

# Healthy brands: establishing brand credibility, commitment and connection among consumers

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## Abstract

**Purpose** – With a segment of consumers growing more health conscious, food manufacturers are feeding consumers' desire for more healthy products by "reformulating" their products to create healthier versions as well as positioning complete product lines as "healthier alternatives." The present research aims to examine variables crucial in the brand-building process for brands that are perceived as "healthy."

**Design/methodology/approach** – A conceptual model with a theoretical basis in the branding literature is developed and tested on consumers using structural equation modeling.

**Findings** – Results indicate that brand credibility, commitment and connection are essential in developing branding strategies for "healthy brands." A credible brand minimizes risk and increases consumer confidence. When consumers believe that a brand is credible and repeatedly purchase it, a commitment to the brand can develop. Finally, the brand can imbue such meaning that the consumer uses the brand to help construct and cultivate a desired self-image or self-concept.

**Original/value** – This research provides important implications for developing effective brand management systems for healthy brands.

**Keywords** Brands, Credibility, Commitment, Connection, Healthy, Personal health

**Paper type** Research paper

**An executive summary for managers and executive readers can be found at the end of this article.**

## Introduction

With overweight and obesity rates looming at record levels throughout the world, consumers are beginning to demonstrate a healthy appetite for foods featuring health and wellness claims. Foods promulgating heart-healthy benefits, good digestive health and increased energy levels are winning favor with many consumers (Nielsen Media, 2009).

The health-consciousness of consumers provides an opportunity for food manufacturers and brand owners to target new audiences with new innovative products. Food manufacturers are feeding consumers' desire for more healthy products by "reformulating" their products to create healthier versions (Dawson *et al.*, 2008; Golan *et al.*, 2009) as well as positioning complete product lines as "healthier alternatives." The past few years have seen food giants such as General Mills launch FiberOne, Kellogg's purchase of Kashi and the introduction of Smart Balance by GFA Brands. Such brand names have come to connote "healthy" and may even benefit from "halo effects," where consumers rate products in the product line as healthier on attributes not explicitly mentioned in claims (Lewis, 2008; Golan *et al.*, 2009).

As consumers buy products and brands that align with their physical, ethical and moral viewpoints, the market for healthy products and brands has grown to over a \$120 billion dollars annually in the USA (Nielsen Media, 2009). Consumers will pay as much as 20 percent more for these food items because purchasing these foods is seen as a way of optimizing health and well-being (Baker *et al.*, 2004; Lewis, 2008).

With a segment of consumers growing more health conscious, companies can play a major role in providing healthier alternatives in the marketplace. Understanding what motivates a consumer to purchase a particular product is essential in constructing a solid growth strategy for a brand. Given the more novel movement toward healthy alternative foods among consumers, little research has examined the relationships between consumer behavior and healthy brand consumption patterns within the context of brand strategy. Thus, the present research examines variables crucial in the brand-building process for brands that are perceived as "healthy." It proposes that brand credibility, commitment and connection are essential in the branding strategy of "healthy brands." A conceptual model, with a theoretical basis in the branding literature is developed to illuminate the antecedents of brand credibility, commitment and connection (see Figure 1). The model is tested on consumers. Implications of the findings for developing effective brand management systems for healthy brands are then discussed.

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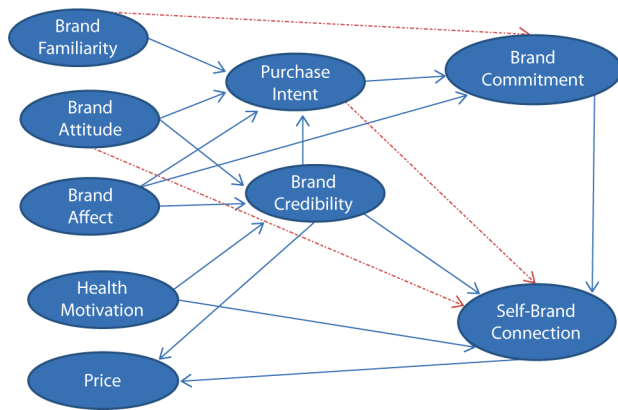


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## Background and hypotheses

### Brand credibility

One important mechanism through which brands can impact consumer choice is brand credibility. Credibility is the believability of an entity's intentions and manifests as trustworthiness and expertise (Erdem and Swait, 2004).

**Figure 1** Healthy brands brand-building model

Brands must have the utility and willingness to continuously deliver what has been promised. A credible brand will minimize risk and increase consumer confidence (Delgado-Ballester and Munuera-Aleman, 2001; Knox, 2004).

