pollinate in conjunction with the Department of Health, and aligned with the survey previously developed to evaluate the HSR campaign.

## Fieldwork dates

Survey conducted: 31st of August to 11th of September 2015.

This was the third wave of HSR evaluation, with the pre-advertising benchmark wave conducted in September 2014 prior to the launch of the HSR, the campaign and website in December 2014 and consumer research in April 2015.

## Sample

The results are based on a nationally representative sample of 1000 main/joint grocery buyers aged 18 years and older across Australia with a population representative of Aboriginal and Torres Strait Islander , Culturally and Linguistically Diverse (CALD), and low socio-economic status (low SES) people. Where base sizes allow, results have been analysed by sub groups.

Table 1 provides details of the sample.

Table - Demographic information

| Gender |  |
| --- | --- |
| Male | 32% |
| Female | 68% |
| Age |  |
| 18 - 24 | 12% |
| 25 - 34 | 19% |
| 35 - 44 | 21% |
| 45 - 54 | 19% |
| 55- 64 | 14% |
| 65 or over | 15% |
| Grocery buyer |  |
| Main grocery buyer | 70% |
| Joint grocery buyer | 30% |
| Language spoken |  |
| Only English | 74% |
| Mainly English | 18% |
| Mainly LOTE | 7% |
| Location |  |
| Sydney metro | 22% |
| NSW (Not Sydney) | 12% |
| Melbourne metro | 18% |
| VIC (Not Melbourne) | 6% |
| Brisbane metro | 9% |
| QLD (Not Brisbane) | 10% |
| Adelaide metro | 6% |
| SA (Not Adelaide) | 2% |
| Perth metro | 7% |
| WA (Not Perth) | 2% |
| NT | 1% |
| TAS | 2% |
| ACT | 2% |

**Reporting:**

Statistical significance is defined as a significant difference at a 95% confidence level throughout the report.

**Research team:**

Pollinate is an independent market research consultancy with expertise across a variety of government, not for profit and corporate clients.

# Awareness & Understanding

## Current awareness and understanding of the Health Star Rating system

## Awareness

**Overall awareness of the Health Star Rating (HSR) has increased by 9% since April 2015, from 33% to 42%, and has tripled since September 2014**. Forty-two percent of Australians now recognise the HSR.

Total spontaneous (unprompted) awareness of HSR is now higher than that of the Nutrition Information Panel. Spontaneous mention of HSR increased from no mentions in September 2014[[1]](#footnote-1) to 16% in September 2015.

Figure - Awareness of nutrition logos and labelling[[2]](#footnote-2),[[3]](#footnote-3)

Base: All respondents (n=1000).

Awareness of the HSR is highest among young people (55% for 18-24 year olds) and lowest among older people (32% for 65 and over), which is a typical response to new products/ brands[[4]](#footnote-4), however the increase among young people is notable and worthy of further investigation.

There was a significant increase in awareness from the benchmark measure across every age group. The lowest increase can be seen in those aged 65 and over.

Figure - Awareness of HSR by age

Base: All respondents {18-24 (n=137), 25 - 34 (n=185), 35 - 44 (n=208), 45 - 54 (n=186), 55 - 64 (n=145), 65 and over (n=150)}

Significant differences in prompted awareness are also apparent by respondent Body Mass Index[[5]](#footnote-5) (BMI) – while awareness has increased significantly among obese people since September 2014, it still remains notably behind that of healthy weight people. Awareness is highest among people with a healthy BMI (46%) and lowest among the obese Class II & III[[6]](#footnote-6) (29%) people.

Figure – Prompted Awareness of HSR by Body Mass Index (BMI)

Base: All respondents {BMI: Healthy weight range (n=340), BMI - Overweight (n=233), BMI - Obese Class I (n=105), BMI - Obese Class II + III (n=47)}

Other groups showing a gap in awareness of the HSR are:

* males compared to females (34% vs. 46%), and
* QLD compared to the total sample (37% vs. 42%).

However, low SES respondents and those who speak only English at home are no longer significantly lower in their awareness of HSR, as was found in the April 2015 survey.

Awareness of the HSR is driven mostly by ‘on pack’ (71%) and ‘in a TV ad’ (29%). It should be noted that there has been advertising around HSR on television from food brands. Other common sources are on the news (19%), store catalogues (18%), in store promotion (15% - which may have been influenced by OOH advertisements (digilites and shop-a-lites placed outside of shopping centres and supermarkets)) and, food brand or supermarket website (12%).

