



Healthy Eating Nutrition Labelling Education Focus Groups - Final Report

Prepared for Health Canada

Prepared by Narrative Research

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For more information, please contact: cpab_por-rop_dgcap@hc-sc.gc.ca

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Healthy Eating Nutrition Labelling Education Focus Groups

Final Report

Prepared for Health Canada

Supplier Name: Narrative Research

March 2026

This public opinion research report summarizes findings from online focus groups conducted by Narrative Research on behalf of Health Canada. Between January 12 and 23, 2026, a total of 25 online discussion groups were held, with a total of 235 participants: five sessions with health educators (43 total participants) and 20 sessions with members of the general public (192 total participants). Participants were drawn from regions across Canada (Atlantic Canada, Quebec, Ontario, the Prairies, British Columbia, and the Territories). Groups were further segmented by perceived financial well-being (low vs. sufficient) and by age (young adults 18-25, adults 26-64, and older adults 65+).

Cette publication est aussi disponible en français sous le titre :
Éducation à l'étiquetage nutritionnel pour une alimentation saine

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Executive Summary

Narrative Research Inc.

Call-Up Number: CW2423795

Client Reference Number: HT372-25-3624

POR Registration Number: 043-25

Contract Award Date: 2025-10-20

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Background

In recent years, Health Canada has introduced regulatory amendments to nutrition labelling on prepackaged foods, including updates to the Nutrition Facts table and ingredient list, as well as the introduction of a front-of-package (FOP) nutrition symbol on foods high in saturated fat, sugars, and/or sodium. With full implementation of the FOP symbol in January 2026, the Food and Nutrition Directorate is supporting the understanding and use of food labels and Canada's food guide to support informed and healthier food choices, including the development of educational resources. Testing with the general public and health professionals via public opinion research was conducted to assess the perceived value, clarity, and usability of these educational resources.

The results of this study will be used to revise draft resources to support awareness, understanding and use of nutrition labels, including FOP labels, and to facilitate healthier food choices. Further, results will help to ensure these resources assist health professionals in effectively educating the public on how to use food labels to support healthy eating. More specifically, the research objectives were to:

- determine if the resources are:
 - clear and easy to understand by the intended audiences;
 - credible, engaging, relevant and of value (messaging and format) to the audiences; and
 - able to support confidence in the audience to take action.
- elicit suggestions/options for any missing information that is expected by the audiences to support them in making healthy eating choices when grocery shopping.
- elicit insights from the audiences on ways to improve the resources to make them more relevant, useful, or easy to understand.

Research Methodology

To achieve these objectives, a qualitative research approach was undertaken. A total of 25 online discussion groups were conducted from January 12-23, 2026. Specifically, five sessions were held with health educators, and 20 sessions were held with members from the general public in four regions. These sessions were also segmented by region, age groups and self-perceived financial well-being.



For the health educators' sessions, nine individuals were recruited for each session. Of the 45 recruited individuals, 43 attended a session. For sessions with members of the general public, 12 individuals were recruited per session, including two designated backups to account for potential last-minute cancellations. A maximum of ten participants were included in each session. Overall, 239 individuals were recruited, 210 attended their scheduled sessions, and 192 were retained as participants, as backups were thanked and released in sessions where attendance exceeded the maximum of ten participants. All sessions lasted approximately 90 minutes, and participants received an incentive in appreciation for their time.

This report presents the study findings. Caution must be exercised when interpreting the results, as qualitative research is exploratory and cannot infer incidence. Results cannot be attributed to the overall population under study.

Political Neutrality Certification

I hereby certify as a Representative of Narrative Research that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed



Margaret Brigley, CEO & Partner | Narrative Research

Date: March 13, 2026

Key Findings

The following provides key highlights from the research:

Engagement with Nutrition Information on Food Labels

Before reviewing the materials, participants in the general public sessions were asked to explain their current use of nutrition labels when grocery shopping, while health educators were asked to explain how they engage with their clients on the topic.

Engagement with nutrition labels is generally selective and needs-driven, with consumers focusing on a small number of nutrients most relevant to their health goals or circumstances. Most participants reported looking at nutrition information at least occasionally, particularly when managing health conditions, purchasing unfamiliar products, or comparing options. Attention was concentrated on sugars, sodium, and saturated fat, with the Nutrition Facts table and ingredient list serving as the primary sources of information. Use of the FOP nutrition symbol was still emerging at the time of the research, though those who had noticed it generally understood it as a cautionary cue.



Health educators described patterns that closely mirrored consumer behaviour. Label discussions with clients were routine but typically targeted, emphasizing key nutrients, serving size, percent Daily Value, and ingredient lists rather than a comprehensive label education.

Across both audiences, participants cited confusion related to serving size, percent Daily Value, and technical ingredient terminology. Such terminology was noted but generally framed as a secondary frustration rather than a major barrier to using nutrition labels to guide food choices. Overall, findings suggest strong alignment between how consumers naturally engage with nutrition labels and how educators support label interpretation.

Cross-Document Insights

Each information sheet was reviewed individually, however participants also offered feedback that applied across the three documents, including observations about how the resources work together as a set. Participants viewed the three information sheets as complementary resources that collectively support progressive learning about nutrition labels, from awareness and understanding to practical application. While the learning pathway was not always perceived as explicit, both audiences generally felt the documents addressed distinct but related needs and could be accessed at different entry points depending on users' familiarity and confidence.

Health educators articulated the clearest progression, commonly describing Document A as introductory, Document B as interpretive, and Document C as action oriented. At the same time, educators emphasized that the materials are most effective when used selectively and with facilitation, rather than as a fully self-directed learning sequence.

Members of the general public highlighted that applying the guidance may be influenced by additional considerations, such as time, cost, availability, and cultural food practices. These considerations did not detract from perceptions of clarity but underscored that practical context influences how nutrition information is used.

Document A: Understanding the Front-of-Package Nutrition Symbol

Overall, Document A was viewed as a clear, entry-level information sheet that introduced the FOP nutrition symbol in a simple and approachable way. Participants from both audiences felt the sheet explained the symbol's purpose in plain language and presented a manageable amount of information, making it well suited as a starting point for people with lower familiarity or confidence using nutrition labels.

Many also felt the sheet effectively positioned the symbol within a broader label-reading approach by prompting users to treat it as an initial cue and, when needed, look to other label elements for additional information. At the same time, some feedback suggested the sheet's guidance could be enhanced by more clearly addressing common questions that remained after reading, particularly how to interpret products without the symbol, what constitutes being 'high' on the FOP symbol, and what steps to take next, to support consistent application in practice.



Document B: Make Food Choices Using Food Labels

Document B was perceived as a valuable interpretive resource that builds understanding of how the Nutrition Facts table, ingredient list, and FOP symbol work together. Participants described it as more detailed than Document A, but also more empowering for those seeking a deeper understanding.

A key strength across audiences was the explanation of percent Daily Value, particularly the “5% is a little, 15% is a lot” guidance, which was widely seen as practical and memorable. The clarification that ingredients are listed by weight also supported more confident label scanning.

At the same time, both consumers and educators noted that the document’s density could be challenging for some audiences if used on its own. There were also some challenges in understanding the key messages related to sugars and sweeteners. Suggestions focused on reducing information load, using more directive and simplified language, and strengthening visual emphasis on key messages.

Document C: Choosing Groceries with the Help of Food Labels

Document C was reviewed by all health professional groups, however, due to time constraints was reviewed in less detail and limited to 17 out of 20 general public groups. This document was consistently described as the most practical and immediately usable of the three information sheets. The checklist format was seen as intuitive, action-oriented, and well suited to inform grocery shopping, particularly for consumers who feel overwhelmed by nutrition information.

Both consumers and health educators appreciated that the checklist translates nutrition knowledge into manageable steps, highlights what foods to prioritize, and supports confidence without requiring detailed analysis.

Health educators frequently identified this document as the one they would be most likely to share directly with clients. Suggestions for improvement focused on usability refinements, such as reducing visual density, better visual alignment on the checklist, broadening food examples to reflect diverse cultural and budget realities, and reinforcing that the checklist is a flexible guide rather than a strict rule set.

Format and Distribution Considerations

The two-page PDF format was generally viewed as appropriate, familiar, and credible, aligning with expectations for government health information. Participants felt the length struck a reasonable balance between usefulness and manageability, particularly for reference or educator-led use. While suitable for at-home review, participants noted limitations for in-store use, particularly on mobile devices, pointing to the potential value of complementary, more concise formats. Both audiences emphasized the importance of multiple, trusted points of access, including online health resources, healthcare and community settings, and grocery-related contexts. Health educators highlighted the value of materials that are easy to share or store electronically, print when needed, and integrate into existing programs or client interactions.



Introduction

Context

In recent years, Health Canada has implemented regulatory amendments to nutrition labelling on prepackaged foods aimed at improving clarity, consistency, and usability of nutrition information. These changes include updates to the Nutrition Facts table and ingredient list, as well as the introduction of a mandatory front-of-package (FOP) nutrition symbol on foods high in saturated fat, sugars, and/or sodium. The FOP symbol is intended to provide a simple, visible cue to help consumers quickly identify foods that may contribute to excess intake of these nutrients. Full implementation of the FOP nutrition symbol by the food industry was required beginning in January 2026.

As part of this regulatory and policy context, the Food and Nutrition Directorate is supporting the understanding and use of food labels and Canada's food guide to support informed and healthier food choices, including the development of educational resources. These efforts are particularly relevant for populations identified in Canada's dietary guidance as being at greater health risk, including individuals living on low incomes or experiencing financial hardship, people living in rural or remote areas, Indigenous Peoples, and newcomers to Canada. Research was undertaken to assess how the educational materials are perceived, understood, and used, and to examine their potential role in supporting informed food choices as the FOP symbol is rolled out nationally.

Objectives

The goal of the study was to assess whether the draft educational resources support awareness, understanding, and use of nutrition labels to make informed and healthier food choices. In addition, the study sought to examine whether these resources support health professionals in effectively educating the public on how to use food labels to promote healthy eating. More specifically, the research objectives were to:

- determine if the resources are:
 - clear and easy to understand by the intended audiences;
 - credible, engaging, relevant and of value (messaging and format) to the audiences; and
 - able to support confidence in the audience to take action.
- elicit suggestions/options for any missing information that is expected by the audiences to support them in making healthy eating choices when grocery shopping.
- elicit insights from the audiences on ways to improve the resources to make them more relevant, useful, or easy to understand.

This report presents the research findings. It includes a description of the methodology used and the detailed findings of the online focus group discussions, as well as conclusions and opportunities for improvement derived from the analysis. The working documents are appended to the report, including the recruitment screeners (Appendix A), the information sheets tested (Appendix B), and the moderator's guide (Appendix C).



Research Methodology

Target Populations for Participants

The research included two primary target audiences:

- **General public**, defined as individuals who regularly do grocery shopping or play a role in food purchasing decisions for themselves or their household, including:
 - Young adults ages 16-25 (for those aged 16-18, eligibility focused on those who had some involvement in food purchasing decisions, grocery list development, or meal planning);
 - Adults ages 26-65; and
 - Older adults ages 65+.

Within the general public sample, efforts were made to ensure representation of populations identified in Canada's dietary guidance as being at greater health risk, including people living on lower incomes or experiencing financial hardship; people living in rural areas; Indigenous Peoples; and newcomers to Canada. In addition, focus groups aimed to include individuals with a variety of sociodemographic characteristics, including gender, self-identification as a member of the 2SLGBTQI+ community, household make-up, cultural background and education level.

- **Health educators**, defined as individuals who educate or support the public on healthy eating, including registered dietitians; registered nurses; teachers; community leaders and other community-based educators. A dietitian was present in each session.

Research Approach

To achieve these objectives, a qualitative research approach was undertaken. A total of 25 online discussion groups were conducted from January 12-23, 2026.

Specifically, five sessions were held with health educators representing one in each of five regions: Atlantic Canada, Quebec, Ontario, Prairies, and British Columbia/North (Territories). For these sessions, nine individuals were recruited for each session. Of the 45 recruited individuals, 43 attended a session.

Additionally, 20 sessions were held with members from the general public in four regions: West (British Columbia and the Prairies), East (Ontario and Atlantic Canada), Quebec (including francophones from other provinces, where relevant), and North (Nunavut, Northwest Territories, and Yukon). These sessions were also segmented by age groups and level of self-perceived financial well-being, as detailed in the table below. Self-perceived financial well-being was determined through a series of self-reported questions related to participants' perceived ability to meet upcoming financial commitments and manage household expenses, including food purchases.



For these sessions, 12 individuals were recruited per session, including two designated backups to account for potential last-minute cancellations. A maximum of ten participants were included in each session. Overall, 239 individuals were recruited, and 210 attended their scheduled sessions. Of those who attended, 192 were retained as participants, as backups were thanked and released in sessions where attendance exceeded the maximum of ten participants. This resulted in a final sample size slightly below the target of 200 participants. All sessions lasted approximately 90 minutes, and participants received an incentive in appreciation for their time (\$125 for members from the general public, and \$200 for health educators).

Discussions were held in English and French (Quebec/francophone regions). For the focus groups, all participants had access to a computer or tablet, equipped with a webcam and access to high-speed internet.

The following table presents the breakdown of participation by audience, region, and language.

Breakdown of Focus Group Sessions with Members of the General Public								
Audience	Age group	North	West (BC, Prairies)	East (ON, Atlantic)	QC/ Francophones	Total Recruits (12 per group, including 2 backups)	Total Participated (goal of 10 per group)	Total Groups
		English			French			
People with self-perceived low financial well-being	Young adults (ages 16-25)		1	1	1	36	28	10
	Adults (ages 26-64)		1	1	1	36	27	
	Older adults (ages 65+)		1	1	1	36	28	
	All ages (16+)	1				11	8	
People with self-perceived sufficient financial well-being	Young adults (ages 16-25)		1	1	1	36	30	10
	Adults (ages 26-64)		1	1	1	36	31	
	Older adults (ages 65+)		1	1	1	36	30	
	All ages (16+)	1				12	10	
Total		2	6	6	6	239	192	20

Breakdown of Focus Group Sessions with Health Educators								
Target Audience	BC & North	Prairies	Ontario	Atlantic Canada	Quebec	Total Recruits (9 per group)	Total Participated	Total Groups
	English				French			
Health Educators	1	1	1	1	1	45	43	5

All participants were recruited in accordance with the Government of Canada specifications. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow-up calls to confirm the details provided, and to ensure quotas were met. All focus group participants had access to either a computer or tablet with high-speed internet and were equipped with a webcam to take part in the session.



In 16 of the 20 sessions with members of the general public and in four of the five sessions with health educators, the resources tested were emailed one to two days prior to the session, allowing participants time to review them. Health educators received all three information sheets, given their professional background and presumed familiarity with the core concepts related to health education. In contrast, members of the general public received only the first information sheet. This approach was intended to support initial discussions while avoiding biasing participants' feedback, as each information sheet was designed to build progressively on previous ones. Sharing all three sheets upfront could have skewed the general public feedback on the earlier materials.

During the focus group discussion, participants were shown two information sheets, presented in the same order. All the health educators' groups, and 17 of the 20 sessions with members from the general public were also shown a third information sheet, time permitting. After reviewing each of the first two information sheets, participants completed a short individual opinion poll about the information sheet to capture their initial reactions, and a group discussion followed. Less time was spent reviewing the third information sheet and as such, reactions were shared only during a group discussion.

Two moderators were involved in this project to accommodate the timeline and language requirements. Sessions were recorded for analysis purposes. An online chat function was also made available for group participants to use in addition to the verbal discussion, or as desired, and the inputs were considered in the analysis of findings.

Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal discussions with participants whose characteristics, habits, and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions, and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for a more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research to develop insight and direction, rather than to collect quantitatively precise data or absolute measures. As such, results are exploratory and cannot infer causation.



Research Findings

This report presents findings from discussions with members of the general public and health educators across groups. Throughout the report, relevant participants' quotes are provided to illustrate key findings. Where relevant, differences of opinions are also reported by segment, notably by region/target (East, West, Francophone, North for the general public groups, and Atlantic, Quebec, Ontario, Prairies, and West/North, for health educators), and for the general public by age group (young adults, adults, older adults, all ages), and level of self-perceived financial well-being (low and sufficient).

Engagement with Nutrition Information on Food Labels

Engagement with nutrition labels is selective and needs-driven, with individuals focusing on a limited set of key nutrients and label elements, while health educators reinforce and support these behaviours by helping clients prioritize and interpret label information.

Before reviewing the educational resources, participants in the general public sessions took part in a short introductory discussion intended to provide context for the feedback that followed. During this brief exchange, they were asked to describe their usual grocery-shopping habits, including whether and how they look at nutrition information on food labels, which elements they pay the most attention to, and how this information influences their purchasing decisions. They were also asked to identify any aspects of nutrition labelling they find confusing or difficult to understand. Health educators participated in a similar context-setting discussion, in which they were asked to describe how they typically discuss nutrition labels with clients, as well as any common challenges or points of confusion clients encounter when using food labels, based on their professional experience.

Consumer Use of Nutrition Labels

Across groups, most participants from the general public sessions reported that they look at nutritional information on food labels at least sometimes when grocery shopping. Use was typically selective rather than consistent, and more frequent when considering new or unfamiliar products or managing a health condition or dietary restriction. Very few participants rarely or never looked at nutrition labels. Some participants cited time constraints, habits, or a stronger focus on price than nutrition as key factors that guide their product choices.

When participants consulted nutrition information, attention was concentrated on a limited set of nutrients. Sugar was the most frequently cited element, commonly linked to diabetes management, weight control, or general health. Sodium was also a key focus, particularly among older adults and those managing blood pressure. Fat content, especially saturated fat, was mentioned by many, mainly in relation to heart health. Some, albeit fewer participants, also noted paying attention to protein, fibre, or calories, typically in connection with fitness goals, digestive health, or weight management.



The Nutrition Facts table was the primary source of information used by participants, most commonly to assess sugar, sodium, saturated fat, and protein, with some participants relying on grams to compare products directly. Others use percent Daily Value (%DV) as a quick reference point. The ingredient list was also consulted, particularly by participants with allergies, dietary restrictions, or a preference for less processed foods. Shorter ingredient lists and familiar ingredients were generally viewed more positively, while long or technical ingredient names often prompted avoidance.

Awareness and use of the front-of-package (FOP) nutrition symbol was low, with most participants having not noticed it yet on food products, which may be expected as it was mandated just before the fieldwork. The few participants who noticed the symbol generally understood it as a flag that a product is high in saturated fat, sugars, or sodium. They tended to use it as a quick screening tool that either discouraged purchase or prompted a closer look at other nutrition labels on the package. Many considered the symbol a helpful comparative tool when choosing between similar products. A few, however, were uncertain about its meaning, particularly about what the absence of the symbol should be interpreted to mean.

Differences across age groups, perceived financial well-being, and regions were present but not pronounced. Older adults were more likely to describe routine attention to sodium, fibre, and saturated fat, often in connection with chronic health management. Younger adults and parents more frequently emphasized sugars, protein, and specific ingredients. Participants in the self-perceived sufficient financial well-being segment described more detailed label use and product comparisons, while those in the self-perceived low financial well-being segment relied more on familiar products, price, or simple visual cues such as the FOP symbol. Participants in northern groups noted that high food prices and limited availability sometimes constrained their ability to act on nutrition information, even when they were motivated to make healthier choices.

Health Educators' Approach to Discussing Nutrition Labels with Clients

Across regions, health educators reported that nutrition labelling is a routine topic in their interactions with clients, though discussions are typically selective and tailored to individual needs rather than comprehensive. Educators most often emphasized the Nutrition Facts table, directing attention to a limited set of nutrients, particularly sodium, sugars, and saturated fat, due to their relevance to chronic disease prevention and management. Serving size was also frequently highlighted, with educators clarifying that it is a reference amount rather than a recommended portion.

The ingredient list was another key focus, especially for clients with allergies, dietary restrictions, or concerns about processed foods. Educators commonly advised clients to look at the order of ingredients, identify added sugars or sodium, and favour shorter lists with familiar ingredients. Protein and fibre were discussed, although less consistently, and tended to be raised in specific contexts, such as fitness, aging, or digestive health. The FOP nutrition symbol was mentioned as an emerging tool, generally viewed as a quick visual cue rather than a substitute for the Nutrition Facts table.

