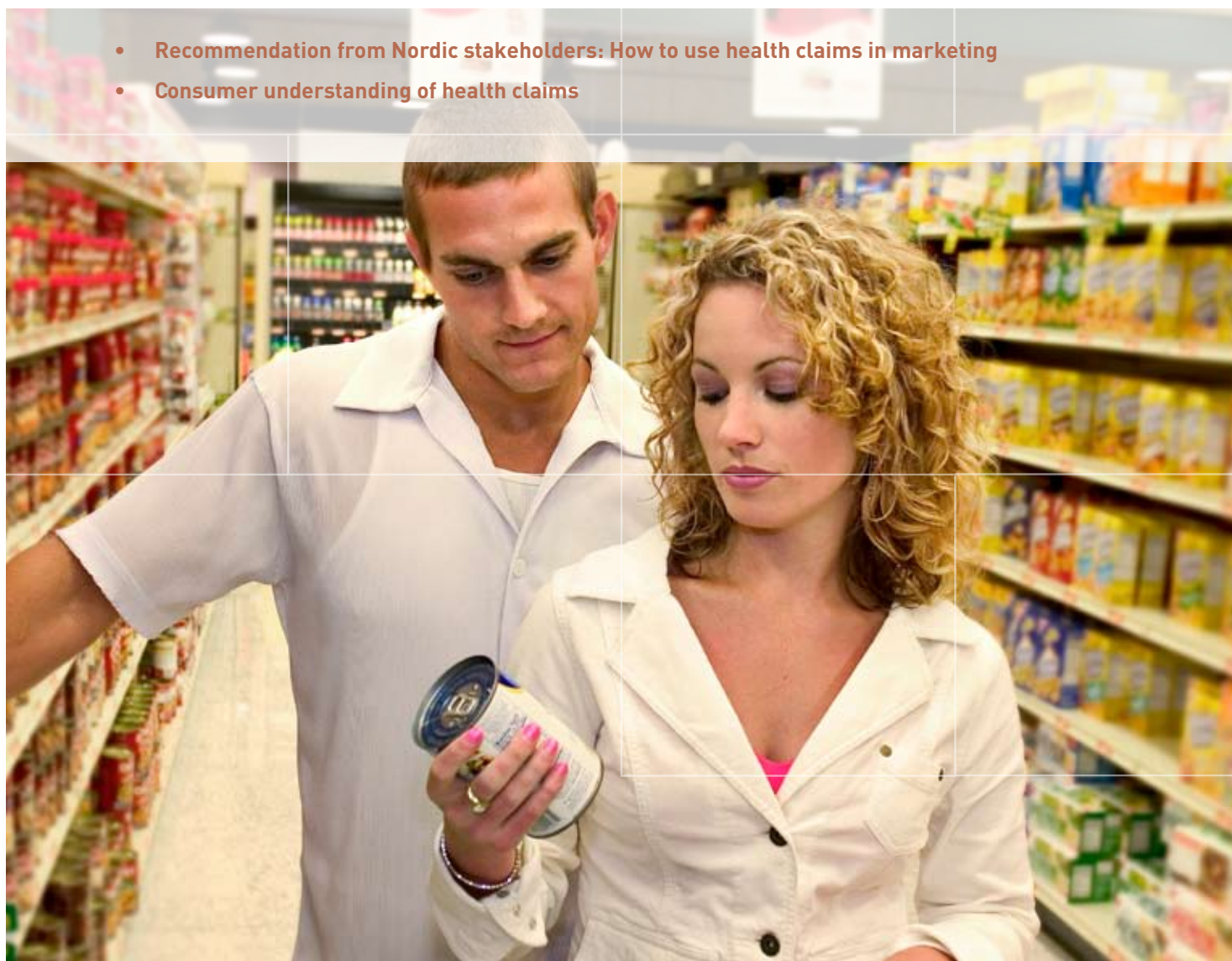


Consumers and health claims

- Recommendation from Nordic stakeholders: How to use health claims in marketing
- Consumer understanding of health claims



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Abstract: The objective of this project was to develop a shared Nordic view among stakeholders on how health claims should be used in marketing with the emphasis on consumer understanding and how the new EU-legislation (Regulation (1924/2006) on health claims will be interpreted. The work was divided in four tasks. First an overview of the previous regulations in each Nordic country was compiled in order to understand where from each country entered the shared EU-legislation. The work continued with a consumer study (N=4612) where consumers' perceptions of health claims formulated in different ways were explored in addition to their impact on choice behaviour. Results from the consumer study were discussed in five national and one shared Nordic workshop with the aim to develop a shared view on the aspects that need to be taken into account when health claims are used in marketing. These workshops were attended by representatives from authorities, food industry, retail, consumer organisations, health-promoting organisations and scientists. Based on the workshops Nordic recommendations for using health claims were generated in an iterative process. The two main points that came out were 1) providing all citizens with adequate education and training in healthy eating so that consumers can understand whether the promised benefits are relevant to them and 2) promoting dialogue between actors in the field to ensure responsible use of claims and equal treatment of claims in the market. These recommendations are available for all interested parties at the ACCLAIM-project website and at the end of this report.		
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Executive summary:

The purpose of this project was:

- to develop a shared Nordic view among stakeholders on how health claims should be used in marketing with the emphasis on consumer understanding
- to promote dialogue among stakeholders on how consumer understanding in the new EU-legislation (Regulation (1924/2006)) will be interpreted

This study has achieved this aim by:

- developing ACCLAIM-based recommendations for using health claims in marketing
- producing results from the consumer study that improve our understanding of consumer responses to health claims

Method

- a literature review on pre-EU legislation practices on health claims in Nordic and Baltic countries
- a consumer survey on how consumers perceive health claims with different wordings and how claims affect choice decisions with 4612 respondents in Nordic countries
- five national and one Nordic workshop developing a shared viewpoint on what should be taken into account when health claims are used in marketing

Main results of the consumer study

- Familiarity of the claim is the most important factor in promoting confidence in consumers' mind
- Familiarity can relate to familiar ingredient, promised effect and previous use of health claims in the product
- Using qualifiers (may have vs. has) and framing the outcome either as something desirable (improvement in functions) or something avoidable (reducing disease risk) had very little impact on consumer responses in general
- Health claims tend to decrease the perceived naturalness of the product and also interferences with other product characteristics and appeal tend to be negative when the claim is unfamiliar
- Health claims play only a minor role in choices when contrasted with other choice factors (e.g. price)
- Consumers are able to understand the promised benefit from the risk reduction claims
- Majority of the respondents (85%) did not believe that eating more of the product than recommended would give extra benefit
- When processing claim-related information actively, consumers are able to evaluate the message critically

