헬스커뮤니케이션연구, 제20권 제1호
Health Communication Research, 2021, Vol. 20, No. 1, 75-113
DOI: 10.24171/hcr.2021.20.1.75.

Do Consumers Trust Healthy Menu Advertising from Fast Food Brands? Influence of Brand and Consumer-related Factors

Hojoon Choi*
(Jack J. Valenti School of Communication, University of Houston)
Jung Min Hahm**
(Department of Advertising & Public Relations, University of Georgia)
Leonard N. Reid***
(Department of Advertising & Public Relations, University of Georgia)
(Robertson School of Media and Culture, Virginia Common Wealth University)

Fast food restaurants are increasing the number of healthier menu items to counter the criticism of promoting energy dense and nutritionally poor fast foods. However, relatively fewer studies have specifically investigated whether the promotion of healthier menu items will be positively perceived and trusted by consumers as intended. Building on previous research, this study investigated the influence of health consciousness, brand commitment, and

* hchoi10@uh.edu
** jungmin@uga.edu
*** lnreid@uga.edu

perceived brand healthiness on consumer perceptions of healthy benefit, unhealthy risk, taste, and ad-trust following exposure to fast food restaurant advertisements featuring healthy food choices. Using a set of moderated regression analyses, the results found that consumers' perceived benefit, taste, and advertisement trust tended to increase for healthier menu brands, and for more health-conscious consumers and those committed for the advertised brands. Theoretical and practical implications of the findings are discussed to promote healthy food marketing.

Key words : Fast food advertising, Health promotion, Health consciousness, Fast food healthiness, and Brand commitment

1. Introduction

Consumer advocates have long been critical of fast food restaurants for offering menu items that are loaded with energy-dense and nutritionally poor food choices (Harris et al., 2010; Jeffery & French, 1998; Nestle, 2007). Critics charge that these choices are directly linked to the excessive consumption of unhealthy foods (Andreyeva et al., 2011; Henderson & Kelley, 2005; Nestle, 2007) and the increasing obesity rates among American consumers (Rosenheck, 2008). Public health experts estimate that overweight and obese adults now constitute about 70 percent of the U.S. population (Flegal et al., 2013; Funk et al., 2017). The link between fast food restaurants and unhealthy eating is a prime reason consumer advocates have called for rigorous regulation of

fast food advertising, which they see as a major driver of America's bad eating habits (Henderson & Kelley, 2005; Nestle, 2007).

Fast food restaurants have reacted to critics by increasing the number of healthy choices on their menus (e.g., meals, sides, and drinks) (Harris et al., 2013) and by promoting healthy eating. In recent years, for example, McDonald's has used health and nutrition appeals in its advertising to re-position its Happy Meals (Harris et al., 2013, p.37); Chipotle has emphasized the use of healthier ingredients in their food advertising (Stevenson, 2014; Wohl, 2016); and Chick-fil-A has introduced 'behind-the-counter tours' to improve the health image perceptions of its salads and wraps (Morrison, 2013). Yet, the jury is still out on the effectiveness of such health marketing programs by fast food restaurants because many of these efforts have resulted in mixed marketplace outcomes. For instance, while Chick-fil-A has received positive publicity for using peanut oil, which is free from cholesterol and trans-fat (Consumer Reports, 2011; Mayo Clinic Staff, 2011), Burger King's low-fat 'Satisfries' were withdrawn soon after introduction because of disappointing consumer response (*AdAge*, 2014).

Surprisingly, few studies have examined questions involving the processes and effects of fast food restaurant advertising featuring healthy menu items (e.g., Choi & Reid, 2018), despite the fact that studies examining the unhealthy impact of fast food advertising on public health are plentiful (e.g., Andreyeva et al., 2011; Henderson & Kelley, 2005; Jeffery & French, 1998). Therefore, using the theoretical framework of health halo (Choi & Reid, 2016; Choi et al., 2013; Wansink &

Chandon, 2006), this research experimentally investigates how consumers perceptually react to fast food restaurant advertisements featuring healthy food choices, and how their responses are influenced by three brand and consumer-related factors: brand commitment, perceived brand healthiness, and health consciousness. As described later, the three influencing factors were selected because consumers hold varying levels of commitment to different fast food restaurant brands, perceive differences in the healthiness of those brands, and see themselves as having different degrees of self- consciousness regarding their healthy eating behavior (see Choi & Reid, 2018). Consumers' perceived healthy benefit, unhealthy risk, taste, and ad-trust were tested as perceptual responses because these factors have been used to estimate the magnitude of the health halo effect and message trust in advertising research (see Choi et al., 2013; Soh et al., 2009).

2. Literature Review

Research has established that U.S. food advertisers predominantly use nutrient-content claims to communicate the healthy value of their food products to American consumers (Choi et al., 2013; Nan et al., 2013; Parker, 2003). Typically, nutrient-content claims such as "added vitamins" and "lower fat" are featured in a food advertisement to either enhance the perception of a healthy nutrient or to reduce the perception of an unhealthy ingredient (Choi et al., 2013). The popularity of

nutrient-content claims has triggered a substantial amount of research, which has mostly used the theoretical framework of the health halo to explain the effects of nutrient-content claims in food advertising (e.g., Choi & Reid, 2015; Choi & Springston, 2014; Choi et al., 2013; Roe et al., 1999; Wansink & Chandon, 2006).

The halo effect, which is grounded in cognitive consistency theory (Thorndike, 1920), states that individuals attempt to maintain beliefs that are consistent with one another. In the case of food consumption specifically, consumers have existing knowledge about the positive aspects of eating healthy foods (e.g., nutritionally rich food) and of the downside aspects of eating unhealthy foods (e.g., energy-dense, nutritionally poor food) (see Choi et al., 2013; Nestle, 2007; Thondike, 1920). Thus, when nutrient-content claims in food advertisements are encountered, there is a tendency among consumers to seek to maintain cognitive consistency with the positive or negative aspects of foods emphasized in the nutrient-content claimed advertising (Choi et al., 2013; Wansink & Chandon, 2006). This tendency produces a cognitive bias "health halo," that likely leads consumers to rate the advertised foods as having greater healthy benefits than they actually possess and to overlook the unhealthy risks that may associated with those products (e.g., unhealthy ingredients) (Choi & Springston, 2014; Wansink & Chandon, 2006). Based on the "health halo" framework, the ideal scenario for fast food restaurants is: featuring a healthy menu item using nutrient-content claims in advertisements results in a positive halo effect, which leads to increased perceived healthiness of the advertised menu item, which then produces

positive responses to elements of advertising messaging (e.g., advertised food item, restaurant brand).

