



**Saturated Fat
Communication Strategy Research
Qualitative Research**

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CONTENTS

1. EXECUTIVE SUMMARY	4
2. BACKGROUND	12
3. OBJECTIVES	13
4. METHODOLOGY	14
Messaging development workshop	14
Discussion guide	14
Pre-task	14
Sample	14
Recalls	14
Stimulus	15
5. SAMPLE	16
6. RESEARCH FINDINGS: CONTEXT	19
Attitudes to healthy diet	19
Cooking sophistication	20
Knowledge of saturated fat	21
Health and nutrition messaging	22
Implications for communication	23
7. RESEARCH FINDINGS: COMMUNICATION	25
Message 1: Take a look at the saturated fat in your food	25
Message 2: Knowing your saturated fat recommended maximum daily intakes	28
Message 3: Everyday choices for a balanced diet	32
Message 4: Change one thing	35
Message 5: Enjoy Responsibly	38
Message 6: ‘Good’ fats vs. ‘bad’ fats	41
Message 7: You can reduce saturated fat intake armed with these tools	44
Message 8: The effects of saturated fat are not always just external	47

Message 9: Challenging your saturated fat perceptions	51
8. RESEARCH FINDINGS: OTHER LEARNINGS	54
Media Learnings	54
Saturated fat in the bigger picture	56
Celebrity chefs	57
Portion advice	59
9. CONCLUSIONS AND RECOMMENDATIONS	61
APPENDIX 1: DISCUSSION GUIDE	65
APPENDIX 2: MESSAGES	70
APPENDIX 3: RESPONDENT QUOTES ON MESSAGES	81

1. EXECUTIVE SUMMARY

1.1 Research method

The FSA has established that the current population average intake of saturated fat exceeds public health recommendations and raises serious health concerns in relation to heart disease and stroke. This report details the findings from a qualitative research project that was commissioned to help identify and develop messages, and potential methods of message delivery, that appeal and motivate the general population to lower their saturated fat intake.

A total of nineteen two-hour group discussions were conducted between 9th and 23rd of October 2007. Each discussion group was made up of between 6 and 8 respondents. After fieldwork was completed, CML Research also re-contacted 10 respondents and asked which of the messages they recalled from the research.

The sample was designed to represent the UK adult population and was split by attitudinal type (based on the FSA's segmentation model), age and life-stage, gender, socio-economic grade and region.

1.2 Attitudinal context

Attitudes towards, and knowledge of, healthy eating and saturated fat

The research revealed a range of attitudes (and behaviours) towards healthy eating and cooking across the sample. While the majority had at least some awareness and knowledge of how to eat (and cook) healthily, this was split between those who followed this through in their claimed behaviour and those who admitted that they were still trying to change their behaviour. Others had low levels of knowledge about healthy eating and healthier cooking methods.

The main barriers to changing eating habits were lack of knowledge and time as well as concerns about the impact on taste; the perceived barriers to cooking healthily were time, aptitude and income; awareness and understanding of the impact of saturated fat intake on health was less prevalent. The majority of the sample demonstrated an under-developed understanding of saturated fat and how it affects the body.

Awareness of current health and nutrition messages

Views on health and nutrition are largely derived from a number of sources including: media (TV, radio, magazines), advertising, product labels, diet regimes, leaflets found in GP surgery, gyms, word of mouth and education for new mums. Most commented on the number of health and nutrition messages and many claimed to have become fatigued by conflicting health messages.

Any consumer awareness initiative on saturated fat intake will be competing with a range of other health and nutrition messages. Therefore it will be key that such an initiative:

- Really elevates / highlights the importance of *saturated fat* specifically;
- Is distinctive in order to breakthrough and be memorable; and
- Presents information that is new, fresh and interesting in order to get noticed.

1.3 Response to the messages

Over the course of the project, 10 potential messages were explored amongst the UK population. Each of the messaging concepts included text and visuals and respondents were exposed to each of the messages one at a time during the groups and asked to discuss each of them individually.

Consumer response to the messages was broadly consistent across the sample in relation to gender, region and SEG. Where there were differences in opinion by socio-demographic factors, these are detailed as and when they arise.

Overall, the different messages were seen to be working in different ways, although no one message was seen as being strong enough to work in isolation. This suggests that a combined approach might be most successful in raising awareness and changing behaviour.

1.3.1 Message 1: Take a look at the saturated fat in your food

Overall, this concept worked well across the sample. Dramatising the amount of saturated fat in foods in an unexpected and unappetising way proved effective, as almost all were repulsed by the idea of eating lard. Furthermore, it created a strong emotional response via the shocking visual images and so acted as a 'wake up call' to many.

However, the approach is unlikely to be sufficient in isolation, as it does not help audiences to relate this shocking information to their diet; nor does it provide them with the necessary tools to help them reduce their own saturated fat intake.

Going forward, this approach definitely has a role to play, due to the impact and shock value achieved via the striking images it incorporates. Clearly, creating a sense of the danger of high saturated fat intake and its link to heart disease will strike a chord.

1.3.2 Message 2: Knowing your saturated fat recommended maximum daily intake

This message also offers potential across the segments and could play a role in any future communication by providing a limit that should not be exceeded. This shows potential for inclusion alongside other healthy eating guidelines such as 5-a-day and no more than 6 g of salt.

A recommended maximum daily intake is not effective without context of examples as reference points. The cheese sandwich example presented to respondents was particularly powerful in this way, as it is a familiar food that most eat regularly.

Despite these positive responses, there is also some evidence that this approach is possibly too dry to really stir an emotional reaction or response; we would recommend that it be combined with shocking imagery or messaging in order to have cut-through.

1.3.3 Message 3: Everyday choices for a balanced diet

In this message, recommendations about saturated fat intake were positioned alongside messages about choosing a balanced diet. This was positively received by some, particularly those who felt that it helped them to recall other health messages (e.g., 5-a-day) and position this new advice alongside the other advice they had started to take on board.

However, across the sample this approach emerged as too soft and unfocussed for many, with the saturated fat intake message getting lost, to some extent, in the midst of the more general, balanced diet messages. Therefore it appears unlikely that this approach would really challenge attitudes and behaviour towards saturated fat intake.

1.3.4 Message 4: Change one thing

Overall this message worked quite well as a simple, easy and realistic way to begin addressing the issue of saturated fat. Many liked the fact that it suggested that small changes can have a real impact; for example that “a small change in food choices or cooking practices could help to reduce your saturated fat intake, which can in turn reduce your risk of heart disease.”

However, in its current form, the approach does not appear to provide new information, particularly amongst the more sophisticated shoppers and cooks who felt they had heard messages to remove skin and fat from poultry before cooking, and use spray oil and non-stick pan instead of oil or butter before, and as such they could lack impact.

1.3.5 Message 5: Enjoy responsibly

The idea of enjoying saturated fat in moderation proved unlikely to create much impact amongst the audience, mainly because it was not seen as either new or interesting enough across the sample. Some also felt that the tone was too patronising.

Some consumers endorsed the involvement of manufacturers and retailers in encouraging them to reduce their saturated fat intake by placing such warnings on food packaging.

However, overall this approach failed to strike an emotional chord or identify why attention should be paid to saturated fat intake because it did not explain the health risks of high saturated fat intake.

1.3.6 Message 6: Good fats vs. bad fats

This message, which armed respondents with examples of foods high in saturated and unsaturated fat, did go some way to educate the general public about saturated fats.

However it was not effective in sufficiently challenging attitudes and behaviour, largely because it was not felt to offer realistic actions. Indeed, for many, the replacement of saturated fat foods with unsaturated fat foods seemed unlikely. There was also evidence introducing this concept of good and bad fats could confuse the less knowledgeable respondents, whilst appearing to be 'old news' to those with greater knowledge.

1.3.7 Message 7: You can reduce saturated fat armed with these tools

Overall, the concept of providing the audience with tools and enablers to help them reduce their saturated fat intake was endorsed by many in this sample because it provides a practical aid to behavioural change. However any tips will need to seem fresh, new, realistic and interesting for the audience to really take notice of them.

However on its own this approach appeared unlikely to be effective in reducing saturated fat intake because it only presents one side of the story - the solution to reducing saturated fat intake, but not the problem high saturated fat intake causes.

1.3.8 Message 8: The effects of saturated fats are not always external

Overall, across the segments, this emerged as a powerful message that generates an emotional response and helps to elevate the importance of impact of saturated fat on the public's health. The idea that high saturated fat intake can not only lead to weight gain and obesity which everyone can see, but that there are also effects that you can't see, in terms of damage to the heart & arteries is new and shocking to many.

For most, this message was shocking for two reasons: firstly, it provided 'new' news - that you can not necessarily see the effect of high saturated fat intake on the body – and secondly, it used graphic images of damaged hearts and arteries and referred to death as the ultimate risk. By suggesting that an immediate change to your eating and cooking habits would have a positive impact, this message was also quite encouraging.

1.3.9 Message 9: Challenging saturated fat perceptions

This route was felt to have some potential in encouraging people to re-consider the food they eat, because in many cases the information provided about the levels of saturated fat in everyday foods was surprising and thought-provoking.

However, compared to other shock messages this approach was less effective because it did not show saturated fat is a serious health issue or provide a clear action plan to help the public reduce their intake.

1.4 Media Learnings

Whilst most would initially expect to hear a message about saturated fat reduction through traditional media channels such as TV, print/press, outdoor, and radio; when prompted, other channels were suggested including online advertising, school, workplace, TV and radio programmes, and at the supermarket.

Broadly speaking, there are a number of occasions when the audience may be more receptive to receiving messages encouraging them to re-consider their saturated fat intake: during the morning or evening commute; while at work; in the gym and at the supermarket.

1.5 Going forward

1.5.1 In its broadest sense, the findings confirm the need to:

- **Shock:** To get the audience's attention, raise the profile of saturated fat and educate that saturated fat intake can be harmful
- **Relate:** Help audience relate unpleasant facts to their own diet and behaviour
- **Arm:** To provide the audience with tools to change their behaviour

Shock

Generally, the majority of the sample strongly endorse the use of shock tactics and feedback indicates that such approaches are successful in challenging complacent attitudes and preconceptions of saturated fat and its impact on the public's health. Further, shock tactics show potential to cut through the crowded media environment, particularly in relation to health and nutrition messages, are likely to be memorable and could potentially have talk value.

Two concepts are successfully addressing the need to **shock**:

- *Take a look at the saturated fat in your food*
- *The effects of saturated fat aren't just external*

Of these two concepts, *Take a look at the saturated fat in your food* is working more broadly across audiences. This approach generates an emotional response and shows potential to shift attitudes.

The effects of saturated fat aren't just external is also effective in elevating the risk of high saturated fat intake on health to sit alongside the harmful effects of smoking, by dramatising the impact of saturated fat intake on cardiovascular health and challenging the perception that fat intake is only a concern for the over-weight.

Challenging your saturated fat perceptions is effective in surprising the audience about the types of food that contain high levels of saturated fat, but there is some evidence that the approach could be misleading in its current form by using examples that are designed to shock, but in doing so may confuse respondents about the nutritional value of sugary foods such as doughnuts. This approach has some potential, but would require some revisions.

Relate

The research also shows that shock tactics alone are not enough to change behaviour long-term. The initial shock needs to be followed up with 'next steps' such as education and tools to enable the audience to change their behaviour.

One route which directly addresses the **relate** aspect is *Knowing your saturated fat recommended maximum daily intakes*. This approach, which provides a recommended maximum daily intake alongside a reference point (such as the amount of saturated fat in an everyday food) helps the audience to realise that their current saturated fat habits might be harmful. A maximum figure can help the audience to gauge future saturated fat choices. However, unless context is given (e.g. the amount of saturated fat in a cheese sandwich), it lacks meaning.

Some aspects of individual messages can also help audience to **relate** to the message. For example, featuring foods they eat regularly (sausages, cheese sandwich) and identifying them as foods high in saturated fat challenges attitudes to diet and behaviour.

Arm

Finally, in order to encourage long-term attitudinal and behavioural change, the audience needs ideas for reducing their saturated fat intake, including potential substitutions or suggestions for healthier preparation methods.

Two concepts show potential to **arm**:

- *You can reduce your saturated fat intake armed with these tools*
- *Change one thing*

Armed with these tools provides a multitude of potential changes the general public can make in order to reduce their saturated fat intake. Such suggestions can be seen as quite valuable in enabling behavioural change. However, it will be important that these do not come across as overwhelming, irrelevant and overly-familiar.

Change one thing offers the audience a simple way of starting to change their behaviour, which feels realistic to many. To the audience this approach comes across as 'one step at a time' and 'small changes can have a real impact.' However, currently the tools and suggestions are felt to be too basic to compel long-term changes in behaviour.

Across the messages, there is feedback that indicates that the following elements are widely effective:

- Shock tactics which prompt reactions and a closer look at one's habits;
- Strong visuals which get audiences to look at food and the impact of food on health in a fresh way;
- Clearly illustrating the impact that saturated fat has on the body (cardiovascular health);
- Setting recommended maximum daily intakes to help with food and preparation decisions;
- Utilising examples which surprise, challenge and build on existing knowledge;
- Context which makes the recommended maximum daily intakes seem more real, and less like an abstract statistic (cheese sandwich has x g of saturated fat).

Beyond this, findings suggest the need for:

- New, fresh and easy-to-incorporate ways of reducing saturated fat in the diet;
- Directness and realism;
- Acknowledgment that saturated fat is found in foods the audience enjoys.

2. BACKGROUND

2.1 The Food Standards Agency (the FSA) was established with the aim of protecting the public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food. Among the FSA's key aims for 2005-2010, two key objectives include:

- Making it easier for all consumers to choose a healthy diet, and thereby improve quality of life by reducing diet-related disease
- Enabling consumers to make informed choices

2.2 Two of the major health issues for the UK, and for which diet is particularly influential, are cardiovascular disease (CVD) and obesity. Although the causes are multi-factorial, saturated fat intake has been identified as a key risk factor because increased saturated fat intakes raise serum cholesterol and increases the risk of heart disease. Specifically, the FSA has established that the current population average intake of saturated fat exceeds public health recommendations and raises serious health concerns in relation to heart disease and stroke. Given these findings and that dietary recommendations from the Committee on Medical Aspects of Food Policy (COMA) state that no more than 11% of food energy should come from saturated fat intakes, the FSA is committed to reducing the population average saturated fat intake (13.3% of food energy) to within public health recommendations (for everyone age 5 years upwards).

2.3 The FSA is currently developing a programme to address the levels of saturated fat in foods and the availability of healthier alternatives. Further key efforts will be to address the issue with consumers directly. Approaches might include raising awareness about saturated fat and the role it plays in the diet, demonstrating the link to health, establishing the relevance to the consumer as well as educating consumers about which foods contain high levels of saturated fat.

2.4 Strategic qualitative research was needed to begin to identify and develop messages and potential methods of message delivery that appeal and motivate the general population to lower intakes of saturated fat. CML Research, a specialist qualitative agency with a track record in strategic development for the COI, was selected to conduct this research.

2.5 This document describes our findings, conclusions and recommendations.

3. OBJECTIVES

3.1 The objectives for this research were to:

- Assess the effectiveness of a number of consumer messages to influence attitudes & behaviour related to saturated fat
- Provide guidance for message development to help shape future communications regarding the reduction of saturated fat intake
- Identify the most effective modes of communication to reach consumers
- Explore if/how messages about saturated fat impact on other healthy eating messages
- Learn if/what knowledge gaps exist and what information is the most likely to lead to behaviour change

4. METHODOLOGY

Messaging development workshop

4.1 Before the consumer fieldwork commenced, CML Research conducted a message brainstorming workshop with representatives from the COI and the FSA. During this workshop, a total of ten potential messages were developed for evaluation in the discussion groups.

