



social  
marketing  
gateway

| *The behaviour  
change people.*

# Dietary Guidelines for Scotland, Consumer Engagement

Final Report, May 2019

Food Standards Scotland



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## Executive Summary

### Background, objectives and methodology

The Jump/RedTree/SMG research consortium was commissioned by Food Standards Scotland (FSS) to conduct qualitative research to explore consumer views on the development of new dietary guidelines for Scotland.

The research was undertaken to develop an informed view of whether consumers feel that they need, and would benefit from, Dietary Guidelines to support messages contained in The Eatwell Guide (TEG); and explore what could be included within dietary guidelines to help consumers move towards a healthier diet.

A focus group methodology was employed, comprising six 90-minute focus groups with a total of 42 respondents. Groups were held in Falkirk, Dundee, Edinburgh and Glasgow, and involved respondents who lived and/or worked in each location.

The sample was drawn from a variety of backgrounds (e.g. life stages, with/without children) with a focus on lower-socioeconomic groups (C1C2D(E)), and those with diets ranging from 'very poor' to 'room for improvement'. Each group contained a mix of those who cook and those who had no or minimal responsibility for cooking at home, but who chose and bought their own food regularly. All lifestyle factors were determined during the recruitment stage.

### Findings

#### Participants' attitudes and behaviours toward healthy eating

On the whole, participants had poor eating habits, mostly based on convenience and ease. Those with children found themselves cooking quick and easy meals, such as fish fingers and spaghetti hoops, or going to fast food outlets, as they require quick and convenient meals to accommodate family activities (e.g. after school clubs). Participants without children tended to base their decision to cook on emotional factors, such as the kind of day they were having and/or their need for a treat. All were influenced by cost and value, so were easily swayed by promotions.

A number of participants felt their diet was fairly good, not poor, although all still reported aspiring to a healthier diet. Reasons for this included weight maintenance, management of conditions such as Type 2 Diabetes, and for overall health. However, motivation to change was not widespread and a wide range of barriers were articulated. These are shown below in order from the most to least mentioned:

- Time/convenience
- Cost
- Encouraging the children to eat
- Partners with limited preferences
- Promotion of 'junk food' in supermarkets
- Allergies/conditions
- Lack of knowledge
- Lack of clarity about what is/is not healthy

- Eating alone
- Work constraints
- Confusion around the relationship between calories and healthy options
- Portioning/weighing ingredients
- Scepticism about how guidance can work for everyone
- Distrust of messages

### **The Eatwell Guide**

There was some vague awareness of TEG, with some having seen it or other similar resources before. Across all groups, participants expressed surprise and confusion about the different sections and messages of TEG. Overall, they reported that TEG would not help them to eat more healthily on a daily basis. However, there was very strong support for Dietary Guidelines to translate TEG into a range of practical ideas, healthy eating advice and messaging which participants felt might help them in their food choices - if they were minded and motivated to change.

### **The way forward**

Whilst, overall, respondents expressed that they 'would like to have' a healthier diet, this does not necessarily equate with a motivation to make the necessary changes to achieve this. This research found that participants most likely to use the language of commitment to reflect intention to change were those with comparatively better diets already, with those with worse eating habits less likely to signal commitment. That said, a strong appetite for simple (and possibly fewer) messages that people can easily recall and act on to assist them in overcoming some of the articulated barriers to healthy eating was identified. It is recommended that this should include myth-busting guidance, e.g. around eggs, butter, and the cost of home-made meals compared with takeaway dishes. The messaging tone used needs to avoid being patronising, giving people simple, practical alternatives as opposed to telling them what to do.

The simpler messages would be contained within new resources such as healthy meal menus, guidance on portion size and what a weekly shop looks like, recipe suggestions to help with meal planning, and guidance on how to make best use of food labelling information.

With specific reference to developing Dietary Guidelines, recommendations include:

- Clarify what counts towards the 5-a-day message and the volume of any one fruit and vegetable that makes up one of the 5.
- Provide a fuller explanation of the recommended amount of carbohydrates to eat, the difference between 'wholemeal' and 'wholegrain', and that fibre is a type of carbohydrate.
- Give more information on the variety of sources of protein, not just meat.
- Offer guidance on what less red and processed meat looks like for people thinking about eating less of these foods.
- Provide an explanation of the difference between saturated and unsaturated fats.

- Provide information on fluid intake – what counts towards the daily fluid intake (i.e. tea and coffee) and clarify queries around the safety of drinking more than the 6-8 glasses of water recommended by TEG.
- Practical guidance should be given on safe amounts of sugary drinks and healthiness of sugar substitutes in low sugar versions.
- Provide clear guidance on what is a healthy portion size for each food group.

The findings of this study provide firm evidence that there is a strong desire for Dietary Guidelines to support messages contained within TEG. These will reduce confusion surrounding healthy eating messages and help consumers move towards a healthier diet.

## 1. Introduction

The Jump/RedTree/SMG research consortium was commissioned by Food Standards Scotland (FSS) to explore consumer views on the development of new dietary guidelines for Scotland. The research involved a programme of focus groups with consumers from lower socio-demographic groups, including a variety of life stages and dietary practices.

## 2. Background

The Eatwell Guide (TEG) is a pictorial representation of the balance of foods required for a healthy balanced diet, based on the most up-to-date evidence and reviews from the Scientific Advisory Committee on Nutrition (SACN). TEG is widely used by health and education professionals in the teaching of a healthy balanced diet. Evidence has shown that the average consumer in Scotland has a diet that is far from that depicted in TEG<sup>1</sup>, making it difficult for consumers to compare their diet with TEG. FSS believe that there is a missing link translating the information within TEG into a form that consumers can relate to and engage with during their food journey towards achieving a healthier diet.

To explore this further, in 2018 FSS explored the views of stakeholders involved in health delivery on the need for Dietary Guidelines in Scotland to provide a common script for everyone involved in health improvement, to assist in the delivery and translation of dietary advice to consumers<sup>2</sup>. The stakeholder engagement found that whilst a strong appetite exists for Dietary Guidelines, there was strong consensus amongst stakeholders for the need for FSS to first engage with consumers on the scope, potential content, design and key messages that should be incorporated within Dietary Guidelines for Scotland. Additionally, it was highlighted that consumer engagement should capture the views of consumers from a range of different backgrounds, life stages and dietary behaviours to enhance the potential of guidelines to engage with as many people in Scotland as possible, from where they are in their food journey in relation to TEG.

### Research aim and objectives

The overarching aim of this study was to develop an informed view of whether consumers feel that they need and would benefit from Dietary Guidelines - and, if so, explore what needs to be covered by the Dietary Guidelines to help people move forward in their food journey towards a healthier diet.

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<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/740665/eatwell\\_options\\_paper\\_FINAL\\_updated\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740665/eatwell_options_paper_FINAL_updated_.pdf)

<sup>2</sup> FSS (2018), Developing a Scope for Dietary Guidelines in Scotland, August.

Specific research objectives were to understand:

- Where consumers feel they are in their food journey in comparison with that depicted in TEG
- How healthy they perceive their current diet to be
- Aspects that consumers may wish to change in their diet
- What consumers feel might help to support dietary changes they wish to make
- Information, language and key messages within resources that consumers would find informative, useful and empowering to achieve and maintain a healthy diet

### 3. Methodology

To meet the research objectives, a focus group methodology was used. A total of 42 participants took part in 6 focus groups spread across Falkirk, Dundee, Edinburgh and Glasgow.

Participants were drawn from a variety of backgrounds (life stages, with/without children, dietary behaviours), with a focus on lower-socioeconomic groups, C1C2D(E), and those with diets scoring from 'very poor' to 'room for improvement' (as determined by the recruitment questionnaire – see [Appendix 1](#)). Respondents from Black and Asian Minority Ethnic (BAME) populations were recruited for two of the groups and one attended each.

Each group contained a mix of those who cook and those who had no or minimal responsibility for cooking at home - but who choose and buy their own food (regularly) when eating out of home.

Each group session lasted 1.5 hours and followed a discussion structured around key themes. Stimulus materials – shown in [Appendix 4](#) - were also used to help participants think about TEG messages, look at ideas for help with food preparation and consider messages that may possibly be used in communications.

## 4. Findings

### 4.1 Participants' attitudes and behaviours toward healthy eating

On the whole, participants had poor eating habits, mostly based on convenience and ease.

#### Participants with children

Participants with children found themselves cooking quick and easy things like fish fingers and spaghetti hoops or going to fast food outlets because they needed speed and convenience to accommodate family activities, e.g. dance and other after school clubs.

- *"Kids are starving when they come home from school and I like to give them something as soon as they come in."*

In addition, there were issues with children's preferences and trying to get them to eat different things:

- *"My youngest daughter is fussy. The other three will eat anything but it's just her. She will only eat pasta."*

#### Participants without children

Participants with no children talked about how the kind of day they were having influenced whether they cook and/or their need for a treat:

- *"It depends on the day of the week – if I'm stressed or busy I don't cook even if I plan to. The plan goes out the window."*

They also don't enjoy/desire to cook for themselves, but will make the effort if others are coming to them to eat:

- *"I'll cook if someone's coming over, but not for myself. I eat lots of ready meals at night and fast food during the day at work – I basically have Subway, McDonalds and KFC on rotation."*

#### Impact of cost and value

For participants both with and without children, cost and value also influence what they eat, so that they are easily swayed by deals and offers:

- *"You could pay £1.90 for a latte or £2.10 for a latte and bacon roll. You are going to go for both."*

Healthy food is perceived to be more expensive, so they rarely make the effort to cook from scratch, rather choosing to eat ready meals/takeaways:

- *"You try a healthy dinner on your day off, but by the time you have bought everything you need, a takeaway is cheaper."*



- *"It's just so expensive – I think going to buy healthy food, 'this is going to cost me a fortune'.*

The cost of a healthy meal is perceived to include the full price of ingredients that can be used more than once, e.g. one spice jar which does a number of meals, not just one. In addition, recipes are often designed for 4 or 6 people which was perceived as an issue for people living alone because the portions would either be huge or they would have to eat the same thing for days, or end up with a freezer stacked with unwanted food.