Favorable brand associations, including a consumer's attitude towards a brand, can engender trust and confidence in a brand. Brand attitudes can be related to beliefs about both product-related and non-product related brand attributes and influence consumer evaluations (Buil *et al.*, 2009; Rossiter and Percy, 1987). Moreover, brands that are trusted often are purchased more frequently than their counterparts that do not evoke high degrees of trust (Knox, 2004; Sichtmann, 2007). Moreover, consumers are willing to pay higher prices for these credible, dependable brands (Netemeyer *et al.*, 2004). Findings indicate that both brand strength and pricing information impacts consumer preferences (Chitturi *et al.*, 2010). Thus, an understanding of the relationships between healthy brands and pricing is necessary for effective branding strategies.

In the context of healthy brands, products may be integrally connected to an individuals' health, particularly for a segment of consumers that are highly motivated to lead healthy lives. These health conscious individuals choose foods that support optimum nutrition (Turcock, 2008). Health conscious consumers want a brand that delivers what it promises. Brand credibility for this segment will affect brand choice and consideration. To this end, the following hypotheses are predicted in the model for healthy brands:

- H1a. Brand attitude is positively related to brand credibility.
- H1b. Brand credibility is positively related to purchase intentions.
- H1c. Brand credibility is positively related to price.
- H1d. Health motivation is positively related to brand credibility.

### Purchase intentions

Brand communications can increase brand familiarity, or the number of product-related experiences accumulated by the consumer through advertising or product usage (Keller, 1993; Yoo *et al.*, 2000). Individuals that are familiar with a brand are more likely to purchase a brand. Additionally, attitude towards a brand, or a consumer's overall evaluations of a brand, can form the basis for purchase intentions as well as actual behavior (Wilkie, 1986; Ajzen and Fishbein, 1980).

In addition to favorable attitudes toward a brand, affective responses toward a brand may influence purchase intentions. Specifically, research has demonstrated that consumers are driven by their emotions to buy and consume (Kemp and Kopp, 2011; Garg *et al.*, 2007). Consumers may seek positive affective responses from consuming a product or service (Mick and Demoss, 1990). The same objective applies to the consumption of products related to maintaining good health. Promoting and protecting one's health can be an emotional ordeal. The right healthy brand may elicit enhanced, positive emotional responses while the wrong brand may elicit heightened, negative emotional responses. As a result, consumers may feel strongly about brands that enable them to support healthy lifestyles. Experiencing strong, positive affect toward a brand may also increase the probability of purchasing a brand. Hence, the following is proposed:

- H2a. Brand familiarity is positively related to purchase intentions.
- H2b. Brand attitude is positively related to purchase intentions.
- H2c. Brand affect is positively related to purchase intentions.

### Brand commitment

Brand commitment is an enduring desire to maintain a valued relationship (Moorman *et al.*, 1992). It refers to the economic, emotional and psychological attachments that a consumer may have toward a brand (Evanschitzky *et al.*, 2006). Brand communications can play a crucial role in the adoption of a product (Van den Bulte and Lilien, 2001; Jae Wook *et al.*, 2008) and repeat purchase behavior can lead to brand commitment. Researchers have identified two distinct types of commitment—one that is more emotional in nature and another that is more economic in its structure (Allen and Meyer, 1990; Fullerton, 2003). The type of commitment that is more utilitarian in nature, referred to as continuance commitment, involves the intent to continue a relationship because of calculative costs and scarcity alternatives. However, the emotional type of commitment, also termed affective commitment, is the customer's emotional attachment to the brand. As proffered previously, consumers often exhibit strong feelings about protecting and maintaining their health. It is proposed that this emotional disposition is tied to brand commitment.

- H3a. Purchase intentions are positively related to brand commitment.
- H3b. Purchase intention fully mediates the relationship between brand familiarity and brand commitment.
- H3c. Purchase intention partially mediates the relationship between brand affect and brand commitment.

### Brand connection

When consumers believe that a brand is credible, repeatedly purchase the brand, and develop a commitment to the brand, sometimes the brand can imbue so much meaning to the consumer that he/she uses the brand to create and represent a desired self-image or self-concept (Escalas, 2004). Brand associations as well as the meaning ascribed to these brands can help consumers construct, cultivate and express their identities (Krugman, 1965; Belk, 1988; Wallendorf and

Arnould, 1988). The use of a particular brand can operate to facilitate the portrayal of a representation positively associated by the consumer. A self-brand connection then develops and can be used to satisfy psychological needs, reinforce identity and allow an individual to connect to others (Wallendorf and Arnould, 1988; Escalas, 2004).

