

EL CONSUMIDOR Y LOS ALIMENTOS CON DECLARACIONES NUTRICIONALES Y DE PROPIEDADES SALUDABLES

Azucena Gracia - *Unidad de Economía Agroalimentaria y de los
Recursos Naturales*

Plataforma Food for Life-Spain: Grupo alimentos y consumidor, Madrid, 21/03/2017

DECLARACIONES: Nutricionales y saludables

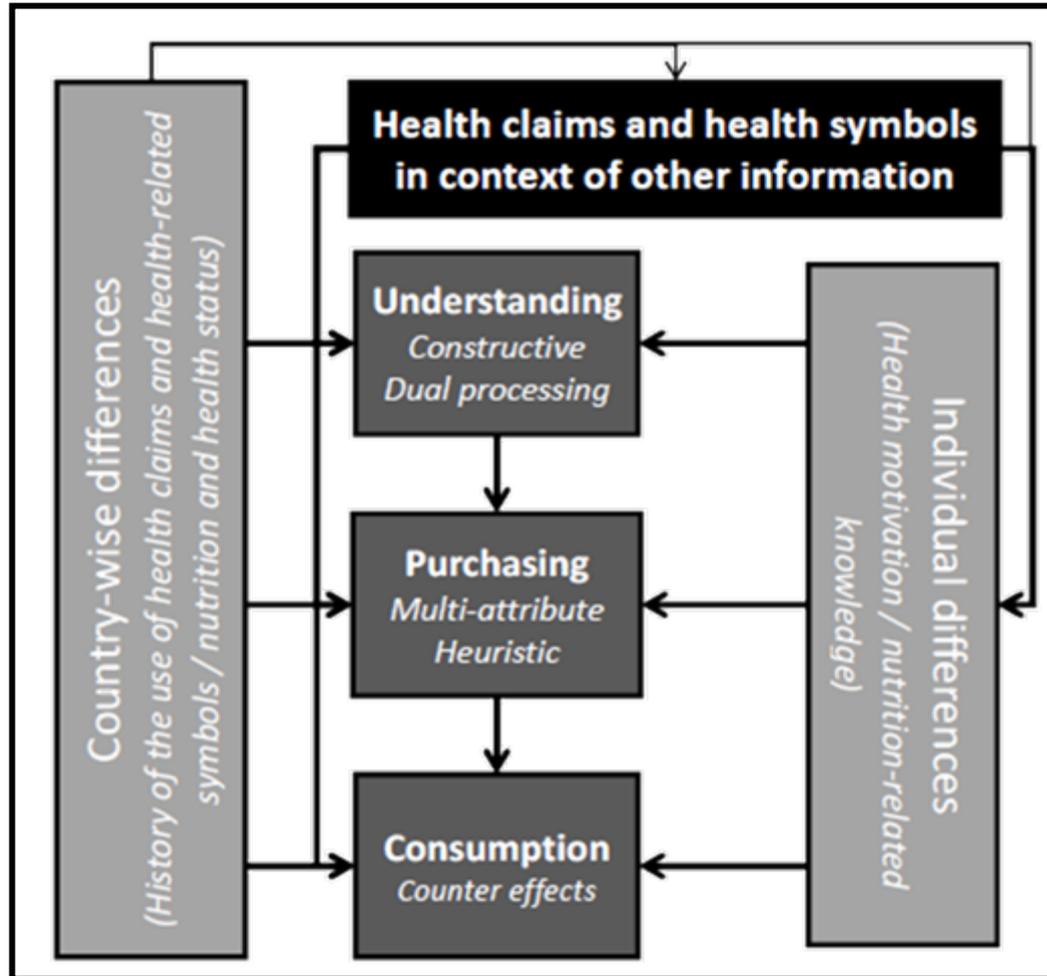
REGLAMENTO (CE) N° 1924/2006 del Parlamento Europeo y del Consejo, de 20 de diciembre de 2006, relativo a las **declaraciones nutricionales y de propiedades saludables en los alimentos**