Discussion guide

4.2 CML Research drafted a discussion guide for the groups, which was then approved by the COI and FSA. This discussion guide is included in Appendix 1 of this report.

Pre-task

4.3 In advance of participating in the group discussions, half of the groups were asked to complete a pre-task exercise that had them record health-related messaging they observed over the course of several days. They were also asked to bring examples of health-related messaging to the discussion groups. Themes from the pre-task exercise are noted in the context of the report.

Sample

4.4 A total of nineteen two-hour group discussions were conducted between 9th and 23rd of October 2007. Each discussion group was made up of between 6 and 8 respondents.

4.5 CML worked together with the COI and the FSA to develop the screening criteria for the research sample. A detailed outline of the sample profile is included in the following section.

Recalls

4.6 After fieldwork was completed, CML Research contacted 10 respondents and asked which of the messages they recalled from the research. Findings are noted in the context of the report.

Stimulus

4.7 Messages Researched

Over the course of the project, we explored 10 potential messages. Below are the headlines of the messages. The complete message text is noted in both the body of the report and also in Appendix 2.

1. Take a look at the saturated fat in your food
2. Knowing your saturated fat recommended maximum daily intakes
3. Everyday choices for a balanced diet
4. Change one thing
5. Enjoy responsibly
6. 'Good' fats vs. 'bad' fats
7. You can reduce saturated fat armed with these tools
8. The effects of saturated fat are not always just external
9. Challenging your saturated fat perceptions
10. Saturated fat is a significant contributor to heart disease (merged with message 8 after first wave of groups)

4.8 A few notes regarding stimulus

- Respondents were exposed to each of the messages one at a time during the groups and asked to discuss each of them individually
- Concepts were rotated across groups to avoid bias
- Each of the messaging concepts included text and visuals
- Respondents were told that visuals were not actual adverts to be evaluated, but merely visuals to bring the messaging concepts to life
- Due to monitoring of the early groups and noting the need for further examples or more clarity of some of aspects of the messages, CML Research, the COI and the FSA revised some of the messages accordingly for subsequent groups. References to such revisions have been noted in the context of this report.

5. SAMPLE

5.1 All respondents were:

- 18-65yrs
- BC1C2DE
- Without medically related dietary requirements
- Able to articulate themselves in a group situation
- Open (i.e. not outright rejecters) to Government advice on diet / nutrition
- Non-rejecters of advertising
- Not involved in the food industry, diet or nutrition industry or marketing, advertising, journalism etc

5.2 The sample was split by a number of key variables:

- Attitudinal type (see definitions in paragraph 5.4)
 - *Health Conscious Pragmatists (HCP)*
 - *Convenience Driven Health Rejectors (CDHR)*
 - *Concerned Health Advocates (CHA)*
 - *Traditional Cooking Enthusiasts (TCE)*
- Age / lifestage
 - 18-30yrs pre-family: mix of living alone, with friends and couples
 - 20-45yrs young family (kids under 11yrs): range of kids ages
 - 30-50yrs older family (kids 11-19yrs): range of kids ages
 - 35+yrs without kids
 - 40+yrs empty nesters: a mix of still working and retired
- Gender
- SEG: BC1 vs. C2DE
- Region: SE, North, Midlands, Scotland, Wales, Northern Ireland
- Dietary status (only one group)
 - Included some respondents with dietary requirements related to a medical condition, as well as some respondents with low fat dietary requirements

5.3 In each group there was:

- A representative mix of ethnicity
- A broad range of ages within the prescribed age brackets
- Max 2 per group were regular low fat dieters for weight loss reasons
- A spread in terms of shopping habits (e.g. supermarkets used etc)

5.4 FSA attitudinal groups

The FSA conduct an annual Consumer Attitude Survey, the most recent of which included an attitudinal segmentation of UK consumers. This segmentation was based around five key attitudinal dimensions; cooking enthusiasm, concern and need for more information about food, perception of the high cost of healthy eating, the importance of healthy eating and the extent to which consumers were positive towards convenience foods and traditional eating habits.

A cluster analysis conducted on the attitudinal segments created the following four distinct attitudinal segments:

- *Health Conscious Pragmatists (HCP)* – this group represents 22% of the UK adult population and were characterised by a feeling that healthy eating is important but also that convenience foods are not necessarily bad for you
- *Convenience Driven Health Rejectors (CDHR)* - 29% of the population belong to this group which is defined by a low enthusiasm for healthy eating and an endorsement of convenience foods
- *Concerned Health Advocates (CHA)* – this group represents 25% of the population and was characterised by a high importance of healthy eating coupled with a concern and need for more information about food
- *Traditional Cooking Enthusiasts (TCE)* – 24% of the population belong to this group, which is defined by an enthusiasm for cooking and a negative view of convenience foods and eating habits

The recruitment criteria resulted in an overall sample profile as follows:

Group	Attitudinal segment	Age / life-stage	Gender	SEG	Region
1	HCP	18-30yrs pre-family	Female	BC1	N. Ireland
2	HCP	20-45yrs young family	Male	BC1	Mids
3	HCP	30-50yrs older family	Female	C2DE	Scotland
4	HCP	35+ no kids	Male	C2DE	Wales
5	HCP	40+ empty nest	Female	C2DE	South East
6	CDHR	18-30yrs pre-family	Male	C2DE	South East
7	CDHR	20-45yrs young family	Female	BC1	Scotland
8	CDHR	30-50yrs older family	Male	BC1	Wales
9	CDHR	35+ no kids	Female	C2DE	N. Ireland
10	CHA	20-45yrs young family	Male	BC1	Scotland
11	CHA	30-50yrs older family	Female	BC1	South East
12	CHA	35+ no kids	Male	C2DE	N. Ireland
13	CHA	40+ empty nest	Female	C2DE	Wales
14	TCE	18-30yrs pre-family	Male	BC1	South East
15	TCE	20-45yrs young family	Female	C2DE	North
16	TCE	30-50yrs older family	Male	C2DE	Scotland
17	TCE	35+ no kids	Female	BC1	Wales
18	TCE	40+ empty nest	Male	BC1	North
19	Special Diets	25-50	Male/Female	BC1C2	Mids

6. RESEARCH FINDINGS: CONTEXT

Attitudes to healthy diet

6.1 Attitudes to healthy diet were quite varied across the sample. While many, especially CHAs and some women, admit *trying* to eat healthily and trying to keep an eye on aspects of diet, behaviour doesn't always reflect this. CDHRs, those with lower incomes, and younger males seem to have more difficulty with healthy eating.

6.2 Across segments, there are a number of barriers that are felt to make healthy eating challenging. Barriers such as these can lead to complacent behaviour:

- For many, a lack of knowledge of what makes up a healthy diet
 - More likely CDHRs
- Time shortage, little time to read labels
 - Particularly CDHRs & mums with families
- Hard to give up taste
 - True across all segments, but particularly among TCEs
- Perceived lack of options - on the go – relevant across the segments
- Hidden aspects – not always certain of how much saturated fat one is consuming - relevant across the segments
- Lack of cooking expertise
 - Especially younger, males, lower income
 - But less true of TCEs
- Perceived higher cost of healthy options
 - Particularly lower incomes, some CDHRs

6.3 As a result, some (across segments) feel disempowered or have a lack of control. There is some sense that Government or manufacturers are responsible for the amount of saturated fat in foods.

6.4 Importantly, there is a general sense across segments that back of pack labelling is not as clear as it might be. This concern is driven by uncertainty of how to read packaging (ie, per 100g can confuse) and hesitance to calculate how healthy or unhealthy a food item is. There is some awareness that retailers are trying to make packaging clearer. For example, tools recalled are traffic lights and the “Wheel of Good Health” which call attention to amounts of salt, calories, fat contained in certain foods. While such tools are seen as helpful improvements, there is still variation, and no standard approach across products and supermarkets.

6.5 Unsurprisingly, women are generally the household gatekeepers when it comes to food and responsible for shopping and cooking for the household.

6.6 Feedback indicates that *women* frequently take the initiative for getting their households to eat more healthily. This initiative is driven primarily by a nurturing need to look after the family well, as well as weight gain concerns among women.

6.7 But, women claim other family members can also be a barrier to healthy eating. For example,

- Mum cooks healthy meal from scratch, only to have kids ask for ready meal/processed foods
- Wife often brings home low fat item and spouse refuses to eat it as it 'won't taste the same'
- Girlfriend buys lasagne to share, partner eats whole lasagne because 'hungry'

6.8 Men generally express more bravado when it comes to health and diet. Overall, they seem less conscious and bothered with their diet and the potential long term adverse health effects it may cause. Among men particularly there seems to be more of a sense that if they are doing exercise and/or have physically demanding occupations, they can 'get away' with what they are eating.

Cooking sophistication

6.9 Cooking expertise varies across the sample and this is somewhat understandable given that some segments are more or less skilled and sophisticated by definition. For example, TCEs enjoy cooking from scratch and are more likely to avoid convenience foods. CDHRs are time-pressed and thus, often rely on convenience or fast foods.

6.10 Beyond segment differences, cooking sophistication can vary depending on a number of factors such as:

- Enjoyment and interest level
 - Eg, Young men are typically less enthusiastic
- Time
 - Eg, Mums with busy families admit cooking from scratch is not always realistic
- Education/awareness
 - Eg, Some HCPs have a sense that there are less options and so can fall back on convenience foods in a pinch

- Aptitude and experience
 - Eg, Younger people are typically less skilled
- Domestic responsibility / role
 - Eg, Women are often responsible for shopping and cooking
- Income level
 - Eg, Some sense that fewer inexpensive options are available where they shop
- Influence of children
 - Eg, Mums often cater to kids' mealtime whims
- Background and upbringing
 - Eg, if their parents cooked, how they cooked, etc

Knowledge of saturated fat

6.11 Although there were some nuances across segments, the majority of the sample demonstrated an *underdeveloped* understanding of saturated fat. For most, saturated fat is not particularly understood. There is only a vague sense of distinction between the different types of fat and while many know that saturated fat is bad, they are uncertain of the details as to why. Some lack confidence about which foods are higher or lower in saturated fat, and there is a general lack of awareness of the recommended maximum daily intake for saturated fat that appears on many food packages.

6.12 There is evidence of considerable confusion and knowledge gaps across segments. A few examples which demonstrate this are:

- Sense that you can burn off saturated fat with exercise or a physically demanding occupation, etc
- Uncertainty whether it is possible to reverse effects of saturated fat on the body
- Feeling that certain preparation methods (eg, grilling) removes the saturated fat from foods
- The perception that some types of fat 'eat' other types of fat
- Sense that drinking red wine perhaps lessen the effects of saturated fat

6.13 For the least informed, there is a weak understanding of why a high intake of total fat is bad, much less why saturated fat is bad. There is virtually no awareness of the impact of saturated fat on cardiovascular health. Such low awareness and understanding is typically among those who are less engaged with their diets (e.g. CDHRs, lower incomes, some young males).

6.14 At best, however, among the more informed and sophisticated, there is some knowledge that saturated fat can impact heart health (ie, clogs the arteries, impacts cholesterol, etc). And some are aware that 'good' fats are present in oily fish, although they are still not clear on the impact of 'good' fats on cardiovascular health. Among the more informed there is more awareness of foods that are higher in saturated fat beyond the typical culprits (eg, fast food and crisps) such as cheese, quiche, etc. Generally, consumers' behaviour indicates that they are knowledgeable of healthy foods and preparation methods.

Health and nutrition messaging

6.14 Views on health and nutrition are derived from a number of sources including: media (TV, radio, magazines), advertising, product labels, diet regimes, leaflets found in GP surgery, gyms, word of mouth and education for new mums.

6.15 Many, across the segments, acknowledge that there is a lot of health/nutrition messaging competing for their attention. Examples of messaging include:

- Fad diets (eg, low carb)
- Products & advertising (eg new lower fat/salt/sugar product/varieties)
- Government advertising (eg, Salt, 5-a-day)
- Media: newspaper, magazine articles, TV programmes, TV news coverage of health / nutrition issues (obesity figures seem especially prominent)

6.16 Due to the prevalence of messages and advice, many have become fatigued by conflicting health messages. There is a sense that from day to day the definition of what is good and bad changes, and if an item is acceptable in terms of fat content, it might have a high sugar content.

6.17 At worst, some can become quite cynical and negative and take on a 'damned if you do, and damned if you don't' attitude. This seems to be especially true of the older consumers, men, and some TCEs who want to carry on cooking and eating what they enjoy.

6.18 Feedback from pre-tasks indicates that the types of health/nutrition messages which were noticed (despite fatigue, cynicism) were those that were:

- Simple, clear, easy to digest
- Not too scientific, speak in laymen's terms
- Seen to provide new information, data, tips
- Offer surprising information, challenge perceptions
- Show/describe health impacts
- Endorsement from professionals (eg, dentists, doctors)
- Articles in newspapers and magazines which were perceived as somewhat more credible than adverts

Implications for communication

6.19 Initiatives to raise consumer awareness will have to take into account a spectrum of mindsets across gender, age and FSA segment in terms of:

- Attitudes toward healthy diets
- Sophistication levels in terms of cooking and eating habits
- Awareness and understanding of the impact of saturated fat intake on health

6.20 Yet, what most respondents seem to hold in common is:

- General sense of complacency toward healthy diet and saturated fat intake specifically
- Degree of ignorance concerning impact of saturated fat on health
- Need for more tools for addressing saturated fat in the diet

6.21 As a result, communications will need to:

- *Engage* emotionally in order to motivate consumers to take the next step
- *Inform* with the facts about saturated fat and why current habits are not healthy
- Offer easy-to-incorporate, constructive *advice* and tools for how to change behaviour

6.22 Further, any consumer awareness initiative on saturated fat will be competing with a range of other health /nutrition messages and so it will be key that it...

- Really elevates / highlights the importance of *saturated fat* specifically
- Is distinctive in order to breakthrough and be memorable
- Presents information that is new, fresh and interesting in order to get noticed

7. RESEARCH FINDINGS: COMMUNICATION

Message 1: Take a look at the saturated fat in your food

Initial message

- See visuals
- For example, there is the same amount of saturated fat in a cheese sandwich as 7 teaspoons of lard

Revised message

- See visuals
- For example, there is the same amount of saturated fat in...
 - a digestive biscuit as 1 teaspoon of lard
 - a sausage as nearly 3 teaspoons of lard
 - a portion of lasagne as nearly 6 teaspoons of lard
 - a Cornish pasty as 9 teaspoons of lard
 - a croissant as 3 teaspoons of lard

Visual: we showed a striking British Heart foundation ad showing a girl swigging from a large bottle of cooking oil

Overview

7.1 Overall, this approach works well across segments to provide a shocking wake up call. However, feedback indicates that the approach is not sufficient in isolation and doesn't provide the tools for the audience to reduce their saturated fat intake.

Strengths/positives

7.2 This approach definitely stirs a reaction across segments. Dramatising the amount of saturated fat in foods in an unexpected and unappetising way proves effective as all are repulsed by the idea of eating lard. Lard is universally known as 'bad' and so is a good mechanism for signalling that saturated fat is not healthy, in addition the visuals seem to be a powerful way of doing this.

