

Food Standards Agency in Scotland research report:

Investigating how both consumers and health professionals understand healthy eating messages



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Research report to the Food Standards Agency

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Executive summary

Introduction

This research was commissioned to explore consumer and health professional perceptions and attitudes in relation to starchy foods and foods high in fat and/or sugar, with a particular focus on understanding of how these foods fit in to a healthy balanced diet, and how consumers and health professionals understand healthy eating messages.

Methodology

The research comprised eight focus groups with consumers; four focus groups with health improvement professionals, community dietitians, GP practice nurses and cardiac rehabilitation nurses; and three depth interviews with stakeholders involved at a strategic level in developing nutrition and diet policy.

Foods high in fat and/or sugar

There was consensus among consumers and health professionals that ‘everybody knows’ that foods high in fat and/or sugar, are fattening, contain few nutrients, and that consumption should be limited. However, eating habits are heavily influenced by taste, price and convenience, and foods high in fat and/or sugar are viewed as being tasty, relatively cheap, readily available, and ready to be eaten. For these reasons, consumers find it difficult to limit their intake.

Consumers also reported feeling emotionally reliant on foods high in fat and/or sugar and considered them to promote mental wellbeing. They reported using them for comfort, or to alleviate stress or boredom, so would consume them even when they weren’t necessarily hungry. They also reported routinely using foods high in fat and/or sugar for ‘entertainment purposes’. Again, they did not necessarily need to feel hungry to consume them in this manner. Consumption of foods high in fat and/or sugar is also driven by the fact that these foods are viewed as rewards or treats, which consumers feel they deserve and are entitled to.

While consumers knew that they were consuming more than the recommended proportion of foods high in fat and/or sugar, they were surprised at how small an amount was recommended, and generally felt that they would be unlikely to reduce their intake in line with this.

Starchy foods

Starchy foods are, on the whole, viewed as being 'bland' and 'boring'. Additionally, the food group is seen as consisting of healthy foods, which are more expensive and less convenient – in terms of immediate availability and the time required to prepare them – than foods high in fat and/or sugar.

The widespread misperception that starchy foods are fattening has discouraged many consumers from consuming the recommended proportion of these foods.

Alongside the personal and economic preferences that heavily influence consumption, practical issues such as cooking, budgeting and planning meals and shopping lists also discourage consumers from eating starchy foods whilst at the same time encouraging an over-reliance on processed foods high in fat and/or sugar.

Among consumers, there was mixed awareness of how much starchy food should be consumed. Many supposed the recommended proportion to be nearer a quarter, rather than a third, of a healthy balanced diet. However, despite being made aware of the nutritional benefits associated with starchy foods, and being informed that around a third of a healthy balanced diet should comprise starchy foods, consumers felt largely indifferent about increasing their consumption. Alongside achieving a healthy balanced diet not being a priority and starchy foods not being a 'favourite food', a further barrier for consumers was a perception that they, personally, were probably already eating enough, or too much.

While there is a view that increasing consumption of starchy foods will result in people feeling full and thus consuming fewer foods high in fat and/or sugar, this research suggests that this would not necessarily be the case. Consumers eat these foods because they like them, not because they are hungry, and so are not interested in replacing these foods.

Conclusion and recommendations

The research identified a number of misperceptions and areas where consumers have little or no knowledge/understanding. Future messaging should therefore aim to counter these misperceptions and fill the gaps in knowledge. The main misperceptions were that:

- starchy carbohydrates are fattening

- relative to other foods, starchy carbohydrates are more likely to cause bloating and tiredness
- ‘white’ (i.e. non-wholegrain) starchy carbohydrates are unhealthy
- low-fat versions of foods *must* be healthy
- ‘good’ fats (i.e. monounsaturates and polyunsaturates) are healthy and can therefore be consumed in large amounts
- healthier food is more expensive than less healthy options.

The main gaps in knowledge and understanding were around:

- the proportion of starchy carbohydrates that should be consumed as part of a healthy balanced diet
- what that proportion would translate into, in terms of actual quantities/portions
- the nutrients contained in starchy foods, and the health benefits of these
- the number of foods high in fat and/or sugar that can be consumed as part of a healthy balanced diet
- the health impact of consuming too many foods high in fat and/or sugar
- what 20g or 30g of saturated fat translates to in terms of actual portions of different foods.

In addition to the misperceptions and gaps in knowledge, the research identified a number of other barriers to consumers eating a healthier, more balanced diet. These are:

- the fact that many foods high in fat and/or sugar taste good and are among consumers’ favourite foods – consumers also talked about their ‘addictive’ qualities and the difficulty they have in limiting their intake
- the emotional value placed on snack foods high in fat and/or sugar: consumers use them to reward themselves – they feel they ‘deserve’ them and are entitled to them – and also reported using them as comfort foods to alleviate stress, emotional pain and boredom
- a lack of cooking, planning and budgeting skills; a lack of time for food preparation; and, family members eating at different times, leading to an over-reliance on processed and convenience foods
- the easy availability of foods high in fat and/or sugar in a wide range of outlets
- the marketing, promotion, and portion/pack size of foods high in fat

- the confusion around healthy eating messages exacerbated by the interest the media have in controversial 'news' or different stories about which foods are now 'good' or 'bad', or good or bad for weight loss, against which it is difficult for the main, relatively dull and unchanging, principles of healthy eating to compete. These contradictory messages can also lead to distrust.

Implications for messaging

Clearly, there are significant barriers to improving the Scottish diet and more effective messaging alone will not solve the problem. Further work is required across a range of policy areas including: work to improve people's skills in rewarding and comforting themselves in more constructive ways; work to improve skills in cooking, planning and budgeting; work with food producers to reformulate products; work with retailers to move to different types of marketing which would encourage healthier choices; and work with the media to encourage more accurate and responsible coverage of food and diet stories. Nonetheless, there is also an important role for messaging in countering some of the misperceptions and gaps in knowledge, to provide consumers with the information they need to make healthier food choices.

The research identified some specific features of effective messaging which should be considered when developing new materials and campaigns. Ideally, messages should be simple, positive, and show comparisons.

As a next step, we recommend the development of messages, on the basis of the findings to flow from this research, for testing with consumers. Some specific suggestions include:

- messages explaining the benefits associated with starchy foods
- messages dispelling the negative image of starchy foods
- a series of messages showing recommended substitutions of starchy carbohydrates for foods high in fat and/or sugar
- a series of messages showing the relative cost of snacks/meals based on starchy carbohydrates compared with snack high in fat and/or sugar and ready meals etc.

1. Introduction

This report presents the findings of a qualitative study to investigate how consumers and health professionals understand healthy eating messages. Commissioned by the Food Standards Agency in Scotland (FSAS), the study comprised focus groups with consumers, focus groups with health professionals involved in the delivery of health eating messages, and depth interviews with stakeholders involved at a strategic level in developing nutrition and diet policy.

1.1 Background

Both the FSA in Scotland and the Scottish Government are committed to improving the nation's health and tackling health inequalities. Increasing the proportion of Scots who eat a healthy balanced diet is one of the main ways in which this can be achieved. A healthy balanced diet plays a key role in preventing diet-related disease and can help people maintain a healthy weight. The FSA in Scotland is working closely with the Scottish Government to ensure that the advice for consumers is consistent. Their strategic plan includes the following outcome:

Consumers have the information and understanding they need to make informed choices about where and what they eat.

The Scottish Government has introduced a number of policies aimed at improving the nation's diet, most recently, *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*¹ and the *Obesity Route Map Action Plan*².

Evidence from various sources, including the National Diet and Nutrition Survey³ and the Living Costs and Food Survey⁴, shows that most of the population are eating too many foods high in fat and/or sugar, and not enough starchy carbohydrates.

There is research to suggest that many people are aware of the messages about eating fewer foods high in fat and sugar, but they are less aware of the message to eat more starchy foods. In 2010, the FSA Food and You survey found that 67% of the sample thought "limiting sugar" was a very important factor in a healthy lifestyle and

¹ <http://www.scotland.gov.uk/Publications/2010/02/17140721/19>

² <http://www.scotland.gov.uk/Publications/2011/03/17104457/0>

³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128556.pdf

⁴ http://www.foodbase.org.uk//admintools/reportdocuments/418-1-1141_S14035_Monitoring_Report_2001-2009_310311final.pdf

62% thought “limiting total fat” was a very important factor⁵. In contrast, only 31% thought “eating starchy foods” was very important. Similarly, participants were unable to determine the proportions of each food group required for a healthy balance diet, as shown by the eatwell plate⁶.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Department of Health in association with the Welsh Assembly Government, the Scottish Government and the Food Standards Agency in Northern Ireland

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When given a blank eatwell plate and asked which foods should go in which sections, 80% correctly placed food and drink high in fat and/or sugar in the smallest section of the plate, but only 38% correctly placed starchy foods in one of the large sections.

Changes that people report making to their diet also indicate that some healthy eating messages have had much more impact than others: 30% said that (in the past six months) they were eating more fruit and vegetables, 25% said they were eating less food high in saturated fat and 19% said they were eating less food high in fat in general⁷. However, only 7% said they were eating more bread, rice, potatoes, pasta and other starchy foods. Moreover, 10% said they were eating *less* of these foods –

⁵ http://www.foodbase.org.uk//admintools/reportdocuments/641-1-1113_Food_and_You_Report_Scotland_FINAL.pdf page 43

⁶ <http://tna.europarchive.org/20100929190231/http://www.food.gov.uk/healthiereating/eatwellplate/aboutplate>

⁷ *ibid.* page 85

suggesting that negative messages around these foods from other sources may have had more impact than the positive messages.

To help consumers to better understand how a healthy balanced diet looks, the FSA commissioned the design of an *eatwell week* to illustrate a healthy balanced diet looks like over the course of a week. Qualitative research conducted to test the draft *eatwell week* resource⁸ accords with results from the Food and You Survey. Despite the fact that the *eatwell week* menu was carefully designed to meet UK Dietary Reference Values for energy, macronutrients, vitamins and minerals, many participants felt there was too much bread included and the advice to have extra pasta, rice and potatoes with main meals (if the menu did not provide enough to eat) was questioned on the basis that these foods were 'fattening'.

The above evidence suggests that consumers have a limited awareness and understanding of how much starchy food they should be eating and are influenced by negative messages around these foods (exacerbated, perhaps, by the popularity of the Atkins Diet and other "low-carb" diets). To inform the design of more effective messaging, qualitative research was required to explore further consumers' perceptions (and misperceptions) of starchy foods.

Although consumers have a better understanding of the need to limit their intake of foods high in fat and/or sugar, consumption of these foods is still excessive. Qualitative research was needed to explore perceptions of how these foods fit in to a healthy balanced diet including whether the excessive consumption is, at least in part, because of a lack of understanding of just how infrequent the consumption of these foods should be. Again, this is important in the design of more effective messaging.

Community dietitians and other health professionals play a key role in providing and interpreting healthy eating messages. Qualitative research with health professionals to test the draft *eatwell week* resource⁹ suggested that some may have a different view to FSAS about the messages that should be communicated in relation to the consumption of starchy foods and foods high in fat and/or sugar. Some agreed with consumers that there was too much bread included in the *eatwell week* menu and some felt that including even a small amount of foods high in fat and/or sugar was problematic because they thought some consumers would misinterpret this message as meaning that such foods were 'healthy' and could therefore be eaten more often. Qualitative

⁸ http://www.foodbase.org.uk/results.php?f_report_id=712

⁹ *ibid.*

research with health professionals was therefore required to explore their views on how starchy foods and foods high in fat and/or sugar should fit in to a healthy balanced diet, and what messages would be most effective with different groups of consumers.

1.2 Aims and objectives of the research

The overall aim of the research was “to investigate how both consumers and health professionals in Scotland perceive and understand healthy eating messages and to recommend ways in which improvements in messaging might be made and implemented.”

More specifically, the objectives were to:

- explore the underlying perceptions, attitudes and preferences which might explain why most consumers are not eating enough starchy foods
- understand the positive and negative associations of starchy foods
- explore any differences in understanding/attitudes between different groups of consumers (in relation to socio-economic status in particular)¹⁰
- explore reactions to current messaging around starchy foods
- explore the extent to which consumers’ over-consumption of foods high in fat and/or sugar is due to a lack of understanding of how infrequently these foods should be eaten
- explore health professionals’ views on how foods high in fat and/or sugar fit into a healthy balanced diet for different groups of consumers
- explore the views and experiences of health professionals in relation to more effective messaging
- identify improvements to the messaging around starchy foods and foods high in fat and/or sugar.

¹⁰ Where there are differences between the views and experiences of consumers of higher and lower social grades, these have been commented upon. However, few clear differences emerged.