Advice on reading food labels focused on simplifying the task and building confidence. Educators typically encouraged clients to start with serving size, use the %DV (often referencing the "5% is a little, 15% is a



lot” guideline), and concentrate on a small number of nutrients aligned with their health goals. Clients were also cautioned against relying on marketing claims or package imagery alone.

Barriers

General Public

As part of the initial discussions, participants in the general public groups were asked if there was anything about nutrition labels on packaged foods they found confusing or hard to understand. A few participants in most sessions identified aspects of nutrition labels that they find hard to interpret, though this topic was generally discussed briefly and did not dominate the conversations. Confusion was not typically framed as a major barrier, but rather as a mild frustration that occasionally limits how confidently participants use nutrition information.

A commonly cited point of confusion raised by participants relates to serving sizes and portion interpretation, with a serving size often considered to be a description of a single portion. Some participants questioned how realistic serving sizes mentioned in the Nutrition Facts table are and expressed uncertainty about how to apply the information to what they actually consume. Related to this, the %DV was cited as confusing by a few participants, particularly in terms of what it is based on and how it applies across a full day of eating or to people with different health or dietary needs.

A smaller number of participants mentioned difficulty understanding or prioritizing different nutrients, such as distinguishing between types of fat or carbohydrates. Ingredient lists were also noted as challenging in some instances, mainly due to long or technical ingredient names that were difficult to interpret, rather than an inability to read the list itself.

Confusion related to the FOP nutrition symbol was mentioned less frequently. Concerns focused on uncertainty about why some products display the symbol while others do not, and what the absence of a symbol should be taken to mean.

Differences by segment were modest. Older adults were a little more likely to mention confusion around serving sizes and %DV, often in the context of managing chronic conditions. Participants in the self-perceived low financial well-being segment more often described feeling overwhelmed by label information, while those within the self-perceived sufficient financial well-being segment tended to see labels as generally understandable despite specific limitations.

Health Educators

Across regions, health educators identified several recurring challenges that limit clients’ ability to effectively use food labels, most of which support consumer feedback. The most common issue was confusion caused by the volume of information on nutrition labels, which educators reported can be overwhelming to clients and lead them to disengage or avoid labels altogether. Misunderstanding serving size was another commonly cited challenge. Educators noted that clients often interpret the listed serving size as a recommended portion or fail to adjust nutrient values when consuming more or less than one



serving. Similarly, the %DV was cited as being difficult to understand, with clients unsure what it represents or how to use it when comparing products.

Educators also reported that clients tend to focus narrowly on a single element, such as calories or sugars, rather than considering the broader nutritional profile. Difficulties interpreting the ingredient list were also reported to be common, particularly when products contain long or unfamiliar ingredient names or when branding and other package claims conflict with the nutritional content. A few educators mentioned that clients may assume that all products without the symbol are healthier than those with the symbol. Other points of client confusion were mentioned by one or two health educators, including what the advice to “limit” certain nutrients means in practical terms, and a lack of awareness of ingredient synonyms for sugars.

Although not directly related to the nutrition labelling, educators identified language, literacy, and cultural barriers as factors that further complicated label use for their clients, especially for newcomers, Indigenous clients, and older adults. Small font size was noted as an additional barrier for older clients and those with visual impairments. Less frequently mentioned, but still salient challenges reported included difficulty identifying allergens or gluten, and affordability constraints that limit clients’ ability to act on label information, even when they understand it. A small number of educators also raised concerns about the emotional impact of labels, particularly for children or clients with eating disorders, noting the potential for guilt or anxiety.

Cross-Document Insights

The three information sheets reviewed were considered as complementary resources that support progressive learning about nutrition labels, with flexibility to engage users at different entry points based on their needs.

Following this introductory discussion, participants reviewed each of the three information sheets in turn, with the materials discussed one at a time. While some feedback related to specific documents, participants also raised broader considerations about how the information sheets worked together as a set, how they might be used in real-life situations, and the extent to which the collection of resources aligned with the way consumers typically shop for groceries. The following sections summarize the key findings from these discussions.

Learning Pathways

General Public

Across focus groups with members of the general public, participants generally perceived the three information sheets as addressing related but distinct aspects of using nutrition labels, with a progression in purpose and complexity. When considered as a set, the three documents were largely viewed as complementary rather than redundant. Some participants noted that they would not necessarily use all three documents themselves but still saw value in having multiple resources available to serve different audiences or situations.



“I still do really like A. I find it gives options as well. But I think that C is probably, I guess, generally speaking, more informative. Somebody who might be new to making these choices might benefit more from more examples like C. And I like that A and C both include the picture of the [food guide] plate that tell you how much you should have of each. So you have both examples, and it also shows you sort of what your plate should look like in terms of choosing those foods for a meal.” – East; Young Adult; Low financial well-being

« Ce que je trouve bien avec la [troisième] fiche, c'est que j'ai l'impression que c'est une conclusion. Il y a des éléments de la fiche A, des éléments de la fiche B et on les retrouve ici. C'est très directif. » (“What I find good about the [third] factsheet is that I get the impression it's a conclusion. There are elements from factsheet A, elements from factsheet B, and you find them all here. It's very directive.”) – Francophone; Young Adult; Low financial well-being

At the same time, the learning pathway was not always perceived as explicit. While the progression from awareness to understanding and then to action was implicit, participants did not consistently see the documents as clearly connected or intentionally sequenced. As a result, some felt that users may encounter the resources individually rather than as part of a coherent journey, which could limit the extent to which the full learning pathway is realized.

Health Educators

Health educators also provided some insight into how the three factsheets could function together to support learning, particularly when used as a set of complementary tools rather than as standalone resources. Many implicitly framed the materials as supporting different stages of understanding, from initial awareness to practical application.

“I really like these. Like a few people said, it is a lot all at once. But I think it's very helpful. It's giving more and more information to people. So, it's like, okay, I'm confused at the beginning. Now I'm catching on a little bit more with understanding the values and now you're giving them a checklist to go grocery shopping. So, it's kind of hitting all those points. I think over time with education for clients, it could be extremely helpful.” – Health Educator; Atlantic

Across groups, educators commonly viewed Document A as an entry-level resource that introduces key concepts, particularly the FOP nutrition symbol, and helps build basic awareness without overwhelming clients. Document B was positioned as a follow-up resource, supporting deeper interpretation of nutrition information through the Nutrition Facts table and ingredient list, typically with educator guidance. Document C was most described as the most practical and action-oriented, translating label knowledge into grocery-shopping decisions through its checklist format.



Educators emphasized that the factsheets are unlikely to function as a self-directed learning sequence for most clients. Instead, their effectiveness was seen as greatest when used selectively, with educators choosing which document, or which elements within a document, to introduce based on clients' needs.

[Referring to Document B] "I would take some parts of this and explain, but not everything. It's a lot to take in for the client. But, I will break it up into my health teaching and personalize it to my clients, my patients." – Health Educator; Ontario

Considerations Among the General Public

During the review of the three information sheets, participants from the general public sessions demonstrated some understanding of the educational content but raised broader considerations about how easily that understanding could be applied in day-to-day contexts, given other considerations. Across documents, comments related to cost, access, time, and availability did not reflect confusion about the guidance itself, but rather limits on how learning could translate into practical decision-making. Participants indicated that the materials were clear in explaining what to look for and why, yet sometimes assumed ideal shopping conditions, such as having time to compare products or access to multiple affordable and available options, that do not always reflect lived experience.

"I would love to be able to make healthier choices, especially with whole foods, but [...] for example, I take a lunch to work. When I'm looking at the \$10 bag of grapes versus the \$5 box of granola bars, the grapes are going to go bad in my fridge. Probably I'm not going to get two weeks out of them as far as taking them to work. So, I'm spending more money on something that's going to last less. In that case, the only benefit [to grapes] is that it's healthier. That's not a puller for me to make that [decision]." – East; Young Adult; Low financial well-being

Many general public participants expressed a clear preference for direct, straightforward nutrition guidance, statements like "choose this," "limit that," or "aim for this", while still allowing room for flexibility. These findings highlight an important tension as some health educators noted an intentional shift toward more nuanced messaging to avoid interpretive shame or rigid "good/bad food" thinking, yet the public continues to ask for brief, concrete guidance they can easily apply in their daily routines. This underscores the need to strike a balance between clarity and nonjudgmental communication in our messaging.

Participants in the low financial well-being segment and those in northern regions were more likely to note that while the guidance was understandable, its usefulness depended on whether it acknowledged trade-offs, limited choice, or higher prices. Time pressures also emerged as a consideration in a few sessions across regions, with participants noting that comprehension alone does not ensure use if applying the guidance feels too demanding in fast-paced shopping situations. Cultural considerations surfaced primarily in relation to ingredient interpretation, with participants highlighting the need for content that makes it easier to verify ingredient suitability based on their own cultural, religious, or dietary practices.



Document A: Understanding the front-of-package nutrition symbol | Making food choices using the front-of-package nutrition symbol and Canada's food guide

Document A was viewed as a clear and accessible entry-level resource that effectively introduces the front-of-package nutrition symbol as a quick screening tool, supporting awareness and prioritization while working best as a starting point rather than a comprehensive guide.

Overall Reactions and Perceived Value

Document A was most often understood as an entry point. It introduced the FOP nutrition symbol and positioned it as a simple, high-level cue to support quicker decisions, particularly for those who do not routinely read full labels or who feel less confident interpreting detailed information. Participants tended to view this document as accessible and easy to engage with. In this sense, Document A was seen as helping users notice and pause, rather than fully analyze.

An individual poll was administered to participants immediately after reviewing the information sheet, and prior to the group discussion, to assess initial perceptions. Note that these results should be interpreted with caution, given the qualitative nature of the study. Across audiences, nearly all participants believed that the information in Document A was completely or mostly easy to understand, and that the title related to the information in the information sheet. A strong majority also thought that the information would help them (or educators' clients) make healthier food choices and feel more confident using nutrition food labels. Opinions were fairly consistent between members of the general public and health educators, as well as across consumer segments. Support for Document A was strong across both financial well-being segments. Participants in the low financial well-being segment were marginally more likely to say the information helped them feel more confident using nutrition labels, although this difference was small.

The poll also included an exercise to help determine if the instructions provided in Document A were easily applicable. Participants were shown three food packages with different nutrition labels, and asked which ones would be the better choice if they wanted to eat less saturated fat, sugars, and sodium. Across educators and participants in the general public groups, about three-quarters chose the correct response. Looking at the consumer segment, results are fairly consistent across regions and based on the perceived level of financial well-being. A difference is, however, noted by age group, with only about half of older adults having selected the correct response, compared to the vast majority of adults and young adults.

General Public

Overall, participants from the general public groups perceived Document A to be generally clear and easy to understand, particularly as an introductory resource. Many described the document as accessible and straightforward, noting that it explained the purpose of the FOP nutrition symbol. The tone and



presentation were broadly seen as credible and aligned with expectations of government health information.

"I think that the label is telling consumers that this product has high saturated fat, sugar, sodium, or all of them. And if a similar product doesn't have the label, then it's less in those nutrients." – East; Young Adult; Low financial well-being

Differences by segment were modest but consistent. Older adults and participants managing health conditions tended to view the document as a useful reinforcement of existing knowledge, while younger adults and those in the low financial well-being segment more often described it as helpful for building baseline understanding. Across regions, perceptions of clarity and credibility were largely consistent.

Health Educators

Overall, health educators viewed this information sheet as a clear and accessible introductory resource, particularly well-suited to audiences with limited nutrition literacy or those who may feel overwhelmed by detailed nutrition information. Educators generally described the document as credible and aligned with existing public health guidance, noting consistency and integration with Canada's food guide and established messaging around sodium, sugars, and saturated fat. Several indicated that the tone and content felt appropriate for general audiences and vulnerable clients, including older adults and individuals managing chronic conditions.

"I feel like it does fill a bit of a gap for me. I found when I was doing outpatient counselling, it was really hard to find resources to share with patients that focused on saturated and sodium [and] that weren't really specific to heart disease and things like that. And I found [my patients] would just harp on the fact that they didn't have heart disease if you did use those resources. So, it's nice to have something that is more generalized." – Health Educator; Atlantic

While most participants perceived the document as relevant and of value, its value was often framed as context dependent. Educators emphasized that Document A is most useful as a starting point or conversation opener, rather than as a comprehensive educational tool on its own. A small number expressed reservations about its standalone usefulness for clients who already have higher nutrition knowledge.

"As a standalone document, I don't think it goes into [details] enough. And I know that that's what the other documents are going to build on. So, of the three, like I have reviewed them already prior to this [focus group], of the three, this would probably be the least helpful, I think. But as a package, they do go well together." – Health Educator; BC/North



Key Takeaways

General Public

The primary takeaway from Document A was that the FOP nutrition symbol is intended as an indicator, highlighting foods that are high in saturated fat, sugars, and/or sodium. Most participants from the general public sessions understood that the symbol is not meant to provide a full nutritional assessment, but rather as a shortcut to quickly identify products high in nutrients of concern. Participants also understood from the document that the FOP symbol is designed to support faster decision-making, particularly in situations where time or attention is limited.

“I think the key message would be to try to limit the intake of foods that have that symbol on them and try to keep them in moderation.” – East; Young Adult; Sufficient financial well-being

Participants generally grasped the overall purpose of the FOP symbol, as explained in Document A, and many articulated that the symbol is positioned as a tool that works alongside, rather than replacing, the Nutrition Facts table and ingredient list. They understood that the symbol functions as a screening tool, and that when it is absent, consumers should consult the Nutrition Facts table and ingredient list for more information. As such, a few participants mentioned that they may primarily rely on the FOP nutrition symbol when pressed for time while grocery shopping, using it as a shortcut to identify potentially healthier products.

“If you want to read the back label to get more information on what the ingredients are and if it’s high sodium, then you can go ahead and do that. But I like that [the FOP symbol] is just there for me so I don’t have to read the [other] labels.” – West; Adult; Low financial well-being

However, some were less confident about how to apply it consistently when grocery shopping. Questions frequently arose about what specifically triggers the use of the symbol, with participants expressing interest in clearer information about thresholds, such as how much sugar, sodium, or saturated fat results in the symbol being displayed.

“I would appreciate knowing exactly how much is high in saturated fats and sugars just to know how much in case some products don’t have the front-of-package symbol.” – East; Young Adult; Sufficient financial well-being

There was also some uncertainty about how to interpret the absence of the FOP symbol. Despite wording intended to clarify this point, some participants would instinctively interpret the absence of the symbol as an indication that a product was “better” or “healthier,” or that it did not contain concerning nutrients in meaningful amounts.

When asked what the food items listed at Step 2 had in common, most participants described them as healthy foods that are minimally processed or unprocessed. Participants also referred to these items as



whole or natural foods, emphasizing that they are close to their natural state. A smaller number of participants further noted that these foods would likely contain little to no added sugars, salt, or fat.

Health Educators

Health educators also reported that one of the primary messages communicated by Document A is that the FOP symbol serves as a quick signal to identify foods high in sodium, sugars, and/or saturated fat. Educators felt the document clearly conveyed that the symbol is intended to support limiting, not eliminating, these foods. Another key understanding was that the symbol is meant to function as a first screening tool, supported by additional information in the Nutrition Facts table rather than replacing it. Several educators highlighted that the step-based framing helped reinforce this idea.

“The main message basically is, essentially, there's a front-of-package nutrition label. And if you want to be mindful of saturated fats, sugars, and sodium, then you will find that information on that label. That doesn't necessarily mean that foods that are high in sodium and sugars will always be labelled. If you want to take a deeper look, then you could take a look on the side. And then there's also, if you want to be mindful of those things, here are a list of nutritional choices you can make. So, kind of just making it very clear for those that want to be mindful of saturated fats, sugars, and sodium.” – Health Educator; Prairies

Some educators also noted that while the document communicated that foods without the symbol are not automatically healthier, this point was seen as potentially less clearly understood by clients, and as such, a few educators believed that it may require additional explanation.

What Works Well

General Public

Participants consistently identified the document's ability to explain the purpose of the FOP symbol simply as one of the strongest features of Document A. The use of examples and straightforward language helped reinforce understanding of what the symbol means and how it should be used. Another key strength was the document's focus on prioritization. Participants appreciated that it directs attention to a limited number of nutrients that are widely recognized as over-consumed, which helped them feel more confident about what to focus on when looking at nutrition labelling. This was particularly valued by participants who find nutrition labels overwhelming or confusing. From a learning perspective, Document A was seen as effective at establishing a shared baseline understanding, making it suitable as an entry-level resource that can support broader public education efforts.

The following provides an overview of the strengths related to clarity, ease of understanding, and the document's ability to support learning that participants identified:



Most Common Mentions:

- **Explains the purpose of the FOP symbol clearly and simply:** participants consistently said the document made it easy to understand what the symbol is for, without needing prior knowledge.
- **Reduces cognitive load / avoids overcomplication:** the document was seen as quick to read, and not overwhelming.
- **Helps users prioritize what matters most:** participants valued that the document narrows focus to a small set of nutrients (saturated fat, sugars, sodium).
- **Supports quick interpretation and time-pressed decision-making:** the document was seen as highlighting tools (e.g., FOP symbol) that support quick food selection.
- **Uses plain language and straightforward explanations:** the tone and wording were often described as easy to follow and accessible.

Less Frequent Mentions:

- **Works well as an entry-level or introductory resource:** often framed as good for people who don't usually read labels or a starting point.
- **Credible and trustworthy source of information:** participants noted that the document felt official, neutral, and aligned with expectations of government health guidance.
- **Helps normalize looking beyond marketing claims:** some participants noted that the document reinforced the idea of looking for objective signals rather than package marketing.

Health Educators

Similarly to consumer feedback, health educators most often described Document A as effective because of how it introduces and explains the FOP symbol. The document was seen as performing well as an educational aid, particularly by clearly articulating the symbol's purpose, setting appropriate expectations for its use, and framing it as one part of a broader decision-making process relative to other considerations and dietary guidance. Educators emphasized that the document's strength lies in its clarity of explanation, focused scope, and structured presentation, which help support understanding among clients who may otherwise struggle to interpret nutrition information.

"I like that everything that's really, really important is bolded, larger font. [...] So, you know, people who might be daunted by reading or at a lower level, you can get pretty much all the main information across pretty quickly without having to go into full details. But then as a teacher, it's nice to have all that full detail that I can go into." – Health Educator; Atlantic

"Overall, I thought it was interesting because I don't think there's really any handouts or help for educators around this particular [FOP] symbol on the package. And it can be confusing. I see patients kind of thinking it's more like marketing because there's all these other programs such as the health check and such. So, I think this is helpful." – Health Educator; BC/North



“I like that it has the steps there, like step one, limit food, step two. So, it kind of gives you what you need to do when you're looking at selecting some kind of food [...] with those kinds of labeling.” – Health Educator; Prairies

When reviewing Document A, educators highlighted several strengths related to clarity, ease of understanding, and the document’s ability to support early learning:

Most Common Mentions:

- **Clearly explains what the FOP symbol means and how it should be used:** educators consistently noted that the document may help clients understand the intent of the symbol, including what it signals and how it fits into food-choice decisions.
- **Keeps the message focused and manageable:** the document was described as deliberately, and appropriately narrow in scope, which educators felt helped avoid confusion and made it easier to introduce the topic without overwhelming clients.
- **Uses plain language and step-based structure:** the use of straightforward wording and a simple, sequential layout was seen as supporting comprehension, particularly for clients with lower nutrition literacy.

Less Frequent Mentions, while Notable:

- **Provides concrete examples that reinforce the explanation:** some educators noted that the food examples help translate abstract concepts into more tangible guidance.
- **Aligns with existing public health messaging:** a smaller number of participants pointed out that the document’s tone and content are consistent with Canada’s food guide, which supports credibility and coherence in education sessions.

