

How to monitor the impact of health claims and symbols

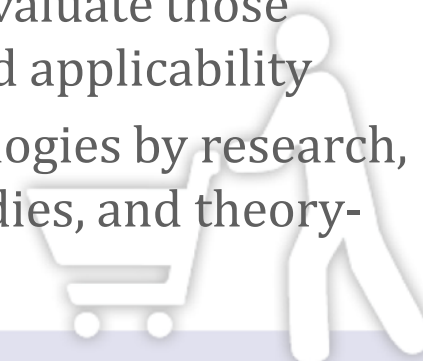
Findings from the CLYMBOL project

April 6, 2016 ● EuroFIR Food Symposium

Aim: to develop scientifically validated, state-of-the art methods for measuring how health claims and health symbols – in their context – are understood by consumers, and how they affect consumer food purchasing and consumption.

Objectives

- To review methodologies that can be used for analysing consumer understanding of health claims and symbols, food purchasing and consumption
- To investigate a series of studies that will allow to evaluate those methodologies in terms of theoretical anchoring and applicability
- To derive recommendations for the use of methodologies by research, policy and industry, for in-depth policy-related studies, and theory-driven consumer science studies



Who is this Methodological Toolbox for?

Industry

Regulators

Scientists

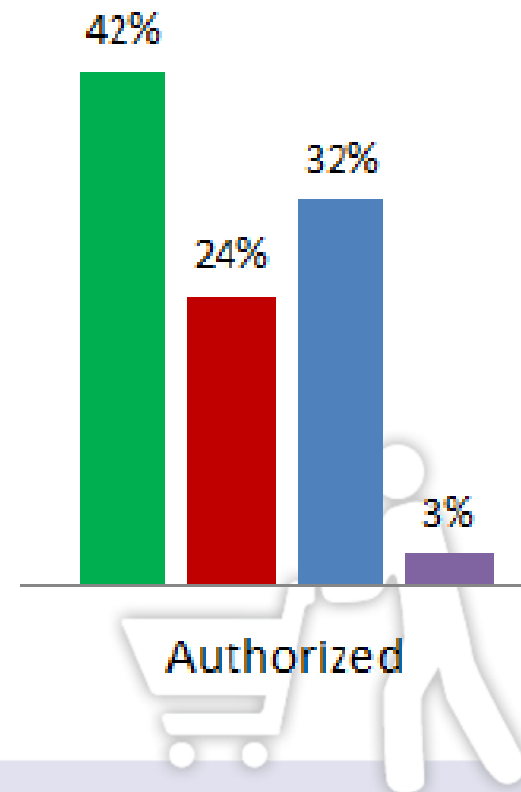


Questions of interest to industry (1)

”How can we document that a health claim is understood as required by the regulation?”

➤ CUT method

- ✓ Clear-cut conclusions about correspondence with scientific dossier
- ✓ Possibility to include context
- ✓ Can be used with large samples



”How can we develop claims that trigger consumer choice?”

➤ Laddering

- ✓ Allows tracing the inferences that consumers make

➤ Eye-tracking

- ✓ Allows tracing whether the claim attracts attention, which mediates choice

➤ Choice experiment(s)

- ✓ Is the most proximal measure of choice before the launch of a product

➤ Transaction data

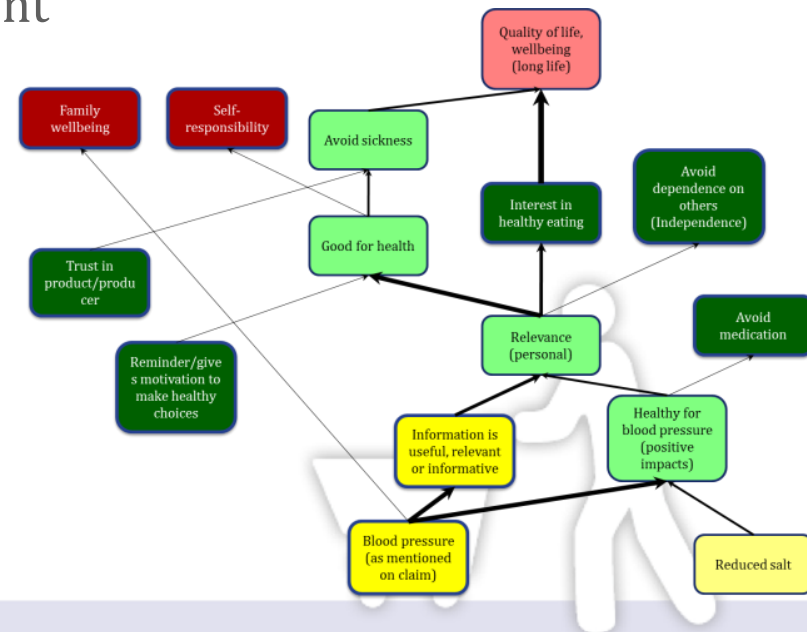
- ✓ For monitoring after a launch, controlling for other factors



”Which types of claims support our CSR policy/strengthen our brand/our corporate image?”