'The one comparing to tsp of lard and the visual of pouring cooking oil down...it got me thinking...I'm going to have to start paying more attention to the saturated fat content in foods'

CHA, male

7.3 Further, the concept shows potential for getting noticed in a cluttered media environment and for being memorable.

7.4 The approach is seen to present the saturated fat issue in a simple, easy to relate to, tangible fashion. Primary reasons for this are as follows:

- Audience can visualise teaspoons more so than grams
- Examples cited are foods they are eating, often regularly
- Approach makes it difficult for the audience to avoid or make excuses for not understanding the impact of certain foods on the diet
- Has immediacy (repulsive effect) vs. messages about heart disease

7.5 There is evidence that the approach provides fertile ground for creative development. For example, the following ideas were mentioned in the course of discussion:

- Lard oozing out of biscuit
- Biscuit / teaspoon of lard alongside coffee - Do you want this with your coffee?
- You don't pour grease down the sink/drain, why do the same to your body?
- Showing progression of lard through body, showing impact it has on organs

7.6 The examples featured in the concept were largely successful in challenging attitudes toward saturated fat. All seemed surprised by the quantities of saturated fat in these foods, even for those foods that they suspected were not healthy. Of the examples featured, the digestive was particularly hard hitting as many often assume this is a healthier biscuit.

7.7 And beyond the shock value, the approach shows real potential for impacting saturated fat behaviour. Feedback indicates the following types of impact on behaviour:

- For most, causes them to rethink their diet (to reduce saturated fat)
- Reduce the number and frequency of 'problem foods' in diet (maybe have one digestive instead of three with tea)

- Generally just be more conscious about foods high in saturated fat in their diet
- Perhaps be more open to alternatives

Weaknesses / Negatives

7.8 For the less informed (particularly some males), the approach fails to identify why saturated fat is an issue that should be addressed. Currently, it doesn't clearly demonstrate the impact of saturated fat on cardiovascular health.

7.9 Whilst the approach does stir a reaction, it fails to provide a 'next step' for the audience. Specifically it doesn't include an educational aspect (recommended maximum daily intake) or tools and examples of ways to reduce saturated fat in one's daily diet.

For development

7.10 Going forward, this approach should definitely be considered as one aspect of a consumer awareness initiative. It has strong potential to impact awareness and attitudes toward saturated fat and could form the first stage of a multi-stage initiative.

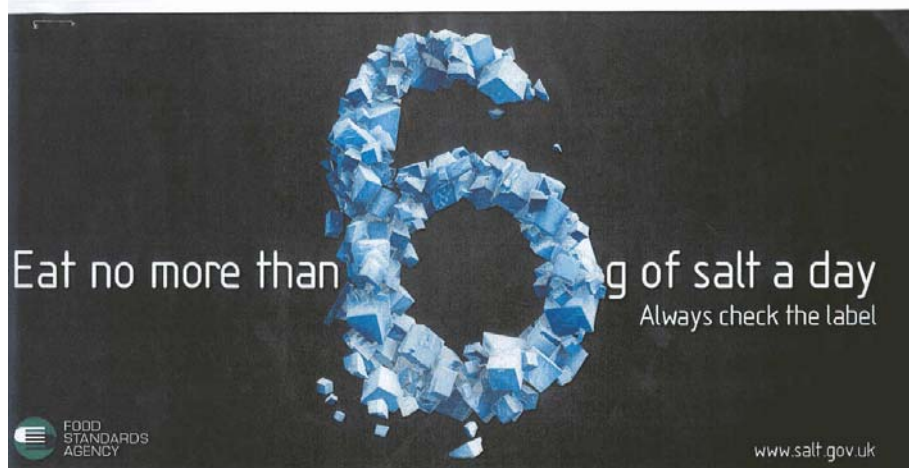
7.11 But, feedback indicates that the approach shouldn't stand on its own as it lacks the next steps / actions that the audience needs to take.

7.12 This approach is likely to be more powerful if it can also convey the sense of danger with education / reminder of heart disease, as well as provide a recommended maximum daily intake and alternatives to help guide behavioural change. Further, it will be important that the approach:

- Utilises visuals where appropriate
- Ensures that examples are shocking, yet credible / believable
- Continues to relate to the kinds of foods they regularly eat

Message 2: Knowing your saturated fat recommended maximum daily intakes

- Recommended maximum daily intakes suggest that adults should consume no more than 20g of saturated fat per day
- For help with food labels take note that
 - More than 5g of saturated fat per 100g is high
 - 1.5 g or less per 100g is low
- For reference, a typical cheese sandwich from the supermarket may have 13 g of saturated fat (more than half of the maximum daily intake)
- You have the information you need to make smart decisions when it comes to saturated fat



Overview

7.13 This message shows potential across segments. And overall findings suggest that this is a key element of communication as it provides a recommended maximum daily intake - a goal / limit to aim for over the course of the day. However, on its own, feedback indicates that the approach is unlikely to change attitudes and behaviour. That said this approach has a potential role going forward.

N.B. The focus here was to investigate whether a recommended maximum daily intake would be useful to consumers in a message on saturated fat. It is not the figure per se that is important here, but the *idea* of a guideline figure.

7.14 This 20g figure is an approximation of what might be considered a maximum recommended amount of saturated fat built from public health

recommendations. This figure is for use for this research only, and should not be taken as Food Standards Agency guidance.

Strengths/positives

7.15 Key to the success of this approach is the 20g recommended maximum daily intake. This provides the audience with guidelines, where previously, there was no sense of how much saturated fat was acceptable. At best, this saturated fat figure shows potential for inclusion in one's healthy eating toolbox (alongside 5-a-day, no more than 6 g of salt, etc). CHAs in particular seize upon the recommended maximum daily intake as a useful tool as they would use it to help make more sense of labelling on packaging.

'Knowing the guidelines is powerful because it's surprisingly low. But it's difficult to put it into perspective without proper labelling on food'
HCP, male

'The cheese sample example helps me visualise the 20g...it means there's not much left for the rest of the day'
HCP, male

7.16 Such a reference point provides a range of potential benefits for the audience, including:

- Making the number / figure feel more real world and tangible as opposed to an abstract guideline
- Can signal that closer attention should be given to the amount of saturated fat in everyday foods
- Helps some who are quite complacent to recognise that saturated fat intake is an issue
- Helping the audience to relate the recommended maximum daily intake to their own diet, or contribution of individual foods within the diet

7.17 The cheese sandwich example is particularly powerful as it is a familiar food that most eat regularly and perceive to be relatively 'healthy.'

7.18 Feedback indicates that there is also a role for the 'high' saturated fat level of 5g per 100g, particularly among more health conscious label-watchers, HCPs and CHAs. This figure further helps some to interpret food labelling and can help consumers to gauge if an item is low or high in saturated fat and also help them to decide between two similar items (perhaps go with the one with less than 5 g of saturated fat per 100g).

Weaknesses/Negatives

7.19 Success depends on whether or not an audience remembers the recommended maximum daily intake. While it is seen to be potentially useful, some doubt that it will be remembered or used by everyone. There is evidence that this approach would require robust media support to firmly establish the figure in people's minds.

7.20 A recommended maximum daily intake cannot stand on its own without context of examples or reference points. If the figure is shown in isolation it can lack meaning and be hard to visualise and relate to foods. A potential downside to an isolated figure is that it could be perceived as just another figure or statistic to remember.

'20g doesn't play a role - we won't add it up...we don't have time'
HCP, female

'5g per 100g is good to know, but it takes a long time to compare'
HCP, female

7.21 There is some evidence that this approach is possibly too dry to really stir an emotional reaction or response. The provision of dull statistics is unlikely to really challenge attitudes and behaviour. Too much of a focus on numbers (vs. food and changes in diet) can be less effective, especially among those who are not really engaged with their health (ie, many young males).

7.22 For some, the tone is perhaps too objective, 'take it or leave it' to be effective. It is not seen to elevate saturated fat intake as a problem, a serious issue worthy of immediate attention. This is especially an issue among those who are not really conscious of the health risks of saturated fat.

7.23 Feedback indicates that relating a recommended maximum daily intake too explicitly to labelling can give people room to avoid communication. Many take it too literally and then reject that they will examine every item as they do their shop, and so dismiss as unrealistic. This is particularly true of some CDHRs and time-pressed mums.

7.24 The approach and recommended maximum daily intake may be helpful when making decisions about packaged/ pre-prepared foods, but it is less applicable to those who are cooking from scratch or eating on the go. In these cases it is difficult to keep tabs on the amount of saturated fat that is in certain foods, particularly as items aren't labelled. This can be especially relevant to TCEs who eat packaged, pre-prepared foods less often.

7.25 Whilst a large majority accept the recommended maximum daily intake at face value, a few question the 20g figure. Some challenges posed include:

- Is it the same for men, women, and children?
- Ask whether or not exercise or occupation impacts the guideline for saturated fat
- Among minority (particularly some men), can come across as somewhat unachievable given how much saturated fat a cheese sandwich has

7.26 Another weakness is that this approach fails to provide direction or guidance on ways to reduce saturated fat intake (ie, recipes, alternatives for higher saturated fat items, etc).

7.27 Many express difficulty with metric measures. Grams can feel quite abstract, and can be hard to make sense of when not used to calculating amounts. This further reinforces the need to help the audience make sense of the figure with an easy reference point.

For development

7.28 Overall this approach forms an important part of the communication for many as the recommended maximum daily intake alongside context provides a tool for saturated fat decisions. However, the approach on its own is unlikely to change behaviour, as many still require that issue is made more salient through a shock mechanism.

7.29 For development, it will be important that a contextual example is consistently included to make the figure feel less arbitrary. Further, we recommend the avoidance of too explicit a link to labelling, as this can be problematic. And lastly, it will be essential to complement the recommended maximum daily intake with a series of ways to reduce saturated fat in the diet.

7.30 Among some of the more health conscious audiences, particularly some HCPs and CHAs, a simple indication of the amount of saturated fat on packaged foods (eg, 5 g per 100g) may help them to make decision between higher and lower saturated fat items.

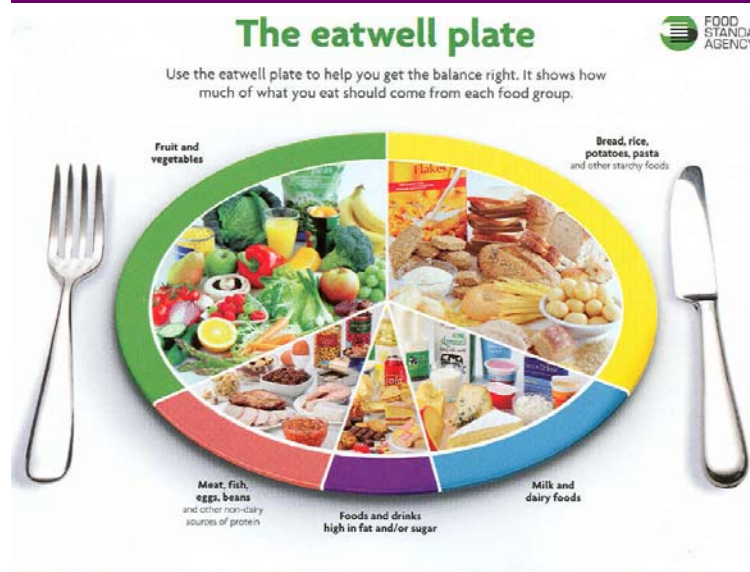
Message 3: Everyday choices for a balanced diet

Initial message

- Every grocery trip, every lunch on the go, every packed lunch for the kids, every dinnertime meal prepared at home, represents a choice when it comes to saturated fat...Choose wisely
- For a healthy, well-balanced diet, try to eat: plenty of fruit & veg, plenty of bread, rice, potatoes and other starchy foods (wholegrain where possible), some milk/dairy, some meat, fish, and other protein, just a small amount of foods and drinks high in fat and/or sugar
- Try to choose options that are lower in fat (particularly saturated fat), salt and sugar when you can

Revised message

- Every grocery trip, every lunch on the go, every packed lunch for the kids, every dinnertime meal prepared at home, represents a choice when it comes to saturated fat...
- For a healthy, well-balanced diet, try to eat: plenty of fruit & veg, plenty of bread, rice, potatoes and other starchy foods (wholegrain where possible), some milk/dairy, some meat, fish, and other protein, just a small amount of foods and drinks high in fat and/or sugar
- Try to choose options that are lower in saturated fat, salt and sugar when you can



Overview

7.31 While most can agree with the theory behind the *Everyday choices* message, (ie. eating a balanced diet), overall, feedback indicates that it is too soft and unfocused an approach.

7.32 Compared to other approaches, *Everyday choices* shows the least potential in changing attitudes and behaviour related specifically to saturated fat. This is mainly due to the sense that the saturated fat message gets lost in the midst of the more general balanced diet message.

Strengths / Positives

7.33 The *Everyday choices* concept reinforces knowledge that already exists across all segments. It both indicates that an overall balanced diet is best, and can also spark recall of other health messages (eg, 5-a-day)

7.34 The 'eatwell' plate is an easy and helpful model for behaviour. It is widely endorsed as a useful illustration as it gives an overall sense of suggested diet and relative recommended proportions of various food groups. The diagram is particularly helpful to HCPs who want but struggle to keep a healthy diet.

Weaknesses / Negatives

7.35 Overall, the approach is seen as providing a weak call to action, and risks being ignored. It provides no acknowledgement of the impact that high saturated fat intake can have on cardiovascular health.

7.36 *Everyday choices* sets up expectations of useful tips and alternatives to follow, but doesn't deliver. Therefore, the approach fails to really challenge behaviour and prompt a real change in eating habits.

7.37 The saturated fat intake message gets lost in the midst of the more general, balanced diet messages. And because saturated fat is only one of several calls to action (ie, plenty of bread, plenty of fruit/vegetables, less salt, less sugar, less saturated fat), the audience is left wondering which aspect to prioritise, and address in their diets. So, across segments, the focus and importance of saturated fat is felt to be minimised.

7.38 Further, the concept currently fails to provide specific examples of foods to cut back on, or eat in small amounts - and no suggestions are offered.

7.39 *Everyday choices* can also be rejected on the basis that it is too idealised an approach. While it can sound nice in theory, it seems unrealistic in the real world when mums are rushing home from work to face starving kids and need to put something on the table quickly.

7.40 With saturated fat in mind, the 'eatwell plate' image can confuse and mislead. The current proportions and advice come across as vague – how much of each segment is ok? Also, parts of the advice are seen as conflicting with other health and nutrition messaging (e.g., cut down on carbs vs. eat plenty of bread). Further, the audience can challenge the 'eatwell plate' model in terms of only allowing a little bit of meat and also the fact that there is saturated fat in nearly every segment except the fruit and vegetable segment.

7.41 Perhaps most importantly, most feel that the approach offers no *new* information, no real sense of change. Across segments, the concept is felt to be a reiteration of an already present balanced diet message. An unfortunate result is that many switch off as they aren't challenged to change their behaviour. This is especially true among CHAs and TCEs as many believe they are already heeding such advice.

'It is not telling you anything you don't know'
CDHR, female

'It actually makes it more confusing... I thought that you weren't meant to have too much bread but here its saying you should.'
Special diets, female

For development

7.42 While the *Everyday choices* approach shows some merit for supporting an overall general nutrition campaign, it is unlikely that it would be successful in compelling the audience to reduce saturated fat intake specifically. The approach doesn't provide a strong enough focus on saturated fat and therefore is not recommended for development as part of the consumer awareness initiative.

