

FOOD STANDARDS AGENCY

HEALTH CLAIMS ON FOOD PACKAGING
CONSUMER-RELATED
QUALITATIVE RESEARCH

FINAL REPORT

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INTRODUCTION

BACKGROUND AND RESEARCH OBJECTIVES

- ❑ The European Commission intends to regulate health and functional (as well as nutritional) claims which appear on food packaging
- ❑ The Food Standards Agency (FSA) needed to consult with consumers in order to be able to give a view on what UK consumers understand by these health and functional claims
- ❑ In its draft proposal of June 2002, the Commission identified four different levels of claim:
 - ◆ functional claims
 - e.g. "Calcium aids in the development of strong bones and teeth"
 - ◆ health claims: enhanced function claim
 - e.g. "Calcium may help to improve bone density. Food A is rich in calcium"
 - ◆ health claims: reduction of disease risk factor claim
 - e.g. "Sufficient calcium intake may reduce a risk factor for developing osteoporosis in later life. Food A is rich in calcium"
 - ◆ health claims: reduction of disease risk claim
 - e.g. "Sufficient calcium intake may reduce the risk of developing osteoporosis in later life. Food A is rich in calcium"
- ❑ Within this, there were three main 'health' / substance / product areas that the research needed to cover:
 - ◆ heart / cholesterol / spreadable fats
 - ◆ bones / calcium / yoghurts, fortified drinks
 - ◆ gut / 'live' cultures / pre- / pro-biotics / bio yoghurts
- ❑ The FSA needed to understand if consumers differentiate between these different levels of claim, in order to inform the debate as to whether these claims should be regulated separately

METHOD AND SAMPLE

- Total of 6 qualitative hall test days, yielding 130 individual interviews
 - ◆ each interview 30 - 40 minutes
- Sample designed to focus on 'main shoppers'
 - ◆ all used mainstream supermarkets
 - ◆ all bought products in the relevant sectors
- Sample achieved
 - ◆ Females 103
 - ◆ Males 27

 - ◆ Younger Adults 27
 - ◆ Young Families 24
 - ◆ Older Families 26
 - ◆ Older Adults 25
 - ◆ Pensioners 28

 - ◆ ABC1 68
 - ◆ C2DE 62

 - ◆ Regular readers of on-pack information 72
 - ◆ Occasional readers of on-pack information 58
 - ◆ (non-readers of on-pack information excluded)

 - ◆ No particular interest in health issues 28
 - ◆ General interest in health issues 64
 - ◆ Specific health concerns 38
 - bones 11
 - heart 13
 - gut 14

 - ◆ Ethnic minority respondents 17

TIMING, LOCATIONS AND PERSONNEL

- Fieldwork dates and locations
 - ◆ 7th August Uxbridge
 - ◆ 9th August Belfast
 - ◆ 10th August Cardiff
 - ◆ 16th August Glasgow
 - ◆ 17th August Sheffield
 - ◆ 22nd August Worcester

- Research team
 - Jeannette Croft
 - Freda Harris
 - Wendy Hayward

STIMULUS MATERIALS

Health claims

- 24 health claims researched
 - ◆ heart / cholesterol x 7
 - ◆ bones / calcium x 9
 - ◆ gut / 'live' cultures x 8

- Claims presented on A5 show cards within a simple line drawing of the relevant pack type, to provide context (see Appendix)
 - ◆ spread tub
 - ◆ drink carton
 - ◆ yoghurt pot

- Order of presentation rotated
 - ◆ relevant product set shown first to respondents with specific health issues / concerns
 - ◆ random rotation of products for other respondents
 - ◆ more time spent on first set shown
 - ◆ on first interviewing day, respondents saw all three sets
 - ◆ on remaining five days, due to concerns re depth and detail of response, respondents each saw two sets

- Each set of claims seen by 90+ respondents
 - ◆ heart / cholesterol set seen first by 44 respondents
 - ◆ bones / calcium set seen first by 42 respondents
 - ◆ gut / 'live' cultures set seen first by 44 respondents

- Claims detailed on following page

	FUNCTIONAL	HEALTH ENHANCED FUNCTION	HEALTH REDUCTION OF DISEASE RISK FACTOR	HEALTH REDUCTION OF DISEASE RISK
HEART - CHOLESTEROL	<p>1. Helps maintain normal cholesterol levels, which can keep your heart healthy.</p> <p>2. Can help maintain a healthy heart.</p>	<p>3. Actively lowers cholesterol, shown to actually lower bad (LDL) cholesterol</p> <p>4. Clinically proven to dramatically reduce cholesterol to help maintain a healthy heart</p> <p>5. Proven to reduce cholesterol as part of a healthy diet.</p>	<p>6. May reduce a risk factor for heart disease, as part of a healthy diet</p>	<p>7. May reduce heart disease risk, as part of a healthy diet</p>
BONES - CALCIUM	<p>8. Builds strong bones</p> <p>9. Source of calcium. Bone friendly.</p> <p>10. Contains calcium. Calcium is needed to build healthy bones and teeth</p>	<p>11. Strengthens the bone structure.</p> <p>12. May help to build stronger bones</p>	<p>13. Reduces a risk factor for osteoporosis, as part of a healthy diet</p> <p>14. May reduce a risk factor for bone fractures in later life, as part of a healthy diet</p>	<p>15. Reduces the risk of bone fractures later in life.</p> <p>16. May reduce the risk of osteoporosis, as part of a healthy diet</p>
GUT - 'LIVE' CULTURES	<p>17. Helps you maintain a healthy digestive system.</p> <p>18. Helps keep your body in balance.</p> <p>19. Helps to maintain your immune system.</p>	<p>20. Can play an important role in the guts defence mechanism.</p> <p>21. Helps cleanse your system... helps you detoxify.</p> <p>22. Contains beneficial bacteria to enhance digestion</p>	<p>23. May reduce a risk factor for bowel disease</p>	<p>24. May reduce the risk of bowel disease</p>

Packs

- Stimulus packs comprised 2 examples for each product category
 - ◆ heart / cholesterol - Flora pro-activ, Benecol
 - ◆ bones / calcium - Danone Activ, Tropicana Calcium
 - ◆ gut / 'live' cultures - Muller Vitality probiotic yoghurt, Food Doctor Yoghurt Plus