In the context of healthy brands, one's health may be inextricably tied to one's identity. Consumers may be looking for products that provide a deeper value experience and ones that they can tailor to their own lifestyles. These products should align with their own moral and ethical self-concepts (Lewis, 2008). For example, credible healthy brands may enhance one's self-image if health value is important to the individual. Other attributes associated with a healthy brand may work to positively augment self-brand connections for the health-conscious consumer. As awareness and desires for these healthy brands develop, so does the consumers' sense of self-brand connection and health brand commitment. Thus, the following are hypothesized:

- H4a.* Brand credibility is positively related to self-brand connection.
- H4b.* Brand credibility fully mediates the relationship between brand attitude and self-brand connection.
- H4c.* Brand credibility partially mediates the relationship between health motivation and brand self-concept.
- H4d.* Purchase intentions are positively related to self-brand connection.
- H4e.* Purchase intentions fully mediate the relationship between brand attitude and self-brand connection.
- H5a.* Brand commitment is positively related to self-brand connection.
- H5b.* Brand commitment fully mediates the relationship between purchase intentions and self-brand connection.

Not only does self-brand connection play a critical role in the adoption of a health brand, but it also may influence the price consumers are willing to pay for a healthy branded product. In relation to a firm's marketing program, research has shown that consumers are willing to pay a premium for these types of products, or may deem prices already set for these products appropriate and fair (Netemeyer *et al.*, 2004). When consumers internally connect with a brand, it is likely that such positive associations influence how much they are willing to pay. Subsequently, the following hypotheses are predicted in the model for healthy brands:

- H5c.* Self-brand connection is positively related to price.
- H5d.* Self-brand connection partially mediates the relationship between brand credibility and price.

## Methodology

### Pretest and procedure

In order to assess which major brands consumers perceived as the healthiest, 37 individuals were given a short survey with 22 brands and were asked to rate (on a seven-point scale) the extent that they perceived the products that bore the brand name to be healthy. FiberOne, Kashi, V8 and Healthy Choice emerged with highest scores ( $M = 5.2 - 6.0$ ), indicating they were perceived as the healthiest.

Next, a survey was administered via the internet to 217 consumers from across the USA. The logos of the brands that

were perceived as the healthiest in the pretest were used as a visual reference in the survey in referring to healthy branded products (see Appendix for scale items). The survey began with the following text:

Given the increasing number of consumers placing a priority on leading healthier lives, companies are producing food products that emphasize certain health benefits. Below are some brands that have made claims that consuming their products contribute to good health (logos of brands presented). The questions that follow will ask your opinions and feelings about some of these brands.

Participants ranged in age from 22 to 67 ( $M_{\text{age}} = 39$ ). Of the respondents 37 percent were male and 63 percent were female. Seventy-one percent of the participants were European American, 10 percent were African American, 7 percent were Hispanic, 9 percent were Asian American and 3 percent listed themselves as "Other." Mean income was \$64,075.

## Results

The data was subjected to structural equation analysis in AMOS 17.0 using the maximum likelihood estimation method. As recommended by Anderson and Gerbing (1988), a two-step procedure was used to first assess the model for construct and discriminant validity and then to test hypotheses in the structural model.

### Measurement model

The measurement model exhibited adequate fit  $\chi^2$  (830.91);  $p$ -value (0.00); CFI (0.95); RMSEA (0.07); and PCLOSE (0.00). To test for convergent validity, factor loadings, along with the average variance extracted were calculated for each latent variable. Standardized factor loadings exceeded the 0.6 threshold as recommended by Hair *et al.* (2006). Additionally, as seen in Table I, the average variance extracted for each construct exceeded the recommended rule of thumb of 0.5 (Hair *et al.*, 2006), which is an indication that the variance captured by the construct is greater than the variance due to measurement error.

In order to assess discriminant validity, the Fornell-Larcker test (1981) was performed. Discriminant validity is demonstrated when the average variance extracted for a construct is greater than the squared correlations between that construct and other constructs in the model. As shown in Table I, the average variance extracted between each construct is greater than the squared multiple correlations for each construct pairing. Reliabilities were also assessed for each construct to ensure that each exhibited internal consistency (see Appendix). All measures exemplified acceptable reliability by exceeding the recommended 0.7 threshold (Nunnally and Bernstein, 1994). The results from the structural model follow.

### Structural model

After attaining a validated measurement model, the structural model and hypotheses were evaluated. The original structural model (see Figure 1) exhibited a good model fit:  $\chi^2$  (1,006.59);  $p$ -value (.000); CFI (0.94); RMSEA (0.07); and PCLOSE (0.000). *H1a* through *H5d* proposed both direct and mediated effects between latent variables and the primary dependent variables of interest.