Message 4: Change one thing

Initial Message

- A small change in food choices or cooking practices could help to reduce your saturated fat intake, which can in turn reduce your risk of heart disease
- Consider changing at least one thing...Switch from whole to skim milk, from butter to margarine, straining mince meat, using low fat cheese instead, etc

Revised Message

- A small change in food choices or cooking practices could help to reduce your saturated fat intake, which can in turn reduce your risk of heart disease
- Consider changing at least one thing...Switch from whole to skim milk, from butter to margarine, straining mince meat, using low fat cheese instead, etc
- Other ideas: remove skin and fat from poultry before cooking and serving, use spray oil and non-stick pans instead of oil or butter, use turkey mince instead of beef mince

Visual: Images of full fat butter contrasting with margarine, Full fat milk contrasting with skimmed milk

Overview

7.43 Overall, *Change one thing* receives widespread support as a simple, easy and realistic way to start addressing saturated fat intake. With a simple, straightforward action plan based on alternatives and substitutions, the approach implies that small changes can have a real impact. However, in its current form, there is some evidence that it is too soft an approach, with little sense of new information, this was even true after the second bullet point added slightly more 'sophisticated' examples into the new / revised concept. That said this approach highlighted the clear potential in enabling information for future communications.

Strengths / Positives

7.44 All can appreciate the sentiment behind *Change one thing* - If you make small changes in your diet, you can make an impact on your saturated fat intake and your health. The concept provides a good starting point for the less health conscious audience.

7.45 Generally, the approach is seen as simple and accessible, both in terms of its positive tone and straightforward wording. The content is not seen as overly complicated as it provides easy, realistic ideas for substitutions. 'One thing' sounds doable, realistic, and is not intimidating.

'It gives alternative and gives examples of things might consume in normal day...such as full fat to skim milk'

CHA, male

'This is do-able – they're all simple ideas that we could change quite easily'

HCP, male

Weaknesses/ Negatives

7.46 However, most perceive the suggestions provided in *Change one thing* as familiar - things they are already doing. For example, most are straining beef mince, have switched from butter to margarine, are using lower-fat milk, etc. A good number admit having tried the slightly more 'sophisticated' examples or having made other, unmentioned changes already. While this is true across the sample, it is particularly true of the more informed TCEs and CHAs.

'There are good ideas in there, but we know them already'

CHA, male

7.47 Some suggested changes worked better or less well depending mainly on audience cooking sophistication. For example, some TCEs are resistant to giving up butter in some recipes and some CDHRs are relying more on convenience meals, so ingredient type changes are perhaps less effective.

7.48 When the action plan seems familiar, a reiteration of what audience is already doing, there are both positive and negative takeouts:

- At best, can reassure audience that they are moving in the right direction, making good choices
- At worst, however, can make audience feel that they have already made sufficient changes in their diet (and don't need to address anything further)

7.49 There is some evidence that, in its current form, the approach is too soft and lacks a compelling reason to change behaviour related to saturated fat. The less informed audience can question – why should I change one thing? Those less familiar with the risks of saturated fat intake can doubt the real impact of changing just ‘one thing’ as currently there is no evidence of the positive or negative effects of such changes. Their existing gaps in knowledge about saturated fat and its impact on cardiovascular health make them question why such changes would be beneficial and whether or not one change is enough to make a real impact.

‘It isn’t severe enough – if x is the daily amount, you need to change drastically on several levels, not just one thing’
CHA, male

For development

7.50 Overall, the *Change one thing* approach provides a good template for enabling information. But, in its current form, there is evidence that the concept is unlikely to motivate.

7.51 Moving forward, there are some important learning’s from this concept:

- For the less informed audience, approach needs to educate about the risks of high saturated fat intake
- Simplicity (specifically, swap this for that) can make an action plan seem more accessible
- In order to break through, ideas for reducing saturated fat need to be fresh, new and interesting (easy, but not overly familiar)
- Approach needs to ensure a good selection of tips (food alternatives as well as cooking methods)
- Make sure suggested alternatives are generally affordable, not more expensive than current foods or methods
- Feedback confirms that some are already doing some things to reduce saturated fat in their diets, but perhaps not enough. This approach needs to inspire consumers to do more
- Seems an opportunity to tailor the approach to cooking sophistication to increase relevance to the various segments through appropriate selection of delivery routes for the messages

Message 5: Enjoy Responsibly

Initial message

- Enjoy saturated fat in moderation/small amounts/infrequently
- 20g is the recommended maximum daily intake for saturated fat
- The FSA could potentially partner with food brands in problem areas (butters, cakes, pizzas, etc) to mention on their packaging or adverts for consumers to 'enjoy responsibly'

Revised Message

- Enjoy saturated fat in moderation/small amounts/infrequently
- 20g is the recommended maximum daily intake for saturated fat
- High sat fat foods (butters, cakes, pizzas, etc) mention on their packaging or adverts for consumers to enjoy responsibly, infrequently as a treat

Visuals: A bourbon press advert & Honey bun biscuit advert – both encouraging responsible consumption

Overview

7.52 Whilst *Enjoy responsibly* has some support, most would be critical of this as a main thrust of saturated fat communication. This feedback was consistent across segments. In all, this approach is unsuccessful as a central message for saturated fat reduction, mainly because it lacks impact and fails to address fundamental issues.

Strengths/positives

7.53 *Enjoy responsibly* acknowledges commonly held views:

- Food is enjoyable
- All things in moderation

7.54 Consumers endorsed the involvement of manufacturers and retailers in encouraging them to reduce their saturated fat intake. This can be potentially more interesting to the less health conscious or less informed who are looking to shift responsibility for healthy eating to other parties.

Weaknesses/negatives

7.55 However, there is evidence that the concept, as currently framed, is likely to go unnoticed because it is too subtle, too soft to be effective. For most, it comes across as quite vague and leaves the audience wondering what moderation is.

'If you want to eat something, you will eat it anyways'
HCP, female

'You don't know what moderation is'
HCP, female

7.56 Many simply agree with the notion, rather than admit that the idea shows potential for changing their attitudes or behaviour toward saturated fat. Some feel that they would have had to already commit to changing habits for the *Enjoy responsibly* message to resonate.

7.57 There is a sense that if the *Enjoy responsibly* was featured on packaging, it might get lost in the labelling and be easily missed. To some the message would just seem silly on foods recognised as high in saturated fat (eg, cake).

7.58 Across the sample, the approach is felt to lack credibility. Its tone is resisted by many as feeling patronising and preachy, and some feel that it is unlikely that manufacturers would participate in such a programme.

7.59 Perhaps most importantly the approach fails to address the more fundamental issues, namely:

- Striking an emotional chord with the audience
- Identifying why attention should be given to saturated fat intake
- Providing context to help audience make sense of the recommended maximum daily intake
- Offering a real action plan for how to reduce saturated fat in the diet

For development

7.60 Overall, this was not effective in challenging attitudes and behaviour, and therefore not a likely candidate for a central message moving forward...

- Shows more potential for confusion rather than clarification
- Among many, can feel old hat

7.61 However, there are a few learnings we can take from this approach...

- Caution not to encourage over-consumption of unsaturated fats
- Introducing tertiary elements ('good' fats) can detract from clear focus on sat. fat
- Needs to build on existing knowledge, rather than reiterate
- Saturated fat alternatives need to feel accessible (not too expensive or exotic)
- Suggesting *alternatives* is preferred to demonising foods heavily ingrained in diets

Message 6: 'Good' fats vs. 'bad' fats

Initial Message

- To stay healthy we need some fat in our diets. What is important is the kind of fat we are eating.
- We should be cutting down on food that is high in saturated fat.
- We should be replacing foods that are high in saturated fat with foods that contain unsaturated fat instead.
- Examples of foods that are high in saturated fat (ones to eat less often or in small amounts): meat products, meat pies, sausages, butter, pastry, cakes and biscuits
- These are all high in unsaturated fat: oily fish, avocado, nuts & seeds, sunflower, rapeseed and olive oil and spreads, and vegetable oils.

Revised message

- To stay healthy we need some fat in our diets. What is important is the kind of fat we are eating.
- We should be cutting down on food that is high in saturated fat.
- We should be replacing foods that are high in saturated fat with foods that contain unsaturated fat instead.
- Examples of foods that are high in saturated fat (ones to eat less often or in small amounts): meat products, meat pies, sausages, butter, pastry, cakes and biscuits
- Examples of foods that are high in unsaturated fat: oily fish, avocado, nuts & seeds, sunflower, rapeseed and olive oil and spreads, and vegetable oils

Visual: We showed a Yakult ad depicting probiotics in the gut and a Flora ad demonstrating the difference between animal and vegetable fat

Overview

7.60 Overall, the sample response indicates that '*Good*' fats vs. '*bad*' fats has some merit as it attempts to clarify the differences between the types of fat that exist. However, in its current form, it fails to motivate changes in attitudes or behaviour toward saturated fat.

Strengths / Positives

7.61 'Good' fats vs. 'bad' fats is how many talk about fats spontaneously-good vs. bad.

7.62 The approach can be informative, to a degree, as it seeks to clarify misnomers regarding fat, both unsaturated and saturated. This can be quite useful as a starting point especially to the less informed audience who are less educated and versed on the differences between 'good' and 'bad' fats.

7.63 Showing simple factual comparison between two kinds of fat helps the audience to build a fact base from which they can make decisions moving forward.

Weaknesses/ Negatives

7.64 Introducing 'good' fats into the equation appears to confuse more than help. Bringing in tertiary elements takes the focus off reducing 'bad' fats and seems to suggest incorporating more of the 'good' fats. With a less single-minded approach, there is an increased risk that the saturated fat message could get lost and merely lead to an increased consumption of 'good' fats.

'These are not alternatives... the saturated fats are all the things I eat now, but I couldn't replace them with oil and seeds!'

HCP, male

'It is obvious that saturated fat is bad, but why is it bad?'

HCP, female

7.65 The approach leaves many still wondering why saturated fat is 'bad' and why unsaturated fat is 'good.' With the less informed, there is a sense that they are still unclear about the differences and impact of saturated fat on their health. To the more informed and health-conscious women, the approach is felt to reiterate an existing understanding of fats. In both cases, the approach is seen as lacking new and constructive information and thus stands a chance of being ignored.

7.66 Further, to the less informed and less health-conscious audience (particularly some males), the approach can lead to a few concerns. For example, some resist being told not to eat foods that make up a large portion of their diet, without good reason. To them, the task seems difficult - a bit like giving up cigarettes.

7.67 Overall, across segments, the approach is just not felt to offer realistic actions. For many, the replacement of saturated fat foods with unsaturated fat foods seems unlikely. Rationale behind such a response includes:

- Unsaturated fat alternatives are not seen as obvious substitutes for saturated fat foods (eg, Meat pies to oily fish felt to be too dramatic a change)
- The low saturated fat foods mentioned are felt to be unappetising, and not fulfilling (eg, oily fish, avocados, nuts & seeds). The unsaturated fat examples cited can seem quite 'exotic' & 'posh' (eg, avocado & oily fish), especially to those with lower incomes. Given feedback, it seems reference to more realistic, less 'radical' foods in this context would be more effective. If the audience is able to relate to the examples cited, then the message may be more likely to resonate.

For development

7.68 Overall, *'Good' fats vs. 'bad' fats* is not a likely candidate for a central message moving forward. The approach confuses more than clarifies, can feel overly familiar and unrealistic and perhaps, most importantly, is not effective in challenging attitudes and behaviour.

7.69 However, there are a few learnings to be taken from feedback on this approach:

- Caution not to encourage over-consumption of unsaturated fats
- Introducing tertiary elements ('good' fats) can detract from clear focus on saturated fat
- Needs to build on existing knowledge, rather than reiterate
- Saturated fat alternatives need to feel accessible (not too expensive or exotic)
- Suggesting alternatives is preferred to demonising foods heavily ingrained in diets

Message 7: You can reduce saturated fat intake armed with these tools

- Because fat makes foods taste good, it is often hard to refuse, or cut back on...
- But, there are plenty of tools you can use to reduce saturated fat in your diet...tools such as:
 - Easy-to-adopt recipes and healthier cooking methods (perhaps delivered via a famous celebrity chef)
 - Inexpensive ideas for low sat. fat meals
 - Ideas for reducing saturated fat intake when eating on the go or when looking for a convenient option
- See list of examples (Noted in Appendix 2)



Overview

7.70 The majority of the sample was supportive of this approach as enablers are an important part of behavioural change. However, feedback indicates that there is still significant room for improvement in terms of:

- Elevating saturated fat as a serious issue to be addressed
- Engaging audience with interesting information
- Helping audience to relate the information to their diet
- Providing the educational element – amount of saturated fat in foods and a recommended maximum daily intake for future decisions
- Tailoring by audience – offering more sophisticated examples for some people

Strengths / Positives

7.71 All are often supportive of this action plan-led approach as it provides alternatives to unhealthy choices and is frequently called for spontaneously within the context of other concepts. If the right tools are provided, the audience has little room to issue get-outs (ie, no other option, time, money, knowledge, etc). All segments seem interested in tools, but HCPs and CHAs seem especially keen for ways to reduce saturated fat intake.

7.72 There is some evidence that a positive alternative structure works better than purely demonising problem foods. Easy swaps and preparation ideas are especially appreciated as they offer easy alternatives to higher saturated fat foods.

7.73 Most suggestions contained in the concept were felt to be sensible and many are able to find ideas they can use (eg, turkey mince, skin from poultry, spray oils, small amounts of strong cheese, lemon juice or balsamic vinegar). Such ideas were seen to be not too exotic, too expensive or too difficult.

7.74 The magazine advertorial format seems to have some merit as it provides a good mechanism for delivering recipes, easy swaps and shopping lists.

'This is great, all these ideas. I really like recipes. It would work well in a woman's magazine'

CHA, female

'This seems like changes I could do'

CHA, male

Weaknesses / Negatives

7.75 A key downside to the approach is that it presents only one side of the equation - the solution, but not the problem. As it doesn't provide an attention-grabbing hook or the foundational knowledge for why changes should be made, it fails to inspire or motivate the audience to change their behaviour. Providing tools doesn't necessarily mean that the audience will use the tools.

7.76 There is a risk that the number of examples/tools provided can overwhelm some. Therefore it is important to keep ideas simple and focused in communications, but perhaps offer a robust web site that allows for further perusal if desired. Featured recipes and preparation methods should be realistic, easy-to-incorporate, and tasty.

7.77 To several, across the segments, some featured tips are not particularly interesting or relevant. Ideas and recipes can vary in appeal by demographics as well as FSA segment. For example,

- TCEs may require more sophisticated tools to spark their interest
- Young men may be intimidated by overly exotic and sophisticated ideas, so need more straightforward inspiration
- CDHRs may find quick and easy, on the go options more appealing
- Low income groups may appreciate inexpensive alternatives

For development

7.78 As part of the overall saturated fat campaign, *Armed with these tools* shows potential. It provides the audience with tips, which is essential in getting them to reduce saturated fat intake in their diets.

7.79 However, feedback indicates that, in isolation, the approach is unlikely to be effective in reducing saturated fat intake. The primary reason is that the approach addresses the solution side of the equation, but fails to address the problem side – saturated fat intake can have a negative impact on health - there is evidence that many need to be convinced why they should reduce saturated fat intake before they will take notice of the tools to do it.

7.80 For development, it will also be important to ensure that:

- Tips feel fresh, new and interesting, because if already well-known, then risk being ignored
- Recipes & preparation methods are accessible, quick and easy, low cost, not too intimidating
- Suggestions come across as realistic and taste good (not merely for vegetarians)
- Ideas are simple to digest (vs. a list that can overwhelm)
- Tailoring recipe and preparation ideas where possible may help to increase relevance and impact

Message 8: The effects of saturated fat are not always just external

Initial Messages

Please note that after the first wave of groups, it was agreed that the two messages below should be merged because respondent feedback indicated that they were quite similar.

