

# Trolley Trends: Shifting the nation towards healthier shopping

On behalf of Cancer Research UK, British Heart Foundation and Diabetes UK

March 2023



**YouGov**<sup>®</sup>

## Contents

1	Introduction and methods .....	2
2	Current purchasing behaviours.....	6
3	Perceptions and understanding of healthy lifestyles .....	11
4	Trying new foods .....	15
5	Attitudes towards healthier alternative food and drink products.....	18
6	Offers and promotions .....	22
7	Food labelling .....	27
8	Availability and accessibility.....	30
9	Policy discussion and recommendations by Cancer Research UK, British Heart Foundation, and Diabetes UK.....	32

## 1 Introduction

### *Background*

It is widely accepted that within the UK the consumption of saturated fat, sugar, salt and calories is too high.<sup>1</sup> Diets which are high in fat, salt, and/or sugar (HFSS) and/or calories increase the risk of obesity and overweight as well as other risk factors for a range of health conditions, including heart and circulatory diseases, type 2 diabetes and some cancers.<sup>2</sup>

Cancer Research UK, British Heart Foundation and Diabetes UK partnered with the major UK retailer Tesco in 2018, with the aim of 'Helping you to live healthier'. The four-way UK health partnership aims to inspire, empower and support Tesco colleagues, customers, and their families to shift towards a healthier diet to reduce the risk of cancer, heart and circulatory diseases, and type 2 diabetes.

In March 2022, the three charities independently commissioned YouGov to conduct research to explore attitudes and behaviours around healthy eating and food shopping. As part of the health partnership, Tesco provided a sample of anonymised customer Clubcard data which also allowed YouGov to explore actual purchasing behaviours.

This research delivered insights that underpinned a policy discussion authored by the three charities, with recommendations for how supermarkets and government can positively impact the supermarket environment to make a healthy diet more available, affordable, appealing and accessible to all.

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<sup>1</sup> Department of Health and Social Care, 2021: *Restricting promotions of products high in fat, sugar and salt by location and by price: government response to public consultation* (available [here](#))

<sup>2</sup> As above

## Methods

The aim of this study is to explore purchasing behaviours and attitudes towards healthier alternatives of food and drink products, analysing differences and similarities by demographic groups. Underpinning the overarching aim are several sub-aims:

- Explore current purchasing behaviours
- Assess perceptions and understandings of healthy lifestyles
- Understand purchasing behaviours and attitudes around food swaps (i.e., swapping products for healthier alternatives). This includes:
  - Barriers and enablers to making food swaps
  - How behaviours and attitudes differ across demographic groups

In order to address the core needs of this research, the design incorporated two strands:

### Strand 1: Primary research

#### **Stage 1: Two-week qualitative online community**

The first stage of the project was an online community with 40 respondents conducted between the 25<sup>th</sup> April and 8<sup>th</sup> May, which explored consumers' lives and eating habits across two weeks. Respondents were recruited from YouGov's online research panel and logged in each day to complete a food diary, a 'snap' poll on their feelings and a variety of activities that explored their awareness and views on nutrition and food groups.

The sample included people from a range of ages, genders, ethnic backgrounds and social grade (as shown on page 1 in the Appendix, along with the online community discussion guide detailing guidance and activities).

#### **Stage 2: Quantitative survey of the general public**

YouGov conducted a survey of 4,034 adults (aged 18+) between the 17<sup>th</sup> and 27<sup>th</sup> June 2022, sourcing the sample from its own online panel. This covered a broad range of topics, including approaches to eating, perceptions of 'healthy eating', nutritional labelling, snacking, food swaps, trying new foods, food shopping and special offers.

The data was weighted and is representative of UK adults (aged 18+) by age, gender, social grade, region and ethnicity. Full details of the sample and survey questions are included in the Appendix – see page 22 onwards.

The findings throughout the report are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant at an alpha level of 0.05.

### ***Stage 3: Qualitative focus groups with people in different life phases***

Subsequently, six 90-minute online text-based focus groups were conducted throughout July 2022 to further explore key findings coming from the survey. Groups were split out by different life phases and types of households to help highlight key differences and needs. The groups were defined following the online community stage, which showed there was a link between behaviours and attitudes and life phase. These included: 1) no children 2) with children, and 3) empty nesters (those with children no longer living at home).

In total, 51 respondents attended the focus groups who were recruited from the YouGov panel; page 42 in the Appendix outlines the full sample frame.

## Strand 2: Secondary research

### ***Secondary analysis of Tesco sales data***

Alongside the primary research, YouGov was provided with anonymised and non-identifiable sales data by Tesco which consisted of shopper information for 19,884 customers from November 2019 to November 2021. Of these, 11,275 customers had data for all 104 weeks within this period. It is important to note that the sales data was collected during the Covid-19 pandemic, which could have influenced shopping habits and product availability.

The analysis involved categorising each product as 'healthy' or 'not healthy', using a methodology aligned with the Nutrient Profiling Model (NPM).<sup>3</sup> This model was first developed by the Food Standards Agency in 2004-2005 to provide Ofcom with a methodology for differentiating foods on their nutritional value in the context of advertising food/drinks on TV for children. Points are awarded for 'A' nutrients (energy, saturated fat, total sugar, and sodium), and for 'C' nutrients (fruit, vegetables and nut content, fibre and protein). The score for 'C' nutrients is then subtracted from the score for 'A' nutrients to give the final nutrient profile score. Since the model developed for this research differs

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<sup>3</sup> Department of Health, 2011: *Nutrient Profiling Technical Guidance* (available [here](#))

marginally from the classic NPM, in this report we refer to this as the 'YouGov NPM'. The full scoring and categorisation process is detailed in page 57 of the Appendix.

Following this, the weekly consumer data was aggregated and the percentage of items in a weekly basket categorised as 'healthy' was assessed at the customer level. Finally, the weekly average of healthy food consumption in a month was approximated by averaging weekly healthy food consumption across all weeks of a month.

The sales data is analysed primarily by life phase, using categories as provided by Tesco:

- Young Adults (adults aged 20-39 with no children)
- Older Adults (adults aged 40-59 with no children)
- Young Families (adults with children under 10)
- Older Families (adults with children over 10)
- Over 60s (adults over 60 with no children)

We note that the above classification differs from how the qualitative focus groups (Primary research, stage 3) were categorised by life phase. The sales data uses Tesco's pre-existing definitions, while the categories for Stage 3 were created by YouGov.

It is important to note that Tesco did not provide any price or promotional information, and all the analysis in chapter 6 is based on the data collected by YouGov.

## 2 Current purchasing behaviours

### *Summary of findings*

High levels of overall consumption of HFSS foods are reported by study respondents. The vast majority (87%) of respondents in the quantitative survey report consuming at least one HFSS food category multiple times a week, while two-fifths (42%) report eating at least one of these categories every day. The secondary analysis of Tesco sales data shows strong patterns by life phase, with older customers more likely to purchase healthy items, and young families (with children under 10) the least likely to do so.

### *Overall purchasing behaviour*

The quantitative survey asked people how frequently they consume food and drink across a variety of different food categories.