Opportunities for Improvement

General Public

While overall comprehension was good, participants identified several areas where Document A could be improved to better support informed decision-making. Participants raised questions about how thresholds are applied. They were also uncertain of how the absence of the symbol should be interpreted. Although the document includes a statement clarifying that a product without the symbol is not necessarily low in nutrients of concern participants’ reactions to this wording suggested it did not fully resolve uncertainty. When prompted by moderators, many acknowledged the statement but described it as easy to overlook, difficult to apply in practice, or vague and insufficient to counter their instinctive assumption that a product without the symbol is a better or healthier option. In addition, the combination of this statement along with the information on why some foods do not need to display a symbol, collectively contributed to uncertainty about how to interpret the absence of the symbol, which limited confidence in using the symbol on its own.



Additionally, a few participants suggested that the document could do more to clarify how the FOP symbol should be used in combination with other label elements, particularly for people who want to move beyond the initial symbol and make more nuanced comparisons. A small number of participants also noted that additional examples or visual cues could help reinforce learning for audiences with lower literacy or less familiarity with nutrition concepts. These suggestions were framed not as criticisms of the document's clarity, but as ways to strengthen its instructional role, particularly for users who rely on nutrition labelling to guide choices.

During review of Document A, participants offered several suggestions for how the information could be strengthened to better support confident and informed use of nutrition labels:

Most Common Mentions:

- **Provide clearer explanations of the criteria used to apply the FOP symbol:** participants suggested that the document explain more explicitly how high a product must be in saturated fat, sugars, or sodium for the symbol to appear (e.g., thresholds).
- **Explain more clearly what the absence of the FOP symbol means:** participants suggested that the document more directly address common assumptions about products without the symbol and clarify how these products should be interpreted. Specific suggestions included to increase the prominence of the statement "If the food product doesn't have the symbol, it does not mean the product is low in these nutrients," more explicitly explain what to do when there is no symbol (e.g., when there is no symbol, look at the other nutrition labels). The relationship between "no symbol" and the instruction to "use the nutrition facts table to choose foods lower in saturated fat, sugars, and sodium" was not always clear.
- **Provide clearer explanations for exceptions or unexpected cases:** some participants suggested explaining why some products they expected to carry the symbol do not (e.g., falling below the thresholds, absence does not mean the product is low in the nutrients of concern, provide examples of products perceived as unhealthy that may not have an FOP symbol beyond the list of exceptions).
- **Clarify that the FOP symbol is applied consistently and is not voluntarily:** some participants suggested that the document explicitly state whether manufacturers have any discretion in displaying the symbol.
- **Offer clearer guidance on how to use the FOP symbol together with the Nutrition Facts table:** some participants suggested that the document spell out when the symbol alone may be sufficient and when consumers should look further into the Nutrition Facts table. These comments were offered at a stage when participants had only reviewed the first information sheet and had not yet seen subsequent materials that provided more detailed guidance on how to use the symbol.
- **Include more concrete examples to show how the symbol can be used when shopping:** some suggestions included side-by-side product comparisons or grocery examples to reinforce application. It is worth noting that these suggestions were made before participants were exposed to later information sheets that expanded on practical use and interpretation.

**Less Frequent Mentions, while Notable:**

- **Add additional visual cues to reinforce key messages:** suggested by a few as helpful to capture attention and highlight important messages (e.g., colour, contrast, callouts, icons).
- **Include a summary or key reminders:** a few participants suggested a short recap to reinforce how the symbol should be used.
- **Clarify how the FOP symbol aligns with Canada’s food guide:** suggested by a few as helpful contextual information, though not essential for understanding, notably in terms of the symbol being another way to identify healthier foods that align with recommendations from Canada’s food guide.
- **Broaden or diversify the food examples listed in Step 2 to better reflect different dietary realities:** a few participants suggested that the list could be expanded to include alternatives that reflect cultural food practices (e.g., different grains), dietary preferences (e.g., non-dairy beverages), and regional realities, but also recognized that one definitive list may not work for all in all cases.

Health Educators

While educators generally viewed Document A as a useful introductory resource, they identified several ways in which the content and presentation of the document itself could be strengthened to better support understanding and reduce the need for additional explanation. Suggested improvements focused primarily on clarifying key messages, refining language, and strengthening how the document frames the intended use of the FOP symbol.

“My only question is, what's the threshold that a product needs to have in order for this [FOP] symbol to pop up. This is something I would be curious about. But I like data, so I don't know if that's something that would apply for everyone, but that might be nice in fine print at the bottom. If it surpasses this level, then you're going to get [the FOP symbol].” – Health Educator; Atlantic

When reviewing Document A, educators identified the following opportunities for improvement from their perspective, many of which support consumer feedback:

Most Common Mentions:

- **More clearly explain how to interpret foods that do not display the FOP symbol:** educators noted that the document could place greater emphasis on clarifying that the absence of the symbol does not automatically indicate a healthier choice, and additional guidance within the document could help prevent misinterpretation.
- **Strengthen explanations of what “high” means in practical terms:** some educators felt that the document could more clearly connect the concept of “high” to information in the Nutrition Facts table, helping audiences better understand how the symbol relates to nutrient levels without requiring educator intervention.

**Less Frequent Mention, while Notable:**

- **Simplify or replace abstract or technical wording:** a small number of educators indicated that terms such as “health protection benefits” or “redundant” may be difficult for some audiences to interpret and suggested using more concrete or plain-language alternatives.

Document B: Make food choices using food labels

Document B was viewed as a valuable interpretive resource that builds confidence in using the three nutrition labels deliberately, supporting more informed food product comparisons.

Overall Reactions and Perceived Value

Document B was perceived as the next step, shifting the focus from awareness to interpretation. Participants described it as providing more detailed guidance on how to use the Nutrition Facts table and ingredient list to compare products and make informed choices. Compared to Document A, this sheet was seen as requiring greater attention and cognitive effort. For many participants, Document B filled a knowledge gap by explaining how different pieces of label information fit together, rather than presenting them in isolation.

An individual poll was administered to participants immediately after reviewing the information sheet, and prior to the group discussion, to assess initial perceptions. Note that these results should be interpreted with caution, given the qualitative nature of the study. Across audiences, nearly all participants believe that the information in Document B is completely or mostly easy to understand, that the title relates to the information in the information sheet, and that the information would help them (or their clients) make food choices. A strong majority also thinks that the information would help them (or educators’ clients) feel more confident using nutrition food labels. While opinions were generally consistent between consumers and health educators, the latter group was slightly more critical of the documents’ ease of understanding, clarity, and perceived ability to build consumer confidence in using nutrition labels. However, these differences were minimal. There are no notable differences of opinions across consumer segments.

The poll also included an exercise to help determine if the instructions provided in Document B were easily applicable. First, participants were asked if having the word “sugar” in the list of ingredients meant that sugar has been added. Across both audiences, at least eight in ten correctly believed this was the case. Across consumer segments, participants in the Western region, as well as adults and young adults, were slightly more likely to provide the correct response. Slightly lower proportions provided correct responses among francophone groups and older adults, though correct understanding remained very high overall.

A second comprehension exercise was conducted by polling participants. They were shown three packages of crackers with each having different nutrition labels and asked which one is the healthier choice based on the label nutrition information. Across audiences and segments, at least nine in ten



provided the correct response, suggesting that the documents' instructions on how to use the nutrition labels together is well understood.

General Public

Overall, participants from the general public sessions generally perceived Document B as clear, credible, and informative, though more demanding than Document A in terms of attention and effort. Many described the document as useful for explaining how to interpret nutrition labels in more detail, particularly the Nutrition Facts table and ingredients list.

The perceived value of Document B varied more by segment than for Document A. Participants who already use nutrition labels or who manage health conditions often found the document reinforcing and clarifying, rather than entirely new. For participants in the self-perceived low financial well-being segment or those less familiar with nutrition labels, the document was seen as informative but sometimes dense, requiring more time to process. Despite this, most participants felt that the document could support learning if users are motivated to engage with it.

"It won't overly change the way I go about my grocery shopping week to week, but a few little tidbits I picked up, like the thing on the sugars that we mentioned before. I guess it just gives me a better idea when I am reading the labels." – East; Adult; Low financial well-being

« Quand je vais aller à l'épicerie, tout ce qui va passer dans mon panier je vais vérifier s'il y a trop de sucre ou de sodium. Grâce à ça [les fiches], ça va changer beaucoup. [Je vais plus regarder] l'étiquette de sucre et sodium [devant de l'emballage]. » (When I go grocery shopping, everything that goes into my cart, I'm going to check whether there's too much sugar or sodium. Thanks to this [the fact sheets], that's going to change things a lot. [I'm going to pay more attention to] the sugar and sodium label [on the front-of-package label].) – Francophone; Young Adult; Low financial well-being

Health Educators

Health educators' reactions to Document B reflected both recognition of its educational value and caution about its accessibility. While many viewed the document as credible and aligned with established approaches to teaching nutrition label use, particularly for understanding the Nutrition Facts table and %DV, they sometimes noted that its density and volume of information could be challenging for clients to navigate independently. As a result, educators more often described Document B as a resource best used with guidance or selective explanation, rather than as a stand-alone tool for most audiences.

"The diagram highlighting the different daily values and the serving sizes and all that [grabbed my attention]. I've seen a lot of dietitians make their own version of that. So, it's definitely something that I think will be used in that setting anyways. It's really helpful. It highlights all the important points." – Health Educator; Atlantic



"I like this one a lot. The information in step two is very detailed, and it goes through some details that I would go over individually with clients. And I like how it's emphasizing the whole grain, having the sugars there." – Health Educator; Prairies

Key Takeaways

General Public

The main takeaway from Document B was an improved understanding of how to read and interpret different parts of food labels together, rather than in isolation, to assess nutrients of concern and compare similar products more confidently. Many viewed the document as moving beyond quick screening, supporting more deliberate and informed decision-making when choosing between options. Participants also indicated that the information sheet helped them understand that the front-of-package nutrition symbol is intended as an initial screening cue, and that the absence of the symbol signals when to look more closely at the back of the package and consult the Nutrition Facts table and ingredient list for more detailed information.

A particularly strong and top-of-mind takeaway was the 5% and 15% Daily Value guidance, described by many participants as a practical rule of thumb that made %DV easier to use when grocery shopping. Some saw the information as a good reminder, while this was new to a few participants. Participants felt this guidance helped them quickly determine whether a nutrient amount should be considered "a little" or "a lot."

"It's pretty self-explanatory. I do like on the third [step] where it says the 'what's [a little] and what's [a lot]'. It gives you a general idea on what to look for." – West; Adult; Low financial well-being

"In terms of general feedback, I found this very, very helpful because I did learn how to use the whole nutrition facts as like a system. I didn't know that 5% or less was a little or 15% or more was a lot." – East; Young Adult; Low financial well-being

Participants also reported improved understanding of how to use the ingredient list, particularly the explanation that ingredients are listed by weight from most to least. For some, this was new information; for others, it served as a helpful reminder that increased confidence and reduced time spent scanning long lists. Several participants noted they would now pay closer attention to sugars appearing near the top of the list as a warning sign, while a smaller number also described using the position of whole or whole-grain ingredients as a positive cue.

"It tells you everything that you need to know. I really like that it said, 'the list of ingredients shows what ingredients are in a food by weight listed from most to the least.' I feel like a lot of people don't know that. And that's good information to have to know that it's telling you what comes first, what's most in the product. I like that it showed 'check if sugars are listed,' and if it is that it's been added." – East; Young Adult; Low financial well-being



The message on added sugar seemed well understood, with participants recognizing that when sugars were listed, they were added. It was also understood that foods with added sugars should be limited. However, there was less clarity around whether some added sugars are better for your health than others (e.g., cane sugar versus honey). Some questions also remained regarding the clarity of the key message related to sugar substitutes.

“The takeaway that I'm getting is just to definitely limit the amount of sugars and that if you see it anywhere on that list, then it's been added to it. It's not a natural occurring sugar in the product.” – West; Adult; Low financial well-being

“Just the phrasing [Be mindful of food and drinks made with sugar substitutes.... They are assessed for safety, but not necessarily for healthy eating. Choose unsweetened food and drinks] makes it sound like they're saying I should avoid stuff with stevia, even though they're saying they're safe and they're fine, but they're not necessary. But it feels like [they are saying to] avoid that.” – East; Young Adult; Low financial well-being

Most participants inferred, based on the information provided under Step 2 and their prior knowledge, that processed foods would typically have longer ingredient lists. These were often described as including unfamiliar or difficult-to-pronounce ingredients, as well as fillers, artificial colouring, and preservatives. As such, looking for wholesome or natural ingredients listed on the list, especially if they appear first, was seen as a good way to identify minimally processed foods. The concepts of ultra-processed and highly processed foods were generally unfamiliar to participants; however, when mentioned, they were assumed to refer to foods that are processed to an even greater extent.

“If your ingredient has been, has had work done to it to be part of this ingredient, the more times that the item is touched, the more processed it is, the more hands that touch it. So ultra processed means everything's been touched in my mind anyway.” – West; Adult; Sufficient financial well-being

“[To determine if a food is minimally processed,] I would look for whole grains or plain versions of ingredients and not something extract or something substitute.” – East; Young Adult; Low financial well-being

Document B also helped clarify aspects of serving size interpretation, with a few participants noting a better understanding that serving size is not a recommendation for how much to eat, but a reference point for comparison. At the same time, a smaller number of participants indicated that applying this understanding in practice, particularly when comparing products with different serving sizes or adjusting percent Daily Value, could still feel challenging and require additional calculation effort.

“I thought that serving size was the recommended serving size that you're supposed to eat. I guess it turns out it's not. So that's the thing I learned.” – West; Adult; Sufficient financial well-being



When asked about wording, participants did not express a clear consensus between “list of ingredients” and “ingredient list.” Preferences were mixed within groups, with some finding “list of ingredients” more natural or familiar, while others preferred the shorter “ingredient list.” Many participants indicated the distinction was not important, noting that either phrasing was clear as long as the term “ingredients” was used.

Health Educators

Educators generally felt that Document B communicates several core messages effectively. The primary takeaway was that food labels are valuable when read systematically, using multiple components together rather than relying on a single element. The document reinforced the idea that the FOP symbol, ingredient list, and Nutrition Facts table each play a role in informed decision-making.

“I think we're getting an actual explanation of the new label and its connection to the panel, the nutrition facts label. I think it makes those two come together.” – Health Educator; BC/North

Another key understanding was the importance of %DV as a practical tool for comparison. Educators highlighted the “5% is a little, 15% is a lot” guidance as one of the clearest messages, helping clients assess whether a food has a lot of a little of certain nutrients. The explanation that serving size is a reference amount, not a recommended portion, was also identified as an important takeaway.

« Cette fiche-là est très utile pour expliquer le tableau de la valeur nutritive. » (This sheet is very useful for explaining the Nutrition Facts table.) – Health Educator; Quebec

“I'd use it as a supplement to that counseling. Even if you were trying to educate someone on choosing higher fibre choices, you could still use that tool with the 5% is a little, 15% is a lot. You would just focus more on looking at the higher end versus the lower end.” – Health Educator; Atlantic

Some educators noted that the document also conveys that ingredient lists provide insight into extent of food processing and added sugars, although this message was seen as more difficult for clients to absorb without explanation. It requires that users interpret concepts such as processing, ingredient hierarchy, and unknown sources of sugars, which some educators thought may be difficult for some people. As a result, it may require verbal clarification, examples, or adaptation during counselling or teaching sessions.

What Works Well

General Public

Participants frequently identified the explanatory nature of Document B as its strongest feature. The document was seen as effective at breaking down the Nutrition Facts table and ingredient list into manageable components and clearly explaining what each part is meant to convey. Participants appreciated that the document did not assume prior knowledge and helped connect different label



elements to practical food choices (e.g., milk example). Further, the specific advice provided, notably the 5% and 15% DV and the ingredient listing in order by weight, was felt to be clear and actionable.

“I do like that on the second page that they actually say 5% or less is a little, 15% or more is a lot.” – West; Adult; Low financial well-being

Another strength mentioned by some was the document’s step-by-step approach to comparison and prioritization, which aligned well with how participants described their shopping habits. By showing how to move from initial screening to comparison and decision-making, and on which nutrients to focus, the document helped some participants feel more confident using label information beyond simply avoiding high values.

During the review of Document B, participants identified several strengths related to clarity, ease of understanding, and the document’s ability to support learning:

Most Common Mentions:

- **Clear, step-by-step explanation of how to use food labels:** participants described the document as instructional and practical, rather than abstract.
- **Effective breakdown of the Nutrition Facts table:** often described as making the table “less intimidating” or easier to understand.
- **5% and 15% Daily Value rule as a practical tool:** described by many as memorable, usable, and confidence-building.
- **Supports comparison between similar products:** participants felt more capable of choosing between options rather than defaulting to one cue.
- **Clear explanation of ingredient list order (by weight):** helped some participants scan more efficiently and identify sugars or other ingredients of concern.
- **Does not assume prior nutrition knowledge:** seen by some as accessible for people with varying levels of familiarity.
- **Builds confidence in using labels:** some participants described feeling more capable or less overwhelmed after reviewing the document.

Less Frequent Mentions, while Notable:

- **Useful as a reference or take-home resource:** a few mentioned how the document could be kept and revisited over time, allowing users to reinforce learning.
- **Helps challenge surface cues or marketing claims:** a few indicated that the document encouraged them to look beyond package marketing claims or branding and instead rely on the nutritional labels.



Health Educators

Health educators described Document B as strongest in its comprehensiveness and instructional intent, particularly in how it brings together different label components and explains their roles. The document was seen as doing a good job of outlining what to look for on food labels and how different pieces of information relate to one another, especially when educators can walk clients through the content step by step. Additionally, the clear and structured visual design (e.g., steps, boxes, colours, and bullet points) helped present a large volume of information in a way that was easier to absorb.

“I like the steps; step one, step two, step three.” – Health Educator; BC/North

“I liked that everything was highlighted because I thought that drew attention to what was necessary. And, you know, most people, they're probably going to look through it and just like, yeah, I don't know what they're talking about and just disregard. But if it's highlighted, it really draws the attention.” – Health Educator; Atlantic

When reviewing Document B, educators highlighted the following strengths related to the document's content and structure:

Most Common Mentions:

- **Clearly explains how to use the %DV:** educators consistently pointed to the “5% is a little, 15% is a lot” explanation as a clear and teachable element that supports comparison across products.
- **Highlights the role of serving size:** the document was seen as effective in reinforcing that nutrient values are based on serving size and that this is not a recommendation for how much to eat.
- **Integrates multiple label elements:** educators appreciated that the document encourages users to consider the FOP symbol, Nutrition Facts table, and ingredient list together rather than in isolation.

Less Frequent Mentions, while Notable:

- **Visual examples support explanation:** a few educators noted that the inclusion of sample labels and visual cues helps anchor abstract concepts.
- **Useful as a teaching reference:** a small number described the document as helpful for educators themselves, even if not shared directly with clients.

Opportunities for Improvement

General Public

Despite generally positive reactions, participants identified several opportunities to strengthen Document B. Some felt that the document was text-heavy, noting that while the information was generally clear, it required time and attention to process.



« Je trouve que c'est des informations très intéressantes et pertinentes et bien expliquées, mais c'est juste qu'il y a comme beaucoup de texte, puis j'ai l'impression qu'il y aurait moyen de l'imager autrement pour faire ressortir les points importants comme par exemple le 5%, 15%. Je pense qu'il y aurait moyen, mettons, de jouer avec des couleurs ou de les faire ressortir ou de mettre comme des symboles vers rouge pour attirer l'œil plus facilement parce que là il faut vraiment comme prendre le temps de lire tout, tout, tout le texte pour bien comprendre. » (I find that the information is very interesting, relevant, and well explained, but it's just that there is a lot of text, and I feel like there could be a way to illustrate it differently to make the key points stand out, like for example the 5% and 15%. I think there could be a way, say, to play with colours or to make them stand out or to use symbols in red to catch the eye more easily, because as it is now, you really have to take the time to read all of the text to fully understand.) – Francophone; Adult; Sufficient financial well-being

Some participants also expressed uncertainty about how much information is “enough” to make a decision, especially when different nutrients appear to conflict (for example, a product that is lower in sugars, but higher in sodium). While the document helped clarify how to interpret label information, a few participants noted that additional clear and directive guidance on prioritization could improve their confidence in using nutrition labels. A smaller number of participants wanted additional clarification around serving sizes and %DV, noting that these concepts, while somewhat well explained, could still be challenging to apply consistently when comparing products. Yet, a few would like to know the thresholds that are considered in labelling a product on the FOP as being high in a specific nutrient.