REGLAMENTO (UE) n° 432/2012 de la Comisión, de 16 de mayo de 2012, por el que se establece una lista de **declaraciones autorizadas de propiedades saludables de los alimentos distintas de las relativas a la reducción del riesgo de enfermedad y al desarrollo y la salud de los niños.**

CLYMBOL: the role of health-related claims and symbols in consumer behaviour

- **Objective:** To determine how health-related symbols and claims, in their context, are understood by consumers, and how they affect purchasing and consumption, taking into account both individual differences in needs, wants, motivation and attitude, and country-specific differences.
- **Expected outcome:** **Guidelines for EU policy** directed towards health-related symbols and claims: *“How health claims and symbols can be used to strengthen informed choice, healthy eating and industrial competitiveness”*.

CLYMBOL: the role of health-related claims and symbols in consumer behaviour



CLYMBOL: the role of health-related claims and symbols in consumer behaviour

Work Area 1

“Product Supply”

Analysing **prevalence of health claims and symbols on the market**

- Interviews
- Product sampling
- Nutrient profiling

Work Area 2

“Consumer Needs and Wants”

Analysing **consumer motivation and understanding** of claims and symbols

- Surveys
- Interviews

Work Area 3

“Methodological Toolbox”

Creating a methodological toolbox of appropriate analyses

which methods to use to best answer a number of research questions

Work Area 4

“Empirical Investigation”

Empirical analysis of the consumers and health claims/symbols

- Understanding
- Purchase
- Consumption (surveys, population data, experiments)

WP1: Health claims and symbols: what's on the market?

Hieke et al. 2016. Prevalence of Nutrition and Health-Related Claims on Pre-Packaged Foods. *Nutrients* 8 (3), 137.

- Data have been selected in 5 countries (UK, NL, DE, ES and SI) in three different stores (large supermarket/national retailer, discounter and neighbourhood store)
- Based on a randomisation protocol, 400 products were selected in the three stores, in each country, and were purchased for data extraction

	UK	Netherlands	Germany	Slovenia	Spain
Large Supermarket / national retailer	Tesco	Albert Heijn	GLOBUS	Mercator Megamarket	Mercadona
Discounter	Aldi	Aldi	Aldi	Hofer	DIA
Neighbourhood Store	The Co-operative Food	Spar	Edeka Active	Spar Market	Sabeco

WP1: Health claims and symbols: what's on the market?

Hieke et al. 2016. Prevalence of Nutrition and Health-Related Claims on Pre-Packaged Foods. *Nutrients* 8 (3), 137.

Country	Claim type	No. of claims	... of which are symbolic	No. of foods with a claim	% of foods with claim (95% CIs)
All countries N= 2,034 foods	Nutrition claim	865	1	423	20.8% (19.0-22.5)
	Health claim	392	74	222	10.9% (9.6-12.3)
UK N=398 foods	Nutrition claim	247	0	118	29.6 (25.1-34.1)
	Health claim	85	2	44	11.1% (8.0-14.1)
Netherlands N=416 foods	Nutrition claim	154	0	70	16.8% (13.2-20.4)
	Health claim	73	50	60	14.4% (8.9-15.2)
Germany N=399 foods	Nutrition claim	123	0	64	16.0% (12.4-19.7)
	Health claim	82	0	37	9.3% (6.4-12.1)
Slovenia N=416 foods	Nutrition claim	144	0	78	18.8% (15.0-22.5)
	Health claim	88	7	52	12.5% (0.9-15.7)
Spain N=405 foods	Nutrition claim	196	1	93	23.0% (18.8-27.1)
	Health claim	64	15	29	7.2% (4.6-9.7)

WP2: What do consumers need and want?

