Awareness and Relevance of Health Claims At the Point-Of-Sale

Andrea Groeppel-Klein, Saarland University, Germany
Markus Freichel, Saarland University, Germany
Stephanie Kliebenstein, Saarland University, Germany

The paper analyzes consumers’ reactions to health claims on food products. Using a broad range of established research methods, we found that health claims should contain familiar/comprehensible expressions. However, the combination of promoted substance and function should also have an innovative character.

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Andrea Groeppel-Klein, Saarland University, Germany
Stephanie Kliebstein, Saarland University, Germany
Markus Freichel, Saarland University, Germany

EXTENDED ABSTRACT
Unhealthy eating habits and related diseases, such as obesity and cardiovascular diseases, cause serious challenges for national health systems (Cawley and Meyerhoefer 2012). Thus, policymakers have a strong interest to address this problem. Authorities hope that health claims on food packages help consumers to identify and buy healthier food options at the Point-of-Sale. According to the US FDA (2015), “A health claim characterizes the relationship between a substance and a disease or health-related condition […]”. To ensure a high level of consumer protection, in the US as well as in Europe the use of health claims is regulated. In Europe, the HC regulation of the European Commission (since 2012) only allows companies to use a claim of the authorized EFSA list. Our research aims at providing a broad understanding of how these authorized health claims affect consumer behavior.

In an exploratory field study, we manipulated olive oils and registered sales data. The original package was manipulated by attaching a sticker to the bottleneck. Three alternative stickers were presented in a real supermarket, each for two weeks: A sticker (1) with a generic claim (claim without any reference to nutrition or health), (2) with a nutrition claim, and (3) with a health claim. All claims were in line with the EU regulation 1924/2006. The collected sales data served as reference values (benchmark) for comparison with the results of further lab experiments using the same stimuli in simulated shopping tasks. Our first lab study was a purchase simulation with (mobile) eye tracking. In a second lab study, we measured consumers’ electrodermal reaction while being confronted with the products. Sales data, eye tracking data and arousal measurement delivered consistent finding that consumers seem to (unconsciously) avoid the long and complex health claim. This is in line with findings of Newman, Howlett and Burton (2014), showing that consumers have limited resources when comparing health information. Based on this finding and with regard to the fact that daily food choices are typically based on routine, fast decision making and low involvement (Lähteenmäki 2014), we hypothesize that health claims should consist of familiar (comprehensible) expressions in order not to discourage consumers from further consideration. As advertising literature emphasizes the risk of wear out effects, we further hypothesize that the health message (the combination of substance and health function) should have an innovative character. When consumers already know the substance and function combination (e.g., that Vitamin C contributes to the function of the immune system), the health claim has limited informational value. Finally, we assume that priming consumers with a health theme will increase the accessibility of health claims.

In our main study, we tested our hypotheses by conducting a purchase simulation with eye tracking in a close-to-reality shopping situation. Participants were confronted with a shelf of juices and a shelf of cereals and were asked to carry out simulated shopping tasks: to buy a bottle of juice and a packet of cereals.

As hypothesized, we find that a health claim receives more visual attention when it contains familiar wording than when it contains at least one unfamiliar expression. Furthermore, we reveal that when a health claim delivers a new health message, the claim evokes more visual attention than a health claim that delivers an already well-known health message. Mediation analysis shows that this effect mediates the influence of the independent variable on choice behavior: When a health claim delivers a comprehensible but new health message, the carrier product is chosen more often than when the health claim delivers a well-known health message. This effect is mediated by visual attention to the health claim. Thus, whenever it is possible, health claims should be formulated in a familiar (comprehensible) way, but they should deliver a new health information. The question that arises is what one can do when regulation only allows to promote an already well-known health message. Thus, in our main study, we added a second shelf (the shelf of cereals) in which we addressed this question. We find that the effectiveness of a health claim delivering a well-known health message can be enhanced when the claim is combined with a picture that evokes claim-congruent health associations. However, data suggests that this final finding only applies to brands that are perceived as healthy brands.

In contrast to our expectation, priming does not increase visual attention to the health claim. However, with regard to priming, our results have methodological implications. Analysis of primed consumers’ survey data shows that these participants report attitudes that are contrary to their actual behavior. Therefore, we assume that social desirability bias or cognitive filters might have reduced the validity of our survey data. Although further research is needed to explain this gap between reported attitudes and actual behavior, the finding underlines the importance of our approach to mainly focus on research methods like purchase simulations, eye tracking, arousal measurement and the analysis of actual sales data.

Our results should be considered by authorities, companies and scientists. For policymakers, we provide empirical evidence on how health claims should be formulated in order to maximize their effectiveness. The findings should help companies to identify effective health claims. Finally, consumer researchers are encouraged to further investigate open questions. Further research should analyze how the health claim with changed wording performs compared to a nutrition claim, why there is a gap between reported attitudes and actual behavior when consumers are primed, why the strategy of adding a claim-congruent picture to a familiar health claim only works on healthy brands and whether the results can be transferred to other health claims. Shedding light into these questions will further enhance our understanding of how health claims can guide consumers to buy healthier food options at the Point-of-Sale.

REFERENCES