“When it says, ‘high in saturated fat’, what is the threshold exactly? I didn't really understand. I get it's high, but what is the threshold?” – East; Adult; Sufficient financial well-being

“For the ‘a little and a lot,’ why isn't there a scale, just like a range to show me a little and a lot, but also have it extend past the benchmark to tell me that, yeah, some foods exceed the 15%, but anything above that is a lot.” – West; Young Adult; Low financial well-being

The information sheet encourages readers to consult all three nutrition labels, and its step-by-step structure led some participants to interpret it as guidance on how to read nutritional information on any product. In some cases, participants understood the advice as a sequence: first looking at the FOP symbol, then reviewing the list of ingredients, and finally examining the detailed information on the Nutritional Facts table. As such, using labels from three different products to illustrate how to use each label caused some confusion.

Reinforcing that sugars listed in the ingredient list are added, even when they come from sources such as honey or maple syrup, led some participants to reassess how they interpret “natural” sugars and front-of-package marketing claims. This reassessment left many with the impression that there were “better” sugars, such as honey and maple syrup. Additionally, the information on sugar substitutes left participants



questioning their belief that some are better than others. Some participants also interpreted this information as suggesting that choosing “natural” sugars, such as honey or maple syrup, was a healthier alternative to other sweeteners, despite this not being the intent of the factsheet. Further, the information about sugar substitutes left some participants puzzled, as they did not originally view all sugar substitutes as equal, and it was also noted that some sweeteners are not in fact safe for all, including animals.

“The bullet point of being mindful of food with sugar substitutes. I'm a little confused on what it means by ‘they're assessed for safety but not needed for healthy’.” – East; Adult; Low financial well-being

« Il y a un petit point qui m'avait chicoté, c'est au niveau des sucres. Quand ils mettent ‘faites attention aux substituts de sucres’, puis là ils les mettent tous sur le même pied d'égalité, alors que moi je considère qu'il y en a certains là-dedans qui sont vraiment à éviter alors que d'autres sont beaucoup plus inoffensifs. » (There was a small point that bothered me, and it was about sugars. When they say ‘pay attention to sugar substitutes,’ and then they put them all on the same level, whereas I personally think that there are some in there that really should be avoided, while others are much more harmless.) – Francophone; Adult; Low financial well-being

During review of Document B, participants offered several suggestions for how the information could be strengthened:

Most Common Mentions:

- **Reduce text and streamline information to improve quick reference:** some participants suggested that the document could be lighter and easier to scan, particularly for use in the grocery store, while retaining the core explanations.
- **Provide clearer guidance on how much information is sufficient to make a decision:** some participants wanted more direction on when they could stop reading and feel confident in their choice, especially when nutrients appeared to conflict.
- **Strengthen visual hierarchy or cues to highlight key points:** suggestions from some participants included clearer visual emphasis on the most important messages to help users focus quickly.
- **Provide more concrete examples to reinforce application:** some participants suggested examples showing how to apply the guidance when comparing similar products. This could be done by showing the different labels for the same product.

Less Frequent Mentions, while Notable:

- **Clarify serving size interpretation further:** a few participants wanted additional reinforcement that serving size is a reference point rather than a recommendation.
- **Provide additional support for using %DV in comparisons:** a few participants noted that while the 5% and 15% guidance was helpful, applying %DV still required practice.



- **Clarify why label information seems to conflict:** a few participants were under the impression that all three labels referred to the same product and thus were confused when the warnings did not match the nutrient levels.
- **Place greater focus on positive nutrients:** a few participants felt that, while it is helpful to recommend limiting less desirable nutrients such as sugars, sodium, and saturated fat by aiming for 5% DV or less, the guidance should also indicate which beneficial nutrients should be higher (e.g., 15% DV or more). Participants suggested examples such as calcium, protein, fibre, vitamins, and minerals, noting that this distinction may not be widely understood.

Health Educators

Educators identified several opportunities to improve Document B, most of which related to information density, clarity, and cognitive load. Suggestions focused on how the document presents information, rather than on the content of nutrition labelling itself.

“In step two, I find some of it a little bit wordy. I was looking at the added sugar part. The second bullet, the added sugar part and being mindful of foods and drinks made with sugar substitutes. I wonder if that could just be shortened down to just, limit foods and drinks made with sugar substitutes.” – Health Educator; BC/North

When discussing Document B, educators identified the following areas for improvement:

Most Common Mentions:

- **Reduce information overload:** many educators felt the document includes too much information at once, which could overwhelm clients, particularly those with lower literacy or limited experience reading labels.
- **Simplify or streamline Step 2 (ingredient list guidance):** educators frequently described this section as confusing or overly wordy, noting that it may be difficult for clients to follow without support.

Less Frequent Mentions:

- **Clarify language around sugars and substitutes:** a few educators felt the discussion of added sugars and sugar substitutes could be clearer or more focused, notably by rewording the statement around being mindful of foods and drinks made with sugar substitutes, or around the role or place of sugar substitutes (such as stevia), which are sometimes recommended to diabetic clients.
- **Improve consistency and flow:** some participants noted that examples and concepts (e.g., milk example when showing granola bar label) could be more tightly aligned to avoid confusion. This includes ensuring that all three labels refer to the same product. A few would like the product identified, so it is clear what the labels are referring to (e.g., this is an example of a nutrition label that would be found on a granola bar).



- **Use more neutral or less directive wording:** while many appreciate the clear direction provided in the information sheet, a small number suggested that softer language could reduce the risk of judgment or anxiety for certain clients. They suggested avoiding directive terms like “limit”.
- **Highlight positive nutrients:** as part of the explanation of the “5% is a little and 15% is a lot” concept, a few participants suggested including advice to look for high levels of desired nutrients (e.g., protein, fibre, calcium), in addition to the advice given to limit sugars, sodium, and saturated fats.
- **Clarify what it means when a product has %DV between 5% and 15%:** a few health educators suggested including an explanation of what it means when a product has nutrients that are between 5% and 15% DV, notably in how to interpret or act upon this information.

Document C: Choosing groceries with the help of food labels: A checklist

Document C was viewed as a highly practical checklist that translates nutrition label knowledge into concrete grocery-shopping actions, supporting confidence and consistency by making healthier choices feel more manageable.

Less time was spent reviewing and discussing Document C than the other two information sheets. Additionally, the document was presented in all five health educators’ groups, but it was shown in only 17 of the 20 sessions with members from the general public. While the moderator reviewed the first two information sheets in full with participants during the session, only the main headings from Information Sheet C were read aloud. Participants were shown the full document on screen and invited to read it independently. An individual poll was not administered, and feedback was only collected through a brief group discussion.

Document C was most often interpreted as a practical tool, intended to support decision-making at the point of purchase. The checklist format was generally understood as a way to put into practice what users had learned from the earlier documents, translating concepts into concrete steps. Participants tended to see this document as particularly useful for those who want guidance they can apply consistently, or who feel overwhelmed by too much information. In this way, Document C was viewed less as an educational primer and more as a decision aid.

Overall Reactions and Perceived Value

General Public

Participants generally perceived Document C as clear, practical, and easy to understand, with many describing it as more immediately applicable than the other two documents. The checklist format was generally recognized as straightforward and approachable, requiring less effort to engage with than longer explanatory text, even though intentions to use it at the grocery store were moderate. The document was viewed as credible and consistent with the broader suite of resources.



"I like that it's a checklist, and that would be really easy to use. I would maybe plan like make a list at home." – East; Young Adult; Low financial well-being

« Je me questionne sur pourquoi est-ce que c'est construit comme une liste à cocher? En fait je ne comprends pas trop l'intérêt de de faire ça comme ça. Je ne pense pas qu'il y a des gens qui vont amener ça à l'épicerie, puis qui vont cocher au fur et à mesure qui mettent des choses dans leur panier. » (I'm questioning why it's built like a checklist. Actually, I don't really understand the point of doing it that way. I don't think there are people who are going to bring this to the grocery store and then check things off as they put items in their cart.) – Francophone; Adult; Sufficient financial well-being

The perceived value of Document C was particularly strong among participants who described feeling overwhelmed by nutrition information or uncertain about how to apply what they know when shopping. For these audiences, the checklist was seen as offering structure and reassurance in choosing healthy foods. Participants who already felt confident using nutrition labels tended to see the document as less personally necessary, but still relevant as a tool for others or for specific situations.

"I actually don't mind this fact sheet as an informative one, because a lot of the questions people might have, it's giving you the answers. It's like, 'choose plenty of fruits and vegetables.' OK, what are they? Here they are. I mean, there's not really a good way to do it without listing a lot of the information that's there." – West; Adult; Sufficient financial well-being

"I like this one quite a bit more than the second [information sheet]. I find the first page is really concise and kind of tells you the main thing to look out for without it taking up too much room. And the second page, despite being probably more writing than the second [information sheet], is still easier to read. I think the checklist really works." – East; Young Adult; Low sufficient well-being

Health Educators

Overall, health educators reacted positively to Document C, frequently describing it as the most practical and immediately applicable of the three resources. The checklist format was widely seen as intuitive and well suited to actual grocery shopping, particularly for clients who benefit from concrete guidance rather than conceptual explanations.

« Moi je trouve qu'elle est extrêmement complète la fiche, autant les exemples que les éléments nutritionnels, que la répartition dans l'assiette. » (I find that the factsheet is extremely comprehensive, both in terms of the examples and the nutritional elements, as well as the distribution on the plate.) – Health Educator; Francophone

Educators generally viewed the document as clear, credible, and relevant, noting that it aligns well with established nutrition education approaches and Canada's food guide. Its perceived value was often tied



to its ability to translate label knowledge into actionable steps, supporting clients' confidence in making food choices during grocery shopping. Compared with Documents A and B, educators more often described Document C as a resource they would share directly with clients rather than limiting it to a supporting tool during discussions with them.

"I think this is very helpful because it gives options. It keeps it simple for them and what are good options. I would definitely share this with my patients." – Health Educator; Atlantic

« On dirait que ça résume tout ce qu'on a entendu depuis le début [de la rencontre]. » (It looks like it summarizes everything we have heard since the beginning of the session.) – Health Educator; Francophone

Key Takeaways

General Public

The main takeaway from Document C was that making healthier choices can be approached as a step-by-step process, rather than requiring detailed analysis of every label element. Participants also understood the checklist as a way to translate nutrition concepts into actionable steps that can be followed consistently.

"It basically gives a brief overview of how to look at the nutritional labels. First, it's kind of like a step thing without saying step one, step two, step three. I know it's labelled one, two, and three, but I think it's very short form, but easy to follow. So, first you look at the big label at the front, and if there's a lot of that, you limit those foods. Then you go onto the list of ingredients and kind of see where sugar falls on the list, and then go to the nutritional fact label and kind of choose foods that are lower in the saturated fats, sugars, and sodium, and it kind of breaks down like 5% is less." – West; Adult; Sufficient financial well-being

Many participants recognized that the checklist is not intended to cover every possible scenario, but rather to help users prioritize what to look at first and move through decisions more efficiently. For many participants, the document reinforced the idea that consumers do not need to understand all aspects of food labels to make informed choices, which was seen as confidence-building for some.

"I think that this one seems a lot less focused on understanding the labels and kind of more focused on how to shop or how to choose foods. I like how the first page is showing you the labels and it kind of relies on you're able to just read it and understand it. It doesn't over explain. And then the second page is more like, okay, I can look at this before I make my grocery list or before I go to the store and see what I need to focus on, basically." – West; Young Adult; Low financial well-being



Health Educators

Health educators reported that the central takeaway of Document C is that food labels can be used as a practical tool to guide grocery shopping, rather than as information to be interpreted in isolation. The document was seen as reinforcing the idea that label reading supports broader food-choice decisions, including planning, selecting alternatives, and building grocery lists.

“I definitely would use this handout with clients, because I think it summarizes really well what we’ve talked about, or even if they just got this one its own. It’s self-explanatory. It doesn’t use words like whole foods and unprocessed a whole lot. So, it gives specific examples that they could take home and look what they use in their recipes and on the grocery list in the grocery store. I like it a lot and that it kind of gives that summary of the three steps on the first page and then like take home examples.” – Health Educator; BC/North

Another key understanding was that healthy eating can be approached systematically, using a short checklist to prioritize vegetables and fruits, whole grains, and protein foods while limiting foods high in sodium, sugars, and saturated fat. Educators also noted that with the statement, “Keep in mind: food can come from many places like the store, your community, and the land, and also reflect your culture. Plan to use what you have at home”, the document prominently conveys that food choices can reflect personal, cultural, and community contexts, including foods sourced outside traditional grocery stores.

What Works Well

General Public

The checklist format was the most consistently cited strength of Document C. Participants felt it effectively reduced cognitive load by breaking decision-making into manageable steps and presenting examples of preferred food choices. This approach was seen as especially useful in time-pressured shopping environments.

“This is probably the most likely one I’d like ever use. Most likely, I don’t know. Checklist is very easy to sort of remember too, just having large points. And yeah, specific like indicators of the food, like visual things like, yeah, dark green vegetable, that’s a good one to point out. That would definitely change the way I thought of it. And also, at the bottom where it says limiting certain meats that come in certain packages, that also is a good thing to keep in mind.” – West; Young Adult; Low financial well-being

Participants also noted that the checklist helped connect information across labels, encouraging users to look at more than one element without requiring deep interpretation. By emphasizing order and sequence (e.g., numbered steps), the document supported learning through repetition and practice, rather than explanation alone. This was viewed as helpful for building confidence over time.



"I think that the second sheet is very well labelled, it gives you a great breakdown of how you'd want to go about your day-to-day eating habits. [...] I actually think it did a really, really good job." – East; Adult; Low financial well-being

In general, while the information sheet was viewed as content-heavy, its visual layout made it approachable and easily digestible.

« Je la trouve bien et visuellement attrayante et la mise en page je l'aime. Même s'il y a beaucoup d'informations, elle est facile à consulter. C'est le fait qu'ils ont mis des petits trucs à cocher. On dirait que ça, ça crée de l'espace. » (I find it good and visually appealing, and I like the layout. Even though there is a lot of information, it is easy to consult. It's the fact that they included little things to check off. It feels like that creates space.) – Francophone; Adult; Low financial well-being

During review of Document C, participants identified several strengths related to clarity and ease of understanding:

Most Common Mentions:

- **Visual layout and checklist format reduce cognitive load and make decisions feel manageable:** some participants consistently described the checklist as less overwhelming than narrative explanations and appreciated having a clear starting point.
- **Step-by-step structure supports use in time-pressured shopping environments:** the ordered, sequential format (e.g., 1, 2, 3) helped some participants move through decisions quickly without needing to analyze every label element.
- **Translates label knowledge into concrete food choices:** some participants viewed the checklist as a practical bridge between understanding nutrition labels and choosing specific foods in the store.
- **Food categories help generate quick substitutions and guide healthier choices:** organizing foods by category (e.g., vegetables, grains, protein foods) helped some participants think in terms of swaps and alternatives rather than restrictions.
- **Supports confidence by showing users they do not need to know everything:** the checklist reinforced that following a few key steps is sufficient to make informed choices, which was especially reassuring for less confident label users.
- **Encourages looking at more than one label element without deep interpretation:** by prompting users to move across steps, the document helped participants combine cues (FOP, ingredients, %DV) in a manageable way.
- **Useful for planning beyond the store (lists, meals, routines):** some participants noted the checklist could support grocery list-making or meal planning at home.

**Less Frequent Mentions, while Notable:**

- **Flexible across budgets and local availability:** a few participants, particularly in northern groups, appreciated that examples could be adapted to what is affordable or available.
- **Positive, action-oriented framing supports motivation:** a few participants responded positively to the directive language (e.g., “choose,” “include”) as encouraging and practical.

Health Educators

Educators consistently described Document C as effective because of its clear structure and practical orientation, which helps bridge the gap between nutrition knowledge and action. The checklist format was seen as supporting step-by-step decision-making and reinforcing key messages from the other documents in a more applied way.

“It’s a great tool to guide making a grocery list. I think it’s a really good, practical application of the cool idea of it with specific examples.” – Health Educator; Atlantic

When reviewing Document C, educators highlighted the following strengths related specifically to the document’s design and content:

Most Common Mentions:

- **Checklist format supports application:** educators frequently noted that the checklist makes the information easier to use during grocery shopping, helping clients translate guidance into concrete choices.
- **Provides practical examples:** the inclusion of food examples (e.g., vegetables, whole grains, protein options) was seen as reinforcing understanding and helping clients visualize how to apply the guidance.
- **Clear organization by food category:** educators appreciated that the document groups guidance by vegetables and fruits, grains, and protein foods, which mirrors how people think about meals and grocery lists.

Less Frequent Mentions, while Notable:

- **Useful as a take-home or reference tool:** a few educators described the document as something clients could keep and refer back to, rather than needing to read all at once.
- **Supports conversations rather than replacing them:** a smaller number noted that the checklist works well alongside counselling, helping structure discussions and reinforce key points.

Opportunities for Improvement

General Public

While reactions were generally positive, some participants suggested that Document C could benefit from additional clarification or flexibility. While the checklist was helpful overall, certain examples or categories



would benefit from additional clarification, particularly for foods that lacked personal relevance to participants. Others suggested that the document could more clearly signal that the checklist is meant as a guide rather than a rule set, to avoid the perception that all steps must be followed in every situation.

Additional suggestions focused on design and clarity, including making the second page easier to scan quickly by reducing text density, increasing font size, and strengthening visual separation between advice and examples. A few participants also wanted clearer definitions or examples for specific terms or food categories (such as what qualifies as whole-grain or which foods fall under “limit”), and greater inclusion of food examples that reflect different cultural practices, budgets, and regional availability.

“I think that there could be more cultural substitutes added in there. I think that we should have paneer cheese in there, cashews, almonds. roti, stuff like that.” – East; Adult; Low financial well-being

The statement reminding readers that food can come from many places, such as the store, the community, or the land, and can also reflect cultural practices, along with suggestions to plan to use foods already available at home, was frequently noted by participants. In some cases, this messaging caused confusion, as the information sheet focused primarily on guidance related to packaged foods purchased at the store. A few participants interpreted this statement as referring more broadly to avoiding food waste, a topic unrelated to nutrition labelling.

“I think it's really silly to have ‘plan to use what you have at home’ when it's like for grocery shopping. Isn't the point [of the information sheet] to help educate us grocery shop?” – West; Adult; Sufficient financial well-being

While reviewing Document C, participants provided suggestions to strengthen it:

Most Common Mentions:

- **Improve ease of scanning the document by reducing text density and strengthening visual hierarchy:** some participants suggested larger font, clearer headings, and stronger separation between guidance and examples to make the checklist faster to use in store.
- **Clarify that the checklist is a flexible guide, not a strict rule set:** some participants wanted clearer reassurance that steps can be adapted based on context, availability, or budget.
- **Provide clearer examples to show how the checklist applies in different situations:** some suggested to include brief examples for different product types or shopping scenarios to reinforce application.
- **Clarify specific terms or categories (e.g., what counts as whole-grain, which foods to limit):** some participants wanted clearer definitions or concrete examples to reduce uncertainty.
- **Adjust or expand food examples to better reflect affordability, culture, and regional availability:** This was raised in many groups, notably by northern participants and those in the lower financial well-being segment.



- **Improve legibility for printing or offline use:** suggestions included better contrast and layout that works in black-and-white.

Less Frequent Mentions, while Notable:

- **Strengthen visual links between the food guide plate graphic and the checklist items:** several participants suggested clearer labeling or visual cues to show how proportions connect to food categories.
- **Reposition or clarify secondary messages that may distract from the checklist task:** a few participants felt certain banners or messages could be clearer or placed elsewhere so they do not interrupt use of the checklist.

Health Educators

While educators generally viewed Document C as highly usable, they identified several opportunities to improve clarity, readability, and flow, particularly for clients with lower literacy or who may feel overwhelmed by dense information, and a condensed visual layout on the second page.