Word of mouth/social media sources, as well as (other) advertising media were also mentioned, as described in Figure 4 below.

Figure 4 – Where have you seen, heard or read about the Health Star Rating?

Base: Those aware of HSR n=419

Among the 42% of people who are aware of the HSR, nearly half (43% representing 18% of total sample) say they have bought a product with the HSR displayed, reflecting the growing awareness of HSR. Of those who recall the product they bought, one quarter of people believe the most recent product bought displaying the HSR was bread (25%), followed by cereal (19%). 10% remembered a specific branded product. However, when probed, a third of this group cannot remember what product they bought with the HSR.

Table 2 – You mentioned you have bought a product with the Health Star Rating displayed – which product did you buy most recently?

|  |  |
| --- | --- |
| Which product did you buy?  (Coded response, multiple answers possible) | Bought product with HSR displayed |
| NET Product mentioned | 63% |
| Bread | 25% |
| Cereal | 19% |
| *(Specific brand of cereal)* | 4% |
| Spread (Margarine, Peanut Butter, Butter) | 3% |
| Muesli bars | 2% |
| Oats | 1% |
| Mince | 1% |
| Muesli | 1% |
| Yoghurt | 1% |
| Other product | 8% |
| Can't remember | 36% |

Base: Those who recalled purchasing a product which displayed HSR (n=419).

Reflecting the growing awareness of the HSR, half (51%)[[7]](#footnote-7) of Australians report that ‘some’ products that they regularly buy have the HSR, and 5% believe ‘most’ products display the rating.

Figure 5 - How many products that you regularly buy have the Health Star Rating?

Base: All respondents (n=1000).

When asked about how many products they would like to see the HSR on, around two thirds (62%) would like the HSR on more products. Australians either want to see it on ‘more’ products (29%) or ‘all’ products (33%); or they ‘don’t mind either way’ (33%). Importantly, there is very little negativity toward the HSR in this measure, with just 6% indicating that they would prefer to see HSR on ‘less’ or ‘no’ products.

Figure 6 – How many products would you like to see the Health Star Rating on? Base: All respondents (n=1000).

Understanding

Figure 7 - Images used in the survey

When shown images of HSR on mock products (Figure 7) and asked “how would you use the Health Star Rating?” over half (64%) of the respondents understand ‘more stars are better’ and that the HSR is a quick, easy way to compare products, with correct responses increasing from 49% in April 2015 to 64% in September 2015. Encouragingly, the proportion of Australians who say that they ‘don’t know’ how they would use the HSR’ has significantly declined since April 2015, from 31% to 22%.

Table 3 – Coded responses to ‘How would you use this system?’

|  |  |
| --- | --- |
| Responses | Total Sample |
| NET accurate understanding of the HSR  (bullet points below) | 64%  *(April: 49%)* |
| * The more stars the better/healthier | 29% |
| * Buy/choose products with more/the most stars | 11% |
| * To know what is healthier/better for me | 8% |
| * Four stars would be the healthiest/my choice | 6% |
| * To choose between similar products | 4% |
| * Comparing the number of stars | 4% |
| * I'd use it for quick reference | 3% |
| * To help make choices about which product to buy | 2% |
| * I would compare the number of stars, but also consider price before purchasing | 2% |
| * As a general guide | 1% |
| I would have to consider other information + I would have to know more about the system | 5% |
| I wouldn't use it/ rely on it/ would use with scepticism | 5% |
| Don't Know | 22% |
| Other | 7% |

Base: All respondents (n=1000).

Verbatim comments about how people would use the HSR included:

As a quick glance option, looking more at the number than the stars.

By checking products against one another to see which has a better rating.

Compare products and investigate nutritional content i.e. sugars to see why they are different.

## Section summary

* Awareness of the HSR has significantly increased. Almost half of Australians (42%) are now aware of the Health Star Rating; however, awareness remains lower among older people, and obese class II & III groups. Positively, the notable difference in awareness seen in April 2015 among low SES and people who speak only English at home compared to the total sample no longer exists.
* Understanding of the HSR has also significantly increased in the past seven months, with almost two thirds (64%) of Australians now accurately describing how to use the HSR (up from 49% in September 2014).