- In each interview, the pair of packs corresponding to health claim category shown first was examined and comments noted, after discussion of all health claims

THE FINDINGS

1.0 OVERVIEW AND BACKGROUND CONTEXT

- No recognisable consonance between respondents' grouping of the health claims and the levels of claim identified by the European Commission
 - ◆ indeed, notable lack of any pattern or consistency in groupings of claims across whole sample or even, sometimes, within individuals

- Respondents set task:
 - ◆ asked to sort and group the health claim statements on the basis of their **understanding** of the health benefit claimed
 - ◆ then, which claims similar / different and why

- Task initially assumed to be straightforward and easy by many – claimed to understand most of wording / terms and their intent
 - ◆ *but* on further probing, difficulties emerged for many
 - ◆ recognised limits of own (scientific) knowledge
 - ◆ commonplace tendency to paraphrase, or simply play back, the statement
 - ◆ also some tendency to maintain that claims 'all saying the same thing in different words'
 - genuine view in some instances
 - for others, more related to feelings of exasperation / inadequacy / exposure / desire to retreat into safe territory

- Perceptually, interviews abounded in:
 - ◆ apparent contradictions
 - ◆ inconsistencies in reasoning between the different product categories
 - ◆ inaccuracies
 - ◆ bafflement
 - ◆ an expressed need for more / definite information

- Difficulty of task evident across the whole sample, irrespective of intelligence or education
 - ◆ sometimes compounded by language difficulties – if native English very poor / English not the first language

- To reiterate, our questioning focused on respondents' *understanding*
 - but

- In 'real life', claims normally evaluated, and purchasing decisions made, on basis of whether consumers *convinced* by them
 - 'Do I need this benefit?'*
 - 'Will the product actually deliver?'*
 - 'Will it make a real difference?'*
 - ◆ given that belief and understanding very closely linked, respondents found it difficult to divorce the two

- In our view, evaluation of claims rarely based on solid knowledge / fact
 - ◆ but rather fit into a broader, more nebulous 'belief system' about
 - how the body works
 - the impact of food on the body
 - notions of disease, illness and health
 - ◆ consumer explanations can therefore sound quite mythical and magical
 - generally unexamined
 - not thought through or related in any formal way
 - unless, perhaps, if have personal or close relative / friend experience of serious medical condition (experience and knowledge enhanced)

- Various beliefs about how the healthy body works and notions of disease and illness
 - ◆ visualisations and analogies common e.g.
 - body likened to car: all component parts working well together
 - 'furred up' arteries, fats 'sticking to' artery walls

- Also, various beliefs about the impact of food on the body
 - ◆ holistic approach: balance; natural; healthy lifestyle; stress; cleaning / cleansing / detoxifying; friendly bacteria
and / or
 - ◆ nutritional focus: healthy diet; balanced diet; five portions of fruit & veg a day; fibre; exercise
and / or
 - ◆ weight concern: calories; low fat; saturated vs. polyunsaturated fats; salt; sugar

- 'Belief system' also impinged on by knowledge of genetics / own family history / susceptibility to illness / disease
and
 - ◆ by individual attitude / approach to this (fatalistic vs. do everything possible to reduce a known risk)

- All this compounded by partial knowledge obtained in a haphazard / 'serendipity' way from a variety of sources, such as:
 - ◆ media
 - ◆ advertising
 - ◆ packaging
 - ◆ official / government information
 - ◆ word of mouth
 - ◆ own experience

- Again to reiterate: in consumers' minds, understanding and belief are intertwined
 - ◆ each feeds off the other
 - ◆ it is very difficult to separate them out in their responses to stimuli
 - ◆ both may be based on partial reading focusing on key words with meaning for them

2.0 ON-PACK INFORMATION

- ❑ At start of interview, respondents asked what on-pack information they checked
- ❑ Prime consideration often 'will I like it'
 - but also
 - ◆ 'will it be good or bad for me?'
 - in terms of weight (a very widespread concern)
 - as well as more general health concerns
- ❑ 'Factual' ingredients / nutrition information often cited as way of evaluating this
 - ◆ although inevitably viewed in light of existing beliefs, knowledge and experience
- ❑ 'Information' mentioned
 - ◆ fat content (sometimes 'low fat' or 'X% fat free' claim looked for / sufficient)
 - weight / general health
 - a few specific health concerns (e.g. high cholesterol, gall stones, heart condition)
 - rarely more specific (e.g. polyunsaturates)
 - ◆ calories
 - ◆ sugar
 - related to concerns about weight
 - children's teeth
 - in a few cases, diabetes
 - ◆ additives / E numbers / colourings / flavourings / preservatives / chemicals
 - ◆ carbohydrates (often to identify sugar content)
 - ◆ nuts (allergies)
 - ◆ calcium (menopausal, bone disorder)
 - ◆ iron (pregnant)
 - ◆ vitamins
 - ◆ cholesterol lowering
 - ◆ friendly bacteria

- ◆ wheat (allergies)
 - ◆ animal products (vegetarian), specifically pork (Muslim)
 - ◆ soya (allergies)
 - ◆ GM
 - ◆ organic
- ☐ However, evaluation may often be comparative (choosing between products) rather than absolute – and also very simplistic
- ◆ e.g. comparing 6g of fat with 4g, but without any overarching view as to whether this difference is significant / what would constitute high or low fat content in the particular product context
- ☐ At end of interview, after lengthy discussion of claims, respondents were shown pair of packs relating to one claim
- ☐ Interesting to note that, despite preceding discussion, health claims rarely mentioned spontaneously in context of on-pack information checked for
- ◆ if mentioned, mainly by those with specific health issues / 'problems'
- ☐ For most people, other priorities were more top of mind, often driven by plethora of diverse on-pack information / visual material
- ◆ brand familiarity / acceptability
 - ◆ overall product appeal (taste, flavour)
 - ◆ eye catching presentation / pack design
 - ◆ natural, wholesome, healthy vs. 'gunk'
 - ◆ contribution to a balanced / healthy diet,
 - via specific health claim e.g. 'high in calcium'
 - health logo e.g. Heart Foundation
 - checklist of key product features e.g. 'contains a full day's supply of vitamin C'
 - ◆ likely impact on weight
 - ◆ something new / different
 - ◆ how to use / role
 - ◆ brand
 - ◆ price
 - ◆ country of origin