“It’s kind of hard to see that [on the second page] the big square is at the top and the small square is at the bottom. The distinction is not very distinct for me. I had to reach through to see that ‘choose plenty of vegetables’ and then ‘select whole grain food’ with just like the major bullet points.” – Health Educator; Prairies

When discussing Document C, educators identified the following areas for improvement:

Most Common Mentions:

- **Reduce visual density on the second page:** educators frequently noted that the volume of text and number of bullet points on the checklist page could feel crowded, making it harder to scan quickly.
- **Clarify visual hierarchy and grouping:** some participants felt that the distinction between main checklist items and sub-points on the second page could be made clearer (though white space, boxes, highlights, etc.) to guide the reader’s eye.

Less Frequent Mentions, while Notable:

- **Provide clearer explanation of visual elements:** a few educators noted that visuals such as food guide plate images could benefit from brief labels or captions to reinforce the messaging (e.g., identify sections of the plate with labels, such as fruits and vegetables, whole grains, etc.; visually link the plate section to the relevant list of food examples with an arrow; or clearly reference that these are reflective of the Canada food guide recommendations).
- **Simplify or clarify terminology:** a small number suggested that certain terms (e.g., “simulated meat products,” “legume,” and “game meat”) may not be immediately understood by all audiences.



- **Adjust layout for readability:** a few educators suggested minor layout changes, such as spacing or use of icons, to make the document easier to navigate.

Format and Distribution Considerations

The format of the information sheets was viewed as appropriate, with effective use depending on availability through multiple, trusted access points that align with how and where food decisions are made.

Format

General Public

When asked about the format of the information sheets, most participants in the general public groups considered the two-page PDF available online acceptable and appropriate, particularly for government health information. The format generally met expectations and was not seen as a barrier to understanding. Many felt the format worked well as a reference document that could be reviewed at home, saved, or shared. At the same time, several participants noted that while a PDF is suitable for learning or review, it is less convenient to use while shopping, especially when accessed on a mobile phone.

Some participants also noted that the format would be more effective if it worked well across different contexts, such as being readable on a phone, printable, or usable in black-and-white. A small number suggested that shorter or more condensed versions could complement the two-page document for situations where quick guidance is needed.

"I don't think PDFs are a bad format for it. But a lot of the time, depending what browser you're looking on, you'll have to end up downloading it to view it. I think it'd be good to have it as a web page as well. That way you can view it from like pretty much anything." – West; Young Adult; Low financial well-being

Differences by age and financial well-being level were modest and related primarily to how participants expected to use the materials rather than the format itself. Older adults were more likely to view the documents as reference resources to review at home or print, while younger adults more often expressed a preference for a mobile-friendly format, including something they could save as an image for later reference.

Health Educators

Across regions, health educators generally viewed the two-page PDF format as appropriate and familiar, noting that it aligns well with how educational resources are typically shared and used in their work. The format was seen as practical for online distribution and for use during counselling, teaching, or follow-up with clients. The PDF format was also described as easy to share electronically, print if needed, and integrate into existing workflows.



“As an educator, having it in a spot that I can go and either just show it on my laptop or print it out and give it to students, for example, I like that.” – Health Educator; Atlantic

Many educators felt that a two-page length strikes a reasonable balance between providing enough information to be useful while remaining manageable for most audiences. Participants noted that this length allows educators to select relevant sections to focus on, rather than requiring clients to read the document in full. At the same time, educators emphasized that clients are unlikely to read a two-page document independently from start to finish, particularly those with lower literacy, limited time, or low confidence engaging with written materials. As a result, the format was most often seen as effective when used selectively or with additional guidance, rather than only as a self-directed resource.

“I think two pages is just enough. I think anything more would be too much. And I think two pages, like one double sided page would be a good handout to people.” – Health Educator; Prairies

« Moi je trouve que c'est utile comme format. Ça me permet en fait d'imprimer celle que je veux présenter et puis de laisser celles qui sont peut-être moins utiles ce jour-là. Et aussi de pouvoir les leur transmettre, surtout après les séances pour qu'ils aient un support visuel déjà tout prêt. C'est très pratique. » (I find that it's useful as a format, because it allows me to print the one I want to present and then leave aside the ones that might be less useful that day. And also to be able to share them with them, especially after the sessions, so that they already have a visual support close at hand. It's very practical.) – Health Educator; Francophone

A few educators also raised format-related accessibility considerations, noting that font size, contrast, and visual clarity are important for older adults or clients with visual impairments. Others suggested that the materials could benefit from being adaptable across formats, for example, allowing content to be viewed comfortably on mobile devices or shared in smaller sections.

“If there's something in print form, whether it's something like an insert at a grocery store or [people] could pick it up at a doctor's office or something so they have something tangible to be able to follow and refer to. Because I find a lot [of older people] aren't computer savvy and that's just an extra step that they're not going to follow. But if they had that right in the kitchen [...] it might be a better option to get more people to follow and refer to the information.” – Health Educator; Atlantic

Distribution and Points of Access

General Public

When asked where they would expect to encounter or access the information sheets, participants emphasized the importance of making the materials available at moments when food choices are being considered, as well as in trusted and familiar environments. Many suggested using multiple points of access to increase the likelihood that the information would be noticed, remembered, and used. Grocery



stores were most frequently cited as a key point of access, and many participants felt that encountering the information while shopping would help prompt use in real time (e.g., QR code, poster, printed copies).

"[It should be available] where I buy my food. Because it's very unlikely that before I go to Superstore at 6.45 in the morning, I'm going to be online printing. It's just not going to happen. If they want this to work for us, when they do the launch, these should be available at the store. So I can walk in, pick up the sheet, walk down the aisles and make some better choices and hopefully develop some better habits." – West; Adult; Sufficient financial well-being

"I think it would be helpful either, you know, a small QR code in the grocery stores or on some packaging. If there's space for it that takes us back to these resources, it's an easy way to pull 'em up." – East; Adults; Sufficient financial well-being

« Le centre de cardiologie de Montréal nous donne un sac avec le guide alimentaire qui est dessus. C'est comme ça sur un sac en tissu et c'est écrit dessus... c'est vrai que ça pourrait être sur un sac à quelque part.... Ça fonctionne, moi je l'ai trainé longtemps à l'épicerie et je regardais ce qu'il fallait que je prenne ou pas. » (The Montreal Cardiology Centre gives us a bag with the food guide printed on it. It's like a fabric bag with the information written on it... it's true that something like that could be put on a bag somewhere. It works; I carried it with me to the grocery store for a long time, and I would look at it to see what I should take or not.) – Francophone; Older Adult; Low financial well-being

Online access was also widely mentioned, particularly through government or health-related websites, which participants described as credible and appropriate sources of nutritional information. Grocery shopping and flyer websites (e.g., Flipp, Glouton), as well as social media, were also seen as good places to promote the material. Many expected that the materials would be available online for review outside of the shopping context, allowing them to learn or refresh their understanding ahead of time.

"I think that you got to hit the social media platforms because nobody's subscribing to emails anymore because nobody has time to sit down and put any time into reading an email like we used to. Everything is within like a 3, 10, and 14 second window. So, if we had a QR code and then had a digital media across the social platforms, then that would get your message out much better. You'd reach your audience way better." – East; Adult; Low financial well-being

Participants also identified healthcare and community settings as appropriate distribution points or areas where the promotion of the materials could be made, including doctors' offices, clinics, pharmacies, and community centres. These locations were seen as reinforcing the credibility of the information and as places where people may already be thinking about health or nutrition.



"I also think that having the visuals not just as an online [piece], but, you know, the old fashioned paper poster in some key locations initially, be it hospitals waiting rooms or in grocery stores or where have you, to help with kind of getting the message out that this even exists." – East; Adult; Sufficient financial well-being

Differences across segments were modest and related primarily to preferred access points. Younger adults were more likely to mention online and mobile access, including the ability to quickly look up information on a phone. Older adults, by contrast, more often referenced physical locations and printed materials, describing a preference for something they could pick up, keep, or review at home.

Health Educators

Health educators emphasized that the effectiveness of the resources will depend not only on their content and format, but also on how and where they are made available. Participants generally described a need for multiple points of access, reflecting the varied ways clients engage with information and the different settings in which educators work.

Many educators indicated that the documents would be most useful if they were easy to share electronically, such as through email, websites, or links that can be forwarded to clients. Digital availability was seen as particularly important for follow-up after appointments, virtual programming, and situations where educators want to reinforce information discussed during sessions. At the same time, several participants noted that the option to print the materials remains important, especially for in-person counselling, workshops, or clients who prefer or require paper copies. Similarly, a few health educators would like the option of ordering printed copies to use in discussions with clients.

"I think many of my clients do pay attention to things like TV commercials and social media. So, if it's advertised in those ways, I often get many questions about it, and then I'll usually bring up the resource and speak if they've asked about it." – Health Educator; Prairies

« Moi je pense que c'est bien d'avoir des copies couleurs qui nous sont envoyées aux professionnels parce que c'est sûr qu'on peut imprimer, mais des fois tu ne peux pas imprimer, ça dépend du milieu et tout. » (I think it's good to have colour copies that are sent to professionals, because of course we can print them, but sometimes you can't print, it depends on the setting and everything.) – Health Educator; Francophone

Health educators also highlighted the importance of making the resources available through trusted and familiar channels, such as health organizations, community agencies, clinics, and educational programs. Some suggested that materials are more likely to be used when they are embedded within existing programs or distributed directly by educators, rather than relying on clients to seek them out independently. It was also mentioned that health educators should be made aware of the resources through communications from professional associations and conferences or trade shows, in addition to being available on the Government of Canada website.



“I wonder if it could be given to our certifying bodies as like information from Health Canada, saying that this is now available to your certifying body.” – Health Educator; Prairies

Several participants noted that visibility at the point of decision-making could enhance the usefulness of the resources. Suggestions included access through grocery-related contexts (e.g., links or QR codes associated with food purchasing environments) or community locations where food decisions are commonly discussed. These comments were generally framed as ways to support recall and application, rather than as expectations that clients would engage deeply with the materials in those settings. Likewise, promoting the resources on social media was mentioned a few times as a good way to raise awareness of all audiences.

“Sometimes we get the information on social media, the news before it actually gets to the hospital or the general population.” – Health Educator; Ontario



Conclusions

The following provides broad conclusions from the summary of research findings.

- ***Engagement with nutrition labels is selective and needs-driven, with individuals focusing on a limited set of key nutrients and label elements, while health educators reinforce and support these behaviours by helping clients prioritize and interpret label information.***

Findings indicate that engagement with nutrition information on food labels is selective and needs-driven, with consumers typically focusing on a limited set of nutrients. Most participants from the general public reported consulting nutrition labels at least occasionally, particularly when managing health conditions, assessing new or unfamiliar products, or responding to specific dietary goals. Attention was concentrated on nutrients such as sugars, sodium, and saturated fat, while the Nutrition Facts table and ingredient list served as the primary sources of information guiding purchasing decisions, along with price and time constraints. Awareness of the front-of-package (FOP) nutrition symbol was relatively low at the time of the research, which is to be expected given its recency, though those who had noticed it generally understood its cautionary intent and viewed it as a quick screening cue.

Health educators' accounts of client interactions closely mirrored these consumer behaviours. Educators described nutrition labelling as a routine but targeted topic of discussion, with guidance typically tailored to individual needs rather than intended to cover all aspects of the label. Emphasis was placed on helping clients prioritize key elements, most notably serving size, percent daily value, and a small number of nutrients relevant to chronic disease prevention or management. The ingredient list was also commonly reinforced as a practical tool for clients navigating allergies, dietary restrictions, or concerns about food processing, while the front-of-package symbol was generally positioned as a helpful visual prompt rather than a substitute for the Nutrition Facts table.

While some points of confusion were identified, these were generally secondary to overall engagement patterns. Among consumers, uncertainty related to serving sizes, percent daily value, and technical ingredient terminology was typically described as an occasional frustration rather than a dominant barrier to using nutrition information to guide purchase decisions. Health educators similarly noted that clients can feel overwhelmed by numeric information or focus narrowly on a single nutrient, reinforcing the importance of simplified, confidence-building approaches to label use. Taken together, the findings suggest strong alignment between how consumers naturally engage with nutrition labels and how health educators support label interpretation.



- ***The three information sheets reviewed were considered as complementary resources that support progressive learning about nutrition labels, with flexibility to engage users at different entry points based on their needs.***

Participants from both the general public and health educator sessions perceived the three information sheets as addressing related but distinct aspects of nutrition label use, with the collection broadly supporting a progression from awareness and understanding to practical application. While this progression was not always explicitly articulated by participants, feedback suggests that, when considered together, the documents align with how knowledge and confidence around nutrition labelling tend to develop over time.

Health educators, in particular, articulated a clearer functional distinction across the documents, commonly positioning them as tools suited to different stages of learning or types of client needs. Document A was most often described as an accessible introduction, Document B as supporting deeper interpretation of label information, and Document C as the most action-oriented resource. At the same time, educators emphasized that the documents are most effective when used selectively and with facilitation or counselling, rather than as a self-directed tool.

Among members of the general public, reflections on the documents as a set also highlighted the importance of their practical use. Participants generally found the guidance clear and understandable but noted that applying the nutrition advice depends on practical considerations such as time, cost, availability, and personal or cultural food practices. These comments did not detract from perceptions of the documents' clarity or relevance, but rather underscored that learning pathways are influenced by everyday shopping realities.

- ***Document A was viewed as a clear and accessible entry-level resource that effectively introduces the front-of-package nutrition symbol as a quick screening tool, supporting awareness and prioritization while working best as a starting point rather than a comprehensive guide.***

Overall, Document A was perceived as an accessible and effective entry-level resource that introduces the FOP symbol as a simple cue to support quicker, more informed food choices. Both members of the general public and health educators viewed the document as clear, credible, and well aligned with expectations of governmental health information.

Across audiences, the document successfully conveyed that the FOP symbol is intended as a warning indicator for foods high in saturated fat, sugars, and/or sodium, and that it functions best as a first screening tool rather than a replacement for the Nutrition Facts table or ingredient list. Health educators, in particular, emphasized its usefulness as a conversation starter or foundation for further guidance, while participants from the general public appreciated its focus on prioritization and plain-language explanations.



At the same time, feedback suggests that the document's effectiveness depends on clear framing of how the symbol should be interpreted and used in practice, particularly when the symbol is absent. While participants generally understood the symbol's intent, lingering uncertainty about thresholds (e.g., how high is "high") and about what it means when a food product does not have a symbol indicates that additional clarity or reinforcement could further strengthen confidence in applying the guidance consistently.

- ***Document B was viewed as a valuable interpretive resource that builds confidence in using the three nutrition labels deliberately, supporting more informed food product comparisons.***

Document B was perceived as a logical next step that shifts from awareness to interpretation, supporting users who want to move beyond quick cues and develop a deeper understanding of how food labels work together to support food choice. Both members of the general public and health educators viewed the document as credible, informative, and well aligned with the expectations of governmental health guidance. Its value was most evident in explaining how to read the Nutrition Facts table and ingredient list in combination, helping users connect different pieces of label information rather than viewing them in isolation.

Across audiences, a central strength of Document B was its instructional and confidence-building role. Participants commonly identified the "5% is a little, 15% is a lot" percent Daily Value guidance as one of the most practical and memorable takeaways, supporting quicker interpretation and comparison between similar products. The explanation of ingredient lists, particularly that ingredients are listed by weight, also emerged as a meaningful learning point, helping some participants feel more efficient and intentional when scanning labels. Health educators reinforced these observations, noting that the document effectively communicates the importance of using multiple label elements together, including serving size, %DV, and ingredients.

At the same time, feedback suggests that Document B is more demanding than the other sheets, as it includes a lot of information and presents different concepts, and may require greater motivation, time, or facilitation to be used effectively. While many participants valued its depth, both consumers and educators noted that its density could be challenging for some audiences if used as a standalone resource. It was suggested to simplify the document's content, enhance clarity around select concepts (e.g., sugar substitutes, %DV) and ingredient listing under Step 2, as well as better emphasize key messages so they stand out.

- ***Document C was viewed as a highly practical checklist that translates nutrition label knowledge into concrete grocery-shopping actions, supporting confidence and consistency by making healthier choices feel more manageable.***

Document C was widely perceived as a highly practical, action-oriented tool that supports grocery decision-making by translating nutrition label guidance into clear, manageable steps and by providing specific examples of nutritious foods. Both members of the general public and health



educators viewed the checklist format as intuitive and easy to use, requiring less effort to engage with than more explanatory materials. The document was consistently described as credible and well aligned with the broader suite of resources, with particular value for individuals who feel overwhelmed by nutrition information or uncertain about how to apply label knowledge when shopping.

Participants understood the document as a prioritization tool that helps users move through decisions efficiently, while still encouraging attention to more than one cue (e.g., food categories, FOP symbol, and label information). Health educators emphasized that Document C works especially well as a client-facing resource, supporting confidence and consistency by framing healthy grocery shopping as a systematic, practical step-by-step process.

While some suggestions were made to improve the ability to quickly scan the document, clarity of examples, and flexibility of use, these were generally framed as refinements rather than fundamental concerns. Suggestions primarily related to reducing text density and strengthening visual hierarchy, providing examples of how to use the checklist and reinforcing that it should be used as a guideline, clarifying some of the food terms, expanding on examples to reflect affordability, culture and regional availability, and better incorporating the food guide plate visuals.

- ***The format of the information sheets was viewed as appropriate, with effective use depending on availability through multiple, trusted access points that align with how and where food decisions are made.***

Overall, both members of the general public and health educators viewed the two-page PDF format as appropriate, familiar, and credible for nutrition education materials. The format aligned with expectations for government-style health information and was not seen as a barrier to understanding. Participants generally felt the length struck a reasonable balance between being informative and manageable, supporting use as a reference resource that could be reviewed, saved, printed, or shared as needed. While the format was conducive to an education piece, it was not considered adequate to be used at the time when grocery decisions are made, as carrying a printed copy was rarely considered.

With respect to distribution, participants highlighted the value of multiple points of access to increase awareness, recall, and practical use. Both groups emphasized the importance of encountering the materials in trusted environments and at moments when food choices are being considered, whether through online health information sources, healthcare and community settings, or grocery-related contexts. Health educators, in particular, noted that the materials are most useful to them when they can be easily shared, integrated into existing programs, or used selectively during interactions with clients. Taken together, the findings suggest that broad visibility, flexibility of access, and alignment with grocery selection contexts are key considerations for supporting uptake and use of the materials, regardless of who leads or supports distribution efforts.



Opportunities for improvement

The research findings identified several opportunities to improve the information sheets and enhance their usability. While a range of suggestions are discussed throughout the report, the following highlights a set of key recommendations for consideration.

1. There is merit in strengthening the set as a toolkit by making the pathway clearer without forcing it.

The findings clearly highlight that the three information sheets are seen as complementary and broadly progressive, moving from creating awareness of nutrition labels, to providing information to interpret their content, and finally to taking action on those recommendations. That said, the sequencing was not always perceived as explicit, which at times gave the impression that some of the documents, notably Document A, were incomplete. This could be done by adding a short statement below the document's title explaining its purpose (e.g., Document A: An introduction to interpreting food nutrition labels), and by adding a simple cross-reference at the end (e.g., If you want to learn more...).

2. Clarify in Document A how to interpret products that do not display a front-of-package symbol, and what to do next.

While Document A was generally effective as an introductory resource, explanations related to the absence of a FOP symbol were sometimes unclear or misinterpreted, with some participants assuming that products without the symbol are healthier options.

Consideration should be given to placing greater emphasis on the “no symbol” message and providing more explicit guidance on what to do when a symbol is not present (e.g., No symbol does not mean a product is low in sugar, sodium, or saturated fat; check the Nutrition Facts table to compare). There may also be value in briefly clarifying what it means for a product to be “high” in a nutrient.

3. Consider simplifying Document B by reducing information density and clarifying some of the concepts introduced.

Document B fills an important knowledge gap and provides valuable guidance on how to interpret nutrition labels together, its effectiveness could be improved by reducing the volume of text and level of detail presented. Consideration should therefore be given to streamlining the content where possible, including reducing sentence length and overall text density to improve ease of use. In addition, the ingredient-list guidance in Step 2 could be simplified, with clearer explanations of added or artificial sugars and the use of more plain-language terms where feasible.



