EU’S NUTRITION AND HEALTH CLAIM LEGISLATION: CONSUMER AND INNOVATION ASPECTS

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Milan, 6th of July 2015
OUTLINE

Critical points in the nutrition and health claim legislation from the consumer and industry point of view

Consumers’ informed choices: opportunity, ability and motivation

Challenges in consumers’ interpretation of health-related messages

What data have been used to substantiate claims: some preliminary results from REDICLAIM project
BACKGROUND – FROM CONSUMER/INDUSTRY POINT OF VIEW

- Health benefits promised in food products and supplements should be based on sound scientific evidence
- Consumers should be protected against misleading information
- Responsible actors in food value chain will benefit as only health claims that are assessed and pre-approved by authorities can be used
- Increased interest in developing innovative new products that promote consumers’ well-being
- Better utilisation of new research findings in product innovation – competitive advantage to European Food Industry – proprietary data allowed and special clause on SMEs
Legislation acknowledges the SMEs

“SMEs represent an important added value to the European food industry in terms of quality and preservation of different dietary habits. In order to facilitate the implementation of this Regulation, the European Food Safety Authority should make available appropriate technical guidance and tools, in due time, especially for SMEs.”

Source: EU Legislation 1924/2006
EU Legislation 1924/2006: definitions

‘claim’ means any message or representation, which is not mandatory under Community or national legislation, including pictorial, graphic or symbolic representation, in any form, which states, suggests or implies that a food has particular characteristics;

‘nutrition claim’ means any claim which states, suggests or implies that a food has particular beneficial nutritional properties

‘health claim’ means any claim that states, suggests or implies that a relationship exists between a food category, a food or one of its constituents and health;

‘reduction of disease risk claim’ means any health claim that states, suggests or implies that the consumption of a food category, a food or one of its constituents significantly reduces a risk factor in the development of a human disease;
EU Register of claims applied and authorised: Situation in June 2015 in EU register of claims

- 256 claims authorised from the 2282 claims suggested/ applied for
- 13.1. function/generic claims: 229 authorised, 1875 not authorised
- 13.5. claims based on new knowledge: 2 authorised, 94 not authorised
- 14.1a. risk reduction claims: 14 authorised, 20 not authorised
- 14.1b. children’s development claims: 11 authorised, 39 not authorised

→ About one in ten suggested claims has been approved
The majority of health claims approved have been 13.1 claims based on current text-book nutrition knowledge→ very few applications based on new knowledge or risk reduction claims

Claim application process (13.5 & 14a and 14b claims) has been criticised for being complicated – industry has had a learning process on what kind of evidence needs to be submitted

Whether health claims are a good strategy in differentiating the products from competitors has been questioned: costs may be too high in relation to extra profits gained with the claim
CONSUMERS' INFORMED CHOICES
EU legislation requires consumer understanding of the claim

“The use of nutrition and health claims shall only be permitted if the average consumer can be expected to understand the beneficial effects as expressed in the claim”

→ Average consumer?
→ Understanding: how to measure?
Health and nutrition claims in foods in EU

- Positive list
- Consumer understanding
- Nutrient profile
- Carrier product
- Consumer

- Claim
EU Parliament could ask Commission to ditch nutrient ...

Jun 9, 2015 - Key European Parliament committee votes could push the European Commission to “eliminate” nutrient profiles from the 2006 nutrition and ...

Jun 16, 2015 - "We now urge the European Commission to develop the long awaited nutrient profiles which should have been in place since 2009,"
Health claims in foods for consumers

- Carrier product
  - Production method
  - Taste
  - Price
  - Convenience
  - Health image

- Consumer
  - Need
  - Want
  - Socio-demographics
  - Attitudes

- Claim
  - Content/style
  - Promised benefit

- Trust
HEALTH CLAIMS

‘health claim’ means any claim that states, suggests or implies that a relationship exists between a food category, a food or one of its constituents and health;
Motivation

Capability

Opportunity

Message

Interpretation of the message

Central/ Systematic/ Reflective route

Peripheral/ Heuristic/ Automatic route

Tilpas dit navn og titel ved at tilgå Diasmaster under Vis i topmenuen
Health symbols: tells if the product is a ‘healthy’ option
### HEALTH-RELATED MESSAGES

<table>
<thead>
<tr>
<th>Type of information</th>
<th>Content of information</th>
<th>Requirement for the food manufacturers</th>
<th>Consumers’ role in perceiving the healthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition information</td>
<td>Nutritional composition of the product</td>
<td>Analyses/calculation of the nutrition composition</td>
<td>Need to process the information and link to their earlier knowledge to make assessments of the content and relevance to themselves</td>
</tr>
<tr>
<td>Nutrition claim</td>
<td>Nutrient content of selected nutrient(s)</td>
<td>Use of existing EU positive list</td>
<td>Need to process the information and link to their earlier knowledge to make assessments of the relevance to themselves</td>
</tr>
<tr>
<td>Health claim</td>
<td>Benefit or health outcome linked to the product</td>
<td>Use of existing EU positive list or submit evidence for a risk reduction claim or new function claim</td>
<td>Need to make assessment of the relevance to themselves</td>
</tr>
<tr>
<td>Health symbol</td>
<td>A nutritionally good option within the product category; overall nutrition quality</td>
<td>Comply with the preset rules set for the symbol</td>
<td>Need to make assessment of the relevance to themselves</td>
</tr>
<tr>
<td>Organic</td>
<td>Verified production method</td>
<td>Comply with the preset rules set for the production</td>
<td>Need to make assessment of the relevance to themselves</td>
</tr>
<tr>
<td>Natural</td>
<td>Unspecified; no definition</td>
<td>No requirements to verify the claim</td>
<td>Need to make assessment of the relevance to themselves</td>
</tr>
</tbody>
</table>
Motivation