Fresh food such as fruit is also seen as expensive, and it often doesn't get eaten and ends up being thrown out:

- *"I have good intentions, but fruit goes off so I don't buy it the next week."*

### **Preparing and cooking food**

Some participants did concern themselves more with the food they ate; two parents tried to cook from fresh at the weekends when they had more time. However, most of those who cooked from fresh were in the older age group (47 – 63 years old). They felt a real sense of pride about cooking their own food, and definitely equate this with being healthier, although one felt home-cooking was better because you can make it your own way:

- *"We all cook our own food because our parents did. We learned to eat like this."*
- *"I crush down Golden Wonder and put it on my macaroni – I want it my way."*

Within this age group, there was also a recognition of eating more healthily as part of managing health conditions, or to prevent developing conditions such as Type 2 Diabetes.

A younger participant, who reported that he was body conscious, prepared meals with foods he described as healthy (e.g. chicken, rice) every Sunday for the coming week, not because he was concerned about his health, but because he wanted to be able to simply heat up his pre-made meal in the microwave when he got in from work. This turned out to be more for his convenience than his health and he felt it gave him a licence to eat what he wanted at the weekend:

- *"Pizza, Chinese, burgers – I don't let it worry me what I have at the weekend."*

### **Perception of healthy food**

In terms of enjoying healthy food, there was a perception that healthy food is not tasty, is boring and inconvenient, and to know you're eating healthily you have to have the same kinds of meals repetitively. In other words, you have to put in a lot of effort for not very much benefit to health.

## 4.2 Eating out of home

Eating out was seen as a licence by most participants to have a treat rather than worrying about how healthy the food was: such as one participant who was a football fan who, because of the culture of the event, buys a pie whenever she goes to a match. For other participants, it was a solution to the need for a quick meal, whether that was for the whole family or participants who lived alone and don't enjoy cooking for themselves.

Some participants were unsure if places like Pret a Manger are healthy, as opposed to other 'lunchtime' takeaways like Greggs, which they perceived to be unhealthy.

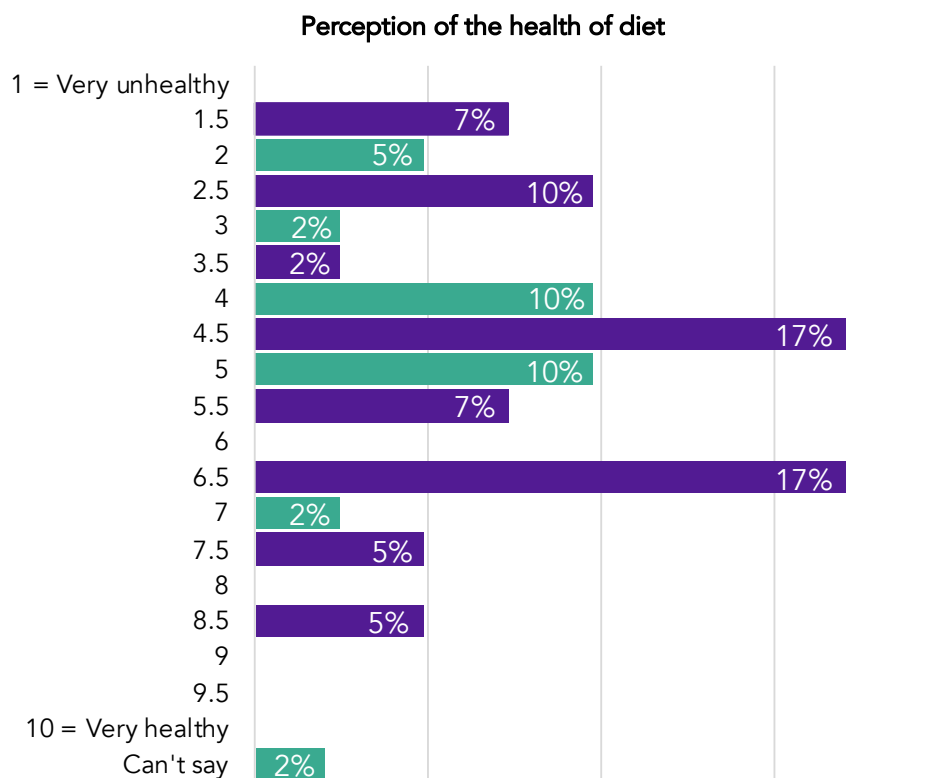
## 4.3 Participants' perceptions of how healthy their diet is

Participants were asked to rate the health of their diet. A score of 1 was 'very unhealthy' and a score of 10 was 'very healthy'. Across the groups, the majority of participants rated their diet within a range, e.g. 4-5, rather than a single number rating. As such, a mid-point score has been calculated for these participants – e.g. a score of 4-5 would be taken as 4.5, a score of 2-4 would be taken as 3 etc.

Eleven of the 42 participants felt their diets were very unhealthy, scoring themselves up to 3. The largest proportion of participants – 16 – rated their diets as unhealthy, scoring themselves between 3.5 and 5. Ten participants gave themselves mid-range scores, between 5.5 and 6.5. Finally, 5 participants rated their diet at the higher end of the scale, giving themselves a score of between 7 and 8.5, and suggesting they believe they have a reasonably healthy diet.

One person felt his diet varied so much that it could be anything from 1–10 – this is depicted as 'can't say' in Chart 1.

Chart 1: Perception of the health of diet



Base: 42

Reasons for the ratings varied. For low ratings, participants felt they couldn't fit healthy eating in with work, their children or because of other worries.

- *"I know it's not good for my health and skin etc. I don't go to the gym either. I just don't have time"*

For mid-range ratings, participants thought about how they tended to snack more/unhealthily and couldn't get on board with healthier options (e.g. brown rice).

However, one participant based her mid-range score on different criteria. She gave a mid-range score not because of unhealthy eating/snacking, but on the calorific content of what she eats - her perception of healthy eating was not about following healthy eating advice but about calorie intake, which she felt outweighed the importance of a balanced diet. She knew she should eat healthy options like vegetables or salmon but justified her dislike for these by concentrating only on calories.

Those giving themselves higher ratings did so because they eat wholemeal products, a variety of fruit/veg, and try to stay away from processed food, however they can be tempted by unhealthy snacks in between meals. They recognised that even though they felt their diets were healthy enough, there was still room for improvement.

#### 4.4 Desire to have a healthier diet

Generally, participants' views of a healthy diet were less processed food, salt, sugar, fat, fried/greasy foods and bread (which they perceived as being unhealthy), and more fruit, vegetables, fish, chicken, water and smaller portions. The bread, fat and fried/greasy foods were all tied up with the idea that eating less calories is healthier, hence the idea of eating less of these foods in a healthy diet. One participant had believed that if you go to the gym you need to eat more protein than people who do not exercise as much, so his perception was that for people who exercise, the balance of food groups would be different. Both these points illustrate a sense that healthy eating is not the same for everyone - if you are trying to lose weight or build muscle then surely the balance of what you eat must change.

All participants would like to have a healthier diet and recognised a range of difficulties and confusion surrounding this. The perceived benefits to them were around weight maintenance, management of conditions such as Type 2 Diabetes and overall health:

- *"I get concerned about sugar – how much sugar is in things you wouldn't expect, like pasta sauces. I worry about my teeth! I also drink fizzy juice, so if I know I'm having sugar in those I don't want to find out it's in things I don't need it in."*

#### 4.5 Barriers to healthier eating

A variety of barriers surrounding the adoption of healthier diets were pointed out. These are shown below in order of the most mentioned to the least mentioned.

- **Time/convenience** - Participants were uninterested in spending a long time making food/clearing up after themselves. One participant felt that 30 minutes was a long time to spend making something.
  - *"I work such long hours – I don't want to spend an hour in the kitchen. I'll have pasta and grated cheese, or a big bag of crisps and dip."*
  - *"I choose an option I know is unhealthy for convenience."*

- **Cost** - Healthy food is frequently seen to be more expensive:
  - *"It's expensive to eat healthy. You can get a ton of sweeties for £3 - £4 but fruit is dearer. £2.30 for four apples. The price of fruit has gone up."*

Participants pointed to it being cheaper to eat something – like fast food – that everyone wants rather than making separate meals. Also, buying things to complement the 'main' food – e.g. spices, dressings etc. - are seen as for one time use only, rather than store cupboard items.

- **Encouraging the children to eat** – Some parents are too busy to fight the healthy eating battle with their children:
  - *"We do try and give healthy food but introducing new food is tricky."*

- **Partners with limited preferences** - A similar issue can occur between adults where one likes a variety of food, but their partner has limited food preferences and, for ease, they both end up with the less healthy options.
- **Promotion of 'junk food' in supermarkets** – Participants, even those who wrote out their shopping lists in advance, admitted to being swayed by deals in supermarkets/attractive looking unhealthy products.
- **Allergies/conditions** - A number of participants had dietary intolerances and found choices limited:
  - *"I'm lactose intolerant so options are limited for me."*
- **Lack of knowledge** - Some participants lacked knowledge of how to prepare some foods:
  - *"I have no idea what to do with different veg."*
- **Lack of clarity about what is/isn't healthy** – Some participants had heard that butter is now better for people than low fat spreads or margarine, which they think *"contains chemicals"*.
- **Eating alone** - Participants often saw no value in spending time buying, cooking and clearing up if it is only for themselves. As one said:
  - *"You get no feedback apart from yourself as to whether you've done a good job."*

Furthermore, most recipes are designed for 4-6 people so participants living alone are reluctant to experiment because the portion sizes would be huge, or they would have to eat the same thing for days, or end up with a freezer stacked with unwanted food.

- **Work constraints** – Participants who work shifts find it difficult to find time shopping for the right things. Furthermore, location of employment has an impact on the time participants have to find healthier food; one participant compared where she works now (in the city) where there's lots of healthier lunch options, with where she used to work in a lower socio-economic area which only had unhealthy takeaways to choose from and she didn't have time to go further afield for a wider choice.
- **Confusion around the relationship between calories and healthy options** – A few participants who were concerned with weight loss closely monitored their calorie intake rather than the nutrient value of food:
  - *"If it says on a sign in Subway that it's low calorie then I buy it."*
- **Portioning/weighing ingredients** - For most this was felt to be unrealistic and only one participant claimed to do this.
  - *"Who's going to weigh it all out?"*

However, portion size guidance was a topic that emerged as there was confusion about how to consistently measure a portion: e.g. *"if the advice is 'a fist size'"* then what size of fist are we talking about?