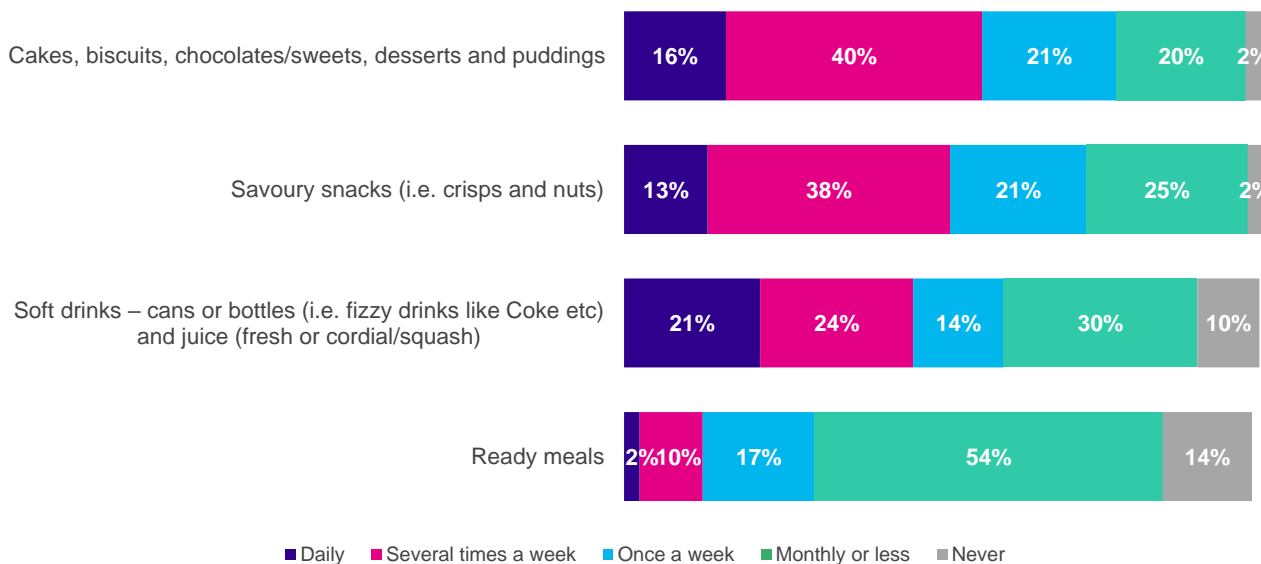
Categories likely to contain HFSS foods receive high levels of reported consumption, indicating that these foods make up a large portion of the British diet. 'Cakes, biscuits, chocolates/sweets, desserts and puddings' are the most popular category; more than half (56%) say they eat these foods multiple times a week (see *Figure 1*). This is followed closely by 'savory snacks' (such as crisps or nuts) (51%) and 'soft drinks and juices' (45%).

Significant minorities say they consume these food categories on a daily basis. One in five (21%) drink soft drinks and juices<sup>4</sup> daily, followed by foods from the cakes and biscuits category (16%), savory snacks (13%) and ready meals (2%). Overall, a vast majority (87%) report consuming at least one of these food categories more than once a week, while two-fifths (42%) eat at least one of these foods every day.

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<sup>4</sup> Fruit juices were classified as unhealthy in the survey data, but as healthy in the Tesco sales data analysis

**Figure 1: Frequency of consuming different food categories.** *Source: Quantitative survey of the general public.*

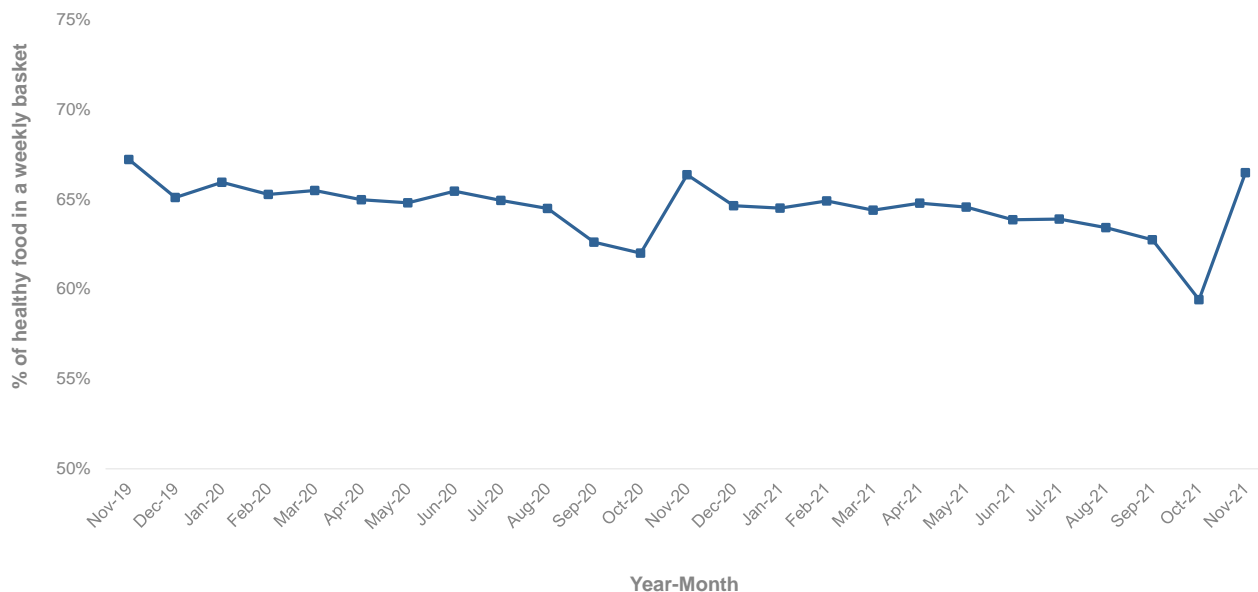


Base: all (n=4,034)

These findings are supported by the secondary analysis of two years of Tesco customer sales data, which shows that on average across this period, shopping baskets were comprised of 64.5% items classified as ‘healthy’, meaning that approximately a third of items purchased were classified as ‘not healthy’. The chart below shows weekly average healthy food consumption among the total sample of Tesco customers (see Figure 2). We see notable dips during the Christmas periods, as well as in October which may reflect higher consumption of chocolates/sweets during Halloween or could be explained by a period of lockdown in the UK.



**Figure 2: Weekly average healthy products consumption (Tesco sales data)**



Looking in more detail at the classification of different food categories in the Tesco data, we see that snacks (e.g., crisps, biscuits, chocolate and sweets) account for a third (34%) of the items classified as unhealthy. This seems to support the survey data discussed earlier, which shows that sweet snacks and desserts are among the most frequently consumed categories (we note that the categories used in the survey and in the Tesco data are not fully aligned). ‘Dairy cabinet provisions’ (e.g., cream, butter and cheese) and ‘cooking and eating aids’ (e.g., oils and sauces) account for a further 10% and 9% of the unhealthy items respectively.

The foods classified as ‘healthy’ are composed predominantly of fresh fruit and vegetables (37% of the total healthy items), ‘main meals’ (e.g., baked beans, tinned tomatoes, microwaveable rice) (11%), and ‘other cabinet provisions’ (a category including eggs and orange juice) (9%).

## Purchasing behaviour among different groups

The survey data suggests that people who perceive their overall health as poor are statistically significantly more likely to report purchasing ready meals multiple times a week than those who perceive their overall health as good. The same is true for those with a BMI indicating they are living with obesity or overweight (vs. those with a healthy weight) and those with a disability or long-term health condition (vs. those without).

Men were more likely to consume ready meals multiple times a week (15% vs. 10% of women), and the same pattern is evident for soft drinks/juices (47% vs. 43%). Those in lower social grades were also more likely to consume ready meals multiple times a week (14% C2DE vs. 11% ABC1), but there was otherwise no significant difference by social grade, despite a range of research demonstrating a link between lower income or financial instability and reduced quality diet.<sup>5</sup>

The secondary analysis of sales data provides more detailed insight into purchasing patterns among different groups. Comparing the average proportion of healthy items in a basket by life phase shows that ‘over 60s’ have the highest proportion of healthy items, followed by ‘older adults’ and ‘young adults’. This is followed by ‘older families’ and at the bottom of the list are ‘young families’. It appears that life phase has a critical role to play in the choice of healthy food, and the presence of children, especially younger children (under 10 years old), seems to push down the proportion of healthy food items in the weekly shopping baskets of this segment (see Table 1).

**Table 1: Weekly average healthy food consumption – by life phase**

Life phase	Weekly average healthy food consumption
Over 60s	67.5%
Older Adults	65.0%
Young Adults	63.4%
Older Families	62.8%
Young Families	60.7%

<sup>5</sup> Faareha Siddiqui et al., 2020: *The Intertwined Relationship between Malnutrition and Poverty* (available [here](#))

Among all life phases, snacks such as crisps, biscuits, chocolates and sweets are the largest contributor to the 'not healthy' category, with around a third of items in this category comprising snacks. However, young families purchase the highest proportion of snacks (39% of their total 'not healthy' consumption), followed by young adults (36%). Among over 60s, only 30% of total unhealthy items fall into the snack category.

Looking at the detailed breakdown of food categories which were classified as 'healthy' shows that for all life phases, more than a third of the 'healthy basket' comprises fresh fruit and vegetables. However, the 'over 60s' group purchase the highest proportion of fresh fruit and vegetables (40% of total healthy items among this group, and statistically significantly higher than all other segments). By comparison, among young families, fresh fruit and vegetables comprise 34% of total healthy items.

Older families and young families purchase a much higher proportion of frozen healthy food (such as frozen vegetables and frozen poultry) than over 60s and older adults.