Further, where label examples are used, aligning the Nutrition Facts table, ingredient list, and front-of-package symbol to the same food product would help more clearly illustrate how these label elements work together, reinforcing the document's instructional intent.

4. Improve the practical usability of Document C by making it easier to scan and broadening food examples to reflect diverse realities.

Document C was widely viewed as the most immediately action-oriented of the three resources and the one most likely to be shared directly with clients. Given this role, there is strong interest in ensuring that the document is easy to consult quickly and that its guidance feels broadly applicable. To support this, consideration should be given to visually simplifying the grocery checklist section by increasing white space, reducing bullet crowding, and more clearly separating headings from supporting lists.

Some food terms may require clarification to ensure accessibility for general audiences, including simulated meat products, legumes, and game meat. Where possible, food examples could be broadened to better reflect cultural practices, different budgets, and regional realities. This could include examples of healthier shelf-stable or lower-cost options, recognition of culturally diverse food choices.

The document could also benefit from clearer reassurance that the checklist is intended as a flexible guide, rather than a rigid set of rules, and that it may be adapted based on individual circumstances. The food guide plate visual would be strengthened by more clearly linking it to the food listings, clarifying that it illustrates the recommended proportions of food groups, and explicitly noting its alignment with Canada's food guide. Finally, given that Document C is likely to be the most frequently printed of the three resources, attention should be given to ensuring that it remains clear and effective when printed in black and white.

5. Ensure the format of the information sheets supports both at-home review and in-store use.

While the two-page PDF format was generally viewed as appropriate, many participants noted that the materials would also be useful while grocery shopping and expressed interest in a more mobile-friendly option, particularly younger adults. As a result, consideration should be given to offering complementary formats alongside the PDF to support quick reference in shopping contexts. This could include a condensed one-page "checklist" or "cheat sheet" version that is easy to consult on a phone or keep in a wallet, while retaining the full PDF for at-home or in-office learning and reference.

6. Consider using multiple trusted access points to support awareness and use.

Both audiences emphasized the importance of making the materials available in contexts where people are already thinking about grocery shopping and in formats that align with how nutrition label information is typically accessed. Consideration should therefore be given to ensuring that the PDF documents are easy to download, print-friendly, and convenient to consult on mobile devices.



Participants also highlighted the potential value of increasing visibility at or near points of purchase (e.g., through printed materials or QR codes in stores), as well as supporting educator-led use cases. This could include providing resources that are easy to share electronically and, where appropriate, offering brief guidance for educators on how the materials can be used selectively or integrated into existing interactions with clients.

Appendix A:

Recruitment Screeners



Healthy Eating Nutrition Labelling Education Study (HC POR 25-09) - Recruitment Screener – Final General Population Groups

Name: _____

Daytime phone: _____ Evening phone: _____

Email: _____

Community: _____ Province: _____

SECTION 1: Schedule & Specifications

NETFOCUS GROUP SCHEDULE

Date (2026)	Group	AST	EST	Participant Time	Audience	Language	Moderator
Monday, January 12	2	6:30PM	5:30PM	7:00PM NL / 6:30PM AT / 5:30PM ET	East: Sufficient confidence – Adults	EN	CP
	3	9:00PM	8:00PM	7:00PM CT & SK / 6:00PM MT / 5:00PM PT	West: Low confidence – Adults	EN	CP
Wednesday, January 14	4	6:30PM	5:30PM	7:00PM NL / 6:30PM AT / 5:30PM ET	East: Low confidence – Young Adults	EN	CP
	5	9:00PM	8:00PM	7:00PM CT & SK / 6:00PM MT / 5:00PM PT	West: Sufficient confidence – Adults	EN	CP
Thursday, January 15	6	3:00PM	2:00PM	3:30PM NL / 3:00PM AT / 2:00PM ET	East: Low confidence – Older Adults	EN	CP
	7	6:30PM	5:30PM	7:00PM NL / 6:30PM AT / 5:30PM ET	East: Sufficient confidence – Young Adults	EN	MB
	8	9:00PM	8:00PM	7:00 PM CT & SK / 6:00PM MT / 5:00PM PT	West: Sufficient confidence – Young Adults	EN	MB
Friday, January 16	10	2:00PM	1:00PM	12:00PM CT & SK / 11:00AM MT / 10:00AM PT	West: Low confidence – Older Adults	EN	MB
Monday, January 19	12	6:30PM	5:30PM	7:00PM NL / 6:30PM AT / 5:30PM ET	East: Sufficient confidence – Older Adults	EN	MB
	13	9:00PM	8:00PM	7:00PM CT & SK / 6:00PM MT / 5:00PM PT	West: Low confidence – Young Adults	EN	MB
Tuesday, January 20	14	11:30AM	10:30AM	10:30AM	Quebec: Low confidence – Older Adults	FR	CP
	15	2:30PM	1:30PM	1:30PM	Quebec: Sufficient confidence – Older Adults	FR	CP
Wednesday, January 21	16	6:00PM	5:00PM	4:00PM CT & SK / 3:00PM MT / 2:00PM PT	West: Sufficient confidence – Older Adults	EN	MB
	17	6:30PM	5:30PM	5:30PM	Quebec: Sufficient confidence – Young Adults	FR	CP
	18	8:30PM	7:30PM	7:30PM	Quebec: Sufficient confidence – Adults	FR	CP
	19	9:00PM	8:00PM	8:00PM ET / 7:00PM CT & SK / 6:00PM MT & YT / 5:00PM PT	North: Low confidence – All Ages (16+)	EN	MB
Thursday, January 22	20	6:30PM	5:30PM	5:30PM	Quebec: Low confidence – Young Adults	FR	CP
	21	7:00PM	6:00PM	7:30PM NL / 7:00PM AT / 6:00PM ET	East: Low confidence – Adults	EN	MB
	22	8:30PM	7:30PM	7:30PM	Quebec: Low confidence – Adults	FR	CP
	23	9:00PM	8:00PM	8:00PM ET / 7:00PM CT & SK / 6:00PM MT & YT / 5:00PM PT	North: Sufficient confidence – All Ages (16+)	EN	MB



Specification Summary

- **Twenty (20) online focus groups** in total:
 - **Twelve (12) English groups** with residents of two regions: East (NL, NS, NB, PE, ON); and West (MB, SK, AB, BC) – six groups in each region
 - **Six (6) French groups** with residents of Quebec and francophones from other regions
 - In each market (West, East, Quebec), **one (1) group with People with self-perceived low income** and **one (1) group with People with self-perceived sufficient income**, for each of the following audiences:
 - Young adults (ages 16-25)
 - Adults (ages 26-65)
 - Older adults (ages 65+)
 - **Two (2) English groups** with residents of the North (NU, NT, YT) – adults 16+: **one (1) group with people with self-perceived low income** and **one (1) group with people with self-perceived sufficient income**
- In each group, aim for a representation of 2SLGBTQ+, gender mix, age mix (within range), household makeup, cultural background, education level, rural/urban, newcomers to Canada, and Indigenous people
- Incentive: **\$125 per participant**
- Access to a desktop, laptop or computer tablet connected to high-speed internet with a speaker, microphone, and webcam. No smartphone use permitted.
 - For participants in the north and in remote locations where the strength of the internet connection may vary, a webcam may not be required
- 12 recruited per group
- Group discussion lasts **90 minutes (but participants commit to 2 hours to account for login & delays)**
- Exclude sensitive occupations (those mentioned at P1)

Breakdown of Focus Group Sessions with Members of the General Public

Audience	Age group	North	West (BC, Prairies)	East (ON, Atlantic)	QC/ Francophones	Total Recruits	Total Groups
		English			French		
People with self-perceived low financial confidence	Young adults (ages 16-25)		1	1	1	36	10
	Adults (ages 26-65)		1	1	1	36	
	Older adults (ages 65+)		1	1	1	36	
	All ages (16+)	1				12	
People with a self-perceived sufficient financial confidence	Young adults (ages 16-25)		1	1	1	36	10
	Adults (ages 26-65)		1	1	1	36	
	Older adults (ages 65+)		1	1	1	36	
	All ages (16+)	1				12	
Total		2	6	6	6	240	20

RECRUITER NOTE - WHEN TERMINATING AN INTERVIEW, SAY: “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

RECRUITER NOTE: If a respondent wishes to verify the validity of the study, please contact:
Narrative Research: 888-414-1336; focusgroups@narrativeresearch.ca

NOTE THAT THROUGHOUT THE SCREENER, INSTRUCTIONS APPEAR BELOW EACH QUESTION

SECTION G: General Introduction

Hello, my name is _____ and I am calling on behalf of Narrative Research, a national market research company. Let me assure you that we are not trying to sell you anything. We are conducting a study



on behalf of the **Government of Canada**, specifically for **Health Canada**, and we are looking for people to take part in a small group discussion. We would like to speak with someone in your household who is at least 16 years of age. Would that be you? **IF NO, ASK TO SPEAK WITH SOMEONE ELSE AND REPEAT INTRO R1.**

Do you prefer to continue in English or French? / Préférez-vous continuer en français ou anglais?

RECRUITER NOTE - FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH: « Malheureusement, pour votre province/territoire, les groupes de discussion sont prévus en anglais seulement. Désirez-vous qu'un collègue francophone vous contacte pour vous inviter à participer à un groupe de discussion en français? »

During the focus group, participants will review fact sheets about food labels and discuss how they can help guide everyday food choices. Participation in this research is voluntary. Anything you say will be protected according to privacy legislation. Those who qualify and take part in the focus group will receive a financial incentive of **\$125**. Is this something you might be interested in?

Yes 1

No 2 **THANK & TERMINATE**

[IF ONLINE, PROVIDE A LINK TO NARRATIVE RESEARCH'S PRIVACY POLICY AT THE BOTTOM OF EACH PAGE:

[ENGLISH: <https://narrativeresearch.ca/privacy-policy/>] [FRENCH: <https://narrativeresearch.ca/privacy-policy/#politique-de-confidentialit%C3%A9>]

[IF BY PHONE: Narrative Research's privacy policy is available upon request. IF ASKED, PROVIDE PRIVACY POLICY LINK BY PHONE OR RECORD EMAIL WHERE IT WILL BE SENT]

[IF BY PHONE:] If asked about Privacy Laws, say: The personal information you give me is being collected under the Department of Health Act, and will be handled according to the Privacy Act. I am only collecting the information I need to determine whether you are eligible to participate in the research, and to contact you related to this research if you choose to participate. You have the right to access and request a correction and/or notation to your personal information. For privacy-related questions, you may contact nutrition@hc-gc.ca. If you have been unable to resolve a privacy issue with HC, you may file a formal complaint with the Privacy Commissioner of Canada about how we have handled your personal information. The collection of your personal information is described in Info Source at infosource.gc.ca, in the personal information bank (PIB) PSU 914 – Public Communications.]

This research is registered with the Canadian Research Insights Council Research Verification Service.

[IF NEEDED, SPECIFY: to verify the research, you can visit

<https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en>

The survey registration number is: **20251028-NA223**]



The format of the focus group is an informal online small group discussion led by a professional moderator. May I ask you a few quick questions to see if you have the profile we are looking for? This should take about 6 or 7 minutes.

Yes 1

No 2

IF NO, THANK & TERMINATE

SECTION P: Profiling Questions

To begin...

- P1. Do you or any member of your household currently work or have ever worked in...? **[READ LIST – ROTATE ORDER]**

Marketing/Market Research..... 1

Public relations, advertising, media (TV, Radio, Newspaper), graphic design 2

Federal or provincial government department responsible for public health..... 3

Food manufacturing/ food industry/food commodity or advocacy organization..... 4

An organization involved in health promotion or advice on food safety, nutrition or healthy eating..... 5

None of these 6

INSTRUCTIONS: If yes to any of code 1-5, thank & terminate. Continue if none of the above (code 6).

- P2. In which province or territory do you currently live?

Record name of province/territory: _____

INSTRUCTIONS: Recruit a good mix within each region where applicable

- P3. In which city, town or village do you currently live?

Record name of city/town/village: _____

- P4. Which of the following best describes the place where you live?

A large city 1

A suburban location, near a large city 2

A small city or town 3

A rural location 4

INSTRUCTIONS: Recruit a good mix of urban and rural locations in each market; aim for diversity of locations within each region

- P5. To ensure we include a diversity of participants, what is your age group? **[READ RESPONSES IN ORDER]**



Less than 16.....	1
16-18	2
19-22	3
23-25	4
26-35	5
36-49	6
50-64	7
65-69	8
70-79	9
80 or older	10

INSTRUCTIONS: If less than 16 (code 1), thank & terminate. If 16-25 (codes 2, 3 & 4), consider for Young Adult groups. If 26-64 (codes 5, 6 & 7), consider for Adult groups. If 65 or older (codes 8, 9 & 10), consider for Older Adults groups. Recruit a good age mix within the age range for each group

- P6. How do you identify your gender? This may be different from the information noted on your birth certificate or other official documents. *Gender refers to an individual's personal and social identity as a man, a woman, or a person who is not exclusively a man or a woman (for example, non-binary, agender, gender fluid, queer, or Two-Spirit.)*

A man	1
A woman.....	2
Prefer to self-identify.....	3
Prefer not to say	8

INSTRUCTIONS: Recruit a mix in each group

- P7. What is the highest level of education that you have completed?

Less than a High School diploma or equivalent	1
High School diploma or equivalent.....	2
Registered Apprenticeship or other trades certificate or diploma	3
College, CEGEP or other non-university certificate or diploma	4
University certificate or diploma below bachelor's level	5
Bachelor's degree	6
Post graduate degree above bachelor's level.....	7
Prefer not to say	8

INSTRUCTIONS: Recruit a good mix in each group

- P8. Which of the following best describes your role in food purchasing [IF AGE=16-18: and meal planning for yourself or] for your household? [SINGLE RESPONSE]

I am the primary grocery shopper for my household	1
I share grocery shopping responsibilities with others in my household	2



[SHOW IF AGE=16-18] I make some food purchasing decisions for myself and/or I help develop the grocery list or plan some meals at home 3
 I do not participate in grocery shopping [IF AGE=16-18: or meal planning for myself] 4

INSTRUCTIONS: For Younger Adults (ages 19-25), Adults & Older Adults groups, recruit principal shopper or someone who shares grocery shopping responsibilities (codes 1 & 2). For Younger Adults (ages 16-18), recruit if code 1, 2, or 3 (involved in grocery shopping and/or meal planning for the household or for themselves). For all groups if not involved with grocery shopping (code 4) thank & terminate.

P9. Which of the following best describes your current household situation? Are you living...?

[FOR 16-18 YEARS OLD ONLY]

By yourself 1
 With roommates or siblings 2
 With one or both of your parents/guardians 3
 Other (Specify: ____) 4

[FOR AGES 19+]

By yourself 1
 With roommates (not family) 2
 With one or both of your parents/guardians 3
 With a partner or spouse (no children) 4
 With a partner or spouse and your children 5
 As a single parent with your children at least some of the time 6
 As a blended family (with a spouse or partner, and children from one or both of us) 7
 With other family members (e.g., siblings, extended family) 8
 Other (Specify: _____) 9

INSTRUCTIONS: Recruit a good mix in each group

P10. The Government of Canada is committed to respecting diversity, inclusion, equality, and freedom from discrimination in its policies and programs. This research helps support that goal by seeking to better understand the needs and experiences of people from a wide range of backgrounds.

Do you identify as any of the following? **[RECORD ALL MENTIONS]**

Member of a visible minority/racialized group 1
 Member of 2SLGBTQ+ 2
 Person living with disabilities 3
 Other/Identity not already listed (specify: _____) 4
 None of the above 5
 Prefer not to answer 6



INSTRUCTIONS: Multiple responses allowed. Recruit a minimum of 1 per group who identify as 2SLGBTQ+ (code 2)

P11. To make sure that we speak to a diversity of people, could you tell me what is your ethnic background? *Please select all that apply.*

- White/European (for example, German, Irish, English, Italian, French, Polish, etc.) 1
- Hispanic, Latino, Spanish (for example, Mexican, Cuban, Salvadoran, Columbian, etc.) 2
- Black or African Canadian (for example, African Canadian, Jamaican, Haitian, Nigerian, Ethiopian, etc.) 3
- East Asian (for example, Chinese, Filipino, Vietnamese, Korean, etc.) 4
- South Asian (for example, East Indian, Pakistani, etc.) 5
- Middle Eastern or North African (for example, Lebanese, Iranian, Syrian, Moroccan, Algerian, etc.) .. 6
- Indigenous (e.g. First Nations, Métis, Inuit) 7
- Other (Specify: ____) 8
- Unsure/Prefer not to say 9

INSTRUCTIONS: Multiple responses allowed. Recruit a good mix in each group; Recruit min 1 Indigenous person in each group (code 7)

P12. Were you born in Canada?

- Yes 1 [SKIP TO QP14]
- No 2

P13. [POSE IF P12=NO] How many years have you been living in Canada? [RECORD # of YEARS: ____]

- Less than 5 years 1
- 5-9 years 2
- 10 or more years 3
- Prefer not to say 4

INSTRUCTIONS: Recruit 1 per group who is a newcomer – has lived in Canada for less than 10 years (code 1 or 2)

To help ensure a diverse range of perspectives in this research, we'd like to ask a few questions about your financial situation and access to food. Your responses will remain confidential and will only be used to help us understand different experiences across participants. You will NOT be asked to share these responses during the focus group.

P14. What was your household's total income last year? That is, the total income of all persons in your household combined, before taxes?

- Under \$20,000 1
- \$20,000 to under \$40,000 2



\$40,000 to under \$60,000.....	3
\$60,000 to under \$80,000.....	4
\$80,000 to under \$100,000.....	5
\$100,000 to under \$150,000.....	6
\$150,000 or more.....	7
Don't know/Unsure	8
Prefer not to say	9

INSTRUCTIONS: Aim for a mix

P15. How confident are you in your ability to meet your financial obligations over the next few months?

Very confident	1
Somewhat confident	2
Not very confident.....	3
Not at all confident.....	4

P16. Within the past year, have you had to delay or skip paying any bills due to a lack of money?

Yes	1
No	2
Prefer not to say	3

P17. Within the past year, how often did you worry that your household would run out of food before you had money to buy more?

Often.....	1
Sometimes.....	2
Rarely.....	3
Never	4

P18. Within the past year, did you or anyone in your household skip meals or eat less than needed because there wasn't enough money for food?

Yes	1
No	2
Prefer not to say	3

INSTRUCTIONS:

LOWER FINANCIAL CONFIDENCE: Consider if:

- P15=Not very or not at all confident (code 3 or 4) OR P16=Yes (code 1);
- AND P17=Often or Sometimes (code 1 or 2) OR P18=yes (code 1)

ADEQUATE FINANCIAL CONFIDENCE: Consider if:

- P15=Very or somewhat confident (code 1 or 2) OR P16=No (code 2);
- AND P17=Rarely or never (code 3 or 4) OR P18=no (code 2)



SECTION N: Online Groups Questions

The focus groups you would be taking part in will be conducted online using Zoom. To participate, you will need:

- A laptop, desktop computer, or tablet with high-speed internet and the ability to use Zoom
- A microphone, speakers, and a webcam
- A quiet, distraction-free space (no public places, vehicles, or outdoor areas)

IMPORTANT NOTE: You CANNOT use a smartphone to join the focus group. We will be reviewing materials on screen that REQUIRE a larger display, such as a laptop, desktop computer, or tablet. A phone screen is too small for this research.

NF1. Do you have access to one of the following devices with high-speed internet and the ability to use Zoom for the focus group? [MULTIPLE RESPONSES KEEPING CODE 3 EXCLUSIVE]

Laptop or desktop computer.....1
 Computer tablet.....2
 None of the above.....3

INSTRUCTIONS: If none, thank & terminate

NF2. Does the device you will use to attend the focus group have the following? [MULTIPLE RESPONSES KEEPING CODE 4 EXCLUSIVE]

Webcam 1
 Microphone.....2
 Speakers 3
 None.....4

INSTRUCTIONS: If none, thank & terminate; Recruit if code 1, 2 AND 3 (all required) - BUT webcams (code 1) are not essential for remote participants

NF3. You will need to be in a place that is quiet and free of distractions for the duration of the session. This includes being on your own, without pets, children or other people nearby, and in a quiet room. **An outdoor area, a vehicle, or a public place are NOT acceptable locations.** Are you able to secure a quiet environment without distractions or noises for the duration of the focus group session?