3.0 HEALTH CLAIMS

3.1 Current Status Quo

- Despite apparent low interest and usage of on-pack health claims, respondents seemed familiar with the terminology and some specific claims
 - ◆ gleaned from wide variety of sources
 - particularly TV and press, both advertising and articles
 - ◆ generally more / earlier information gleaned from these sources than from on-pack claims

- Where products are heavily advertised, a specific claim may be identified with a particular brand (e.g. Flora pro-activ, Benecol)

- Of the 3 product categories researched
 - ◆ **spreads** most established, familiar and widely used
 - ◆ **yoghurts** fairly well established
 - but usually as a dairy product providing protein and calcium, rather than offering benefits related to the digestive system and bowel
 - bio-yoghurts newer category / different benefits
 - ◆ **fortified drinks** newer / less established category
 - milk the established product in the context of calcium-rich drinks

3.2 Dimensions on which health claims grouped / differentiated

- Exploration of respondents' understanding of the claims revealed a multitude of dimensions on which claims were being compared / differentiated
 - ◆ many and diverse
 - ◆ interlocked and overlapped
 - ◆ often not used consistently (even by the same individual) from one product category to another

- Therefore, there was very little consistency in how the claims were grouped (i.e. which claims were considered similar in terms of the health benefit the product would give)

AND

- Even where there was degree of consistency between groupings, the reasons / explanations were often quite different

BECAUSE

- Different dimensions came into play in different ways and at different times

- Some examples of individual groupings and explanations to illustrate this

- ◆ spreads

- claims 4, 5, 6, 7 grouped together as offering the same benefit – *'because they're all about reducing'* (4 and 5 reducing cholesterol, 6 and 7 heart disease risk)
- claims 1, 3, 4, 5 grouped together as offering the same benefit *'because they are all to do with cholesterol levels'* (although 1 maintains, the others reduce cholesterol)

- ◆ drinks

- claims 8, 11, 13 and 15 grouped together *'because they're positive statements, no maybe about them'* vs. 12, 14 and 16 *'not as definite, because they only say they may help'*
- claims 8, 9, 10 and 11 *'for families'* vs. 13 and 15 *'for older people'*

- ◆ yoghurts

- claims 17 and 18 grouped together as offering the same benefit *'because you need to keep regular to keep your body in balance'*
- claims 18 and 21 grouped together as offering the same benefit *'because detoxifying gets the body more in balance'*
- claims 18, 19 and 21 *'because they benefit the whole body, not just a specific part'*

- Across the sample, the following dimensions were used, some more frequently than others, as a basis for grouping the claims

- ◆ maintaining vs. changing / altering / improving

- ◆ prevention / protection vs. cure

- ◆ general health / body as a whole vs. specific organ / part

- ◆ new and interesting vs. known / familiar

- ◆ benefit now vs. benefit in the future

- ◆ medicinal vs. nutritional

- ◆ proven / substantiated vs. unproven / unsubstantiated
- ◆ persuasive / convincing vs. unbelievable / nonsensical
- ◆ positive vs. negative
- ◆ definite vs. nebulous
- ◆ wordy vs. concise and clear
- ◆ marketing speak / hype vs. informative / neutral
- ◆ specific group (e.g. kids, older women) vs. everyone
- ◆ me vs. not me (relevant condition)
- ◆ have bought vs. might buy vs. would avoid

3.3 Language issues

3.3.1 'May' / 'helps' / 'can'

- These words very influential in interpretation of claims
 - ◆ but in different ways / to different degrees

- **'May'** as a qualification of any claim – to reduce / cleanse / build etc. – widely viewed with suspicion
 - ◆ commonly taken to indicate manufacturer's lack of confidence / evidence that the product will deliver
and / or
 - ◆ a desire to 'cover their backs' / avoid any possibility of being sued

"It means they don't know themselves if it does what it says or not."
 - ◆ '.....or may not' a very common response i.e. no promise being made

"15 actually does something, 14 may or may not, so there's no point in drinking it"

- However, 'may' preferred by small minority as more realistic / honest / believable and less likely to mislead / create false hopes

"Some are misleading, like 'reduces the risk of bone fractures'. I prefer 'may reduce' because it's not saying it will do the job, it's not a miracle"

- For some, **'can' and 'helps'** as qualifications of claims were also treated with reservation
 - ◆ although perceived as different from 'may' in degree of uncertainty
- 'Can', whilst 'indecisive', viewed as more definite than 'may'
- 'Helps' suggests that, whilst product not effective on its own, may be effective in conjunction with other things (e.g. healthy diet / lifestyle)
 - ◆ i.e. can make a difference **if** other things in place

"It adds to whatever else you are doing to lead a healthy lifestyle"
- However, for others, both 'can' and 'helps' communicate in a more positive way
 - ◆ 'can' taken to mean 'able to' and, therefore, **will** e.g. bring down your cholesterol
 - ◆ 'helps' taken to mean 'does help' / contributes positively / makes a difference (whatever else is / is not in place)

3.3.2 'Risk' vs. 'Risk factor'

- NB Comparisons more difficult within drinks category, where other variables in addition to 'risk' vs. 'risk factor' introduced – *'reduces a risk factor for osteoporosis...'* vs. *'may reduce the risk of osteoporosis...'*; *'may reduce a risk factor for bone fractures...'* vs. *'reduces the risk of bone fractures...'*
- Very mixed and often confused views on question whether 'risk' / 'risk factor' mean the same or something different
 - ◆ approximately 50 / 50 within the sample
- Where felt to mean the same, 'risk factor' generally seen as an unnecessarily complicated way of saying 'risk'

"'Risk' is clearer. What is a risk factor? Clear as mud!"

 - ◆ 'risk factor', unlike 'risk', unfamiliar and not part of everyday language
- Among those who felt the two terms meant something different, the majority (although still only a minority of the total sample) saw 'risk factor' as more specific – and possibly more honest

- ◆ i.e. the product is addressing only one of a number of different factors contributing to the condition / disease
 - e.g. high cholesterol only one of several factors contributing to heart disease

“Risk factor (23) implies there are other things you need to look out for. 24 suggests that this alone reduces the risk.”