The effects of saturated fat aren't always just external

- High saturated fat intakes may lead to weight gain and obesity which everyone can see
- But there are also effects that you can't see in terms of damage to the heart & arteries - See visuals
- Heart disease can affect people you might not expect (ie, a young, thin person might look fine on the outside, but have heart disease due to sat. fat intake)

Saturated fat is a significant contributor to heart disease

- Consuming more than the recommended maximum daily intake of saturated fat increases your chance of developing heart disease
- A third of all deaths in the UK are related to heart disease
- Reduce saturated fat intake for yourself...for your spouse...for your kids (in cooking for them as well as in the healthy eating example you set)

Revised Message

- **High saturated fat intakes may lead to weight gain and obesity which everyone can see...But there are also effects that you can't see in terms of damage to the heart & arteries (See visuals)**
- **Heart disease can affect people you might not expect (ie, a young, thin person might look fine on the outside, but have heart disease due to sat. fat intake)**
- **A third of all deaths in the UK are related to heart disease**
- **Reduce saturated fat intake for yourself...for your spouse...for your kids (in cooking for them as well as in the healthy eating example you set)**

Visuals: 4 images were used

1. **Picture showing fat being squeezed out of an artery**
2. **A BHF ad showing a cigarette full of fat**
3. **An age of arteries diagram**
4. **An anti smoking ad showing an open chest with a line claiming that smoking clogs the arteries and causes heart disease**

Overview

7.81 Overall, this approach provides a powerful message for many. The graphic representation of the internal effects of saturated fat generates interest and makes the audience realise the impact that saturated fat intake is having on their bodies. However, while fresh ways of talking about heart disease challenges preconceptions, focusing solely on heart disease can have some limitations.

Strengths / Positives

7.82 Fresh and challenging ways of looking at and talking about heart disease prove most effective. For example, the point about a thin person having heart disease draws interest because it challenges the stereotype that heart disease affects only obese people. Not being there for one's kids or influence on kids' eating habits also seems to be effective.

7.83 Beyond this, visuals that show the impact of saturated fat on the cardiovascular system really aid impact and 'drive the point home.' The two visual stimuli aspects which were particularly attention-grabbing and memorable were:

- The image of the arteries clogging with fat
- Heart imagery, although feedback indicates that it may be more helpful to see a healthy heart vs. an unhealthy heart

'The one with artery squeezing fat like toothpaste...it was disgusting but made you think about it...makes me think about how much rubbish I am putting in my body and what I am going to do about it'
CHA, male

7.84 Overall, the approach can get the audience thinking about their saturated fat intake. For most, it raises the stakes and puts saturated fat firmly in their minds as a health threat. For some, the approach can put the saturated fat issue on a par with anti-smoking efforts as it highlights and dramatises the negative effects that saturated fat has on the body.

7.85 For the less knowledgeable, the approach can make them realise the damaging impact that saturated fat is having on their cardiovascular systems.

Weaknesses / Negatives

7.86 However, some aspects of the approach can feel quite familiar. When facts reiterate existing knowledge and statistics about heart health (e.g., one third of all deaths, etc) the concept loses impact.

7.87 Heart disease can lack immediacy and relevance. For the younger end of the spectrum, the effects can seem a way off, something that might happen later in life. Therefore, this group can put off thinking about the choices they are making today and the negative impact of saturated fat on their health. For the older generation, some can feel that the damage has already been done, and so it is not worth changing their habits now. This group can cite family / friends who have had a long life eating fry-ups. However, on further probing, the approach does still seem to resonate.

7.88 Compared to other shock approaches, this approach is further removed from food and diet. It is more about the body and physical effects than specific foods that are high / low in saturated fat. This can further emphasize the fact that the concept lacks tips and tools, recipes and lower-saturated fat alternatives.

For development

7.89 Going forward, *Effects aren't always just external* shows strong potential for inclusion in an overall campaign for saturated fat. It proved to be an effective way of elevating the issue of saturated fat intake and helps to generate an emotional response from the audience.

7.90 Moving forward there are some valuable lessons to bear in mind:

- A shocking approach really helps to engage the audience
- Heart disease can be a compelling motivator to saturated fat reduction if expressed in a new and interesting way
- The approach needs to challenge preconceptions that the effects of past saturated fat consumption can't be reversed and the preconception that it is too late to act. It is important to encourage *immediate* change...changes you make NOW can have serious impact on your cardiovascular health NOW. The audience needs to be educated that taking action now can have a positive impact, and that it is not too late to change saturated fat consumption habits.

7.91 It is important that this approach:

- Enables behavioural change by providing easy cooking/ingredient alternatives and tools for action - 'To reduce your risk, try...'

Message 9: Challenging your saturated fat perceptions

Initial message

- Do you really know what foods are higher/lower in saturated fat?
- Which item is lower in saturated fat?
 - A fruit cereal bar or a hot cross bun with margarine?
 - Surprise...the hot cross bun with margarine
- You can't always see saturated fat (such as quiches, pastries)
- Did you realise that your average cheese sandwich provides 65% of the maximum daily intake of saturated fat?

Revised Message

- Did you know...
 - A typical cheese sandwich is over half of your recommended maximum daily intake of saturated fat
 - A fruit cereal bar has more saturated fat than a hot cross bun with margarine
 - 2 slices of buttered toast contains more saturated fat than 4 doughnuts
 - A typical portion of quiche is nearly half of your recommended maximum daily intake of saturated fat
 - A croissant is nearly a third of your recommended maximum daily intake of saturated fat
 - A chicken Caesar salad is nearly a quarter of your recommended maximum daily intake of saturated fat

Visuals: The images used here consisted of 3 pictures with scales demonstrating the amount of saturated fat in butter compared with other foods.

Overview

7.92 Overall, *Challenging your saturated fat perceptions* shows some potential across the sample. Many are surprised to learn much of this information and overall the examples prove effective in terms of getting the audience to think about the foods that they eat. However, there is some evidence that the message structure and the alternate suggestions can confuse and mislead.

Strengths / Positives

7.93 This form of shock tactic can spark audience attention because it is a new and different way of talking about food and saturated fat.

7.94 Most examples included in the concept are successful in challenging audience preconceptions of low and high saturated fat foods. This is especially true among the less informed as they are less confident about what foods are high/low in saturated fat.

7.95 For all, the more surprising the example, the more effective it is in getting audience to think about their saturated fat intake. The cereal bar and cheese sandwich examples are the strongest and most challenging as each is thought to be a relatively healthy item.

Weaknesses/ Negatives

7.96 Some examples come across as too unbelievable. For example, 'Toast with butter vs. doughnuts' leads many to ask, 'doughnuts can't be better for you than butter in terms of sugar/calories?'

'Confusing because I think toast and margarine is fine, but this is saying eat a donut'

CDHR, female

'I think I'll have the four doughnuts instead'

CDHR, female

7.97 And some challenge the examples featured and pose questions such as:

- What if it is wholemeal toast vs doughnuts?
- What about a low-fat sausage?
- Salad...depends on how much dressing you have on it

7.98 As currently worded/structured, some examples can confuse and mislead as they are literally interpreted to be the suggested alternatives. As a result, the audience is not sure what is expected of them and they come to incorrect conclusions. A common incorrect conclusion was that donuts are 'better for you' than toast.

7.99 The approach in its current form fails to address some of the fundamental points such as:

- Educating about the risks of saturated fat
- Offering alternatives...especially if attacking what they thought was healthy
- Providing a recommended maximum daily intake

For development

7.100 While the approach shows some potential, compared to other shock approaches, '*challenging your saturated fat perceptions*' is not nearly as effective.

7.101 In its current form, the concept tends to confuse and often leaves the audience with unanswered questions or incorrect conclusions. Further, the approach fails to clearly identify saturated fat intake as an issue, as well as provide a constructive action plan moving forward.

7.102 For development, feedback indicates that it will be important to:

- Include surprising, yet credible / accurate examples
- Offer realistic, appealing alternatives instead of demonising popular foods
- Consider unsaturated fat alternative suggestions carefully so as not to be misleading or encourage consumption of unhealthy food

8. RESEARCH FINDINGS: OTHER LEARNINGS

Media Learnings

8.1 When asked where they would find a message about saturated fat reduction most effective, respondents generally listed traditional media such as TV, print/press, outdoor, and radio. However, when pressed, other interesting suggestions included: online, school, workplace, TV and radio programmes, and at the supermarket.

8.2 A few specific ideas for use in the online channel were:

- Multitude of tips and tools for reducing saturated fat
- Diary - enter your usual diet for the day and see what saturated fat it includes
- Games / activities to teach children about a balanced diet
- Shopping lists for items needed for low saturated fat meals
- Ads and links on key homepages and social networking sites e.g. Google, Face book

8.3 A few specific ideas for use in schools were:

- Leaflets given to kids at school (to be brought home and shown to parents)
- Lessons / assemblies on balanced diet / what saturated fat is
- Recipes that they can take home to try with family
- Parents invited into schools to learn more

8.4 A few specific ideas for use in the workplace included:

- Posters to influence eating habits at work, and mealtime planning
- Visiting health professionals promoting healthy eating, checking cholesterol levels, etc (ie. Scottish Health at work week)
- Especially powerful amongst males as this is where they have control

8.5 There were also felt to be some opportunities in the context of TV and radio programmes:

- Diet Doctors, Inside Out, Cook Yourself Thin, Today Programme etc
- Ideally, healthy recipes included in programmes that are already on
- Healthy eating slots between programmes, around dinner time
- Coverage in news / discussion shows

8.6 The supermarket also offers a number of ways to reach the audience:

- Perhaps a 'low-fat' or 'healthy' aisle (similar to organic section)
- Slide ruler you can take to the store...g of saturated fat per 100, converted into points
- Credit card size tool that contains recommended maximum daily intakes (e.g. 2000 calories, 6g salt, 20g saturated fat, etc)
- Clarifications in food labelling (standard way of knowing if any item is good/bad)
- Shelf or aisle communications (perhaps posters reminding of recommended maximum daily intakes)
- Low saturated fat recipe ideas
- Demos of low saturated fat recipes, new products in supermarkets
- Posters / billboards near supermarkets to influence shopping behaviour
- 'Eatwell plate' in shopping trolleys

8.7 And as discussed in the context of message four 'Change one thing,' a magazine advertorial format has some merit as it provides a good mechanism for delivering recipes, easy swaps and shopping lists. This format could be utilised to communicate a number of messages.

8.8 Broadly speaking there are a number of occasions when the audience may be more receptive to a saturated fat message:

- Morning commute (just getting the day started, good time to establish habits)
- While at work (as spend such a significant amount of time there)
- Evening commute (as seeing billboards as driving to supermarket may impact shopping habits there)
- Gym (as currently trying to exercise and stay in shape)

Saturated fat in the bigger picture

8.9 Given feedback on the *Everyday choices* approach, it appears more effective to address saturated fat intake as an individual initiative, rather than incorporating it into a broader healthy eating campaign. This is mainly due to the fact that only a minority endorse the broad diet approach as THE way to reduce saturated fat (i.e. sat fat amongst other nutrients). Instead, on educating on the dangers of saturated fat and how low the recommended maximum daily intake is, most feel this issue, like salt and possibly sugar should be highlighted in a single campaign.

8.10 Further, incorporating saturated fat into a broader balanced diet message seems to limit its potential to cut through. This is because it:

- Minimises importance of limiting saturated fat intake
- Doesn't sufficiently educate about the impact of saturated fat intake on heart disease and also doesn't provide a recommended maximum daily intake
- Leaves consumers wondering which aspect to latch onto

8.11 In all, it appears that the most effective approach would be to educate consumers on each important nutritional element one at a time (e.g., salt, sugar, saturated fat). And then, once the audience has an established base of information, the broader, overall healthy eating message becomes more relevant and salient.

Celebrity chefs

8.12 One element explored within *Armed with these tools* was the possibility of celebrity chefs delivering ideas/tools for reducing saturated fat intake.

8.13 A minority support celebrity chefs as a mechanism for a saturated fat campaign. Their reasons were primarily a general familiarity with celebrity chefs and also the fact that they (especially TCEs) look to cooking programmes to inform food choices and preparation methods. Beyond this, there is some recall of the impact that Jamie Oliver has had in elevating the importance of school dinners.

8.14 But the majority of feedback on celebrity chefs as the primary mechanism for delivering the saturated fat message was negative. A number of rationale were offered here:

- Sense that the idea of celebrity chefs is overdone (eg, Sainsbury's ad, books, supermarket food ranges)
- Approach can contradict typical chefs' cooking methods (use of butter, cream, etc) and therefore may not be credible (ie, switch channels and see cooking unhealthily)
- Feeling that sets impossible expectations as what consumers themselves prepare is not to the level that a chef might prepare, chefs use exotic ingredients, etc
- Concern of bias, getting paid to promote a certain viewpoint or product

Celebrity chef quotes

'It would be fake'

CHA, male

'How much are they getting paid?'

CHA, male

'Chefs cook in butter and cream and they say fat makes meat tasty'

CHA, male

'Jamie Oliver, the stuff he does for Sainsbury's – he tells you in 20 seconds, gives you the healthy option'

CHA, male

'They [celebrity chefs] use things that you can't get in supermarkets'

HCP, female

'Doesn't inspire me'

CDHR, female

'Would inspire if I had loads of time'

CDHR, female

'We're in celebrity chef overdone mode'

CDHR, female

'Nigella isn't normal'

CDHR, female

'Gordon Ramsay...he cooks for restaurants, not normal food'

CDHR, female

'Jamie Oliver does stuff with schools'

CDHR, female

'You'd have to get a chef who would stick to it...where you don't flip over and he's making full fat chocolate cake on another channel'

CDHR, female

'Chefs have so many ingredients, they have it done for them'

CDHR, female

Portion advice

8.15 Another element that was explored in the context of *Armed with these tools* was the idea of portion size advice. Although not mentioned spontaneously in the course of discussion, overall, most are initially dismissive of portion advice. Many, especially men, resist being told what a portion is. For others, merely discussing portion advice begs the question, 'what is a portion?' All in all, portion advice is seen as nice to have, but not always likely to be heeded.

8.16 Only a minority are aware of portion size guidance provided by some organisations and healthy eating leaflets.

8.17 For most, portion sizes are not always easy to deduce. Whereas with fruit and vegetables a portion is relatively easy to identify (one apple = 1 portion), it is not seen to be as easy when it comes to portion of quiche, pizza, etc where the amount of saturated fat can often be hidden. Portion sizes for meat are also more confused, for some, a chicken breast is typically considered one portion, although can be larger than a fist. For busy, time-pressed mums who are cooking for their families, weighing out ingredients and portions precisely is not always realistic.

8.18 On-pack portion advice seems to be acknowledged more by women who utilise portion guidelines when grocery shopping and preparing meals. Most men, on the other hand feel that portion sizes aren't designed with them in mind and just tend to eat what looks right or what they are hungry for.

8.19 Overall, portion advice was felt to add little information vs. 'per 100g.' To some, portion advice can be more helpful, and easier to calculate when clearly indicated as x portions in a pack. Better still, many call for the total packet saturated fat content, as this helps them to determine how much of a packet they wish to eat.

8.20 Beyond this, there was some support for education on portions as a way of understanding the saturated fat content of non-packaged foods (eg, items bought at butcher, fresh foods, food purchased on the go, etc).

