

# Health claims

When they work, why do they work

December 1 2016, Hans van Trijp



# A little poll

- Does your company carry products with health claims
- Have these been formally registered?
- Are these mainly for
  - A. Financial annual report
  - B. Social annual report
  - C. Both
  - D. None of the above

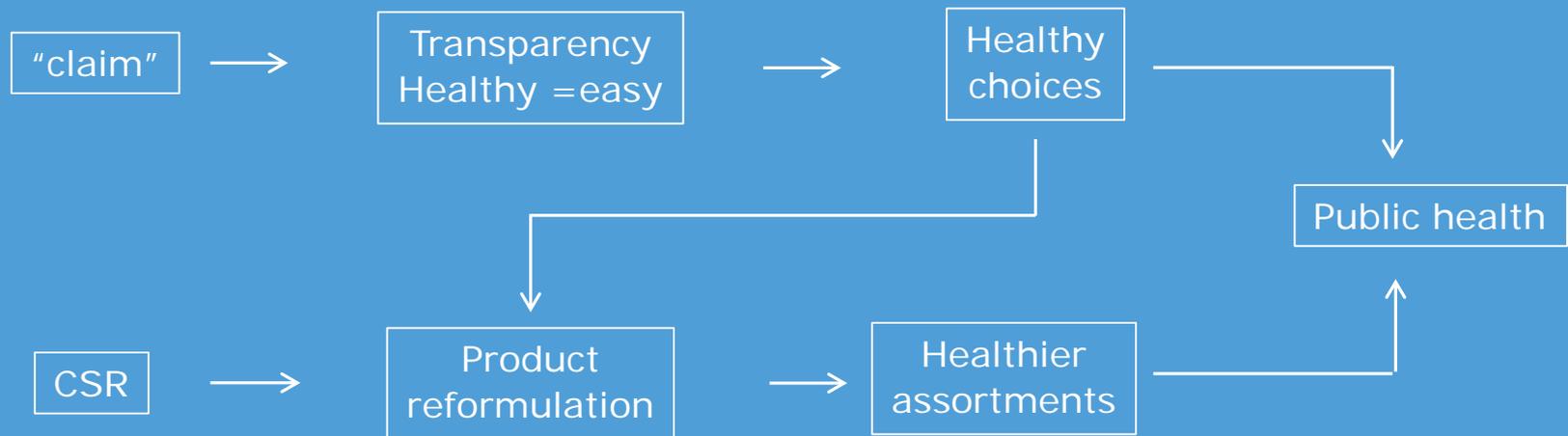
# Once upon a time

- Early days
  - No food is good or bad in its own right -> diet
- The nutritional (education) model
  - “Knowledge deficit”
- Developed into a “functional foods” paradigm
  - A highly reductionist approach
  - But not particularly successful?
- Time to reconsider?
  - Back to the future?
    - Diets in stead of individual foods?

# Health claims and their “work”

- Health claim: “any claim that states, suggests or implies that a relationship exists between a food category, a food or one of its constituents and health”.
- Holds for commercial communications, trade marks, brand names and fancy names in labelling, presentation and advertising of the food
- Different “types”
  - Content claims (Article 8-9)
  - Function claims (Article 13.1 and 13.5)
    - scientific evidence & well understood
  - Reduction of disease risk claim (Article 14)

# Claims as information in nutrition policy



# Why health claims?

## Claims serve multiple goals

### ■ Commercial:

- Induce willingness to buy and pay for
- Probably enhance corporate image (CSR)

### ● Public health:

- Healthier food choices of consumers

### ● Legislator:

- Level playing field / fair competition
- Protect consumers
- Stimulate R&D within the agri-food industry

# Health claims as “information”

- When does any information work:
  - If understood by the receiver
  - If credible (by the source)
  - If providing action potential
  - If proven “rewarding” (as basis for future use)
- Information ≠ Motivation / activation
  - May even be contradictory
    - Reactance from “paternalism”
    - Licencing effects