#### Brand credibility

*H1a* through *Hd* specify direct effects. The results of these direct effects are presented in Table II. *H1a* predicted that brand attitude is positively related to health brand credibility.

Table I

	Average variance extracted (in italics) and squared correlations								
	Brand credibility	Purchase intentions	Brand commitment	Self-brand connection	Brand familiarity	Brand attitude	Brand affect	Health motivation	Price
Brand credibility	<i>0.85</i>								
Purchase intentions	0.32	<i>0.95</i>							
Brand commitment	0.29	0.58	<i>0.89</i>						
Self-brand connection	0.40	0.46	0.59	<i>0.79</i>					
Brand familiarity	0.15	0.17	0.23	0.17	<i>0.86</i>				
Brand attitude	0.34	0.42	0.58	0.31	0.19	<i>0.91</i>			
Brand affect	0.47	0.41	0.47	0.49	0.23	0.31	<i>0.81</i>		
Health motivation	0.14	0.12	0.18	0.49	0.26	0.12	0.17	<i>0.77</i>	
Price	0.2	0.13	0.14	0.16	0.08	0.08	0.09	0.08	<i>0.85</i>

Table II

Hypotheses		Unstandardized coefficient	Standardized coefficient	Standard error	Critical ratio	p-value	
H1a: Brand attitude	→	Brand credibility	0.180	0.195	0.077	2.357	$p < 0.05$
H1b: Brand credibility	→	Purchase intentions	0.261	0.175	0.098	2.667	$p < 0.05$
H1c: Brand credibility	→	Price	0.391	0.175	0.104	3.777	$p < 0.001$
H1d: Health motivation	→	Brand credibility	0.148	0.123	0.073	2.018	$p < 0.05$
H2a: Brand familiarity	→	Purchase intentions	0.415	0.284	0.083	4.984	$p < 0.001$
H2b: Brand attitude	→	Purchase intentions	0.405	0.293	0.101	4.025	$p < 0.001$
H2c: Brand affect	→	Purchase intentions	0.314	0.182	0.143	2.189	$p < 0.05$
H2d: Brand credibility	→	Purchase intentions	0.261	0.175	0.098	2.667	$p < 0.05$
H3a: Purchase intentions	→	Brand commitment	0.521	0.549	0.061	8.535	$p < 0.001$
H3b: Brand familiarity	→	Brand commitment	0.011	0.008	0.077	0.147	$p > 0.05$
H3c: Brand affect	→	Brand commitment	0.542	0.331	0.102	5.321	$p < 0.001$
H4a: Brand credibility	→	Self-brand connection	0.274	0.197	0.080	3.432	$p < 0.001$
H4b: Brand attitude	→	Self-brand connection	0.072	0.056	0.078	0.919	$p > 0.05$
H4c: Health motivation	→	Self-brand connection	0.327	0.197	0.081	4.017	$p < 0.05$
H4d: Purchase intentions	→	Self-brand connection	0.093	0.100	0.067	1.383	$p > 0.05$
H4e: Brand attitude	→	Self-brand connection	0.072	0.056	0.078	0.919	$p > 0.05$
H5a: Brand commitment	→	Self-brand connection	0.468	0.477	0.071	6.581	$p < 0.001$
H5b: Purchase intentions	→	Self-brand connection	0.093	0.100	0.067	1.383	$p > 0.05$
H5c: Self-brand connection	→	Price	0.191	0.213	0.074	2.592	$p < 0.05$
H5d: Brand credibility	→	Price	0.391	0.314	0.104	3.777	$p < 0.05$

As seen in Table II, H1a is supported ( $\beta = 0.180$ ; S.E. = 0.077;  $p < 0.05$ ). This indicates that the more favorable the attitude toward a healthy brand, the more credible the brand is perceived to be. Additionally, H1b predicted that brand credibility would be positively related to purchase intentions, and the results support the H1b prediction ( $\beta = 0.261$ ; S.E. = 0.098;  $p < 0.05$ ). This indicates that the more credible a brand is perceived to be, the greater purchase intentions. As predicted in H1c, brand credibility would be positively related to price, and this prediction is supported ( $\beta = 0.391$ ; S.E. = 0.104;  $p < 0.001$ ). Further, H1d proposed that health motivation would be positively related to health brand credibility. This hypothesis is also validated ( $\beta = 0.148$  S.E. = 0.073;  $p < 0.05$ ).