Yes 1
 No.....2

INSTRUCTIONS: If no, thank & terminate

INSTRUCTIONS FOR NF1-NF3 THANK & TERMINATE: Based on your responses, we are unable to invite you to take part in this online focus group, as you do not meet the technical or logistic requirements. We thank you for your interest in this research.



SECTION R: Previous Focus Group Experience Questions

I just have a few more questions about your past participation in market research...

R1. Have you ever attended a group discussion or interview for which you received a sum of money?

Yes 1

No 2

INSTRUCTIONS: Max 5 per group who answer YES, then continue; If NO, go to SECTION I: INVITATION

R2. When was the last time you attended a group discussion or interview? _____

R3. **[ASK IF WITHIN PAST 5 YEARS IN R2]** How many groups or interviews have you attended in the past 5 years? _____

R4. What was the subject(s) of the focus group(s) or interview? _____

THANK AND TERMINATE IF THEY HAVE...

- been to 5 or more groups in the past 5 years (max 4 groups/interviews attended)
- attended a focus group in the past six months
- participated in a focus group about food labelling / healthy eating

SECTION I: Invitation

Based on your responses so far, we would like to invite you to participate in a small online group discussion using Zoom, scheduled for **<INSERT TIME>** on **<INSERT DATE>**. The session will include up to 10 participants and will last between **90 minutes and 2 hours**. You will receive a financial incentive of \$125 as a thank you for your time. During the session, we'll review fact sheets about food labelling and discuss how they can help guide everyday food choices.

I1. Are you available and interested in taking part in this focus group?

Yes 1

No 2

I1 INSTRUCTIONS: If NO, thank & terminate

I2. The focus group discussion in which you will be participating will be video recorded for research purposes only. Be assured that your comments and responses will not be attributed to you and that your name will not be included in the research report. Are you comfortable with the discussion being video recorded?

Yes 1

No 2

I2 INSTRUCTIONS: If NO, thank & terminate



13. There may also be employees from Health Canada and a marketing company they are working with, who will be listening in on the discussion. They will not be given the last names of participants. Are you comfortable with having observers?

Yes 1

No 2

I3 INSTRUCTIONS: If NO, thank & terminate

14. Which of the two official languages, English or French, do you speak most often on a regular basis?

[SINGLE RESPONSE]

English 1

French..... 2

Both equally..... 3

I4 INSTRUCTIONS: Must answer French (code 2) for Quebec groups

15. The group discussion will be held **[GROUPS 14, 15, 17, 18, 20 & 22: in French] [ALL OTHER GROUPS: in English]**. Participants may also be asked to read text, write responses and/or review images during the session. Are you able to take part in these activities **[GROUPS 14, 15, 17, 18, 20 & 22: in French] [ALL OTHER GROUPS: in English]** on your own, without assistance?

Yes 1

No 2

I am unsure..... 8

I5 INSTRUCTIONS: If NO or UNSURE, thank & terminate

Could we please confirm the email address where we can send you the detailed instructions for logging in to the group?

Record email address (and verify): _____.

We will send you the instructions by email at least 1 day in advance of the group. The group discussion will begin promptly at **<INSERT TIME>** and will last between **90 minutes and 2 hours**. Please log in 15 minutes in advance to ensure that the session is not delayed. If you arrive late, we will not be able to include you in the discussion, and you will not receive the financial incentive.

As mentioned, we will be pleased to provide everyone who participates with **\$125**, provided by e-Transfer or cheque, as you'd prefer. It takes approximately 5 business days to receive an incentive by e-Transfer or approximately 2-3 weeks following your participation to receive an incentive by cheque.



16. Would you prefer to receive your incentive by e-Transfer or cheque?

e-Transfer 1

Cheque 2

16 INSTRUCTIONS: If E-TRANSFER, continue to 17; If CHEQUE, skip to 18

17. **[IF PREFER TO RECEIVE INCENTIVE BY E-TRANSFER – CODE 1 IN Q16]** Could you please confirm the e-mail address where you would like the e-transfer sent after the focus groups, as well as the proper spelling of your name? Note that the e-transfer password will be provided to you via email following the focus group.

RECORD EMAIL ADDRESS: _____

RECORD FIRST NAME: _____

RECORD LAST NAME: _____

18. **[IF PREFER TO RECEIVE INCENTIVE BY CHEQUE – CODE 2 IN Q16]** Could I have the mailing address where you would like the cheque mailed after the focus groups, as well as the proper spelling of your name?

Mailing address: _____

City: _____

Province: _____ Postal Code: _____

First name: _____ Last name: _____

As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort to do so. If you are unable to take part in the study, please call _____ (collect) at _____, or email _____ as soon as possible so a replacement may be found. **Please do not arrange for your own replacement.**

19. So that we can call you to remind you about the focus group or contact you should there be any last-minute changes, can you please confirm your name and contact information for me?

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

19 INSTRUCTIONS: Insert information already collected, for confirmation. If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be protected in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.



Thank you for your interest in our study. We look forward to hearing your thoughts and opinions!

Attention Recruiters

1. Recruit **12 participants per group**
2. CHECK QUOTAS
3. Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE
4. Do not put names on profile sheet unless you have a firm commitment.
5. Repeat the date, time and verify email before hanging up.

Confirming – DAY BEFORE GROUP

6. Confirm in person with the participant the day prior to the group– do not leave a message unless necessary
7. Confirm all key qualifying questions
8. Confirm date and time
9. Confirm they have received the login instructions



Healthy Eating Nutrition Labelling Education Study (HC POR 25-09) - Recruitment Screener – Final Health Educator Groups

Name: _____

Daytime phone: _____ Evening phone: _____

Email: _____

Community: _____ Province: _____

SECTION 1: Schedule & Specifications

NETFOCUS GROUP SCHEDULE

Date (2026)	Group	ADT	EDT	Participant Time	Audience	Language	Moderator
Monday, January 12	1	2:00PM	1:00PM	1:00PM ET	Ontario	EN	MB
Friday, January 16	9	11:00AM	10:00AM	11:30AM NL / 11:00AM AT	Atlantic Canada	EN	MB
	24	11:00AM	10:00AM	10:00AM ET	Quebec	FR	CP
Monday, January 19	11	1:00PM	12:00PM	11:00AM CT & SK / 10:00AM MT	Prairies	EN	MB
Friday, January 23	25	2:00PM	1:00PM	1:00PM ET / 12:00PM CT & SK / 11:00AM MT & YT / 10:00AM PT	BC & North	EN	CP

Specification Summary

- | | |
|---|--|
| <ul style="list-style-type: none"> • Five (5) online focus groups in total: <ul style="list-style-type: none"> ○ Four (4) English groups – one (1) group in each of the following regions: <ul style="list-style-type: none"> • Atlantic Canada (NL, NS, NB, PE) • Ontario • Prairies (MB, SK, AB) • BC/North (NU, NT, YT) ○ One (1) French group including residents of Quebec and francophones from other regions <ul style="list-style-type: none"> ▪ In each market, one (1) group with Health Educators (to be recruited based on their nutrition knowledge, and each session will include professionals with a variety of occupations and years of experience, with representation of dietitians in each session). | <ul style="list-style-type: none"> • Those who educate the public on healthy eating (e.g., registered dietitians, registered nurses, teachers, community leaders, professional trainers, etc.) – they need some background in health education to have some level of credibility • All are regularly involved in engaging conversations with clients about food choices – this needs to be an important part of their work. So consider the profession, but also this role – combined • Incentive: \$200 per participant • Access to desktop, laptop or computer tablets connected to high-speed internet with a speaker, microphone, and webcam. <u>No</u> smartphone use permitted (except North groups where a Smartphone may be permitted) <ul style="list-style-type: none"> ○ For participants in the north and in remote locations where strength of internet connection may vary, a webcam may not be required • 9 recruited per group • Group discussion lasts 90 minutes |
|---|--|



Breakdown of Focus Group Sessions with Health Educators							Total Recruits	Total Groups
Target Audience	BC & North	Prairies	Ontario	Atlantic Canada	Quebec	English		
Health Educators	1	1	1	1	1	French	45	5

RECRUITER NOTE - WHEN TERMINATING AN INTERVIEW, SAY: “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

RECRUITER NOTE: If a respondent wishes to verify the validity of the study, please contact:

Narrative Research: 888-414-1336; focusgroups@narrativeresearch.ca

NOTE THAT THROUGHOUT THE SCREENER, INSTRUCTIONS APPEAR BELOW EACH QUESTION

SECTION G: General Introduction

Hello, my name is _____ and I am calling on behalf of Narrative Research, a national market research company. Let me assure you that we are not trying to sell you anything. We are conducting a study on behalf of the **Government of Canada**, specifically for **Health Canada**, and we are looking for health professionals and educators to take part in a small group discussion.

R5.

Do you prefer to continue in English or French? / Préférez-vous continuer en français ou anglais?

RECRUITER NOTE - FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH: « Malheureusement, pour votre province ou territoire, les groupes de discussion sont prévus en anglais seulement. Désirez-vous qu'un collègue francophone vous contacte pour vous inviter à participer à un groupe de discussion en français? »

The purpose of this focus group is to review fact sheets about food labels and discuss how they can support your work in advising your clients, students, or others on making informed food choices. Participation in this research is voluntary. Anything you say will be protected according to privacy legislation. Those who qualify and take part in the focus group will receive a financial incentive of **\$200**. Is this something you might be interested in?

Yes 1

No 2 **THANK & TERMINATE**

[IF ONLINE, PROVIDE A LINK TO NARRATIVE RESEARCH'S PRIVACY POLICY AT THE BOTTOM OF EACH PAGE:

[ENGLISH: <https://narrativeresearch.ca/privacy-policy/>] [FRENCH: <https://narrativeresearch.ca/privacy-policy/#politique-de-confidentialit%C3%A9>]

[IF BY PHONE: Narrative Research's privacy policy is available upon request. IF ASKED, PROVIDE PRIVACY POLICY LINK BY PHONE OR RECORD EMAIL WHERE IT WILL BE SENT]



[IF BY PHONE: If asked about Privacy Laws, say: The personal information you give me is being collected under the Department of Health Act, and will be handled according to the Privacy Act. I am only collecting the information I need to determine whether you are eligible to participate in the research, and to contact you related to this research if you choose to participate. You have the right to access and request a correction and/or notation to your personal information. For privacy-related questions, you may contact nutrition@hc-gc.ca. If you have been unable to resolve a privacy issue with HC, you may file a formal complaint with the Privacy Commissioner of Canada about how we have handled your personal information. The collection of your personal information is described in Info Source at infosource.gc.ca, in the personal information bank (PIB) PSU 914 – Public Communications.]

This research is registered with the Canadian Research Insights Council Research Verification Service.

[IF NEEDED, SPECIFY: to verify the research, you can visit

<https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en>

The survey registration number is: **20251028-NA223**]

The format of the focus group is an informal online small group discussion led by a professional moderator. May I ask you a few quick questions to see if you have the profile we are looking for? This should take about 6 or 7 minutes.

Yes 1
No 2

IF NO, THANK & TERMINATE

SECTION P: Profiling Questions

To begin...

P1. Which of the following best represents your current employment status?

Working full-time (at least 30 hours per week) 1
Working part-time (less than 30 hours per week) 2
Self-employed 3
Unemployed (including work leave, retired, full-time student) 4

INSTRUCTIONS: All must be employed (codes 1-3). If currently unemployed (code 4), thank & terminate.

P2. Do you or any member of your household currently work or have ever worked in...? **[READ LIST – ROTATE ORDER]**

Marketing/Market Research 1
Public relations, advertising, media (TV, Radio, Newspaper), graphic design 2
Federal or provincial government department responsible for public health 3
Food manufacturing/ food industry/food commodity or advocacy organization 4



None of these 6

INSTRUCTIONS: If yes to any of code 1-4, thank & terminate. Continue if none of the above (code 6).

P3. Are you currently employed as a.....?

Registered dietitian 1

Registered nurse 2

Primary-level teacher 3

Secondary-level teacher 4

Public health educator 5

Community program worker, such as health worker, coordinator, or youth facilitator 6

Physical trainer or instructor 7

Other (Specify: _____) 8

**INSTRUCTIONS: If Registered dietitian (code 1), ask Q.P4. If Primary or Secondary-level teacher (codes 3 & 4), go to Q.P6. If Registered nurse, Physical activity specialist, Kinesiologist, Public health Educator or Physical trainer/instructor (codes 2, 5-8), go to Q.P5. If OTHER (code 8), skip to Q.P7, place on hold and check with supervisor
Recruit a mix of occupations, including at least one dietitian and one nurse in each group.**

P4. **[IF CODE 1 (DIETITIAN) IN Q.P3 ASK]** Have you graduated from a recognized postsecondary institution in, nutrition or dietetics, or food science?

Yes 1

No 2

INSTRUCTIONS: If no (code 2), thank & terminate

P5. **[IF CODES 2 (NURSE), 5 (PUBLIC HEALTH EDUCATOR), 6 (COMMUNITY PROGRAM WORKER), 7 (TRAINER) OR 9 (OTHER) IN Q.P3 ASK]** Are you actively involved in providing healthy eating information or education to other people as part of your work?

Yes 1

No 2

INSTRUCTIONS: If no (code 2), thank & terminate; ask for referral

P6. **[IF CODES 3 or 4 (TEACHER) IN Q.P3 ASK]** Do you teach healthy eating habits to your students as part of the curriculum?

Yes 1

No 2

INSTRUCTIONS: If no (code 2), thank & terminate; ask for referral



P7. [IF CODES 1-8 IN Q.P3 ASK] How long have you been working as a [RESPONSE FROM Q.P3]?

Less than one year 1

One to five years..... 2

More than five years..... 3

INSTRUCTIONS: If Less than one year (code 1), thank & terminate; Recruit mix between code 2 & 3

P8. In which province/territory and community do you currently work?

Province/territory: _____

Community name: _____

INSTRUCTIONS : Recruit a mix of provinces/territories and communities (if possible) within each session based on specs

SECTION N: Netfocus Questions

The focus groups in which you would be participating will be conducted online using Zoom. To participate, you will need:

- A laptop, desktop computer, or tablet with high-speed internet and the ability to use Zoom
- A microphone, speakers, and a webcam
- A quiet, distraction-free space (no public places, vehicles, or outdoor areas)

IMPORTANT NOTE: You CANNOT use a smartphone to join the focus group. We will be reviewing materials on screen that REQUIRE a larger display, such as a laptop, desktop computer, or tablet. A phone screen is too small for this research.

NF1. Do you have access to one of the following devices with high-speed internet and the ability to use Zoom for the focus group? [MULTIPLE RESPONSES KEEPING CODE 3 EXCLUSIVE]

Laptop or desktop computer 1

Computer tablet 2

None of the above 3

INSTRUCTIONS: If no, thank & terminate

NF2. Does the device you will use to attend the focus group have the following? [MULTIPLE RESPONSES KEEPING CODE 4 EXCLUSIVE]

Webcam 1

Microphone 2

Speakers 3

None 4

INSTRUCTIONS: If none, thank & terminate; Recruit if code 1, 2 AND 3 (all required) - BUT webcams (code 1) are not essential for remote participants



NF3. You will need to be in a place that is quiet and free of distractions for the duration of the session. This includes being on your own, without pets, children or other people nearby, and in a quiet room. **An outdoor area, a vehicle, or a public place are NOT acceptable locations.** Are you able to secure a quiet environment without distractions or noises for the duration of the focus group session?

Yes 1
No 2

INSTRUCTIONS: If no, thank & terminate

INSTRUCTIONS FOR NF1-NF3 THANK & TERMINATE: Based on your responses, we are unable to invite you to take part in this online focus group, as you do not meet the technical or logistic requirements. We thank you for your interest in this research.

SECTION R: Previous Focus Group Experience Questions

I just have a few more questions about your past participation in market research...

R1. Have you ever attended a group discussion or interview for which you received a sum of money?

Yes 1
No 2

R2. **[IF YES]** When was the last time you attended a group discussion or interview? _____

SECTION I: Invitation

Based on your responses so far, we would like to invite you to participate in a small online group discussion using Zoom, scheduled for <INSERT TIME> on <INSERT DATE>. The session will include up to 9 participants and will last about **90 minutes**. You will receive a financial incentive of **\$200** in appreciation for your time. During the session, we review fact sheets about food labels and discuss how they can support your work in advising your clients, students, or others on making informed food choices.

I1. Are you available and interested in taking part in this focus group?

Yes 1
No 2

I1 INSTRUCTIONS: If NO, thank & terminate

I2. The discussion in which you will be participating will be video recorded for research purposes only. Be assured that your comments and responses will not be attributed to you and that your name will not be included in the research report. Are you comfortable with the discussion being video recorded?

Yes 1
No 2

I2 INSTRUCTIONS: If NO, thank & terminate



13. There may also be employees from Health Canada and a marketing company they are working with, who will be listening in on the discussion. They will not be given the last names of participants. Are you comfortable with having observers?

Yes 1

No 2

I3 INSTRUCTIONS: If NO, thank & terminate

14. Which of the two official languages, English or French, do you speak most often on a regular basis?
[SINGLE RESPONSE]

English 1

French..... 2

Both equally..... 3

I4 INSTRUCTIONS: Must answer French (code 2) for Quebec groups

15. The group discussion will be held [GROUP 24: in French] [ALL OTHER GROUPS: in English]. Participants may also be asked to read text, write responses and/or review images during the session. Are you able to take part in these activities [GROUP 24: in French] [ALL OTHER GROUPS: in English] on your own, without assistance?

Yes 1

No 2

I am unsure..... 8

I5 INSTRUCTIONS: If NO or UNSURE, thank & terminate

Could we please confirm the email address where we can send you the detailed instructions for logging in to the group?

Record email address (and verify): _____.

We will send you the instructions by email at least 1 day in advance of the group. The group discussion will begin promptly at <INSERT TIME> and will last about **90 minutes**. Please log in 10 minutes in advance to ensure that the session is not delayed. If you arrive late, we will not be able to include you in the discussion and you will not receive the financial incentive.

As mentioned, we will be pleased to provide everyone who participates with **\$200**, provided by e-Transfer or cheque, as you'd prefer. It takes approximately 5 business days to receive an incentive by e-Transfer or approximately 2-3 weeks following your participation to receive an incentive by cheque.

16. Would you prefer to receive your incentive by e-Transfer or cheque?

e-Transfer 1

Cheque 2


I6 INSTRUCTIONS: If E-TRANSFER, continue to I7; If CHEQUE, skip to I8

17. **[IF PREFER TO RECEIVE INCENTIVE BY E-TRANSFER – CODE 1 IN QI6]** Could you please confirm the e-mail address where you would like the e-transfer sent after the focus groups, as well as the proper spelling of your name? Note that the e-transfer password will be provided to you via email following the focus group.

RECORD EMAIL ADDRESS: _____

RECORD FIRST NAME: _____

RECORD LAST NAME: _____

18. **[IF PREFER TO RECEIVE INCENTIVE BY CHEQUE – CODE 2 IN QI6]** Could I have the mailing address where you would like the cheque mailed after the focus groups, as well as the proper spelling of your name?

Mailing address: _____

City: _____

Province: _____ Postal Code: _____

First name: _____ Last name: _____

As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort to do so. If you are unable to take part in the study, please call _____ (collect) at _____, or email _____ as soon as possible so a replacement may be found. **Please do not arrange for your own replacement.**

19. **So** that we can call you to remind you about the focus group or contact you should there be any last-minute changes, can you please confirm your name and contact information for me?

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

I9 INSTRUCTIONS: Insert information already collected, for confirmation. If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be protected in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.

Thank you for your interest in our study. We look forward to hearing your thoughts and opinions!