Recommendations from the workshops

- The new EU legislation was generally regarded positively as a tool that enables authorities to take action against inappropriate use of health-related information on products and marketing.
- Manufacturers should keep the language of the health claims short and simple, but provide more detailed information for those who wish it e.g. in their web-site or leaflets.
- The need for formal national platforms to enhance the dialogue among actors was recognised as the most important action point. These platforms should include representatives widely from authorities, industry, retailers, consumer organisations and health promoting organisations. Discussions on topical issues and general principles behind interpretation of the regulations allow taking the stakeholder views into consideration when interpretation guidelines are prepared, even though the platform has no power to make decisions.
- The authorities have a crucial position in delivering information about the legislation and training the industry and retailers on appropriate use of health claims. The hands-on training will decrease the number of misunderstandings and unintentional violation of legislation and thereby later save resources of both authorities and commercial actors.
- A prerequisite for health claim legislation to work aptly is that the claims in the market can be monitored efficiently and when necessary, action can be taken by authorities. The national authorities should have been provided with sufficient resources to perform the market surveillance accordingly.
- Consumers need to be educated in principles of nutritionally adequate, varied and balanced diet, and also be well-informed about the concept of health claims in order to be able to assess the relevance of benefits promised by health claims.
- Impartial mediators of the health-related information are crucial: media, retail, health-promoting organisations and formal education system should all contribute to the providing information on healthy eating.

Conclusions

- For improving consumer understanding of health claims there is need to ensure that adequate resources are allocated to promoting the healthy eating in general in all age group
- Dialogue between stakeholders is needed to support the interpretation of the claim legislation so that food industry have better ability to use claims appropriately and the authorities can benefit from the expertise of other actors (food industry, consumer organisations, health-promoting organisations and so on) when making decisions on rightful use of claims
- Market surveillance of health claims is crucial for the new legislation to have an impact on the use of claims; therefore the authorities should have the necessary resources to follow the markets or alternative systems should be developed to support the work of authorities

Recommendations

- Develop protocols for testing consumer understanding in health claims: what should be tested and how to ensure that claims are understood and not misleading
- Differences in cultural dietary patterns and previous use of health claims were regarded as possible obstacles for Nordic information campaigns and dialogue platforms, but there was an interest to learn from other's experiences and when necessary model own actions accordingly. Possibilities for creating a Nordic platform for experience sharing should be explored.

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1 Preface

ACCLAIM-project is one of the six projects on the Nordic Innovation Centre's Functional Food Focus area. The goal of this Focus Area is to support the Nordic food industry in becoming more innovative and competitive in the functional food market.

ACCLAIM –project has contributed to this goal by providing new knowledge on consumer perception of claims and by promoting dialogue among stakeholders on the issue of consumer understanding. In August 2008, the new EU legislation (Regulation (EC) No 1924/2006) still has several questions that need to be answered and uncertainty on what are the protocols for the best practices for assessing the different requirements of the law. One of the issues remaining undecided at this time is how to deal with the demand of consumer understanding in the legislation. This project has tried to contribute new knowledge on issues that are relevant when consumer understanding will be assessed and to bring forward the Nordic viewpoint in this issue.

Working on the issue that is very topical has been both exciting and challenging. The developments in the protocols surrounding the new EU legislation have given frequently changing reflection points to the lively discussions in our steering group meetings and workshops organised by the project. As project coordinator I would like to acknowledge the excellent input from all partners in the project as well as other professionals who gave their time and expertise to our workshop activities. The discussion on the topic of consumers and claims will continue after this project, but we hope that the results from this project will contribute also to the future exchange of viewpoints among stakeholders.

VTT has coordinated the project; MAPP (Denmark), Mátís (Iceland), National Consumer Research Centre (Finland), National Food Institute (Denmark), Nofima Food (Norway) and SIK (Sweden) were research partners; EVIRA – National Food Safety Authority (Finland) and SLV - National Food Administration (Sweden) represented authorities; and Arla Foods amba, Bama Gruppen AS, Danish Meat Research Institute, Fazer Bakeries Oy, MöllerCollett AS, MS Iceland Dairies, Norgesmøllene AS, Sinebrychoff Oy, Tine BA, Vaasan & Vaasan Oy and Valio Oy commercial actors.

2 Introduction

The use of health claims in the marketing of food is a topical issue in Europe both for the food industry and trade, national and international regulatory practices, nutrition and health policies and, not least, for consumers. After years of preparation, the European Parliament and the Council accepted the regulation (1924/2006) on nutrition and health claims made on foods in December 2006. The regulation is a welcome change to the former situation in which there were a myriad of national rules and regulations governing the use of health claims in the European Union.

New EU legislation (Regulation 1924/2006) allows health claims, if these can be scientifically substantiated. The scientific evidence will be weighed by European Safety Authority (EFSA). There will basically two types of health claims. Article 13 claims are divided into three categories according to their function or outcome: physiological effects, psychological effects and weight management/ satiety related claims. Article 14 claims are risk reduction claims or claims referring to children's development and health. When the proposed health claims have been evaluated by EFSA and the Commission has made their decisions, the article 13 claims will appear in a positive list with all accepted claims. The scientific basis of risk reduction claims will be assessed and decided case-by-case.

New claims can be accepted and old ones removed with new scientific evidence so that the list of claims will live in the future. However, when the positive list of accepted claims is constructed and approved in EU in year 2010, the list defines which claims are legally acceptable and at the same time provides authorities a possibility to take action if other health-related claims are used in marketing. The new legislation has a requirement for claims to be

understandable to average consumers. How the consumer understanding will be assessed remains still unclear. There have been suggestions that both qualitative and quantitative testing is required in order to ensure reasonable consumer understanding and avoid misunderstandings (Leathwood et al., 2007).

The legislation defines an average consumer as “reasonably well-informed and reasonably observant and circumspect, taking into account social, cultural, and linguistic factors” (EU Regulation 1924/2006). This definition implies that average consumer should be ready to process claim information actively, but the legislation clearly states that possibly vulnerable consumer groups should be taken into account when national authorities make their interpretations. The wide cultural differences in food habits and food related beliefs among EU countries produce a challenge to national and local authorities in how the legislation will be implemented when the products with claims appear to the food shelves.

Due to the historical variation in national regulations it is likely that even in the future, the interpretations of the EU legislation and hence also national regulatory practices will to some extent differ. As for now, there are still several open questions as regards the preconditions for the use of health claims according to the EU regulation. We do not yet know how strict the approval process of health claims will be, which kind of claims and for which products they will be allowed, what the criteria for the nutrient profiles will be, and how issues related to consumer understanding will be dealt with in the Commission.