2. Methodology

The research comprised focus groups with consumers, health improvement professionals, community dietitians and 'other' health professionals (GP practice nurses and cardiac rehabilitation nurses) and depth interviews with professionals involved in shaping nutrition and diet policy. Further details of the sampling, recruitment and fieldwork are provided below.

2.1 Sampling and recruitment

2.1.1 Consumers

The aim was to explore the views of a range of consumers in different demographic groups and in different parts of Scotland. The locations for the groups were selected to ensure that a range of perspectives across different parts of Scotland, incorporating urban, rural and semi-rural areas, were included. Eight groups were conducted with consumers. The composition of each group is shown in Table 2.1 below. For each group, eight participants were recruited. Table 2.1 shows the number who attended each group.

A greater number of females than males participated in the research (37 females and 19 males). This was due to the requirement for participants to have an influence over the food eaten in their household (discussed below). Across the groups, there were three participants from minority ethnic groups.

Table 2.1: sample composition of consumer focus groups

Location	Age	Socio-economic status ¹¹	Life / family stage	Number who attended
Aberdeen	Over 55	C2DE, at least 2 DE	Older, no children under 19 living at home	7
Aberdeen	25-40	ABC1	Younger, no children under 19 living at home	7
Kingussie	Over 55	ABC1	Older, no children under 19 living at home	7
Kingussie	30-55	C2DE, at least 2 DE	Older family, at least one child aged 10-18 living at home	6
Glasgow	22-40	C2DE, at least 2 DE	Young family, at least one child under 10 living at home	8
Glasgow	30-55	ABC1	Older family, at least one child aged 10-18 living at home	7
Penicuik	16-25	C2DE, at least 2 DE	Younger, no children under 19 living at home	7
Penicuik	22-40	ABC1	Young family, at least one child under 10 living at home	7

Recruitment was undertaken by market research recruiters working in street or door-to-door in the relevant locations and using a screening questionnaire (Appendix 1) to ensure the quotas were met. To thank participants for their time, cover any travel or childcare expenses and to encourage participation from groups who might not normally take part in such research, participants were given £30 in cash.

Given the topic under discussion, it was important that those recruited had a substantial influence on what is eaten in their household. Therefore, all participants were asked about their involvement in choosing what food to buy and in preparing evening meals. Only people who were responsible for at least half of their household shopping and who prepared at least half of the evening meals in their household were included in the research, on the basis that they have the greatest influence over what is eaten in the household, and that they would be able to comment on their own eating habits and preferences as well as those of other household members.

¹¹ Participants were classified into one of the six social grades commonly used in research. These are based on the current or previous occupation of the chief income earner in the household. Broadly speaking, the groups ABC1 correspond to professional, managerial and clerical occupations and groups C2DE refer to skilled-manual and unskilled manual occupations and the economically inactive.

2.1.2 Health professionals involved in delivering healthy eating messages

The aim was to include a range of health professionals who are involved in providing members of the public with information on healthy eating. Table 2.2 below shows the composition of the focus groups undertaken with health professionals. Groups were undertaken across different parts of Scotland including both urban and rural areas. Three health boards and five Community Planning Partnerships (CHPs) were represented in the research. The original plan was to include health improvement professionals and ‘other’ health professionals (GP practice nurses and cardiac rehabilitation nurses) in the same focus group, with 7 participants per group. However, having used this approach for the first focus group, it was felt that conducting mini-groups with health improvement professionals and ‘other’ health professionals’ separately would be more suitable. This was partly because of the different roles of the professions and partly because the topics could be explored in more detail in a smaller group.

Recruitment was undertaken by telephone by contacting relevant organisations to identify people in suitable roles.

Participants were given £50 to thank them for attending the group out of working hours, to cover any expenses and to ensure that participation was not just from those who were particularly interested in the topic.

Table 2.2: sample composition for health professional focus groups

Group	Number who attended	Roles of those in attendance
Health improvement and ‘other’ health professionals	7	Two GP practice nurses Two cardiac rehabilitation nurses Nutritionist within a CHP Health improvement officer within a CHP Health improvement officer within a CHP
Health improvement professionals	3	Health improvement officer within a CHP Health improvement officer within a CHP Project development officer at a third sector organisation delivering health and well-being initiatives
‘Other’ health professionals	3	Two cardiac rehabilitation nurses GP practice nurse
Community dietitians	4	Four community dietitians working within the health board

In addition to the focus groups, three depth interviews were conducted (two by telephone and one face-to-face) with stakeholders identified by FSAS as having a strategic role in developing nutrition and diet policy. The aim of these interviews was to obtain a more strategic perspective on messages relating to healthy eating and an understanding of how organisations engage with health professionals on the latest

developments in the field. Two participants worked for UK-wide diet and nutrition organisations and one was a senior health promotion professional within a Scottish health board.

2.2 Fieldwork

All fieldwork was undertaken between September and November 2010. All focus groups and depth interviews were moderated by the four members of the Ipsos MORI research team using topic guides designed by the research team and agreed with FSAS. The topic guides used in each session are shown in Appendix 2.

Each focus group lasted around two hours and the depth interviews lasted around one hour. With the permission of participants, the discussions were recorded and transcribed in full for analysis.

2.3 Approach to analysis

Our approach to analysis can be considered as a cycle of collect, analyse, and theorise, in which the data analysis and interpretation is an ongoing process involving continual reflection and brainstorming about the data, asking analytical questions, and writing notes throughout the project.

During fieldwork, the project team held regular team meetings to discuss emerging findings. This approach helps ensure rigour in the interpretation of the data as new insights and alternative interpretations can be raised and debated by the team, and explored further in remaining groups and interviews.

In order to develop key themes for the analysis, at the end of the fieldwork, the researchers conducted a brainstorming session to identify the top level findings and implications. This culminated in the creation of a code frame of substantive themes, and sub-themes, which were input into the software package NVivo 9.2. Transcripts were then systematically analysed for key points and illustrative verbatim comments. The code frame was drawn up to include the themes identified at the start-up stage of the project as well as new insights to flow from the research. This method ensures that analysis and reporting of the data is rigorous, balanced and accurate, and that key messages are brought out. It is also flexible enough to allow for links and connections across different pieces of data to be made, and for moments of interpretive insight and inspiration to be recorded.

2.4 A note on the interpretation of qualitative research

Qualitative research is often compared and contrasted with quantitative research. Qualitative research is less concerned with measurement (“how many?”, “how often?” etc.) and more concerned with understanding attitudes, behaviours, value systems, concerns, motivations, aspirations, culture or lifestyles (“why?”, “how?”, etc).

This study, like most qualitative research, involves many fewer people than quantitative research but it explores their attitudes and experiences in much more depth. The aim is not to generalise to the wider population in terms of the prevalence of attitudes or behaviours (e.g. ‘three quarters of consumers view starchy foods as bland’) but to identify and explore the different issues and themes relating to the subject being researched. The assumption is that issues and themes affecting the participants are a reflection of issues and themes in the wider population. Although the extent to which they apply to the wider population or specific sub-groups cannot be quantified, the value of qualitative research is in identifying the range of different issues involved and the way in which they can impact on people.

So, for example, one of the findings from this study was that, relative to other foods, starchy foods are viewed as fattening. Although we cannot extrapolate from this and say that this issue affects X% of consumers across Scotland, the implication is that this is likely to be an issue in the general population.

2.5 Structure of the report

The report begins with a discussion of the findings relating to starchy foods. The following chapter details findings relating to foods high in fat and/or sugar. Reactions to current messaging and suggestions for improvements to messaging are then presented. The report ends with conclusions and recommendations.

3. Foods high in fat and/or sugar

The over-consumption of foods high in fat and/or sugar has a major impact on Scottish diets, and upon the proportions of foods people consume from other food groups – including the starchy foods group. Consumers were much more engaged in discussions on foods high in fat and/or sugar than they were in discussions on starchy foods. While starchy foods tended to be seen as ‘bland’ and ‘boring’, or ‘a side’ part of a meal, the foods high in fat and/or sugar group contained some of people’s favourite foods and consumers talked fervently about their attitudes and preferences in relation to these foods.

Although the primary focus of this research was on starchy foods, findings relating to foods high in fat and/or sugar are therefore discussed first, in order to provide context to attitudes towards starchy foods, which are discussed in the following chapter.

This chapter begins by exploring consumer perceptions, attitudes and preferences in relation to foods high in fat and/or sugar, identifying reasons for over-consumption. It then moves on to explore consumer and health professionals’ views on the amount of foods high in fat and/or sugar that can be consumed as part of a healthy balanced diet, and consumer views on decreasing consumption of these types of foods.

3.1 Foods high in fat and/or sugar: perceptions, attitudes and preferences

3.1.1 Overview

There was consensus among consumers and health professionals that ‘everybody knows’ that foods high in fat and/or sugar, are fattening, contain few of the nutrients required for a healthy balanced diet, and that consumption should be limited.

However, eating habits are heavily influenced by taste, price and convenience, and foods high in fat and/or sugar are viewed as being tasty, relatively cheap, readily available, and ready to be eaten. For these reasons, consumers find it difficult to limit their intake.

While consumers were very aware that these foods tend to be fattening, few showed much awareness or concern about other health effects. Therefore, unless they were trying to lose weight they had little incentive to limit consumption of these foods.

3.1.2 Taste

Foods high in fat and/or sugar provide pleasure, and are overwhelmingly seen as 'appetising', 'delicious', 'appealing', 'attractive', 'tempting' and 'tasty'. In particular, compared to healthier options:

Anybody would choose chocolate and fizzy juice over an apple.

Female, 16-25, Penicuik

Foods that are high in fat are always tasty. I would rather go for a sweet or something than a piece of bread.

Female, 25-40, Aberdeen

Additionally, consumers felt that 'people are programmed to like sugar and fat' and considered them to be addictive, meaning people crave these foods and find it difficult not to over-consume them:

Opening a packet of digestives is like opening a packet of cigarettes. It is very addictive and it is deliberately made to be addictive. You were saying about it being easy to eat, they deliberately put things in so that it is very easy to eat and, of course, the faster you eat something the more you eat.

Female, 30-55, Kingussie

Consumers referred to not being able to limit the amount of these foods have, because they felt that once they start eating them, they find it hard to stop. For example, they would talk about eating through most of a packet of chocolate biscuits when their initial intention was to have only a couple, or eating a 150g bag of crisps when they were only planning to have a small amount.

3.1.3 Price

The cost of food was cited as a key determinant of food choice. There was a perception among consumers that foods high in fat and/or sugar are relatively cheap while healthier foodstuffs are more expensive.

Consumers, particularly those who were health conscious or who liked the taste of healthier foods, felt that they would consume healthier options if they were cheaper:

I would much rather sit down and eat a punnet of strawberries but it's just affording it.

Female, 30-55, Kingussie

Aye, I'm not working the now so I'm having to prioritise and change what we're actually eating because I don't have a job right now, but God I would stuff myself silly with sunflower seeds and stuff if they were cheaper.

Female, 22-40, Penicuik

Consumers and health professionals alike felt that foods high in fat and/or sugar tend to be sold at 'drastically reduced' prices, and that supermarket promotions such as 'buy one get one free' or even, 'buy one get two free', tend to relate to unhealthy convenience foods high in fat and/or sugar, rather than healthier foods.

This perceived imbalance of supermarket promotions (whether true or not) made it difficult for consumers not to be tempted into buying these types of foods – they are persuaded they are making a substantial saving and obtaining value for money or, even when they know they are not, some said that they are able to 'kid themselves on' in order to justify buying it.

Health professionals and consumers felt that these offers on bulk buying foods high in fat and/or sugar encourage people to eat more of these foods simply because they have them in their house, cannot therefore resist them and, as mentioned above, once they start consuming them they feel they can't stop:

I suppose it goes back to the marketing and going to the supermarket, it's more likely than not that there will be biscuits, 'buy one get one free', or 'buy one get two free' as it is these days, and it encourages you to bulk buy and then they are all in the house and you just have them because they are there, and why not?

Female, 25-40, Aberdeen

The prevailing view among health professionals was that these foods are not necessarily value for money but consumers think that they are because they lack the basic cooking skills, knowledge of what to do with leftovers, planning, and budgeting skills that would enable them to eat more economically and healthily.

3.1.4 Convenience

Eating habits are heavily influenced by the 'convenience factor' of foods. Foods high in fat and/or sugar fit the bill on the grounds that they are often easy to prepare, or ready to eat:

It's easy to put something in the microwave and wait on the ping, it's less time.

