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Health claims and symbols:
What role is there for health-related information to guide consumer behaviour?

In 2006, the pan-European Regulation on nutrition and health claims (EC) No. 1924/2006 (NHCR) was published and went into effect in 2007 (1). With the exception of nutrient profiles (2) and health claims on botanicals (3), the transition period has been over long ago and all foods in the food supply should by now be compliant with the Regulation. Now, 10 years later, it is time to take stock and, using newest empirical findings, evaluate the success of this Regulation so far as well as suggest ways forward.

We know that 7-14% of prepacked-foods in the EU are labelled with health claims and symbols (4), but are such claims understood by consumers, do they impact purchase and consumption decisions, and ultimately – do they support healthy choices? These questions have been investigated in the 4-year FP7 EU-funded project CLYMBL ("Role of health-related claims and symbols in consumer behaviour") which is currently coming to an end and is featured in this issue (5).

The NHCR has resulted in an established list of health claims that can be used on food and drink products, if meeting the conditions of use set during the authorisation procedure (6). If food business operators want to use a specific health claim, they can check existing lists for available health claims and their conditions of use (7). If the health claim they would like to use is not yet available, they can submit an application for the authorisation of a new health claim, which is subject to evaluation by the European Food Safety Authority's (EFSA) nutrition, dietetic products and allergies (NDA) panel. All health claims must be substantiated by generally accepted scientific evidence. The panel reviews the evidence submitted as part of a health claims dossier and publishes their (un) favourable opinion, in which they assess whether a relationship between the consumption of a food (ingredient) and the health effects stated in the submitted claim exists. Such an opinion is the basis for authorisation of a health claim by the European Commission (EC) through the Comitology procedure. As a risk manager, the EC has also been tasked with needing to assure that authorised health claims are not only scientifically proven, but also understood by consumers (8, 9).

As one of the main objectives in harmonising European law on the use of nutrition and health claims, it is clearly stated in the Regulation that foods must be adequately labelled in order to "ensure a high level of consumer protection" and "give the consumer the necessary information to make choices in full knowledge of the facts" (1). Article 15 of the Regulation further specifies that nutrition and health claims must be understood by the average consumer, in order to avoid claims to be misleading. Now that time has passed in which food labels were updated in line with the NHCR and consumers have become more acquainted with health-related claims on food packaging, an evaluation of the status quo is necessary, in order to assess the success of this Regulation and discuss future directions. This need has been clearly recognised by the EC as they have included a revision of parts of the NHCR into the REFIT legislation evaluation programme.

Can nutrition and health claims help consumers make healthier choices?

Until recently, there was almost no published literature showing whether consumers understand health claims. But research in the CLYMBOL project provides interesting new insights. In-depth interviews showed that a majority of participants drew the right conclusions from the health claim, but others mainly associated vague or even risky meanings with the health claim (10). Providing more information or explanations around these health claims did not improve the understanding of the claims and sometimes even had the opposite effect, as people engaged in more far-reaching interpretations. However, while consumer understanding of health claims is an issue, research in CLYMBOL also showed that the effects of health claims on purchasing and especially consumption will in most cases be limited. When finding effects, oftentimes these are subtle and depend on the research question asked and the study design applied. Real-life (in-store) studies find limited effects, as the list of more influential factors is long and substantial (e.g., price, taste, mood, habits, personal/family preferences etc.). However, considering that a notable proportion of foods is labelled with health claims and symbols (4), the inability to detect some measurable effects in the general population should not be considered as a proof that there is no effect. Rather, studies show that the effect can become measurable in specific cases, for example when consumers have an activated health goal (i.e. either for themselves or others in their family). This means that claims and symbols may sometimes be effective in guiding food choices, particularly when consumers actively look for certain nutrients (e.g., fibre), health outcomes (e.g., "reduces cholesterol") or products lines (e.g., light, gluten-free).

This poses the question whether health claims are for all – or maybe just for specific consumer segments? If their effects are most visible with vulnerable consumer groups (i.e. those with a specific health condition, e.g., pregnant women or elderly), should claims still be targeted at and designed for the average consumer? If they are not used for preventive measures in the general population, is the process and content of the current NHCR appropriate?

In CLYMBOL, we also found that consumers may not distinguish nutrition and health claims the way that experts do. Rather, they group nutrition and health claims based on whether they are personally relevant to them or not, familiar or not, complex or not and, last but not least, whether they feel they understand them or not (11). Findings like this may have implications when the current Regulation may be revised and demonstrate that research into consumer behaviour and the effects of claims is necessary, in order to have a sufficient scientific basis for designing meaningful and effective food law.

It should be noted that the challenges related to health claims on foods are also related to the overall impact of the Regulation on both public health and the economy. In addition to the European Commission's REFIT regulation evaluation programme (12), the EU-funded project REDICLAIM ("Understanding the impact of legislation on "reduction of disease risk" claims on food and drinks") looks at the substantiation process of health claims, health research and innovation in the food chain, and several nutrition economic models to determine possible health impacts (13).

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