## Key Next Step

**Targeted marketing activities to ensure no particular group falls behind on the awareness and understanding of the HSR.**

# Campaign Performance

Campaign recognition, branding and performance

The Health Star Rating Campaign Elements

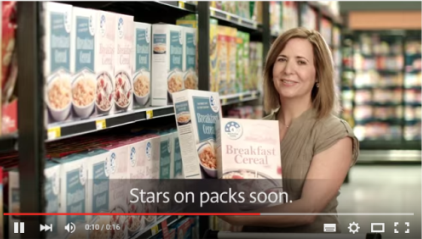
The Health Star Rating campaign consisted of an online pre-roll video, three out of home (OOH), five print[[8]](#footnote-8), and online creative advertising executions.

Media spend for this campaign was relatively small at approximately $2 million in two waves over eight months, when compared with other recent government (and private sector) campaigns.

All respondents were shown the campaign materials in the survey, with this being the first time the majority (80%) had seen any of the campaign materials.

Snapshots of these materials are shown below:

Figure 8 – Health Star Rating campaign advertising showing online pre-roll (video) still, 3 OOH/ print executions and an online ad







One in five (20%) of those surveyed have seen at least one element of the Health Star Rating campaign. The few significant differences regarding campaign awareness were:

* Males were significantly more likely to recall seeing the campaign than females (25% vs. 18%);
* Metro respondents were significantly more likely to recall seeing the campaign than regional respondents (23% vs. 15%); and
* People who speak a language other than English at home were more likely to recall seeing the campaign than those who speak English only (27% vs. 18%).

It is positive to see the campaign has reached a higher level of males than females, given research has previously shown males to have lower engagement with the HSR.

## Campaign specific materials

## Pre-roll Video

Of all of the campaign elements, the pre-roll video had the highest level of recall; with nearly one in six (15%) stating they have seen the HSR pre-roll video. This figure was significantly higher among CALD respondents (21%), and people aged 18-24 (21%). It was significantly lower among people in QLD (12%) and those aged 55-64 (12%).

The pre-roll was perceived as easy to understand and making its point in a simple way, rated less well in grabbing people’s attention. Those who had seen the pre-roll prior to the survey rated it higher than other respondents for the role it plays in helping to make healthy decisions, specifically ‘Helps me make decisions about which food to buy’ (51% vs. 41%).

Although a smaller proportion agreed that the pre-roll was ‘attention grabbing’ (37%), encouragingly, agreement with the negative statements ‘it is boring’ (10%) and ‘it is irritating’ (7%) are very low.

The findings are detailed in Figure 9 below.

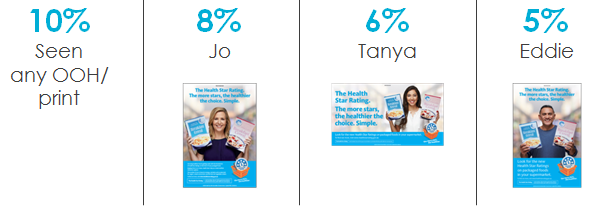
Figure 9 - Which of these statements describe how you feel about the advertising? Pre-roll (video) Ad

Base: All respondents (n=1000).

## OOH/ Print creative

One in ten (10%) respondents stated that they had seen at least one of the OOH/print creative executions, with ‘Jo’ being the most recalled (8%), followed by ‘Tanya’ (6%), then ‘Eddie’ (5%). This reflects the media buy, as the execution with ‘Jo’ occupied more media. With the pre-roll accounting for 15% of campaign recall, the OOH has helped to drive campaign recognition.

Figure 10 – Response to the question: “Have you seen any of these ads before?”



Base: All respondents (n=1000).

The main location reported for seeing these executions is ‘In store promotion’ (37%). As the media buy included no actual in-store promotion, it is possible that some respondents are recalling the OOH advertising that was placed outside supermarkets in shopping centres, or are recalling advertising from food companies which had an in-store presence. There is some other misattribution with three in ten (30%) saying they saw the ads on TV. Such confusion typically occurs with TV receiving a higher level of attribution than is the case. This may also be explained by these executions looking similar to the pre-roll, and/or that people may have seen the HSR advertised on TV by food companies.

Similar to the performance of the pre-roll video, diagnostically these executions are perceived as easy to understand, simple advertising, but not strong for grabbing people’s attention. Those who had seen at least one of the ads prior to the survey have a higher level of agreement with the decision making statements such as that the ad ‘Helps me make decisions about which food to buy’ (46% vs. 35% amongst total sample). Agreement with the statement ‘I believe what it says’ is also significantly higher for those who had previously seen the ads (37% vs. 27% amongst total sample).