Unfortunately for fast food advertisers, however, studies indicate that the magnitude of the health halo effect on consumer responsiveness to advertising is variable as responses are differentially influenced by various consumer and product-related factors. For example, research has found that consumers who are more conscious of or concerned with their healthy dietary status tend to believe and process nutrient-content claims as more important informational cues (Choi, 2016; Choi & Reid, 2016; Wansink & Chadon, 2006). Moreover, Choi and Reid (2018) have reported that brand commitment and perceived brand healthiness play significant roles in affecting attitude toward ad and purchase intention for healthy menu advertisements.

Therefore, based on previous research on influencing factors of health halo effects (e.g., perceived healthiness, attitude toward ad, and purchase intention), the present study used consumers' perceived healthy benefit, unhealthy risk, taste, and ad-trust as the key measurements to estimate the characteristics of the health halo effect more specifically. First, perceived benefit was measured to represent perceptual healthy food benefit, while perceived risk was used to assess perceptual unhealthy food risk (Choi & Springston, 2014). These two measures are more specific to the characteristics of the health halo effect than perceived healthiness because they specify why consumers' perceived healthiness is increased by nutrient-content claims, either through increased healthy benefit or reduced unhealthy risk, or both (see Choi et al., 2013). Second,

perceived taste indicates consumers' anticipation of the taste of a food product (Choi et al., 2012). Since taste is one of the most important criteria for food product choice and food advertisement evaluations (Steptoe et al., 1995; see Choi & Reid, 2016), assessing this variable will provide more specific insight into the health halo effect. Third, ad-trust is defined as consumer perception, affect, and willingness to rely on advertising for product information (Soh et al., 2009). Consequently, ad-trust covers broader and more specific consumer perspectives toward advertising than attitude toward ad or claim believability used in previous studies (Choi & Reid, 2016, 2018).

To scrutinize and explain the magnitude of the health halo effect more specifically, this study takes the position that is important to understand the significant impacts of the three influencers on key measurements of consumer responses to food advertising. Subsequent sections review the literature on each influential factor in more detail and provide hypotheses drawn from that literature.

1) Influence of Brand Healthiness

In general, consumers' thoughts and feelings regarding a product are consolidated as an overall brand perception, and this overall perception influences positive or negative responses to branded advertisements (Dean, 1999; John et al., 2006). Particularly for food products, consumers want to simplify and shorten their decision processes (Chrysochou, 2010), thus brand cues play an important role in food choice decisions (Maheswaran

et al., 1992). In other words, when consumers evaluate food advertisements and advertised foods, their evaluations frequently rely on pre-existing brand perceptions. These pre-existing perceptions are formed through interactional experiences with and informational learning involving a branded product (Amine, 1998; Kim et al., 2008).

In this sense, healthiness is one of the most important consideration cues when choosing and evaluating a branded food choice (Chrysochou, 2010; Steptoe et al., 1995) as consumers hold differing perceptions of the overall healthiness of fast food restaurant brands (*Consumer Reports*, 2014). The existence of these perceptions is not surprising given that brand meaning results from accumulated experiences (John et al., 2006; Kellder, 1993), and it is logical to believe that the great majority of consumers have experienced many different foods from many different fast food restaurants over time. As a result, a logical assumption is that consumers have an overall healthiness perception toward a fast food restaurant brand based on their experience with the brand's entire food menu (Choi & Reid, 2018). Indeed, a national survey by *Consumer Reports* (2014) provides evidence supporting the assumption: consumers rated *Subway, Jason's Deli,* and *Panera* as 'healthier brands', while rating *Krystal*, *Checkers Drive-In*, and *Five Guys Burgers and Fries* as 'unhealthier brands.'

Therefore, as the health halo effect associated with nutrient-content claims likely produce higher perceived benefit, lower perceived risk, better perceived taste, and more trust for healthy foods than for unhealthy foods (Choi et al., 2012; Choi & Springston, 2014; Prada et al., 2017),

the present research proposes that the perceived healthiness of the fast food restaurant brand will also function as a similar match-up factor for healthy menu advertisements. That is, because consumers intuitively seek healthy informational cues for healthy foods (Raghunathan et al., 2006), they will perceive better cognitive fit between ad with healthy appeals and advertised healthy brands than between ad with healthy appeals and unhealthy brands.

Thus, the expectation herein is that advertisements featuring healthy menu choices will result in more favorable evaluative responses for perceivably healthy restaurant brands than for perceivably less healthy brands. Specifically, it is hypothesized:

H1: For fast food restaurant advertisements featuring healthy menu items, the advertisements from perceivably healthy brands will produce (a) greater perceived healthy benefit, (b) lower perceived unhealthy risk, (c) more perceived taste, and (d) greater ad-trust than the advertisements from perceivably unhealthy brands.

2) Brand Commitment

Whereas perceived brand healthiness constitutes a part of consumers' overall perception toward a particular fast food restaurant brand, brand commitment is a degree of consumer's psychological attachment to the brand (Amine, 1998; Lastovicka & Gardner, 1979; also see Choi & Reid, 2018). Since it represents the level of attitudinal bond between brand and consumer (Amie, 1998; Samulensen & Sandvik, 1997), high level of

brand commitment enhances a particular brand choice within a same product category (Traylor, 1981), and is related to the degrees of consumer brand loyalty (Warrington & Shim, 2000) and brand trust (Beatty & Kahle, 1998; Chaudhuri & Holbrook, 2002; Kim et al., 2008). Moreover, consumers with a higher level of brand commitment exhibit more favorable perceptions, attitude, greater ad-trust, and purchase intention, and are more resistant to counter-attitudinal advertising from less committed brands (Gill et al., 1988; Raju, Unnava, & Montgomery, 2009). Relatedly, studies have shown that consumers' brand commitment is also positively related to food attitudes and evaluations (Choi & Reid, 2018; Kemp & Bui, 2011), and contributes to reducing the feeling of consumption guilt (see Chitturi et al., 2010).

Therefore, it is assumed that consumers might have different degrees of brand commitment to different fast food restaurant brands, and these differing levels affect how they respond to branded advertisements for healthy menu choices. The present study specifically expects that advertising will result in a stronger health halo effect for consumers who are more committed to a restaurant brand than to those who are less committed to that restaurant brand and hypothesizes that:

H2: For fast food restaurant advertisements featuring healthy menu items, the highly brand committed consumer will exhibit (a) greater perceived healthy benefit, (b) lower perceived unhealthy risk, (c) more perceived taste, and (d) greater ad-trust than the less brand committed consumer.