The EU legislation – as soon as it is in full force and the Commission has finalised all details of it – gives the national authorities an applicable tool that can be leaned on when enforcing the law and assessing whether the claims used are legal. It enables using claims that inform consumers about health effects of foods in a clear and comprehensible manner. In principle, the

legislation should guarantee that no ambiguous or unintelligible claims, and thus potentially misleading claims, appear in products or their marketing. In practice, however, much depends on the ways in which the issue of consumer understanding is taken into account in Commission's work in approving the claims.

In the authorities' assessment of the use of claims attention should be paid to whether the claims are not only understandable, true and not misleading but also to whether they are relevant for consumers in the context of the carrier product. For instance, health claims about certain vitamins and their role in health may be irrelevant if the deficiency of the particular vitamin is utmost rare among the population. In principle, the EU approval process – if carried out carefully and exhaustively – will take care of eliminating such questionable claims. However, this aspect should also be considered in the national context and in particular, in the supervision of the market.

With the new EU legislation a yet unknown number of new health claims will appear in our food shelves. In a Nordic ACCLAIM-project consumer perception of these claims was studied systematically and discussed in a series of national and Nordic workshops. During the workshops participants from food industry, authorities, legislation, consumer organisations, health promoting organisations, retail and research discussed the issues that are crucial for consumer understanding. This entailed not only consumer understanding of promised health benefits, but also avoiding misleading use of claims.

2.1 Objectives

The objective of this project was to develop a shared Nordic view among stakeholders on how health claims should be used in marketing with the emphasis on consumer understanding and how the new EU-legislation on health claims will be interpreted.

This objective was achieved by four separate tasks

- 1) An overview on the existing previous practices on health claims in Nordic and Baltic countries
- 2) A consumer study on how differently formed health claims are perceived in Nordic countries
- 3) National and Nordic workshop for stakeholders to discuss the consumer-related viewpoints they find important in the interpretation of the new legislation
- 4) A shared-view document on factors which are crucial when health claims are used in marketing

3 From national practices to EU legislation

The legislation and practices related to health claims differed among Nordic and Baltic countries before the EU legislation was approved.

Health claims were allowed in other Nordic countries, except in Denmark. Although health claims were allowed, there were different interpretations of what is meant by nutrition claims, health claims and medical claims. Sweden had its own voluntary code for health-related in claims in food products that was administered by Swedish Nutrition Foundation. This code is based on

cooperation between different stakeholders and was commonly accepted as an official guideline for using claims. In other countries authorities published guidelines on the use of claims. Although health claims were allowed in most countries, the risk reduction claims were only allowed in Finland and Sweden. Many countries also required basic nutrition information of the product available in the package if it contained a health claim. Nutrition profile, as a set of criteria that need to be fulfilled, has not had an official status in any Nordic country. Yet independent organisations in Sweden (Keyhole-symbol) and Finland (Heart –symbol) have their nutrition criteria for health-promoting purposes.

Health claims appear to have received less attention in the Baltic countries. Only Estonia allowed health claims in some form, but in Latvia and Lithuania they were not allowed. There are no guidelines for the use of health claims.

In food supplements nutrition and health claims were allowed in all other Nordic countries except in Sweden, but risk reduction claims only in Finland. An overview of the previous authority practice in Nordic and Baltic countries is shown in the Table 1 below. More information about the previous practices in the Nordic countries can be read from a separate report ([Mejborn, 2007](#)).

These differences between countries mean that consumers will differ in their level of experience with health claims when the claims approved by EU will appear in the European market. This may have a great impact on how claims are perceived in different countries and how familiar the health-related messages in the food products are.

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Table 1. Present practices for use of health claims on foods and food supplements in Nordic and Baltic countries (Mejborn, 2007).

Country	Health claims [#] on foods	Risk reduction claims on foods	Health claims [#] on food supplements	Risk reduction claims on food supplements	Guidelines for use of health claims	Guidelines for documentation	Pre-approval of health claims	Nutrient profiles
Finland	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes [§]
Sweden	Yes	Yes	No	No	Yes	Yes	No (Yes for PFP-claims)	Yes [*]
Denmark	No	No	Yes	No	Yes	Yes	No	No
Norway	Yes	No	Yes	No	Yes	Yes	No	No
Iceland	Yes	No	Yes	No	Yes	No	No/Yes	No
Estonia	Yes	No	Yes	No	No	No	No	No
Latvia	No	No	No	No	No	No	No	No
Lithuania	No	No	No	No	No	No	No	No

[#] Including nutrient function claims

[§] Not for health claims in general, but for claims about effect on blood cholesterol, and for the Heart Symbol (self-regulated)

^{*} Where applicable, products must meet the criteria for the Swedish Keyhole Symbol

4 Consumer perceptions of health claims

Although there is growing number of studies on how consumers perceive health claims and functional foods in general we still have a rather fragmented view of the factors that influence consumer perception. Since the new EU legislation demands that claims need to be understandable to an average consumer the form and phrasing of the claims has created concerned discussions.

One specific concern is that consumers may think that foods with health-related claims offer a ‘magic bullet’ against all health problems or that these products are perceived as generally superior (a ‘halo effect’). A ‘magic bullet’ effect occurs if a consumer associates the product with inappropriate health benefits (Roe et al., 1999). For example, from a low cholesterol claim it might be inferred that the product will automatically help against cardio-vascular disease. A ‘halo effect’ occurs if the consumer generalises positive perceptions to other product attributes (Roe et al., 1999). For example, a low cholesterol claim may lead to assume that the product is low in fat even though this is not mentioned in the claim.

In the previous studies health-related claims have resulted in higher ratings of perceived healthiness, but the increase has been small or moderate at the best (Urala et al., 2003, Lyly et al., 2007, van Trijp & van der Lans, 2007; van Kleef et al., 2004), but only marginally. The inferences with other product quality attributes have been studied less in products with health claims, but there are suggestions that health and taste can sometime be regarded as opposite attributes so that increasing healthiness results in decreased palatability (Tuorila et al., 2002; Arvola et al., 2007).

Adding specific claims to food products may on one hand increase health value by adding new benefits, but the impact is likely to depend on existing health image of the carrier food (Dean et al., 2007). On the other hand, claims may move the

products closer to medicines (Korzen-Bohr & O'Doherty Jensen, 2006). The latter may actually decrease their appeal (de Jong et al., 2003).

A suggestion for the wording of the claim needs to be given when the claim proposal is submitted. One point in discussion has been that who will decide the final wording and is there a possibility to modify the wordings according to national and lingual differences. Previous studies suggest that using qualifiers reflecting the proportional nature of the benefit or phrasing the claim positively or negatively does not have a major impact (van Kleef & van der Trijp, 2005). The preferred form depended on the outcome: e.g. for heart claims reducing the risk of disease was more preferred whereas with fatigue maintaining the energy level was more liked. The familiarity of the influential compound and promised effect increased the perceived benefit (Urala et al., 2003).

