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June 2005

Communicating health benefits - do we need health claims?

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Many countries are now permitting health claims on foods and Food Standards Australia New Zealand is developing new regulations to permit their use in Australia. However there is no clear understanding of how consumers use health claims and their likely impact on consumer food behaviour or health. More research is needed, but a review of previous studies allows some common conclusions can be drawn. Health claims on foods are seen by consumers as useful, and when a product features a health claim they view it as healthier and state they are more likely to purchase it. Consumers are sceptical of health claims from food companies and strongly agree that they should be approved by government. Consumers do not make clear distinctions between nutrition content claims, structure-function claims and health claims. Consumers generally don't like long and complex, scientifically worded claims on foods; they prefer split claims – with a short succinct statement of the claim on the front of pack and more detail provided elsewhere. At present about 8% of Australian products carry a health or related claim, a level not much less than in the US, where more high-level claims are permitted. It may be that manufacturers will continue to prefer to use nutrient content or structure function claims in Australia and New Zealand, which will be easier to substantiate and more consumer-friendly than high-level disease-related health claims.

Keywords

health claims, consumer, food labels

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

This article was originally published as Williams, PG, Communicating health benefits - do we need health claims?, The Australian Journal of Dairy Technology, 60(2), 2005, 193-195.

This journal article is available at Research Online: https://ro.uow.edu.au/hbspapers/8

Title: **Communicating health benefits – do we need health claims?**

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Short Title: Do we need health claims?

Key words: health claims; consumer; food labels

Word Count: 2500

Version: v1

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Many countries are now permitting health claims on foods and Food Standards Australia New Zealand is developing new regulations to permit their use in Australia. However there is no clear understanding of how consumers use health claims and their likely impact on consumer food behaviour or health. More research is needed, but a review of previous studies allows some common conclusions can be drawn. Health claims on foods are seen by consumers as useful, and when a product features a health claim they view it as healthier and state they are more likely to purchase it. Consumers are sceptical of health claims from food companies and strongly agree that they should be approved by government. Consumers do not make clear distinctions between nutrition content claims, structure-function claims and health claims. Consumers generally don't like long and complex, scientifically worded claims on foods; they prefer split claims – with a short succinct statement of the claim on the front of pack and more detail provided elsewhere. At present about 8% of Australian products carry a health or related claim, a level not much less than in the US, where more high-level claims are permitted. It may be that manufacturers will continue to prefer to use nutrient content or structure function claims in Australia and New Zealand, which will be easier to substantiate and more consumer-friendly than high-level disease-related health claims.

Introduction

Consumers are becoming health-conscious and most agree that eating healthfully is a better way to manage illness than using medication (Hasler 2002). This has led to the increased acceptance and consumption of functional foods with purported health-promoting capabilities. There is an observed ‘push’ from food companies seeking out new markets and profit opportunities, with a concurrent market ‘pull’ from an educated, health-conscious consumer with a higher disposable income (de Jong *et al.* 2003; Patch *et al.* 2004). However marketing functional foods and communicating the health benefits of products to consumers is not always straightforward. There are three key issues in current food regulations that must be considered by food companies wanting to market functional foods:

Novel ingredients

The Foods Standards Code requires companies to apply for permission to market novel or non-traditional foods or ingredients that do not have a history of safe use in Australia (Food Standards Australia New Zealand 2002). Since 1999 there have been 62 inquiries to Food Standards Australia New Zealand (FSANZ) from companies and 8 novel foods have been approved for use, including functional ingredients like phytosterols and docosahexanoic acid (DHA) from marine algae. Often it has been difficult for companies to determine whether a new or non-traditional food or ingredient requires formal pre-approval and a current review of this standard is aiming to clarify this.