#### Purchase intentions

H2a through H2d denote direct effects for the predictions. H2a proposed that familiarity with a health brand is positively related to purchase intentions. H2a is confirmed ( $\beta = 0.415$ ;

S.E. = 0.083;  $p < 0.001$ ) revealing that greater familiarity with a healthy brand is related to higher purchase intentions. Further, H2b predicted that brand attitude would be positively related to purchase intentions. The results support the H2b prediction ( $\beta = 0.405$ ; S.E. = 0.101;  $p < 0.001$ ), which indicates that more favorable attitude toward a health brand is associated with greater intentions to purchase the brand. Also, H2c proposed that brand affect would be positively related to purchase intentions. This hypothesis was validated ( $\beta = 0.314$ ; S.E. = 0.143;  $p < 0.05$ ). More positive affect toward a health brand is linked to greater purchase intentions. H2d predicted that brand credibility is positively related to purchase intentions. Results confirm H2d ( $\beta = 0.261$ ; S.E. = 0.098;  $p < 0.05$ ).

#### Brand commitment

H3a through H3c specify both direct and mediational effects. H3a predicted that purchase intentions is positively related to brand commitment. Results corroborate this prediction



( $\beta = 0.521$ ; S.E. = 0.061;  $p < 0.001$ ). This shows that higher purchase intentions of a healthy brand are related to brand commitment. Further, *H3b* proposed that purchase intention fully mediates the relationship between brand familiarity and brand commitment. Results confirm *H3b* since the relationship between brand familiarity and brand commitment was non-significant ( $\beta = 0.011$ ; S.E. = 0.077;  $p > 0.05$ ) while both brand credibility and purchase intentions ( $\beta = 0.261$ ; S.E. = 0.098;  $p < 0.05$ ) and purchase intentions on brand commitment ( $\beta = 0.521$ ; S.E. = 0.061;  $p < 0.001$ ) remain significant (Baron and Kenny, 1986).

Moreover, *H3c* specified that purchase intentions partially mediates the relationship between brand affect and brand commitment. In assessing partial mediation, if the direct effects are significant, then the indirect effect is also significant (Cohen and Cohen, 1983; Baron and Kenny, 1986). The significance of the indirect path was corroborated using the Sobel test. Results confirm that purchase intentions partially mediates the relationship between brand affect and brand commitment ( $\beta_1 = 0.314$ ;  $\beta_2 = 0.521$ ; IE = 0.542;  $p < 0.001$ ).

#### Brand connection

*H4a* through *H5d* specify both direct and mediational effects. *H4a* predicted that brand credibility is positively related to self-brand connection and results support this prediction ( $\beta = 0.274$ ; S.E. = 0.080;  $p < 0.001$ ). This indicates that greater perceived brand credibility is associated with increased self-brand connection. Correspondingly, *H4b* predicted brand credibility fully mediates the relationship between brand attitude and self-brand connection. Results confirm *H4b* because the relationship between brand attitude and self-brand connection is non-significant ( $\beta = 0.072$ ; S.E. = 0.078;  $p > 0.05$ ), while both brand attitude and brand credibility ( $\beta = 0.180$ ; S.E. = 0.077;  $p < 0.05$ ) and brand credibility and self-brand connection ( $\beta = 0.274$ ; S.E. = 0.080;  $p < 0.001$ ) remain significant. *H4c* predicted that brand credibility would partially mediate the relationship between health motivation and brand self-connection. The results reveal significant paths between health motivation and brand credibility ( $\beta = 0.148$ ; S.E. = 0.073;  $p < 0.05$ ), brand credibility and brand self-brand connection ( $\beta = 0.274$ ; S.E. = 0.080;  $p < 0.001$ ), and health motivation and self-brand connection ( $\beta = 0.327$ ; S.E. = 0.081;  $p < 0.05$ ), which satisfy the requirements for partial mediation. Results from the Sobel Test confirm the indirect effect ( $\beta_1 = 0.148$ ;  $\beta_2 = 0.274$ ; IE = 0.327;  $p < 0.05$ ). Thus, brand credibility partially mediates the relationship between health motivation and self-brand connection.

*H4d* proposed that purchase intentions is positively related to self-brand connection and results substantiate this hypothesis ( $\beta = 0.093$ ; S.E. = 0.067;  $p < 0.05$ ). Further, *H4e* predicted that purchase intention fully mediates the relationship between brand attitude and self-brand connection. Results do not support *H4e* because the relationship between brand attitude and self-brand connection is non-significant ( $\beta = 0.072$ ; S.E. = 0.078;  $p > 0.05$ ), while purchase intention and self-brand connection ( $\beta = 0.093$ ; S.E. = 0.067;  $p > 0.05$ ) is also non-significant. Only brand attitude and purchase intention ( $\beta = 0.405$ ; S.E. = 0.101;  $p < 0.05$ ) remain significant. Therefore, purchase intention does not fully mediate the relationship between brand attitudes on self-brand connection.

