The Keyhole for Healthier Food
Norway

Title in original language:
Nøkkelhullet

Target groups:
General population. Specific target groups are families with children.

Short description of the intervention
The Keyhole (Nøkkelhullet) is a voluntary Nordic label for food. Compared to other foods of the same type, products with the Keyhole comply with one or more of these requirements: more whole grain, less saturated fat, less salt and less sugar. The Directorate of Health’s dietary advice recommends a varied diet with plenty of vegetables, fruit and berries, whole grains and fish, and limited amounts of processed meat, read meat, salt and sugar. Energy balance is also important. The aim of the Keyhole is to help make the right choices when doing grocery shopping and also to stimulate the food industry to develop products containing less fat, healthier fats, less salt and sugar and more fibre, full grain, vegetables and fruits.
The Keyhole symbol has been used as a common Nordic labelling scheme on food products in Norway, Denmark and Sweden since 2009. Which food product groups that can be labelled with the Keyhole symbol (link) and the criteria the products must meet, are determined by Norwegian, Swedish, Danish and Icelandic authorities. In Norway, the Directorate of Health and the Norwegian Food Safety Authority are responsible for the labelling scheme. Using the Keyhole symbol is voluntary, and it is the manufacturers’ responsibility to follow the set of criteria set by the authorities. The Norwegian Food Safety Authority is responsible for monitoring compliance with the regulations regarding use of the label. Stricter criteria were introduced on 1 March 2015. By 1 September 2016, all products labelled with the Keyhole must meet the new criteria.
The Keyhole is a Swedish-registered trademark owned by Livsmedelsverket in Sweden.
The Keyhole is found on the packaging of the food products. Breads, meats and cheeses which are not pre-packaged are also labelled. All fresh fish, fruit, berries, vegetables and potatoes are natural Keyhole products, even though they are not labelled. All grocery stores in Norway sell products with the Keyhole. The Keyhole is also found on some food products at venues such as kiosks and petrol stations.
The Keyhole is for everyone. Food with the Keyhole is for all healthy people – adults, teenagers and children.
What does the Keyhole symbol on a food product mean? There are a total of 33 food product groups which can use the Keyhole. Within each product group, different criteria are considered (fibre, fat, sugar and salt). For example, a Keyhole-labelled breakfast cereal will contain more fibre and less sugar than a breakfast cereal without the symbol.
In meat products, the proportion of saturated fats and salt is considered most important, while Keyhole-labelled bread on the other hand must meet the criteria for fibre, fat, sugar and salt. In certain food groups there are also requirements for the content of vegetables, fruit, berries and whole grain. In certain product groups, such as soda, candy and chocolate, cakes and biscuits, no products can be labelled with the Keyhole symbol. For more information on which criteria that apply to the various food product groups, read more here: Keyhole Regulations.

To which type of interventions does your example of good practice belong to?
This is a European project. The Keyhole symbol has been used as a common Nordic labelling scheme on food products in Norway, Denmark and Sweden since 2009. Iceland and Lithuania are also part of the cooperation.
**How is this example of good practice funded?**

National government and private sector. Using the Keyhole symbol is voluntary, and it is the manufacturers' responsibility to follow the set of criteria set by the authorities.

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**What is/was the level of implementation of your example of good practice?**

National

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**What are the main aim and the main objectives of your example of good practice?**

The Keyhole is a voluntary Nordic label for food. The aim is to make healthy choices easier for people. Compared to other foods of the same type, products with the Keyhole comply with one or more of these requirements: more whole grain, less saturated fat, less salt and less sugar.

It is also an aim to stimulate the food industry to develop products containing less fat, healthier fats, less salt and sugar and more fibre, full grain, vegetables and fruits.

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**Please give a description of the problem the good practice example wants to tackle:**

The keyhole is meant to help people make healthier food choices. The aim is to prevent obesity and non-communicable diseases (NCD), such as diabetes, cancer and cardiovascular disease.