Fortification

In Australia and New Zealand, vitamins or minerals can only be added to particular foods specified in the Code, with maximum permitted levels. Because of this many products cannot be marketed in Australia with the same fortification profile used in other countries with more liberal policies. In 2004 the Australia and New Zealand Food Regulation Ministerial Council released a policy guideline that would permit the fortification of foods where there is generally accepted scientific evidence that an increase in the intake of a vitamin and/or mineral can deliver a health benefit (Australia New Zealand Food Regulation Ministerial Council 2004). They are now considering what policy to develop about permission to add other bioactive substances (such as phytoestrogens, probiotics or antioxidants). When these changes are finalised it may be easier for companies to apply to use new ingredients in functional foods.

Health claims

Health claims are seen by many companies as essential tools for the successful marketing of functional foods (Williams 1998). Nutrient content and function claims are commonly found on food products throughout the world, however the regulation of health claims varies widely. In many countries such claims are forbidden, or permitted only after approval by a national regulatory body. A recent World Health Organisation survey of the global regulatory environment for health claims reported that among 74 countries and areas reviewed, most (35) had no regulation of health claims; 30 disallowed any reference to disease in a claim, 23 allowed nutrient function and other claims and only 7 permitted

specified disease risk reduction claims or have a specific framework for approval of such claims (Hawkes 2004).

In both Australia and New Zealand, food regulations are governed by the joint Australia New Zealand Food Standards Code. At present health claims are not permitted on food labels or associated advertising in Australia or New Zealand, with one exception (folate and prevention of neural tube defects). In December 2003, the Food Regulation Ministerial Council released a policy guideline to direct FSANZ in the development of a new standard that would allow health claims to be made (Australia New Zealand Food Regulation Ministerial Council 2003). In May 2004 FSANZ released an Initial Assessment Report of a proposal (P293) for a new standard that would permit general-level or high-level claims to be made, provided there was rigorous scientific substantiation (Food Standards Australia New Zealand 2004). Comments on this draft are now being considered by FSANZ and there will be opportunities for further comment on a proposed new Standard in late 2005. It is expected that the new regulations will be in place in 2006, including up to seven pre-approved high-level health claims (including one potential claim about calcium and reduction of risk for osteoporosis), along with detailed requirements for substantiation of claims.

Consumer understanding and use of health claims

Despite over ten years experience from the US, there is still ongoing debate over the effectiveness of health claims to support public health. The American Medical

Association and the Centre for Science in the Public Interest have claimed that consumers will be misled and confused by allowing claims with lower levels of substantiating evidence (Mitka 2003). The Public Health Association of Australia has opposed the proposed introduction of health claims, arguing the evidence that health claims inform consumers or improve food choices is inconclusive (Public Health Association of Australia 2002). Some conclude that health claims have been shown to increase the sales of more nutritious products that are consistent with healthy dietary patterns (Calfee and Pappalardo 1991); others say there is little evidence that health claims make a positive impact on healthful choices or that the benefits are likely to be restricted to health conscious consumers who are willing to pay for premium products with health claims and added functional benefits (Lawrence and Rayner 1998). Consumer organisations also are sceptical of their value and have argued that "health claims on processed foods help no-one but the people trying to sell them" (Australian Consumers Association 2004).

A search of Australian and international sources for published and unpublished research into consumer understanding and use of health claims has been undertaken. Electronic databases were searched, supplemented with information from personal contacts with staff from international regulatory and consumer organisations. A total of 76 articles and reports were identified and an annotated bibliography of the results is now available on the website of the National Centre of Excellence in Functional Foods (http://www.nceff.com.au/regulatory/reg-papers.htm). This summary includes:

- Commentaries and editorial opinion (n=20)
- Survey and focus groups on how consumers use health claims on foods (n=28)

- Experimental studies testing consumer reactions to different forms of claims (n=16)
- Outcome studies examining purchase behaviour changes or health impacts (n=12).

It is clear that more research is needed to understand the impact that health claims have on food choice and health, especially outside of the US. The studies that we have often provide contradictory or inconclusive results and there are likely to be significant differences between consumers in various countries, between different consumer segments, and between reactions to claims on new versus existing food products. The drivers of consumer purchasing behaviour are complex and a number of factors other than advertising claims and price, such as concerns about nutrition and consumer dispositions towards innovativeness and susceptibility to normative influence, will affect the probability of trial of new products.