Nurse

I've just gone back to work after a year's maternity and I've been stressed Monday, Tuesday, like trying to get him to nursery blah, blah, blah, I have a bag of crisps just because it's there and I'm starving.

Female, 22-40, Glasgow

Consumers felt that convenience foods are a factor of today's busy lifestyles. There was a perception that on-the-go and high-pace lifestyles encourage people to select ready-meals or snacks rather than taking the time to prepare a meal from scratch. Consumers and health professionals alike frequently referred to the impact that both parents being out at work can have on household eating habits.

3.1.5 Psychological factors

Consumers reported feeling emotionally reliant on foods high in fat and/or sugar and considered them to promote mental wellbeing. They reported using them for comfort, or to alleviate stress or boredom, so would consume them even when they weren't necessarily hungry:

If I was told I could never have crisps I would struggle, I would really struggle, you need comfort, you need sugar.... Certainly, for my mental health, I need junk. For my physical health I don't think I need those, but for my mental health I do.

I think the thing you are saying is very true, having a little bit of chocolate, a bit of wine or whatever, actually relaxes people, so you're cutting stress out which is actually worse.

Females, 30-55, Kingussie

3.1.6 Used for 'entertainment'

Consumers also reported routinely using foods high in fat and/or sugar for 'entertainment purposes'. Again, they did not necessarily need to feel hungry to consume them in this manner. Many reported it being customary that, if they have a guest round for dinner, they will provide snacks high in fat (and salt), such as crisps, as an appetiser. There was a view that this has become an expected part of dining culture, increasingly viewed as important as the meal itself. Many reported buying crisps or take-away meals to 'entertain' themselves while they watched Saturday night TV. Others referred to buying popcorn being 'part and parcel' of a trip to the cinema.

3.1.7 Treats and rewards

Consumption of foods high in fat and/or sugar is also driven by the fact that these foods are viewed as rewards or treats, which consumers feel they deserve and are entitled to:

I think it's reasonable. I've waited all day; I deserve a biscuit and a packet of crisps and a cola.

Female, 55+, Aberdeen

It's a treat, it's a luxury, you deserve it, you've earned it, and it's very much a lifestyle kind of thing, it's actually okay that I can come home and have a big bar of chocolate, that's all right, it's fine.

Female, 25-40, Aberdeen

Consumers felt that this association with treats was instilled in them as young children, when they were rewarded with occasional treats (e.g. only at weekends, or special occasions at Christmas time). However, there was a view that, along with the preferred taste of these foods, the perceived cheapness and availability of them had resulted in consumers having 'treats' on a frequent basis or in large quantities:

As soon as my daughter's last mouthful of her dinner is finished it's 'can I get a sweet?', and now I'm like, oh my God, every night she has a sweet whether it be a lollipop or biscuit, that's her treat because she's finished.

Female, 22-40, Penicuik

Health professionals felt that the problem of foods high in fat and/or sugar being used as 'treats' is particularly prevalent among deprived families, who do not deny their children treats, even if they know they should:

If you have very vulnerable families and there is really not a lot of money there, it's almost as if that's all a mother can give her child, a treat, a chocolate bar, or a lollipop or something, then she'll give the child that.

Health improvement professional

Even among consumers who were reasonably motivated to eat healthily, it appeared that good intentions and self-control disappear at the weekend when desire to consume (or, in many cases, to binge) on foods high in fat and/or sugar becomes overpowering. Among this group, there was a view that, if they kept to a healthy diet during the week, then a weekend binge of take-away foods and convenience snacks was justifiable.

3.1.8 Habit

Consumers felt that much of the time they simply eat foods high in fat and/or sugar out of habit or routine, when they are not necessarily hungry, and without considering the impact on their overall diet:

I'm not hungry but I'll go and make a cup of tea and I'll pick up two or three biscuits and I'm not hungry, I don't need them, it's just force of habit or something that goes with it.

Male, 30-55, Glasgow

However, when discussing how they might change their behaviour to avoid consumption of high fat and/or sugar foods 'out of habit', there was a prevailing view among consumers that they could not go without their snack, and that *no* other foods provide a sufficient substitute. However, they did tend to come up with extreme opposite substitutions (i.e. a carrot rather than a Mars Bar, not toast or a scone):

There's no way I could ever imagine a carrot being anything like a Mars Bar, that's the big thing, a Mars Bar is something I would love.

Male, 55+, Aberdeen

There are times when only a chocolate bar will do, I agree with that.

Female, 30-55, Kingussie

3.1.9 Health and weight concerns

Consumers do not necessarily consider a healthy balanced diet to be a priority. Instead, female consumers, in particular, were more likely to consider the association between what they eat and how they look. As such, they were inclined to consider just the calorie content of individual foods rather than the nutritional value of them.

While weight conscious consumers were generally aware of the low nutritional value, calorie intake, and weight-gain associated with foods high in fat and/or sugar, many readily admitted succumbing to temptation and consuming them. While a small number of these consumers noted that they avoid these foods altogether so as not to expose themselves to the temptation, health professionals and consumers recounted tales of people who 'follow' diet plans exclusively reserving their calorie allowance for foods high in fat and/or sugar "*by not eating anything else for the day*".

Others who were concerned about the low nutritional value or weight-gain associated with foods high in fat and/or sugar made substitutions to healthier, or at least perceived healthier, options. However, health professionals noted that a preoccupation with

weight-gain considerations often results in substitutions unconsciously comprising unhealthy options, as a result of low-fat foods tending to be high in sugar.

3.1.10 Hidden fat and sugar

Although all consumers were aware that foods such as chocolate biscuits and crisps and fizzy drinks are high in fat and/or sugar, there was confusion over the amount of fat and sugar in other foods and the discussions consumers had showed that many were consuming foods high in fat and/or sugar unintentionally.

Health professionals noted that consumption of hidden fats and sugars is exacerbated by an over-reliance on processed foods. They expressed concern about less informed consumers, and clients in lower socio-economic groups, consuming ready-meal versions of dishes regarded to be healthy, considering them to be as nutritious as they would traditionally have been when prepared from scratch at home.

Health professionals noted that even knowledgeable and health-conscious consumers are confused by labels using different terms like 'fat-free', 'low-fat', 'reduced fat', and 'lower fat' on foods which do not immediately strike consumers as unhealthy choices, but may be higher in sugar and contain the same, or an even higher, calorie content than 'full fat' varieties. Particular reference was made to yoghurt and breakfast cereals.

You may get people on board and they are trying to do a good job and eat healthier, but they fail at the last barrier because of the advertising and the pressure.

Health improvement professional

While health professionals noted that consumers can avoid unwanted and hidden fats and sugars by reading ingredients and nutrition labels on foods, they noted that consumers, in particular those with lower levels of numeracy and literacy, find it difficult to understand the labels. Consumers also talked about finding labels confusing.

3.2 Views on the amount of foods high in fat and/or sugar that can be consumed

3.2.1 Views of health professionals

Health professionals were generally reluctant to quantify the amount of foods high in fat and/or sugar people could consume as part of a healthy balanced diet. Instead, they would advise their clients to consume these types of foods 'in moderation' or 'every other day', and would generally not advise people to stop eating these foods altogether.

Moreover, health professionals said their advice would be very much tailored to the circumstances of a specific client, generally based on incremental change to eating habits, and dependent on the quantities of these foods that their clients were consuming in the first place, to ensure that achievable goals were set:

It's about making small changes; it's going to take a long time. You need to take it slow and people know that, so it's about encouraging people and praising them. If they are cutting from two sugars to one and a half, small things like that, because it is the only way that people are going to allow change and make change progress in everyone's busy life.

Nurse

Although health professionals noted that consumers are often aware that consumption should be limited, they felt there is some way to go until consumers can put this into practice. However, there was a prevailing view among health professionals that they should not be overly prescriptive in advising on the amount of foods high in fat and/or sugar that people should consume, feeling that the only approach they could take was to provide consumers with tailored information to make an informed decision themselves:

We can't say to them 'have four bars of chocolate a week'; we need to provide the information. That's working with colleagues in oral health and community health as well, and saying 'this is what is in this; it's really up to you'.

Health improvement professional

Indeed, there was a view among health professionals that being too prescriptive can have negative consequences and a concern that telling someone they can't have a particular food may encourage them to abstain for a period and then binge.

3.2.2 Views of consumers

To assess consumer awareness of the proportions of the different food groups which comprise a healthy balanced diet, consumers were provided with a picture of a circle which they were told represents 'a healthy balanced diet over the course of one week' and asked to draw lines in the circle to make slices to indicate the proportion of these five food types that people should consume for a healthy balanced diet. Additionally, to further understand how consumers believe foods high in fat and/or sugar to fit into a healthy balanced diet, they were provided with pictures of crisps, chocolate biscuits, chocolate bars, and cans of cola, and asked to decide how many of these types of foods they thought would be acceptable as part of a healthy balanced diet over the

course of one week. Once they had completed the exercise, they were told that the maximum recommended amount equates to roughly a can of cola, a 30g packet of crisps, a 30g chocolate bar and 4 chocolate digestives¹².

Although the initial exercise showed that consumers knew that they should not be consuming too many foods high in fat and/or sugar, and that foods high in fat and/or sugar would comprise the smallest segment of their circle (they often did put the figure at around 10% of a healthy balanced diet – which is the recommended maximum), the second exercise showed that they did not understand what this would actually equate to in practice. Some consumers, particularly women, thought that the suggested amount might be around one and a half times the recommend amount. Others, particularly men, thought that the recommended amount might be nearer three times what it actually is¹³:

We've got five crisps, three biscuits and three cokes and two chocolate bars [as the amount allowed in a week].

Female, 30-55, Glasgow

Four times a week a can of juice, a couple of bars of chocolate, and a packet of crisps three times a week.

Female, 22-40, Glasgow

Because consumers tended not to realise quite how infrequently these types of foods should be eaten, when told the recommended maximum, there was consensus that that the suggested amount was low or, to many, 'shockingly low' or 'extreme':

Are you sure that's not [the amount you can have] in a day?!

Male, 30-55, Glasgow

What actually gets me is how small it is, it's quite astonishing actually.

Male, 55+, Aberdeen

¹² This amount equates roughly to the amount of foods high in fat/sugar included in the *eatwell week* menu, which was designed to provide ~2000kcal/day, the average female energy requirement. Although a rather crude indication of the maximum recommended amount of foods high in fat/sugar that can be consumed in a week, the exercise was a useful way of getting at consumers' views on what would be an acceptable amount.

¹³ The *eatwell week* is designed for an average female, so although it would be slightly more for an average man (perhaps an additional packet of crisps and an additional chocolate bar), it would not be anything close to three times as much.

While consumers knew that they were consuming more than the recommended proportion of foods high in fat and/or sugar, they were surprised at how small an amount was recommended, and generally felt that they would be unlikely to reduce their intake in line with this.

Some consumers suggested that they may reduce their consumption 'a bit'. For example, if they were currently consuming 14 'treats' a week, they may try to reduce their intake to 10 or 12 per week.

4. Starchy foods

This chapter begins by exploring perceptions, attitudes, associations and preferences in relation to starchy foods. It then moves on to explore consumer and health professionals' views on the amount of starchy foods that should be consumed as part of a healthy balanced diet, and consumer views on increasing consumption of these foods. The chapter provides insight into why consumers may not be eating enough starchy foods, identifying enablers and barriers to increasing consumption.

4.1 Starchy foods: perceptions, attitudes and preferences

4.1.1 Overview

As a food group, starchy foods are, on the whole, viewed as being 'bland' and 'boring'. Additionally, the food group is seen as consisting of healthy foods, which are more expensive and less convenient – in terms of immediate availability and the time required to prepare them – than foods high in fat and/or sugar.

The widespread perception that starchy foods are fattening has discouraged many consumers from consuming the recommended proportion of these foods.

Alongside the personal and economic preferences that heavily influence consumption, practical issues such as cooking, budgeting and planning meals and shopping lists also discourage consumers from eating starchy foods whilst at the same time encouraging an over-reliance on processed foods high in fat and/or sugar.

4.1.2 Interest in the food group

Consumers were much less engaged with discussions on starchy foods than they were with foods high in fat and/or sugar. While consumers generally liked foods high in fat and/or sugar and often considered foods from the protein or dairy food groups among their preferred foods, few had very strong attitudes or preferences towards any starchy foods.

4.1.3 Understanding of the food group

Consumer understanding and consumption of starchy foods is complicated by the fact that it is a diverse food group comprising different types of carbohydrates, some of which are more nutritious than others.

The FSA definition of starchy foods includes foods such as bread, potatoes, rice, pasta, breakfast cereals and couscous (carbohydrates which contain some protein, minerals, vitamins and fibre, and have minimal amounts of fat or sugar).