“Reduces a risk factor’ means just one of many things that can happen, whereas ‘reduces the risk’ means the whole risk is reduced.”

- A minority gave less coherent explanations of perceived difference between these two terms

“Risk is the chance of having bowel disease if you don’t watch what you are eating. Risk factor is if you don’t eat the proper foods to fight off the bad bacteria”

“Risk factor means you are helping against having a bone fracture, risk means there is always a risk of something happening, whether you eat this or not”

- NB ‘Risk’ is in itself uncertain, and therefore tends to introduce an air of uncertainty even into claims that would otherwise be considered ‘definite’ / ‘positive’ (e.g. *‘reduces the risk of bone fractures in later life’* vs. *‘reduces bone fractures in later life’*)

3.3.3 ‘As part of a healthy diet’

- Some respondents felt this phrase was material to the claim
 - ◆ as a caveat - product will only deliver in context of other factors, will not work on its own
 - ◆ or as a marker to identify a healthy product
- Others tended to ignore as irrelevant

4.0 UNDERSTANDING OF STIMULUS HEALTH CLAIMS

- For the most part, respondents claimed to understand most of the statements on initial exposure
 - ◆ except for some 'difficult' terminology
- As noted above, difficulty in finding alternative 'own words'
 - ◆ resort to playing back / paraphrasing
 - 'help keep your heart healthy' (2)
 - 'reduces cholesterol' (3)

or

 - ◆ leap to general / 'one size fits all' - type health benefit
 - 'a longer lifespan'
 - 'keep you all round healthy'
 - 'good for your health in general'
 - 'keeps your body healthy'

4.1 SPREADS: heart – cholesterol

4.1.1 Functional

(1) *Helps maintain normal cholesterol levels, which can keep your heart healthy*

- Closer examination indicated phrase 'normal cholesterol levels' often unfamiliar / unexpected, as was idea of maintaining rather than reducing cholesterol level
 - ◆ difficult to grasp because out of step with prevalent consumer ideas (i.e. high cholesterol = bad, low cholesterol = good) – therefore concept of 'normal' cholesterol has no place
 - ◆ some confusion / tendency to read in 'reduce' (expected message) rather than 'maintain' (actual message)
- However, generally understood to be a product for people with no known cholesterol problem
 - ◆ keeps level as is / doesn't raise or lower
- At worst, makes no difference (not bad for you / not positively good for you)

- At best, maintaining status quo vs. alternative products which might raise cholesterol
- 'Helps' seen as recognition that product only one of many elements
- Strengths of this claim:
 - ◆ mention of cholesterol – a buzz word / marker
 - ◆ explicit linkage with healthy heart benefit
- Weaknesses:
 - ◆ modest
 - ◆ bland / no change

(2) *Can help maintain a healthy heart*

- Seen as simple / straightforward / clear – and short
- For people who are problem / symptom free e.g. no angina, shortness of breath, family history
- Seen to imply product is 'low fat' / low levels of 'bad' fats
 - ◆ ordinary / not potent / won't do any harm
 - ◆ ?no mention of cholesterol (vs. other claims)
- No story / no suggestion of tests to back up claim
- Generally bland, limited health benefits, not promising any changes

4.1.2 Health Enhanced Function

(3) *Actively lowers cholesterol, shown to actually lower bad (LDL) cholesterol*

- Much admitted confusion
 - ◆ LDL
 - ◆ implications of 'bad' i.e. there must be 'good' cholesterol

"I thought cholesterol was bad anyway"

- Seen to be particularly for people with high cholesterol – also, for people who want to get / stay healthy

- ◆ low cholesterol is good
- ☐ 'Actively lowers / actually lower' = positive, definite, confident
 - ◆ will deliver / curative
- ☐ Can imply special ingredient
 - ◆ more towards medical end of spectrum
- ☐ Seen as strong message despite unfamiliar terminology / concept

(4) *Clinically proven to dramatically reduce cholesterol to help maintain a healthy heart*

- ☐ Seen as very confident / authoritative by many
 - ◆ 'clinically proven' implies tests / evidence
 - ◆ 'dramatically reduces'
 - ◆ must be true if major brand / reputation to uphold
- ☐ Potent, almost medicinal product / curative / 'wonder drug'
 - ◆ can be off putting
 - either for those with known problem
 - or for those 'under the doctor' / already on medication
 - ◆ also, a few cynical re perceived marketing speak e.g. 'dramatically'

and

 - ◆ were tests independently conducted?
- ☐ Minority found claim wordy / long
- ☐ For people with high cholesterol – 'for me / not for me' dimension

(5) *Proven to reduce cholesterol as part of a healthy diet*

- ☐ Seen as straightforward, clear, concise
- ☐ Confident / authoritative but not as strong as claim 4
 - ◆ will still deliver / curative
 - ◆ 'proven' implies tests
 - ◆ has medical feel

- ❑ Consonant with consumer expectations - 'reduces' cholesterol
- ❑ More realistic / honest for some vs. claim 4
 - ◆ does not work on its own
 - ◆ 'not a wonder drug'

4.1.3 Health reduction of disease risk factor / risk

- (6) *May reduce a risk factor for heart disease, as part of a healthy diet*
 (7) *May reduce heart disease risk, as part of a healthy diet*

- ❑ See above for 'risk' vs. 'risk factor'
- ❑ Initially, appears to be strong / serious / medicinal product
 - ◆ mention of heart disease
 - ◆ in context of 'risk' – threat of potential danger

but
- ❑ Weakened by language
 - ◆ 'may'
 - ◆ 'as part of healthy diet'
 - ◆ also, negative connotations for some
 - focus on disease rather than health
- ❑ Me / not me dimension

4.2 DRINKS: bones – calcium

- ❑ NB Some confusion with these claims as to type of drink
 - ◆ generally assumed to be milk due to mention of calcium

4.2.1 Functional

- (8) *Builds strong bones*

- ❑ Straightforward / simple / assertive / short / concise *and* familiar / predictable

- ◆ *but* minority considered it patronising - so simple as to be obvious!
- ☐ Rather limited on information
 - ◆ not telling the whole story
 - ◆ does not mention calcium
- ☐ Believed to be product targeted at children primarily - 'builds'

(9) *Source of calcium. Bone friendly*

- ☐ Straightforward, but some dislike
- ☐ For some, 'bone-friendly' almost a cliché / child-like
 - ◆ others like as shorthand for health benefit - 'good for your bones'
- ☐ Overall, rather weak - just a different way of saying something already known
- ☐ Familiar 'ingredient' - calcium recognised as essential for good bones and teeth
- ☐ Claim seen as targeting all ages
- ☐ More nutritional in tone – 'source of calcium'

(10) *Contains calcium. Calcium is needed to build strong bones and teeth*

- ☐ Straightforward / clear / confident
- ☐ Informative / factual / educational
 - ◆ familiar terminology
 - ◆ accepted story
 - ◆ clear on product benefits
 - ◆ not trying to oversell
 - although
 - ◆ little real idea how benefit is achieved
 - ◆ 'how does calcium build bones?'