Portion advice quotes

'I can visualise a portion better than 100g'
CHA, female

'Steak is one portion, be it small or large'
CHA, male

'Everyone is different, different jobs, etc'
CHA, male

'You already know that you should be having a smaller amount than what you're having, but you can't help it if you're hungry.'
HCP, male

'Yes but how big is a portion?'
HCP, male

'It needs to be how many grams of saturated fat per pack – on the front. I can then decide how much I want to eat'
HCP, male

'When you are eating nuts, how do you know what is 30g?'
HCP, female

'Portions works if it tells you how many portions there are in a pack. But just tell me how much sat fat there is in a pack.'
TCE, male

'[Portion advice] can be unrealistic'
TCE, male

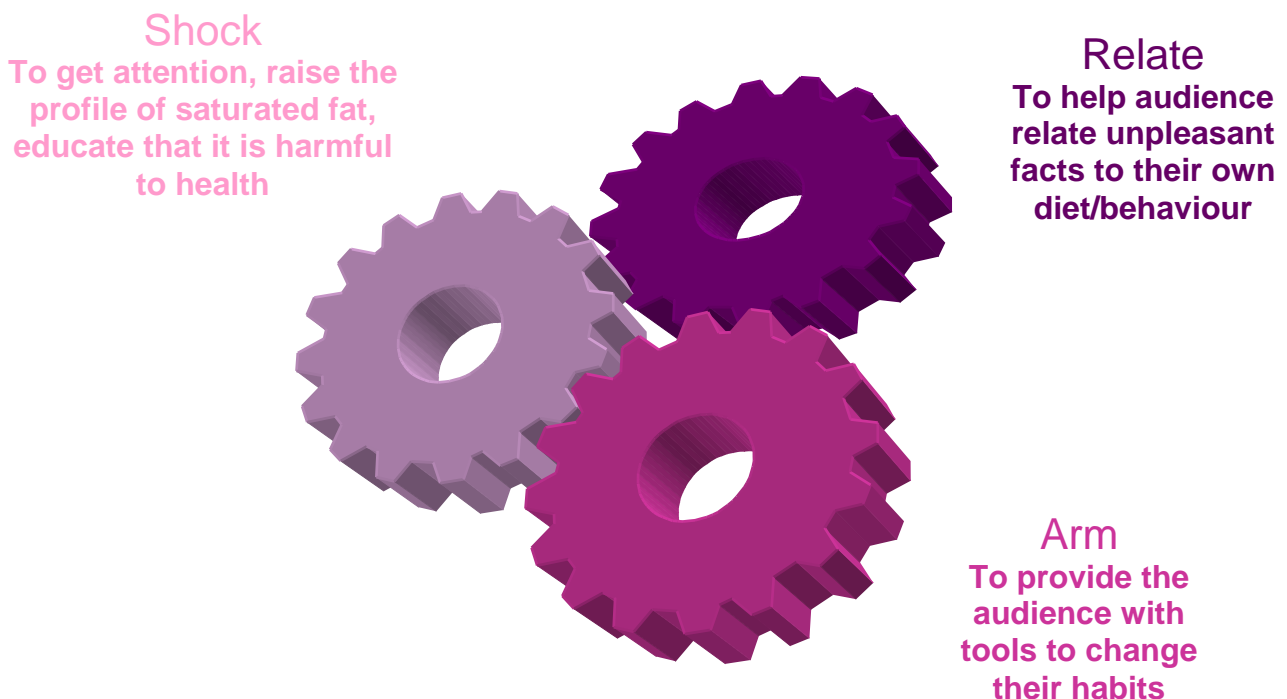
'It is helpful, but doesn't mean that I will do it'
CDHR, female

9. CONCLUSIONS AND RECOMMENDATIONS

9.1 Overall, response to the messaging concepts was largely consistent. There was no clear favourite but there were definitely some messages that were working better than others and in different ways.

9.2 Shock tactics generally proved an effective mechanism for generating emotional response and challenging preconceptions and complacency. For some, shock is enough to elevate the issue of saturated fat and compel some proposed dietary changes.

9.3 However, more broadly, shock is not enough to change behaviour long term and research confirms the need for a three-dimensional campaign in order to deliver the strongest impact across the population.



Shock

9.4 In terms of **shock**, the messages that show the most potential are:

- *Take a look at the saturated fat in your food*
- *The effects of saturated fat are not always just external*

9.5 *Take a look* has a broad appeal and definitely gets a consistent raw, emotional response from the audience.

9.6 *Effects are not always external* shows potential to elevate the saturated fat issue to the level of anti-smoking efforts. Highlighting the negative impact that saturated fat intake has on the body calls attention to the seriousness of the issue, and can strike a chord with the audience. When saturated fat's impact on heart health is shown in a fresh way, it proves to be quite effective.

9.7 Moving forward it will be important that shock tactics are followed by or coupled with *relate* and *arming* tactics.

Relate

9.8 Only one messaging concept addresses the **relate** aspect of the campaign:

- **Knowing your saturated fat recommended maximum daily intakes**

9.9 Although there is some evidence that identifying foods that the audience eats as being high in saturated fat can also act as a means of helping them to *relate*.

9.10 Moving forward, it will be important that *relate* aspects:

INCLUDE

- ✓ Context alongside recommended maximum daily intakes, facts, stats so that audience can relate these to their own diet (e.g., cheese sandwich)
- ✓ Show saturated fat in foods they're eating

AVOID

- X Overly dry, figure-packed communications can bore
- X Linking recommended maximum daily intakes too close to labels

Arm

9.11 In terms of **arm**, the messages that worked best were:

- *You can reduce your saturated fat intake armed with these tools*
- *Change one thing*

9.12 Armed with these tools shows potential as it offers a range of ideas and alternatives that could help the audience re-evaluate their saturated fat intake habits.

9.13 Change one thing shows potential as it offers the audience a simple and doable approach.

9.14 Moving forward, it will be important that arming tools:

ARE	ARE NOT
✓ Simple, straightforward	X Complicated list of to-dos
✓ Easy to digest	X Too exotic/too expensive/too time-consuming
✓ Realistic examples	X Overly familiar things already doing
✓ New & interesting	
✓ Tailored to audience	

Media learnings

9.15 Feedback indicates there are numerous outlets for a consumer awareness initiative on saturated fat beyond traditional media (eg, TV, radio, press, outdoor). There is potential for communications online, in schools, in the workplace, in the context of TV & radio programs, and at supermarkets.

Saturated fat in the bigger picture

9.16 Generally, saturated fat is felt to merit its own messages, rather than being incorporated as one element of a broader balanced diet message, at least at this stage.

Celebrity chefs

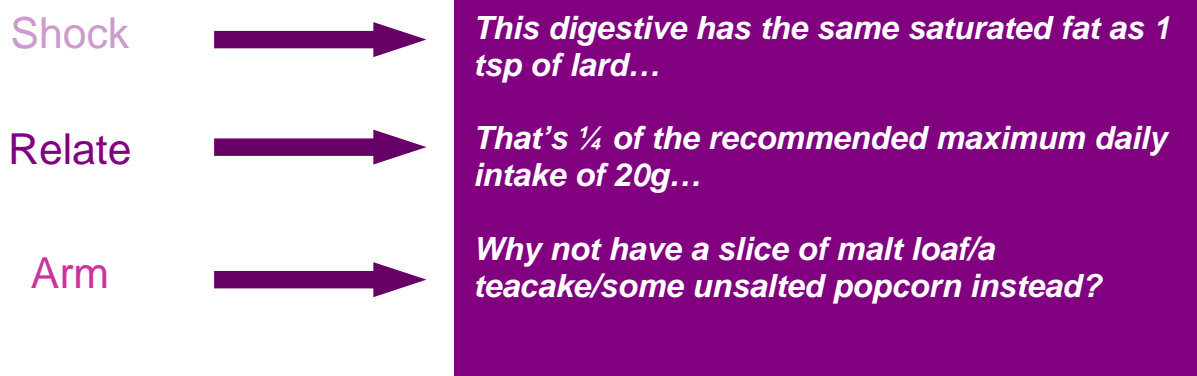
9.17 Given feedback, celebrity chefs would not be advisable as *the* primary voice of the saturated fat campaign.

Portion advice

9.18 Overall, portion advice can be helpful to a degree, although it is met with some resistance across segments.

RECOMMENDATION

9.19 Taking the previous points into account, the following research-based optimum messaging results in the following...



APPENDIX 1: DISCUSSION GUIDE

**Saturated Fat Strategic Messaging Development
CML 1903
Discussion Guide-FINAL
NN/LM**

120 minutes

1. Introductions & warm up (5 minutes)

Explain the purpose of the evening (i.e. to explore ways to talk about reducing saturated fat intake, that it is very early stages of development, we have ten messaging thoughts to evaluate) and encourage respondents to be open and honest with their views on the subject, whilst at the same time allowing others to voice their views.

Respondents to introduce themselves, mention family situation (spouse, kids), and something fun they did recently. For pre-tasked groups explore the communication they have brought with them for learnings on delivery ie media, tone etc

2. Messaging exploration - spontaneous (10 min)

This section will be covered in the pre-tasked groups only. Here we will remind respondents of their pre-task exercise and then set them the research challenge i.e. to identify messages that will encourage them to reduce their saturated fat intake. Specifically respondents will be asked to spend a couple of minutes in pairs thinking about what they would put into an advert that aims to encourage people to reduce their saturated fat intake. What would they say, what would they show, how would it feel, where might they come across the messages etc. Responses would then be explored and built upon.

3. Evaluating Candidate Messaging Areas (85-95 minutes)

The non pre-tasked groups will start here and will have more time to explore messages.

Explain we are looking at different ways of talking to the public about saturated fat intake; that we are going to present a series of potential ways of talking about the subject and we want them to share their honest views on each; that they should feel free to agree/disagree with others in the room.

Explain / remind respondents that this is very early stages of communication development where we are simply looking at different ways of talking about the subject; that what we are showing them are not ads but messages that could become communication one day.

For each message respondents will be given a printout of the messaging concept as well as a printout of the visual intended to bring the concept to life.

Respondents will be told that the visual is not meant to be a direct interpretation of the messaging concept, but instead just an example of the tone/personality/imagery to spark their imagination.

NB the order of presentation of messages will be rotated across groups.

For each messaging concept: Very briefly ask respondents to individually jot down their initial thoughts re strengths and weaknesses and how this makes them feel about their saturated fat intake. Then after all have had a chance to write their individual thoughts, we will discuss as a group.

Then explore in detail as follows:

- Initial thoughts
- Strengths/weaknesses
- Comprehension-how far they understand intended communication.

Impact on how they think and feel on the subject and how it is achieving that. Note and explore any evidence that impacts attitudes and perhaps future behaviour related to saturated fat

Keep an ear out and explore extent to which the message develops...

Clarity of delivery in terms of reducing SATURATED fat intake (as opposed to all fats, general healthy eating message, etc)

Impact on attitudes and potential future behaviour related to saturated fat

Provision of easy to understand and adopt ideas/ways of reducing saturated fat in their day to day diets

Credibility / believability

In terms of voice, does it matter who the message comes from (nutritionist, a consumer testimonial, celebrity chef, etc)? Is it more credible/meaningful coming from one or the other? Why?

Relevance & target... is it speaking to them? If not, whom is it targeting?

Tone-words to describe i.e. how does it feel, who does it feel like it coming from, how are they talking to us?

Response to visuals

Which aspects are and aren't working here?

Any learnings from visuals or adverts which can be applied to the saturated fat messaging?

Seek guidance for development

Having explored the first message repeat as above for the remaining messages.

Having explored all messages explore the extent to which how they think and feel about saturated fat has been influenced by the ideas we have looked at

How have their attitudes changed – if at all? What has caused any change?

Lay all 10 of the messages out on the floor

**Which message(s) is working best to positively influence how they feel about the subject and how is it (are they) working
How they would develop the stronger message(s)
What pitfalls should be avoided
What can we learn in terms of approach, tone, voice and any guidance from an executional perspective**

Explore message delivery...

Where applicable, refer respondents to their pre-tasks and comment on means of delivery that they noticed worked for them...Explore how these might work for saturated fat messaging

**Briefly, brainstorm a variety of modes of communication/means of message delivery that could be used to promote the 'Reduce saturated fat intake' messaging (TV, radio, magazine editorial, posters, etc).
Explore what modes consumers feel would be most effective - where would messages have the most impact on what they buy /cook/eat, (and this could go beyond traditional media).**

Ask about where and when messages might be effective...(beyond just media examples)

Explore the broader strategic questions...

**Briefly discuss: How do messages about saturated fat impact on other healthy eating messages such as 5-a-day, salt awareness etc? Does it detract from or complement the other messages or confuse consumers? Are messages about individual nutrients as part of wider messages about the whole diet considered more helpful? If consumers feel that healthy eating messages do conflict or detract from each other, how do they feel this could be remedied? Do they want messages to be prioritised or linked in some way, and how would this work practically, how would it look? Etc
How a campaign on saturated fat might impact on other health messages**

3. Briefly, explore attitudes towards saturated fat (10 minutes)

It is likely that many of the following points will have been covered by this point in the discussion, but if they have not then explore them here.

Gauge spontaneous views on saturated fat intake

How do they perceive their saturated fat intake? Do they think it is high/low?

Awareness and consumption of 'problem' foods? (high in saturated fat)

Understand where consumers get their information regarding fat, saturated fat, healthy eating, etc? (media, magazines, word of mouth, etc)

Closing: Ask consumers what *new* knowledge would help them cut down on saturated fat (this should come out naturally in the discussion of the messages but it might be helpful to conclude).

4. 'Talking Heads' filming (10 minutes)

Thank and close.