The data suggest that those in Greater London purchased the highest proportion of healthy items (68%), followed by Yorkshire and Humber and East of England (both 65%). The proportion of healthy items purchased in Greater London is statistically significantly higher when compared to all other regions. Scotland (63%) is statistically significantly lower when compared with Yorkshire and Humber; East of England; North West, and West Midlands.

Comparing the healthy basket across regions shows that fresh fruit and vegetables form a higher proportion of healthy items in Greater London (44%) than in all other regions (a statistically significant difference). The lowest proportion is seen in Wales (35%).

Looking at the interaction of life phase and region, we see that the 'over 60s' group has the highest proportion of healthy items in every region. This varies from 66% among over 60s in Wales, to 71% among over 60s in Greater London. In nearly every region, young families have the lowest proportion of healthy items, ranging from 58% in Scotland to 64% in Greater London (young families and older families are on a par in the North West, with 62% in both cases). The full breakdown of healthy food purchasing by life phase and region is included on pages 60-61 in the Appendix.

## 3 Perceptions and understanding of healthy lifestyles

### *Summary of findings*

Perceptions of a 'healthy lifestyle' are relatively consistent among the different groups studied, with a sense that this is 'holistic', taking into account a range of different factors. Respondents have a good understanding of what a healthy diet is, but practical and emotional barriers can often stand in the way of consuming a healthy diet, with many feeling that the time and effort required to choose and prepare healthy options is often too much.

### *Perceptions of a healthy lifestyle*

The perception of a healthy lifestyle put forward by respondents is that this is holistic, that is, it includes a combination of eating a balanced diet (rich in fruit and vegetables), regular exercise and self-care to support mental health.

*"A healthy lifestyle - having mindful practice to relieve or release stress, a healthy diet, regular exercise and 8 hours of sleep per night." (Female, 18-34, focus group stage)*

*"A healthy lifestyle equals, a combination of a healthy diet - try to eat 5 a day of fruit and veg, a balanced diet with everything in moderation, exercise if you can, also having a positive healthy mind/wellbeing, taking time out for yourself, and not getting too stressed." (Female, 35-55, focus group stage)*

Many mention 'everything in moderation', which is illustrated by two distinct approaches, with respondents following the approach 'that works for them'. For some, not restricting their consumption of HFSS foods allows for a balanced and mindful approach to eating, which is particularly helpful for those who have experienced negative relationships with food in the past.

*"I want to feel good inside and out. I incorporate a bit of everything throughout the day, if I restrict myself of certain foods, I binge." (Female, 35-55, focus group stage)*

*“I don't restrict foods, it's terrible for my eating habits and mental health.” (Female, 35-55, focus group stage)*

In contrast, for others the avoidance of ‘unhealthy’ foods makes them feel better physically and mentally.

*“From my experience anyway if you aren't eating enough or the right things trying to feel good either mentally or physically is incredibly difficult.” (Male, 18-34, focus group stage)*

*“These foods I like make me feel refreshed and not greasy.” (Female, 18-34, focus group stage)*

### *Understanding of healthy and unhealthy foods*

There is a relatively good understanding of what counts as ‘healthy’ with foods like fruits, vegetables, salads and lentils seen as essential components of a healthy diet. On the other hand, products such as chocolates, sweets, cakes, crisps, fizzy drinks, burgers, pizzas and ready meals are considered ‘unhealthy’.

The majority are unfamiliar with the policy term ‘HFSS’, however, there is an intuitive belief that this term is focussed around ‘unhealthy’ products, including the ‘highly processed foods’ (e.g., burgers, pizzas and ready meals) and snack foods/drinks (e.g., chocolates, sweets, cakes, crisps and fizzy drinks) mentioned above.

### *How HFSS foods fit in*

When it comes to HFSS foods, many take the ‘everything in moderation’ approach previously mentioned. Most think that the consumption of HFSS items in large quantities represents an unhealthy diet, rather than the items themselves, and will not harm their body if consumed in moderation.

*“Everything can be healthy in moderation.” (Female, 18-34, focus group stage)*

*“You could live a healthy lifestyle and still have the occasional treats or lazy days.” (Male, 18-34, focus group stage)*

*“[A healthy lifestyle involves] balanced food but not restricted, exercise in whatever capacity makes you happy and however you are able. Time to yourself is important too.” (Female, 35-55, focus group stage)*

However, many respondents say that in reality, they overconsume HFSS foods, finding it difficult to find the ‘right balance within their own diets’. Across the focus groups, the most common foods that respondents feel they would like to cut down on, or currently eat in excess, are crisps, biscuits and chocolate.

Healthy eating is generally not seen as easily compatible with busy, fast-paced lives, with many feeling that the time and effort required to choose and prepare healthy options is often not worth it, given the availability of easy-to-prepare options like ready meals, which tend to be less healthy but can feel equally satisfying.

*“The quickest thing that you can have is processed food. I have a disabled daughter who is 8 and my son is 13. By the time I’ve fed them (properly) it’s about 8 at night and the last thing I want to do is cook from scratch and processed stuff is cheaper. Plus, life is stressful which means I drink.” (Female, 35-55, focus group stage)*

*“I find if my day isn’t planned in advance, my choices aren’t thought out and I tend to make less healthy decisions.” (Male, 18-34, focus group stage)*

For those with disabilities and other chronic illnesses, their conditions can act as a barrier to reducing consumption of HFSS food and drink due to limitations in terms of food shopping and preparation.

*“Being disabled with chronic pain and fatigue sometimes means that convenience [with food] wins.” (Female, 35-55, focus group stage)*

*“I suffer from fatigue and it’s quicker to make unhealthy food.” (Female, 18–34, focus group stage)*

*“I think having depression and fibromyalgia has made me eat more things like frozen pizza etc. because it’s quick and easy.” (Female, 18–34, focus group stage)*

## *How HFSS products fit in*

The findings from the qualitative online community suggest that the most popular ‘snacks’ are fresh fruit, hot drinks, vegetables, salad and cheese. However, this is not necessarily reflected in the food diaries, suggesting that there may be a difference between what people would *ideally* eat, and what they actually eat under the pressures of everyday life, particularly when out and about. Equally, as respondents say they want snacks to be tasty, convenient and rewarding, fresh fruit and vegetables are not often seen as suitable.

## 4 Trying new foods

### *Summary of findings*

There is a challenge when presenting consumers with new foods, given two in five (41%) say they tend to eat the same food most days, while a similar proportion (39%) say they rarely buy food and drinks they haven't heard of before. Price and taste are the key factors influencing whether people choose to try new foods and drinks. Ensuring products are competitively priced, including through the use of special offers, is key when encouraging consumers to try new healthier alternatives.

### *General attitudes to trying new foods*

The results from our quantitative survey show that attitudes to trying new foods are mixed. For example, most respondents agreed that they love trying new foods (59%), whilst two in five (41%) say they tend to eat the same food most days. A similar proportion (39%) agree that they rarely buy food and drinks that they haven't heard of before.

Overall, there are minimal differences in perceptions among demographic groups. Those who feel their overall health is 'good' are more likely to say that they love trying new foods than those who say their health is 'poor' (67% vs. 50%), as are those in social grades ABC1 (63% vs. 55% of C2DEs).

### *Motivating factors when trying a new food*

Price and taste are the key factors influencing whether people choose to try new foods and drinks. Half (53%) say they are motivated by special offers or price, followed by wanting a change from what they usually eat or curiosity (46%). Following this, people are motivated by recommendations from friends or family (40%), making a recipe which requires the product or ingredient (34%) or for a 'treat' (32%).

The importance of price when trying new foods was also prevalent in the qualitative research.