*H5a* predicted that brand commitment is positively related to self-brand connection. Results corroborate this prediction

( $\beta = 0.468$ ; S.E. = 0.071;  $p < 0.001$ ). This shows that higher levels of brand commitment are related to self-brand connection. Further, *H5b* predicted that brand commitment fully mediates the relationship between purchase intention and self-brand connection. Results of the significant paths between purchase intention and brand commitment ( $\beta = 0.521$ ; S.E. = 0.061;  $p < 0.001$ ) and brand commitment and self-brand connection ( $\beta = 0.468$ ; S.E. = 0.071;  $p < 0.001$ ), along with the non-significant path between purchase intention and self-brand connection ( $\beta = 0.093$ ; S.E. = 0.067;  $p > 0.05$ ) satisfy the requirements for full mediation.

*H5c* specified a positive relationship between self-brand connection and price. Results confirm *H5c* ( $\beta = 0.191$ ; S.E. = 0.074;  $p < 0.05$ ). This indicates that greater self-brand connection is linked to price. Lastly, *H5d* predicted that self-brand connection partially mediates the relationship between brand credibility and price. Results of the significant paths between brand credibility and self-brand connection ( $\beta = 0.274$ ; S.E. = 0.080;  $p < 0.001$ ), self-brand connection and price ( $\beta = 0.191$ ; S.E. = 0.074;  $p < 0.05$ ), and brand credibility and price ( $\beta = 0.391$ ; S.E. = 0.104;  $p < 0.05$ ) satisfy the requirements for partial mediation. Furthermore, the Sobel test confirms *H5d* ( $\beta_1 = 0.274$ ;  $\beta_2 = 0.191$ ; IE = 0.391;  $p < 0.05$ ).

## Discussion

Increasing healthcare costs and a declining confidence in domestic health services has given rise to a segment of consumers who are more health conscious and motivated to seek out products that promote healthy lifestyle and well-being (Lewis, 2008). These consumers espouse the adage that “prevention is better than cure.” This research presented a model that examined variables critical in the brand-building process for healthy branded products. Results indicate that brand credibility, commitment and connection are essential in developing a branding strategy for these brands. A credible brand minimizes risk and increases consumer confidence. Research indicates that a consumer’s attitude toward a brand as well as health motivation can engender brand credibility for healthy brands. Further, consumers may be motivated to purchase healthy brands, not only because of brand familiarity, but also because they have a positive emotional reaction to the brand. Repeat purchase behavior can lead to brand commitment where consumers may develop attachments to the brand, both utilitarian and emotional in nature. When consumers believe that a brand is credible, repeatedly purchase it, and are committed to it, the brand can instill such meaning that the consumer may use the brand to help construct and cultivate a desired self-image or self-concept.

Although this study makes important contributions to understanding the brand-building process for healthy branded products, it is not without limitations. The data from this study was cross-sectional in nature and no causal relationships could be established. Future research might include studies which take place in an experimental, laboratory setting where causal relationships can be achieved and actual behavior assessed.

## Managerial implications

Based on the findings of this research, marketers can subsume that a brand that is deemed credible, and one that consumers

can form a commitment to through brand connectedness are critical components in the formulation of a successful healthy brand. First, communications and information about healthy brands is critical. Marketers seeking to brand a product deemed as healthy should employ conventional promotional mechanisms (i.e. advertising and sales promotion) to create awareness and generate favorable attitudes and positive emotional reactions from consumers about the brand to establish credibility. Additionally, in establishing trust and credibility with the consumer, marketers may want to garner third party endorsements from prominent organizations such as the American Heart Association (Heart-Check Mark Program). This can further aid in positioning and developing trust in the brand. Having a credible brand not only leads to greater purchase intentions from consumers, but brands that are trusted can command higher prices from consumers. Brand credibility also serves as a mediator, or link, to customer brand commitment.

Further, forming a self-brand connection is very important in the branding process for healthy brands. For a segment of consumers that value health and nutrition, healthy food products can provide a deep value experience by enhancing self-image. These consumers, sometimes referred to as “wellness lifestyle advocates” (Turcock, 2008), choose foods that support optimum nutrition in achieving high-performance lifestyle as well as longevity. In many cases, these brands can become meaningful to these consumers as they link imagery and psychological benefits derived from the brand to meet their needs and self-enhancement (Escalas, 2004). Special advertising which connects the consumer to the brand and the development of relationship marketing programs targeted at the ultimate consumer can help foster self-brand connections. Establishing self-brand connections can be very useful for a firm, specifically because the firm may be able to gain an enduring competitive advantage, as self-brand connections may be difficult to imitate.