- **Scepticism about how guidance can work for everyone** - There were some comments about whether the number of calories you can eat is personal because of a variety of things like body size.
- **Distrust of messages** - Participants were unsure of what constitutes healthy food because of the perception that messages about healthy food change over time.
  - *"It's always changing. It used to be eggs that were no good and now you can eat as many as you like... it breaks your trust, who do you trust?"*

## 4.6 Guidance on a healthy diet

When participants were asked how they decide what is healthy, they generally found it easier to say what is unhealthy than what is healthy: *"A takeaway is not healthy!"*. There was a general feeling that *"it's common sense"*.

Taste also has a lot to do with it - what is regarded as healthy food is often seen as not tasty:

- *"Oven chips are healthier, but we don't eat them because they don't taste nice."*
- *"Salads are rabbit food. I'll eat plenty of tomato ketchup."*

## 4.7 Where participants get their information from

Some participants had seen information leaflets from the Scottish Government and Change4Life. The information on food packaging does get looked at, but what participants look at often depends on personal circumstances, such as having a child who needs to avoid certain things because of a long-term health problem or being on a calorie-controlled diet. Generally, participants tend to get their information about healthy food from:

- Magazines
- On food packets where they look for colour coding, traffic lights and saturated fat content
- Social media such as meal plan ideas from Facebook and Pinterest
- My Fitness Pal app
- Weight Watchers/Slimming World
- Blogs and TV programmes

## 4.8 The Eatwell Guide

### 4.8.1 Initial reaction to TEG

There was vague awareness of TEG. Participants had seen it through their previous work in cafes/work generally, the GP surgery, hospital, primary school, slimming clubs, Facebook, and when their children were in a service for weight management/diabetes. Some remembered it as a plate, possibly The Eatwell Plate, with sweets included.

Participants are reluctant to bother sourcing or reading more information for three reasons:

- Despite feeling it is generally easier to determine what is unhealthy than healthy, participants still feel they know what they 'should' eat to be healthy because *"it is common sense"*, but time gets in the way.
- Participants do already gather information, but they feel there is an overload and it's conflicting - for example, the number of eggs you can eat has changed.
- Furthermore, they don't want to be told what to do because they know already - for example, they know not to eat biscuits all day.

Given their reluctance for more information about healthy options, participants expressed a great deal of surprise and confusion when they began to give TEG more attention. See the response to each section of TEG below.

In terms of using TEG, a few participants felt they would put it on the fridge, suggesting ideas for their own shopping list. However, most participants didn't think it would be useful on a daily basis to help them eat more healthily.

#### 4.8.2 Response to individual TEG messages

In the group discussions, the facilitator took the participants through the main healthy eating messages contained in TEG, exploring their reaction to each one.

Figure 1: Extract from TEG

#### How can the Eatwell Guide help?

The Eatwell Guide shows the different types of foods and drinks we should consume – and in what proportions – to have a healthy, balanced diet.

The Eatwell Guide shows the proportions of the main food groups that form a healthy, balanced diet:

- Eat at least 5 portions of a variety of fruit and vegetables every day
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily)
- Choose unsaturated oils and spreads and eat in small amounts
- Drink 6-8 cups/glasses of fluid a day

If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

### ***Eat at least 5 portions of a variety of fruit and vegetables every day***

While the 5-a-day message was recognised by all and some did manage to achieve 5 portions of fruit and vegetables a day, most felt that they do not get near to this, some possibly achieving it for part of the week only.

Participants were unclear by what is meant by “variety” and it was common across each group to hear them wondering why potatoes are in the carbohydrate section rather than fruit and vegetables.

*Shelf-life* - The shelf life of fruit and vegetables put off a number of participants from buying them.

*Sugar in fruit* - There was confusion about sugar in fruit:

- “Is there too much sugar in fruit? I don’t want my kids eating too much sugar.”

Furthermore, having discussed natural and refined sugar, there is uncertainty about the difference between the two.

*‘Enduring’* - There was a perception that your 5 a day had to be over and above their normal meals, e.g. one participant didn’t count a side of vegetables with her dinner as one of her 5 a day. There was a sense across all groups that unless you are actually ‘enduring’ something you don’t like, e.g. a raw carrot that you disliked eating, you would not be contributing to your 5 a day.

*Misconceptions* - There appeared to be a perception that eating vegetables is old-fashioned. A participant commented:

- “It’s an older generation thing, vegetables. It was a plate filler. We don’t need that now we have Iceland and other cheap shops.”

*How to achieve this aim* - There was uncertainty about how participants could be helped to achieve this element of TEG’s advice. Some workplaces give out free fruit every week, and although people start with good intentions, it’s common to see the fruit still sitting on their desk at the end of the week.

### ***Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choose wholegrain or higher fibre versions with less added fat, salt and sugar***

Initially, there was surprise about the amount of bread/carbohydrates you could eat; with the sections for carbohydrates and fruit and vegetables being around the same size on TEG, it was a lot bigger than participants expected. Also, there was confusion as to whether white rice is healthier than brown rice.



Participants knew the message about basing meals off of carbohydrates - despite being surprised at the amount of carbohydrates on TEG. Those who were not concerned with weight loss felt they were achieving it a lot of the time. Those concerned with weight loss felt they had to replace bread, pasta and potatoes with rice – a carbohydrate they perceived to be healthier than bread, pasta and potatoes which they associated with weight gain and feel they need to cut down:

- *"You can't eat pasta, bread and potatoes willy-nilly."*

*Barriers to achieving this aim* - There were reservations about wholemeal pasta and brown rice as many participants can't get their children to eat them. One participant felt her children's dislikes were *"getting in the way"* of her love for wholemeal pasta and rice, reflecting the finding that parents' choices are often dependent on the preferences of their children.

Taste was an issue for many participants around using wholegrain/high fibre versions:

- *"It comes down to preference. I don't like wholemeal, so I won't eat it."*

The longer cooking time required for wholegrain/high fibre versions was also an issue along with the washing up as the rice makes a mess of the pan because *"it's more starchy."*

*Knowledge* - Understanding the difference between simple and complex carbohydrates was low across all participants. Some who had heard the terms 'simple' and 'complex carbs', questioned if this was unnecessary detail:

- *"That's going too far, people don't care about that."*

The few who did know a bit more talked about slow release carbs and that complex carbohydrates are harder to break down, so the release of energy is slower, giving the example of oats:

- *"It's what keeps you satisfied for longer."*

Few mentioned that they knew that fibre is a carbohydrate. Interest centred more on which of the carbohydrates would make them feel fuller for longer.

The example of brown is better than white was also given. Some had heard brown versions were better for you but didn't actually know why. In these cases, there was an appetite to know the actual difference.

***Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options***

Participants were aware of this message. Some had switched from whole milk to semi-skimmed or skimmed milk, or to milk alternatives, but conflicting messages appeared, as described below.

*Switching to skimmed/semi-skimmed milk* - Some participants were wedded to full fat milk feeling that the taste of skimmed/semi-skimmed milk was too different/bad to consider switching:

- *“Nothing would encourage me. Full fat dairy is my downfall.”*

While some had switched to skimmed/semi-skimmed milk, they had also heard that full fat is better for you. They were confused by the message and unconvinced that skimmed milk is better for you:

- *“I’ve heard that the process of watering down the milk makes it bad.”*

*Fat and sugar replacements* – There was some concern about the terms ‘sugar-free’ and ‘fat-free’. Participants believed that ‘low sugar’ suggests that artificial sweetener is being used, which they perceived as being worse for you, or just don’t like the taste of. Participants felt that ‘low fat’ means that manufacturers replace the fat with other things, often sugar.

This message, therefore, was confusing for some - choosing fat-free might mean they are consuming more sugar.

*Dairy alternatives* - While enjoyed by a minority of participants, dairy alternatives were not welcome by most because of the taste, plus being seen as more expensive than milk. Reasons for switching to dairy alternatives were mostly around dairy intolerance. One participant had changed to oat milk because his son is lactose intolerant. Another had switched to soy, in coffees, as it makes her bloat less than regular milk. However even a lactose-intolerant participant said she doesn’t always choose lactose-free even though she knows she should.

***Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily). Eat less red and processed meat***

Most participants had some understanding that proteins are important. This was especially true for the older participants who weren’t sure how they had acquired the knowledge but suggested that as children they were always eating protein-rich food on the advice of their parents, even though they didn’t know about the protein content at the time.

- *"Protein is good for you and you can eat as much as you like because it builds you up and makes you leaner."*

Participants mostly felt they were 'kind of' achieving this, but only one participant claimed to fully achieve it. Chicken was mentioned as a good source of protein but the main thing most participants found difficult to achieve was the fish target, either because they don't like it or it is too expensive.

*Eating beans* – several participants were eating one or more type of bean: e.g. enjoying kidney beans in chilli or loving baked beans. There was some surprise that there were other options besides meat to supply protein. However, there was little indication that participants were using beans as a substitute for meat, rather than in addition to it. Indeed, there was confusion as to whether you need to swap meat for beans or can have both. If so, why are they on the same section? Should chickpeas come under a 'fibre' section?

*Confusion* - There was confusion around how good red meat is for you and the number of eggs you can eat. Many don't know what oily fish is.

***Choose unsaturated oils and spreads and use in small amounts.***

This message was recognised and felt to have been around a long time. It was clear, and most felt that they were achieving this message to some degree, reporting that this is possibly because they were taught when they were young.

Although some had switched to olive oil/rapeseed oil spread, others did not want to give up butter because of the taste.

*Confusion around saturated/unsaturated fats* - There is a great deal of confusion and a lack of knowledge/understanding around what saturated and unsaturated fats are. Some participants felt it has something to do with cholesterol, but participants were generally unsure. Some equated saturated fats with being simply 'bad', but they were not sure why. One participant felt that sunflower oil is healthier than other oils while another confidently gave her own definition of saturated and unsaturated fats:

- *"Saturated fat seeps into the food and unsaturated fat sits on top."*

*Misconceptions* - While everyone recognised that they need to limit the oils and spreads they use, there were a number of misconceptions, particularly around butter where they had heard that it is now better for people than low fat spreads or margarine. Querying whether Flora Light is really healthier than butter, one participant asked:

- *"Could you not just have butter, but have less of it?"*

There was a feeling that brands should be more responsible for telling you how bad the product is, and some participants clearly felt misled (even conned) by the marketing. However, because of their shopping habits, many do not take the time to think about these things and buy them anyway.