However there are some common findings to be drawn from the studies that have been reviewed (Williams 2005):

- Health claims on foods are seen by consumers as useful and when a product features a health claim they view it as healthier and state they are more likely to purchase it
- Consumers are sceptical of health claims from food companies and strongly agree with the idea that health claims should be approved by government
- Consumers do not make clear distinctions between nutrition content claims, structure-function claims and health claims

1 • Consumers generally don't like long and complex, scientifically worded claims on
2 foods and prefer split claims – with a short succinct statement of the claim on the
3 front of pack
4
5 The experimental studies do raise the possibility that the "halo" effect of a health claim might
6 discourage consumers from seeking more information to evaluate the full nutritional value of a
7 food. However, although the evidence is limited, the results from all the case studies
8 examining particular claims are consistent with the proposition that health claims can support
9 improved nutrition awareness and better food choices. There does not appear to be any
10 evidence to date of adverse consequences from the use of health claims, but the low level of
11 use of claims on products makes studying this possibility difficult and further research is
12 needed
13
14 Analysis of a recent extensive survey of the use of health and related claims on Australian
15 packaged foods has just been completed (Williams *et al.*2005) . It was conducted on the
16 labelling of 7850 products in 47 different food categories on sale in New South Wales in
17 2003. A total of 2098 nutrition function, health or related claims and 12 therapeutic
18 claims were recorded. If nutrient function and general health maintenance claims are
19 excluded, 8.1% of products carried a health or related claim. 119 high-level and
20 therapeutic claims did not conform to current food standards and there were many
21 general-level claims for ingredient benefits that were unlikely to be able to be
22 scientifically substantiated.
23

1 Clearly most claims for food in Australia currently are nutrient content or structure-
2 functions claims, because of the prohibition on health claims. It will be interesting to see
3 how this changes when high-level are permitted in Australia and New Zealand. If the
4 experience of the US is a guide, the situation may not change greatly. In one study
5 conducted in 2000/2001 by the USA Food and Drug Administration, it was reported that
6 4.4% carried a health claim and an estimated 6.2% carried a structure-function claim
7 (LeGault *et al.*2004) . The total proportion of products carrying a health or related claim
8 in the US study was therefore only 10.6%, and there were similar levels of use of nutrient
9 function claims as in Australia (around 6% of products). The experience in the US was
10 that after the introduction of legislation that allowed regulated health claims, there was a
11 significant decrease in the use of health claims on pack and in advertising (Mayer *et al.*
12 1998; Ippolito and Pappalardo 2002). It may be that the current prevalence of high-level
13 claims in Australia will also decline after the introduction of a new standard. There are
14 several reasons that manufacturers have been reluctant to use high-level health claims,
15 but two common ones are the cost of substantiation and the restricted (and sometimes
16 unfriendly) wording required for the claims.
17
18
19 **Challenges for food companies**
20 While the health benefits of functional foods need to be communicated to consumers if
21 products are to be successfully launched, this does not always have to be via overt high-
22 level claims about disease or performance on pack or in advertising. Consumers may
23 respond equally well to simple content claims, once they are aware of the benefits of

ingredients (eg “with the benefits of omega-3 fats”). Public relations opportunities can be used to raise awareness of emerging new research results among consumers. Credible scientific information provided to health professionals is usually essential to promote a climate of acceptance of the role of innovative functional foods. Polyunsaturated margarines - among the first functional foods in Australia - were successfully launched forty years ago without any direct health claims about cardiovascular health.

The proposed new Australian standard on health claims will impose strict requirements for documentation and scientific substantiation of health claims that manufacturers will have to understand. Companies will probably need to seek expert assistance in developing dossiers of substantiation evidence to support claims about products. However it is likely that the Australian system will permit general-level claims about health maintenance and wellbeing, without pre-approval by FSANZ. This should allow greater speed to market and retention of intellectual property than in many other countries and provide new opportunities for communicating the health benefits of foods.

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