Objective 1: Understanding how consumers categorise health related claims

- Free and structured sorting – with "think aloud"
- 20 Participants in each of Germany, Slovenia, Spain, the Netherlands and UK

Objective 2: European consumers' motivation and ability to process health claims and symbols

- Cross-sectional quantitative **online survey in April 2014**
- **10 EU countries** (n=±525 per country, total n=5337 participants)
- Countries with different culture and historical experiences in relation to health claims and symbols (UK, Germany, The Netherlands, Spain, Slovenia, Czech Republic, France, Denmark, Greece, Lithuania)

WP2: What do consumers need and want?

Objective 1: Understanding how consumers categorise health claims

- People prefer short and comprehensible claims
- People trust claims on food products more when they are familiar with the nutrient or substance within the claim and when the claim is relevant to their personal situation.
- Claims with a lot of information were often not read and claims using "scientific" language were often not understood.
- Average consumer seems to not differentiate between a health and a nutrition claim as professionals and the legislation do.

WP2: What do consumers need and want?

Objective 2: European consumers' motivation and ability to process health claims and symbols

Hung, Y., Grunert, K. G., Hoefkens, C., Hieke, S., & Verbeke, W. (2017). Motivation outweighs ability in explaining European consumers' use of health claims. *Food Quality and Preference*.

- Motivation is more important than ability to process health claims.
- European consumers are only moderately motivated and able to use health claims
- **Motivation matters much more than ability** in determining health claim use
- **Interest in healthy eating** and **information need** emerge as drivers of motivation
- Health claim knowledge plays a minor role in shaping motivation and ability

WP3: Methodological toolbox

Objective: How to best measure the impact of claims and symbols on understanding, choice and consumption?

•Understanding

CUT allows classification but does not reveal inference process, lacks transparency

Laddering allows process tracing, can be online, allows quantification

•Purchasing

eye-tracking – Allows to trace whether the claim attracts attention, which mediates choice

choice experiment - before launch of product

transaction data – after launch of product

•Consumption

Experimental investigations only feasible with specific hypotheses

WP4: The effect of health claim and symbols on understanding, choice and consumption

Objective:

to provide the **scientific evidence** on how health claims and symbols, in their context, are understood by consumers, contribute to healthier food choices at the point of purchase and their potential to induce healthier consumption patterns, taking into account both individual and country-specific differences

WP4: The effect of health claim and symbols on understanding, choice and consumption

- Variety of empirical studies and real market data analysis
- Different food products (36, appendix 1)
- Several health claims and symbols (24, Appendix 2)
- Different countries: (Denmark, Germany, Hungary, Slovenia, Spain and the Netherlands)
- Different consumer profiles (e.g. specific health goals and personal consumer characteristics)

WP4: The effect of health claim and symbols on understanding, choice and consumption

- The different empirical studies were conducted in several settings:
 - on-screen using online questionnaires
 - in a virtual supermarket
 - in an experimental shelf set-up
 - in an experimental store or cafeteria
 - an experimental real-world supermarket
- Household scanner data for Denmark and the Netherlands over an extended period of time (before and after the introduction of the Nordic Keyhole and Dutch Choices logo)

WP4: The effect of health claim on food choice

- The average consumer (i.e., without any specific mindset or health goal) does not usually choose food products with health claims
- Consumers with a health goal are more likely to buy food products with a health claim related to their health goal
- If a food product carries a health claim that is too familiar, attention and intention to purchase the product are lower. This means that the familiar claim should contain new information relevant to the consumer in order to attract their attention and increase their intention to purchase the food product with the claim.
- Consumers with specific health goals (e.g., healthy bones) are more likely to choose food products that carry the related relevant health claim (e.g., good for the bones)

WP4: The effect of health claim on food choice

- Health motivated consumers (health primed) are also more likely to purchase food products with familiar claims than food products with unfamiliar claims, but their attention towards the unfamiliar claim is higher.
- A food product with a health claim is more likely to be purchased if the claim is accompanied by a visual image that it is congruent (e.g., orange) with the health claim (e.g., vitamin C).
- This joint effect of the visual image together with the claim is even higher if the consumer has a health goal (e.g., healthy bones) related to the health claim (e.g., good for the bones).