Young consumers and less affluent consumers displayed some misunderstanding over which foods feature in the starchy food group, often supposing the food group to contain carbohydrates such as crisps, chips, pizza, pastries, popcorn, and other foods that are high in fat and/or sugar, or would be categorised into other food groups (bananas and turnip were mentioned).

This means that even if consumers consciously try to consume starchy foods, they may not manage to due to the confusion surrounding what comprises a starchy food.

4.1.4 Taste

As discussed in the previous chapter, personal preferences regarding taste assume a central role in influencing food choices. While most consumers liked particular starchy foods, they tended to prefer other types of foods – for example, meats or foods high in fat and/or sugar.

There was a view, particularly among younger consumers and more affluent consumers, that the foods in the starchy food group are generally the 'bland' or 'boring' part of a meal. These consumers were particularly inclined to say they opt for take-aways and ready-meals on the basis that they are more convenient. Although these meals may contain some starchy foods, the proportion may be small and they tend also to be high in fats and sugars.

4.1.5 Price

As discussed in the previous chapter, the cost of food influences eating habits. However, the tendency for consumers to consider foods high in fat and/or sugar to be particularly affordable means these foods are a common choice, at the expense of other food groups:

If you go to the chip shop and get a bag of chips, it's like £1.20, but if you go and get maybe a wrap with salad, that's £2.80, so it's cheaper.

Female, 22-40, Glasgow

You can buy five bars of chocolate cheaper than five apples.

Male, 22-40, Glasgow

As can be seen in comments the consumers above made, contrasts tended to be made between foods high in fat and/or sugar and healthy foods such as fruit and vegetables – further evidence that they tended to be less interested in their consumption of starchy foods.

Health professionals noted that countering the perception that these foods provide value for money is central to empowering consumers to adopt a healthy balanced diet. They felt that consumers may be persuaded to increase their consumption of starchy foods if they were to realise that they would fill them up for longer than foods high in fat and/or sugar.

Health professionals were of the view that the issue is about providing consumers with the skills required to budget, plan and cook, in order to be able to make more informed choices to eat more healthily on a budget:

I think a lot of it also is down to practical skills in terms of cooking, a kind of generation gap... people don't know how to do what some people would term basic food preparation, and a lot of them say to me it's also the money and cost, so they don't know how to bulk buy, they don't know costing and budgeting is a big thing around the diet, and preparation of food.

Health improvement professional

Consumers also made the point that people nowadays don't know how to cook.

4.1.6 Convenience

There was a belief among consumers that the starchy food group generally comprises foods which require preparation time and effort. Other foods are viewed as being quicker and easier to prepare than potatoes or rice, for example:

You can just chuck chips in the microwave and come back in two minutes and it's done, whereas I have to stand and boil tatties for 20 minutes or whatever.

Female, 25-40, Aberdeen

In particular, consumers who lived in households where family members ate at different times due to work or school commitments and social activities, felt that it was more convenient to provide ready-meals and take-aways because they require less preparation than meals prepared from scratch. Health professionals noted that consumers living alone often reason that it is too much trouble to cook a meal for just one person so resort to consuming take-away foods and processed ready-meals,

which both health professionals and consumers considered to be less healthy than meals cooked from raw ingredients. Consumers reported it to be particularly difficult to obtain healthier fast-food options late at night.

Not having facilities at work to prepare either breakfast (for those who do not feel like eating before they leave) or lunch was perceived to encourage consumption of foods high in fat and/or sugar at the expense of starchy foods. Many participants who omitted breakfast said that they have a 'snack' later in the morning, and that, because it's convenient, it is often a snack high in fat and/or sugar.

4.1.7 Perception of starchy foods as fattening

There is an overriding perception among consumers that starchy foods are fattening. Health professionals noted that this idea 'has been around for decades'. Alongside the focus on starchy foods being 'fuel foods' for active people, consumer perceptions have been influenced by messages such as 'don't eat too much bread before dinner or you'll spoil your dinner' and 'cut down on bread or potatoes to lose weight'. Additionally, consumers' perceptions of their own experiences shape their attitudes, particularly if they had restricted their carbohydrate intake and lost weight:

That's what put my weight on. I know if I stop pasta and bread [I'll lose weight].

Female, 22-40, Penicuik

I'm trying to steer clear [of carbohydrates], maybe every other morning with an egg or something, but I try not to, but I'm really trying to cut down. I put on a lot of weight. I've lost a lot of weight but I've still got a lot to go and it's down to bread basically and I used to eat a lot of pasta, rice and coke.

Female, 30-55, Glasgow

More recently, the concern has been exacerbated by the popularity of 'low-carb' or 'carb-free' diets, which have been heavily promoted in the media by celebrities. This negative perception of carbohydrates was particularly prevalent among female consumers, many of whom felt there is pressure to reduce consumption of carbohydrates to lose weight:

Carbohydrates; it's got a lot in the women's magazines. There is a lot associated between what you eat and how you look. Certainly people in my kind of age group, they are getting targeted quite strongly, don't eat carbohydrates, don't touch anything that has starchy attached to it in any way.

Female, 25-40, Aberdeen

Consumers focused on weight loss or weight control have been encouraged to prioritise the consideration of calorie intake at the expense of the nutritional value of individual foods or the overall balance of their diet:

I'm a yo-yo dieter. I'm forever on and off diets. I'm going to Weight Watchers the now. They do a points system and I go 'right, two slices of bread is four points', and I've stopped thinking about how much of a balance I'm having. As long as I'm in the points I'm alright.

Female, 22-40, Penicuik

Moreover, by advertising carbohydrates as being unhealthy and fattening, such diets have provided the impression that starchy foods are not a required constituent of a healthy balanced diet.

4.1.8 Perception of starchy foods as 'heavy' or 'bloating'

Some consumers said they restrict consumption of starchy foods because they perceive them to be particularly 'heavy' and 'filling', and to cause 'bloating', 'sluggishness' and 'tiredness':

See the word that is coming out 'fattening', but they are quite filling, you know, it's discussed all the time if you're out for a meal or something don't eat a lot of bread, you'll spoil your meal, it fills you up. I like bread myself, but I try not to eat too much of it.

Male, 16-25, Penicuik

It really affects me, I'm lethargic and bloated.

Female, 22-40, Glasgow

4.1.9 Practical barriers to consumption

As discussed in the previous chapter, a lack of practical skills such as cooking skills, planning and budgeting are perceived to encourage an over-reliance on processed food high in fat and/or sugar at the expense of healthier options. Health professionals noted that these issues disproportionately affect lower socio-economic groups and consumers who lack the numeracy and literacy skills to follow recipes and budget.

Additionally, health professionals noted that some of their clients not only have no cooking skills, but some may not even have pots and pans and are reliant on a microwave to make even the simplest meals from scratch.

4.2 Benefits associated with starchy foods

Among consumers, awareness of the benefits of starchy foods was low. Other than the perception that starchy foods are 'energy foods' and some awareness that wholegrain varieties provide more nutrients than refined varieties, there was little awareness of other benefits associated with the food group.

Older consumers were more likely to be aware of the digestive benefits of high fibre foods, while younger consumers tended to find it difficult to identify specific reasons as to why starchy foods would be good for them.

4.2.1 Energy foods

The main positive association with starchy foods is that they are 'energy foods', with consumers frequently referring to the fact that athletes 'bulk up' on carbohydrates in preparation for a sporting event.

The positive perception of starchy foods as energy foods was particularly prevalent among men and older consumers, who tended to recognise the food group as a key energy source, and thus a necessary constituent of a healthy balanced diet. However, associations with 'energy' and 'bulk' were negative to many consumers, particularly women, who associated the terms with calories and thus weight gain.

Additionally, there was a perception that lifestyles nowadays tend to be less active than in the past, leading consumers to conclude that people do not require as much starchy food as previous generations did. Mention was made of ancestors beating carpets, working in fields, or down mines so requiring starchy foods to fuel them. However, the view was that, nowadays, most occupations are sedentary.

4.2.2 Nutritional benefits

While older consumers tended to be aware that foods such as bread, pasta, rice and potatoes are key sources of fibre, or 'roughage', for the body, even they were surprised to learn that starchy foods are also sources of calcium, iron and B vitamins. However, their reaction to this information was that other foods – which they prefer to eat and see as healthier and less fattening – are better sources of these nutrients:

A lot of the things you mentioned there I associate with other things. Calcium you get drinking milk. Iron and things like that you don't need to take carbohydrates to get those.

Male, 25-40, Aberdeen

My reaction to that is you can also get those things from other groups. For instance, fibre you can get from fruit and veg, calcium you could get from your proteins and things.

Female, 30-55, Kingussie

4.2.3 Benefits of wholegrain varieties

Although consumers were generally aware that wholegrain varieties of starchy foods are healthier than white varieties, many (particularly younger consumers) were unclear as to why this was the case.

Older consumers and consumers of higher socio-economic groups tended to know that wholegrain varieties of starchy foods provide more nutrients than refined varieties. While there was general awareness that these foods promote good digestive health, few also knew that they may aid cholesterol control and cardiovascular health. Additionally, consumers who had taken on board messages from 'low-carb' and 'carb-free' diets tended to consider white varieties of starchy foods to contain more sugar and be less nutritious than wholegrain varieties.

Despite awareness of the benefits of consuming wholegrain varieties, those who ate refined/white varieties, generally said they preferred the taste and texture. However, some consumers noted that they are also discouraged from consuming wholegrain varieties because they tend to be more costly:

Brown bread is much dearer than white; you can get very cheap white bread. I don't know the different merits of cheap bread and dear bread. I like the expensive [wholegrain] stuff but I'm not paying £1.80 or whatever for a loaf that lasts two minutes.

Female, 30-55, Kingussie

Health professionals expressed a concern that the focus on the message to 'choose wholegrain varieties where you can' may have a negative impact on the overall consumption of starchy foods for people who do not like the taste of wholegrain varieties. They felt the message had, to some extent 'demonised' white varieties which, they felt, influenced perceptions of starchy foods, or carbohydrates, as a whole:

I think [the negative view of starchy foods is] partly to do with the confusion between the white bread issues, which are seen almost as bad as sugar, so those kind of refined carbohydrates, white pasta and white bread, are kind of linked in the psyche around 'bad for you', because there has been all this emphasis on wholegrain cereals.

Representative from diet and nutrition organisation

Particular mention was made, by health professionals, of the confusion among consumers as to whether potatoes are healthy. Because potatoes are viewed as a 'white' variety, for which there is no wholegrain equivalent, health professionals said that some consumers categorise them with 'bad' or 'unhealthy' white versions of bread, rice and pasta, etc., and avoid them on this basis.

4.3 Views on the amount of starchy foods that should be consumed

4.3.1 Views of health professionals

Health professionals agreed with the advice that starchy foods should form the basis of each meal and constitute a third of a healthy balanced diet.

They also agreed that, at a general population level, people would benefit from consuming more starchy foods, but noted that consumption is highly individual, requiring body type, metabolism, blood-sugar response, and amount of exercise to be taken into account. They identified particular groups they might recommend consume a smaller proportion of starchy foods: very young children, older people, and pregnant women. They also noted that some people may need to restrict intake of some or all starchy foods due to medical issues or intolerances or allergies. However, health professionals were keen to emphasise that this is not a message they would convey to the public more generally.

4.3.2 Views of consumers

To assess consumer awareness of the proportion of starchy foods that should be consumed as part of a healthy balanced diet, each discussion group was provided with a picture of a circle which they were told represents 'a healthy balanced diet over the course of one week' and asked to 'draw lines in the circle to make slices to indicate the proportion of these five food types that people should consume in one week for a healthy balanced diet'.

Among consumers, there was mixed awareness of how much starchy food should be consumed. Many supposed the recommended proportion to be nearer a quarter, rather

than a third, of a healthy balanced diet. However, like the health professionals, they too were of the view that diets are very individual.

Consumers who had heeded messages from 'low-carb' and 'carb-free' diets were particularly surprised to learn that around a third of a healthy balanced diet should comprise starchy foods. Their immediate reaction tended to be that a third is 'excessive', or 'unbelievable':

I really just don't believe in that quantity of carbohydrates actually. I think what we're talking about here is an ideal and I just don't think that looks like the ideal.

Female, 30-55, Kingussie

I'm just totally surprised, I didn't think the starchy foods would be really quite so high up, I didn't. I thought the meat and fish would have been bigger [than they are].

Female, 55+, Kingussie

However, other consumers tended to be unsurprised that the proportion would be around a third and many felt that their diet probably does involve starchy foods as the basis of each of their three main meals:

I think what it's saying there, starting the day with a wholegrain cereal, a sandwich for lunch and then something that is carbohydrate-based for your dinner is not actually an excessive amount of carbs in the day and, if I was thinking about it, I probably do have carbs three times a day.