Approximately 30% of the total number of deaths in Norway, happen prematurely if the limit is set to before 75 years of age (2009: 12033 deaths, 29% of all deaths). In total, cardiovascular disease, cancer, chronic lung diseases and diabetes account for well over half of these deaths (64% among men and 70% among women). More men than women die prematurely of non-communicable diseases. From 1980 to 2009 there has been a decline in premature mortality from both cardiovascular diseases (70%) and cancer (18% for men and 12% for women). Looking at all deaths before 75 years age summed up (numbers from 2009, both sexes combined), 40% died of cancer, 20% of cardiovascular disease, 4% of chronic lung diseases and 2% of diabetes. Lung cancer is the numerically dominant cause of premature deaths from cancer, followed by colon cancer and breast cancer. This picture confirms that WHO's goal of reducing premature mortality from non-communicable diseases is highly relevant in Norway. (https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/308/Reduksjon-i-ikke-smittsomme-sykdommer-nasjonal-oppfølging-av-WHOs-mål-IS-0373.pdf)

Overweight and obesity is a problem in Norway, as it is in the rest of Europe. Norwegian researchers followed body mass index (BMI) and waist circumference (WC) in a large adult population in Norway (n = 90 000) from 1984–1986 (HUNT1) through 1995–1997 (HUNT2) to 2006–2008 (HUNT3) to study whether this is occurring in Norway. Height and weight were measured with standardized and identical methods in all three surveys; WC was also measured in HUNT2 and HUNT3. In the three surveys, mean BMI increased from 25.3 to 26.5 and 27.5 kg m-2 in men and from 25.1 to 26.2 and 26.9 kg m-2 in women. Increase in prevalence of obesity (BMI 30 kg m-2) was greater in men (from 7.7 to 14.4 and 22.1%) compared with women (from 13.3 to 18.3 and 23.1%) (ref Midthjell K et al. Trends in overweight and obesity over 22 years in a large adult population: the HUNT Study, Norway. Clinical obesity; 2013). Foods labelled with the keyhole have less fat and sugar and more dietary fibre than alternative food items in the same category. Thus the keyhole may contribute to the prevention of obesity. Prevention of obesity may, in turn, reduce the incidence/prevalence of diabetes, cancer and cardiovascular disease. Implementing a labelling system to make healthier choices easier is a follow-up to the government's "Action plan for an improved diet among the population (2007 - 2011) - Recipe for healthier eating".

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**Is your example of good practice embedded in a broader national/regional/local policy or action plan?**

Yes. Implementing a labelling system to make healthier choices easier is a follow-up to the government’s "Action plan for an improved diet among the population (2007 - 2011) - Recipe for healthier eating". NCD strategy to help
Norway reach the goal of the WHO of reducing premature death from non-communicable diseases by 25% by the year 2025.

They Keyhole is part of the new white paper on public health (Mestring og muligheter) (2014-2015).

**Implementation of your example of good practice is/was:**

Continuous

**Vulnerable social groups:**

Ethnic minorities. In 20011 the Directorate conducted a mass media camping on keyhole labelling and collaborated with a smaller television channel (utrop TV) on providing dietary inputs and recommendations to minority populations. The keyhole labelling initiative is being monitored in different social groups by level of education, marketing legislation and targeted materials. This monitoring exercise seems to be promising in terms of the potential health impact of tackling social inequalities in diet. (Evaluation of the Norwegian Nutrition Policy with focus on the Action Plan on Nutrition (2007-2011)

Who implements/implemented the intervention?

The criteria the products must meet are determined by Norwegian, Swedish, Danish and Icelandic authorities. In Norway, the Directorate of Health and the Norwegian Food Safety Authority are responsible for the labelling scheme. Using the Keyhole symbol is voluntary, and it is the manufacturers’ responsibility to follow the set of criteria set by the authorities.

What core activities are/have been implemented?

Campaigns: Three consumer-oriented mass media campaigns were carried out during the period 2009-2011 to inform the population about the keyhole labelling system. A home page was created, along with materials for consumers (folders in 12 languages) and for the food industry and education sectors. In just two years the keyhole became the best known and most used logo in the grocery trade. There is a new campaign running in 2015. In 20011 the Directorate conducted a mass media camping on keyhole labelling and collaborated with a smaller television channel (utrop TV) on providing dietary inputs and recommendations to minority populations. By December 2014 approximately 2000 keyhole-labelled products were available, in addition to fruits, vegetables, berries and fresh fish that could also be labelled with the logo.

A population survey was conducted in January 2012 of awareness and knowledge about the keyhole among consumers.