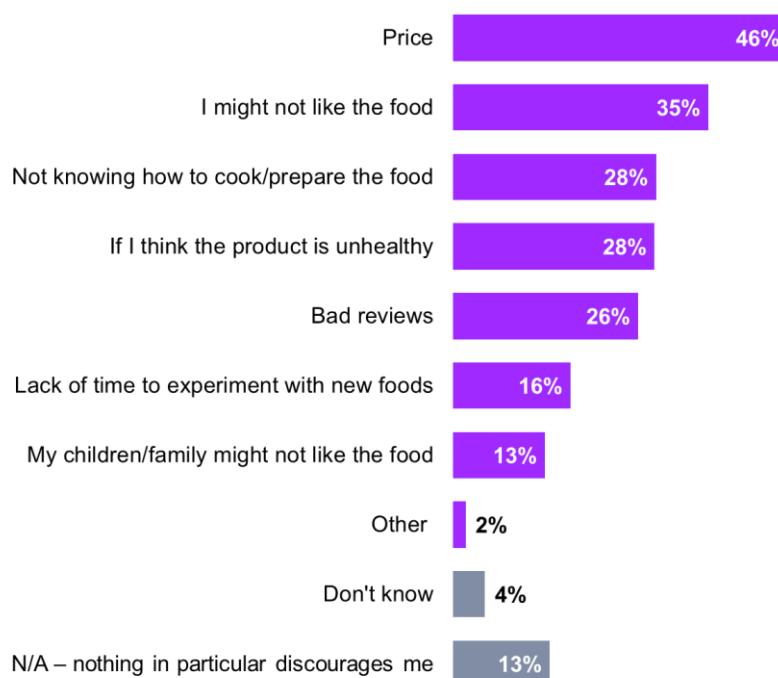


*“Every new thing I try has always been as a result of being on offer at the shop. As in multibuy or big discount etc. (including reduced to clear). My entire food shop basically revolves around cheapest price: amount of product ratio and always has (I basically grew up under food poverty).” (Male, 30-44, C2DE, no health conditions, online community stage)*

### Barriers to trying a new food

Price can also act as a barrier to trying new foods or ingredients, with 46% saying this discourages them (see Figure 3). This highlights the importance of new food products being competitively priced, suggesting special offers can be useful when attracting people to different types of food. Given taste is the most important factor when deciding which food and drinks to buy (see Chapter 5), some have concerns that they might not like the food (35%). Not knowing how to cook or prepare the food, and thinking the product is unhealthy, were identified as barriers to trying a new product or ingredient by the same proportion of respondents (28%).

**Figure 3. What discourages people from trying new food products or ingredients** Source: Quantitative survey of the general public.



Base: all (n=4,034)

Perceptions of how healthy a product is was a bigger barrier for older people, with 36% of those aged 55+ saying that thinking the product is unhealthy would discourage them from trying it (compared to 19% of 18-34s and 25% of 35-54s). Younger and middle-aged people are more likely to mention a lack of time to experiment with new foods (21% of 18-34s and 19% of 35-54s vs. 10% of those aged 55+). Those in the middle age group (35-54) who are most likely to have families in the sample, are the most likely to be deterred from trying a new food because their children/family might not like the food (19% vs. 10% of 18-34s and 9% of those aged 55+).

The qualitative research suggests that whilst health benefits can play a part in trying new foods, these come secondary to price and taste, unless a current health condition exists (for instance, coeliac disease referred to in the quote below) or the person is older.

*“I do like to try out new food from time to time, as long as they’re gluten free. If I’m shopping at a different retailer and something catches my eye, I’m more likely to try it, more so if on offer as not knowing if I like it and the full price of gluten free products would make it more appealing to try.” (Female, 45-59, C2DE, living with overweight, health condition)*

## 5 Attitudes towards healthier alternative food and drink products

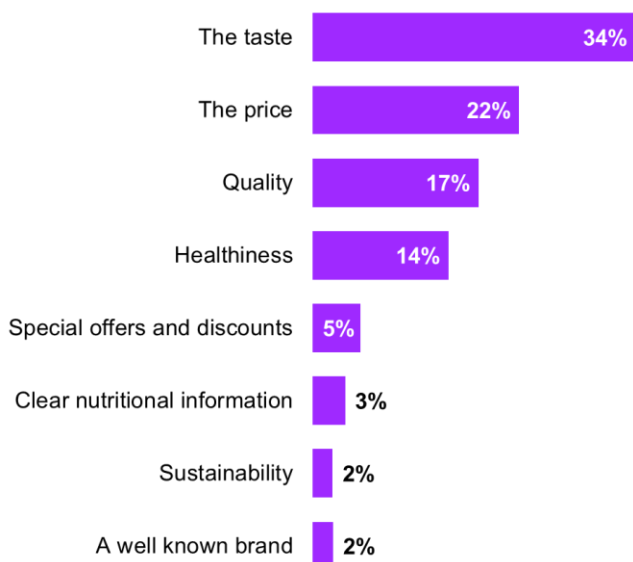
### Summary of findings

Only one in seven (14%) say that ‘healthiness’ is the most important factor influencing their food choices. Taste is endorsed as most important, followed by price and quality. When it comes to the types of healthy swaps people would prefer to make, respondents are more likely to buy a healthier version of a product (e.g., switching from a regular to diet version of a soft drink) than to switch to a different product entirely (e.g., swapping a chocolate bar for a piece of fruit). There is a sense for some that ‘swapping’ is not the answer to reducing their HFSS intake and that instead consumption needs to be reduced in these areas.

### The importance of taste and pleasure

‘Taste’ is named by survey respondents as the most important factor when deciding which food and drinks to buy, with one in three (34%) saying it is their top priority, higher than the proportion prioritising price (at 22%) (see Figure 4).

**Figure 4. Factors influencing food choices** Source: Quantitative survey of the general public.



Base: all (n=4,034)

The importance of taste is even more apparent when it comes to ‘snacking’ behaviours, a key finding given that HFSS foods are often consumed as snacks. There is a clear sense among respondents that snacks are there to be enjoyed, with 45% ranking taste as their top priority, well above price (19%) and healthiness (13%). These results are supported by the qualitative research, which suggests consuming food or drink should be pleasurable, enjoyable, and non-restrictive experience, a key driver of HFSS food consumption.

*“I find it difficult to actively stay away from the "good things" as I like to enjoy my life...” (Female, 45-59, C2DE, no health conditions, online community stage)*

Given that taste is a strong pull factor towards consuming HFSS foods for many, it follows that it also acts as a key barrier to swapping to healthier alternatives. The perception that ‘healthier’ food products “don’t taste as nice as other options” is cited by 41% of respondents as a reason for not swapping to a healthier alternative product, second only to “if it’s more expensive” (51%). Those living with obesity or overweight are more likely to cite taste as a barrier to making healthy swaps than those of healthy weight (45% vs. 37%).

While many express a desire to make healthy swaps, the qualitative research found that there is often a belief that healthier alternatives lack taste, usually driven by past experiences. Given the importance of taste in swapping behaviour, there is a need for healthy alternatives to come with equal taste value (perceived or known). Equally, behavioural change interventions should lead on taste benefits (alongside cost) more than health benefits, as it is clear that health alone will not encourage respondents to make a healthier switch.

*“I would only swap something if I could guarantee the taste wouldn’t change.”  
(Male, 35-55, focus group stage)*

*“I would say the word bland comes to mind because I generalise healthy food as quite tasteless.” (Female, 18-34, focus group stage)*

The qualitative findings highlight that the decision to consume HFSS foods and/or to avoid healthier alternatives is influenced by a combination of both ‘push’ and ‘pull’ factors. People may be ‘pushed’ away from eating healthier foods by perceptions. For some, perceptions can be driven by actual experiences (e.g., finding that healthy alternatives are less affordable, that they require more time or knowledge to prepare or that they simply don’t taste as nice). In the same way, they are ‘pulled’ towards HFSS foods by a desire to satisfy cravings or in an attempt to reduce stress or poor mental health.

### *Influence of healthiness on food choices*

The healthiness of food or drink is more of a priority for older people. Approximately one in five (18%) of those aged 55+ rank this as their top priority (vs. 12% of under 55s), while one in three (34%) of those aged 55+ rank it in the top two (vs. 23% of under 55s). Those who say their health is ‘good’ are almost twice as likely to place healthiness among their top two priorities when choosing food or drink than those who say their health is ‘poor’ (33% vs. 17%). The same is true when looking at BMI categories: 34% of people with a healthy weight place healthiness as first or second priority, compared to 24% of those who are living with obesity or overweight.

In the qualitative phase, respondents express a distrust for foods they think are overly processed or artificial, with a preference for ‘natural’ ingredients over low fat and sugar alternatives.

For some, there is a sense that ‘swapping’ is not the answer to reducing their HFSS intake and instead consumption needs to be reduced in these areas. In the qualitative research, this comes from a distrust of how healthy or tasty low fat or sugar alternatives actually are, as well as the idea that ‘everything in moderation’ is fine.