In this project consumer perceptions of health claims were studied systematically in the Nordic countries in order to have comparable data on consumer responses as the basis for the workshop discussions.

4.1 Participants and method

A total of 4612 respondents filled out the survey in the web. The share of men and women was equal in other countries except in Finland and in Iceland where the share of women was 60 and 62 % respectively. The mean age of respondents was 42.9 years (SD = 14.34 years). The share of respondents having children at the household varied between 30-42 % with the exception of Iceland having 68% of households with children.

The survey contained several sections with different tasks and designs within the questionnaire. Since the designs required varying several claim related factors systematically the questionnaire was programmed for the purpose. This way we could include several claim-related factors and present product-specific questions only to users of those products. The survey took about 30 minutes to complete.

Below are described the main findings that are relevant to improving our knowledge of consumer perception of claims.

4.2 Trust in sources of information about health claims in general

Consumers give higher trust ratings to health professionals, consumer organisations and authorities than to commercial actors when asked about the possible sources for health claim related information. Media was the least trusted. Medical professionals and health associations were trusted best. National authorities were better trusted than European authorities. There were some gender and country differences as well: Women trusted more nutritionists, health associations and manufacturers of food and medicines than men. In general, professional actors were lower trusted in Sweden than in other countries. Commercial actors were better trusted in Finland than in other countries.

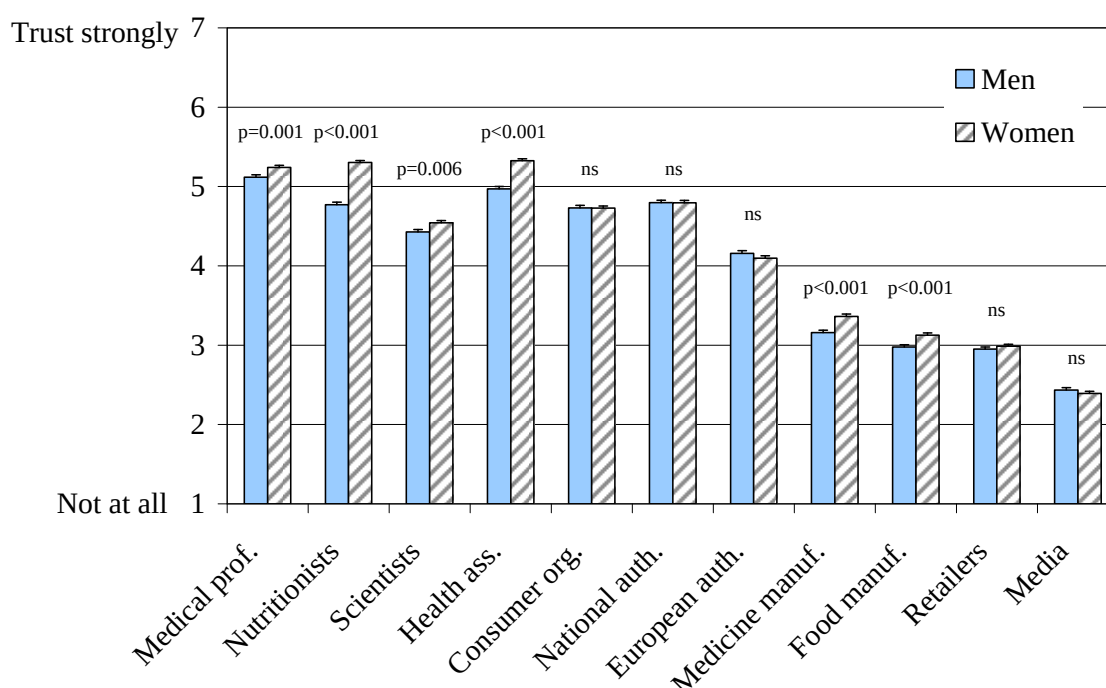


Figure 1 Means of the perceived trustworthiness of different actors around foods with health claims and significance of the difference between men and women

4.3 What makes claims convincing?

The impact of claim characteristics on convincingness of the claim was analysed separately for three benefits: cardiovascular health, memory functions and weight management as these represent the three kind of functions allowed in the new EU-legislation (Regulation (1924/2006) .

The most important claim characteristics were active ingredient and structure of the claim, whereas framing and qualifier had only a minor role. We chose omega-3 as a familiar ingredient since products containing omega-3 are available in all Nordic countries. The unfamiliar ingredient was bioactive peptides that are used in some products, but not as widely as omega-3. Both ingredients have a wide range of possible benefits associated with them in the scientific literature. When active ingredient was familiar omega-3 the claim on cardiovascular health and dementia was perceived to be more convincing than claims with no ingredient or with bioactive peptides. For weight management ingredient did not add convincingness: not mentioning ingredient was as convincing as having omega-3 as a functional component, the unfamiliar bioactive peptides were less convincing than not mentioning the ingredient at all. Consumers use their existing knowledge when assessing the claims and familiarity seems to be crucial for finding the claim convincing.

The respondents could be divided into two groups according to the way they perceived the convincingness of claim structure. 'Benefit only' group (46%) thought that short claims describing the function or the health outcome only were most convincing whereas longer claims were less convincing. The other half of respondents, the 'know all' –group (54%) found the longest claim having the whole chain of information from ingredient via function to health outcome as most convincing.

Previous exposure to health claims seems to facilitate the ability to process the information in long claims. When the shares of individuals belonging to the 'benefit only' and 'know all' groups were compared among the countries the size of 'know all' people was clearly higher in Finland and Sweden where health claims have been allowed even before EU-legislation. There was also a higher proportion of know all respondents among women than among men.

4.4 Does health claim make the product healthier per se

One of the worries expressed in connection to health claims in foods is that they may affect perception of other product attributes and thus indirectly affect consumers' judgements. Effects of health claims in other product attributes (attractiveness, healthiness, naturalness and tastiness) and the lowering of risk factors (cardiovascular health, memory functions and weight gain) were studied by comparing the ratings for the product (yoghurt, bread or pork chops) without any claim and the ratings for products with different set of claims.

The familiarity of the active ingredient (omega 3 or bioactive peptides) made a big difference on how the health claims affected the perception of other attributes. With the familiar omega 3 the perceived healthiness did not change and decrease in perceived tastiness, attractiveness and naturalness was clearly lower than for the unfamiliar bioactive peptides (Figure 2). The ingredient also had a different effect depending on the carrier product. Omega 3 was perceived positively when added to bread, but negatively when added to pork. Bioactive peptides were perceived less negatively when added to bread and yoghurt than to pork.

Regardless of the familiarity, both ingredients cause a major decrease in perceived naturalness. This was especially steep for pork chops. This may be due to the fact that people believe that adding things to raw meat requires more drastic methods than adding things to processed foods, such as yoghurt and bread, although enhancement can be achieved through animal feeding. Furthermore, yoghurt and bread products already are common carriers of health claims whereas meat is not.