As a direct communication tool to increase knowledge and skills for consumers, the Cookbook for all was published in September 2007. The book was given free to all pupils in lower secondary schools and to student teachers. Municipalities could buy the book at cost of production for training purposes (for example, language courses for immigrants or Good Food courses). The book was updated with the keyhole labelling scheme and new dietary advice and was made available in bookshops for the general public. It was mentioned by the informants as a success story for staff working in schools.

- Information leaflet, translated into 14 different languages:
  [http://www.nokkelhullsmerket.no/helse_og_undervisning/#/article_257](http://www.nokkelhullsmerket.no/helse_og_undervisning/#/article_257)
- Educational materials for schools:
  [http://www.nokkelhullsmerket.no/helse_og_undervisning/#/article_318](http://www.nokkelhullsmerket.no/helse_og_undervisning/#/article_318)
- Four new films 2015:
Who did the evaluation?

Both – internal and external parties
The WHO Regional Office for Europe conducted an evaluation of the Norwegian Action Plan on Nutrition (2007–2011) in 2012. The evaluation was commissioned by the Directorate of Health of the Norwegian Ministry of Health and Care Services under the terms of the framework agreement between the Regional Office and the Directorate of Health. The overall aim of the assignment was to provide an independent evaluation of the Action Plan on Nutrition and an assessment of the possible options for the future in terms of policy recommendations. Assessment of the impact of the Keyhole and the activities to promote it, was part of the evaluation.

What has been measured / evaluated?

It has not been done an external evaluation to measure effect on changes in food intake, but every year a survey is done to measure the proportion of the population with knowledge about the Keyhole (n=1000) and every other year a larger Spisefakta-survey (n=5000) also measuring the knowledge about the Keyhole. The results of these show that 30% take into account the Keyhole label when they go grocery shopping. There are no differences as far as socioeconomic status goes (helsedirektoratet.no/Documents/Kosthold%20og%20ern%20ing/Forbrukerunders%20else_n%20%20eh1_2011-2015.pdf)

The University of Oslo has made a report on the effect of exchanging relevant products for keyhole certified products. This is not an evaluation of the keyhole, but an evaluation of the health effects of exchanging products for more healthy alternatives. helsedirektoratet.no/Documents/Kosthold%20og%20ern&C%3%A6ring/Effektbegregning_nokkelhullet.UiO.pdf

Results: When the usual non-keyhole-labelled foods eaten in Norkost 3 (a semi-quantitative food frequency questionnaire in different age groups) was replaced with keyhole-labelled foods were both intake of total fat, saturated fat and energy reduced, while the intake of dietary fiber increased. The reduction in the intake of total fat, saturated fat and energy were respectively 11.4 g / day (13.0 % reduction), 8.9 g / day (26.5 % reduction) and 403 kJ / day (4.3 % reduction). Replacement of milk and cheese to Keyhole labelled varieties contributed to the greatest reduction in intake of total fat and energy. Replacement of milk and cheese contributed equally as replacement of margarine and butter to the reduction in intake of saturated fat. Intake of dietary fiber increased by 4.7 g / day (19.3 % increases) and it was the exploitation of grain products that contributed to the largest increase.

What are the main results/conclusions/recommendations from the evaluation?

A population survey in January 2012 of awareness and knowledge about the keyhole among consumers aged over 18 years, showed continued positive progress: 98% knew or had heard about the logo: 85% knew that the logo represented a healthier choice; many knew that the logo represented less fat, sugar and salt and more dietary fibre; 60% trusted the scheme; and 50% thought that it made it easier to choose healthier foods.

The keyhole labelling initiative is being monitored in different social groups by level of education, marketing legislation and targeted materials. This monitoring exercise seems to be promising in terms of the potential health impact of tackling social inequalities in diet.

Is the evaluation report available, preferably in English or at least an English summary?
What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

- Nordic cooperation
- Government sanctioned and endorsed by public authorities/ grounded on governmental authoritative foundation
- Professional and scientific foundation
- Additional information

Web page related to the intervention

www.nokkelhullsmerket.no/frontpage_en/article418.ece

References to the most important articles or reports on the intervention


Other relevant documents (implementation manuals, training manuals, posters, videos or other tools available for use or adaptation, etc.): www.nokkelhullsmerket.no/frontpage_en/article418.ece

Contact details for further information

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