***Drink 6-8 cups/glasses of fluid a day; water, lower fat milk, sugar free drinks including tea and coffee all count. Limit fruit juice and/or smoothies to a total of 150ml a day***

Many participants were aware of the general message that you 'have to drink a lot of fluid every day' but there was no acknowledgement that this was being achieved by the participants in any of the groups. However, they were curious when they came to look at the detail of this message. For example, they were surprised that tea and coffee counts, because of the amount of caffeine that is included in these drinks. Including tea and coffee made them reassess whether they do in fact achieve the message and, taking these drinks into account, most felt they were possibly drinking enough fluid.

*Confusion* - There was some confusion about the limiting fruit juice/smoothies to 150ml per day message. Some participants drank more than this because they thought it makes up more than one of your 5-a-day. They realised that the limit was there because of the amount of sugar in fruit juice and smoothies, highlighting a lack of information on the packs. Furthermore, this means that in a 300ml bottle of smoothie/juice, while it satisfies the fluid message, appears to constitute two portions, which further confused participants.

For just water, however, some participants find it difficult to drink water and have to force themselves. Furthermore, there was concern about how practical drinking the recommended amount would be for some participants:

- *"What kind of workplace would let me go to the toilet that much?"*

***If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts***

While all participants knew this message, it was contentious because they really like the food in this section and eat it regularly, e.g. to get over the afternoon slump, and don't want to think about it. Some drink a lot of 'fizzy juice', i.e. sugary drinks, and there was shock that sauces like ketchup were included. Comments included:

- *"Everyone knows it's rubbish really, we don't need to be told that."*
- *"I love covering my food in sauces like barbeque sauce."*

Commenting on reformulated products like Pot Noodle (in which salt has been reduced) and Inn-Bru (which has reduced its sugar content), participants felt the flavour was adversely affected:

- *"You can't make a good product healthy. When they took the salt out of Pot Noodles they tasted terrible."*

That there was no mention of alcohol was a surprise because:

- *"It goes hand-in-hand with unhealthy meals because of the sugar and calories"*

*Confusion* - Some participants had altered their sugar habits in the past, particularly those with diabetes, but there was confusion about whether low sugar versions are actually better for you. This puts participants off attempting to switch, as they don't know what messages to trust:

- *"They say this is worse for you! It makes your body think you're getting sugar when you're not."*

While participants were discussing fats, the issue of weight maintenance and metabolism came up; some people stay slim while they eat anything which makes it even harder to take this message on board:

- *"My partner never puts on any weight. You open a packet of biscuits and all of a sudden it's gone."*

*Position on TEG* - The position of this message on TEG was confusing as participants felt that if it was that important it would have been on the main image. There was a feeling that the placement meant that they just needed to think about it, rather than do anything. It was suggested that this section should be included in TEG as people are going to consume these foods anyway.

### ***Energy guidelines***

There was uncertainty about what TEG was trying to tell them to eat in terms of energy, with the calorie guidelines at the bottom; e.g. why was it different for men and women? It was pointed out that *"nobody uses kilojoules?"* anymore.

### ***Labelling***

The traffic light system was well liked and easy to understand, but some participants felt that packaging in this category should carry warnings in the same way that cigarette packets do.

## **4.9 Portions**

Portion size advice was confusing for most of the sections on TEG and there was uncertainty about whether they were supposed to eat something from every section in any one meal, or how much of, e.g., the carbohydrates section they could eat in each meal. There was an appetite for simpler messaging in this area.

The initial reaction was that the overall proportions of the different food groups in the TEG did not fit with how participants currently eat/structure their meals, e.g.:

- *"Normally on the plate, meat is predominant followed by carbohydrates and a wee bit of veg."*

*In relation to 5-a-day* - There was confusion about what constitutes a portion. For instance:

- Does 5 of one type of fruit or vegetable constitute your 5 portions?
- Do you have to have 2½ of fruit and 2½ of veg?
- Is it 2 cherry tomatoes or 10?
- Is it just a bit on your plate?
- How many portions of vegetables are in composite foods such as soup?

In addition, there was uncertainty about the number of portions (5) because:

- *"It keeps changing"*

*In relation to carbohydrates* - Participants were sceptical of taking portion size advice because, as one participant commented:

- *"Six chips is supposed to be a portion and this is ridiculous."*

Many disagreed with the idea portion size can be a one-fits-all scenario. Participants in the older age group were particularly bothered about portion size in relation to using the fist as a guide; where a woman with a small hand might be preparing food for a tall man whose fist is bigger than hers – whose fist do you use? Furthermore, they were not inclined to start measuring everything:

- *"This bit about 150g, how do I measure this? Things don't come in these portions?"*

*In relation to protein* - Participants found the message about less red meat confusing given that they don't know what 'less' looks like. They reported that 'less' is a vague term and it is important to clarify what portion/amount is healthy – contradicting their reported scepticism about portion size advice reported above. This highlights widespread confusion about portion size generally – consumers are hesitant to believe any advice that is felt to be too specific but question the usefulness of anything too general.

*In relation to fluids* - One participant thought it was 6-8 pints of fluid, rather than cups/glasses, and others queried the amount required both in terms of the size of the cup/glass and whether any more than 6-8 would be bad for you. Concerning smoothies, participants queried whether the 150ml is in addition to your 6-8 cups/glasses, or part of that.

*In relation to small amounts of fat, salt and sugar* - Frequency was queried by participants and there was uncertainty over what constitutes a small amount:

- *"Should you have these once a day, a week or a month?"*
- *"They don't tell you what small amounts are."*

While the potential of TEG was recognised as a general guide, one participant commented that TEG assumes you cook from scratch every day, meaning if you don't it's harder to relate to. Concluding the detailed look at TEG messages, it was felt that meal-based examples would help along with some education for both adults and children on things like the traffic light system.

#### **4.10 Response to stimulus provided**

This section shows participants' responses to suggested areas for help - see [Appendix 4](#) for stimulus materials used.

##### **Recipe suggestions/Shopping tips**

Participants were shown stimulus materials that carried: ideas for recipes; examples of meals across a week; suggestions for snacks throughout the day; and weekly shopping lists.

*Initial reaction* - Participants had mixed feelings about the stimulus material. The meals across the week and recipe ideas stood out as potentially helpful with meal planning.

- *"It's more useful than the guide which only shows you what you are meant to have."*
- *"I want to be told. Take all the work out for me."*
- *"I'm not imaginative so this is helpful".*

However, the snack suggestions were not well-liked. There was a feeling that the calories and sugar content were quite high given what they had learned from TEG earlier, but also that nobody would be interested in snack suggestions anyway:

- *"Alternative snacks are interesting but when reading it you see that dried fruit is still a source of sugar."*

*Tone* - A simplistic tone was felt to be good. If the material was too busy, participants felt they would be turned off.

*Using resources like these* – Many seemed to initially warm to the idea, but on further reflection, e.g. when they thought about the recipe cards available in supermarkets which they pick up and then don't use, some changed their mind.

Concerns about how long it would take to cook recipes were also common. While the idea of meals across the week and batch cooking on a Sunday was liked, many participants would not do it because they don't have the time. Some questioned how long fresh food from the shopping list would keep fresh. One participant was bothered about the lack of salt and sugar in the recipe, feeling that it wouldn't be tasty, and he would have to add his own.

*Where would participants see this information?* - They would see things like this at bus stops and supermarkets, and it was pointed out Sainsbury's and Tesco already do in-store tasters with recipe cards.

*Improvements on the theme* - To improve this theme participants felt calories should be included, along with adding costs and times taken to make the meals.

### **Food labels**

Participants were then shown stimulus material on food labels and shopping skills.

*Initial reaction* - Food labels were helpful because they explained reference intakes (RI) and the amount they should be having against the RI. While it made participants think, most felt it would not help them change because they would probably already have bought the item.

The traffic lights were really well-liked. Those who already knew about them confirmed it's a system that works; those who had never seen traffic light labelling felt it was a revelation, and something they would definitely use. It was felt that currently not everyone (shops and consumers) uses the system and there was strong support for it to be used across the board. However, there was some scepticism, because some participants felt that the shops shouldn't be allowed to sell anything that's bad for people:

- *"If the Government knows red is bad, why sell it? Make everything greener and less fatty. The Government should limit choices."*

It was felt that the information on sugar was misleading. Participants got caught up in the different types of sugar, i.e. those already in foods like fruit or those added to e.g. yoghurt. Again, they felt confused by whether fruit juice counts as 1 of your 5 a day.

Participants talked about portion sizes again because there were specific measurements on it (e.g. 3g of fat or less) and this was less well liked:

- *"Who is this for? I'm 6'2" and she's 5'3" – surely I can have more than her?"*



Participants would find it difficult to stick to a shopping skills plan, especially if there is an offer on. There was some resentment about 3 for 2 offers because the food is seen as “rubbish” and gets eaten quickly because it is in the house. One participant shopped online to limit her exposure to such offers and to help her eat fewer unhealthy items.

*Using resources like these* - List planning was something some participants had tried, but had not been particularly successful at:

- *“I’ll take a list and then not follow it.”*
- *“When there’s offers on junk food you can’t help but pick it up.”*

In terms of budgeting, some participants thought it is easy to eat on a budget as long as you shop around, but others didn’t have the motivation/time to do this:

- *“I know a bag of carrots is, say, 49p, whereas 5 tiny crunchies are £1. I know this, but I’ll still choose the crunchies anyway.”*

*Where would participants see this information?* - For the things that they liked, such as the traffic lights, participants wanted to see information like this up on boards in doctor’s, dentist’s and any other health setting, as well as on boards in the supermarkets.

### **Eating out of home and on a budget**

Resources giving advice about eating out of home and eating on a budget were shown to participants.