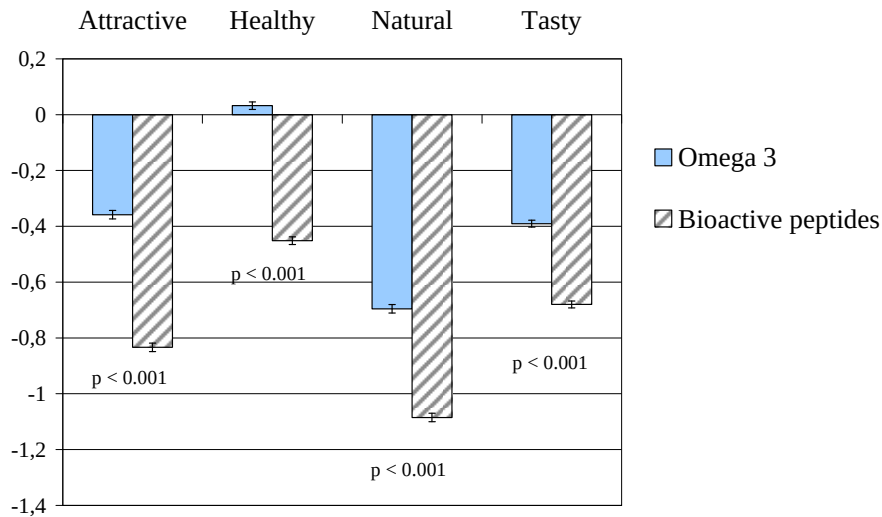


Figure 2. Changes in perceptions of product attributes when health claims with different active ingredients were added to the product

The amount of information in the claim had an impact on how the product characteristics were perceived. Claims that contained, in addition to ingredient, information about the function and the outcome of the claim reduced the negative responses to the unfamiliar bioactive peptides, whereas for omega-3 the additional information had a mild negative impact. The former can be explained by more information increasing the awareness of the component, but the responses to omega-3 are more difficult to explain. Perhaps omega-3 elicits a number of positive associations in people's minds and specifying them to specific functions and outcomes limits these associations. However, whether the promised outcome was improving one's health or avoiding a possible disease had no impact on the perception of product characteristics.

The country-wise differences among Denmark, Finland, Norway and Sweden reflect the earlier exposure to health claims (Figure 3). The negative influences were the clearest in Denmark and smallest in Finland with Norway and Sweden somewhere in between. Yet, Icelandic respondents received the product with health claims most positively.

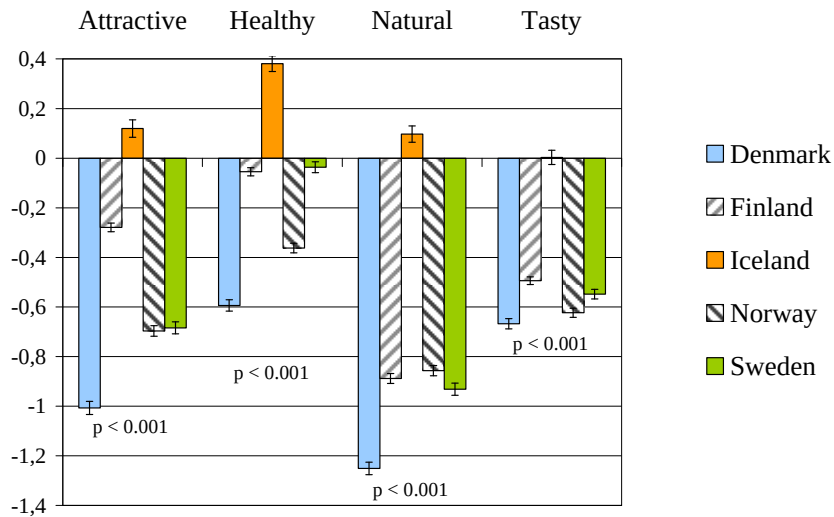


Figure 3 Changes in perceptions of product attributes when health claim was added to the product according to country

4.5 Effect of health claims on the perceptions of risk lowering influences

Consumers perceived the lowering of risks as intended in the health claim (Figure 4), but the effect of the claim was relatively small compared to the perceived ability of the carrier product to lower the risk. There seems to be no carry-over effect of risk-related messages, although ingredients like omega 3 and bioactive peptides have scientific associations with several risk functions.

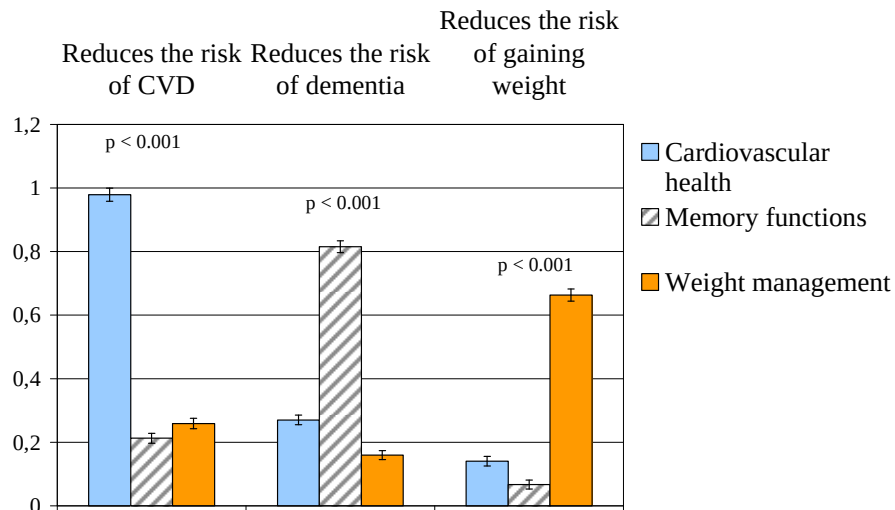


Figure4 Changes in perceptions of lowering risks when health claims with different framing were added to the product

The more familiar active ingredient, omega 3, was perceived as lowering the risks more than unfamiliar bioactive peptides. Giving more information in the claim had only a slight impact in adding the perceived risk reduction, but using a negative vs. positive framing (risk reduction vs. health improvement) had no impact on the perceived reduction of risk.

4.6 Health claims vs. price as determining product choices

The role of health claims in food choices was assessed by forcing respondents to make choices among three products. Users (once a month at least) of the products were presented with pictures of products: loaf of bread, litre of yoghurt and four pork chops on plastic tray wrapped in transparent film and asked to make choices among products that contained different kind of health claims. The choices were made from four alternatives of which one was always without a claim.