3) Health Consciousness

In light of the findings of past research (e.g., Choi & Reid, 2016, 2018; Her & Seo, 2017), the research also suggests that individual health consciousness is a potentially significant influencing factor on the health halo effect. Health consciousness is an individual's level of involvement in health matters including healthy dietary behavior (Dutta-Bergman, 2005). It manifests itself in the intrinsic motivation to seek healthy nutrients in foods (e.g., calcium, minerals, and vitamins), avoid unhealthy ingredients (e.g., excessive sugar, salt, and fat), and maintain good health (e.g., weight under control) (also see Dutta-Bergman & Youn, 1999). Health consciousness is positively associated with characteristics of a healthy lifestyle, such as seeking out health information and participating in healthy activities (Dutta-Bergman, 2004a, 2004b, 2005).

As an individual variable, health consciousness has been frequently tested in research on nutrient-claimed food advertising effects, based on the general hypotheses that greater health consciousness is a significant influencer of consumer perceptions and evaluations of advertised foods. Research findings indicate that health consciousness functions as a significant covariate of attitudes toward nutrient-claimed food advertisements (Choi et al., 2012, 2014). Another study reported that health conscious consumers, compared to their less health conscious counterparts, see greater importance in the information conveyed in nutrient-claimed food advertisements and rely more heavily on such

information when making food consumption-related decisions, thus leading to greater ad attitudes and purchase intention (Choi & Reid, 2016, 2018).

Therefore, the present study proposes that health consciousness will positively amplify the magnitude of the health halo effect among consumers when they evaluate the healthy menu advertisements from fast food brands, because the level of health consciousness is highly related to an individual's daily attitude, life style, and expectation of seeking healthy nutrients and avoiding unhealthy ingredients (Dutta-Bergman, 2005). Thus, it is hypothesized that:

H3: As consumers have higher level of health consciousness, they will exhibit (a) greater perceived healthy benefit, (b) lower perceived unhealthy risk, (c) more perceived taste, and (d) greater ad-trust for fast food restaurant advertisements featuring healthy menu items.

In addition, the present study posits a research question regarding the interaction effects among the three independent variables. From the literature review, it is expected that health conscious consumers might exhibit better responses to healthy menu ads as the advertised brands are perceivably healthy and as the consumers are more committed to the brands. However, given the lack of relevant research on interaction effects (see Choi & Reid, 2018), it is difficult to precisely predict which significant interaction effects will be observed and the extent of those effects. Therefore, the following research question is addressed:

RQ1: What is the nature of interaction effects of brand healthiness,

brand commitment, and health consciousness on consumers' perceived healthy benefit, perceived unhealthy risk, perceived taste, and ad-trust for fast food restaurant advertisements featuring healthy menu items?

3. Method

Since the proposed hypotheses compare healthy fast restaurant brands with unhealthy fast restaurant brands, the experiment design was a between-subjects experimental design. Health consciousness and brand commitment were assessed as post measurements in the experiment.

1) Development of Advertising Stimuli

The ad stimuli required healthy menu items from perceivably healthy or unhealthy fast food brands, including nutrient-content claims. The brands should be real, well-known, and distinctively perceived healthy or unhealthy among consumers, while the nutrient-content claims also should be frequently used in food advertising practice. In this sense, this study adopted and modified ad stimuli from a previous study of Choi and Reid (2018). This study deliberately selected perceivably healthy and unhealthy fast food brands from large consumer data (*Consumer Reports,* 2014), then found distinctively perceived healthy menu items of the fast food brands and frequently used nutrient-content claims in actual advertisements to create the ad stimuli. Thus, in experimental

advertisements *Panera Bread* and *Subway* were selected to represent perceivably healthy restaurant brands and *Burger King* and *Taco Bell* were selected to represent perceivably unhealthy restaurant brands. *Veggie Sandwich* and *Southwest Chicken Salad*, the two healthiest foods, were selected to serve as the healthy foods featured in the stimuli (see Choi & Reid, 2018 for detail).

As shown in the Appendix, advertisements for the *Veggie Sandwich* were created for the *Subway* (healthy) and *Burger King* (unhealthy) brands while advertisements for the *Southwest Chicken Sandwich* were created for the *Panera Bread* (healthy) and *Taco Bell* (unhealthy) brands. The item/brand matches were based on actual menu offerings of similar fast foods restaurants in the study's geographic location (Choi & Reid, 2018). The advertised foods were introduced as new menu choices. Two nutrient-content claims were made in the advertisements: "less fat" and "less calories." These claims were featured because they appear with great regularity in nutrient-claimed food advertisements (Choi & Reid, 2018; Choi et al., 2013). Particularly, the experimental advertisements were created and produced to mirror real food advertisements. Except for brand slogan, logo, and colors, all other content elements of the advertisements were identical. The two actions were taken to enhance both external and internal validity.

2) Main Experiment Procedure and Measures

Three hundred and fifty-eight undergraduate students participated in

the experiment. However, 44 were screened out for not completing the response tasks, resulting in a final sample of 314 students. The subjects averaged 23 years in age (SD = 3.91), and the sample contained more females than males (77.4% vs. 22.6%) and was culturally diverse (i.e. 31.5% Hispanic, 29.6% Caucasian, 19.7% Asian, and 18.2% African American). The subjects were asked to connect to an online survey website (www.qualtrics.com) to complete the response tasks. Once connected, they were randomly assigned to one of the four survey sets.

Each survey set presented a three-section instrument. The first section included the manipulation check, where the subjects rated the perceived healthiness of the four fast food restaurant brands in general on a seven-point bipolar scale (1 = *Not very healthy* to 7 = *Very healthy*). As the researchers intended, *Panera Bread* (M = 4.75) and *Subway* (M = 4.73) were perceived significantly healthier than *Burger King* (M = 2.20) and *Taco Bell* (M = 1.74) at $p < .001$. Moreover, One-sample T-tests determined that the perceived healthiness ratings of *Subway* and *Panera Bread* were significantly higher than the scalar mid-point '4' ($p < .05$), while those of *Burger King* and *Taco Bell* were significantly lower than the scalar mid-point ($p < .001$). That is, subjects perceived the healthy brands as significantly healthy while perceiving the unhealthy brands as significantly unhealthy.