➤ Laddering

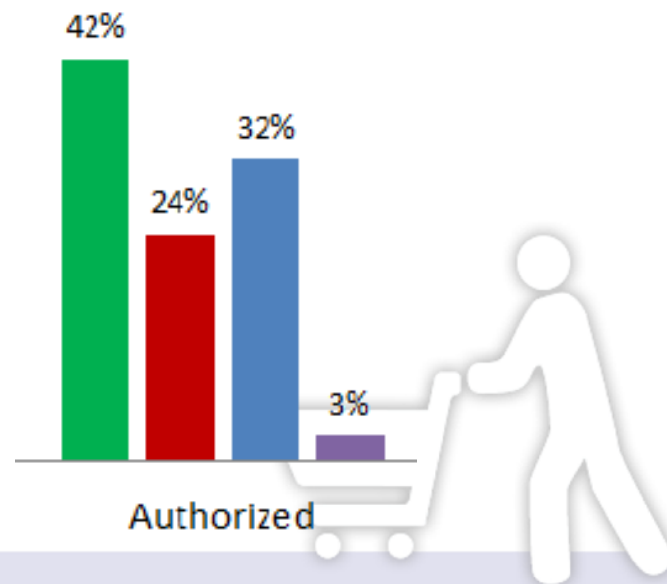
- ✓ Allows for tracing of consumer inferences
- ✓ Allows for comparison of different claims
- ✓ Can be validated through a quantitative survey



”Is a claim understood or does it mislead the ‘average’ consumer?”

➤ CUT method

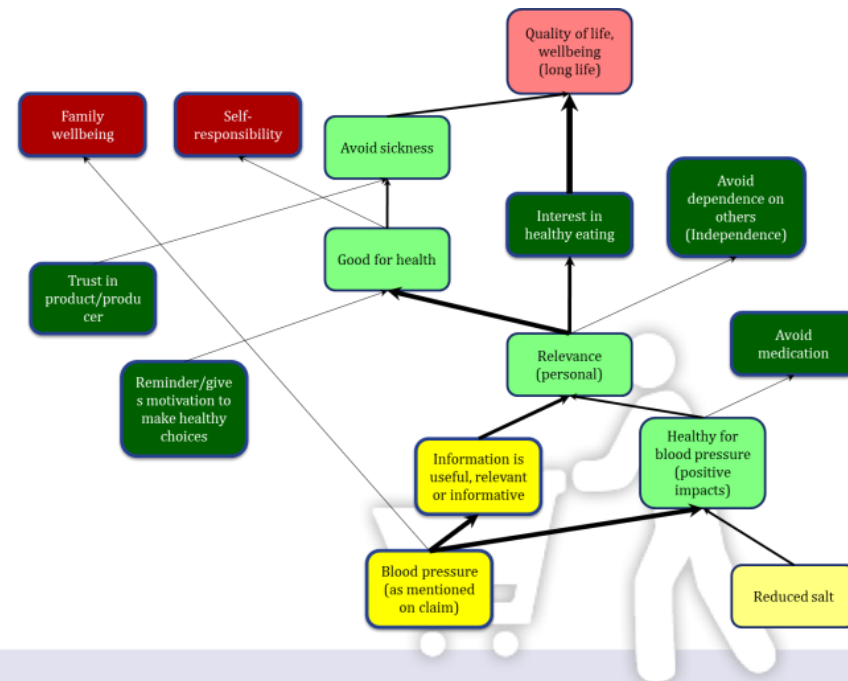
- ✓ Clear-cut conclusions about correspondence of consumer inferences with the scientific dossier of a health claim
- ✓ Possibility to include context
- ✓ Can be used with large samples



”How can we improve the understandability of claims?”

➤ Laddering

- ✓ Allows tracing of consumer inferences
- ✓ Allows comparison of different claims
- ✓ Can be validated through a quantitative survey



”Will a claim lead to healthier choices?”

➤ CUT method

- ✓ A claim that is misleading will not lead to healthier choices

➤ Eye-tracking

- ✓ Gaze fixation (and duration) as measures of whether a claim is noticed and as such can influence food choice

➤ Choice experiments

- ✓ Is the most proximal measure of choice before launch and when transactional data are not available



Questions of interest to regulators (3)

”Will a claim lead to a healthier diet?”

➤ Epidemiological survey with food intake data

- ✓ Comprehensive study design (dietary records, 24h recall)
- ✓ Possibly longitudinal (minimum: 2 data collection points)
- ✓ Focus on counter effects



Research questions of interest to scientists

"Consumer understanding"

- ✓ CUT method allows for classification but does not reveal inference process, lacks transparency
- ✓ Laddering allows for tracing a process, can be online (hard laddering), allows for quantification of results

"Purchase effects"

- ✓ Process view of purchasing is possible, if several methods are combined
- ✓ Intention/attitude – eye-tracking – choice experiment – transaction data
- ✓ Arousal and IAT can be measured for specific questions

"Consumption effects"

- ✓ Experimental investigations only feasible with specific hypotheses and strong expected effects
- ✓ Otherwise, epidemiological data with food intake measures



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Thank you

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Register for our final
conference
June 15, 2016
Stanhope hotel, Brussels