- 'Needed' almost sounds proven / scientific / strong
 - ◆ no qualifications (no 'may's)
- Possibly product targeted more at children - but good for all
- More nutritional in tone

4.2.2 Health Enhanced Function

(11) *Strengthens the bone structure*

- General understanding from claim is that bones less likely to break *or* if do break, will mend quicker
- Can imply reduction of risk of bone fractures *therefore* possibly relevant to older people
- Some question over meaning of 'bone structure'
 - ◆ unfamiliar term
 - ◆ is it whole skeleton or individual bones?
 - ◆ is it just another way of saying 'bones'
- No mention of calcium
 - ◆ how would product work
 - ◆ *although* commonly assumed to contain calcium because of context

(12) *May help to build stronger bones*

- Seen as rather weak / unconfident claim - 'may help' undermines familiar story
- Product probably targeted at children - but also adults
- Overall, a weaker version of 8

4.2.3 Health reduction of disease risk factor / risk

(13) *Reduces a risk factor for osteoporosis, as part of a healthy diet*

(16) *May reduce the risk of osteoporosis, as part of a healthy diet*

- ❑ (See earlier for discussion of 'risk' / 'risk factor')
- ❑ Mention of both 'may' and 'risk' / 'risk factor' / 'as part of a healthy diet' can weaken the claim - several provisos
- ❑ Osteoporosis works as a marker (much like cholesterol)
 - ◆ alerts target audience
 - ◆ usually older ?women
 - ◆ me / not me dimension
 - although
 - ◆ perhaps surprisingly, significant degree of non-familiarity even among target audience
 - ◆ can be difficult to pronounce and therefore even recognise / understand - particularly for those where English not their first language
- ❑ Where understood / known, implies product will have effect on bone strength / density
 - ◆ in medical territory due to mention of medical condition and disease
 - ◆ possibly curative - 'reduces disease'

(14) *May reduce a risk factor for bone fractures in later life, as part of a healthy diet*

(15) *Reduces the risk of bone fractures in later life*

- ❑ More understandable than 13 and 16 - use of more everyday language
 - but
- ❑ Perhaps not so clearly targeted
 - ◆ bone fractures can affect anyone
 - although
 - ◆ mention of later life implies for people who may get brittle bones vs. just those who are accident prone
- ❑ Begs questions as to how best to use product
 - ◆ ? start early for later protection
 - ◆ ? drink every day for the rest of your life
 - ◆ or just when reach 'later life'
- ❑ Definitely future orientated - potentially curative

4.3 YOGHURTS: gut – ‘live’ cultures, pre / pro-biotics

- Possibly stronger identification with these claims across whole sample
 - ◆ everyone ‘in touch’ with their digestive system on a daily basis!
 - ◆ more likely to be aware immediately if problems, even minor ones
 - ◆ general feeling that ‘you are what you eat’
therefore
 - ◆ what goes through digestive system affects whole body / central function / potentially keeps body healthy / helps system work better /
 - ◆ you can ‘feel’ the results
- Some surprise that yoghurts might perform all of the claimed functions - except where knowledge of ‘live’ yoghurts

4.3.1 Functional

(17) *Helps you maintain a healthy digestive system*

- Easy to understand words / reasonably authoritative tone
 - ◆ seemingly no problem with knowing what digestive system is!
 - ◆ take-out is that this product will ‘help keep things running smoothly’ / ‘help you get the best out of your food’
 - ◆ familiar type of claim
- ‘Maintains’ rather than improves
 - ◆ possibly more nutritional than medical
 - ◆ protective rather than curative
 - ◆ immediate benefits as well as future pay-off
 - ◆ for everyone / all ages
- Overall, quite a strong claim
 - ◆ accepted wisdom / familiar story
 - ◆ fits with consumer expectations
however

- ◆ some provisos (only helps / only maintains)
- ◆ nothing new / revolutionary

(18) *Helps keep your body in balance*

- On closer examination, confusion here re what 'in balance' might really mean
 - ◆ how would product achieve it
 - ◆ request for more information
- On reflection, seen as quite a vague but wide-reaching claim
 - ◆ whole body rather than specific organ
 - ◆ could be for everyone if health benefit clearer
- Definitely has some emotional appeal
 - ◆ all embracing claim / harmony / balance
 - ◆ holistic overtones / 'new age' feel
 - ◆ can be seen by some as non-rational
 - but
 - ◆ short on factual evidence

(19) *Helps to maintain your immune system*

- Term 'immune system' recognised by some but with generally superficial understanding
 - ◆ some connection with fighting off illnesses
 - ◆ only few with more detailed knowledge
 - ◆ sizeable number had not heard of / did not know what immune system was
 - although
 - ◆ claim 'grammatically clear'
- Much confusion about role yoghurt might have in maintaining immune system
 - ◆ little known association
 - ◆ unfamiliar claim
- Can be seen as general / good for everyone / whole body

- ◆ will start to see benefits in short / medium term
- ◆ possibly has medical connotations
 - mention of immune system
 - some association with infections / bugs
- ☐ Could be seen as very beneficial if evidence to back up claim
 - ◆ 'big idea' if it works
 - ◆ links made