The second section randomly presented one advertisement with dependent measures. As noted earlier, perceptions of healthy benefit, unhealthy risk, taste, and ad-trust were measured as dependent variables. Perceived healthy benefit was measured by the question, "How beneficial

do you think the above advertised product is to your overall health?, on a 7-point bipolar scale where 1 meant "*Much less beneficial*" and 7 meant "*Much more beneficial*" (Choi & Springston, 2014; Choi et al., 2013). Perceived unhealthy risk was measured is a similar way using the question "How risky do you think the above advertised product is to your overall health?" (1 = *Much less risky* to 7 = *Much more risky*) (Choi & Springston, 2014; Choi et al., 2013). Perceived taste of an advertised food was measured on two 7-point bipolar scales (*not very tasty/very tasty*, *not very delicious/very delicious*; inter-item correlation was .94.; Choi et al., 2012), and ad-trust was measured using 15 bipolar question items modified from Soh et al. (2009) (*unbelievable/believable*, *untrustworthy/trustworthy*, *unconvincing/convincing*, *not credible/credible*, *unreasonable/reasonable*, *untruthful/truthful*, *questionable/unquestionable*, *incomplete/complete*, *unreliable/reliable*, *unreliable/reliable*, *inaccurate/accurate*, *undependable/dependable*, *not useful/useful*, *not enjoyable/enjoyable*, *unlikable/likeable*; Cronbach's alpha = .97).

Finally, in the third section, health consciousness and brand commitment were measured as independent variables. Since these two variables are individuals' long-term and enduring life attitudes (Dutta-Bergman, 2005; Kim et al., 2008), the responses would not be affected by ad stimuli (Choi & Reid, 2016; Choi & Springston, 2014). Health consciousness was measured using the following ten statements: "I try to avoid foods that are high in fat", "I try to avoid foods that are high in cholesterol", "I try to avoid foods with a high salt content", "I am concerned about how much sugar I eat", "I make a special effort to

get enough fiber in my diet", "I use a lot of low-calorie or calorie-reduced products", "I try to select foods that are fortified with vitamins and minerals", "I am careful about what I eat in order to keep my weight under control", "I try to avoid foods that have additives in them" and "I am concerned about getting enough calcium in my diet" (Dutta-Bergman 2005, p. 8). The statements were rated on 7-point Likert scales (1 = *Definitely disagree*, 7 = *Definitely agree*; Cronbach's alpha = .92). Brand commitment was measured using two statements modified from previous studies (Knox & Walker, 2001; Odin, Odin, & Valette-Florence, 2001): "I will buy XXX the next time I go to a fast food restaurant" and "When buying fast foods, I am committed to XXX as my most favorite brand, rather than alternative brand". The subjects rated the statements on 7-point Likert scales (1 = *Definitely disagree*, 7 = *Definitely agree*; inter-item correlation was .78). Subjects' gender and age were also assessed in this section.

4. Results

1) Manipulation Checks

The manipulation check determined that subjects' perceived healthiness was not different between the perceivably healthy brands and between the perceivably unhealthy brands ($p > .05$). Therefore, for hypotheses testing, the *Subway* and *Panera Bread* response sets were combined to

create a condition of perceivably healthy brands and the *Taco Bell* and *Burger King* sets were combined to create a condition of perceivably unhealthy brands.

2) Hypothesis Testing

<Table 1> shows the mean values of the subjects' reactions to the healthy and unhealthy fast food brand advertisements. The subjects indicated greater perceived benefit, lower perceived risk, greater perceived taste, and greater ad-trust for the healthy menu advertisements from perceivably healthy brands than the ads from perceivably unhealthy brands. The mean differences were statistically significant on perceived benefit (F (1, 312) = 10.31, p < .01), perceived taste (F (1, 312) = 30.34, p < .001), and ad-trust (F (1, 312) = 40.28, p < .001), but not on perceived risk (F (1, 312) = .99, p > .05). The result partially supports H1, which predicted a significant main effect of perceived brand healthiness on the dependent variables.

〈Table 1〉 Mean Differences of Dependent Variables between Healthy and Unhealthy Brands

	N	Benefit	Risk	Taste	AdTrust
Healthy Brands	164	4.87 (1.23)**	3.07 (1.40)	4.86 (1.69)***	4.88 (1.28)***
Unhealthy Brands	150	4.37 (1.51)**	3.23 (1.36)	3.96 (1.29)***	3.96 (1.29)***

Note: **The mean differences between healthy and unhealthy brands are significantly different at p <.01

***The mean differences between healthy and unhealthy brands are significantly different at p<.001

However, since the independent variables tested are a mixture of continuous and conditional (dichotomous) variables, the statistical approach to hypotheses testing needs be more rigorous and comprehensive. Thus, a set of moderated regression analyses was executed using the PROCESS macro (Hayes, 2013). The approach was used because it can handle the main and interaction effects of continuous and dichotomous independent variables together (see Hayes, 2013, p. 444; also see Geuens & Pelsmacker, 2017; Yoon, 2015). In the analyses, health consciousness and brand commitment were treated as continuous variables whereas perceived brand healthiness was treated as a dichotomous conditional variable. When the analysis was performed for each dependent variable, health consciousness and brand commitment were mean-centered, while the perceived brand healthiness was dummy coded as -1 (healthy) vs. 1 (unhealthy) (see Irwin & McClelland, 2001). For all moderated regression analyses, no outliers were detected (Mahalanobis, 1936).

As shown in <Table 2>, the results confirmed the main effect of perceived brand healthiness again. The main effect was significant for perceived benefit, taste, and ad-trust. The subjects exhibited significantly greater perceived benefit (β = -.418, t (307) = -2.70, $p < .05$), more perceived taste (β = -1.086, t (307) = -5.55, $p < .001$), and greater ad-trust (β = -.824, t (307) = -5.81, $p < .001$) for advertisements from the perceivably healthy restaurant brands (coded as -1) than from the perceivably unhealthy restaurant brands (coded as +1). However, the main effect was not significant for perceived risk (β =.129, t (305) =

〈Table 2〉 The Results of Moderated Regression

	Benefit		Risk		Taste		AdTrust	
Predictors	Beta	t(307)	Beta	t(305)	Beta	t(307)	Beta	t(307)
Brand Healthiness (A)	-.418	-2.695*	0.129	.820	-1.086	-5.552***	-.824	-5.809***
Health Consciousness (B)	-.004	-.072	0.024	.445	0.25	3.766***	.016	.334
Brand Commitment (C)	.160	2.998**	-.060	-1.110	0.216	3.189**	.202	4.133**
A x B	-.041	-.388	-.060	-.559	0.323	2.415*	.110	1.141
B x C	.057	1.750	-.009	-.261	0.021	.511	.069	2.332*
A x C	.093	.870	-.004	-.037	-0.021	-.154	-.041	-.418
A x B x C	-.026	-.984	.036	.548	-69	-.825	-.063	-1.040
R-square	.079		.011		.174		.195	