Figure 11 presents these results in detail.

Figure 11 - Which of these statements describe how you feel about the advertising? (Select all that apply) OOH/Print Executions

Base: All respondents (n=1000).

## Online advertising

Few recall the online advertising, with recognition of this component at 7%. However, this is not a key concern, as the goal of online advertising should focus more on driving interest and research in a product/brand or system, rather than driving campaign recall. Similarly, most cannot remember where they saw the ad – perhaps due to the multiple online platforms utilised for ad placement, and seeing it across multiple websites.

Table 4 – Coded responses to “On what website did you see these ads?

|  |  |
| --- | --- |
| Coded Response | Seen online ad |
| Don’t know | 65% |
| Food website | 12% |
| Government website | 12% |
| Yahoo | 10% |
| Facebook | 10% |
| *A major supermarket* | 10% |
| Google | 8% |
| YouTube | 8% |
| News website | 5% |
| Other | 12% |

Base: Seen online ad (n=62). NOTE: Small base size (less than n=100)

## Campaign Message

When asked what the campaign communicates you should do, 84% of respondents agreed the campaign communicates ‘you should look for the HSR if you are buying packaged foods’: 84% agreed ‘when buying packaged food the HSR can help guide healthier choices’: and 82% agreed you should ‘compare the HSR on similar products’.

There was a small level of confusion regarding the campaign communication; with 15% agreeing the campaign communicates you should ‘buy packaged foods instead of unpackaged foods’, and 13% agreeing you should ‘buy more packaged foods’. Profiling of these groups shows these people are more likely to be CALD, or live in Victoria.

At a spontaneous level, the campaign message is generally on target; over half of people (58%) understand that the campaign communicates the role of the system. Some confusion arose regarding whether the ad message was relating to the *system* itself or the *products* displaying the system, as shown in the table below. This table outlines what people believe the ads are trying to communicate.

Table 5 – Responses to the question “What do you think these ads are trying to tell you? What is the message?” (Open Ended responses- coded)

|  |  |
| --- | --- |
| Coded Responses | Proportion of Total Sample# |
| NET The role of the system | 58% |
| The more stars the healthier/ better | 24% |
| Make healthy food choices/ choose the healthy option | 15% |
| Eat healthier | 8% |
| Star system will be introduced | 5% |
| To compare products | 5% |
| Know nutritional information | 1% |
| NET The products with the HSR system | 19% |
| How healthy a product is/ health rating of product | 8% |
| Buy healthy/ healthier food | 4% |
| Buy this product/ buy products with stars | 3% |
| It is healthy food | 3% |
| Cynical | 3% |
| Other | 2% |
| Don't know | 19% |

Base: All respondents (n=1000). #Responses are not mutually exclusive.

Verbatim responses included:

A star system will be introduced on product packaging. The more stars the healthier the product.

Eat healthy - more stars the better.

Explaining the Heath Star system and how you can use it to choose healthier food choices.

It easily shows you what is the healthiest item to choose from a selection and compare without having to read the nutrition info on the back.

## Call to Action

The campaign has had a very impressive call to action result, with 77% of campaign recognisers agreeing that they have done at least one of the actions suggested by the campaign. With only 23% of campaign recognisers stating they have done ‘none of these’, the majority have engaged in such activities as ‘used the HSR in store’ (37%), ‘tried to eat healthier’ (30%) and/or ‘used the HSR to compare products at the supermarket’ (29%). (Obviously, there is some overlap between these statements, and responses are not mutually exclusive.)

Figure 12 - After seeing this advertising, which of the below did you do?

Base: campaign recognisers (n=193).

The different elements of the campaign appear to be driving different behaviours relating to the campaign:

* The pre roll video has been the primary driver of campaign recall (15% of total sample), as well as helping drive usage of the Health Star Rating to compare products at the supermarket (31% of those who had seen the pre-roll vs. 29% at the total campaign level).
* The OOH/ print helped to drive overall usage of the system, with people who saw these ads being more likely to have used the HSR in store (43% among those who saw OOH/print vs. 37% at the overall campaign level).
* Online has played a role in driving information seeking and understanding. Those who saw the online ad were more likely to have tried to eat healthier (40% vs. 30% at the campaign level), talked to a friend, family or work colleague about the Health Star Rating (24% vs. 15% at the campaign level), looked for information about the Health Star Rating (20% vs. 12% at the campaign level) and visited the Health Star Rating website18% vs. 8% at the campaign level).