*Initial reaction* – The information on the Eating Out of Home slide was not of interest, mainly as participants felt if they are out for a meal then they are not worrying about how healthy it is. Hence, they were not motivated to use any of the tips:

- *“Where do you get grilled fish at a chippy?!”*
- *“It doesn’t count because it’s a treat.”*

Information on Healthy Eating on a Budget was considered helpful by some because it shows that you can eat healthier without spending a lot and they don’t have time to compare prices. However, the example shown was felt to be dry and uninteresting in its presentation – participants were looking for something more engaging in its look and feel:

- *“It looks like a council tax notice.”*
- *“I’d chuck it in the recycling.”*

There was a feeling that healthy food can be more expensive, particularly where unused food is thrown out. Again, this reinforced the view that consumers can buy more unhealthy food for the same price:

- *"You can get four pizzas from Iceland for the price of a bag of bananas."*

*Tone* – While straightforward, participants did not warm to the dry and wordy tone of the stimulus material shown, though they did like that the content gave alternative foods to buy on a budget. However, they called for more pictures, partly to assist people who are put off reading a lot of detail.

*Where would participants see this information?* - Participants would expect to see these messages in supermarkets.

### **Food swaps and colour coding**

Stimuli with colour and images were shown on Foods to swap to healthier and Colour coding indicating foods to have more of, less of, or switch to.

Information on foods to swap received a mixed reaction. Some liked the idea of swaps because *"a slight change makes a difference."* However, there was also resistance to swapping food, particularly getting rid of hash browns and using unsmoked bacon. Another swap that was confusing was around vegetarian food. While healthier options would be welcome in takeaway shops, would a vegetarian sausage roll from Greggs be any better for you than a meat one?

The stimulus demonstrating how foods could be colour coded was found to be confusing for some. These participants preferred the traffic light system on packaging, one saying *"we don't need anything else"*.

*Tone/presentation* – The tone of this stimulus was well liked and interesting.

*Where would participants see this information?* – Participants would expect to see this information in supermarkets and other places you buy food to eat (e.g. cafes, restaurants).

### **Portion size**

Stimulus – using colour and images – with portion size guidance was shown.

*Initial reaction* – reflecting the earlier discussion, the guidance on portion size stimulus was enthusiastically engaged with. Indeed, despite the articulated scepticism about taking portion size advice, the response was probably the most positive of all the help areas tabled. Participants found the whole look and feel of this appealing when compared to TEG:

- *"I'd take more from this. It's more appealing."*

Some said they would keep it like a takeaway menu in the drawer so it would get used, as portion size was felt to be a particularly difficult thing to judge. For example, they liked the idea of handfuls for fruit because it takes away the question of how you measure/weigh things.

In terms of amounts recommended to eat, many were shocked by the suggestion that they should only eat about two cupped hands of pasta, feeling this was nowhere near enough.

*Tone/presentation* - The tone of this material was felt to be good, more attractive than the stimulus material covering Eating Out of Home and Healthy Eating on a Budget.

The only criticism received of the Portion Size Guidance slide was that there is a lot of information on one page, and, because of social media advertising, participants are now used to small snippets of information, not full posters.

*Where participants would like to see this information?* - Participants would expect to see the messages in supermarkets, GPs (screens in waiting rooms), dentist (screens in waiting rooms) and schools.

#### **4.11 Response to helpful messages**

The final set of stimulus material tabled during the focus groups covered a selection of potentially helpful messages covering general healthy eating, limiting sugar intake, and social eating. See [Appendix 4](#) for stimulus materials.

##### **General healthy eating messages**

*Initial reaction* - This information was felt to be relevant to everyone, but difficult to do, particularly if those around you are not also choosing these foods. One participant said her husband's family are very unhealthy and he finds it hard to adapt, whereas she will try and have wholemeal pasta and bread.

Participants liked these messages, especially the vegetable one because it goes into more detail. They liked the handy examples but would like to see things about eating locally and in season as well.

Some participants also welcomed more information about fibre, which they didn't know much about, especially the ideas of how to include more fibre in your diet, e.g. through types of vegetables.

*Confusion* – There was some confusion because of the use of the words ‘eat more’: this clashed with a lot of what they were hearing that suggested people needed to “*cut down*”. Several were also confused about the difference between wholewheat and wholegrain and asked for more clarity.

*Tone* - All agreed that these messages were friendly, but also slightly condescending - participants don’t want to be ‘told what to do’.

Some of the supporting content was liked for giving more explanation about how to make the change and why. There was a feeling that this content would be stronger if the risks of not choosing these things were made clear.

### **Limit sugar intake**

*Initial reaction* – The information contained nothing that participants did not already know. The amount of sugar that is already in food products makes it hard to avoid, so a common initial reaction was to question if avoiding sugar was really achievable.

- “*True, but hard to do*”
- “*You never see someone without this* (chocolate, sweets, sugary drinks and savoury snacks) *in their shopping.*”

Participants agreed that information should be available in schools because young people need to know about sugar and the impact it can have. Also, children can influence parents if they are taught about sugar in schools. It was felt that alcohol should be raised here, because of the high sugar content of some alcoholic drinks and its close relationship to unhealthy eating.

*Tone* - There were two schools of thought about tone. One liked the approach that did not tell people what to do. The other called for a stronger tone – e.g. “Don’t do...” - should be used on the basis that the messaging felt passive, but suspected that commercial interests (e.g. supermarkets) might resist moves in this direction.

### **Social eating**

*Initial reaction* - Information about older people eating with others to reduce isolation/loneliness struck a chord and participants recognised the impact it can have. The great majority of participants could see that this was important, however there was a question of how many people could actually do this unless it is for their own family.

Similarly, messaging about social eating struck a chord. Several participants – particularly those living on their own - do not see the value in cooking healthy meals just for themselves, but they might be attracted to put the effort in if they are also cooking for

someone else. A person's immediate social circle can have a powerful impact on their eating habits:

- *"Cooking for me is not enough of a draw – why would I make the effort?"*

On the whole though, this slide selection was not liked because participants found it patronising. Those who live on their own felt it excludes them. Those with children felt it was condescending as it doesn't always suit their lifestyle, no matter how much they'd like to eat together all the time:

- *"I get in from work at 8pm. My kids can't wait."*

*Tone* – The messaging relating to social eating was generally seen as advice rather than telling (which is a positive), but the message that 'mealtime is a great opportunity to bring the family together' was felt to be slightly patronising.

#### **4.12 Format of dietary guidelines**

Participants wanted simple (and possibly fewer) messages. Messages that were more likely to be recalled were:

- Limit smoothies to 150ml per day
- Drink more water
- Eat more fruit and vegetables.

Participants would welcome education on how to shop better for their health or physical appearance (e.g. weight loss), or how to reduce the chance of diabetes and tooth decay in their children. Many would like to see clarification on what constitutes a portion.

In terms of communication tools, pictures and limited words would be best received. Participants are used to seeing social media advertising and are put off by wordy texts that they have not got time to read. Posters/screens at bus stops, GP surgeries, dentists, supermarkets and even schools would be expected. For more detailed information on e.g. portion sizes, the style would be like a takeaway menu that they are familiar with and can keep hold of for reference.

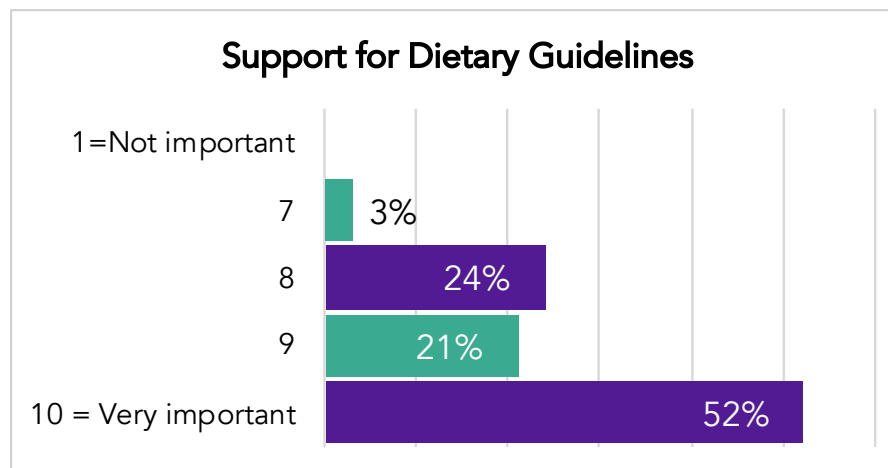
There was fairly strong support for the idea of a food planner that would help participants save money when shopping. This would be in the form of an app so that they don't forget to take it out. It would be a modern take on the attractive recipe cards that are in all the supermarkets but get put down and forgotten about.

## 5. Support for Dietary Guidelines

At the end of each group discussion, participants completed a short questionnaire to sum up their thoughts on information and resources they would find helpful. They also indicated how important they felt it is to develop Dietary Guidelines to help people eat a healthy diet. A scale of 1–10 was used, where 1 represented 'not important' and 10 represented 'very important'.

Some 33 participants completed this question; 9 did not give an answer. All those who answered supported the development of Dietary Guidelines, giving scores of between 7 and 10. Indeed, 52%, scored the need for Dietary Guidelines at 10. The overall mean score was 9.2 indicating very strong support.

Chart 2 - Support for Dietary Guidelines



Base: 33

### Priorities for Dietary Guideline topic areas

Participants were also asked to rate their thoughts on a variety of topic areas. For each one, a scale of 1–10 was used where 1 represented 'not important' and 10 represented 'very important'.

All 42 respondents answered this question. [Appendix 6](#) shows the scores for each topic area along with the mean score by which they have been ranked.

With a mean score of at least 6.0, participants considered all topic areas to be somewhat important. However, with a mean score of 8.5, **healthy meal menus and guidance on portion size** were the most popular topic areas, closely followed by **what a weekly shop looks like**.

It is interesting to note that the ranking of the topic areas reflects the strength of feeling that participants had about those issues in the discussions, even down to the fact that very few participants were bothered about the healthiness of the food they eat out of home, which was the lowest priority for them in the questionnaire.

## **6. Discussion and Recommendations for Dietary Guidelines to support TEG**

As shown in the findings, participants provided a wealth of information about their attitudes and behaviours towards healthy eating and communications materials. The results of the self-report show a strong desire for Dietary Guidelines to support TEG messages and help people eat more healthily.