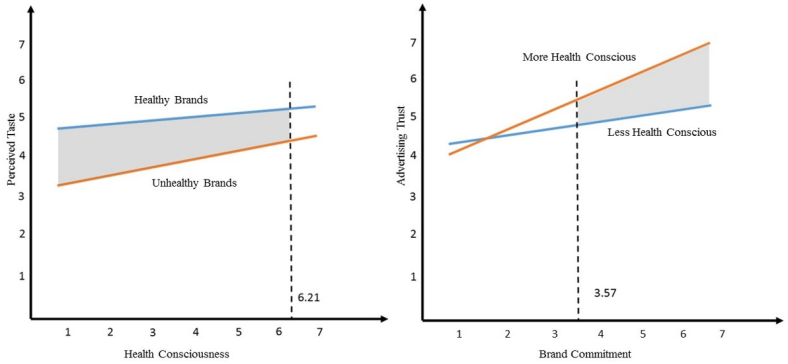
Note: *p <.05, **p <.01, ***p < .001

Brand Healthiness: Healthy Fast Food Brands were coded as-1; Unhealthy Fast Food Brands were coded as+1

.82, p > .05). Thus, H1a, H1c, and H1d were fully supported, but H1b was not supported.

H2 predicted that subjects would perceive (a) greater healthy benefit, (b) lower unhealthy risk, (c) more taste, and (d) greater ad-trust for fast food advertisements featuring healthy menu choices as level of brand commitment increased. The analysis determined that brand commitment positively predicted perceived benefit (β = .160, t (307) = 3.00, p < .01), perceived taste (β = .216, t (307) = 3.19, p < .01) and ad-trust (β = .202, t (307) = 4.13, p < .01) at a significant level. However, brand commitment did not significantly predict perceived risk (β = -.060, t (305) = -.56, p > .05). Thus, H2a, H2c, and H2d were fully supported while H2b was not supported.

H3 predicted that highly health conscious subjects would perceive (a) greater healthy benefit, (b) lower unhealthy risk, (c) more taste, and (d) greater ad-trust in fast food advertisements featuring healthy menu choices than less health conscious consumers. As shown in <Table 2>, while the significant effect of health consciousness was observed for perceived taste (β = .250, t (307) = 3.77, p < .001), it was not significant for perceived benefit (β = -.004, t (307) = -.07, p > .05), risk (β = .024, t (305) =.45, p > .05), and ad-trust (β = .016, t (307) = .33, p > .05). Thus, H3c was fully supported, but H3a, H3b, and H3d were not supported.



〈Figure 1〉 Significant Interaction Effects Visualized by Johnson-Neyman Technique

Additionally, regarding RQ1, the moderated regression analyses revealed two significant interaction effects (see <Table 2> and <Figure 1>). The first was between brand healthiness and health consciousness on perceived taste (β = .323, t (307) = 2.42, p < .05). As shown in

<Figure 1>, the Johnson-Neyman technique (Johnson & Neyman, 1936) revealed that the difference of perceived taste between the healthy and unhealthy restaurant brands was significant ($p < .05$) up to the health consciousness value of 6.21. The difference between the two brand types became insignificant ($p > .05$) above the 6.21 value. Therefore, when health consciousness is high, there is no difference in the perceived taste of advertised healthy foods by perceived brand healthiness of a fast food restaurant. The second was between health consciousness and brand commitment on ad-trust ($\beta = .069$, $t(307) = 2.33$, $p < .05$). The Johnson-Neyman technique also revealed that the difference between more health conscious consumers (1.50 *SD*s above from the mean) and their less health conscious counterparts (1.50 *SD*s below from the mean) became significant for ad-trust when the mean value of their brand commitment exceeded 3.57. Therefore, as consumer commitment to the restaurant brand increases, the difference in degree of trust in healthy menu advertising is amplified between more and less health-conscious consumer groups.

5. Summary and Discussion

Fast food restaurants have recently increased healthy menu choices to counter the critics of fast food advertising and to differentiate themselves from the competition (Harris et al., 2013). Therefore, to empirically address questions related to the controversy surrounding the effects of

fast food advertising, this research tested how consumers' perceptual responses to advertisements for healthy food choice from popular fast food restaurant brands are influenced by different levels of brand healthiness, brand commitment, and health consciousness.

A set of moderated regression analyses was conducted to test the study's hypotheses and research question. Significant effects of the three independent variables were observed for several response variables. The analyses found: greater perceived healthy benefit, taste, and ad-trust were produced by advertisements from perceivably healthy fast food restaurant brands than from perceivably unhealthy brands; brand commitment positively influenced both perceived taste and ad-trust; health consciousness significantly predicted perceived taste; and significant interaction effects occurred for (1) perceived brand healthiness and health consciousness on perceived taste and for (2) health consciousness and brand commitment on ad-trust.

Several meaningful implications are provided by these findings. First, it would appear that the halo effect associated healthy menu advertising is significantly influenced by perceived brand healthiness. In the experiment, healthy food advertising from perceivably healthy food restaurant brands produces more positive perceptions of healthy benefit, taste, and ad-trust compared to advertisements from perceivably unhealthy food restaurant brands. This finding provides an important theoretical implication in that consumers' perceived brand healthiness can function as a significant conditional factor - it influences the halo effect of healthy menu advertising. Although brand plays a central role in contemporary

marketing communication (see Aaker, 1997; Percy, 2014), previous studies examining health halo effect have not tested the potential influence of brand perception on consumer health perceptions and trust toward food advertising from different fast food restaurant brands. Consistent with research that indicates perceived food healthiness functions as a significant match-up factor in the advertising context (Choi et al., 2012), it is suggested that consumers also use perceived brand healthiness as an important information cue for advertisements featuring healthy foods from different restaurant brands. Particularly, advanced from previous study examining the effects of health halo on healthy menu advertising (Choi & Reid, 2018), this research specifically found that the brand healthiness also provides a significant main effect on consumers' perceived benefit, taste, and ad-trust. The insignificant effect on perceived risk would seem to suggest, because consumers already have a low-level of risk perception for healthy food items, it functions as a floor effect (see Andrews et al., 1998).