*“I wouldn’t consider swapping it out entirely, perhaps a reduction rather than removal.” (Male, 18-34, focus group stage)*

*“For me, nothing can replace chocolate so it’s just a case of moderating the amount eaten.” (Male, 18-34, focus group stage)*

*“Reduced sugar yoghurt is foul, and I tried reduced fat mayo but threw most of it away.” (Male, 55+, focus group stage)*

## *Consumption of food in 'healthy eating' ranges*

One in three (33%) say that they eat 'healthy eating' ranges at least once a week, including 13% who do so multiple times a week. This includes low/reduced fat or reduced sugar products. Nearly one in five (18%) say they never eat these types of foods. Given the relatively low proportion currently consuming these foods on a regular basis, encouraging more individuals to try healthy alternatives may help reduce overall consumption of HFSS products.

## 6 Offers and promotions

### *Summary of findings*

Special offers have major influence on purchasing behaviours, with the majority (79%) of survey respondents saying they would be likely to purchase a product if it were on special offer. Half (52%) buy certain products only when they are on special offer, while 37% say that they would buy something they didn't go into the shop for because it was on special offer. There is a clear opportunity for more price promotions on non-HFSS foods, with respondents across the qualitative stages saying they want to see more special offers available for healthy foods.

### *Impact of special offers on purchasing*

Special offers play a key role in purchasing behaviours, with the majority (79%) saying that they are likely to buy food or drinks on 'special offer' in supermarkets – made up of 29% saying they are 'very likely' and 50% saying they are 'quite likely'. Only 15% say they not likely (either 'not very' or 'not at all') to buy products on special offers.

The high likelihood of buying food and drinks on special offer is seen across all demographic groups. The data suggests that income does not play a major role in the likelihood to purchase things on special offer, with people in social grades ABC1 as likely to say they buy things on offer (80% vs. 78%) as those from C2DE social grades.

The qualitative research shows how enticing special offers and promotions can be. Many take advantage of promotions with the intention to reduce the amount they spend on their weekly shop. When the products on offer are regular shopping items, they are seen as a 'no brainer'.

*"If the food I normally buy is on offer, then why not?" (Female, 55+, focus group stage)*

*"I do buy food offers usually if it's a different brand of a food I would buy anyway or I could use to replace a meal I usually eat. I do this to save money and it also encourages me to try new products. I especially like offers on sauces for dishes so I'm encouraged to try new flavours without much thought or effort." (Female, 18-29, ABC1, no health conditions, online community stage)*

Special offers have a clear impact on behaviours and can encourage spending, with half (52%) reporting that they only buy certain products when they are on special offer.

A similar proportion (47%) say that they buy more of a product than they normally would when it's on offer and stockpile it (see *Figure 5*). This suggests the power that special offers have on purchasing. Special offers can also play a role in switching brands, with 43% saying they would switch to a different brand (instead of their usual one) if the other brand is on offer. This further highlights that special offers can *encourage* spending, despite an original intent to save money, with 37% having said that they would buy something they didn't go into the shop for because it is on special offer.

**Figure 5. The impact of special offers on behaviours** *Source: Quantitative survey of the general public.*



Base: all (n=4,034)

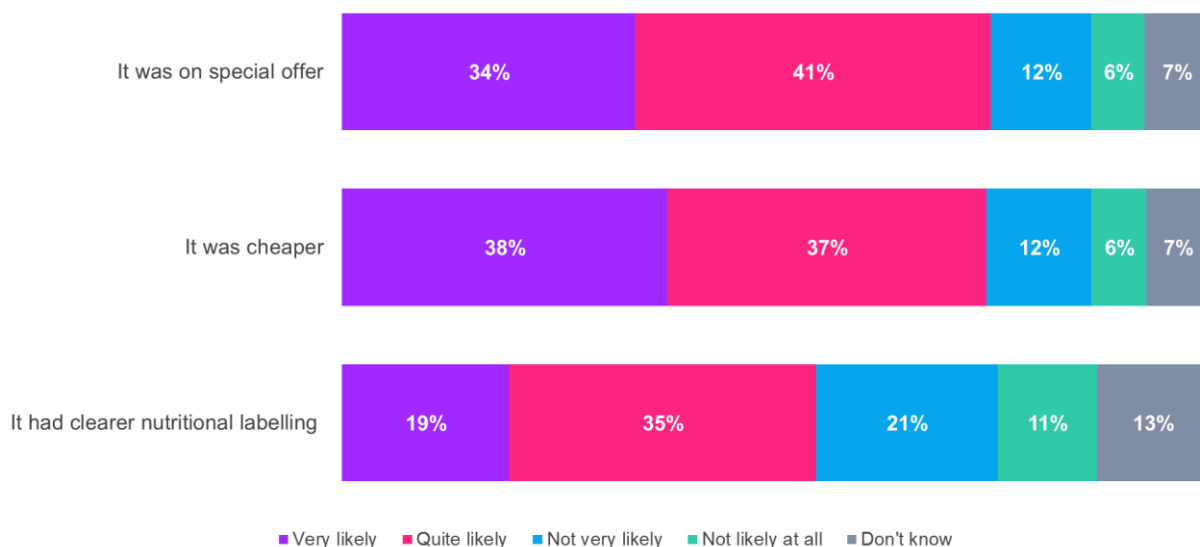
### *Influence of special offers and price on making healthy swaps*

Overall, the likelihood of healthier food swaps is mediated by special offers and price more so than the provision of clearer health information on food labels. People were asked how likely, or unlikely, they would be to buy a healthier version of a product if it is on special offer, cheaper or had clearer nutritional labelling – for example, swapping the usual yoghurt they buy for a low fat one, or a cereal bar for a low sugar version.



People are most likely (either ‘very’ or ‘quite’) to say they would swap an unhealthy product in favour of a healthier one if it were on special offer (75%) or cheaper (74%), while the product having clearer nutritional labelling has less of an effect, with 55% saying this would make them more likely to swap (see Figure 6).

**Figure 6. How likely people would be to swap products for ‘healthier’ versions of the same products** Source: Quantitative survey of the general public.

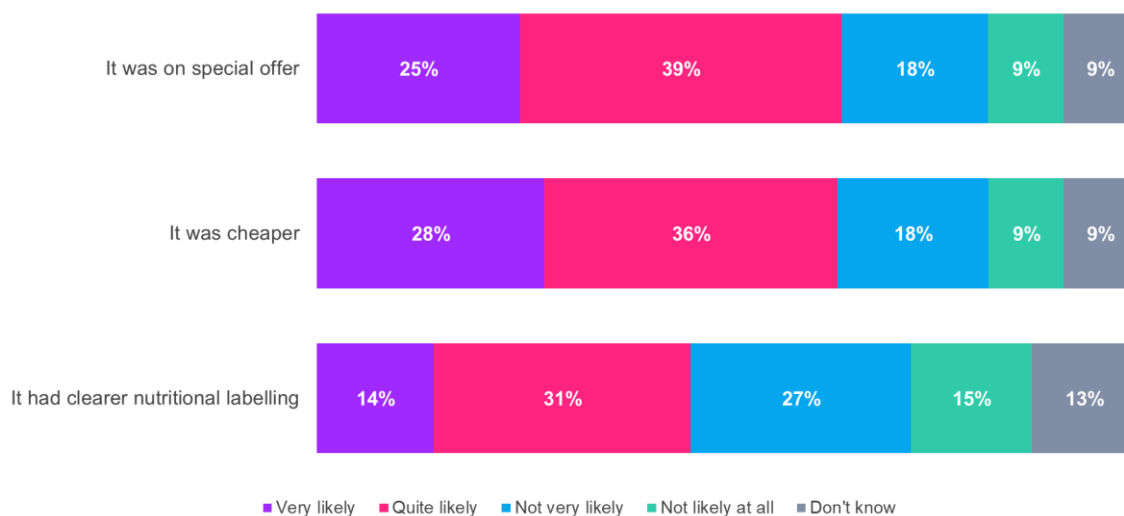


Base: all (n=4,034)

There are minimal differences in reasons for swapping by gender, age, social grade and ethnicity. However, price is a more important factor for the younger and middle age groups, with approximately four in five (79%) of those aged 18-34 and 35-54 saying they would buy a healthier version of a product if it were cheaper, compared to 67% of those aged 55+. Women are more likely than men to say they would buy a healthier version of a product if it had clearer nutritional labelling (60% vs. 50%).