**Attention Recruiters**

1. Recruit **9 participants per group**
2. CHECK QUOTAS
3. Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE
4. Do not put names on profile sheet unless you have a firm commitment.
5. Repeat the date, time and verify email before hanging up.

Confirming – DAY BEFORE GROUP

6. Confirm in person with the participant the day prior to the group– do not leave a message unless necessary
7. Confirm all key qualifying questions
8. Confirm date and time
9. Confirm they have received the login instructions

Appendix B:

Materials for Testing

Nutrition labels for general discussion



Document A

Canada's food guide

Understanding the front-of-package nutrition symbol

Foods with the front-of-package nutrition symbol are high in saturated fat, sugars, or sodium. Too much of these can be harmful to your health. The symbol appears on foods that are high in at least one of these nutrients.



Limit foods with a front-of-package symbol, these are high in saturated fat, sugars, or sodium.



If the food product doesn't have the symbol, it does not mean the product is low in these nutrients.

Use the nutrition facts table to choose foods lower in saturated fat, sugars, and sodium.



Some packaged foods that are high in these nutrients do not need to display a symbol. Here are some reasons:

- That food has health protection benefits, such as vegetables and fruits
- Nutrition information is not required on that food, such as raw meat with no added ingredients
- The symbol could appear redundant, such as on packages of sugar and salt. Use these ingredients less often and in small amounts



Canada's food guide

Making food choices using the front-of-package symbol and Canada's food guide

Step 1

Limit foods with a front-of-package nutrition symbol, when possible.

Step 2

Choose foods that have little to no added sodium, sugars, or saturated fat.

They can come from many places like the store, your community, be grown, hunted, or fished.

Examples include:

- plain vegetables and fruits
- whole grain foods like whole grain pasta, rolled oats, or brown rice
- "unsweetened" and "no salt added" plant-based protein foods like tofu, legumes, nuts, and seeds
- eggs, fish, shellfish
- white milk (skim, 1%, 2%), unsweetened fortified soy beverages, or unsweetened lower fat yogurt
- lean cuts of meat and poultry without skin, such as pork loin, ground poultry, inside round or eye-of-round beef, or game meat



Visit Canada.ca/FoodGuide/UseFoodLabels



Document A – Poll Images



A



B



C

Document B

Canada's food guide **Make food choices using food labels**

The **front-of-package nutrition symbol** helps you identify foods that are high in saturated fat, sugars, or sodium.

Step 1 Use the front-of-package nutrition symbol to help you **limit** foods that are high in saturated fat, sugars, or sodium.

The **list of ingredients** shows what ingredients are in a food by weight, listed from most to the least.

Step 2 Use the list of ingredients to know if a food:

- is made of minimally processed **vegetables, fruits, whole grains, or protein foods**
 - For example, look for "carrot" instead of "carrot juice concentrate"
 - When choosing grain products, look for "**Whole**" or "**Whole grain**" as one of the first ingredients
- has **added sugars**. When possible, **limit** these foods
 - Check if "**Sugars**" are listed. If sugar is listed, it has been added
 - Be mindful of food and drinks made with sugar substitutes (such as, stevia, xylitol, erythritol, saccharin, and aspartame). They are assessed for safety, but not needed for healthy eating. Choose **unsweetened** food and drinks
- has common allergens or contains gluten. To know, look through the ingredients or after "**Contains**"

Ingredients: Whole grain rolled oats • Peanuts • Sugars (honey, maple syrup) • Almonds • Crisp brown rice • Pecans • Salt
Contains: Oats • Peanuts • Almonds • Pecans

Canada's food guide

Canada's food guide **Make food choices using food labels**

The **nutrition facts table** lists the nutrients in a food and how much of each nutrient it contains.

Step 3 Use the nutrition facts table to compare and **choose healthier options**.

Serving size
Per 1 bar (40 g)

Nutrition Facts	% Daily Value*
Calories 180	
Fat 9 g	14 %
Saturated 1 g	5 %
+ Trans 0 g	
Carbohydrate 21 g	12 %
Fibre 3 g	2 %
Sugars 2 g	
Protein 5 g	
Cholesterol 0 mg	
Sodium 65 mg	3 %
Potassium 350 mg	7 %
Calcium 75 mg	6 %
Iron 2.5 mg	14 %

*5% or less is a little, 15% or more is a lot

Check the serving size.
It tells you the amount of food the nutrition facts are based on. The serving size is not meant to tell you how much to eat.

Compare the % daily value of any nutrient on similar foods.
• 5% or less is a little
• 15% or more is a lot
You can use % daily value for any nutrient. For instance, white milk has more than 15% daily value of calcium, so it provides a lot of calcium.

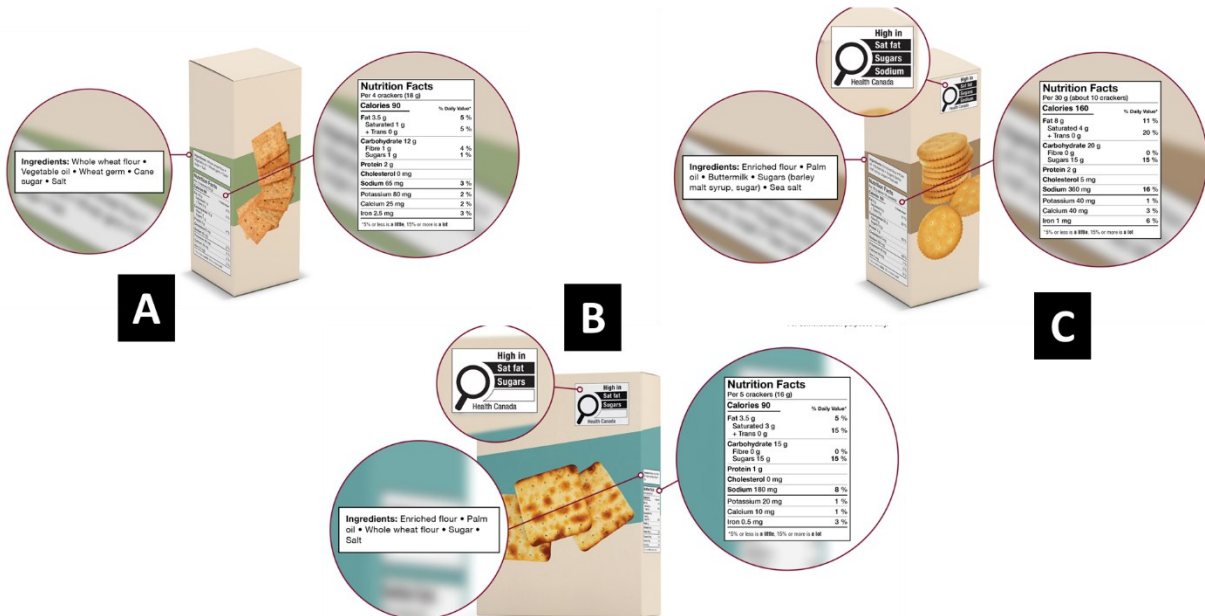
Choose foods lower in saturated fat, sodium, and sugars.
When possible, **choose foods that have 5% or less % daily value** for:
• saturated fat
• sodium

Nutrition Facts
Per 1 bar (40 g)
Saturated 1 g + Trans 0 g 5 % **a little**

Nutrition Facts
Per 1 bar (40 g)
Saturated 4 g + Trans 0 g 20 % **a lot**

Visit Canada.ca/FoodGuide/UseFoodLabels

Document B – Poll Images



Document C

Canada's food guide

Choosing groceries with the help of food labels: A checklist

Many foods have nutrition labels. Some, like fresh vegetables and fruits, some plain raw meats, poultry, and fish, do not.

Use this checklist to plan and shop with the help of food labels.

Keep in mind: Food can come from many places like the store, your community, and the land, and also reflect your culture. Plan to use what you have at home.

- ☐ Choose foods that are made of **vegetables, fruits, whole grains, and protein foods**.
- ☐ Use nutrition labels to help you **limit sodium, sugars, and saturated fat**.

1 Limit foods with a front-of-package nutrition symbol, when possible

2 Use the list of ingredients to see if "Sugars" is listed. Limit foods with added sugars

3 Use the nutrition facts table to make an informed choice

Choose foods **lower in saturated fat, sugars, and sodium**

- When possible, choose foods that have 5% or less daily value for saturated fat and sodium

Canada

Canada's food guide

Choosing groceries with the help of food labels: A checklist

- ☐ **Choose plenty of vegetables and fruits**
 - Include dark green or orange ones, such as:
 - spinach, broccoli, green peas, bok choy
 - carrots, sweet potato, red and orange peppers
 - Check the labels on canned, frozen or dried vegetables and fruits. Choose those without added sodium, sugars, or saturated fat. For example:
 - plain, frozen vegetables and fruits
 - canned vegetables, packed in water
- ☐ **Select whole grain foods**
 - Include whole grain foods, such as:
 - quinoa
 - whole grain pasta
 - whole grain bread
 - brown rice, wild rice
 - whole oats or oatmeal, such as steel-cut or rolled oats
 - Look for "Whole" or "Whole grain" as one of the first ingredients
 - Limit grain foods with a front-of-package symbol. You may see it on some breads, crackers, granola bars, and breakfast cereals
- ☐ **Include a variety of protein foods**
 - Select plant-based protein foods, such as:
 - dried or "no sodium added" canned beans, peas and lentils
 - lower sodium soy products such as tofu and edamame
 - nuts and seeds without added sodium, sugars or saturated fat
 - peanut or nut butters with nuts as the only ingredient
 - unsweetened fortified soy beverages
 - Choose protein options, such as:
 - eggs
 - fish and shellfish (plain fresh or frozen, or canned with little to no added sodium)
 - yogurt, white milk (skim, 1% or 2%)
 - skinless poultry and lean cuts of meat, such as pork loin, ground poultry, inside round, or eye-of-round beef
 - Limit highly processed protein foods with a front-of-package symbol, such as some:
 - pre-marinated meats
 - simulated meat products
 - breaded or battered options
 - canned products with creamy sauces
 - frozen pre-cooked meat patties or nuggets

Visit Canada.ca/FoodGuide/UseFoodLabels

Appendix C:

Moderator's Guide



Health Canada/PHAC
Healthy eating nutrition labelling education (HC POR 25-09)
Moderator's Guide – Final

Study Goals (Confidential – Not read to participants)

The goal of the study is to evaluate if draft resources support public awareness, understanding and use of nutrition labels, including front-of-package (FOP) labels, to make healthier choices. Further, the study aims to ensure these materials assist health professionals in effectively educating the public on how to use food labels to support healthy eating. Study objectives are to:

- *determine if the resources are:*
 - *clear and easy to understand by the intended audiences;*
 - *credible, engaging, relevant and of value (messaging and format) to the audiences;*
 - *able to support confidence in the audience to take action*
- *elicit suggestions/options for any missing information that is expected by the audiences to support them in making healthy eating choices when grocery shopping.*
- *elicit insights from the audiences on ways to improve the resources to make them more relevant, useful, or easy to understand.*

Introduction

10 minutes

- **Welcome:** Introduce Narrative Research, self and function of a moderator (keep on time/on topic)
- **Topic/Sponsor/Length:** For the next 90 minutes or so, I'd like to explore your thoughts on education materials being developed by the Government of Canada about food labelling. We will look at this material together, and I will be interested in hearing your opinions.
- **Participants' Role:** No need to prepare & all opinions are important. No right/wrong answers; interested in understanding agreement/disagreement; want to hear from everyone, but participation is voluntary.
- **Confidentiality:** Comments will not be attributed in the report; no names in the report; ask participants to keep the content of the discussion in confidence. The personal information you provide is collected under the authority of the Department of Health Act and will be managed in accordance with the Privacy Act.
- **Logistics:** Session video recording; government employees as observers
- **Platform Tools (Zoom):** Raise hand; chat; mute/unmute
- **Participant Introduction (GP):** In which city or community do you live; and who lives in your home.
- **Participant Introduction (health educators):** In which city or community do you work; and the work you do.

General Discussion

10 minutes

Today, we will be looking at material related to nutrition information found on food package labels.

Consumer Groups:

- Do you usually look at nutrition information on food labels when grocery shopping?
- If so, what are you looking for?



- What do you pay attention to most, and how does it affect what you buy or eat or what you choose to stay away from? Probe: Nutritional Facts Table; List of ingredients; front-of-package nutrition symbol **SHOW EXAMPLES ON SCREEN**
- Is there anything about nutrition labels on packaged foods that you find confusing or hard to understand?

Health Educator Groups:

- Which parts of food labels do you emphasize most in your discussion with clients? Why those? **SHOW EXAMPLES ON SCREEN**
- What advice do you typically give clients about reading food labels?
- What common challenges do clients face when using food labels?

Review of Materials

70 minutes (30 minutes per factsheet inc. review & poll)

As I mentioned earlier, the Government of Canada is developing educational materials to help people better understand nutritional information available on food packages, specifically the front-of-package nutrition symbol, the nutrition facts table, and list of ingredients. Today, we will review two information sheets—possibly three, if time permits. Each will focus on different aspects of the food label. We will look at one sheet at a time. Here is what we will do: I'll display the sheet on the screen and read it aloud while you follow along. After that, I will display the sheet on the screen, and you'll complete a short opinion poll – just a few quick questions. Then we'll discuss your reactions as a group. We will repeat this process for all sheets. Remember that this is not a test and there are no right or wrong answers. Also, keep in mind that we will only be talking about the information sheets, not the package symbols or the guidance from the food guide, since we have a limited amount of time today. Let's start with the first one. **PRESENT EACH FACTSHEET ONE AT A TIME – ALWAYS START WITH FACTSHEET 'A' FOLLOWED BY FACTSHEET 'B'**

Document A: Understanding the front-of-package nutrition symbol | Making food choices using the front-of-package nutrition symbol and Canada's food guide/ Document B: Make food choices using food labels

AFTER PARTICIPANTS HAVE REVIEWED THE DOCUMENT: Before we talk about this document, take a moment to answer, each on your own, the poll questions. Keep in mind, I will see your responses, but other participants will not. I will not ask you to share your responses during the group discussion. **[FACTSHEET REVIEW & POLL: 10 MIN]**

[POLL]

To what extent do you agree or disagree with each of the following statements? (RESPONSE OPTIONS: 1. Completely agree; 2. Mostly agree; 3. Mostly disagree; 4. Completely disagree)

- 1. The information is clear and easy to understand. [CLARITY]**
- 2. The title relates to the information in the factsheet [CLARITY]**
- 3. This information would help me make food choices. / This information would help my clients make food choices. [VALUABLE]**



4. This information helps me feel more confident using nutrition food labels. / This information would likely make my clients feel more confident using nutrition food labels. [SUPPORT ACTION]

FACTSHEET A:

5. If you want to eat less saturated fat, sugars, and sodium, which product is the better choice based on the label nutrition information? RESPONSE OPTIONS: 1. A; 2. B; 3. C; 4. B & C [Visual A: 3x labels of granola; high in all three NoC; Visual B: high in sugars and sat fat; Visual C: without an FOP label] [SINGLE CHOICE RESPONSE – ANSWER: 3, visual C- without an FoP label]

FACTSHEET B:

5. If the word 'Sugar' is in the list of ingredients, you know that sugar has been added. RESPONSE OPTIONS: 1. True; 2. False; 3. I don't know [SINGLE RESPONSE - ANSWER: 1. True]
6. Which cracker option is the healthier choice, based on the label nutrition information? RESPONSE OPTIONS: 1. A; 2. B; 3. C [Visuals A: 3x crackers, NFT – low in sat fat, sugar, sodium; list of ingredients – whole grains, and if there are added sugars it is low in the list; VISUAL B: NFT- high in sodium, sat fat, low in sugars; list of ingredients – whole grains, added sugars low in the list; VISUAL C: NFT- high in all NoC, list of ingredients – not whole grain and added sugars high on the list] [SINGLE RESPONSE – ANSWER: 1]

AFTER THE EXERCISE: Now let's talk about your reactions together...

Consumers [20 MIN]:

- Is there anything that stood out for you in this document? [Attention/Engagement]
- What parts will you remember the most, and why? [Learning/Content]
- Is there anything that feels new or surprising to you? [Learning/Content]
- Now looking at each page separately...
 - How would you explain this information to a friend? What are the top key messages? [Understanding]
 - Anything unclear, confusing, or problematic? [Clarity]
 - Are there any statements that you question or are unsure about? If so, which ones and why? [Credibility]

[FACTSHEET A: Understanding the front-of-package nutrition symbol / Making food choices using the front-of-package symbol and Canada's food guide]

- Page 1: Can you describe, in your own words, what you understand the following sentence to mean: If the food product doesn't have the symbol, it does not mean it is low in these nutrients.
- Page 2: If someone asked you what the foods listed at Step 2 have in common, what would you say?

[FACTSHEET B: Make food choices using labels]

- Page 1: Step 2 says to check the ingredients listed to see if a food is made of minimally processed vegetables, fruits, whole grains, or protein foods.
 - What would you look for in the list of ingredients?



- What would you expect to see in the list of ingredients of foods that are highly processed? What about foods that are ultra-processed?
- Page 1: Do you typically say “list of ingredients” or “ingredient list”?
- Page 1: In your own words, what is the key takeaway about sugars?

Now that we have looked at both pages of the factsheet:

- How, if at all, would you use this information? How would this information influence the types of foods people choose? **[Usefulness/Relevance]**
- How could this document be improved? **[Suggestions]**

Health Educators [20 MIN]:

- Is there anything that stood out for you in this document? **[Attention/Engagement]**
 - Let's have a look at each page separately...
 - What message or idea stands out? Do you think this message will resonate with your clients? Why/why not? **[Understanding/Relevance]**
 - Does it cover the information you would want in a factsheet about nutrition labelling? What's missing or needs change? **Learning/Content]**
 - Is anything unclear or difficult to explain to a client? Anything problematic or questionable? **[Clarity/Credibility]**
- [FACTSHEET A: Understanding the front-of-package nutrition symbol| Making food choices using the front-of-package nutrition symbol and Canada's food guide]**
- Page 1: Have you talked about the front-of-package nutrition symbol with your clients? Does this factsheet explain it in a way that would help you with those discussions?

Now that we have looked at both pages of the factsheet:

- How, if at all, would you use this information in your work with clients? Would you share the factsheet with clients? Why/why not? **[Usefulness/Relevance]**
- Do you think this information may help your clients feel more confident about using food labels? Why/why not? **[Relevance]**
- How could this document be improved to better support you in educating clients? **[Suggestions]**

Now let's have a look at the next factsheet. **REPEAT POLL/DISCUSSION FOR THE OTHER FACTSHEET.**

[ONLY IF TIME PERMITS – NEED 15-20 MIN]

[FACTSHEET C: Choosing groceries with the help of food labels: A checklist]

Next, I'd like to share a third factsheet, but we won't spend as much time on it as we did for the two others. This one is a checklist to help you choose groceries with the help of food labels. You will have a few minutes to read it on your own before we talk about it. **MODERATOR SHOW FACTSHEET ON SCREEN**

- Is there anything that stood out for you in this factsheet? **[Attention/Engagement]**
- **[Consumers]** How, if at all, would you use this information? How would this information influence the types of foods people choose? **[Usefulness/Relevance]**



- **[Health Educators]** How, if at all, would you use this information in your work with clients? Would you share the factsheet with clients? Why/why not? **[Usefulness/Relevance]**
- Do you have any suggestions for improving this document? **[Suggestions]**

Before we finish up, I'd like your thoughts on the format. These fact sheets are designed as two-page documents that will be available online as PDF documents. **[10 MIN]**

- What do you think of the format (e.g., two-page PDF document available online)?
- **[Health Educators]** How do you usually learn about new resources for your clients, and is this where you would expect to learn about these resources to be promoted?
- **[Consumers]** How do you usually find information about healthy eating, and is that where would you expect to find these resources?
- **[HEALTH EDUCATORS]** We may not have had enough time to address all of your comments. I will, however, keep the chat open for a few more minutes so you can share any additional thoughts.

Thanks & Closure:

That's all my questions; thank you for taking part in our discussion. We will follow up with you by email regarding the incentive. Note that once finalized, the study report for this project will be available to the public through a government agency called Library and Archives Canada.