In line with the above, the second important finding of these results concerns the significant influence of brand commitment on the health halo effect: greater commitment to a fast food restaurant brand was associated with higher levels of perceived benefit, taste, and ad-trust. Considering that brand commitment is an emotional bond between brand and consumer (Amine, 1998; Lastovicka & Gardner, 1979), which also positively predicts advertising effectiveness (Choi & Reid, 2018; Gill, et al., 1988), this finding theoretically suggests that the health halo effect on consumers' healthy beneficial and taste perceptions and ad-trust are

influenced by different levels of psychological attachment to fast food restaurant brands, independent from different brand healthiness perceptions. Additionally, another interesting and suggestive finding of this research is that perceived brand healthiness and brand commitment exhibited the same pattern of positive influences on the dependent variables. This finding theoretically suggests that these two influential factors affect almost the entire health halo effect mechanism. But, taking the different characteristics of these two influential factors into account, it would be reasonable to interpret that their positive influences are rooted in different psychological backgrounds. That is, consumers perceive more positive healthy benefit, taste, and trust from perceivably healthy brands because they expect more healthiness from these healthy brands (Raghunathan et al., 2006), while others also hold the same perceptions because they are more committed to the brands regardless of its perceived healthiness.

Third, although the role of health consciousness has been tested in other food advertising studies (Choi & Reid, 2016, 2018), the finding regarding the variable's direct effect on perceived taste is new. It would appear that, when an advertisement for a healthy food choice is encountered, the taste perceptions of that advertised food should increase and fall in accordance with the health consciousness level of the consumer. Theoretically, this finding makes sense because health consciousness represents an individual's level of involvement with healthy dietary behavior, and because healthy people expect healthy foods to be both nutritious and tasty (see Dutta-Bergman, 2005). Conversely, the less

health conscious are not as involved with their dietary behavior and do not expect healthy foods to be tasty.

Fourth, regarding the research question, the two two-way interaction effects also provide meaningful theoretical implications of how the effect of health halo could be amplified or lessened under specific conditions. The interaction effect between health consciousness and perceived brand healthiness suggests that consumers would not have perceptual taste differences between healthy and unhealthy fast food restaurant brands as the level of consumer health consciousness increases. The interaction effect between health consciousness and brand commitment suggests that differences in ad-trust between more and less health-conscious consumers would be amplified as levels of brand commitment increase.

The results regarding consumer health consciousness can be interpreted to mean that highly health conscious consumers would not be as affected by overall brand healthiness perceptions because their enduring involvement with healthy dietary behavior and life style (Dutta-Bergman, 2005) leads them to focus more on the nutrient-content claims in healthy menu advertising. However, when these health conscious consumers are more committed to a brand, their emotional bond to the brand produces a synergetic effect on trusting healthy menu advertising. Thus, for the majority of consumers whose health consciousness is not extremely high (less than 6.21 of 7), their overall brand healthiness perception results in a significant main effect on perceptual taste. For the highly health conscious consumer (more than 6.21 of 7), however, brand commitment is important to increase their ad-trust.

Based on these findings and theoretical implications, following practical implications for fast food restaurant advertisers are also provided. First, fast food restaurant marketers considering the use of nutrient-content claims in their healthy food item need to determine their target audience's existing health perception on the food brand. As shown in the interaction effects in <Figure 1>, if the target audience perceives the brand as distinctively healthy, healthy menu advertising will likely create bigger health halo effects among them. But if not, it might be better to limit healthy menu advertising to target consumers who are highly committed to the fast food restaurant brand. For perceivably unhealthy restaurant brands, an appropriate strategic direction of marketing communication and other marketing activities would be to concentrate on improving the brand's overall health image for the long term efficacy.

However, as mentioned above, consumers who are highly health conscious (more than 6.21 of 7) may not be especially concerned about the perceived healthiness of the restaurant brand. Since these consumers are highly involved in healthy eating (Dutta-Bergman, 2005), they may focus more on the nutritional quality of the advertised foods than on the overall brand healthiness of the restaurant advertiser. In contrast, consumers who are more committed to a fast food brand (more than 3.57 of 7) will show higher ad-trust than those less committed, as health consciousness levels increase. In effect, the bottom line is that fast food restaurant advertisers might have a better chance of effective persuasion if their messaging for healthy foods is associated with a perceivably healthy restaurant brand, and also appeals to more health

conscious and brand-committed consumers.

6. Limitations and Future Research

The research has several limitations, which restrict its academic and practical value. First, the research only used the risk-avoidance claims of “less fat” and “less calories” in the experimental food advertisements. The two risk-avoidance appeals emphasized avoidance of unhealthy food ingredients (Choi et al., 2013). Therefore, to increase validity, future research needs to include benefit-seeking appeals, which emphasize the health benefits of nutrients such as “calcium added” and “vitamin enhanced” (Choi & Springston, 2014) in tested advertisements. Relatedly, advertisements for other food categories and different restaurant brands should be tested in future investigations to extend the findings of this research.

Second, undergraduate students were sampled to test the research hypotheses. Although the findings are meaningful because college students are targeted by fast food restaurants (Harris et al., 2013), replicative research is needed across different demographic groupings. Such research is required to determine whether the influence of brand healthiness, health consciousness, and brand commitment on fast food advertising effects are consistent across different consumer segments.

Third, the magnitude the health halo effect produced by healthy menu advertising with nutrient-content claims was not examined in this

research, only the extent to which consumers' evaluative responses are influenced by different individual propensities and perceptual conditions. Considering that the magnitude of the influential variables could be dependent on the magnitude of the health halo effect, future research needs to consider employing a control group that uses other advertising claims, such as taste claim (see Choi et al., 2012) to identify how the influences of health halo and various independent variables differ between the treatment group and the control group.

Despite the above limitations, the present study's exploratory findings enhance the knowledge on the processes and effects of health halo in the context of fast food restaurant advertising. Though more suggestive than conclusive, it is hoped that these research findings will stimulate the exploration of other research questions regarding fast food advertising and serve as a foundation for the investigations of those questions.

References

Aaker, D. A. (2012). *Building strong brands*. Simon and Schuster.

AdAge. (2014, August 13). *Disappointed Burger King yanks Satisfries from most stores*. http://adage.com/article/cmo-strategy/disappointed-burger-king-yanks-satisfries-stores/294577/

Amine, A. (1998). Consumers' true brand loyalty: The central role of commitment. *Journal of Strategic Marketing*, *6*(4), 305-319.

Andrews, J. C., Netemeyer, R. G., & Burton, S. (1998). Consumer generalization of nutrient content claims in advertising. *Journal of Marketing*, *62*(4), 62-75.

Andreyeva, T., Kelly, I. R., & Harris, J. L. (2011). Exposure to food advertising on television: Associations with children's fast food and soft drink consumption and obesity. *Economics & Human Biology*, *9*(3), 221-233.

Beatty, S. E., & Kahle, L. R. (1988). Alternative hierarchies of the attitude-behavior relationship: The impact of brand commitment and habit. *Journal of the Academy of Marketing Science*, *16*(2), 1-10.