The same patterns are evident when asking people how likely, or unlikely, they would be to swap to *different* products that are healthier– for example, buying an unsweetened yoghurt instead of a chocolate bar, or unsalted nuts instead of crisps. Three in five say they would be likely to do so if it is on special offer (64%) or cheaper (63%), whilst a slightly lower, although still notable, proportion say they would swap to a different product if it had clearer nutritional labelling (46%) (see Figure 7).

**Figure 7. How likely people would be to swap products for 'healthier' different products**  
 Source: Quantitative survey of the general public.



Base: all (n=4,034)

Again, there are minimal differences by demographic groups, including social grade, suggesting there is no clear link between income and the appeal of buying products on special offer.

The qualitative research further highlights that general swapping behaviours are driven by special offers and promotions.

*“When I find a cheaper alternative, I almost always buy that instead.” (Female, 18-34, focus group stage)*

*“[Cost] will have an influence. As food is getting so expensive, I have to be thrifty to save on the pennies whilst trying to maintain or strengthen my desire for a healthy and well-balanced diet.” (Female, 18-34, focus group stage)*

### Opportunities for special offers

The qualitative findings provide deeper insight into special offers and promotions, suggesting they can increase willingness to try new products when they provide cost benefits. Special offers allow respondents to try new items with less risk and introduce them into their diet at lower prices.

*“Yes, if there’s a new product or something I’ve noticed before but it costs too much I will buy just to try [when on offer]” (Female, 35-55, focus group stage)*

*“Unless it’s something new and exotic that is on a promotional offer, it won’t really get me to try something new” (Female, 35-55, focus group stage)*

Whilst people want supermarkets to offer more promotions on healthier products (such as fruits or vegetables), findings suggest that people are keener to try new products on offer that are ‘in category’, as opposed to switching categories entirely, i.e., healthier alternatives to the product they were already considering. This suggests there is a need to ensure there are healthy alternatives on offer which cost the same, or cheaper, than HFSS options in order to be seen as good value for money.

*“Yes, if it’s an alternative to something, not if it’s a direct change. You can’t replace apple pie with chocolate fudge cake because the fudge cake is cheaper, it’s not an alternative in that situation, it’s a completely different item.” (Female, 18-34, focus group stage)*

*“Meat, fruit and veg as it’s things I would be buying anyway.” (Female, 18-34, focus group stage)*

Among respondents in the qualitative research, there is a strong belief that supermarket special offers and promotions do not put health first and are focused on unhealthy and processed foods.

*“I feel supermarkets encourage you towards the unhealthy options. E.g., you see the snacks at the checkouts, but not fruit or veg.” (Female, 18-34, focus group stage)*

Respondents expressed a desire for supermarkets to use special offers to benefit consumer health, by providing more ‘whole foods’ and fresh produce on offer more frequently and more visibly.

## 7 Food labelling

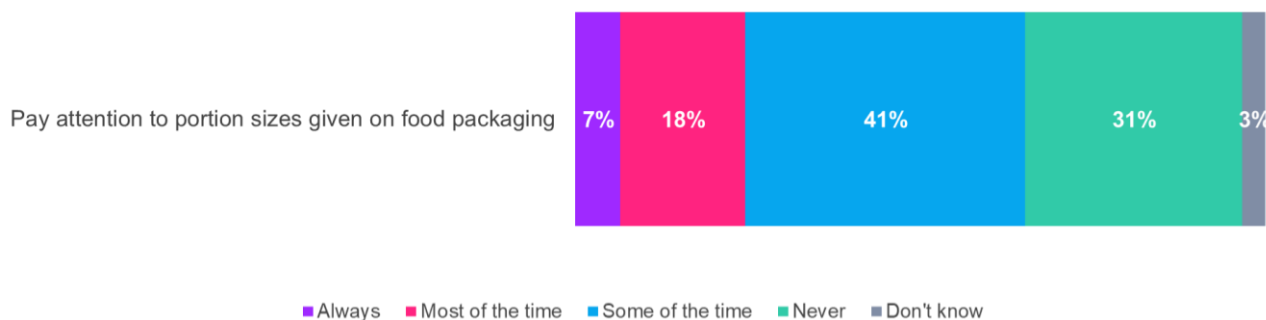
### Summary of findings

Nutritional information on food packaging appears to have little impact on most consumers' food purchasing decisions. Less than half report regularly reading the nutritional information on the foods they buy, while suggested portion sizing receives even less attention. Confusion around what nutritional labelling means across different products is the main barrier for consumer engagement, with a strong desire for new, more uniform and visually appealing ways of presenting nutritional information on food product packaging.

### Engagement with food labelling

Engagement with nutritional labelling on food packaging is relatively low. Across four types of HFSS foods mentioned, less than half say they pay attention 'always' or 'most of the time' to the nutritional information provided. This includes biscuits, cakes, sweets, chocolate; savoury snacks (e.g., crisps); fizzy drinks (including diet drinks) and ready meals (e.g., frozen pizzas, burgers). There are minor differences by HFSS food type, with people most likely to pay attention to nutritional labelling on ready meals (41% always/most of the time) and least likely to pay attention to them on savoury snacks (33% always/most of the time). The recommended portion sizes included on food packaging also receive little attention from consumers. Just one in four (25%) say they look for this information always or most of the time, while 31% never do (see Figure 8).

**Figure 8: Attention to nutritional information on food packaging – recommended portion sizes** Source: Quantitative survey of the general public.



Base: all (n=4,034)

Levels of engagement with nutritional labelling vary by demographic group. Across all four types of HFSS food mentioned, women are more likely to report paying attention to the nutritional information than men, while the same is true for recommended portion sizing (27% of women check this always/most of the time vs. 22% of men). Those with a long-term health condition or disability are also more likely to pay attention than those without one (30% vs. 22%).

Sugar and calories receive the most attention, with 44% saying they look at sugar content (always/most of the time), while 41% check the number of calories at the same frequency. Other indicators, including saturated/total fat, salt, protein and fibre rank lower. Calorie tracking is more common among younger people (47% of 18-34s vs. 38% of those aged 55+), while those aged 55+ are more likely to pay attention to the total fat (41% vs. 32% of 18-34s), sugar (49% vs. 40%) and salt (39% vs. 27%) in their food. Women are more likely than men (46% vs. 36%) to say they pay attention to calories always/most of the time, although this gender gap is smaller across the other nutritional indicators listed.

### *Motivators and barriers to engaging with food labelling*

The main motivator behind why people engage with nutritional labelling is the desire to eat and drink more healthily. Nearly half (48%) say they pay attention to nutritional labelling to see how healthy or unhealthy a food or drink is, with a similar number (47%) saying they do so if they are trying to eat more healthily. One in three (34%) report using nutritional labelling to help them choose between two products.

A lack of clarity on the packaging is the top reason mentioned (31%) for not always reading the nutritional labelling. Those aged 55+ (41%) are nearly twice as likely as 18-34s (22%) to say they have difficulty understanding this information, while those with a long-term health condition or disability are also more likely to say this (37% vs. 29%). For some, there is a general sense of apathy: 26% say it's not something they think about, while 20% say they don't care.

The qualitative research further highlights that labelling can cause significant confusion for shoppers. This can vary by store and product, and when labelling is small, over-detailed and/or lacking in colour coding, respondents can struggle to make healthier choices.

Whilst recall of commonly used visual tools, such as the ‘traffic light’ system, is high and seen as intuitive, there is a perceived need for a more ‘uniform’ system for nutritional labelling, as well as a desire for greater understanding of macronutrients and individual ingredients to look out for and avoid. This is also the case for recommended portion sizing, specifically when presented in grams, which can often feel difficult to understand.

*“The traffic light system can be understood straightaway. But I also appreciate there is more information I can look at. “Each 30g serving” can be confusing if the product is more than 30g.” (Male, 35-55, focus group stage)*

Simplicity in nutritional labelling is essential, as this often impacts how much people engage with it (if at all). There is a strong desire for new, more uniform and visually appealing ways of presenting nutritional information on food product packaging, including recommended portion-sizing that is packet-specific. This will ensure that nutritional labelling enables consumers to make quick and well thought out selections, both when shopping for and preparing food.

## 8 Availability and accessibility

### Summary of findings

Accessibility to a wide variety of different types of food has the potential to impact people’s ability to make healthier choices. Shoppers with access to larger supermarkets might find it easier to choose healthier, non-HFSS foods at lower prices. The accessibility of products in-store (or online) is also an important factor, with the ability to find healthier alternatives in close proximity to equivalent products increasing their likelihood of being chosen. The qualitative research suggests accessibility issues are a particular challenge for certain groups.