4.3.2 Health Enhanced Function

(20) *Can play an important role in the guts defence mechanism*

- ☐ Clear for minority – familiarity with terminology
 - however
- ☐ For many, confusion and misunderstanding of 'guts defence mechanism'
 - ◆ some no idea that had one!!
 - ◆ what is a mechanism?
 - ◆ where is my gut? – stomach? lower down?
 - ◆ what does the gut do?
 - therefore
 - ◆ what can this product do??
 - ◆ what is it defending against?
 - ◆ what are the dangers?
 - ◆ even just some objection to word ' gut' on food product
- ☐ Can sound quite serious / medical (defence)
 - ◆ can prompt thoughts of ulcers, stomach cancer
 - ◆ 'not for me' dimension
- ☐ Can sound assertive if knew what 'important role' was
 - but
 - ◆ suffers from being unfamiliar / not understood

(21) *Helps cleanse your system...helps you detoxify*

- Again, many could not connect health benefit with yoghurt
however
- Terminology familiar from other contexts
 - ◆ 'cleansing' / 'detoxify'
 - quite 'new age' / holistic
 - could be medicinal if evidence provided
but
 - which part of system is it working on?
 - ◆ has mythical / magical properties
 - 'flushing out toxins / bad things / nastiness/
impurities'
 - in vogue / topical
 - ◆ could be relevant to wide audience / all ages - 'stress buster'
yet
- Little detailed understanding of how product might actually work
 - ◆ no evidence / explanation
 - ◆ claim often more associated with water / liquids / juice
 - ◆ vs. yoghurt which is glutinous / milky / sticky
- Overall, rather weak claim
 - ◆ lack of connection with product
 - ◆ only 'helps'

(22) *Contains beneficial bacteria to enhance digestion*

- Mixed responses to this claim
- Some relatively clear understanding
 - ◆ aware of beneficial bacteria
 - ◆ aware can have positive role in stomach / digestion
- Provides clearer explanation than claim 17

- ◆ more information
- ◆ broader health benefit: 'enhance'
- ☐ Others found this a new and interesting claim
 - ◆ could make sense of message / found it believable
 - ◆ educational
- ☐ Small minority remained very negative
 - ◆ bacteria always 'bad' never 'good'
 - ◆ make you ill
 - ◆ something to avoid, especially in context of food
- ☐ Overall, where understood and accepted, seen as quite a strong claim
 - ◆ 'contains' therefore must be true
 - ◆ both nutritional and medical orientation
 - but
 - ◆ good for everyone
 - ◆ immediate benefits

4.3.3 Health reduction of disease risk factor / risk

(23) *May reduce a risk factor for bowel disease*

(24) *May reduce the risk of bowel disease*

- ☐ As before, provisos re 'may' and 'risk' / 'risk factor'
- ☐ Again, mismatch between perceived health benefits of yoghurt and bowel disease
- ☐ Message sounds very serious / medical product
 - ◆ especially in comparison to other claims
 - ◆ prompts thoughts of cancer
 - ◆ more long term outlook than other claims
 - ◆ can sound preventative
 - but
 - ◆ too serious for most
- ☐ NB. link between digestion and bowel disease not known

- ◆ mention of specific part of body vs. more general digestion
- ◆ ? no clear idea of what bowel disease actually is / its causes / how it starts
- ◆ some infer that if product makes digestion faster, may thereby reduce risk of disease
 - toxins etc. not stagnating / expel stuff more efficiently

□ Overall, can sound quite weak claim

- ◆ compounded by lack of understanding / connection with product category
 - although
- ◆ obviously deals with a serious matter

CONCLUSIONS

1. This research indicates that the consumer's perception of health claims is much less coherent, consistent and 'organised' than the structure represented in the stimulus material for this research – functional, health enhanced function, health reduction of disease risk factor, health reduction of disease risk (the Commission's proposals). Respondents rarely if ever grouped the claims in this way or used anything approaching these criteria to distinguish between the claims. Instead, they drew on a variety of perceptions, assumptions and prejudices to make their own sense of what was being offered.
2. In addition, it was clear from respondents' analysis of the stimulus material that the extent to which they were *convinced* by the claims also acted as a powerful driver in their responses. Furthermore, the relationship between understanding and conviction / belief was symbiotic rather than sequential. It might have been hypothesised that conviction follows understanding. But in practice the two were intertwined, to the extent that respondents' conviction / belief about a claim often rested on selected elements only (perhaps individual words), and this conviction / belief led them to gloss over their imperfect understanding of what the claim actually meant.
3. In other words, this research suggests that a hierarchy of claims based on a purely scientific structure misses the point that the consumer's response is often of a non-scientific nature. They have other priorities, and they look at claims in a wider and often 'fuzzy' context.
4. It is also important to distinguish between, on the one hand, what is objectively true about a claim, and on the other, the impression it makes on the consumer. The former is accessed by 'thinking', with clarity of communication a key issue. The latter is related to 'feeling', and is influenced by the way in which the claim is presented, including specific choice of words. We would argue that the latter element is at least as important in a buying decision as the former – possibly more important, so again in the real world the consumer's thinking response cannot be divorced from the feeling element.
5. An additional influence – beyond the scope of this project but very much part of the consumer's world – is that of advertising and marketing. This further manipulates the boundary between understanding and belief, and takes consumers beyond a purely rational response to a product's characteristics.
6. It is worthy of note that the gap between the 'scientific hierarchy' and consumers' structuring of the claim did not seem to be a function of any intellectual or educational deficit in our respondents. Nor were there any (qualitatively) significant differences by gender, class or lifestage. One factor that did make a difference was respondents' personal experience of the relevant concerns i.e. if they or someone close to them had issues with heart, bone or gut functioning. However, the difference lay in the confidence with which they approached the claims and their understanding

of the vocabulary – it did *not* make them any more likely to group the claims in line with the pre-determined structure.