Chaudhuri, A., & Holbrook, M. B. (2002). Product-class effects on brand commitment and brand outcomes: The role of brand trust and brand affect. *Journal of Brand Management*, *10*(1), 33-58.

Chitturi, R., Chitturi, P., & Raghavarao, D. (2010). Design for synergy with brand or price information. *Psychology & Marketing*, *27*(7), 679-697.

Choi, H. (2016). How consumers process unhealthy food advertising featuring risk-avoidance appeals: Moderating roles of dieting status and

gender on the prediction model of self-and functional congruity. *Health Communication Research*, *14*, 63-98.

Choi, H., Paek, H. J., & King, W. K. (2012). Are nutrient-content claims always effective? Match-up effects between product type and claim type in food advertising. *International Journal of Advertising*, *31*(2), 421-443.

Choi, H., & Springston, J. K. (2014). How to use health and nutrition-related claims correctly on food advertising: comparison of benefit-seeking, risk-avoidance, and taste appeals on different food categories. *Journal of Health Communication*, *19*(9), 1047-1063.

Choi, H., & Reid, L. N. (2015). Differential impact of message appeals, food healthiness, and poverty status on evaluative responses to nutrient-content claimed food advertisements. *Journal of Health Communication*, *20*(11), 1355-1365.

Choi, H., & Reid, L. N. (2016). Congruity effects and moderating influences in nutrient-claimed food advertising. *Journal of Business Research*, *69*(9), 3430-3438.

Choi, H., & Reid, L. N. (2018). Promoting healthy menu choices in fast food restaurant advertising: Influence of perceived brand healthiness, brand commitment, and health consciousness. *Journal of Health Communication*, *23*(4), 387-398.

Choi, H., Yoo, K., Hyun Baek, T., Reid, L. N., & Macias, W. (2013). Presence and effects of health and nutrition-related (HNR) claims with benefit-seeking and risk-avoidance appeals in female-orientated magazine food advertisements. *International Journal of Advertising*, *32*(4), 587-616.

Chrysochou, P. (2010). Food health branding: The role of marketing mix elements and public discourse in conveying a healthy brand image. *Journal of Marketing Communications*, *16*(1-2), 69-85.

Consumer Reports. (2011, August 5). *Winners and losers*. http://www.consumerreports.org/cro/magazine-archive/2011/august/food/fast-food/winners-andlosers/index.htm

Consumer Reports. (2014, July). *Healthiest menu options at fast food chains*. http://www.consumerreports.org/cro/magazine/2014/08/can-healthy-and-fast-food-go-together/index.htm

Dean, D. H. (1999). Brand endorsement, popularity, and event sponsorship as advertising cues affecting consumer pre-purchase attitudes. *Journal of Advertising*, *28*(3), 1-12.

Dutta-Bergman, M. J. (2004a). Primary sources of health information: Comparisons in the domain of health attitudes, health cognitions, and health behaviors. *Health Communication*, *16*(3), 273-288.

Dutta-Bergman, M. J. (2004b). An alternative approach to social capital: Exploring the linkage between health consciousness and community participation. *Health Communication*, *16*(4), 393-409.

Dutta-Bergman, M. J. (2005). Developing a profile of consumer intention to seek out additional information beyond a doctor: The role of communicative and motivation variables. *Health Communication*, *17*(1), 1-16.

Dutta, M. J., & Youn, S. (1999). Profiling healthy eating consumers: A psychographic approach to social marketing. *Social Marketing Quarterly*, *5*(4), 4-21.

Flegal, K. M., Kit, B. K., Orpana, H., & Graubard, B. I. (2013). Association of all-cause mortality with overweight and obesity using standard body mass index categories: a systematic review and meta-analysis. *Jama*, *309*(1), 71-82.

Funk, L. M., Shan, Y., Voils, C. I., Kloke, J., & Hanrahan, L. (2017).

Electronic health record data vs. the National Health and Nutrition Examination Survey (NHANES): a comparison of overweight and obesity rates. *Medical Care*, *55*(6), 598.

Geuens, M., & De Pelsmacker, P. (2017). Planning and conducting experimental advertising research and questionnaire design. *Journal of Advertising*, *46*(1), 83-100.

Gill, J. D., Grossbart, S., & Laczniak, R. N. (1988). Influence of involvement, commitment and familiarity on brand beliefs and attitudes of viewers exposed to alternative ad claim strategies. *Journal of Advertising*, *17*(2), 33-43.

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.

Harris, J. L., Schwartz, M. B., & Brownell, K. D. (2010*). Evaluating fast food nutrition and marketing to youth*. Yale Rudd Center for Food Policy & Obesity.

Harris, J. L., Schwartz, M. B., Munsell, C. R., Dembek, C., Liu, S., LoDolce, M., & Kidd, B. (2013). *Fast food FACTS 2013: Measuring progress in nutrition and marketing to children and teens*. Yale Rudd Center for Food Policy and Obesity.

Henderson, V. R., & Kelly, B. (2005). Food advertising in the age of obesity: content analysis of food advertising on general market and African American television. *Journal of Nutrition Education and Behavior*, *37*(4), 191-196.

Her, E., & Seo, S. (2017). Health halo effects in sequential food consumption: The moderating roles of health-consciousness and attribute framing. *International Journal of Hospitality Management*, *62*, 1-10.

Irwin, J. R., & McClelland, G. H. (2001). Misleading heuristics and

moderated multiple regression models. *Journal of Marketing Research, 38*(1), 100-109.

Jeffery, R. W., & French, S. A. (1998). Epidemic obesity in the United States: are fast foods and television viewing contributing? *American Journal of Public Health*, *88*(2), 277-280.

John, D. R., Loken, B., Kim, K., & Monga, A. B. (2006). Brand concept maps: A methodology for identifying brand association networks. *Journal of Marketing Research*, *43*(4), 549-563.

Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *Journal of Marketing*, *57*(1), 1-22.

Kemp, E., Bui, M., & Grier, S. (2011). Eating their feelings: Examining emotional eating in at-risk groups in the United States. *Journal of Consumer Policy*, *34*(2), 211-229.

Kim, J., Morris, J. D., & Swait, J. (2008). Antecedents of true brand loyalty. *Journal of Advertising*, *37*(2), 99-117.

Knox, S., & Walker, D. (2001). Measuring and managing brand loyalty. *Journal of Strategic Marketing*, *9*(2), 111-128.

Lastovicka, J. L., & Gardner, D. M. (1979). Components of involvement. In J.C. Maloney & B. Silverman (Eds.), *Attitude Research Plays for High Stakes.* American Marketing Association.