The research groups were conducted with a mix of participants whose diets had been objectively established during the recruitment phase ([see Appendix 1](#)) as being generally 'very poor' to 'poor with room for improvement'. In the group discussions, the perceived health of peoples' diets was further explored and, with 27 (63%) rating their diets as 5.0 or less out of 10, participants confirmed they felt their diets were poor. While a healthier diet was aspired to, there was not a widespread motivation to change and adopt healthier eating habits. This example of cognitive dissonance is often displayed in behaviour change research.

For this study, cognitive dissonance means that while respondents 'say' they 'would like to have' a healthier diet, this does not necessarily equate with a motivation to make the necessary changes. People are often ambivalent; they want to change, and they don't want to change at the same time. Being interested in, or wanting to change, is different to having the motivation to change, which would be reflected in a language that demonstrates commitment and intention to change. Commitment language was not a strong feature in the research conversations of this study.

Indeed, in the few cases where an interest in improving their diet was expressed, these were participants who had comparatively healthier diets already, having rated their diet as being fairly good, with 5 (12%) participants rating their diet with scores between 7.0 and 8.5 out of 10. Those reporting a poorer diet were less likely to indicate motivation to change.

Participants tended to feel they already know what they need to eat, but time, cost and conflicting or confusing information often gets in the way. In this context, there are limits to what new information will be able to achieve in terms of driving behaviour change to

healthier eating habits and there was **no** call for more healthy eating messages. Rather, participants wanted simple, and fewer messages that they could easily recall and act on.

When they looked at it, TEG gave participants more questions than answers and this fired very strong support for Dietary Guidelines to support it. These would include a range of practical ideas, both to clarify TEG messages and provide healthy eating advice and messaging, that participants felt might help them in their food choices, if they were minded and motivated to change.

The practical ideas were for new resources such as healthy meal menus, guidance on portion size and what a weekly shop looks like, recipe suggestions to help with meal planning, and guidance on how to make best use of food labelling information. It is worth noting that 'Eating out of the home' came bottom of the list of priorities for Dietary Guidelines, largely because people want the luxury of eating what they fancy – being able to spoil themselves – when eating out. They did not welcome Dietary Guidelines here.

Throughout the whole study, it was made clear that TEG itself cannot be altered. What can be achieved is a translation of what TEG means through the development of clear Dietary Guidelines based on consumers' information needs on their journeys toward healthier diets. In this way, TEG can be supported by relevant and appropriate resources. Key issues to be covered by the Dietary Guidelines include:

- Clarifying the 5 a day message – people are aware of the message, but explaining what counts towards this, including what is on the meal plate, not just what is eaten as an 'extra', and the volume of any one fruit and veg that makes up one of the 5 would be helpful.
- A fuller explanation of carbohydrates – although awareness is high about basing meals on starchy carbs, there is a case for further explanation of: the recommended amount of carbs to eat; the different types of carbs and why it may be helpful to know this; the difference between 'wholemeal' and 'wholegrain'; and that fibre is a type of carb.
- Proteins – additional information that builds upon peoples' existing awareness of the variety of sources of protein, not just meat, and guidance that enables them to judge portion sizes for protein.
- For people thinking about eating less red and processed meat, offer guidance on how much they should cut back – i.e. information on what constitutes 'less' of these foods.
- Provide an explanation of fats that makes it easier for people to understand the difference between saturated and unsaturated fats and that, in turn, helps clear



up confusion (due to changing messaging) around whether butter is good or bad for you.

- Water/fluid intake – most people are aware that they should be drinking water, but more information should be given that clears up potential confusion about what drinks count towards the daily fluid intake (i.e. mention tea and coffee) and whether or not drinking more than the 6-8 glasses as recommended by TEG is an issue.
- Further practical guidance should be given on sugar:
  - The volume of sugary drinks people can safely have (given their popularity)
  - how healthy the sugar substitutes that are used in low sugar versions actually are (on which there is some confusion)
- Portion size - particularly for messages about the amount of different foods that can go on a plate, guidance is needed on what is a healthy portion size. Guidance and resources to assist people moderate their portion size would be seen by many consumers as very practical and might be used.

It is recommended that messaging should also include myth-busting guidance, e.g. around eggs, butter, and cost comparisons of home-made versions of takeaway dishes.

Messaging tone needs to avoid being patronising, but rather give people simple, practical alternatives as opposed to telling them what to do.

## Appendix 1 – Recruitment Questionnaire

### Classification

**Age**

16 – 24 years  
25 – 34 years  
35 – 44 years

45 – 55 years  
55 – 65 years

Please write in exact age \_\_\_\_\_

**Gender**

Male  
Female

1  
2  
3

**Occupation of chief wage earner**

Position

\_\_\_\_\_  
\_\_\_\_\_

Industry

4  
5

\_\_\_\_\_  
\_\_\_\_\_

**Social Class**

AB

C1

C2

D

E

1  
2

CLOSE

1  
2  
3  
4

**Interviewer's Declaration**

I confirm that I have carried out this interview in full, in accordance with the instructions and briefing material from Jump Research Ltd.

Interviewer's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Respondent details**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Introduction:** Good morning/afternoon I am..... from Jump Research, an independent research company, who are conducting focus group discussions to better understand what information and resources might help people eat a healthy diet.

I was wondering if you would like to take part. At this moment, I just need to ask a few profiling questions to find out about you, as we want to invite a broad spectrum of people who live in the local area. The discussions are happening on [date and time] and would last 90 minutes. As a thank you for your time you would receive £40. All answers you give are confidential and will not be used for any other purpose than this research.

**SQ1**

**Do you or does any of your close family or friends work in any of the following industries?**

	<b>CODE</b>
Advertising	1 T&C
Marketing	2 T&C
Public Relations	3 T&C
Market Research	4 T&C
Nutritional	5 T&C
None of the above	6 SQ2

**\*IF RESPONDENT ANSWERS YES AT CODES 1-5, PLEASE CLOSE**

**SQ2**

**Which of these best describes the level of responsibility you have for cooking and preparing food in your household?**

	<b>CODE</b>	<b>ROUTE</b>
Responsible for all or most of the preparation/cooking	1	SQ3
Responsible for about half of the preparation/cooking	2	SQ3
Responsible for less than half of the preparation/cooking	3	SQ3
Not responsible for any of the preparation/cooking	4	SQ3

**CHECK QUOTAS SHEETS – MIN 3 RESPONDENTS TO CODE 1/2 AND MIN OF 3 TO CODE 3/4**

**SQ3**

**Do you regularly choose and eat food prepared at any of the following places?**

	<b>CODE</b>	<b>ROUTE</b>
Restaurant / sit-in café (not fast food)	1	SQ4
Fast food – takeaway	2	SQ4
Fast food – sit-in	3	SQ4
Canteen/cafeteria at workplace, University or College	4	SQ4
Bakery	5	SQ4
Sandwich shop / deli	6	SQ4
Retail / grocery shop / supermarket – 'meal deal'	7	SQ4
Coffee shop	9	SQ4
Vending machine	10	SQ4
None of the above	11	CLOSE

**ALL RESPONDENTS MUST CODE AT LEAST 2 AT SQ3**

**SQ4**

**Which of the following best describes you?**

	<b>CODE</b>	<b>ROUTE</b>
Pre-kids	1	SQ5
Have kids living at home	2	SQ5
Kids have grown up and left home	3	SQ5
Never had/never plan to have kids	4	SQ5

**CHECK QUOTA SHEETS - Note: Pre-kids respondents to be up to 40 years. Never had/ never plan to have kids to be over 45 years**

**SQ5a**

**What age of children do you have?**

	<b>CODE</b>	<b>ROUTE</b>
Under 3 years	1	* SQ6a
3 – 11 years	2	* SQ6a
12 – 17 years	3	*SQ6a
Over 17 years	4	* SQ6a

**\*CHECK QUOTA SHEETS FOR AGE OF CHILDREN (GRPS 1,3 &5).**

**SQ6a**

**How often, on average, do you eat a portion of a fruit or vegetable?**

A portion = 80g/3 heaped tablespoons/size of 2 satsumas

	CODE	POINTS
5 or more times a day	1	5
3-4 times a day	2	4
1-2 times a day	3	3
5-6 times a week	4	2
2-4 times a week	5	1
Less often/ never	6	1

**SQ6b**

**How often, on average, do you eat a snack or treat?**

**(This includes crisps, cakes/pastries, sweets, chocolate and biscuits)?**

	CODE	POINTS
5 or more times a day	1	1
3-4 times a day	2	2
1-2 times a day	3	3
5-6 times a week	4	4
2-4 times a week	5	5
Less often/ never	6	5

**SQ6c**

**How often, on average, do you drink sugary (non-diet) soft drinks?**

	CODE	POINTS
5 or more times a day	1	1
3-4 times a day	2	2
1-2 times a day	3	3
5-6 times a week	4	4
2-4 times a week	5	5
Less often/ never	6	5

**SQ6d**

**How often, on average, do you eat takeaway meals (includes breakfast, lunch, dinner and snacks)?**

	CODE	POINTS
1 or more times a day	1	1
4-6 times a week	2	2
2-3 times a week	3	3
Once a week	4	4
1-2 times a month	5	5
Less often/ never	6	5

**Add up points from SQ6a to SQ6d**

**TOTAL  
POINTS:**

**Points = Quota**

4-6 = Very poor

7-9 = Poor

10-12 = Room for improvement

13-17 = Mid-level

18-20 = *Thank & close – respondent not eligible to take part.*

**Glasgow grp 1** = poor or very poor (4-9)

**Glasgow grp 2** = mid-level / room for improvement (10-17)

**Edinburgh grp 3** = mid-level / room for improvement (10-17)

**Edinburgh grp 4** = poor or very poor (4-9 points)

**Dundee grp 5** = poor or very poor (4-9 points)

**Falkirk grp 6** = mid-level / room for improvement (10-17)

**CODE**

**Are you on a special diet at all, for dietary or health reasons?**

Vegetarian	1
Vegan	2
Allergic to certain foods or ingredients	3
On a diet trying to lose weight	5
On a diet trying to gain weight	6
On a diet due to diabetes	7
Reducing the amount of fat in my diet	8
Reducing the amount of sugar in my diet	9
Reducing the amount of starchy foods in my diet	10
Increasing the amount of protein in my diet	11
Increasing the amount of starchy foods in my diet	12
Avoid certain food for religious or cultural reasons	13
Avoid certain food for medical reasons other than a food allergy e.g. diabetes	14
Avoid certain foods for other reasons (e.g. foods that don't seem to agree with me)	15
Not on any special diet	16