# The Dutch situation: understanding

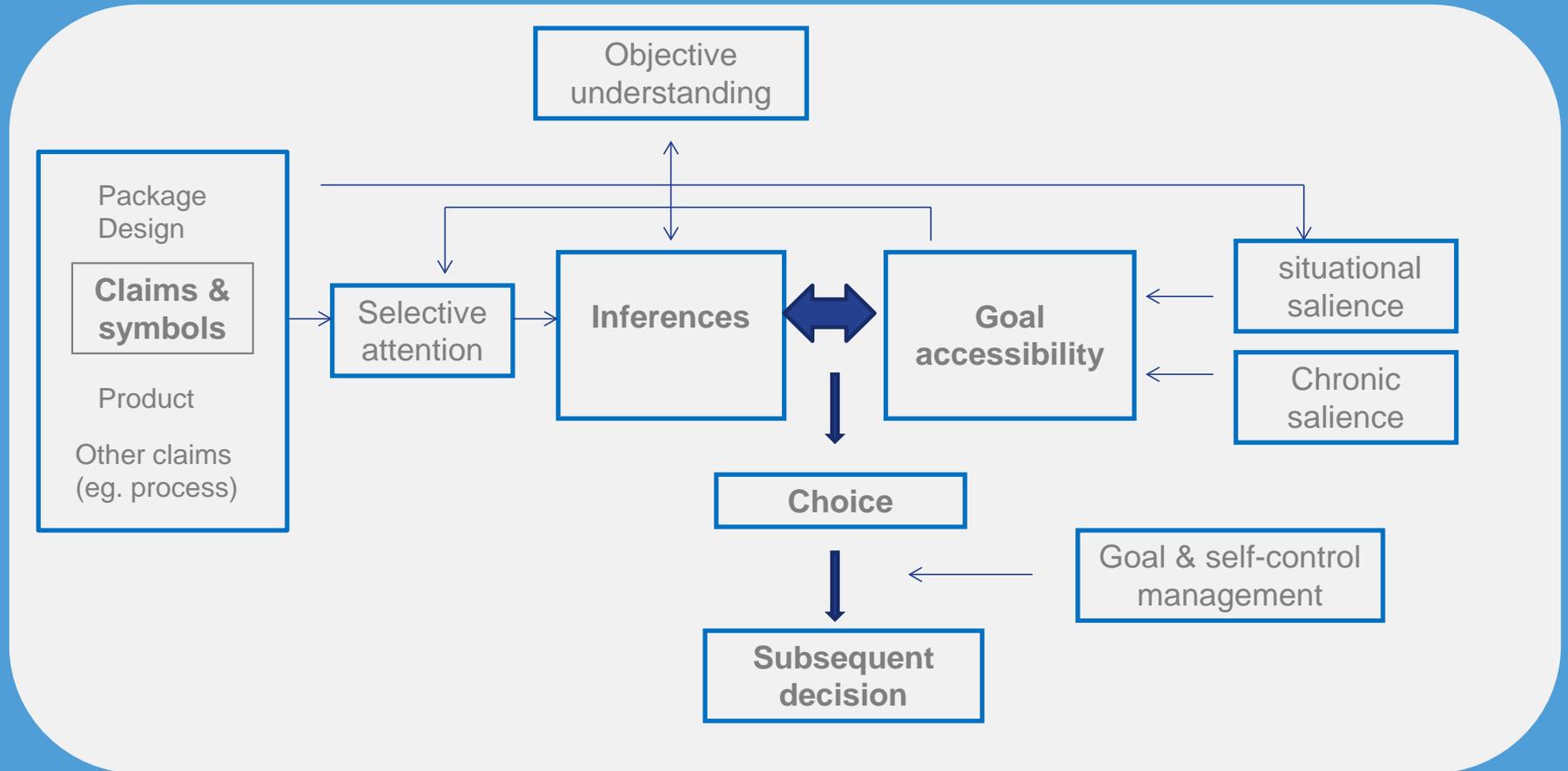
- Based on Choices International, two logos
  - Green: for “basic” products
    - F&V, carbohydratesources etc.
  - Blue for “non-basic” products
    - Soups, sauces, snacks, drinks
- 
- Logo challenged by Dutch consumer organisation
    - Based on scientific evidence
    - Yet: confusing, not understandable (“in court”)
  - Withdrawn from market, and EU dossier as official health claim



# Interim conclusion

- Almost everything can be a health claim
- Only permitted if registered
  - Scientifically substantiated
  - Well understood by average consumer
- Consumer perception & behaviour
  - Crucial in claim definition (“state, suggest, imply”)
  - Claims’ work (need to lead to behavior)
- But often they fail to “motivate / activate”.