7. These general findings held true across all three of the product / health areas researched. As regards the **heart / cholesterol** claims, consumers did differentiate between the claims but not on the basis of the Commission's proposed categories – the perceived strength of the claim being made, and its ramifications, were the key dimensions.
8. Despite this lack of explicit fit, the group of claims classified as 'Health Enhanced Function' do seem to form a coherent group in consumers' minds. They see them as the strongest set, offering certainty and an attractive promise that the product will definitely deliver. Here as elsewhere, many consumers believe that manufacturers would not be able to make such claims if they were not true and if they did not rest on properly conducted tests with proven results. However, we must emphasise that this apparent consonance between the Commission's and the consumer's grouping only occurred in this one instance of heart / cholesterol claims, and seems to be more about confident verbs and adverbs than about any understanding of the underlying scientific basis for the grouping.
9. This set of claims is usually viewed as verging on the medical / scientific with 'active' ingredients. The perceived seriousness of this probably limits the target audience to those who know they have a problem. Others, who only want to maintain / improve rather than 'drastically alter', would probably self-select out of this category. This impression is even stronger for those claims explicitly mentioning disease – and also applies to the other health / substance categories where there is overt mention of disease (e.g. osteoporosis, bowel disease).
10. As regards **bones / calcium**, the consumer view seemed to be that, as a category, these claims do not contain such strong wording as the heart / cholesterol claims and do not offer as much in terms of evidence and proof around product delivery. The 'Contains calcium. Calcium is needed ...' claim seems to be the strongest in terms of familiarity and received wisdom, and due to the inclusion of the word 'needed' also comes closest to providing evidence. Compared to this, all the other claims can be interpreted as saying much the same thing but in different ways i.e. that calcium is good for your bones.
11. In addition, this category seemed particularly vulnerable to the weakening effects of the word 'may', since this contradicted consumer perceptions of the well known and, in their eyes, indisputable, role of calcium. And, as with the heart / cholesterol claims, there was a degree of selecting in or out depending on whether extent to which the claim implied a serious product for specific medical conditions.
12. In the **gut / 'live' cultures** category, there was an abundance of groupings, with respondents picking up on a variety of clues from the claims – for example, digestion, immune system, detox and disease. They were confused by the apparently very wide range of benefits attributed to yoghurt, and in the main did not have prior awareness of the links being made (unlike the situation with heart / cholesterol and bones / calcium).

13. So there was a greater tendency to perceive there to be a lack of proof and evidence about the effectiveness of these products in relation to the claims being made. And, as with the other categories, there was a differentiation between claims which had a general appeal, and those which implied medical seriousness e.g. through the mention of disease.
14. We would also emphasise the extent of confusion around the terms 'risk' and 'risk factor'. A substantial proportion of our sample believed that there was no significant difference between these two terms. While others felt there was a difference, by no means all were clear that 'risk factor' meant the product was addressing only one of a number of factors contributing to a condition or disease. Hence it is not possible to say with any confidence that selective use of these terms will have a significant effect on consumers' understanding of health claims.
15. In final conclusion, therefore, we would say that the kinds of claims researched in this project are of interest and relevance to consumers, but that their understanding of them is often more partial and confused than they themselves believe it to be.

APPENDICES

RECRUITMENT QUESTIONNAIRE

Project: FSA

JN: 172

Client Confidentiality:

YES / NO

CLASSIFICATION SECTION

<u>SEX</u>			CODE	<u>AGE</u>	CODE
Male	MIXED	Check	1	18- 39	1
Female	SEX	Quota	2	40-59	2
				60 +	3

OCCUPATIONAL DETAILS OF H.O.H

JOB TITLE AND INDUSTRY

Position:
 Qualifications
 Responsible for Staff

Exact Age (write in)

LIFESTAGE STATUS

Pre children
 With young families (kids 0-10)
 With older families (kids 11-17)
 With no children/empty nesters

S.E GROUP BASED ON H.O.H

A		1
B	CHECK	2
C1	QUOTA	3
C2		4
D		5
E		3

PRESENCE OF CHILDREN

Under living at home
 Yes CHECK
 No QUOTA
 Age(s)

Respondents own occupation
 (if not HOH)

ETHNICITY see showcard

White	1
Asian	2
Afro-Caribbean/black	3
Other write in _____	4

WORKING STATUS

Full time (30+ hours)	1
Part-time (8-29 hours)	2
Not Working	3
Student	4

CLOSE

WHERE RECRUITED

In the street	1
Pre Recruited	2

DATE RECRUITED

ALL COMPLETED QUESTIONNAIRES SHOULD BE RETURNED TO THE OFFICE ALONG WITH A
 COMPLETED
 PAY CLAIM AND RESPONDENT RECORD DETAILS

Rite Angle, 14-22 Coleman Fields, Islington, London N1 7AD

Tel: +44 (0) 20 7688 6663 Fax: +44 (0) 20 7688 6664

SCREENING QUESTIONS

Good morning/afternoon/evening, my name is (.....) from Rite Angle an independent market research company. We are looking for specific people to participate in an informal market research discussion on the subject of **Health Claims on Food Packaging** on behalf of **Forum Qualitative**.

Would you be available on (refer to Field Spec for date and time) to take part in a group discussion/depth interview?

Please could you tell me if you or any members of your family or close friends work in/used to work in any of the following professions or occupations?

SHOWCARD A

	Self		Friend/ Family	
Manufacture of Food	V	CLOSE	V	
Advertising	X	CLOSE	X	CLOSE
Public Relations	0	CLOSE	0	CLOSE
Marketing, Market Research	1	CLOSE	1	CLOSE
Journalism	2	CLOSE	2	CLOSE
Medical/nursing professions	3	CLOSE	3	

MAIN QUESTIONNAIRE

Q1. Who is responsible for doing the main grocery shopping in your household?

- | | | |
|-----------------------|---|--------------|
| Yourself | 1 | |
| With partner | 2 | |
| Never do the shopping | 3 | CLOSE |

Q2. In which supermarket do you do your main household grocery shopping?

- | | |
|--------------------|---|
| Sainsburys | 1 |
| Tesco | 2 |
| Safeway | 3 |
| Asda | 4 |
| Morrisons | 5 |
| Waitrose | 6 |
| Co-op | 7 |
| Marks and Spencers | 8 |
| Other (write in) | 9 |

ALL TO SHOP IN MAINSTREAM SUPERMARKET OUTLETS – CODES 1-8 AT Q2

Q3. Do you tend to read nutritional information on the packaging

- | | | | | |
|---|--------------|---|---|----------------|
| a) when buying product for the first time | regular | 1 | } | RECRUIT |
| b) usually | regular | 2 | | |
| c) sometimes | occasional | 3 | | |
| d) rarely / never | CLOSE | 4 | | |

Q4. Do you buy foods in any of the following categories?