APPENDIX 2: MESSAGES

Message one: Take a look at the saturated fat in your food

Initial message

- See visuals
- For example, there is the same amount of saturated fat in a cheese sandwich as 7 teaspoons of lard

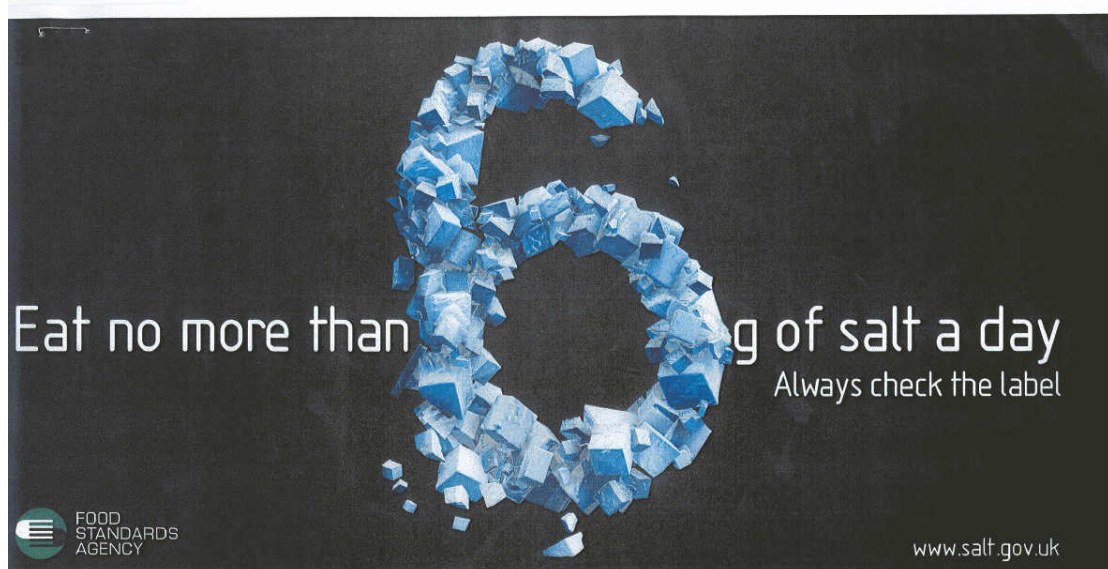
Revised message

- See visuals
- For example, there is the same amount of saturated fat in...
 - a digestive biscuit as 1 teaspoon of lard
 - a sausage as nearly 3 teaspoons of lard
 - a portion of lasagne as nearly 6 teaspoons of lard
 - a Cornish pasty as 9 teaspoons of lard
 - a croissant as 3 teaspoons of lard

Visual: we showed a striking British Heart foundation ad showing a girl swigging from a large bottle of cooking oil

Message two: Knowing your saturated fat recommended maximum daily intake

- Recommended maximum daily intakes suggest that adults should consume no more than 20g of saturated fat per day
- For help with food labels take note that
 - More than 5g of saturated fat per 100g is high
 - 1.5 g or less per 100g is low
- For reference, a typical cheese sandwich from the supermarket may have 13 g of saturated fat (more than half of the recommended maximum daily intake)
- You have the information you need to make smart decisions when it comes to saturated fat



Message three: *Everyday choices for a balanced diet*

Initial message

- Every grocery trip, every lunch on the go, every packed lunch for the kids, every dinnertime meal prepared at home, represents a choice when it comes to saturated fat...Choose wisely
- For a healthy, well-balanced diet, try to eat: plenty of fruit & veg, plenty of bread, rice, potatoes and other starchy foods (wholegrain where possible), some milk/dairy, some meat, fish, and other protein, just a small amount of foods and drinks high in fat and/or sugar
- Try to choose options that are lower in fat (particularly saturated fat), salt and sugar when you can

Revised message

- Every grocery trip, every lunch on the go, every packed lunch for the kids, every dinnertime meal prepared at home, represents a choice when it comes to saturated fat...
- For a healthy, well-balanced diet, try to eat: plenty of fruit & veg, plenty of bread, rice, potatoes and other starchy foods (wholegrain where possible), some milk/dairy, some meat, fish, and other protein, just a small amount of foods and drinks high in fat and/or sugar
- Try to choose options that are lower in saturated fat, salt and sugar when you can



Message Four: *Change one thing*

Initial Message

- A small change in food choices or cooking practices could help to reduce your saturated fat intake, which can in turn reduce your risk of heart disease
- Consider changing at least one thing...Switch from whole to skim milk, from butter to margarine, straining mince meat, using low fat cheese instead, etc

Revised Message

- A small change in food choices or cooking practices could help to reduce your saturated fat intake, which can in turn reduce your risk of heart disease
- Consider changing at least one thing...Switch from whole to skim milk, from butter to margarine, straining mince meat, using low fat cheese instead, etc
- Other ideas: remove skin and fat from poultry before cooking and serving, use spray oil and non-stick pans instead of oil or butter, use turkey mince instead of beef mince

Visual: Images of full fat butter contrasting with margarine, Full fat milk contrasting with skimmed milk

Message Five: *Enjoy Responsibly*

Initial Message

- **Enjoy saturated fat in moderation/small amounts/infrequently**
- **20g is the recommended maximum daily intake for saturated fat**
- **The FSA could potentially partner with food brands in problem areas (butters, cakes, pizzas, etc) to mention on their packaging or adverts for consumers to 'enjoy responsibly'**

Revised Message

- **Enjoy saturated fat in moderation/small amounts/infrequently**
- **20g is the recommended maximum daily intake for saturated fat**
- **High sat fat foods (butters, cakes, pizzas, etc) mention on their packaging or adverts for consumers to enjoy responsibly, infrequently as a treat**

Visuals: A bourbon press advert & Honey bun biscuit advert – both encouraging responsible consumption

Message Six: 'Good' fats vs. 'bad' fats

Initial Message

- To stay healthy we need some fat in our diets. What is important is the kind of fat we are eating.
- We should be cutting down on food that is high in saturated fat.
- We should be replacing foods that are high in saturated fat with foods that contain unsaturated fat instead.
- Examples of foods that are high in saturated fat (ones to eat less often or in small amounts): meat products, meat pies, sausages, butter, pastry, cakes and biscuits
- These are all high in unsaturated fat: oily fish, avocado, nuts & seeds, sunflower, rapeseed and olive oil and spreads, and vegetable oils.

Revised Message

- To stay healthy we need some fat in our diets. What is important is the kind of fat we are eating.
- We should be cutting down on food that is high in saturated fat.
- We should be replacing foods that are high in saturated fat with foods that contain unsaturated fat instead.
- Examples of foods that are high in saturated fat (ones to eat less often or in small amounts): meat products, meat pies, sausages, butter, pastry, cakes and biscuits
- Examples of foods that are high in unsaturated fat: oily fish, avocado, nuts & seeds, sunflower, rapeseed and olive oil and spreads, and vegetable oils

Visual: We showed an image depicting the difference between good and bad bacteria in the gut; and images demonstrating the difference between animal and vegetable fat.

Message Seven: You can reduce saturated fat intake armed with these tools

- **Because fat makes foods taste good, it is often hard to refuse, or cut back on...**
- **But, there are plenty of tools you can use to reduce saturated fat in your diet...tools such as:**
 - Easy-to-adopt recipes and healthier cooking methods (perhaps delivered via a famous celebrity chef)
 - Inexpensive ideas for low sat. fat meals
 - Ideas for reducing saturated fat intake when eating on the go or when looking for a convenient option
- **See list of examples**

Easy ways to cut down on saturated fat in food preparation/cooking:

- Choose lean cuts of meat or trim visible fat from meat;
- Remove the skin and fat from poultry before cooking and serving;
- Grill, steam, stirfry or oven bake rather than frying or roasting with added fat;
- Use smaller amounts of stronger flavour cheese such as parmesan instead of cheddar cheese so a small amount can go further;
- Quorn/soya mince or vegetable instead of meat in composite meat dish (lasagne, cottage pie, stirfry etc)
- Alternatively, turkey mince is lower in saturated fat than beef/lamb mince;
- Use lemon juice or balsamic vinegar instead of creamy salad dressings;
- To thicken sauces use low fat yoghurt or skimmed milk and corn-flour (instead of cream);
- Use non-stick cookware, or if you do not have this cook in liquids (such as stock, wine, lemon juice, fruit juice, vinegar or water) instead of oil or butter;
- Fat free sponges (e.g. swiss roll), or treats such as tea cakes, hot cross buns or malt loaf in place of other cakes;
- If you're making a cake use low fat margarine instead of butter, or use less butter and retain the moisture by adding some apple sauce or banana/date puree;
- Make cheesecake with low fat soft cheese and low fat biscuits for the base.

Inexpensive/convenient lower sat fat suggestions:

- Spray oil is not expensive and goes a long way as you can cook with just a couple of squirts;
- Vegetable crudité's and dips instead of crisps and dips;
- Unsalted/unsweetened popcorn, dried fruit instead of crisps;
- Current bun/teacake/malt loaf instead of cake;
- Frozen yoghurt instead of ice cream/cream.

Wolman's Own PROMOTION

Hold the salt

Food can taste every bit as good without any added extras

MEATY TOMATO PASTA
SERVES 4 CALS 520 FAT 40G (BOTH PER SERVING)

SALT SAVER
Using 100% wholemeal flour, you can reduce the salt in your recipe by up to 50%.

CHICKPEA AND PINEAPPLE CURRY
SERVES 4 CALS 250 FAT 10G (BOTH PER SERVING)

SALT SAVER
Using 100% wholemeal flour, you can reduce the salt in your recipe by up to 50%.

FISHPIE
SERVES 4 CALS 510 FAT 50G

SALT SAVER
Using 100% wholemeal flour, you can reduce the salt in your recipe by up to 50%.

SHOPPING LIST

SALT SWAPS

SWAP FOR:

www.salt.gov.uk

Message Eight: The effects of saturated fat are not always just external

Initial Messages

Please note that after the first wave of groups, it was agreed that the two messages below should be merged because respondent feedback indicated that they were quite similar.

The effects of saturated fat aren't always just external

- High saturated fat intakes may lead to weight gain and obesity which everyone can see
- But there are also effects that you can't see in terms of damage to the heart & arteries - See visuals
- Heart disease can affect people you might not expect (ie, a young, thin person might look fine on the outside, but have heart disease due to sat. fat intake)

Saturated fat is a significant contributor to heart disease

- Consuming more than the recommended maximum daily intake of saturated fat increases your chance of developing heart disease
- A third of all deaths in the UK are related to heart disease
- Reduce saturated fat intake for yourself...for your spouse...for your kids (in cooking for them as well as in the healthy eating example you set)

Revised Message

- High saturated fat intakes may lead to weight gain and obesity which everyone can see...But there are also effects that you can't see in terms of damage to the heart & arteries (See visuals)
- Heart disease can affect people you might not expect (ie, a young, thin person might look fine on the outside, but have heart disease due to sat. fat intake)
- A third of all deaths in the UK are related to heart disease
- Reduce saturated fat intake for yourself...for your spouse...for your kids (in cooking for them as well as in the healthy eating example you set)

Visuals: 4 images were used

1. Picture showing fat being squeezed out of an artery
2. A BHF ad showing a cigarette full of fat
3. An age of arteries diagram
4. An anti smoking ad showing an open chest with a line claiming that smoking clogs the arteries and causes heart disease

Message nine: Challenging your saturated fat perceptions

Initial Message

- Do you really know what foods are higher/lower in saturated fat?
- Which item is lower in saturated fat?
 - A fruit cereal bar or a hot cross bun with margarine?
 - Surprise...the hot cross bun with margarine
- You can't always see saturated fat (such as quiches, pastries)
- Did you realise that your average cheese sandwich provides 65% of the maximum daily intake of saturated fat?

Revised Message

- Did you know...
 - A typical cheese sandwich is over half of your recommended maximum daily intake of saturated fat
 - A fruit cereal bar has more saturated fat than a hot cross bun with margarine
 - 2 slices of buttered toast contains more saturated fat than 4 doughnuts
 - A typical portion of quiche is nearly half of your recommended maximum daily intake of saturated fat
 - A croissant is nearly a third of your recommended maximum daily intake of saturated fat
 - A chicken Caesar salad is nearly a quarter of your recommended maximum daily intake of saturated fat

The images used here consisted of 3 pictures with scales demonstrating the amount of saturated fat in butter compared with other foods.

APPENDIX 3: RESPONDENT QUOTES ON MESSAGES

Message One: Take a look at the saturated fat in your food

'The one comparing to tsp of lard and the visual of pouring cooking oil down...it got me thinking...I'm going to have to start paying more attention to the saturated fat content in foods'

CHA, male

'I know lard and it is not something that I would want to eat...the message comparing lard to other things is a constant...and the next time I eat a sausage will think I am eating 3 teaspoons of lard and will put me off'

CHA, male

'The teaspoon of lard, gives you something to relate to...the gram doesn't mean anything ...it is a quantity you can visualise instantly...if it is 4 tsp you know how much they are talking about'

CHA, male

'I need to find out how much 1 teaspoon of lard equates to 20g'

CHA, male

'They are thought provoking figures'

CHA, male

'It is difficult to expect people to change unless you give them an alternative'

CHA, male

'Everyone knows that lard is bad for you'

CHA, male

'The quantities are incredible'

CHA, male

'But it doesn't tell you what is wrong with saturated fat'

CHA, male

'Would make you think twice'

CHA, male

'The fact that there is one teaspoon in a biscuit, how much can we have in one week?'

CHA, male

'If I eat all this, what is bad for me – is it 23 or 50 teaspoons of lard?'

CHA, male

'How many teaspoons of lard can I have?'

CHA, male

'That's what I eat regularly'

HCP, male

'The comparisons like the Cornish pasty and digestive biscuit are powerful. I can relate to them'

HCP, male

'The lard is horrible and gets my attention, but I need to have alternatives too. The 20g is excellent as something to work to'

HCP, male

'I only have negative associations with lard so want to keep away from it'

HCP, male

'It's disgusting / vile to think of it in my biscuit'

HCP, male

'Its eye-opening... I could easily eat all this in a day!'

HCP, male

'Its definitely disgusting to think about lard, but its hard to know what it means... how much lard am I actually allowed in a day?'

HCP, male

'It is striking and really hit home because it is disgusting'

HCP, female

'It is missing what to do about it'

HCP, female

'No one would dream of eating a spoon of lard'

HCP, female

'You need to know what to eat and not eat'

HCP, female

'Liked lard/take a closer look at food because of the comparison and I found it shocking to compare tsp of lard to foods you are eating...just the thought of putting lard in body disgusts me and makes me feel disgusted with myself because that is a food I eat everyday'

HCP, female

'Uurrghh... yuk. No way!!!'

TCE, female

'Makes me feel disgusted'

TCE, male

'Says saturated fat isn't healthy, but needs to have what you can do [to reduce saturated fat]'

TCE, male

Message Two: Knowing your saturated fat recommended maximum daily intake

'The cheese sandwich brings it home'

CHA, male

'20g seems nothing compared to the cheese sandwich'

CHA, male

'The cheese sandwich – you think it is healthy, easy to have, a healthy fast food, but I'm surprised about that'

CHA, male

'The text has impact because the cheese sandwich has more than half'

CHA, male

'It is measurable, quantifiable'

CHA, male

'It is simple to understand'

CHA, male

'They still haven't told us why saturated fat is bad'

CHA, male

'20g makes more sense for labelled foods'

CHA, male

'The reason I don't read labels is because it is too confusing'

CHA, male

'I didn't realise there was so much saturated fat in the food I eat on a daily basis'

CHA, female

'Knowing the recommended amounts is really useful. Even though I thought I knew a lot about saturated fat I didn't have a clue about that amount. I can now measure my intake as I'm shopping. 5g in 100g and 1.5g in 100g can stick in my head like '5 a day''

CHA, female

'Knowing the guidelines is powerful because it's surprisingly low. But it's difficult to put it into perspective without proper labelling on food'

HCP, male

'The cheese sample example helps me visualise the 20g...it means there's not much left for the rest of the day'

HCP, male

'20g sounds quite small – makes me realise that I'm probably eating way too much!'

HCP, male

'I'm not going to spend my whole day looking at packets and adding up the fat... it needs to be easier than that.'

HCP, male

'Will keep that in my head, like calories.'

HCP, female

'Knowing the guidelines is really good. I'll now look at packages.'

HCP, female

'This is too much to take in'

HCP, female

'5g is useful to know when you are doing your shopping'

HCP, female

'I look at labels on everything'

HCP, female

'Guideline amount – why should I stick to it?'

HCP, female

'20g doesn't play a role - we won't add it up...we don't have time'

HCP, female

'5g per 100g is good to know, but it takes a long time to compare'

HCP, female

'You won't be counting up [to 20g]'

HCP, female

'It is saying you aren't allowed a lot per day'

HCP, female

'I'm quite happy to learn that 20g is the daily amount'

HCP, female

'When I know that the cheese sandwich is so much of my daily allowance I'd watch what I eat the rest of the day'

TCE, female

'I wouldn't measure out 20g, but I'd use it as a guide'

TCE, male

'No one would be within the 20g'

TCE, male

'If a sandwich has more than half [of the 20g recommended maximum daily intake], then you are screwed'

TCE, male

'What if you exercise? Can you take in more [than the 20g recommended maximum daily intake]'

TCE, male

'Is the 20g the same for men, women and children?'