However, marketers of healthy brands must be realistic and responsible by supporting claims about product offerings with science. Over-ambitious claims can encourage people who need medication to believe the consumption of some of these foods can cure their existing health problems (Baudot, 1991). Also, some healthy branded products may lead to increased consumption for a segment of consumers because of perceived health benefits (Wansink and Chandon, 2006; Bui *et al.*, 2008). Conversely, external information in the form of Nutrition Facts panels and nutrition disclosures can be effective ways to reduce misperceptions and enhance comprehension about products (Andrews *et al.*, 1998).

Consumer tastes and preferences are evolving with regard to food and health. Marketers can feed the demand that consumers have for healthy products by establishing credibility with consumers and providing them with products that align with their self-concepts. Future research should continue to explore relationships between consumers and branded food products as it relates to brand credibility, commitment and connection.

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### Further reading

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### Appendix. Scale items

Construct reliability represented by composite rho is in parentheses.

#### Brand credibility (0.96)

Adapted from Erdem and Swait (1998). Seven-point Likert scale with 1 = Strongly disagree and 7 = Strongly agree:

- Healthy branded products deliver what they promise.
- Healthy branded products' claims are believable.
- Healthy branded products are products that you can trust.

#### Brand familiarity (0.93)

Seven-point Likert scale with 1 = Strongly disagree and 7 = Strongly agree:

- I am very familiar with healthy branded products (like the ones above).
- I am very aware of healthy branded products (like the ones above).

#### Brand attitude (0.97)

Goldsmith *et al.* (2000). Seven-point scale.

My overall impression of healthy branded products is:

- Good/Bad
- Favorable/Unfavorable
- Satisfactory/Unsatisfactory



**Brand affect (0.93)**

Adapted from Chadhuri and Morris (2001):

- I feel good about healthy branded products.
- Consuming healthy branded products makes me happy.
- Consuming healthy branded products gives me pleasure.

**Health motivation (0.91)**

Seven-point Likert scale with 1 = Strongly disagree and 7 = Strongly agree:

- I try to prevent health problems before I feel any symptoms.
- I am concerned about health hazards and try to take action to prevent them.
- I try to protect myself against health hazards I hear about.
- \*There are so many things that can hurt you these days, and I worry about them.
- I take any action against health hazards I hear about.

**Price (0.94)**

Seven-point Likert scale with 1 = Strongly disagree and 7 = Strongly agree:

- Prices for healthy branded products are reasonable.
- Prices for healthy branded products are fair.
- The cost of healthy branded products is a good deal.

**Purchase intention (0.98)**

Seven-point scale.

How likely you are to purchase a healthy branded product the next time you are at the grocery store:

- Unlikely/Likely.
- Improbable/Probable.
- Definitely will not/ Definitely will.

**Brand commitment (0.96)**

Adapted from Beatty and Kahle (1988). Seven-point Likert scale with 1 = Strongly disagree and 7 = Strongly agree:

- I consider myself to be a loyal supporter of healthy branded products.
- Healthy branded products are my first choice when it comes to food products at the grocery store.
- I would purchase healthy branded products over other products at the grocery store.

**Self-brand connection (0.96)**

Adapted from Escalas and Bettman (2003). Seven-point Likert scale with 1 = Strongly disagree and 7 = Strongly agree:

- Healthy branded products reflect who I am.
- I can identify with healthy branded products.
- I feel a personal connection to healthy branded products
- I can use healthy branded products to communicate who I am to other people.
- I think healthy branded products help me become the type of person I want to be.
- I consider healthy branded products to be “me.”
- Healthy branded products suit me well.

\*Item removed from model to improve fit.

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**Executive summary and implications for managers and executives**

*This summary has been provided to allow managers and executives a rapid appreciation of the content of the article. Those with a particular interest in the topic covered may then read the article in toto to take advantage of the more comprehensive description of the research undertaken and its results to get the full benefit of the material present.*

Growing worldwide concerns about excess weight and obesity are prompting an increasing number of consumers to re-examine their dietary intake. Many people are turning to foods positively associated with general and more specific health and well-being issues.

Food manufacturers and brand managers have opportunities to capitalize on this prevailing consciousness by creating healthy versions of established products. Such innovativeness has even resulted in whole product lines being repositioned as being healthier alternatives to widen the appeal further. This focus on health benefits is common among various leading brands and evidence shows that a halo effect has transpired as a result. One outcome is a tendency among consumers to regard other products sharing the brand name as healthier even if they are not promoted as such.