Price had undoubtedly the strongest impact on choices. Respondents could be divided into two groups: those who based their choices in ‘price only’ and those who also appreciated the ingredient (‘price and ingredient’). In yoghurt and bread over half acknowledged the claim, especially the ingredient, whereas in pork chops over half of the respondents based their choices in price only. Omega 3 as an ingredient made the product more appealing for choices for those who paid attention to the claim, whereas bioactive benefit gave only a very small advantage.

4.7 Food or supplement as carrier of health claim and dose sensitivity

Familiarity appeared again as the best predictor of perceived convincingness when food products and supplements were compared. The used products were a portion-size beaker of yoghurt, small bottle with drinkable yoghurt and capsules as supplements. Claims on probiotic bacteria were perceived as more convincing than the claims based on more unfamiliar active ingredients regardless of the type of product they were added to. On the other hand, probiotic bacteria were more convincing in conventional yoghurt or drinkable yoghurt (small bottle) than in supplements (capsule) which reflects the familiar context where probiotics are typically served to the consumers (Figure 5). With unfamiliar active ingredients the carrier product being a food or a supplement had no effect. Framing of the claim or describing the outcome as health- or disease-related did not influence perceived convincingness.

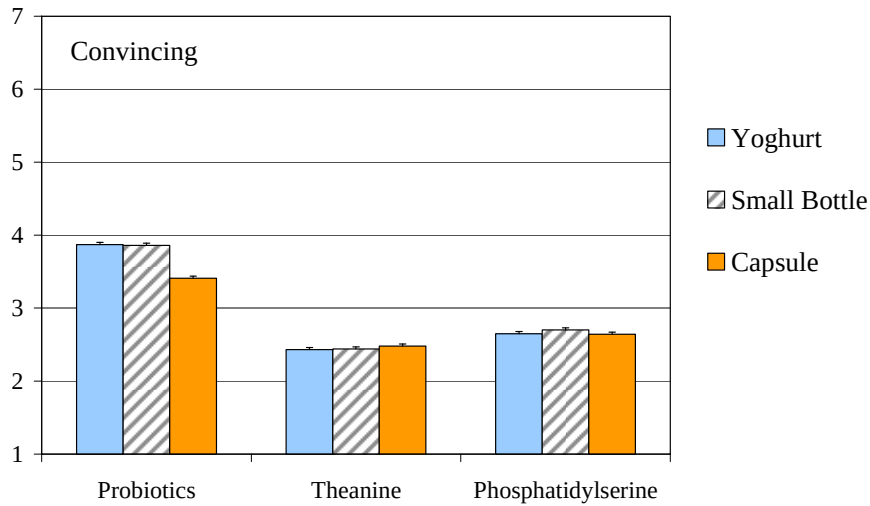


Figure5 The impact of product type and functional ingredient in convincingness

Willingness to buy reflected also familiarity so that products with probiotics were rated higher than those with unfamiliar ingredients. There was also a clear product type effect with capsules as supplements receiving lower willingness to buy ratings than the other two food products regardless of the ingredient. Similar to convincingness, framing or health vs. disease-related outcome had no noteworthy effect on willingness to buy.

When respondents were asked whether eating more than a serving size recommended by the manufacturer is harmful or brings extra benefit the means of responses were close to the mid-point of the scale indicating that respondents believed that it makes no difference. There was, however, product type effect: eating more capsules than recommended would be more harmful than ‘overdosing’ on conventional or drinkable yoghurt and also unfamiliar ingredients were perceived to be more harmful if eaten in excess than familiar probiotics.

Those who believed that excess amount of functional component may bring extra benefit are potentially vulnerable for misunderstanding claim-related messages. In total, about 15% of responses to foods with health claims believed in the extra benefit, but there were no clear age or gender effects. In Denmark respondents believed less often in the extra benefit compared to other countries. Yet, those who believed in extra benefit were clearly more willing to buy the products and also found the claims more convincing.

5 Promoting dialogue among actors – Nordic recommendations

National workshops with representatives from food industry, authorities, consumer organisations, retail, science and health-promoting organisations (see the end of Annex 1 for the list of all participants who attended the national and/or Nordic workshops) were organised to discuss and develop a shared view on the important issues that should be considered when using health claims in the marketing of food. The workshops examined three themes with their particular sub-topics:

Theme 1. Informing about benefits

How to make sure that consumers can perceive the benefits? How to tackle claims that do not bring the expected benefit forward? How to ensure that consumers understand the benefits promised in claims? Who should, in general, tell consumers about health claims in products (as a type of product - not specific products)?

Theme 2. Avoiding misleading

How to make sure that consumers are not misled? How to tackle possibly misleading claims in the market? How to ensure that consumers do not misunderstand the claims?

Theme 3. Need for dialogue among actors

Is there need for continuous discussion between industry, authorities, consumer organisations and other actors? How this could be organised? How to ensure that legislation is followed: do authorities have the resources and knowledge? Is there a need for additional voluntary industry code for using health claims in marketing?

From the national workshops the need to promote consumer understanding of healthy eating and need for dialogue rose as the main topics for the Nordic workshop. Misleading claims were not a topic on their own, but they were integrated to the other two main points, since better understanding of healthy eating in general gives consumers better tools for assessing the personal relevance of health claims and dialogue among stakeholders lowers the number of possibly misleading claims in the market.

5.1 Healthy eating should be promoted

In order to promote understanding of benefits and protect against misunderstanding of the claims, the [shared view from ACCLAIM](#) workshops points out that consumers should be empowered with better understanding of healthy eating and nutrition in general. The information and training of skills should be aimed at different age and target groups through both formal education and health-promoting activities of different non-governmental organisations. Better understanding of healthy eating supports consumers' own assessment of the relevance of the claimed benefits. Similarly, recognising claims that are not relevant becomes easier. The shared view document suggests different ways of promoting consumer understanding of healthy eating, but recognises that one of the main challenges is to get the messages across in media so that they reach a large number of people and still form a congruent communication on healthy eating.

5.2 Open dialogue between stakeholders important

Another aspect related to the new legislation emphasised in the ACCLAIM-workshops was the need to have an open dialogue between stakeholders. Training from authorities will help food producers and retailers to use health claims

appropriately. This will reduce the unintentional violation of the new EU regulation, and thus reduces the need for authorities to take action against products already in the market. There was also a recognised need for open discussion about the future interpretations of the law since there still are many unsolved issues that need to be decided. Some form of formal national advisory platforms were viewed as best solutions for organising the dialogue as these can have clearly defined objectives and routines to organise meetings with all stakeholders. These platforms could provide an arena where currently topical issues for all stakeholders can be taken up for discussion.