**Which of the following statements do you agree or disagree with?**

		<b>Agree</b>	<b>Disagree</b>
A	I enjoy going out and meeting people	1	1
B	I would describe myself as outgoing and enjoy chatting to people even if I don't know them well	2	2
C	I am not afraid to express my opinions in front of a group of people	3	3
D	I am a bit shy and get embarrassed easily	4	4

**ALL RESPONDENTS MUST AGREE WITH A, B OR C AND DISAGREE WITH D**

**Have you ever attended a group discussion or taken part in a market research study recently?**

	<b>CODE</b>	<b>ROUTE</b>
Yes	1	Q4
No	2	Recruit

*IF CODED 2 ABOVE CHECK QUOTA AND RECRUIT IF ELIGIBLE*

**How long ago did you attend this group discussion?**

	<b>CODE</b>	<b>ROUTE</b>
In last 6 months	1	Q5
In last 6-12 months	2	Q5
More than 12 months ago	3	Recruit

**What was the subject matter?**

**IF SUBJECT SIMILAR TO EATING HABITS, CLOSE**

CHECK AND CLASSIFY

## Appendix 2 – Composition and location of focus groups

<p>Group 1 – Dundee, Best Western Queens Hotel, 160 Nethergate</p> <ul style="list-style-type: none"> <li>• Five participants, 3 male and 2 female</li> <li>• Late 30s and 40s</li> <li>• Four with partners</li> <li>• Between 3 and 5 children each (12 – 17 years) at home</li> <li>• C1C2D(E)</li> <li>• Current diet poor or very poor</li> </ul>	<p>Group 2 – Falkirk, Leapark Hotel, Bo'ness Rd, Grangemouth</p> <ul style="list-style-type: none"> <li>• Eight participants, 4 male and 4 female</li> <li>• Age range 22 – 32 years</li> <li>• All lived alone except for one who lived with a partner</li> <li>• No children</li> <li>• C1C2D(E)</li> <li>• Current diet poor or very poor</li> </ul>
<p>Group 3 – Edinburgh, Crowne Plaza, 18 Royal Terrace, Edinburgh (6:30 group)</p> <ul style="list-style-type: none"> <li>• Six participants, 3 male and 3 female</li> <li>• Age range 26 – 48 years</li> <li>• Three lived alone, one lived with partner and two lived with parents/siblings</li> <li>• No children</li> <li>• C1C2D(E)</li> <li>• Current diet poor or very poor</li> </ul>	<p>Group 4 – Edinburgh, Crowne Plaza, 18 Royal Terrace, Edinburgh (8:15 group)</p> <ul style="list-style-type: none"> <li>• Seven participants, 4 male and 3 female</li> <li>• Ages from 30s, through 40s and early 50s</li> <li>• All but one had children, pre- senior school. Three had one child, two had two children and one had three children</li> <li>• Two of the six parents did not live with their child's other parent.</li> <li>• C1C2D(E)</li> <li>• Current diet mid-level/room for improvement.</li> </ul>
<p>Group 5 – Glasgow, Park Inn by Radisson, West George Street (6:30 group)</p> <ul style="list-style-type: none"> <li>• Eight participants, 4 male and 4 female</li> <li>• Age range mid 30s and 40s</li> <li>• Younger children, 3 – 13 years old</li> <li>• C1C2D(E)</li> <li>• Current diet poor or very poor</li> <li>• One respondent from BME population.</li> </ul>	<p>Group 6 – Glasgow, Park Inn by Radisson, West George Street (8:15 group)</p> <ul style="list-style-type: none"> <li>• Eight participants, 4 male and 4 female</li> <li>• Age range 47 – 63 years old</li> <li>• Most lived alone, one lived with partner and two lived with family</li> <li>• Empty nesters/had grandchildren/never had children</li> <li>• C1C2D(E)</li> <li>• Current diet mid-level/room for improvement.</li> <li>• One respondent from BME population.</li> </ul>

## Appendix 3 - Discussion guide

### INTRODUCTION (5MINS)

- By moderator
- Explanation of research and group discussions
  - No right or wrong answers
  - Everyone's views are important, please don't be afraid to speak up
  - Group discussion, rather than individual Q&A
  - Honesty is important
- Reassurance over confidentiality and MRS Code of Conduct
  - We will not disclose any of your details
  - We will anonymise all of our reports
  - We will only use the information you provide for the purpose of this research
- Explanation of audio recording & client viewing (audio may be passed to client team to listen to later)
- Introduction to the subject and format of discussion
- 1.5 hours, topic – healthy eating / choosing a healthy diet
- Participant introductions
  - First name, age, people in the household, what have you eaten today?

MODERATOR EXPLAINS PURPOSE OF THE SESSION: WE ARE INTERESTED IN FINDING OUT IF THE PUBLIC WOULD WELCOME FURTHER INFORMATION, ADVICE AND RESOURCES TO HELP THEM MOVE TOWARDS A HEALTHIER DIET – IN SHORT, DO WE NEED TO DEVELOP **GENERAL** 'DIETARY GUIDELINES' TO HELP THE SCOTTISH POPULATION ADOPT HEALTHIER EATING BEHAVIOURS? THESE DIETARY GUIDELINES – IF THEY ARE FELT TO BE NEEDED – COULD INVOLVE PROVIDING INFORMATION/ADVICE/RESOURCES IN DIFFERENT FORMS (E.G. ON WEB SITES, POSTERS, PRACTICAL BOOKLETS, APPS AND SO ON) THAT MEMBERS OF THE PUBLIC MIGHT ACCESS DIRECTLY, OR THAT ORGANISATIONS AND SERVICES THAT WORK WITH THE PUBLIC COULD USE TO SUPPORT PEOPLE TO EAT WELL.

TO CLARIFY, THIS IS NOT ABOUT DIETS TO HELP WEIGHT LOSS OR OTHER CONDITIONS BUT ABOUT HEALTHY EATING IN GENERAL.

### PERCEIVED HEALTH OF CURRENT DIET (10 MINS)

- How healthy do you rate what you currently eat on a scale of 1-10 (with 10 being very healthy and 1 being very unhealthy)
  - **PROBE:** why do you say that? Why do you rate it that high/that low?
- How do you judge, how do you decide, if the food you eat is healthy or unhealthy?
  - **PROBE:** do you: read information on food packaging; get information online; use healthy eating resources/materials: speak to a health practitioner or GP; get information from another source?
- Does it matter to you? Are you concerned about how healthy it is?
- Are you more likely to choose healthy food in different settings or on different occasions?
  - **PROBE:** e.g. eating out v eating at home, after a night out and so on?

### CHANGING TO A HEALTHY DIET (15 MINS)

- Who would 'like to' have a healthier diet?
  - **PROBE:** why do you say that?
- Are there any barriers that stop you from buying/eating the foods that you would like to?
  - **PROBE:** if so, what kinds of food and what stops you?
- Can you describe what a healthier diet might look like?
  - **PROBE:** what is it that makes that healthier? Do people agree on what a healthy diet looks like?
- Are you currently thinking about making any changes to what you eat in order to have a healthier diet?
  - **PROBE:** What specific changes are you thinking about? Is it going to be easy/difficult to make these changes? Why do you say that?
  - Would it help to have any information or guidance – of any sort? What information/guidance comes to mind? How would this help you?
- Have you seen / used any resources – e.g. healthy eating guidance/information – that you could use to help make changes to your diet? What / where? Were they helpful? How?



## TESTING INFORMATION AND GUIDANCE RESOURCES (60 MINS FOR REST OF SESSION)

MODERATOR: I AM NOW GOING TO SHOW YOU A RANGE OF EXAMPLES OF MATERIALS THAT HAVE BEEN PRODUCED TO HELP PEOPLE EAT A HEALTHY DIET. THESE COME FROM BOTH THE UK AND OTHER COUNTRIES.

I AM PARTICULARLY INTERESTED IN ANYTHING THAT YOU FEEL MIGHT HELP YOU TO EAT A HEALTHY DIET – TO POSSIBLY MAKE SOME CHANGES (EVEN SMALL ONES) THAT COULD HELP YOU MOVE IN THAT DIRECTION.

I AM ALSO INTERESTED IF YOU SEE ANY LANGUAGE OR TERMINOLOGY THAT IS UNCLEAR OR CONFUSING, AND THAT YOU FEEL COULD DO WITH FURTHER EXPLANATION.

## GUIDANCE ON A HEALTHY DIET – EWG (20 MINS FOR THIS SECTION)

TABLE THE EWG – ONE A3 COPY FOR EACH PARTICIPANT. GIVE BRIEF INTRODUCTION - e.g. The EWG shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet. It also carries a number of healthy eating messages.

ASK THE GROUP TO LOOK OVER – ENCOURAGE COMMENT/DISCUSSION. LISTEN...THEN PROBE AS APPROPRIATE:

- Have you seen this before? If so, where/in what context?
- What do you think? What comes to mind when you see this resource?
  - **PROBE:** is there anything here that surprises you?
- Are you taking anything from it – is there anything here that you might use - that would help you eat a healthier diet?
  - **PROBE:** what things? Why/how are they helpful to you? Are some things/elements more helpful than others?
  - If not, why not?
- Is there anything confusing or unclear?
  - **PROBE:** what is confusing/unclear?
- Is there anything that could be developed in addition to what you see here that you feel would be helpful?

- **PROBE:** if so what? How would that help?
- Could you see yourself using a resource like this?
  - **PROBE:** how / when do you think you would use it? In what form would you expect to get it in – e.g. online, in hard copy, as a poster etc?

NOW SHOW THE 7 MESSAGES FROM THE EWG. READ OUT EACH ONE IN TURN –  
POINT OUT WHERE IT APPEARS ON THE EW GUIDE - AND ASK:

- Are you achieving this?
- If not, what is stopping you achieving it?
- What might help you to begin to take this message on board?
  - **PROBE:** is the message not clear enough? Is there anything about how the message is expressed – the language that is used – that people don't understand?