Female, 22-40, Glasgow

4.3.3 Consumer interpretation of the recommended proportion

Being unable to interpret what the recommended proportion translates to in a daily diet is a problem that health professionals said they commonly encounter with clients. They noted that being unable to quantify the recommended proportion (unlike the '5-a-day' campaign for fruit and vegetables) means there is no straightforward way for consumers to interpret what the recommended amount of starchy foods is in terms of their overall diet.

The easy thing about interpreting the eatwell plate around 5-a-day is there is a key message on how much you should eat, there isn't a message other than 'eat more' or 'eat a third of your diet as carbohydrate', there isn't a portion message – which is what people are looking for.

Dietitian

4.4 Views on increasing consumption of starchy foods

4.4.1 Indifference to increasing consumption

Despite being made aware of the nutritional benefits associated with the food group and being informed that around a third of a healthy balanced diet should comprise starchy foods, consumers felt largely indifferent about increasing their consumption:

It doesn't really bother me, if it is there I will eat it but if it is not, it wouldn't really bother me.

Male, 16-25, Penicuik

You know it's the right thing to do but have no intention of doing it.

Female, 30-55, Glasgow

Alongside achieving a healthy balanced diet not being a priority (as noted in Section 3.1.9) and starchy foods not being a favourite food, when told most people should be eating more starchy foods, a barrier for consumers was a perception that they, personally, were probably already eating enough, or too much.

Younger participants were more inclined than older participants to say they *might* change their diet as a result of what they had learned about starchy foods in the discussion groups. Older consumers remained indifferent about changing their intake – they felt they neither needed nor wanted to make any changes to the amount of starchy foods they consume.

4.4.2 Focus on the 'next generation', not the 'lost generation'

As well as feeling 'stuck in their ways', older consumers also suggested that their generation was a 'lost cause'. They thought that the focus of any efforts to change consumer behaviour should be on the youngest consumers in nurseries and schools. However, it should be noted that research participants often descend on 'education in schools' as the solution to a wide range of problems.

4.4.3 Perception they would put on weight

As a result of the main association with starchy foods being that they are fattening and this being a key barrier to consumption, consumers preoccupied with weight control felt that they would not consume more starchy foods, due to their concern about them being fattening:

I think it will make you put on weight. Even though it's telling you to eat them, I still think it would put a lot of weight on.

Female, 22-40, Glasgow

I know if I ate that much carbs in a week I could easily put another stone on.

Female, 30-55, Glasgow

4.4.4 Feeling less guilty

Even consumers who held a more positive attitude towards starchy foods felt that, as opposed to increasing consumption, they may 'feel less guilty' about eating the amount they currently do:

I'm certainly not going to feel as guilty about having two slices of bread in the morning if I want it, but I do realise I'm going to have to stop the 500 grams of butter.

Female, 22-40, Penicuik

4.4.5 Increasing consumption

While there is a view that increasing consumption of starchy foods will result in people feeling fuller for longer and thus consuming fewer foods high in fat and/or sugar, consumers did not feel that this would necessarily be the case. They are consuming these foods because they like them, not because they are hungry:

I will have more carbs but I won't eat less junk though, because I like my junk. I know it's bad for me.

Female, 30-55, Kingussie

I always feel like I've got room. You can have a meal and you say you are full. Then you sit there and get offered a dessert menu and you can always take it, everyone can always take a dessert.

Male, 16-25, Penicuik

Among those who said they would like to increase consumption of starchy foods, there was concern about the impact this would have on the amount of foods they would consume from other food groups – foods high in fat and/or sugar in particular. For example, there was a view that, if they increased their consumption of bread or potatoes, they would necessarily consume more butter, spreads, or filling or, if they were to eat more pasta, they would consume more creamy sauce:

If you're putting your butter and cheese on your bread then you're going to have more dairy, more calories.... I think if I eat a little bit less rice or a little less pasta then I'm going to eat less of the stuff that is really not good for me.

Female, 30-55, Kingussie

This sentiment was echoed by health professionals who noted that one of the barriers they face in encouraging clients to eat more starchy foods is the complication of the supplementary messages that need to be given alongside the message to increase intake, such as those concerning reducing fats or sugars.

4.4.6 Ways in which consumers might increase consumption of starchy foods

The few consumers who said they *might* increase their consumption of starchy foods identified the means by which they could achieve this. Consumers tended to have a 'preferred food' within the starchy food group, and said their intake would be increased by having more of this particular food, as opposed to having more of several different kinds of starchy foods.

For example, those who like bread were inclined to say they would increase their consumption by snacking on bread or toast as opposed to incorporating (additional) starchy foods into meals, or increasing the amount of bread currently have at mealtimes.

However, as noted above, there was a view that increasing intake of starchy foods in this way would not necessarily decrease consumption of foods high in fat and/or sugar, because consumers are not interested in replacing these foods.

5. Healthy eating messages

This chapter explores perceptions of healthy eating messages in general, and messages on foods high in fat and/or sugar and starchy foods specifically, before considering potential improvements to these messages. To provide some context to these findings, it begins by examining how information on diet and nutrition is disseminated to health professionals by organisations and how health professionals themselves remain up-to-date with latest developments.

5.1 Information on diet and nutrition available to health professionals

Diet and nutrition organisations used a variety of ways to disseminate information to their members and other health professionals. This ranged from providing information through their websites, newsletters and publications, to arranging training courses and conferences and working with other professional bodies. The information disseminated by these organisations primarily relates to latest evidence from scientific research. One stakeholder also mentioned that their newsletter sometimes does contain promotional materials compiled by commercial companies (who have paid for their materials to be sent out), but the organisation itself would not endorse these.

In terms of how health professionals remain up-to-date, a number mentioned that they had attended conferences and training courses on specific topics, while most relied on reading materials in their own time. Dietitians mentioned a range of resources available to them such as the British Dietetic Association website and the publications *Dietetic Today* and *Complete Nutrition*.

The findings indicate that dietitians themselves are also an important resource of information for other health professionals who are not specialists in nutrition. Nurses spoke of how the dietitian would keep them up-to-date with the latest research. At the same time, dietitians acknowledged that they do provide support to other health professionals, but felt that they would do more in terms of providing latest information and training their colleagues. They felt that the lack of such support for these professionals may contribute to them providing information which is not necessarily correct (see also section 5.2.1).

We are a very small resource [and] as dietitians and we would, in an ideal world, love to be a bigger resource and be able to go out and give more teaching to some of the health professionals who maybe need updated. I

can understand sometimes when they do start giving their own messages, because they feel they have got no one else to turn to, so they feel that giving someone some information is better than none.

Dietitian

A lack of time and resources, particularly in the context of the ongoing public sector cuts, were the main barriers cited by health professionals for not being able to attend conferences and, to some extent, read materials on latest research. For their part, representatives from diet and nutrition organisations have recognised this barrier and emphasised the importance of keeping their information short and concise. These organisations are also looking to new ways of delivering information, such as video links to conferences and free podcasts, which offer savings in both time and cost.

I think it's just very difficult to get away for some things because we have so many other things like our statutory stuff that we have to do. It's quite difficult even to get away for that, never mind for things additional [like nutrition [...]] it's just something [that] wouldn't be a priority.

Nurse

We've been finding recently that a lot of health professionals can't get to conferences because they can't get time off. So we have been trying to put the key messages as podcasts on our website [...] Simple things like that that take a very short amount of time [...], they can log in and it's free. [...] That is a barrier now especially with the NHS, the time and cost of going to events [...] We try to be a little bit innovative in the way that we do things.

Representative from a diet and nutrition organisation

5.2 Reactions to current messaging

5.2.1 General views of healthy eating messages

There was a broad consensus among all types of participants that people are 'bombarded' with messages around the health benefits and risks associated with different types of foods. Participants mainly referred to issues reported in the media (rather than health promotion materials) and felt that, too often, messages changed and appeared to contradict earlier messages on the same foodstuff. In discussing this point, participants made general references to foods such as chocolate and wine and commented that sometimes the consumption of these foods is recommended, while other times the message is to not eat these foods. Among representatives of diet and nutrition organisations, there was a perception that the media tended to report on

research with 'controversial' messages that deviate from the main healthy eating principles.

On the television, magazines, newspapers, one minute [they] say [that] a glass of wine and bar of chocolate will keep you [from] heart disease [...], but then the next day they're saying no, shouldn't be touching wine at all.

Male, 16-25, Penicuik

I don't think the media helps at all because they will always pick up on little bits of research and promote them as a new consensus of science and that's confusing for the general public. [...] they try to find an angle that is controversial and different to the key messages in a lot of cases.

Representative from a diet and nutrition organisation

Dietitians and representatives from diet and nutrition organisations felt that there was also a lack of consistency in the information given out by other health professionals who are not diet and nutrition specialists, such as GPs and nurses. While there was agreement that the general principles of healthy eating have not changed dramatically over the years, these participants commented that other health professionals received little formal nutrition training and were not always 'up to speed' with the latest developments. Indeed, it was suggested that other health professionals often receive their information from unreliable sources on the internet, due to a lack of awareness of which websites they should use, and that some are using outdated leaflets when providing advice to clients.

Health professionals themselves can be a problem in terms of keeping up with the latest advice [and] giving out consistent information. [...] We are working at the moment a lot with [health professionals] who get very little nutritional training, [and] we have worked out that a lot of them are getting their information from unreliable sources [...] because they are looking it up on the internet and they don't know which are the best sites [...] and so some of the advice that has been given out is really quite old, a lot of non-evidence based information.

Representative from a diet and nutrition organisation

You sometimes have other health care professionals, like practice nurses or GPs, handing [out] diet sheets [with] messages like only have two eggs a week [...] There needs to be a big information cull [...], because there is a lot of outdated stuff out there that is just getting photocopied and photocopied and given out.

Dietitian

In terms of the impact of the multitude of messages around healthy eating, a common view, held by both consumers and health professionals, was that this led to confusion and to people 'switching off' from messages altogether. Further, it was suggested by health professionals that, when faced with a huge number of different messages, people 'pick up what they want to hear'.

5.2.2 Views of current messaging on foods high in fat and/or sugar

As discussed previously, there was widespread agreement that consumers are aware of the basic message around foods high in fat and/or sugar: they think these foods are 'bad' and their consumption should be limited.

With that said, the research highlighted a number of issues with consumers' understanding of healthy eating messages on these types of foods. First, as discussed in chapter 3, there was a lack of understanding among consumers of just how infrequently foods high in fat and/or sugar should be consumed.

Second, health professionals and representative from organisations felt that there was a degree of confusion around 'good' fats (i.e. monounsaturated and polyunsaturated fats) and 'bad' fats (i.e. saturated and trans fats) among the general public. These participants commented that there is a perception among consumers that 'good' fats are 'healthy' and this, in turn, has resulted in people thinking they can consume these fats in large quantities.

A lot of people will say 'well I can eat olive oil because it is good fat and I can put in as much as I like because it is healthy'. But actually, in terms of the calorie intake, they are the same amount of calories.

Representative from a diet and nutrition organisation

Third, health professionals felt that there was a lack of awareness among consumers that foods that are marketed as low in fat – yoghurts were an often cited example – can be high in sugar.

[Low fat] yoghurts are a major problem for people [because] they don't realise that [although] it is low in fat, it is actually high in sugar, the same with jams and all those types of thing.

Nurse

5.2.3 Views on current messages on starchy foods

As reported in the previous chapter, a strong message consumers associated with starchy foods is that they are fattening. This message largely came from 'low-carb' diets promoted in magazines.

Meanwhile, consumers felt that there was a lack of messages promoting the consumption of starchy foods and their health benefits. The main message on starchy foods, mentioned by all types of participants, was around the consumption of wholegrain foods. Consumers were generally aware that these foods were healthier than 'white' (i.e. non-wholegrain) starchy foods, although there was a lack of awareness among younger participants of the actual health benefits of wholegrain foods.

Further, and as discussed in section 4, there was a view among health professionals and representatives from organisations that the wholegrain message has to some extent 'demonised' white starchy foods. In line with this view, some consumers commented that white starchy foods, including potatoes, were unhealthy and that they should be avoided. At the same time, there was a view across all types of participants that some consumers, children and older people for example, simply did not like the taste of wholegrain foods. It was implied by representatives from organisations that these two factors together may contribute to a decline in the overall consumption of carbohydrates.

Well they say potatoes actually contain very little nutrients, [and] they say stay away from white foods because they are not good for you.