## Areas for improvement

There is some level of confusion among respondents regarding who is behind this campaign, which may be affecting the perception of the overall role and message of the campaign.

People generally do not know who is responsible for the advertising. When asked ‘Who is this advertising from?’ (the advertising materials were not on screen at this point in the survey) 66% state they ‘don’t know’, with 16% stating ‘The Government’ and a further 8% suggesting some sort of ‘Health Star Rating body/ organisation’.

The HSR is branded as “A Joint Australian, state and territory Government initiative in partnership with industry”, which is a complex statement (and concept) to recall accurately, and may have led some respondents to select ‘don’t know’ in response to this question. In addition, the campaign elements each carried Federal Government advertising authorisation statements and the website with a “.gov.au” domain name, which may explain attribution solely to ‘Government’. Reassuringly, the level of misattribution to brands or other organisations is very low, as seen in Table 6 below.

Table 6 - Thinking of all of the ads you’ve just seen, who is this advertising from?

*Open Ended Response: Coded %*

|  |  |
| --- | --- |
| Responses | Total Sample |
| Don’t know | 66% |
| The Government | 16% |
| Health Star Rating | 8% |
| Health Department | 1% |
| Heart Foundation | 1% |
| Health group | 1% |
| Food manufacturers | 1% |
| Major Supermarkets | 1% |
| Bread &/or cereal producers | 1% |
| Specific brand/company | 1% |
| Other | 3% |

Base: All respondents (n=1000).

Respondents were further exposed to campaign materials across the course of the survey and then asked if this campaign communicates to you that ‘the HSR is a joint initiative of Governments and others[[9]](#footnote-9)’. At this point 43% agree yes, which suggests that exposure to the campaign does go some way to clarifying ownership of HSR. Fifty-seven percent answer of all respondents answer ‘no’ or ‘not sure’, however this figure is significantly lower (37%) among those who had seen the campaign prior to the survey.

There is confusion around campaign messaging, as some see the campaign to be suggesting people buy food with the HSR displayed, or ‘packaged food’ generally: 29% agree the campaign communicates you should ‘only purchase food with a Health Star Rating’ and 13% of respondents agree with the statement that this campaign communicates ‘you should buy more packaged foods’.

There is also some confusion regarding the HSR system itself, with 43% agreeing the campaign communicates that ‘food is healthy if it displays a Health Star Rating’ (i.e., has ‘earned’ the HSR for its nutritional value).

Confusion around messaging may be due in part to current lack of awareness of HSR, noting that 6 in 10 (58%) respondents had been introduced to the HSR for the first time during the survey. It is reasonable to suggest that more exposure to HSR, through advertising, press or first-hand experience in store is likely to reduce this confusion.

Table 7 illustrates some of these findings.

Table 7 - Significant differences in agreement with statements in response to: ‘Do the ads in this campaign communicate to you that / that you should…’:

|  |  |  |
| --- | --- | --- |
|  | Seen campaign  (% Yes) | Total  (% Yes) |
| The Health Star Rating is a joint initiative of Governments and others | 63% | 43% |
| Food is healthy if it displays a Health Star Rating | 57% | 43% |
| Buy more packaged foods | 20% | 13% |
| Buy packaged foods instead of unpackaged foods | 24% | 15% |

Base: All respondents (n=1000).

## Section Summary:

* 1 in 5 (20%) have seen the HSR campaign.
* The pre-roll video’s strength was driving awareness, being a clear execution that helped drive usage of the HSR in store.
* OOH and print advertising also helped drive usage of the HSR, along with helping to boost campaign reach and reinforcing messaging through clear, easy to understand executions.
* Online played a significant role in driving information seeking, word of mouth, and understanding of the system.

* Campaign messaging is generally clear and consistent with the campaign strategy, although there is some ambiguity regarding whether the campaign was for HSR as a system, or simply promoting the purchase of products that display HSR.
* Action taken as a result of seeing the campaign is impressively strong – with 77% of people who saw the campaign reporting they had engaged in at least one of the call to action behaviours since seeing the campaign.
* For some, there is not yet a clear understanding of who is behind the campaign, although understanding increases amongst those who are aware of the campaign.