TCE, male

'Labels is one thing, but what if you are making something at home?'

TCE, male

'Good because tells you saturated fat intake a day, tells people what they should have'

CDHR, female

'Per 100g confuses me'

CDHR, female

'I didn't know 20g'

CDHR, female

'If you have a cheese sandwich, you can't have much else that day'

CDHR, female

'5g I like because all foods have per 100g'

CDHR, female

'Its really encouraging people to eat packaged food because it is easy to add up from labels...'

Special diets, male

'You don't make a balanced diet with a calculator.'

Special diets, female

Message Three: Everyday choices for a balanced diet

'Yes that's right; but it's not going to change anything'
CHA, female

'It's important that saturated fat is a separate message. It's an important message. If you bundle it up in a balanced diet it gets lost'
CHA, female

'This is when it gets confusing. Plenty of bread...I see things saying don't eat bread'
CHA, male

'Nothing new - this is what we're taught all the time'
CHA, male

'We all know that we should be having a balanced diet, five fruit and veg a day'
CHA, male

'If they are trying to hammer on saturated fat, this doesn't change anything because doesn't show the effects'
CHA, male

'This message is out there already'
CHA, male

'No impact because it doesn't tell you why you should reduce saturated fat'
CHA, male

'This is the same information we've always been given'
CHA, male

'It doesn't mention how to prepare foods'
CHA, male

'I'm sure that two to three years ago it said don't eat starchy foods'
CHA, male

'The plate is a nice graphic'
CHA, male

'The eatwell plate is a really good idea. They should put it in shopping trolleys so we can check what we are putting in them as we go... I should copyright that idea'
HCP, male

'The plate image is really easy... I'd keep it in my mind when I'm dishing up dinner... gives you an idea of what you should have of each type.'

HCP, male

'I don't think its right to say that you should only have a small bit of meat... everyone's different and I really do feel weak if I don't have enough meat.'

HCP, male

'It is good to show the balance of what we should eat'

HCP, female

'Eatwell plate says more than the words because you can see the foods'

HCP, female

'It doesn't give enough information on saturated fat'

HCP, female

'This is about nutrition and the others [messages] are about saturated fat'

HCP, female

'People would walk past this and not notice it'

HCP, female

'Seen it all before'

HCP, female

'Some diets say cut down on carbohydrates'

HCP, female

'It doesn't tell you what foods are low in fat, salt and sugar'

HCP, female

'How much is some?'

HCP, female

'The visual is misleading because it says eat meat and fish, but it just told us that it is high in saturated fat'

HCP, female

'Boring'

HCP, female

'Yes that's right, but we know all this'

TCE, male

'The saturated fat message gets subsumed in the balanced diet'

TCE, male

'I like the plate...you need a balanced diet'
TCE, male

'It has forgotten the message about saturated fat'
TCE, male

'It is saying eat fruit and veg...we hear 5-a-day'
TCE, male

'Nothing new, we all know it'
CDHR, female

'It says every time you put something on a plate, go for balance'
CDHR, female

'It is too much to think about'
CDHR, female

'Moderation...they always say that'
CDHR, female

'I don't know how to portion a dinner'
CDHR, female

'It gives more variety'
CDHR, female

'It tells you what you already know'
CDHR, female

'In an ideal world – great, but this isn't practical'
CDHR, female

'It is not telling you anything you don't know'
CDHR, female

'Is it enough to do this and not exercise?'
CDHR, female

'It actually makes it more confusing... I thought that you weren't meant to have too much bread but here its saying you should.'
Special diets, female

Message Four: Change one thing

'We have changed some things, but would be good to see list of other things I could change...and as long as were simple changes like change full fat to low fat, etc...Might not change everything overnight, but maybe one a week, and work into lifestyle over time'

CHA, male

'I have done all of these'

CHA, male

'It isn't severe enough – if x is the daily amount, you need to change drastically on several levels, not just one thing'

CHA, male

'There are good ideas in there, but we know them already'

CHA, male

'It gives alternative and gives examples of things might consume in normal day...such as full fat to skim milk'

CHA, male

'I strain mince'

CHA, male

'I switched milk 15 years ago and we only have butter if we have a party'

CHA, male

'I wouldn't do all that, but I can switch cheese...it is just going from there to there on the same shelf'

CHA, male

'Yes, I could do that.'

HCP, male

'This is do-able – they're all simple ideas that we could change quite easily'

HCP, male

'I love butter and I'm just not willing to give it up no matter how bad they say it is for me!'

HCP, male

'Simple, it educates you'

HCP, female

'Gives you ideas of what to change'

HCP, female

'It is missing the shock factor'
HCP, female

'Turkey mince instead of beef mince won't taste the same in spaghetti bolognaise'
HCP, female

'It is pleasant and positive'
HCP, female

'Makes me feel better because I'm doing these things'
HCP, female

'People think healthy has to be from scratch...people don't have time, they need quick ideas'
HCP, female

'It would be like the easy way to start. It's realistic, you can change one thing and then later you might change something else'
HCP, male

'Gives simple step to follow, an alternative, from high to low fat milk'
HCP, female

'Liked catchy title of 'change one thing' because it is simple and to the point and makes me want to read on'
HCP, female

'I do all that already.'
HCP, female

'I've changed my milk already'
HCP, female

'It reassures I'm going in the right direction'
HCP, female

'Change one thing is doable and if it's relevant to your lifestyle it will happen'
TCE, male

'My motivation to change one thing is I want to live longer with quality of life'
TCE, male

'Good because it gives you options you can switch'
TCE, male

'Don't take the skin off the chicken, that's the best bit'
TCE, male

'We all know this, but that's if you are doing it from scratch. But the crisps and ready meals, that's where all this stuff [saturated fat] is.'

CDHR, female

'My kids complain that low fat doesn't taste the same'

CDHR, female

'I know these, it is just getting in the habit of doing these things'

CDHR, female

'For cheese sauce you can't make it with margarine'

CDHR, female

'Turkey mince isn't nice'

CDHR, female

'I've done most of this'

CDHR, female

'Nothing to capture imagination'

CDHR, female

'Would be better if had things I didn't know'

CDHR, female

'I'm already doing all of this... they need to tell us something new, like the idea of cooking on a George Foreman instead of in a pan.'

Special diets, female

Message Five: Enjoy responsibly

'Not the most hard hitting [message]'
CHA, male

'Everyone knows'
CHA, male

'It is a compliance thing...they've [manufacturers] been told to do it'
CHA, male

'I can never see food labelling saying that'
HCP, female

'If you want to eat something, you will eat it anyways'
HCP, female

'You don't know what moderation is'
HCP, female

'Vague'
HCP, female

'Boring'
HCP, female

'Doesn't tell me something I don't already know'
CDHR, female

'It depends on what your definition of moderation is'
CDHR, female

Message Six: 'Good' fats vs 'bad' fats

'Yes, I know'
CHA, female

'I was aware of most of it'
CHA, male

'I knew fish was good for you...it is full of omega-three'
CHA, male

'Starting to border on confusing - is saturated fat the same as polyunsaturated fats...you get in the whole world of classifications'
CHA, male

'The bad fats is stuff I like and the good fats are boring'
CHA, male

'I still don't know the difference between saturated and unsaturated fat'
CHA, male

'What is an oily fish?'
CHA, male

'Avocado – that is a foreign food, something to get on a holiday'
CHA, male

'Nuts, seeds, and rapeseed are expensive'
CHA, male

'We've been brought up on a different menu'
CHA, male

'In what way are unsaturated fats good for you and how much do you need to make a good impact?'
CHA, male

'Should I eat five portions of unsaturated fats to have a decent effect?'
CHA, male

'I would take it in, but it won't stop you getting a sausage roll the next morning.'
CHA, male

'It's no good giving me these as the good fats. I need alternatives to the bad ones'
HCP, male

'These are not alternatives... the saturated fats are all the things I eat now, but I couldn't replace them with oil and seeds!'

HCP, male

'I can't explain to my kids why they can't eat these things, why it is bad.'

HCP, female

'There is not enough info on good fats'

HCP, female

'It is obvious that saturated fat is bad, but why is it bad?'

HCP, female

'This is telling you what you already know'

HCP, female

'It is not educating you enough'

HCP, female

'Basically all the foods we like are high in saturates'

HCP, female

'I know all this already'

TCE, male

'I would die in a week'

TCE, male

'It is telling me not to eat meat products, meat pies...there goes my weekly diet'

TCE, male

'I'm aware of a lot of that'

CDHR, female

'This is in an ideal world, this isn't realistic'

CDHR, female

'If I give kids a cereal bar, they say, I don't eat birdseed'

CDHR, female

'Difficult to put into practice'

CDHR, female

'Helpful to be reminded what we should eat'

CDHR, female

'It tells you the stuff you are not supposed to eat'
CDHR, female

'I don't like a lot of those items [unsaturated fat examples]'
CDHR, female

'The unsaturated fat items might be expensive'
CDHR, female

'I'm not clear on what saturated fat is'
CDHR, female

'If someone said eat oily fish, avocado, and nuts, I'd say shoot me now'
CDHR, female

'I don't think I have tasted an avocado'
CDHR, female

'Avocado is posh'
CDHR, female

'I know quite a lot about this, but I think in general that people do need to be educated on what saturated fat is.'
Special diets, male

'People are too busy to be buying nuts & seeds and thinking how to make a meal out of them.'
Special diets, female

Message Seven: You can reduce saturated fat intake armed with these tools

'Alternatives to what I'm eating on an everyday basis are a useful reminder of options to consider'

CHA, female

'This is great, all these ideas. I really like recipes. It would work well in a woman's magazine'

CHA, female

'I've been doing stuff already'

CHA, male

'This seems like changes I could do'

CHA, male

'I could be taking the skin off chicken and cooking with spray oils'

HCP, male

'I like the idea of being given other options for meals throughout the day and snacks – they're the hardest to change.'

HCP, male

'If they're going to give meal ideas it has to be things I'd actually eat – chickpea curry just wouldn't fill me up.'

HCP, male

'You don't expect me to eat chickpeas do you. The recipes have to appeal more'

HCP, male

'When they give recipes, they need to be normal ingredients'

HCP, female

'I always read swaps'

HCP, female

'It is a good way to give you the info and tell you how to put it into practice'

HCP, female

'I know and am doing most of these already'

TCE, male

'There are some things in here I could be doing'

TCE, female

'There is nothing in here that I'm not already doing'

TCE, male

'Instead of saying no toast, it says swap x for y'
TCE, male

'Nothing new'
CDHR, female

'Keep it short because people may get bored'
CDHR, female

'Inexpensive suggestions are good'
CDHR, female

'It would be good if it suggests something where the taste isn't too different'
CDHR, female

'Swaps list is good'
CDHR, female

'It seems sensible but there's nothing I didn't really know before.'
Special diets, male

'It'd be good to provide young people with these ideas, when they're just learning to cook.'
Special diets, female

Message Eight: The effects of saturated fat intake are not always external

'Good because it made me understand what it is doing to my body'
CHA, male

'The shock effects of heart disease and third of all deaths related to heart disease and saturated fat is a main thing that can cause this...other than weight gain...lets you know exactly what harm saturated fat does to you'
CHA, male

'I knew it [saturated fat] blocks arteries, it is undissolvable'
CHA, male

'This gets you thinking'
CHA, male

'This will get you to think about saturated fat and what it does for you'
CHA, male

'I wasn't 100% certain I knew that saturated fat clogged the arteries'
CHA, male

'The visual images of the heart really bring it home'
CHA, female

'The one with artery squeezing fat like toothpaste...it was disgusting but made you think about it...makes me think about how much rubbish I am putting in my body and what I am going to do about it'
CHA, male

'Shock of showing heart/arteries is good because makes you think what is happening internally...instead of can't eat that because you will gain weight...makes you think of body as whole, besides just thinking about gaining weight'
HCP, female

'The other one I liked was the heart because of the shock and it just disgusted me as well to think that that could be me, but hopefully isn't'
HCP, female

'It doesn't tell me anything I don't already know'
HCP, female

'Says not just obese people can get [heart disease], it could be anyone'
HCP, female

'We hear the point about heart disease all the time'
HCP, female

'One third of deaths...good, but you know it'
HCP, female

'The information is good, but it needs to tell you how to get there...needs to say you could reduce the risk'
HCP, female

'It scares the crap out of you, but not telling you how to fix it'
HCP, female

'You hear the stat, but you feel invincible'
HCP, female

'Heart disease...you think it is something that happens to someone else, not you'
HCP, female

'These shock tactics really work with me... I don't realise that what I'm eating affects me so much'
HCP, male

'It is good to show that it is not all about how much you weigh... you never think about your heart as well.'
HCP, male

'It's shocking to think about the effects on the heart and the rest of the family'
TCE, female

'I want to enjoy a good quality of life for as long as possible'
TCE, male

'Good to see the facts, but where is saturated fat and where do we find it?'
TCE, male

'There is nothing there that I don't know'
CDHR, female

'Might get me thinking, seeing the arteries – if I am doing that to my kids'
CDHR, female

'I'm only trying to watch what I eat because I'm trying to lose weight'
CDHR, female

'If it goes down artery route, it could seem similar to cigarette adverts'
CDHR, female

'I always associate heart disease with people who are obese'
CDHR, female

'People need to be aware of the damage'
CDHR, female

'It works for me. I'm already thinking of cutting down on what I eat just from seeing that.'
Special diets, male

Message Nine: Challenging your saturated fat perceptions

'The cheese sandwich is surprising'
CHA, female

'I like the cheese sandwich and the cereal bar because you would imagine them as healthy and good for you'
CHA, male

'The more innocent you would imagine a product to be, the more shocking it is'
CHA, male

'I'm shocked by the cereal bar. I eat those as a healthy option'
HCP, male

'I told my daughter about the butter and doughnuts and she told her friends. I still took her to Crispy Creams and I felt less guilty about it!'
HCP, male

'Maybe doughnuts are better in terms of fat, but what about calories? And sugar? Can't be!'
HCP, male

'Challenging perceptions is best because it has the shock factor; it makes you start to think. I would eat that normally but didn't realise it was so bad for you...'
HCP, female

'The examples make you understand it better'
HCP, female

'I'm going home to have four doughnuts'
HCP, female

'Shocked'
HCP, female

'It gets you thinking that things you thought were ok in small portions, aren't'
HCP, female

'Quiche is weak because you know it is made of egg, butter and milk'
HCP, female

'Chicken Caesar salad, I would get that in a restaurant and think I was being good'
HCP, female

'Am I supposed to eat bacon?'
TCE, male

'It doesn't put me off food, it makes me want bacon.'
TCE, male

'What is my daily amount?'
TCE, male

'It advertises fries over butter'
TCE, male

'I didn't know a cheese sandwich had that much.'
TCE, male

'A cereal bar – you would think it is healthy'
CDHR, female

'Confusing because I think toast and margarine is fine, but this is saying eat a donut'
CDHR, female

'I think I'll have the four doughnuts instead'
CDHR, female

'Would get you to listen to it'
CDHR, female

'If that is how much a cereal bar has, imagine how much you are eating in a day'
CDHR, female

'I might go and have doughnuts for breakfast tomorrow – it's obviously not as bad as the toast I usually have!'
Special diets, female

'So you want me to go home and tell my kids to stop having wholemeal toast, and have doughnuts and hot cross buns instead?!'
Special diets, male