- | | | | |
|--|---|---|---|
| a) Cereals | 1 | } | * |
| b) Margarine / spreadable fats | 2 | | |
| c) Soya-based products | 3 | | |
| d) yoghurts | 4 | | |
| e) fortified drinks (e.g. Danone Active, ProVita, So-Good) | 5 | | |
| f) bio-yoghurts | 6 | | |

*** ALL TO BUY AT LEAST ONE**
If not buying in at least one of these categories, do not recruit

Q5. Health concerns: Agree / Disagree with statements below:

SHOW CARD B

When I buy food.....

- a) I'm mainly guided by what I / my family like (no particular interest in health) 1
- b) I'm not really thinking about health issues (no particular interest in health) 2
- c) I thinking about general health issues (general interest in health) 3
- d) I have a particular health issues(s) / concern (relevant health issue) 4*

*** if agree go to Q6**

Q6. If answer yes to (5d), ask who for:

- a) current concern / condition for self 1
- b) current concern / condition for immediate member of family 2
- c) knowledge of family history 3

PLEASE CHECK QUOTA SHEET FOR QUOTAS

Q7. If answer yes to Q5d, ask whether condition concerns:

- a) heart 1
 - b) bones 2
 - c) gut/digestion system 3
 - d) other write in _____ 4
- } *
CLOSE**

*** RECRUIT TO QUOTA**

**** Recruiter note: We are interested in knowing what other health concerns respondents have so please do write details at Q7d. It would be useful to know whether we reject those respondents who have concerns about another condition, such as cancer, diabetes, allergies, neurological conditions, being overweight/underweight, dieting reasons etc.**

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INTERVIEW GUIDE

(Job No: f016)

LocationDate

Respondent Name

Male	Female			
ABC1	C2DE			
Regularly read	Occasionally read			
Low interest	General interest	Specific interest		
Heart	Bones	Digestive		
White	Asian	Afro-Caribbean	Other	
Young Adult	Younger Family	Older Family	Older Adult	Pensioner

Interviewer

Start time

Completed

(Suggested time for **Q1 & 2** is **5 minutes**)

1. Introduction and explanation of market research.

2: *What kind of information do you tend to look out for / check on food packaging? Why? Probe reasons. Anything else?*

REACTIONS TO FIRST SET OF CARDS

(Suggested time **15 – 20 mins**)

- Where respondent concerned about a particular health issue, show relevant set first
 - ◆ (heart - 'spread' cards / bones – 'drink' cards / digestive – 'yoghurt' cards)
- Where no specific concerns, rotate order across interviews

Record clearly which set shown 1st

(NB each claim individually numbered – use these reference numbers in notes to relate comments to claims)

Explain to respondent that these days a lot of products include information about the health benefits of the product on the pack. Explain that you are going to show some of this type of information on cards and that you are interested in what they **understand** from the information.

3. *Please read through these cards and put to one side any you feel you do not understand / which confuse you.*

RECORD WHICH ONES SELECTED AS NOT UNDERSTOOD (IF ANY)

4. IF ANY SELECTED – GO THROUGH THEM ONE BY ONE

a) *Can you tell me what it is about each of these that you feel you do not understand.*

b) *As best you can, can you tell me for each of them what health benefit do you think this product would give, assuming the claim was true?*

NOW MOVE BACK TO THE CARDS WHICH RESPONDENT FELT S/HE UNDERSTOOD – GO THROUGH THEM ONE BY ONE

5. *Can you tell me for each of these what health benefit do you think this product would give, assuming the claim was true?*

ENCOURAGE RESPONDENT TO PUT HEALTH BENEFIT INTO OWN WORDS.

DISCOURAGE LENGTHY DISCUSSION OF WHETHER LIKES OR BELIEVES CLAIM – IT IS WHAT THEY UNDERSTAND BY IT THAT WE ARE INTERESTED IN.

6. Probe the **similarities** between the different cards – *Which ones are saying the same thing?*

7. Probe the **differences** between the different cards – *Which ones are saying different things?*

8. If not mentioned spontaneously, probe

- 'Risk' Vs 'risk factor' - explore understanding of and preference for wording mentioning 'risk factor' or 'risk'. What (if anything) does respondent perceive as the difference
- Disease Vs health
- 'May' / 'helps' / 'can'
- other specific wording

9. If not mentioned, check whether 'strength / weakness' of claim is a perceived dimension across / within any of the sets

Which of all of these do you think is the strongest claim? Why?

Which of these do you think is the weakest claim? Why?

10. *Having looked at all these claims, which ones if any would be helpful in giving you information when choosing what to buy? Why?*
Note down specific claim numbers + reasons

11. If not already covered: *Are you familiar with any of these claims? In what context?*

REACTIONS TO PRODUCT PACKS

SHOW RESPONDENT RELEVANT PAIR OF PRODUCT PACKS

12. *Think aloud as you look at these packs and discuss what they tell you about the product. Feel free to comment on anything you see or read.*

Encourage respondent to compare and contrast packs.

Refer back as appropriate to earlier comments made in sort card exercise, following up on any differences in perceptions / take-out when claims seen in context of pack Vs seen in isolation

REACTIONS TO SECOND SET OF CARDS

(Suggested time **5 – 10 mins**)

GO THROUGH THEM ONE BY ONE AS TIME ALLOWS

13. *Can you tell me for each of these what health benefit do you think this product would give, assuming the claim was true?*

ENCOURAGE RESPONDENT TO PUT HEALTH BENEFIT INTO OWN WORDS.

DISCOURAGE LENGTHY DISCUSSION OF WHETHER LIKES OR BELIEVES CLAIM – IT IS WHAT THEY UNDERSTAND BY IT THAT WE ARE INTERESTED IN.

14. Probe (as time allows)

- Similarities and differences
- Language
- Strongest / weakest
- Helpfulness
- Familiarity

15: *What are your overall thoughts at this point / Any final comments?*

THANKS AND CLOSE

PRODUCTS (shown at end of interview)

Heart – Flora pro-activ and Benecol

Bones – Danone Activ and Tropicana calcium

Gut/digestive/immune system – Muller Vitality probiotic yoghurt and Food Doctor Yogurt plus

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