Mahalanobis, P. C. (1936). On the generalized distance in statistics. *National Institute of Science of India*, *(2)*1, 49-55.

Maheswaran, D., Mackie, D. M., & Chaiken, S. (1992). Brand name as a heuristic cue: The effects of task importance and expectancy confirmation on consumer judgments. *Journal of Consumer Psychology, 1*(4), 317-336.

Mayo Clinic Staff (2011, February 1). *Dietary fats: Know which types to choose*.

http://www.mayoclinic.com/health/fat/NU00262.

Morrison, M. (2013, April 18). *Chick-fil-A Offers Behind-The-Counter Tours in Transparency Push*. AdAge. http://adage.com/article/cmo-strategy/chick-fil-a-offers-counter-tours-transparency/240941/

Nan, X., Briones, R., Shen, H., Jiang, H., & Zhang, A. (2013). A current appraisal of health-and nutrition-related claims in magazine food advertisements. *Journal of Health Communication*, *18*(3), 263-277.

Nestle, M. (2007). *Food politics: How the food industry influences nutrition and health* (Vol. 2). Univ of California Press.

Odin, Y., Odin, N., & Valette-Florence, P. (2001). Conceptual and operational aspects of brand loyalty: An empirical investigation. *Journal of Business Research*, *53*(2), 75-84.

Parker, B. J. (2003). Food for health-The use of nutrient content, health, and structure/function claims in food advertisements. *Journal of Advertising*, *32*(3), 47-55.

Percy, L. (2018). *Strategic integrated marketing communications*. Routledge.

Prada, M., Garrido, M. V., & Rodrigues, D. (2017). Lost in processing? Perceived healthfulness, taste and caloric content of whole and processed organic food. *Appetite*, *114*(1), 175-186.

Raghunathan, R., Naylor, R. W., & Hoyer, W. D. (2006). The unhealthy= tasty intuition and its effects on taste inferences, enjoyment, and choice of food products. *Journal of Marketing*, *70*(4), 170-184.

Raju, S., Unnava, H. R., & Montgomery, N. V. (2009). The moderating effect of brand commitment on the evaluation of competitive brands. *Journal of Advertising*, *38*(2), 21-36.

Roe, B., Levy, A. S., & Derby, B. M. (1999). The impact of health claims

on consumer search and product evaluation outcomes: results from FDA experimental data. *Journal of Public Policy & Marketing*, *18*(1), 89-105.

Rosenheck, R. (2008). Fast food consumption and increased caloric intake: a systematic review of a trajectory towards weight gain and obesity risk. *Obesity reviews*, *9*(6), 535-547.

Samuelsen, B. M., & Sandvik, K. (Eds.). (1997). The concept of customer loyalty. *Proceedings of the 25thEMAC Annual Conference*. European Marketing Academy.

Soh, H., Reid, L. N., & King, K. W. (2009). Measuring trust in advertising. *Journal of Advertising*, *38*(2), 83-104.

Steptoe, A., Pollard, T. M., & Wardle, J. (1995). Development of a measure of the motives underlying the selection of food: the food choice questionnaire. *Appetite*, *25*(3), 267-284.

Stevenson, S. (2014, October 3). *And the Greatest Ad of the Year Was …*. Slate. http://www.slate.com/articles/business/ad_report_card/2014/10/clio_awards_2014_ads_from_chipotle_volvo_guinness_and_more.html

Taco Bell. (2017, October 23). *Fiesta Taco Salad*. https://www.tacobell.com/specialties/fiesta-taco-salad

Thorndike, E. L. (1920). A constant error in psychological ratings. *Journal of Applied Psychology*, *4*(1), 25-29.

Traylor, M. B. (1981). Product involvement and brand commitment. *Journal of Advertising Research*, *21*(6), 51-56.

Wansink, B., & Chandon, P. (2006). Can "low-fat" nutrition labels lead to obesity? *Journal of Marketing Research*, *43*(4), 605-617.

Warrington, P., & Shim, S. (2000). An empirical investigation of the relationship between product involvement and brand commitment.

Psychology & Marketing, *17*(9), 761-782.

Wohl, J. (2016, July 6). *Chipotle Unveils Third Animated Film, Hopes Consumers Want It That Way*. Advertising Age. http://adage.com/article/cmo-strategy/chipotle-takes-fast-food-love-animated-film/304824/

Yoon, H. J. (2015). Humor effects in shame-inducing health issue advertising: The moderating effects of fear of negative evaluation. *Journal of Advertising*, *44*(2), 126-13.

최초 투고일: 2021년 02월 01일
논문 수정일: 2021년 05월 27일
게재 확정일: 2021년 07월 13일

헬스커뮤니케이션연구, 제20권 제1호 (2021년 7월)

패스트 푸드 브랜드의 건강메뉴 광고에 대한 소비자 인식과 신뢰연구: 브랜드 및 소비자 관련 요인의 영향

최호준
(휴스턴 대학교 커뮤니케이션 학과 부교수)
함정민
(조지아 대학교 신문방송학과 박사과정)
Leonard N. Reid
(조지아 대학교 & 버지니아 커먼웰스 대학교 신문방송학과 명예교수)

에너지 밀도가 높고 영양이 부족한 음식을 마케팅한다는 비판에 대응하기 위해, 패스트 푸드 브랜드들은 건강한 메뉴들을 추가하면서 광고하고 있다. 이전 연구를 기반으로, 이 연구는 이러한 건강한 메뉴에 대한 광고가 소비자에게 긍정적으로 인식되고 신뢰되는지, 특히 그러한 인식과 신뢰가 소비자의 건강 주의성과 패스트 푸드 브랜드에 대한 몰입도, 그리고 그 브랜드에 대한 지각된 건강성에 의해 얼마나 영향을 받는지를 조사하였다. 실험연구의 결과, 소비자들이 건강에 더 주의하고 패스트 푸드 브랜드에 몰입할수록, 그리고 패스트 푸드 브랜드를 더 건강하게 인식할수록, 건강메뉴 광고에 대한 증진된 건강이익, 맛, 그리고 신뢰를 보이는 경향이 있음을 보였다. 이러한 결과들은 건강한 식품 광고와 마케팅을 촉진하기 위한 여러 이론적, 실제적 논의를 제공한다.

주제어 : 패스트 푸드 광고, 헬스 프로모션, 건강 주의성, 패스트 푸드 건강성, 브랜드 몰입성

Appendix: Ad Stimuli in Main Experiment

Note: The ad stimuli were adopted and modified from Choi and Reid (2018)