Female, 30-55, Kingussie

If you just promote wholemeal pasta, people say I can't do that, and [...] because it has only been wholemeal pasta that has been promoted, [they think] white pasta is therefore bad for you.

Representative from a diet and nutrition organisation

I think people are quite turned off by the whole carbohydrates message because they say it is talking about brown foods that they are not interested in. I don't think people realise when you talk about starchy foods, you are also talking about things like potatoes.

Representative from a diet and nutrition organisation

5.2.4 Materials used by health professionals in promoting healthy eating messages

All health professionals were aware of the eatwell plate produced by the Food Standards Agency and most used this when providing advice to their clients on healthy eating. The accompanying leaflet to the eatwell plate¹⁴ was less widely used. In addition to the eatwell plate, professionals mentioned a variety of other resources they used which were compiled by organisations such as NHS Health Scotland, the British Heart Foundation and the National Diet and Nutrition Resource Initiative.

There was no evidence from the research to suggest that health professionals were using materials sent to them by food manufacturers. These materials were mainly seen to promote specific brands of food products and, for that reason, health professionals did not want to use them. Dietitians also said that they approached such materials with a degree of scepticism, particularly if the materials claimed that a certain product resulted in health benefits. In any case, it was apparent from the discussions with health professionals that they only used materials which had been approved by their organisations.

You don't want to be seen to be advertising a certain brand of product because within our professional standards we have got to be seen to be using generic names or, if we're given an example of a specific food, we have to give examples, so it doesn't look like we're promoting a certain brand.

Dietitian

5.3 Improvements to current messaging

5.3.1 The eatwell leaflet

In the focus groups, consumers and health professionals were shown the eatwell leaflet and asked their views. Broadly speaking, the leaflet was well received, particularly by health professionals. These participants liked the fact that the leaflet is 'colourful' and 'visual' and felt that the language used was simple.

Participants suggested some improvements to the leaflet. First, consumers and health professionals suggested that the explanation on the recommended daily intake of fat could be improved. At the moment, this is simply expressed in terms of how many grams of fat an average man and woman should consume. It was suggested that this

¹⁴ <http://www.nidirect.gov.uk/eatwellguide.pdf>

could be improved by giving examples of how many grams of fat there are in specific types of food such as in a bar of chocolate. This would make it clearer and easier for consumers to understand how little of these foods should be consumed.

The second suggestion related to the use of pictures in the leaflet. One idea, suggested by health professionals, was to use a picture to convey the fact that, gram for gram, starchy foods contain fewer calories than fat. It was suggested that this could be done by showing a teaspoon of oil and the equivalent amount of calories in terms of potatoes. At the same time, they felt that the images on some of the pages could be smaller, so that there is more space to provide information; the pages on fruit and vegetables were highlighted as an example.

5.3.2 Views of effective messaging and suggestions for future improvements

In discussing potential improvements to messaging, all types of participants felt that the focus on healthy eating messages in recent years has been on the '5-a-day' campaign. This was seen to have been effective in terms of raising awareness of the portions of fruit and vegetables that should be consumed within a day. However, health professionals felt that the impact on behaviour change was limited. This view was supported by the findings from the focus groups with consumers: participants were generally aware of the 5-a-day message but often admitted that they do not consume enough fruit and vegetables.

In contrast, all types of participants felt that starchy carbohydrates have been somewhat neglected. It was suggested by consumers that there is a need for a positive message to counter the negative message promoted by the various 'low-carb' diets and that it should focus on the various health benefits of starchy carbohydrates.

I don't think carbohydrates get very much media attention. That's maybe why people aren't as aware of them and why they should have them in their diet, because they are not really mentioned.

Dietitian

Health professionals and representatives from organisations tended to focus on the complexity of messages around starchy foods and foods high in fat and/or sugar in comparison to the simplicity of the 5-a-day message. In the case of starchy foods, these participants commented that the message needs to focus on increasing the intake of carbohydrates, while, at the same time, reducing the intake of foods high in fat and/or sugar which tend to be eaten along with starchy foods. It is also necessary to

incorporate the wholegrain message in a way that does not promote white starchy foods as unhealthy. In terms of foods high in fat and/or sugar, health professionals commented that the message needs to provide clarity on 'good' and 'bad' fats, and raise awareness of the fact that foods marketed as lower in fat can, simultaneously, be high in sugar.

It is a difficult message [...] because it's not just [as] straightforward [as] eat more like with five-a-day. It's about eat more but restrict the amount of fat or the way you're cooking them and replace other things. So [...] if you're looking at spaghetti bolognaise, the message would be have more pasta and have less meat because that will reduce the fat content of that dish.

Representative from a diet and nutrition organisation

Health professionals and representatives from organisations commented that, in recent years, the emphasis has been on positive messaging. They have focused on encouraging people to increase consumption of healthy foods (such as fruit and vegetables) in hope that this would, in turn, reduce their consumption of foods high in fat and/or sugar. Indeed, when providing advice on healthy eating to their clients, health professionals commented that they do not tend to focus much at all on foods high in fat and/or sugar. When they do give advice on these types of foods, as discussed in section 3, health professionals would take into account of individuals' current consumption of these types of foods to ensure that 'realistic' and 'achievable' goals are set for reducing consumption.

Finally, there was a broad consensus among health professionals and representatives from organisations that proving consumers with information alone will have a limited impact in changing behaviour. These participants spoke of the need to address the other barriers identified in previous section: providing consumers with the necessary skills required to budget, plan and cook meals from scratch; changing the way foods high in fat and/or sugar are marketed and sold; and instilling healthy eating habits from a young age.

6. Conclusions and recommendations

6.1 Misperceptions and knowledge gaps

The research identified a number of misperceptions and areas where consumers have little or no knowledge/understanding. Future messaging should therefore aim to counter these misperceptions and fill the gaps in knowledge.

The main misperceptions were that:

- starchy carbohydrates are fattening
- relative to other foods, starchy carbohydrates are more likely to cause bloating and tiredness
- 'white' (i.e. non-wholegrain) starchy carbohydrates are bad for you (and potatoes are a 'white' starchy carbohydrate and therefore bad)
- low-fat versions of foods must be healthy
- 'good' fats (i.e. monounsaturates and polyunsaturates) are healthy and you can therefore consume them in large amounts
- healthier food is necessarily more expensive

The main gaps in knowledge and understanding were around:

- the proportion of starchy carbohydrates that should be consumed as part of a healthy balanced diet
- what that proportion would translate into, in terms of actual quantities/portions
- the nutrients contained in starchy carbohydrates
- the health benefits of these nutrients
- the number of 'treats' (foods high in fat and/or sugar) that can be consumed as part of a healthy balanced diet
- the internal effects on the body of consuming too many foods high in fat and/or sugar. One of the consequences of this is that people who are not concerned

about their weight are less concerned about the amount of these foods that they consume

- what 20g or 30g of saturated fat translates to in terms of actual portions of different foods.

6.2 Other barriers to a healthier, more balanced diet

In addition to the misperceptions and gaps in knowledge, there are a number of other - very significant - barriers to consumers eating a healthier, more balanced diet. These are well-known and were confirmed by our research. These are:

- the fact that many foods high in fat and/or sugar taste good and are among consumers' favourite foods. Consumers also talked about their 'addictive' qualities and the difficulty they have in limiting the amount consumed once they have started (e.g. finishing the whole packet of biscuits rather than having just one or two, or finishing the whole big bag of crisps rather than just having a few)
- the emotional value placed on 'treat' foods high in fat and/or sugar: consumers use them to reward themselves – they feel they 'deserve' them and are entitled to them - and they are used as comfort foods to alleviate stress, emotional pain and boredom. Linked to this was the feeling was that, if you are 'good' all day/during the week, you can have what you like at night/at the weekend
- a lack of time for food preparation and family members eating at different times. This leads to an over-reliance on processed foods and convenience foods
- a lack of cooking, planning and budgeting skills. This also leads to an over-reliance on processed foods and convenience foods
- the easy availability of foods high in fat and/or sugar in a wide range of retail outlets (many of which are open late).
- the marketing of foods high in fat and/or sugar including supermarket promotions and portion/pack size. Consumers felt that their good intentions to eat more healthily were often foiled by tempting promotions (tempting in terms of both the food and the price) which led them to buy foods they had wanted to resist and/or led them to buy a larger quantity. Having a larger quantity in the house then led them to consume more

- the confusion around healthy eating messages which is exacerbated by the inevitable interest the media (and women's magazines in particular) have in 'news' and in controversial or different stories about which foods are now 'good' or 'bad' for you, or good or bad for weight loss. It is difficult for the main principles of healthy eating – which are relatively dull and unchanging – to compete. These contradictory messages can also lead to distrust.

6.3 Implications for messaging

Clearly, there are significant barriers to improving the Scottish diet and more effective messaging alone will not solve the problem. Further work is required across a range of policy areas including: work to improve people's skills in rewarding and comforting themselves in more constructive ways; work to improve skills in cooking, planning and budgeting; work with food producers to reformulate products; work with retailers to move to different types of marketing which would encourage healthier choices; and work with the media to encourage more accurate and responsible coverage of food and diet stories.

Nonetheless, there is also an important role for messaging in countering some of the misperceptions and gaps in knowledge and giving consumers the information they need to make healthier food choices.

Section 6.1 above points to the required content of future messaging. The research also identified some specific features of effective messaging which should be considered when developing new materials and campaigns. Ideally, messages should:

- Be **simple** (witness the very high awareness and understanding of the simple '5-a-day' message)
- Be **positive**. Health professionals focused on positive, encouraging messages (e.g. what *to* eat rather than what *not* to eat)
- **Show comparisons**, where appropriate, to help consumers understand what the message means 'in real life' (e.g. pictures of recommended substitutions, the 200 calories worth of potatoes versus 200 calories worth of creamy sauce).

As a next step, we recommend the development of messages on this basis and testing them with consumers. Some specific suggestions include:

- messages explaining the benefits associated with starchy foods

- messages dispelling the negative image of starchy foods, in particular, a message demonstrating that starchy carbohydrates are not fattening relative to many other foods (e.g. pictures of the amount of potatoes/rice/bread/pasta and the equivalent in meat or a creamy sauce)
- a series of messages showing recommended substitutions of starchy carbohydrates for foods high in fat and/or sugar (e.g. toast rather than biscuits or chocolate; mash rather than chips) with the calories and fat content of each
- a series of messages showing the relative cost of snacks/meals based on starchy carbohydrates compared with snack high in fat and/or sugar and ready meals etc.

Appendix 1: Recruitment questionnaire for consumer groups

Good morning/afternoon/evening. My name is and I am working on behalf of Ipsos MORI, the independent research company. We are inviting a group of people together for some research about the different types of foods people eat.

The research will involve attending a discussion group. The group will take place in <LOCATION> on <DATE>. The group will last around two hours and is for research purposes. The research is being conducted on behalf of the Food Standards Agency.

To say thank you for your time and cover any expenses incurred we would like to offer £30.

THE INCENTIVE OFFERED REPRESENTS COMPENSATION FOR THEIR TIME, TRAVEL EXPENSES AND ANY CHILDCARE.

Q1. **Would you be interested in taking part?**
SINGLE CODE

Yes	1	CONTINUE
No	2	THANK AND CLOSE

We are looking for particular groups of people. Therefore, I would like to ask you some questions about yourself. All information collected will be anonymised.

Q2. SHOWCARD A **Do you or any members of your immediate family work in any of these areas, either in a paid or unpaid capacity?**
SINGLE CODE

Journalism/the media	1	THANK AND CLOSE
Market research	2	
Advertising/PR	3	
Nutrition	4	
Health promotion	5	
No, none of these	6	CONTINUE
Don't know	7	

Q3. **Have you participated in a focus group discussion for a research company in the last 6 months?**
SINGLE CODE

Yes	1	THANK AND CLOSE
No	2	CONTINUE

- Q4. SHOWCARD B **Looking at this card, which applies best to your current situation?**
SINGLE CODE

I live alone	1	RECRUIT TO SPECIFICATION
I live with my spouse/partner but no children	2	
I live with spouse/partner and children	3	
I live with my children	4	
Another living arrangement not listed above	5	

ASK ALL WHO LIVE WITH CHILDREN AT Q4 (CODES 3 OR 4) OTHERS GO TO Q6

- Q5. **And how old are the children in your household?**
IF ANY OF THE CHILDREN IN THE HOUSEHOLD MEET THE CRITERIA, PARTICIPANT CAN BE RECRUITED TO SPECIFICATION.
i.e. NOT ALL CHILDREN IN HOUSEHOLD NEED TO BE IN THE APPROPRIATE AGE BAND.