### Availability of a wide variety of food types

Location (alongside price) is the key factor among respondents when choosing where to shop; 32% say it is their top priority, with a further 19% placing this as their second most important priority (see *Figure 9*).

**Figure 9: Factors influencing choice of store** Source: Quantitative survey of the general public.



Base: all (n=4,034)

‘Large supermarkets’ are by far the most popular location where people do their food shopping; 71% report shopping here at least once a week, well above shopping at an ‘express supermarket/convenience store’ (29%) and ‘online food shopping’ (24%).

Shoppers that have access to larger supermarkets might find it easier to choose healthier, non-HFSS foods at lower prices due to the increase range and availability of products.

### *Accessibility in-store and online*

The qualitative research suggests that the location of products within stores can also have a significant impact on shoppers’ likelihood of shopping around. Proactively finding healthier alternatives can be stressful, with the range of products within supermarkets (both in-store and online) feeling confusing and hard to get through.

For some, physical stores can feel overwhelming, and many follow a tried and tested route through the store each visit. Unless a healthy alternative is placed right next to their current one and the price is cheaper or the same price, it can be hard to proactively include a process of seeking out changes. For others, online shopping can make it harder to swap to healthier alternatives, with poor functionality and navigation being mentioned as barriers.

*“I was looking for healthier options and started looking at other products on the shelf, I just had to put the hard work in unfortunately.” (Male, 55+, focus group stage)*

*“Often the nature of online shopping makes it harder to find alternatives due to poorly designed or hard to navigate websites. Some products do not show even though you KNOW they stock them!” (Male, 35-55, focus group stage)*



## POLICY DISCUSSION

By Cancer Research UK, British Heart Foundation, and Diabetes UK

Rising childhood obesity prevalence rates, and the likely impact on children's current and future health, prompted the Westminster Government in 2018 to set an ambition to halve childhood obesity by 2030 in England. The devolved nations have also been similarly motivated to act. More recently, overweight and obesity as a factor in worse Covid outcomes, in preventable pressures on the NHS, and in exacerbating existing inequalities have focused minds on addressing the issue. The impact on the nation's economic potential is a further consideration that has gained in salience.

Whichever rationale is driving policymakers, the target remains the same: the need to reduce overconsumption of food and drinks that are high in calories, fat, salt and/ or sugar (HFSS). This was first set out in Public Health England's trail-blazing 2015 publication '*Sugar Reduction: the Evidence for Action*', with the overall goal of reducing excess HFSS consumption, and the scope of action recommended, becoming the blueprint for governments to follow. A succession of UK Government obesity strategies and statements since then, right up to the present, focus on how to make this change to our diets happen; via information, increasing healthy choices, modifying costs and restricting advertising and promotions on HFSS products.

Perhaps the most fundamental shift over the past decade has been governments' acceptance that the world around us makes it less easy to be healthy, and that they have a role in addressing this – through actively encouraging reformulation, and with laws passed to introduce a sugary drinks tax and end certain types of promotion and marketing of less healthy food and drink. However, many of these measures are not yet fully implemented due to unnecessary delays, or need to go further to have the required impact, or do not yet sufficiently cover the out-of-home food environment.

As this report shows, people generally have a good knowledge about what a healthy diet consists of and intend to buy and consume food that reflects this. The caveat to this, from other studies, is that higher awareness generally applies most to those with higher educational attainment levels and income. But this research itself didn't uncover large differences between demographics, including on awareness of the need to reduce excess consumption of unhealthy food and drink. Indeed, as suggested in the findings, the consumption of HFSS food and drink in *larger than recommended* quantities is recognised by most people as the core challenge.

So, both the public and policymakers appear to share the same sentiments on reducing excess HFSS food/drink consumption, and on wanting the UK food environment to support and facilitate individuals to develop and maintain healthier eating practices. Players within the food industry have, to differing extents, recognised this too, as well as the role of the government in addressing what individual retailers or brands cannot do alone.

However, there is a disconnect between the theory and the practice; between people's intentions when they go food shopping, and what ends up in their baskets. There is a gap between what is recommended in the published healthy eating guidance (the NHS Eatwell Guide) and the actual sales data. Consumer-facing messages of *'everything in moderation'* tend to be overshadowed by an abundance of HFSS marketing and promotions unhelpfully shaping consumer perceptions and practices, and not reflecting the Eatwell Guide. The well-established marketing practices and big budgets of major food brands have further helped make less healthy food the social norm, and this is hard to counteract.

Likewise, there is a disconnect between consumers' intent to save money, and their actual expenditure. Promotions on less healthy food and drinks are likely to take attention and spending away from healthier food, as well as result, as a government report has shown<sup>6</sup>, in greater overall spending than intended.

Overall, the tendency for promotions to be for HFSS food and drink actively encourages us to purchase and consume higher quantities of these foods, despite some individual initiatives in store to promote healthier products too. This impacts people of all ages, but, as the report suggests, families with younger children the most, who were shown to have a lower proportion of healthy items in their shopping baskets than other groups.

And that leads to the final disconnect: between people wanting consistent provision of affordable, healthy food that is easy to find, and – through experience – not finding that the food environment in the UK consistently delivers on that need. By promoting healthier options and making them equal in appeal to HFSS options, both in terms of cost and taste, people will be incentivised to buy more healthier options.

### Moving towards solutions

People already have a good awareness of what is healthy and intend to purchase and consume a healthy diet. The onus should be on the food industry, supported by the right legislative and regulatory framework, to do more to make healthier options the default. The following recommendations focus on the supermarket food environment as that was the context for the research; but to have the maximum impact these should sit alongside a complementary series of measures to address the impact of the wider food environment, including the out-of-home sector.

So, how can supermarkets help rebalance their offer, and be a more constructive enabler of people's intent *not* to fill their baskets with HFSS food and drinks? How can government-level action enable and incentivise supermarkets to do so?

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<sup>6</sup> Public Health England, 2015, 'Sugar Reduction: The evidence for action', available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470175/Annexe\\_4.\\_Analysis\\_of\\_price\\_promotions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470175/Annexe_4._Analysis_of_price_promotions.pdf)

Based on the findings from this report, healthy alternatives need to be:

- obvious – in competitive positions in-store and online
- value for money - competitively priced, including through offers and promotions
- appealing - marketed as tasty and not lacking in flavour or enjoyment
- transparent in their packaging and labelling – without misleading health and nutritional claims or unrealistic portion recommendations

The starting point is about what is in supermarkets' own control – their own brand products, their own shelf-space and their own marketing. Some supermarkets are taking positive steps already in this area, which should be encouraged across the whole sector. That is one focus of our recommendations. However, other commercial decisions made at head office are also important, including any levers for encouraging positive change from the major food brands stocked in-store. And then there is the regulatory framework that supermarkets must operate within.

Retailers have long recognised that they need Government to ensure a level-playing field, and to step in where competition law prevents them from organising their own common approach. Where Government has applied only guidance or a voluntary approach, such as on front-of-pack-labelling or reformulation for sugar reduction, other than for sugary drinks, the results have been mixed at best. The food industry made disappointing progress between 2016-2020 in reducing sugar in products that contribute most to excess consumption. Whereas taking a more regulatory approach, such as with the Soft Drinks Industry Levy, has 'turbo-charged' reformulation. Similarly, restriction of HFSS placement promotions in England have reportedly led to much more noticeable changes in the product pipeline, with moves for comparable measures in Scotland and Wales.

At this stage, the extent of the impact the UK Government's delay to implementing HFSS price promotion restrictions in England until October 2023, and TV and online HFSS advertising restrictions until October 2025, has had, is not known. Anecdotally, both policies helped to increase reformulation and new product development efforts prior to the announcement of the further delays to their implementation. The Scottish Government has committed to introduce legislation later this year on restricting HFSS promotions, and the Welsh Government has undertaken a consultation on proceeding with these measures too.

There are also other ways to help facilitate people's access to affordable healthy food, reduce unhelpful nudges in the food environment, and increase the ability for food businesses (across the food system) to profit from prioritising healthy products. The Government-commissioned *National Food Strategy* and Obesity Health Alliance's *Turning the Tide: A 10 Year Healthy Weight Strategy* both set out measures that businesses and Governments can do to support a healthier food system; however, these are outside of the scope of this report.