## Key Next Step

One in six people who saw the campaign agreed the campaign communicates they should buy packaged foods instead of unpackaged foods. This highlights the need to ensure that ongoing marketing efforts and public relations address the fact that HSR is for packaged foods only, and does not imply packaged foods are healthier than fresh foods.

# Campaign Impact on Key Metrics

## Health Star Rating Awareness

The campaign appears to have significantly driven awareness of the Health Star Rating. Prompted awareness has significantly increased by 26%. Although it must be noted that commercial advertising from foods carrying the HSR may be contributing, this research repeatedly finds significant differences in understanding and awareness of HSR among those who have seen the campaign, compared to the total sample. Impressively, nearly one in five (18%) of campaign recognisers mention the HSR unprompted as the first type of nutrition logo or labelling they think of, as opposed to 8% overall, which is a strong result for a new entry to any market. With further support through marketing and public relations activities, this could be driven notably higher.

Figure 13 – Which of the following nutrition logos or labelling on food packaging have you heard of? (HSR awareness only)

Base: All respondents (n=1000).

## Understanding of the Health Star Rating

The campaign is also having a positive impact on the understanding of the HSR; those who have seen the HSR campaign are more likely to accurately describe how to use the HSR system (71% compared to 64% overall), and are half as likely to say that they don’t know how to use HSR (11%, compared to 22% overall).

These results are detailed in Table 8 below.

Table 8 - How would you use this system?

|  |  |  |
| --- | --- | --- |
| Responses | Total Sample | Seen campaign |
| NET accurate understanding of the HSR | 64% | 71% |
| The more stars the better/healthier | 29% | 31% |
| Buy/choose products with more/the most stars | 11% | 11% |
| To know what is healthier/better for me | 8% | 12% |
| Four stars would be the healthiest/my choice | 6% | 8% |
| To choose between similar products | 4% | 4% |
| Comparing the number of stars | 4% | 5% |
| I'd use it for quick reference | 3% | 3% |
| To help make choices over which product to buy | 2% | 2% |
| I would compare the number of stars, but also consider price before purchasing | 2% | 1% |
| As a general guide | 1% | 2% |
| *I would have to consider other information / I would have to know more about the system* | *5%* | *5%* |
| *I wouldn't use it/ rely on it/ would use with scepticism* | *5%* | *2%* |
| Don't Know | 22% | 11% |
| Other | 7% | 14% |

Base: All respondents (n=1000).

## Use of the Health Star Rating

Those who have seen the campaign are also significantly more likely to have bought a product with the HSR displayed (73% vs 43% amongst the total sample), talked about the HSR (39% vs 15% amongst the total sample) and sought out information about the HSR (30% vs 11% amongst the total sample).

Thirty-two percent of respondents claimed to have compared the HSR to other nutritional information on pack; among those who have seen the campaign, this figure is almost doubled (62%). This finding indicates the HSR is prompting consideration when it comes to the nutritional profile of a product, and this behaviour is more likely amongst those who have seen the campaign.

These findings are detailed in Figure 14 below.

Figure 14 - Thinking about the Health Star Rating, have you…

Base: All respondents (n=1000), and Seen campaign (n=193).

Noting that it is not possible to know from this research what level of prior use, attitudes or exposure to commercial advertising may have primed a response to the campaign, the results among those who have seen the campaign are very positive.

Among those who have bought a product with the HSR displayed (42% n=419), one third of these respondents (33%, n=134 or 13% of the total sample) stated they were influenced to buy the product due to the product having a higher HSR than their usual product (noting that opportunities for comparison are limited due to relatively low penetration of the HSR at this early stage of the roll-out) ). Among those who had seen the campaign, this result is even higher, with 47% of these respondents (n=65, or 7% of the total sample) stating they bought a different product because it had a higher HSR. This shows that the HSR is driving positive behaviour change when it comes to making healthy food choices, and exposure to the campaign appears to be driving this behaviour change further.

These findings are explored in Figure 15.

Figure 15 – Influence of Health Star Rating on purchase decision: *“Did the Health Star Rating influence your choice to purchase this [new] product?”*

Base: Those who bought a product with HSR (n=419)

Not only is this behaviour change occurring among a third (33%, n=134) of those who have bought a product with the HSR displayed, the HSR appears to be having a lasting impact, with most of those who have bought a product, due to it having a higher HSR continuing to buy this product (73%, n=98). This equates to one in ten people (10%) continuing to buy the healthier product at the total respondent level. This is evidence to show the HSR is not only helping to bring about positive behaviour change, but is also driving *lasting* behaviour change.