Under 10	1	RECRUIT TO SPECIFICATION
Between 10 and 18	2	
19 and over	3	
Refused	4	THANK AND CLOSE

ASK THOSE WHO LIVE WITH OTHERS AT Q4 (CODES 2 TO 5) OTHERS GO TO Q8

- Q6. SHOWCARD C **How much of the food shopping in your household are you responsible for? I mean choosing what to have – not necessarily going out to buy it?**
SINGLE CODE

Half or more	1	CONTINUE
Less than half	2	THANK AND CLOSE
None	3	

ASK THOSE WHO LIVE WITH OTHERS AT Q4 (CODES 2 TO 5) OTHERS GO TO Q8

- Q7. SHOWCARD C AGAIN **And of the evening meals that you eat at home, how many do you, rather than someone else in the household, prepare?**

Half or more	1	CONTINUE
Less than half	2	THANK AND CLOSE
None	3	

ASK ALL

- Q8. WRITE IN EXACT AGE AND RECRUIT TO SPECIFICATION

Exact

Q9. Social Class

Occupation of Chief Income Earner

Position/rank/grade:.....

Qualifications:.....

Industry Type:.....

Number of staff responsible for:.....

ABC1	1	RECRUIT TO SPECIFICATION
C2DE	2	

Q10. SHOWCARD D Looking at this card, please choose one section from A to E and choose one category which best describes your ethnic group or background.

White	1	RECRUIT TO SPECIFICATION
Non-white	2	

Q11. CODE SEX (DO NOT ASK)

Male	1	RECRUIT TO SPECIFICATION
Female	2	

Thanks very much. I now just need inform you that the researcher will bring a digital recorder with them and record the discussion so that they can listen to it again at a later date. However, I would like to assure you that everything you say will be anonymous and will be treated confidentially. Is that ok?

Appendix 2: Topic guides

Topic guide for consumer groups

Introduction

Introduce self and Ipsos MORI

Thank participants for their time

Explain session will last about two hours

Explain background to the research

Emphasise confidentiality

Obtain permission to record discussion – explain about not talking at once

Introductions – introduce self – your name, what your favourite food is and what foods you feel you eat too much of, and what foods you feel you don't eat enough of

Starchy foods

Warm up exercise – split group in to 2 mini groups; probably a group of men and a group of women (depending on numbers). Give each group a blank circle representing 'a healthy and well balanced diet over the course of one week, and pictures of 'fruit and veg'; 'bread, rice, potatoes and pasta etc.'; 'milk and dairy foods'; 'foods and drinks high in fat and/or sugar'; 'non-dairy sources of protein – meat, fish, eggs, beans'.

READ OUT: *I'd like you, in your groups, to take 5 minutes or so to draw lines in the circle to make 'slices' to indicate the proportion of each of these 5 food types that you think people should consume in one week for a well balanced and healthy diet. Stick the picture of the food into the slice.*

PROBE ON:

- What have you put?
- Did you find it easy?
- What did you debate about?
 - Did you disagree about the size of any of the slices?
 - Are there any you are less sure about?
- Do you think the proportions should differ for different types of people – e.g. men/women; adult/child; more/less active people; overweight/underweight people?

How does this compare to what you actually eat of these different types of food?

READ OUT: ***We are interested in the category with bread, rice, potatoes, and pasta...***

What other foods would you put in that category? (WRITE ON FLIPCHART)

PROBE ON:

- Any areas of confusion

What words would you use to describe these foods?

READ OUT: ***This group of foods consists of carbohydrates that don't contain a lot of fat or sugar.***

In general, do you think that people in Scotland eat too much or too little of these types of foods?

- What makes you think that?

And what about you personally, do you think that you eat too much or too little of these types of foods?

- And what about others in your family/household?

Have you ever tried to eat more or less of these types of foods?

- And what about others in your family/household?

Do you eat more or less of them than you did, say 5 years ago?

- And what about others in your family/household?

Can you think of any reasons why you should eat more or less of them? (WRITE ON FLIPCHART – ‘Reasons to eat more’ & ‘Reasons to eat less’)

What sorts of things have you heard about these types of foods - on tv, or in newspapers or magazines?

PROBE ON:

- Have you heard anything about them being good for you or bad for you?
- Where do you hear/see these messages?
- Do all the messages say the same thing?
- Which ones do you believe?
- Who do you trust when hearing messages about healthy eating?

Why are these types of foods important?

- What do they contain?
- What do we need these things for?

Give out information sheet with the following bullet points and READ OUT:

- ***Starchy foods are a good source of energy and the main source of a range of nutrients in our diet. As well as starch, these foods contain fibre, calcium, iron and B vitamins.***
- ***Most people don't eat enough fibre. Fibre is important for a healthy gut.***
- ***Calcium is important for strong bones and teeth***
- ***Iron is important for making healthy red blood cells***
- ***B vitamins have lots of important functions including helping us to use the energy from the foods we eat.***

PROBE ON:

- Reactions to this information

Show eatwell plate A5 postcard indicating the proportions of each food type that should be consumed. Compare the ‘starchy foods’ section of the eatwell plate to the starchy foods portion made by each group.

READ OUT: *This picture shows how much of what you eat should come from each food group in order to have a well balanced diet. Most of us are not eating enough of these types of foods. We should be eating about half as much again as what we currently consume. These types of food should make up about 1/3¹⁵ of the food we eat, and should form the basis of every meal.*

PROBE ON:

- Comparisons to the proportions they decided upon in exercise
- What do you think about that?
- Does that surprise you?

Do you think that people know how much of these foods they should eat?

¹⁵ In volume but don't say ‘volume’ unless participant asks

Why do you think that people are not eating enough of these types of foods?

PROBE ON:

- Taste
- Prep/cooking time
- Perception that they are fattening?

For you personally, is it good news or bad news that we should be eating more of these foods?

How do you feel about eating more of these types of foods?

PROBE ON:

- Which ones would you eat more of?
- What would be the easiest way to eat more of these types of foods? (e.g. bigger portions, having when don't usually, substituting other foods)
- What would make it difficult to eat more?
- Would you have any concerns about eating more? (e.g. related to messages discussed earlier? Perception that they are fattening? Eating more bread would mean consuming more butter)
- And what about others in your family/household?

Do you think that if you ate more of these foods you would eat less of something else?

Some people say that if people ate more of these types of foods then they would eat fewer foods that are high in fat and sugar. What do you think? Would you?

Sometimes these foods are called 'starchy foods'. What does 'starchy' make you think of?

- What types and textures of foods do you consider to be 'starchy'?
- Is the term 'starchy' appealing or is it off-putting in any way?

If you wanted to encourage people in Scotland to eat more 'starchy foods', what do you think is the main message you would try to get across?

PROBE ON:

- Any differences for different groups of people

Only use the following if plenty time:

Show "Your guide to the eatwell plate"

<http://www.nidirect.gov.uk/eatwellguide.pdf>

PROBE ON:

- What do you think of the leaflet?
- What do you think of the tips? – Realistic? Achievable?
- What bits do you like/not like?
- Is the information useful?
- What did you think was most interesting?
- Was there anything you didn't know?
- What would you change?
- Is there anything you disagree with?
- Is there anything you don't believe?

Foods high in fat and/or sugar

Revisit the initial exercise and compare the size of their portions for 'foods high in fat and/or sugar' to the eatwell plate portion.

- How do the two compare?

What messages do you see or hear about these types of foods?

PROBE ON:

- Where do you hear/see these messages?
- Do all the messages say the same thing?
- Which ones do you believe?
- Who do you trust when hearing messages these messages?
- How often do you think people should eat these foods?

Exercise: Split group in to 2 mini groups. Provide each group with pictures of 'foods high in fat and/or sugar' (packets of crisps; chocolate digestives; chocolate bars; cans of coke) and explain what each picture is: a 30g packet of crisps (not low fat); can of coke (not diet); Mars Bar or Snickers bar or something like that; 2 chocolate digestives.

READ OUT: ***I'd like you, in your groups from earlier, to add however many of these 'foods and drinks high in fat and/or sugar' you think a healthy balanced diet could include in the course of one week.***

Once completed, PROBE ON:

- Did you disagree on anything?
- Do you think the frequency should differ for different types of people – e.g. men/women; adult/child; more/less active people; overweight/underweight people?

Show them the eatwell week indicating the amount of 'foods high in fat and/or sugar' that should be consumed in the course of a week.

PROBE ON:

- Does that surprise you?

Do you think that people know how much of these foods they should eat?

In general, do you think that people in Scotland eat too much of these types of foods or not?

READ OUT: ***In Scotland, we tend to eat too many foods high in fat and/or sugar...***

Why do you think that people in Scotland eat too many of these types of foods?

PROBE ON:

- cost?
- the taste of the foods?
- convenience?

Do you think that people lack awareness of how much they should be consuming?

Do you think that you eat too much of these types of foods?

- And what about others in your family/household?

Have you ever tried to eat less of these types of foods?

PROBE ON:

- For what reason(s)
- How did you try to do that?

How would you feel about eating less of these types of foods?

- What about others in your family/household?

What makes it hard to eat less of these types of food?

- What about others in your family/household?

If you wanted to encourage people in Scotland to eat fewer foods high in fat and/or sugar, what do you think is the main message you would try to get across?

PROBE ON:

- Any differences for different groups of people

Only do the following exercise if there is plenty time:

Show "Your guide to the eatwell plate"

<http://www.nidirect.gov.uk/eatwellguide.pdf>

PROBE ON:

- How would you describe these types of foods?
 - What name would you give to them?
- What do you think of the leaflet?
- What do you think of the tips? – Realistic? Achievable?
- What bits do you like/not like?
- Is the information useful?
- Was there anything you didn't know?
- What would you change/put in the leaflet?
- Is there anything you don't believe?

Summing up

What would you say was the most surprising or useful thing that you have learned from attending this group today?

PROBE ON:

- Starchy foods discussion
- Sugary foods discussion

Now that you are aware of how much of these foods you should eat, do you think you will change your diet at all?

PROBE ON:

- What persuaded you?
- Whether will eat more 'starchy foods'
- Whether will eat less foods high in fat and/or sugar
- Barriers to eating more 'starchy foods'
- Barriers to eating less foods high in fat and/or sugar

Anything else to add?

Thank, distribute incentives and close.

Topic guide for health professional groups

Introduction

Introduce self and Ipsos MORI

Thank participants for their time

Explain session will last around two hours

Explain background to the research

Emphasise confidentiality

Obtain permission to record discussion - explain about not talking at once

Introduction

Introductions - Can you each tell me your name and a bit about what your job involves?

PROBE:

- the kind of work you do (in relation to nutrition and diet)
- the kinds of patients you see/the audiences for your health promotion work
- what you discuss/what kind of work you undertake with them

What do you see as being the main problems with Scotland's diet?

Do you give advice about achieving a balanced diet?

- how do you do this?
- what tools or resources do you use?
- is the advice different for people who are healthy weight/overweight/underweight?

And what are the main barriers people face in trying to eat more healthily?

- what makes it difficult/gets in the way?
- what foods do they find it difficult to eat more/less of?

Eatwell plate

Show eatwell plate A5 postcard

Are you aware of the eatwell plate?

All are likely to be aware but, if not, explain:

The eatwell plate was introduced a few years ago with the aim of making healthy eating easier to understand by showing the types and proportions of foods we need to have a healthy and well balanced diet. The eatwell plate shows how much of what you eat should come from each food group and how people should aim to balance their diet over the course of about a week.

Exercise: Split into two groups. Give each group a blank eatwell plate. Ask them to redraw the eatwell plate to show what people in Scotland actually eat. So, which food groups are people eating too much of and which are they not eating enough of. Bring groups back together and ask them to show their plates. Summarise on flip chart which of the food groups they think we're eating too much of, which we're eating the right amount of and which we're not eating enough of. Tell them you'll come back to it in a couple of minutes.

Foods high in fat and/or sugar

How should foods high in fat and/or sugar fit in to a healthy balanced diet?

If someone asked you how often they could eat foods high in fat and/or sugar, for

example, crisps, cakes, chocolate or drink fizzy drinks, what would you say to them?

- PROBE TO GET A NUMBER PER WEEK
- Is this the same for everyone or does it depend on factors such as weight or physical activity?

Recap what they said about this food group in the eatwell plate exercise

NOTE - the following questions are written on the assumption that everyone will say we are eating too much of these types of foods. In the event that a group says something different, the researcher will amend as necessary – first of all probing around why they hold the view that they do, then saying that one view is that we probably do eat too much of these foods and then asking the questions below.

Did you all agree that we are eating too much of these types of foods?

- did you have any disagreements over the size of the slice?

Why do you think we eat more of these types of foods than we should?