Central/ Systematic/ Reflective route

Peripheral/ Heuristic/ Automatic route

Opportunity

Message

Interpretation of the message

Capability

Tilpas dit navn og titel ved at tilgå Diasmaster under Vis i topmenuen
Impact of diabetes relevance and responses to benefit claim and risk reduction claims (N=2385 from Finland, Germany, Italy and UK)  

Dean et al., 2012
CHALLENGES IN CONSUMERS’ INTERPRETATION OF HEALTH-RELATED MESSAGES
SYMBOLIC MESSAGES: WORD ASSOCIATION SPAIN (N=110) AND DENMARK (N=150)

Carrillo et al. 2014
Carrillo et al. 2014
Carrillo et al. 2014
Carrillo et al. 2014
Verbal and pictorial health related messages: conjoint study

- Finland, Germany, Italy and UK
- N = 2392

Contains wholegrain.
Contains cereal-based compounds which balance the blood glucose levels and therefore lower the risk of type 2 diabetes.

Saba et al., 2010
Risk reduction claims produce higher health ratings than claims promising a health benefit, but promotes less (or none) likelihood to buy.
Health claims and consumers

- Health claims are based on scientific evidence, but are consumers able to think and assess what is relevant to them?

- Most claims are related to nutrients and their functions: there is no need to have additional levels of these nutrients for a majority of people.

- Overload of information and inflation of health claims if used in most products: 229 generic claims that can be taken from the "shelf"
Health claims require effort from consumers

- Health as a product attribute is based on information and requires active processing from consumers: consumers need to be able and motivated to make the effort.

- Ability rarely a barrier.

- Links between food, information and health are learnt: differ between cultures and individual consumers.

- Results are mixed related to the appeal of different types of claims: results are context dependent; however when people perceive themselves at risk, the health related messages become more salient.

- People not motivated with health do not use claims as choice criteria.
Recent reviews on the topic


Project partners

- University of Surrey, United Kingdom
- Aarhus University, Denmark
- Nutrition Institute, Slovenia
- University of Ljubljana, Slovenia

Contract n° FP7-603036

www.rediclaim.eu
Project structure

WP1: Stakeholder engagement and dissemination

WP2: Establish the regulatory frameworks for “reduction of disease risk” claims on food and drinks

WP3: Explore the interaction between health claim legislation and health research and/or innovation in the food chain

WP4: Ascertain the interaction between health claim substantiation process associated with “reduction of disease risk” claim

WP5: Nutrition economic models for food constituents associated with “reduction of disease risk” claims

WP6: Project management

www.rediclaim.eu
RediClaim aims to understand:

- main issues and hurdles concerning substantiation and use of “reduction of disease risk” claims on food and drinks
- level of awareness about legal obligations with regard to “reduction of disease risk” claims on food and drinks among the relevant stakeholders

RediClaim studies the impact of health claims legislation on:

- the claim substantiation process
- health research and/or innovation in the food chain
- nutrition economic models to determine health impact

www.rediclaim.eu
WP3.1. WHAT KIND OF RESEARCH 13.5. AND 14.1a CLAIM APPLICATION TO EFSA ARE BASED ON?

- What type of research is used to substantiate a claim?
- What kind of journals and articles are used most often in CVD claim substantiation?
- What kinds of partners have been involved in the research used to substantiate a claim?
- Where did the funding come from on (un)successful claim applications?
- Whether research pertaining to CVD claims has been EU-funded?
TARGET DATA

- 33 dossiers submitted in cardio-vascular health by the end of 2013 on 13.5 and 14.1a claims

13.5 claims and 14.1a claims, because
- 13.5 claims are based on new knowledge
- 14.1a claims need to show the risk reduction capacity case-by-case

→ Application dossiers need to be backed up with scientific literature
→ What kind of data have been used in these two types of applications?
→ Who has funded the research?
WHAT WAS DONE

- Extract the documents that have been used to substantiate the scientific evidence behind the claim from publicly available EFSA opinions.
- EFSA opinions on cardiovascular health on 13.5 and 14.1a claims published by the end of 2013.
- Code the type of document, funding (if reported) and authors’ affiliations.
- 33 documents divided between food (10), food ingredients (13) and dietary supplements (10).
- Number of documents listed in substantiation part.

<table>
<thead>
<tr>
<th>Number of opinions</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>5 or less</td>
<td>10</td>
</tr>
<tr>
<td>6-10</td>
<td>5</td>
</tr>
<tr>
<td>11-20</td>
<td>11</td>
</tr>
<tr>
<td>More than 20</td>
<td>6</td>
</tr>
</tbody>
</table>
CLAIM SUBSTANTIATION HAS USED MOSTLY PEER-REVIEWED RESEARCH

<table>
<thead>
<tr>
<th>Type of publications</th>
<th>13.5 claims</th>
<th>14.1a claims</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-reviewed journals</td>
<td>94</td>
<td>250</td>
<td>344</td>
</tr>
<tr>
<td>Reports, not peer-reviewed articles</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>References, standards &amp; guidelines</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Scientific opinions</td>
<td>2</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Non-published documents</td>
<td>19</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>Patent applications</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>119</strong></td>
<td><strong>299</strong></td>
<td><strong>418</strong></td>
</tr>
</tbody>
</table>
SUMMARY

- Mainly high-quality peer-reviewed research openly available to all has been used to substantiate the claims in dossiers submitted to EFSA.
- Companies have actively participated in the research by funding the research or participating in the writing of the publications, but the mostly research has been done in co-operation with universities and independents research institutes.
- Companies fund research that is interesting to them, but at the same time wish to have independent parties providing their expertise and credibility to the research.
- Use of proprietary data has been limited.
THANK YOU FOR YOUR ATTENTION