Reported likelihood to use the HSR has significantly increased since the previous survey in April 2015, up from 40% to 47%. Adding to this, those who have seen the campaign are even more likely to use the HSR, 10% higher at 57% among this group. Among both those who have seen the campaign and the total sample, there are very low levels of negativity toward the HSR; people are generally either positive or ambivalent toward the new system.

These results are detailed in Figure 16.

Figure 16 – Likelihood to use the HSR on a regular basis: *“If the Health Star Rating was on most packaged foods in your supermarket, how likely would you be to use it on a regular basis?”*

Figure 16 is a stacked horizontal bar chart which shows the likelihood to use the HSR on a regular basis on a scale of 0 (Never use) to 10 (Extremely likely to use). The results are discussed in the paragraph preceding the chart. 
Detailed findings, comparing total sample and campaign recognisers respectively, are as follows: Bottom three scale points (towards 'never use'), 7% vs 2%; middle range of five scale points, 46% vs 41%; and top three scale points (towards 'extremely Likely to use'), 47% vs 57%.

Base: Total n=1000, Seen campaign n=419

## Evaluation of the Health Star Rating - sentiment

The campaign has helped drive perceptions of the HSR system as a straight-forward source of information, with 76% of those who have seen the campaign believing it is easy to understand, compared to 66% overall.

Similarly, those who have seen the campaign are significantly more likely to say that the HSR ‘Is informative’, at 75% compared to 65% overall.

The campaign has also helped make grocery shopping easier. Those who have seen the campaign are more likely to agree the HSR ‘helps me make decisions about which foods to buy’ (68% vs. 58% amongst the total sample) and ‘makes choosing foods easier’ (64% vs. 55% amongst the total sample).

The campaign appears to be driving credibility of HSR, with those who had seen the campaign prior to the survey considerably more likely to agree the HSR system is believable (65% vs. 48% amongst the total sample).

There remains an issue around the number of people who state the HSR makes it easier for them to compare products that are in different sections of the supermarket (42%). Communication is needed to explain the most appropriate use of the HSR, to ensure there is no loss in credibility, which could occur when used inappropriately across categories.

Although it is reasonable to expect that those who are exposed to HSR for the first time in the survey are not likely to give high ratings for trust or independence without more opportunity to interact with or find out about HSR, trust in, and independence of the HSR are still areas to work on, as shown in Table 9 below.

Table 9 – Perception of the HSR: agreement with statements

|  |  |  |
| --- | --- | --- |
| The Health Star Rating | Total | Seen campaign |
| Is easy to understand | 66% | **76%\*** |
| Is informative | 65% | **75%\*** |
| It tells me something new | 58% | 64% |
| It stands out on the pack | 55% | 59% |
| It really grabs my attention | 41% | 46% |
| Is confusing | 14% | 14% |
| Using the Health Star Rating | Total | Seen campaign |
| Makes it easier for me to identify the healthier option | 70% | **76%\*** |
| Makes it easier for me to compare products that are in the same section of the supermarket | 68% | 72% |
| Is easy to use | 65% | 72% |
| Helps me make decisions about which foods to buy | 58% | **68%\*** |
| Makes choosing foods easier | 55% | **64%\*** |
| Makes it easier for me to compare products that are in different sections of the supermarket | 42% | **52%\*** |
| It's just another thing on a pack that makes shopping more confusing | 18% | 20% |
| Is irritating | 8% | 10% |
| Influence of the Health Star Rating | Total | Seen campaign |
| Makes me want to buy healthier products | 55% | **66%\*** |
| It is aimed at someone like me | 51% | **61%\*** |
| It is believable | 48% | **65%\*** |
| Is a system I trust | 37% | **55%\*** |
| Is independent | 30% | **44%\*** |
| Encourages me to buy more packaged foods | 17% | **28%\*** |
| It is not relevant to me | 17% | **16%\*** |

Base: All respondents (n=1000). **\*** denotes a significantly positive difference at 95% Confidence Interval.

## Section summary

Those who have seen the HSR campaign have a significantly higher awareness and understanding of how to accurately use the system at 71% compared to 64%.