## CHARITIES RECOMMENDATIONS

### **A customer journey that matches healthy eating intentions**

From the moment a customer enters a store to when they reach the checkouts and pay - the time they spend navigating the aisles, the mechanisms that influence their choices from what's on the shelf and comparing different products, the considerations with the product in hand - at each point there are specific actions that retailers can take to facilitate healthier shopping practices for their customers. This journey, and the actions that retailers can take, are equally as applicable in the online store environment.

### **PRESENCE - MAKE IT OBVIOUS**

The layout of the store influences where people go, in what order through the aisles, the products they see and what they ultimately choose when shopping. Healthier options need to be stocked in the first place for easier accessibility and then easy to find next to comparable products, or within the same search results when shopping online. Reducing the prominence and number of HFSS products will also help to provide more space, both literally and in customers' minds, for healthier options.

#### **RECOMMENDATION 1: increase range of healthier products**

1.1 Supermarkets should increase the proportion of healthy options that are available compared to unhealthy ones, particularly in smaller stores. Companies should set targets for this and publicly report on their progress.

1.2 Governments should explore introducing mandatory targets to incentivise reformulation and/or calorie limits on single-serve portions of HFSS products.

#### **RECOMMENDATION 2: place healthier products in competitive positions in-store, on shelf and online.**

2.1 Supermarkets should make healthier food and drink options more obvious, both around the store and on shelf, for instance at eye level, and online with navigation and prompts.

2.2 Supermarkets should ensure healthier swaps are easily seen next to the original products, or in the same search fields online.

2.3 Scottish, Welsh, and Northern Irish Governments should implement HFSS placement restrictions, as has already been done in England. This would also ensure a consistent, UK-wide approach that would make implementation easier and more effective for supermarkets.

## PRICE – MAKE IT VALUE FOR MONEY

Price mechanisms are the most influential factor in decision-making. Price promotions are well-evidenced as affecting customer behaviour, and such promotions come in many forms, including via loyalty card schemes. The base price of products is important too. So, the potential for impact in this area is high: shifting the balance of promotions will shift the balance of people's baskets. A robust, mandatory food data reporting system will help to create a level playing field for change amongst industry and foster more trust in our food system amongst consumers.

### **RECOMMENDATION 3: Rebalancing promotions in favour of healthier options**

3.1 Supermarkets should set company targets for increasing the proportion of promotions and incentives on non-HFSS food and drink products.

3.2 Supermarkets should explore how they could further reduce the promotion of HFSS products beyond what is already in scope of recent regulations – for example by including healthier items as standard as part of meal deals, and by restricting some forms of temporary price promotions on HFSS snack categories – to provide an even more comprehensive approach.

3.3 UK Government should implement HFSS price promotions restrictions in England in October 2023 as planned.

3.4 UK Government should introduce transparent and robust monitoring and evaluation of both existing and new regulations on HFSS promotions and advertising, and to ensure that monitoring is made public and consistently reviewed and updated. This will be supported by the Government's proposed "Food Data Transparency Partnership," announced in the 2022 food strategy, which will develop metrics to assess the health and sustainability impacts of foods.

3.5 Scotland, Wales, and Northern Ireland should introduce legislation to restrict HFSS price promotions. This would also ensure a consistent, UK-wide approach that would make implementation easier and more effective for supermarkets.

3.6 UK Government should explore introducing financial incentives to drive reformulation of foods that contribute most to excess calorie and sugar intake. This could include subsidising research and development, and using the tax system both to support the work of smaller firms pioneering new products and to give a push to companies across the food and drink sector to meet the PHE/OHID-set targets. An equivalent sum to any revenue raised could be ring-fenced for measures which support public health, including making healthy foods more affordable for all.

## PERCEPTION – MAKE IT APPEALING

Taste is a key driver behind food choice. This research shows that marketing healthier versions of products as low in calories, fat, sugar or salt can lead people to consider them as less tasty or satisfying, which acts as a deterrent even when the general intention is to limit excess consumption of HFSS food and drink.

### **RECOMMENDATION 4: Focus marketing of healthier products on flavour as well as health benefits**

4.1 Supermarkets should focus the marketing of healthier products on taste and enjoyment, as well as the health benefits, to increase appeal. This will help to overcome preconceptions around choices, rather than risk them being seen as ‘lacking’ in some way.

## PACKAGING – MAKE IT TRANSPARENT

Increasing people’s trust in packaging is vital for increasing engagement with nutritional information and recommended portion sizes. Currently, there is significant confusion around how healthy a product really is, particularly when there is no ‘traffic light’ labelling on the front-of-pack, and health claims that can be misleading. There is also a cynicism toward unrealistic recommended portion sizes, coupled with confusion when this isn’t relatable to the packaging, e.g., in grams instead of for the whole packet. Packaging needs to not only be clear and well-labelled, but also realistic and transparent for it to be an effective enabler of healthier practices.

### **RECOMMENDATION 5: Make easy-to-read front-of-pack labelling mandatory and uniform**

Uniformity and simplicity can facilitate increased consideration of labelling information to aid healthier purchasing decisions.

5.1 Governments should make colour-coded front-of-pack nutrient labelling system mandatory across all products, and for this also to be clear online in product information.

### **RECOMMENDATION 6: Explore how to create consistency in how recommended portion sizes are calculated and displayed**

People should not be required to make calculations to determine the recommended portion size in comparison to the overall packaging. There is a strong desire for transparency in portion size labelling (particularly on the front-of-pack) that relate to how much a person is likely to consume in one sitting based on cues from the packaging, such as overall size or whether portions are physically separated.

6.1 Governments should regulate for consistency in the labelling of recommended portion sizes for HFSS food and drinks so they are relative to the packaging, e.g., half a pack, and not expressed in grams, for instance.

6.2 Governments should issue guidelines on how recommended portion sizes should be displayed on packaging, to include minimum font size and unit of measurement, and for this also to be clear online in product information.

**RECOMMENDATION 7: Introduce more transparent regulations on nutritional and health claims**

Marketing claims denoting nutritional and health benefits, despite current legislation, can still be misleading and confusing for consumers; for example, a product high in fat labelled with the claim ‘low in sugar’ or vice versa.

7.1 UK Government and advertising regulators should re-evaluate current regulations to add consumer-facing transparency to any allowed nutritional and health claims for HFSS products. This might include adopting the most up-to-date Nutrient Profile Model.

7.2 UK Government and advertising regulators should explore introducing regulations to restrict products defined as HFSS from including health or nutritional claims on their packaging. Currently, a ‘health-halo’ effect can discourage consumers from reading labels more thoroughly and misleads them into thinking the product is healthy.

7.3 UK Government should commission an evaluation of the effectiveness of the enforcement of advertising regulations.

## CONCLUSION

This research highlights the importance of the role supermarkets play in our overall health: people want supermarkets to influence their choices in a positive way, towards healthier food and drink, and for these choices to be facilitated beyond the instore and online shopping experience too, in the wider food environment.

For all that to happen, supermarkets, manufacturers and Governments need to take specific actions. Actions that will make readily available food and drinks healthier; those foods commercially attractive, value for money and perceived to be enjoyable; with appropriate portion size recommendations; and with transparent nutritional information on product packaging. Our food environment needs to support individual efforts to be healthier – not hinder them. Only then can the disconnect between people’s healthy eating awareness or intent, and their actual purchasing and consumption behaviour, be overcome.

There is good reason for hope: this is practical and achievable, if there is corporate and political will.

## 4 Ps to give customers a healthier shopping journey

### 1. Presence

Make it obvious



Healthier options need to be prominent and easily accessible, next to comparable products instore and online.

### 2. Price

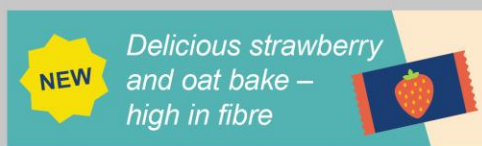
Make it value for money



We know that price promotions affect customer behaviour. Shifting the balance of promotion to healthier products will likely help to shift the balance of people's baskets.

### 3. Perception

Make it appealing



Taste is a key driver behind food choice. Marketing of healthier products should focus on flavour as well as health benefits.



### 4. Packaging

Make it clear and realistic



Labelling needs to not only be clear and consistent, but also realistic and transparent for it to effectively support healthy choices.