Evidence suggests a willingness among consumers to pay up to 20 percent more for foods perceived as healthier. In the USA, the market for such products had risen to more than \$120 billion each year. Given the demand, it has become crucial for manufacturers and marketers to understand what factors are most likely to persuade a consumer to choose certain products. This knowledge can help in the development of effective strategies for healthy brands.

Several variables most likely to be significant are:

- *Brand credibility.* Seen as a key influence on consumer choice, the credibility of a brand indicates a perception of it as trustworthy and proficient. A credible brand is seen as a less risky option and consumer confidence will be higher. Attitudes towards trusted brands are more positive and this is often reflected in purchase behavior. Consumers select these brands oftener than less trusted alternatives and are typically willing to pay higher prices for them. For health conscious individuals, a credible brand will deliver on promises relating to nutrition.
- *Purchase intentions.* It is generally purported that consumers are likelier to choose brands they are familiar with and that communicating the brand increases familiarity levels. Various scholars have discovered that purchase intention also increases when people become emotionally attached to a particular brand. Belief also exists that consumers will seek brands that trigger a favorable affective response. Such positive responses are deemed likely when consuming products that prove to be advantageous to health.
- *Brand commitment.* This reflects an ongoing desire to sustain a relationship and can contain behavioral, emotional and psychological elements. The commitment that emerges through repeat purchase activity is of the functional kind, whereas affective commitment is an indication of the strength of feeling towards a brand.
- *Brand connection.* Consumers often closely relate to a brand they perceive as credible, frequently buy and develop a commitment towards. Essentially, this



connection grows stronger as the brand becomes a key part of the consumer's desired self-image. Research has shown that consumption behavior can help reinforce identity and it is assumed that for certain people identity is intrinsically associated with their health. Such individuals are therefore more disposed towards products and brands most aligned with their values and self-concept with regard to health issues. Various attributes of a healthy brand can further substantiate any self-brand connection for consumers with a health-related agenda. It is assumed that some correlation exists between the strength of connection and the price that such consumers are willing to pay.

The present study sees Kemp and Bui examining these issues in an online survey of 217 consumers between 22 and 67 years old. All but 3 percent of respondents identified themselves as European American, African American, Hispanic or Asian American. Females accounted for 63 percent of the total sample.

A pretest was carried out with other respondents to identify brands, which were considered as most healthy. Subjects rated FiberOne, Kashi, V8 and Healthy Choice highest in this respect. Following this, main survey participants were presented with a text passage and questions about these healthy brands.

Key indications from the study included:

- perceptions of brand credibility increase as attitude towards the brand becomes more positive;
- purchase intention turns greater as perceptions of brand credibility grows;
- increased familiarity with a healthy brand favorably impacts on purchase intention;
- a higher favorable attitude and stronger positive affect towards a brand increases purchase intention;
- consumers are more likely to purchase a healthy brand they feel commitment towards;
- self-brand connection increases as perceived brand credibility becomes stronger;
- self-brand connection positively impacts on purchase intention;

- higher levels of brand commitment inspire self-brand connection; and
- consumers are willing to pay more as strength of self-brand connection increases.

The authors conclude that marketers should pay close attention to brand credibility, brand commitment and self-brand connection when creating a branding strategy for healthy brands. They point out the importance of communication and suggest using conventional methods like advertising and sales promotion to relay the information to consumers. This can serve to build awareness about the brand, create positive attitudes and affective responses, all of which help generate credibility.

Another suggestion to help position the brand and increase trust is to secure endorsement from respected third-party organizations. In this case, the American Heart Association is mentioned.

Firms should also realize the significance of self-brand connections and use "special advertising" to target consumers for which the brand has the strongest meaning. Relationship marketing programs can be developed alongside this advertising, which should aim to strengthen consumer connections to the brand. These efforts can be worthwhile as self-brand connections are difficult to imitate and potentially lucrative.

Kemp and Bui do, however, advise making only genuine claims about product benefits and to use scientific evidence in support. Otherwise, certain consumers may see healthy food as medicinal and wrongly perceive them as offering a cure. A related danger is the possibility that perceived health benefits will inspire excessive consumption of the product. Use of panels containing nutritional facts is recommended as a way to improve understanding and limit these misconceptions.

Additional investigation of consumer relationships with branded food products in relation to the attributes considered here could be the focus of future research.

*(A précis of the article "Healthy brands: establishing brand credibility, commitment and connection for healthy brands". Supplied by Marketing Consultants for Emerald.)*