* These people are all significantly more likely to be engaged with the HSR, having bought a product with the HSR displayed (73% vs. 43%) and sought more information via the HSR website (16% vs. 5%), and through discussion with others (39% vs. 15%) than those who have not seen the campaign.

Among those who have bought a product with a higher HSR rather than their usual product, the majority have continued to buy this new product (73% of this group, representing10% of the total sample) – a positive sign of lasting behaviour change. This result is even higher among those who have seen the campaign (84%, 5% of the total sample).

The system’s strengths remain its clarity (70% agree) and ease of understanding (66% agree), with these scores significantly improving among those who saw the campaign (76% and 76%, respectively).

* + Those who have seen the campaign are also considerably more likely to trust the system (55% vs. 37%) and find the system believable (65% vs. 48%), and feel encouraged to make healthier choices (66% vs. 55%).

## Key Next Step

The expectation that the HSR can be used for cross-category comparisons will need to be monitored and addressed to ensure that people understand the intended use of the HSR, and are using it for appropriate comparisons. . As awareness of HSR increases, it will be necessary to communicate the correct way to use the system to build confidence and trust, through optimal channels for more nuanced information such as public relations, social media and social marketing.

# Conclusion

1. Results in this report are from the HSR campaign evaluation survey conducted in September 2015. The survey included questions in common with the HSR campaign evaluation (benchmark) survey (conducted in September 2014), and the HSR usage and understanding survey (April 2015). Where relevant, results from the surveys have been compared.
2. 1 in 5 Australians have seen the HSR campaign.
3. Overall impact of the campaign has been positive with significantly higher awareness, understanding and trust of the HSR system among campaign recognisers.
4. The campaign executions are clear, easy to understand and informative. Noting that the campaign ran in a highly competitive commercial environment with a modest budget and no television advertising, an enduring and multifaceted approach is required to not only build awareness of the HSR, but also to ensure understanding and trust of the HSR.
5. The majority of respondents do not know who is behind this campaign –few say ‘government’, most say ‘don’t know’. It will be important that future communications can re-iterate that the HSR is endorsed by Government as this will build trust; however, it is equally important that the public is made aware that the HSR is a joint initiative.
6. There appears to be some confusion around correct usage of the HSR. This potential confusion should be addressed in future marketing and public relations activities to ensure that the HSR is being used as intended.
7. The campaign has helped drive positive, lasting behaviour change, with 47% of those who saw the campaign buying a product with a higher HSR than their usual product, and 84% continuing to buy this new product. Given the HSR is currently on relatively few items in supermarkets, this level of uptake strongly suggests the HSR is creating positive behaviour change among Australian grocery buyers.

1. Note that although the September 2014 survey was a ‘benchmark’ survey, HSR had appeared on packaged foods and in the press due to the initial product launch in February 2014. [↑](#footnote-ref-1)
2. “Top of mind” means that HSR was the ‘first mention’ of a respondent.” “Other spontaneous” means other unprompted mention. “Total spontaneous” mentions is top of mind and other spontaneous mentions combined [↑](#footnote-ref-2)
3. Respondents were asked: *Apart from brand names, can you think of any nutrition logos or labelling that you have seen on food packaging to help you decide how healthy it is? If so, what was it that you saw?* , then asked; *which of the following nutrition logos or labelling on food packaging have you heard of?* While being shown images/logos. [↑](#footnote-ref-3)
4. Pollinate research- multiple studies across categories- beverage, digital media, appliances, fashion. [↑](#footnote-ref-4)
5. Body Mass Index is a person's weight in kilograms divided by the square of height in meters. BMI can be used as a screening tool for weight categories that may indicate higher risk of some health conditions, but is not diagnostic of the health of an individual. [↑](#footnote-ref-5)
6. Obesity classes defined as: Class 1 - BMI 30.0 - 34.9, Class 2 BMI 35.0 - 39.9, Class 3 equal to or greater than 40.0 [↑](#footnote-ref-6)
7. Noting that this is higher than the 42% who stated they are aware of the HSR, awareness is asked in a grid format with other nutritional labelling. Further in to the survey, respondents are shown the HSR in context, which may drive increase people’s recognition of the system. [↑](#footnote-ref-7)
8. Due to the similarity of the print/OOH executions, respondents were shown the three creative designs, accompanied by a question asking where they saw the ad [↑](#footnote-ref-8)
9. Note that the advertising materials are not on screen when this question is asked, but respondents had viewed the materials in the question prior. [↑](#footnote-ref-9)