5.3 Monitoring the claims in the market need resources

One further note was shared by all workshops: making the law work requires sufficient monitoring of the market. This implies that authorities will have adequate resources to fulfil this task. Monitoring health claims in the market requires specific expertise and therefore this could be organised in national rather than regional level. There was also discussion about the possibility to have externally funded surveying systems, e.g. special person helping in the monitoring, but this will require guarantees of the impartiality.

Based on the national workshops a draft document for a shared Nordic view was produced. This document was discussed in the Nordic workshop in Uppsala on 8th of April, 2008. Views presented at the workshop were integrated to the document and after a round of comments to all participants the final version of the document was produced at the end of May 2008. This document is enclosed in its full form (as Appendix 1) and these recommendations can be downloaded from the [ACCLAIM](#)-website.

6 Conclusions

The new EU-legislation on health claims demands that the claims are understandable by average consumers in order to be acceptable. The average consumer is defined as someone reasonably well-informed, reasonably observant and circumspect. Based on our ACCLAIM project it seems that Nordic consumers are able to understand claims when processing the information actively. The willingness of actors in food sector to engage in dialogue related to the interpretation of new legislation and unanimously supporting the importance of improving consumers' understanding of healthy eating in general gives a good basis for further development of products with specific health benefits and marketing them to reasonably well-informed consumers.

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Appendix 1

Nordic Recommendations for using health claims in marketing

Shared view from ACCLAIM project²

To promote the consumer understanding of health claims, more emphasis should be put into informing consumers about the principles of healthy eating in general. Proactive dialogue among authorities, food industry, consumer organisations and other actors in the field is needed to support the appropriate use of claims in marketing.

This shared view is based on five national workshops carried out as part of ACCLAIM project in Denmark, Finland, Iceland, Norway and Sweden in January and February 2008 and the subsequent Nordic workshop gathering the discussing the viewpoints from national workshops in the shared Nordic arena on 8th of April 2008 at SLV, Uppsala. ACCLAIM project is partly funded by Nordic Innovation Centre.

Background

The European Parliament and the Council accepted the regulation (1924/2006) on nutrition and health claims made on foods in December 2006. After a transition period health claims¹ are permitted in marketing only if the claim has been accepted by the Commission and the product itself fulfils certain nutritional criteria ('nutrient profiles'). According to the regulation, the claims should be understood by 'the average consumer', who is 'reasonably well-informed and reasonably observant and circumspect'.

As for now, there are still several open questions as regards the preconditions for the use of health claims according to the EU regulation. We do not yet know what kind of health claims will be accepted, which kind of claims and for which products they will be allowed, what the exact criteria for the allowed nutrient profiles will be, and how issues related to consumer understanding will be dealt within the Commission. Hence the interpretations of the EU legislation and also national regulatory practices will need to be established.

As part of ACCLAIM project² five national workshops in Denmark, Finland, Iceland, Norway and Sweden with 83 participants representing food industry, consumer and health organisations, authorities, research, and retail trade were organised in January and February 2008 to discuss the open questions and

¹ The regulation (1924/2006) differentiates between two types of claims: nutrition claims and health claims, the latter of which are further divided into two subgroups, 1) those referring to the role of a substance in growth, development and functions of the body; psychological and behavioral functions; or slimming or weight-control ('Article 13 claims'), and 2) those referring to reduction of disease risk and to childrens' development and health ('Article 14 claims').

² ACCLAIM is an acronym for 'Consumer acceptance and trust: Recommendations for using health-related claims in marketing', for details see <http://virtual.vtt.fi/virtual/acclaim/>.

issues related to consumer understanding of health claims. The Nordic workshop held in Uppsala at Swedish National Food Authority (SLV) on 8th of April 2008 gathered together the viewpoints brought forward during the discussions in the five national workshops and worked then towards a shared view on those issues participants from all five countries agreed on and points out some of the issues where opinions differed.

The national workshops discussed how consumers should be informed about the benefits of the health claims, how to make sure that messages in claims are not misleading and the need for dialogue among actors, especially authorities, food industry and consumers. These issues will be covered below mainly under two topics that were regarded as central for consumer understanding in all national workshops; first, how consumers should be informed about the health claims in relation to healthy eating in general and second, how to promote the dialogue. Avoiding misleading claims was seen partly as an issue of ensuring better tools for consumers to understand the relevance of the claims and partly an issue of making sure that authorities can monitor the markets efficiently. Therefore the concerns related to misleading claims are dealt under the above two topics. In addition, some concrete suggestions on how to promote the two targets are brought forward as attainable action points.

Informing consumers about the benefits and protecting against misleading

Relevance of claims

The new EU legislation was generally regarded positively as a tool that enables authorities to take action against inappropriate use of health-related information on products and marketing. The legislation gives a positive list of those claims that will be allowed and thus harmonises the regulations across Europe. Since European Food Safety Authority will provide the guidance and advice for assessing the scientific verification behind claims, all accepted claims should be based on sound scientific evidence. For consumers this signals that claims can be relied on. However, this scientific validity does not necessarily mean that claims are relevant to all Europeans and there may be regional variation between different areas of Europe in relevance, or claimed benefits are only relevant to a subgroup of population. This creates challenges to communication since the consumers should not only understand the content of the claim, but also the relevance of the claim to themselves.

Short and simple claims

Manufacturers should keep the language of the health claims short and simple. In addition to this, more detailed information should be easily available for those who wish it e.g. in the Internet, leaflets at the point of sale etc. The challenge is to make the scientific probability-based information short and simple and still maintain the truthfulness.

Nutrition education necessary

The root of consumer understanding of health claims is on good basic knowledge on healthy eating and nutrition in general. Therefore, consumers need to be educated in principles of nutritionally adequate, varied and balanced diet, and also be well-informed about the concept of health claims in order to be able to assess the relevance of benefits promised by health claims. Several action points for improving consumers' nutritional and health-related understanding of eating, food choices and health claims were suggested in national workshops.

Healthy eating contains also the pleasure of eating

Consumers' understanding of healthy eating should be promoted throughout the formal schooling system. Each Nordic country has its own nutritional recommendations that are based on common Nordic Nutrition Recommendations³. It is easier to assess the relevance of single health claims if principles of healthy eating are comprehended. The wholesomeness of eating habits is determined at diet level. Hence, single products should be reflected against the dietary patterns that vary between countries and subgroups, and even individuals within these subgroups. Food and eating is also a source of pleasure and has various deeply-rooted social meanings. Increasing weight and other diet-related problems emphasise the need to improve our understanding of determinants of healthy eating at different stages of life. Child health clinics, schools, working places, authorities and advisory organisations should have active roles in providing this information in a targeted form to various subgroups.