PROBE:

- lack of awareness of how much is ok as part of a balanced diet?
- we simply like these foods?
- cost?
- convenience?
- lack of motivation to change diet?

How big a problem is it that we are eating too much of these foods?

- Should it be a priority or are there other problems with the Scottish diet that you would focus on first?

Show flip chart with the following findings: The 2010 Food and You survey found that 67% of people thought “limiting sugar” was a very important factor in a healthy lifestyle and 62% thought “limiting total fat” was a very important factor.

In the same survey, when given a ‘blank’ eatwell plate and asked which foods should go in which sections, 80% correctly placed food and drink high in fat and/or sugar in the smallest section of the plate.

Do these findings surprise you?

- Do you think people understand why it is important to limit their consumption of these foods?

Most people surveyed were aware that it is important to limit consumption of these foods. Do you think people understand *how much* they should limit these foods?

- how far off the mark are they?

What are the main messages used in health promotion materials to encourage people to limit their intake of these foods?

- do you think the messages are working?
- are they consistent?
- are they clear or could they be misinterpreted?
- are they off-putting?

How are these foods referred to in messaging?

- do you have any concerns about that?
- can you think of a better name for them?

And what advice do you give to people in relation to consuming these foods?

- do you use any resources or tools?
- how do they react?
- how do you refer to these foods when discussing them? i.e fatty foods, sugary foods, treats, snacks etc
- what kind of questions do they ask you?

- what barriers do they face in relation to cutting down on these foods?
- do you give different advice to people
 - healthy weight/overweight/underweight?
- what advice or resources have you found works best?
 - with different types of people?

If we could get people to fully understand how little of these foods they should eat and why it's important to limit their intake, do you think they would or do you think there would still be barriers?

In relation to other healthy eating messages, how much prominence is given to those on limiting foods high in fat and/or sugar?

- is that appropriate?

Starchy foods

Recap what they said about this food group in the eatwell plate exercise

NOTE: we are assuming that there will not be unanimous agreement that we are not eating enough of these. Therefore, the following questions may be asked differently, depending on what they say. The researcher will adapt and ask appropriate questions.

Did you all agree that we are not eating enough/eating too much/eating the right amount of these foods?

- why do you think that?
- did you have any disagreements over the size of the slice?

How often should people eat these foods?

How much of a meal should be made up of these foods?

Is the advice the same for everyone or does it depend on weight, physical activity?

The National Diet and Nutrition Survey indicates that people are not eating enough of these types of food and that many don't understand the importance of eating them.

Keep flip chart with findings relating to foods high in fat up and reveal the following findings on flipchart: The 2010 Food and You survey found that only 31% of people thought "eating starchy foods" was a very important factor in a healthy lifestyle.

Does that surprise you?

- how much of a problem is it?

Do you think people understand how much of these foods they should be eating?

- how far off the mark are they?

Why do you think people are not eating enough starchy foods?

- lack of understanding of nutritional benefits/why it is important to eat them?
- they don't like them?
- bloating, allergies, intolerances?
- concerns about weight gain?
- prominence of low-carb diets?
- negative/conflicting messages around them?
- under-reporting of them (easily forgotten/social desirability?)

Do you think any of these concerns are justified?

Do you, personally, have any concerns about eating a lot of starchy foods?

Where do you think any misperceptions that people have about starchy foods have come

from?

Are there particular groups who are less likely to be eating enough starchy foods?

- Are there people who *should* be eating less of these types of food?

What are the main messages used in health promotion to encourage people to increase the amount of starchy foods they eat?

- do you think the messages are working?
- are they consistent?
- are they clear or could they be misinterpreted?
- are they off-putting?

Is 'starchy foods' the best term to use in messaging about this group of foods?

- do you have any concerns about it?
- can you think of a better name for them?

Do you advise people to include more starchy foods in their diet?

- how do they react?
- do they challenge you with other things they have heard about these foods?
- how do you refer to these foods? i.e. starchy foods, carbohydrates
- do you use any resources/tools?
- what advice do you give in relation to wholegrain/non-wholegrain varieties?
- what barriers do they report in eating more of these types of foods?
- do you discuss the nutritional benefits of these foods?
- do you give different advice to people?
 - healthy weight/ overweight/underweight?
- what have you found works best?
 - with different types of people?

If people fully understand how much of these foods they should eat and why it's important to do so, do you think they will eat more of them or do you think there will still be barriers?

In relation to other healthy eating messages, how much prominence is given to advice around starchy foods?

- is that appropriate?

Views on current messaging and suggested improvements

Show "Your guide to the eatwell plate"

<http://www.nidirect.gov.uk/eatwellguide.pdf>

What do you think about this leaflet?

PROBE ON:

- the order/prominence of topics
- the information given in relation to foods high in fat and/or sugar and starchy foods
 - reasons why it's important to eat this group of foods/limit intake of these foods
 - how much should eat of these foods
 - tips for eating more/less of these foods

Are you aware of any materials that are better?

How do you think messaging around limiting foods high in fat and/or sugar could be improved?

How do you think messaging around eating starchy foods could be improved to encourage people to eat more of them?

Teaching of healthy eating principles

How were the principles of healthy eating taught when you were at college or university?

- is what you learned is still relevant or have things moved on?

Do you get any continuous professional development in relation to the principles of healthy eating and the kinds of things we've been talking about?

- how often?
- what form does it take?
- has the advice changed compared to what you learned at college/university?
- have the priorities changed?
- have you changed the advice you give people on the basis of any CPD you have had?

And do you receive leaflets/resources from organisations about healthy eating?

- What kind of topics?
- Do you use them in your work?
- Does the information ever contradict what you learned at college/university? What do you trust?

Do people involved in providing healthy eating advice undertake CPD frequently enough to keep up with any changes?

- how frequently should they?

How could the teaching of healthy eating principles be improved to help health professionals in their role of advising people about healthy eating?

- at university?
- through CPD?

Summing up

What is the most important issue that needs to be addressed in terms of improving Scotland's diet?

What are the main challenges in doing this?

Do you have anything else to say that we haven't discussed?

Thank and close

Topic guide for in-depth interviews with stakeholders

Introduction

Introduce self and Ipsos MORI

Thank participant for their time

Explain interview will last around 1 hour

Explain background to the research

Emphasise confidentiality

Obtain permission to record discussion

Background

To begin with, it would be useful if you could tell me a bit about your current role.

PROBE IN RELATION TO:

- nutrition and diet in general
- promoting nutrition and diet among the general public
- engaging with health professionals on nutrition and diet messages
- what types of health professionals do you engage with
- what form does such engagement take

What do you see as being the main problems with Scotland's diet?

FOR PROFESSIONALS BASED OUTWITH SCOTLAND ASK:

What do you see as being the main problems with Britain's diet? And are these the same for Scotland or are there other issues specific to Scotland?

What do you think are the main barriers in getting people to eat more healthily?

PROBE FOR BARRIERS AROUND:

- awareness of healthy eating messages?
- misinformation around particular types of foods? what factors contribute to such misinformation?

What makes it difficult for health professionals to get the messages across to the public?

Which healthy eating messages would you say have worked best over recent years?

PROBE FOR:

- in what ways have these been effective? raising awareness? actually changing behaviour?
- any lessons learned that could be used for other healthy eating messages or types of foods?

Thinking about the next year or so, which healthy eating messages would you say your organisation is prioritising in its work?

PROBE FOR:

- are these priorities the same for everyone or do you have different ones for different types of people?

IF NOT ALREADY MENTIONED PROBE FOR:

- any other work in relation to foods high in fat and sugar?
- any other work in relation to starchy foods?

Engaging health professionals on nutrition and diet

NOTE: INTERVIEWER WOULD HAVE ESTABLISHED THE TYPES OF HEALTH PROFESSIONALS MOST RELEVANT TO RESPONDENT AND WILL ASK THE QUESTIONS IN THIS SECTION IN REFERENCE TO THOSE PROFESSIONALS

Has advice on healthy eating changed at all over recent years?

And do you think health professionals are up to date with the latest developments on nutrition and diet?

PROBE FOR:

- how important is this?
- in what ways do they keep up to date?
- any barriers?

Do health professionals come to your organisations for information, resources or continuous professional development on nutrition and diet?

PROBE FOR:

- on what kind of topics?

What ways does your organisation disseminate information on nutrition and diet to health professionals?

PROBE FOR:

- **through CPD training?**
 - ➔ On what kind of topics?
 - ➔ How does this compare to what people are taught in university or college?
 - ➔ How frequently does this take place?
- **through sending them information and resources?**
 - ➔ On what kind of topics?
 - ➔ How does this compare to what people are taught in university or college?
 - ➔ how frequently?
 - ➔ Do you pass on any leaflets and resources compiled by other organisations? Which ones? How do you decide what information to pass on from other organisations?
- Which methods work best?

Are you aware of any other resources or organisations that health professionals turn to in order to keep up to date with latest developments in nutrition and diet?

PROBE FOR:

- any materials / resources that are particularly effective?
- any materials / resources that you have concerns about?

And are you aware of any other materials that health professionals are sent from other organisations?

PROBE FOR:

- other organisations that promote healthy eating? government? food companies?
- have you seen these?
- any that you feel are particularly good? any that you have concerns about?

Are there any other types of support that should be provided to health professionals in order to help them with providing advice to the public around nutrition and diet?

Foods high in fat and/or sugar

Moving on slightly, I'd like to get your views on messages around foods high in fat and sugar.

In the 2010 Food and You survey, around two thirds of respondents said that limiting sugar and fat were important factors in a healthy lifestyle.

Does this finding surprise you?

- Do you think people understand why it is important to limit their consumption of these foods?

Do you think people understand *how much* they should limit these foods?

- How far off the mark are they?

What are the main messages used in health promotion materials to encourage people to limit their intake of these foods?

- Do you think the messages are working?
- Are they consistent?
- Are they clear or could they be misinterpreted?
- Are they off-putting?
- How can they be improved?

How are these foods referred to in messaging?

- Do you have any concerns about that?
- Can you think of a better name for them?

What are the main ways in which these messages are delivered to the public?

- Which ones would you say are effective / ineffective?

If we could get people to fully understand how little of these foods they should eat and why it's important to limit their intake, do you think they would or do you think there would still be barriers?

In relation to other healthy eating messages, how much prominence is given to those on limiting foods high in fat and/or sugar?

- Is that appropriate?

Starchy foods

The National Diet and Nutrition Survey indicates that people are not eating enough carbohydrates and that many people don't understand the importance of eating them. Similarly, the 2010 Food and You survey found that only 31% of people thought "eating starchy foods" was a very important factor in a healthy lifestyle.

Does that surprise you?

- How much of a problem is it?

Do you think people understand how much of these foods they should be eating?

- How far off the mark are they?

Why do you think people are not eating enough starchy foods?

- Lack of understanding of nutritional benefits/why it is important to eat them?
- They don't like them?
- Bloating, allergies, intolerances?
- Concerns about weight gain?
- Prominence of low-carb diets?
- Negative/conflicting messages around them?
- Under-reporting of them (easily forgotten/social desirability?)

Do you think any of these concerns are justified?

Where do you think any misperceptions that people have about starchy foods have come from?

Are there particular groups who are less likely to be eating enough starchy foods?

- Are there people who *should* be eating less of these types of food?

What are the main messages used in health promotion to encourage people to increase the amount of starchy foods they eat?

- Do you think the messages are working?
- Are they consistent?
- Are they clear or could they be misinterpreted?
- Are they off-putting?
- How can they be improved?

Is 'starchy foods' the best term to use in messaging about this group of foods?

- Do you have any concerns about it?
- Can you think of a better name for them?

What are the main ways in which these messages are delivered to the public?

- Which ones would you say are effective / ineffective?

If people fully understand how much of these foods they should eat and why it's important to do so, do you think they will eat more of them or do you think there will still be barriers?

In relation to other healthy eating messages, how much prominence is given to advice around starchy foods?

- Is that appropriate?

Views on current messaging and suggested improvements

IF FACE TO FACE INTERVIEW SHOW "Your guide to the eatwell plate"
<http://www.nidirect.gov.uk/eatwellguide.pdf>

What do you think about this leaflet?

PROBE ON:

- the order/prominence of topics
- the information given in relation to foods high in fat and/or sugar and starchy foods
 - reasons why it's important to eat this group of foods/limit intake of these foods
 - how much should eat of these foods
 - tips for eating more/less of these foods

Are you aware of any materials that are better?

Summing up

What is the most important issue that needs to be addressed in terms of...

- improving Scotland's / Britain's diet?
- helping health professionals to deliver healthy eating messages to the public?

Do you have anything else to say that we haven't discussed?

Thank and close