WP4: The effect of health symbols on food choice

- Consumers value food products with a health symbol more than products without the symbol.
- Different consumer characteristics influence the purchase of food products with health symbols. Their influence is consistent across products but differs between countries.
- Only the presence of children in the household and the place of residence influence the probability of choosing a food product with the symbol across products and across countries.
- In particular, households with children are less likely to purchase food products with the symbol and households living in urban areas more likely.

WP4: The effect of health symbols on food choice

- On the other hand,
- the level of education positively influences the purchase of food products with the symbol in Denmark and the level of income in the Netherlands. Danish Consumers with a higher education and Dutch consumers that have a higher socio-economic status are more likely to purchase food products with health symbols.
- In addition, in the Netherlands, women were more likely to buy labelled food products. No clear distinction was found for Danish consumers.
- In contrast, higher age led to a lower probability of purchasing labelled products in Denmark which was not observed in the Netherlands.

WP4: The effect of health symbols on food choice

- Consumers who stated a preference for food products with the keyhole symbol seem to purchase a higher proportion of food products with the symbol.
- Hence there is an accordance between stated and revealed preferences for labelled products. In other words, stated preferences (what people say) have a role in consumers' purchase behaviour (what people do).
- Consumers who say they like the keyhole symbol are more likely to buy food with that symbol and they also have a higher share of purchases of products with health symbols.

WP4: The effect of health symbols on food consumption

- The presence of the Dutch Choices logo decreased the total food consumption (total calorie intake) because of the reduction in the consumption of unhealthy food products (the Netherlands).
- However, this effect was not found for Spanish consumers.
- These different results between countries could be attributed to the lack of familiarity with the Dutch Choices logo in Spain, as this symbol is not yet available in the Spanish Market.
- The effect of the health logo on food consumption depends on familiarity with and credibility of the health logo.

WP4: Synthesis

The four most important topics found in the studies are:

Familiarity

- The more familiar the health claim/symbol is, the higher are attention, intention to purchase and consumption of the food product with a health claim/symbol.
- However, the health claim should contain some new information for the consumer, as if the claim is too familiar, the attention to and the purchase intention are lower.
- Besides, the presence of a health symbol on food products has a small impact on consumption for consumers familiar with the logo, but has no impact for consumers unfamiliar with it.

WP4: Synthesis

Consumers' health goals

- The purchase of a food product with a health claim is low unless consumers have a specific health goal.
- The relevance of the health claim/symbol for the consumer is a factor that influences the purchase of food products with health claims/symbols.
- Then, it seems that food products with health claims might be consumed by people with health problems and goals, for curative reasons, as the health claims/symbols are relevant for them, but not by healthy or without health goals consumers for preventive reasons because the health claims/ symbols are not relevant.

WP4: Synthesis

Contextual factors

- Some contextual factors enhance or limit the effect of health claims/symbols on food purchase/consumption:
 - Visual images together with the health claim favour the choice of the food product with the health claim.
 - This joint effect of the visual image with the health claim is higher if the consumer has a health goal (e.g. healthy bones) related to the health claim (e.g. good for the bones).

Consumers' personal characteristics

- Some consumers' personal characteristics also influence the purchase of food products with health symbols:
 - Households without children, living in urban areas are more likely to purchase food products with the health symbol.
 - Consumers with higher preferences and more motivated towards health food products are more prone to choose food products with the symbol.

MUCHAS GRACIAS

Azucena Gracia - *Unidad de Economía Agroalimentaria y de los Recursos Naturales*

Plataforma Food for Life-Spain: Grupo alimentos y consumidor, Madrid, 21/03/2017