Media can reach consumers

Media plays a crucial role in delivering health-related messages to the public. Although the media were seen as crucial in reaching the consumers, working with media was also seen as a challenging undertaking since media have its own merit system of assessing the relevance of messages. Many important basic health-related issues do not rise over the news threshold and on the other hand messages that have novelty value can be rather specific details, which can confuse consumers. Suggestions to overcome some of these challenges were proposed. Scientists should be more active in bringing their views forward when it comes to health issues in food, including health claims, since they are impartial experts with higher credibility than representatives of food companies. The messages from different actors should be congruent so that although the messages differ in their content, they support the consumers' ability to form a better understanding of the role of food in health. The latter would require active cooperation among authorities, scientists, consumer organisations, health promoting bodies, food industry and retailers.

Point of purchase information

The availability of reliable information was regarded as important in promoting consumers' trust in health claims. The point of purchase was suggested as an effective way of delivering information that is impartial from manufacturers. Trained personnel in the grocery stores and retailers' customer

³ Nordic Nutrition Recommendations 2004. Integrating nutrition and physical activity. 4th edition. Nord 2004:13. Nordic Council of Ministers, Copenhagen 2004.

materials with wide distribution would be good channels to inform consumers about healthy eating and health claims in general. Another approach is to have a freely accessible Internet database provided by impartial actors such as authorities, consumer organisations or health promoting bodies and organisations.

Promoting dialogue among actors

Preventing misuse of claims

Dialogue between authorities, food industry, retailers, consumer organisations and health promoting organisations and bodies was deemed as beneficial to all parties. The dialogue is here understood broadly as all actions, both direct and indirect that promote mutual comprehension, including formal platforms, informal discussions, and training activities aimed at food industry and retailers. These different forms of dialogue aim to proactively prevent misinterpretations, allow industry and other actors bring forward their viewpoints and concerns and thus find a shared understanding between authorities and food manufacturers on how regulations are interpreted. The shared understanding will save resources both for authorities and industry since it is likely to decrease the misuse of claims and thereby the need to take action against products in the market. The proactive approach provides a possibility to discuss the interpretation of legislation in principal level, also in advance when planning specific marketing actions.

National platforms working towards shared views

The need for formal national platforms to enhance the dialogue among actors was recognised as the most important action point. These platforms should include representatives widely from authorities, industry, retailers, consumer organisations and health promoting organisations. Formal platform with regular meetings allows discussions on issues that are topical and on general principles behind interpretation of the regulations. A formal platform allows taking stakeholder views into consideration when guidelines for interpretation of the legislation are prepared even though the platform has no power to make decisions. Having consensus among actors may not be a sensible target, but working towards shared view on how claims are and should be interpreted was considered as a realistic target.

The Finnish example

One possible model for organising this kind of formal platform is the Finnish advisory group representing different stakeholders and experts gathered together by the legislative authorities to support the process of gathering health claims in Finland. The advantage of a formalised platform or working group is that its tasks and responsibilities and meeting frequency can be defined. The success of this kind of group depends on the willingness of parties to commit to the open dialogue. One party also needs to take the clear responsibility of organising the work and this role may naturally fall to the authorities. The advertising industry, with a central role in communication of the health claims to the public, should be included in the discussions in addition to other stakeholders.

Nordic platforms

The formal platform for dialogue is important in national level, but time may not be yet ripe for having this kind of arrangement in Nordic level. However, informal Nordic discussions and platforms would be useful in order to compare experiences and interpretations on health claims, and thereby getting a wider perspective on the way health claims are perceived in different countries. Since the Nordic countries have entered the new EU-legislation from different backgrounds with varying experience and exposure to health claims, consumer perception of claims is likely to vary accordingly. Nordic dialogue among stakeholders would be constructive in order to deal with possible problems encountered.

Besides formal platforms and training, there may also need for informal discussion and information sharing events. These can be organised based on need and organised by different stakeholders.

The role of authorities

The authorities have a crucial position in delivering information about the legislation and training the industry and retailers on appropriate use of health claims. The hands-on training will decrease the number of misunderstandings and unintentional violation of legislation. Proactive training of the commercial actors will thereby save authorities' resources in the future since there is less need to take sanctions against the products in the market. In addition to training and information sharing from authorities the companies should invest on internal training including their marketing and sales personnel who work with consumer and customer issues.

Views on detailed guidelines and examples provided by authorities divided actors and countries. The problem from the authority point of view was that detailed examples constitute as pre-acceptance of certain claims, although the final decisions need to be made on case-by-case basis taking into account the context. On the other hand, industry representatives wished that there would be a possibility to ask advice from authorities on specific verbal or pictorial formulation of claims beforehand. Proactive dialogue and formal platforms are likely to reduce this need since they provide a platform to discuss the overall principles and thus guide also specific choices made by companies.

Monitoring the market

A prerequisite for health claim legislation to work aptly is that the claims in the market can be monitored efficiently and when necessary, action can be taken by authorities. The national authorities should have sufficient resources to perform the market surveillance accordingly. Concern for the adequate resources was brought forward in all national workshops. Alternative solutions to guarantee the necessary resources were suggested. One option would be to have externally funded impartial surveyors, so-called "watchdogs" that follow the market and report to the authorities when inappropriate use of health claims is detected. These "watchdogs" could also be approached by consumers or competitors to get first assessment when

suspecting inappropriate use of claims. One role could be giving advice to product manufacturers and retailers when asked. This independent surveyor could be funded by industry as long as the impartiality and transparency are guaranteed. This can be organised by organising the funding through independent expert organisations that take responsibility of the market monitoring. In Sweden the food sector (the Swedish Food Federation and the Swedish Association of Food Retailers) has appointed the Food Sector's Examiner of Health Claims (Livsmedelsbranschens granskningsman, LGM, in Swedish) within its voluntary code on health claims. LGM's task is to monitor and receive complaints on the use of health claims, and to make recommendations to food manufacturers regarding corrections of inappropriate claims. The Swedish Nutrition Foundation is available for pre-marketing advice regarding the use of health claims.

Furthermore, interpreting health claim legislation requires special expertise and therefore there were suggestions that this legislation would be followed in national rather than regional/county level so that decisions are more compatible at different occasions. This would also support the equal treatment of all actors in the field.

Need for Nordic cooperation

Although the formal platforms should start their work at national level, there was an interest to create informal Nordic discussion platform around health claims and issues related to governing health claims and promoting healthy eating via better products.

Although consumers in Nordic countries appear to understand the benefits of claims when asked to evaluate them in a study context, there is no guarantee of understanding of future claims. Developing appropriate protocols for tests that are needed to assess the consumer understanding of specific claims could be done in Nordic cooperation. These protocols would guide both authorities and food industry to ensure that claims are both understandable and not misleading.

Differences in cultural dietary patterns were regarded as possible obstacles for sharing information campaigns, but there was an interest to learn from other's experiences and when necessary model own actions accordingly.

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Annex 1.1

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