NB - MODERATOR PROBES FURTHER ON CARBOHYDRATES AND PROTEIN WHEN DEALING WITH THE APPROPRIATE MESSAGE:

- **CARBOHYDRATES:** Do you have any other observations to make about the part of the guide that deals with carbohydrates?
  - **PROBE:** Does anyone try to avoid or limit the amount of carbohydrates they eat? Why? Is it because of something you have heard on the media? Do you know that there are different types of carbohydrates? Do you understand what they are? (NB - SUGAR/FIBRE/STARCHY...or SIMPLE v COMPLEX)
- **PROTEIN:** Do you have any other observations to make about the part of the guide that deals with protein?
  - **PROBE:** Does anyone try to eat protein rich foods (e.g. high protein yogurt)? Why? Has the media had an influence here?
- **TREATS/DISCRETIONARY FOODS:** FINALLY, BEFORE LEAVING THE EWG, REFER TO THE BOTTOM LEFT OF THE PLATE AND ASK: What do you make of this part of the plate?
  - **PROBE:** Are you achieving this?
  - If not, what is stopping you achieving it?
  - What might help you to begin to take this message on board?

## HELP AREAS / THEMES (25 MINS FOR THIS SECTION)

TABLE A3 CARDS WITH ONE 'HELP AREA' ON EACH

MODERATOR INTRODUCTION: I'm going to show some extracts from other healthy eating resources – including Dietary Guidelines from other countries. Each card will have a main heading and most also have some supporting content. Resources like these have been designed to try and help people move forward in their journey towards healthier eating. I am interested in which – if any – you feel could help you in your food journey.

TABLE 3 OR 4 CARDS AT A TIME. ALLOW GROUP TO LOOK OVER THE CARDS AND DISCUSS

- What do you think?
- Do you feel that any of these areas are of interest to you? Why?
  - **PROBE:** Is it to do with:
    - Tone – e.g. Informative? Friendly? Fun?
    - Colour and presentation?
    - The information carried?
    - Possibly being helpful to you?
  - In what form would you like to see this information in (e.g. booklets, posters, website etc)?
  - Where might you expect to find this information being made available (e.g. in shops/supermarkets, GP surgery, workplace, social media etc)?
- Would any of these resources help you eat healthier?
  - **PROBE:** which? Why/how would they be helpful to you?
- Is there anything confusing or unclear in the language used and the content given?
  - **PROBE:** what is confusing/unclear?
- Could you see yourself using resources like these?
  - **PROBE:** how / when do you think you would use them? In what form would you expect to get them in – e.g. online, in hard copy, as a poster etc?
- Could the resources be improved in any way to be more relevant to your food journey? If so, how?

## HELPFUL MESSAGES (15 MINS FOR THIS SECTION)

MODERATOR NOTES THAT RESOURCES FREQUENTLY CARRY A RANGE OF POTENTIALLY 'HELPFUL MESSAGES' – SOME GO BEYOND SIMPLY 'EATING FOOD' AND ENCOMPAS THE ENVIRONMENT IN WHICH FOOD IS SELECTED AND ENJOYED.

TABLE RANGE OF MESSAGES (WITH SUPPORTING INFORMATION) ON A3 CARDS

We are interested in which messages are relevant and meaningful to you. Here's a selection of messages drawn from the resources that we have been using.

- What do you think about this?
- What about the Tone of the supporting information and the Content of the information?
- Which feel appropriate to you at this point in time – i.e. where you are at now in your food journey?
  - **PROBE:** Why do you say that?
  - Might this/these messages encourage you to change your eating behaviour in any way? If so, how?

## SUMMING UP

- Can I ask you all to think about where you are in your food journey – your journey towards healthier eating habits .... Is there any information, any messages, any type of resources that you feel might help you make healthier choices in the food you eat at home or when you are out?
  - **PROBE:** I'm interested even in things that might support you to make even a very small change in what you eat.
- What would you recommend is the most important thing/s that could be done - by way of new information and guidance – to help you eat a healthier diet?

MODERATOR MOVES AROUND THE GROUP, GIVING EACH PERSON A CHANCE TO RESPOND TO THE ABOVE QUESTION.

THEN FINISHES BY ASKING PARTICIPANTS TO **COMPLETE THE FEEDBACK SHEET** (5 MINS)

**THANK AND CLOSE**

## Appendix 4 – Stimulus material used in the group sessions

### Recipe suggestions

Recipe idea – Spaghetti bolognese with garlic bread and a side:

<https://www.foodstandards.gov.scot/consumers/healthy-eating/eatwell/eatwell-everyday/spaghetti-bolognese-with-garlic-bread-and-side>

Example of meals across a week:

<https://www.foodstandards.gov.scot/consumers/healthy-eating/eatwell/eatwell-everyday>

Snack suggestions:

<https://www.foodstandards.gov.scot/consumers/healthy-eating/eatwell/eatwell-everyday/mixed-nuts-with-raisins-grapes-and-toast>

Weekly shopping for a couple:

<https://www.foodstandards.gov.scot/consumers/healthy-eating/eatwell/eatwell-everyday/eatwell-shopping-list/menu-a-couple>

### Food labels

Food labels (pages 18 and 20), Shopping skills (pages 22, 23 and 25) and Eating out of home (pages 28 and 29):

[https://www.diabetes.org.uk/resources-s3/2018-07/Enjoy%20Food.pdf?\\_ga=2.196746089.493103794.1532334566-1627760137.1524050055](https://www.diabetes.org.uk/resources-s3/2018-07/Enjoy%20Food.pdf?_ga=2.196746089.493103794.1532334566-1627760137.1524050055)

### Portion size and swaps

Foods to swap for healthier:

<https://www.nutrition.org.uk/attachments/article/1182/The%20QC%20Concept%20Web.pdf>

[https://www.diabetes.org.uk/resources-s3/2018-07/Enjoy%20Food.pdf?\\_ga=2.196746089.493103794.1532334566-1627760137.1524050055](https://www.diabetes.org.uk/resources-s3/2018-07/Enjoy%20Food.pdf?_ga=2.196746089.493103794.1532334566-1627760137.1524050055)

Portion size guidance:

<https://www.nutrition.org.uk/attachments/article/1193/Find%20your%20balance%20full%20portion%20size%20list.pdf>

Colour coding for switching (page 26):

<http://www.fao.org/3/a-az854e.pdf>

## **General healthy eating messages**

Eat more vegetables and fruits (page 3) Switch to wholemeal (page 8) Limit sugar intake (page 19) - <http://www.fao.org/3/a-az854e.pdf>

## **Social eating**

Social eating advice/information - <https://food-guide.canada.ca/en/healthy-eating-recommendations/eat-meals-with-others/>

## Appendix 5 – Self-completion questionnaire

PLEASE CIRCLE – ON A SCALE OF 1-10, WITH 10 BEING HIGHEST AND 1 LOWEST - HOW HELPFUL YOU WOULD FIND INFORMATION AND RESOURCES ON EACH OF THE FOLLOWING THEMES:										
Healthy meal menus	1	2	3	4	5	6	7	8	9	10
What a healthy weekly shop looks like	1	2	3	4	5	6	7	8	9	10
Understanding food labeling	1	2	3	4	5	6	7	8	9	10
Foods to have more of, less of, or to switch to	1	2	3	4	5	6	7	8	9	10
Shopping skills	1	2	3	4	5	6	7	8	9	10
Eating out of the home	1	2	3	4	5	6	7	8	9	10
Cooking for a family	1	2	3	4	5	6	7	8	9	10
What food to swap for a healthier diet	1	2	3	4	5	6	7	8	9	10
Shopping tips	1	2	3	4	5	6	7	8	9	10
Tips when eating on a budget	1	2	3	4	5	6	7	8	9	10
Guidance on portion size	1	2	3	4	5	6	7	8	9	10
IF THERE ARE OTHER PRACTICAL THINGS THAT COME TO MIND, PLEASE WRITE IN AND RANK										
	1	2	3	4	5	6	7	8	9	10
	1	2	3	4	5	6	7	8	9	10
	1	2	3	4	5	6	7	8	9	10
Can you please indicate how important you feel it is to develop Dietary Guidelines to help people eat a healthy diet (use scale of 1-10 with 10 being 'very important' and 1 being 'not important').										
1	2	3	4	5	6	7	8	9	10	

## Appendix 6 - Priorities for Dietary Guidelines

	Percentage (frequency)										
Score	1	2	3	4	5	6	7	8	9	10	Mean score
Healthy meal menus	0% (0)	5% (2)	0% (0)	2% (1)	0% (0)	2% (1)	7% (3)	26% (11)	12% (5)	45% (19)	8.5
Guidance on portion size	0% (0)	0% (0)	0% (0)	5% (2)	5% (2)	5% (2)	7% (3)	24% (10)	14% (6)	40% (17)	8.5
What a healthy weekly shop looks like	2% (1)	2% (1)	0% (0)	0% (0)	2% (1)	2% (1)	10% (4)	38% (16)	17% (7)	26% (11)	8.2
Understanding food labeling	0% (0)	2% (1)	0% (0)	7% (3)	5% (2)	7% (3)	10% (4)	21% (9)	12% (5)	36% (15)	8.0
Tips when eating on a budget	2% (1)	2% (1)	0% (0)	5% (2)	5% (2)	7% (3)	7% (3)	14% (6)	26% (11)	31% (13)	8.0
Foods to have more of, less of, or to switch to	0% (0)	2% (1)	5% (2)	2% (1)	5% (2)	2% (1)	21% (9)	24% (10)	17% (7)	21% (9)	8.0
What food to swap for a healthier diet	0% (0)	0% (0)	0% (0)	0% (0)	5% (2)	12% (5)	10% (4)	26% (11)	29% (12)	19% (8)	8.0
Shopping tips	0% (0)	2% (1)	0% (0)	5% (2)	10% (4)	12% (5)	7% (3)	24% (10)	21% (9)	19% (8)	8.0
Cooking for a family	0% (0)	2% (1)	5% (2)	5% (2)	7% (3)	10% (4)	12% (5)	24% (10)	19% (8)	17% (7)	7.5
Shopping skills	5% (2)	2% (1)	2% (1)	5% (2)	17% (7)	7% (3)	10% (4)	12% (5)	24% (10)	17% (7)	7.0
Eating out of the home	2% (1)	5% (2)	10% (4)	5% (2)	26% (11)	14% (6)	7% (3)	7% (3)	10% (4)	14% (6)	6.0

Percentages have been rounded to the nearest whole number and so may not add up to 100.





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