# When claims work: CLYMBOL model



# Potential bottle necks

- Attention
  - Do not notice
- Understanding (inferences)
  - Misinterpret
- Motivation / (activated) goal relevance
  - Irrelevance
  
- Trade offs in choice
  - Costly (“healthy = untasty intuition”)
- Lack of reinforcement value
  - Uncertain

# Claims and goal levels

Broad target audience, broad application, large impact



- Transparency
- Preventive health
- Health claims
- Nutrient information
- Logos and symbols
- General health claims
- Disease risk reduction claims



Narrow target audience, product specific application, targeted impact

# Enhancing communication value

- Two types of relevant images:

- Claim-related
- Overall health



- Images that are irrelevant to the health claim

- Taste-related



# Expectations

- Use of visual images should increase recognition and choice of products
- Goal should affect recognition and choice
  - Higher for those with relevant goal
  - Among those with a relevant goal, the claim-related image should increase choice
  - Among those without a relevant goal, the overall health related image should increase choice

# Study design

- N = 239 students
- Product line of cereals in a larger assortment
- 2 (goal) x 4 (images) between subjects design
- Either a relevant goal (choose a product good for the bones) or no goal provided
- Images: claim-related, overall health, taste, control
- Measures: recognition test, choice

# Manipulated breakfast cereals

Image conditions

Mock up study in NL

Real life supermarket study in ES

Control

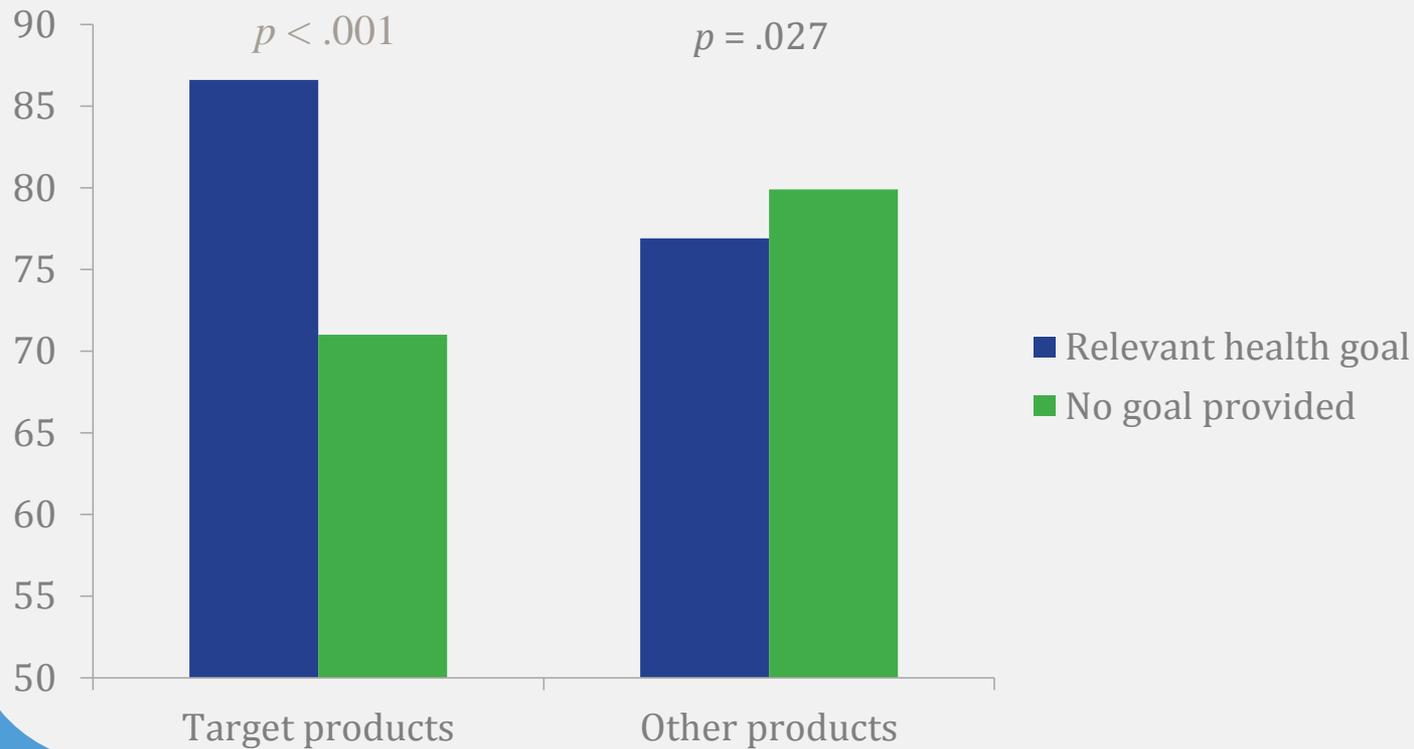


Claim specific

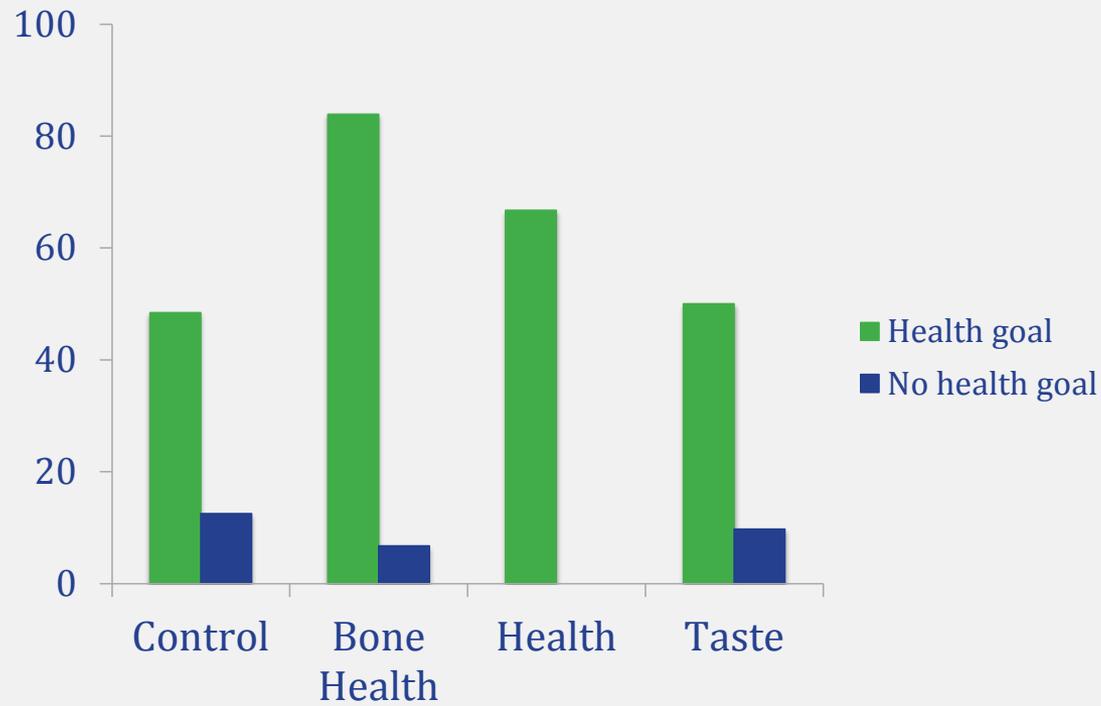
Overall health

Taste

# Results: % correct recognition



# Results: % choice with health claim



# Conclusions

- Health goal dominates the effects
  - No relevant health goal -> choice for product with health claim is low
- Relevant pictures (both claim-specific and overall health)
  - can be helpful, but only for people who are actively searching for the product with the health claim

# Key question

- Strengthening the physiological evidence
  - Satiety claim -> physiological evidence -> consumption
- What we expected:
  - The satiety claim will be more influential when consumers actually feel full (caused by the 600 calorie breakfast)
  - How full do these women feel and does this impact a subsequent lunch?

# Strengthening “the evidence”

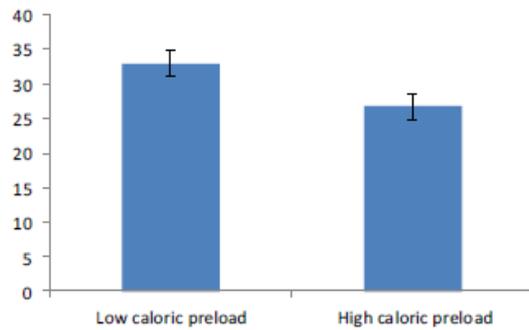
## Study design

- 90 Dutch female consumers got either a similarly looking and tasting **300** or **600** calories muesli breakfast
- Half of them also saw a satiety claim: **‘This muesli contains added fibre, therefore you will feel full for a longer time period’**

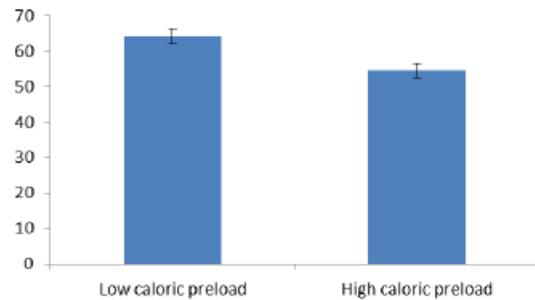


# Results

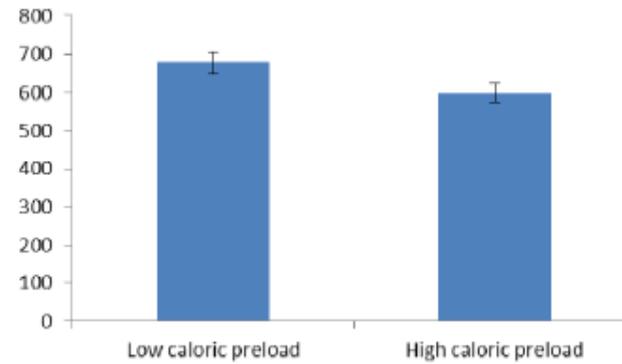
### Self-reported appetite after breakfast



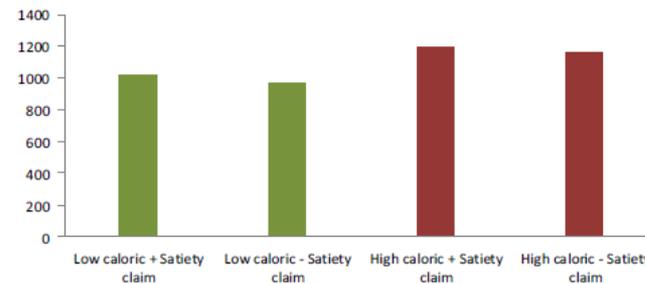
### Self-reported appetite before lunch



### Food intake at lunch



### Total food intake (breakfast+lunch)



# Conclusion

- Claim had hardly any effect
  - Even when claim is noticed, effects are not important
  - Breakfast calories determine intake & appetite
  - Only partially compensated (79 out of 300 calories)

# Claims: when they work and why

- When & why:
  - Among those for whom relevant
    - Health motivated (chronic or situational)
  
- What can we do?
  - Enhance attention / understanding
  - Strengthen health motivation / relevance
  - Make health “travel” on other benefits (no loss)
  - Enhance reinforcement value

# Questions?

## Ingredients:

Blue berry: 12%

Raspberry: 1%

## Mainly:

Apple juice

Grape juice

More sugar than Coca Cola

