

Marketing the Mediterranean Diet: Some Comments on Issues and Opportunities

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ABSTRACT

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Some Comments on Issues and Opportunities

by

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“The Mediterranean Diet” is a commonly used term in the U.S. denoting healthful eating and a healthy lifestyle. It appears to be inspired by the traditional diets of two Mediterranean countries based on post-World War II studies conducted in Naples, Italy and Crete. Popularization of the Mediterranean diet is associated with increased demand for red wine and olive oil in the United States.

As noted in the American Heart Association (AHA) website, there is no one "Mediterranean" diet. The Mediterranean diet, as typically presented, appears to be inspired by traditional diets in Southern Italy, Greece, and Spain. The AHA outlines the

common characteristics of the Mediterranean dietary pattern. At least two non-profit organizations promote their version of a Mediterranean diet pyramid, and hundreds of books present their version of the Mediterranean diet.

There appears to be an outstanding opportunity for a well-funded and motivated organization to effectively market a Mediterranean diet plan, based on accepted marketing models. Research on market segments, product definition and product positioning will be required. Questions to be considered relate to the effectiveness of diet pyramids, diet benefits sought by various consumer segments, and the medical and health benefits of individual food products as documented by medical and nutrition research. Examples of the health and nutrition research and promotion programs for four California commodity groups provide information on an alternative approach to presenting information on diet and health.

Marketing The Mediterranean Diet:

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“The Mediterranean Diet” is a commonly used term in the U.S. denoting healthful eating and a healthy lifestyle. While various books about the Mediterranean Diet and studies showing the healthful effects of consuming olive oil were being published during the 1980s, it was a CBS News 60 Minutes segment in 1991 and associated popular press articles on the “French Paradox” that stimulated sharply increased U.S. consumer interest in the relationship between diet and health outcomes. Briefly, the French Paradox is based on the observation that, despite a diet high in fats, French people tend to have a much lower incidence of coronary heart disease than Americans. 60 Minutes observation that relatively low French heart disease rates were associated with consumption of red wine by the French (and a discussion of red wine’s health benefits) is attributed with being responsible for a significant increase in U.S. demand for red wine. While stories on the French Paradox helped popularize aspects of the Mediterranean Diet, high French consumption of butter, cheese and pork does not fit current Mediterranean Diet recommendations for low consumption of saturated fats.

A brief examination of a world map reveals some 21 countries bordering the Mediterranean Sea, including those typically associated with a Mediterranean lifestyle such as Spain, France, Italy, Greece, and Turkey as well as Northern African, Middle Eastern and Balkan countries. Major differences in culture, ethnic backgrounds, religion, and climate guarantee significant dietary differences both between and within countries. As noted in the American Heart Association (AHA) website, there is no one

"Mediterranean" diet. The Mediterranean Diet, as typically presented, appears to be inspired by traditional diets in Southern Italy, Greece, and Spain. The AHA outlines the common Mediterranean dietary pattern as having the following characteristics:

- * high consumption of fruits, vegetables, bread and other cereals, potatoes, beans, nuts and seeds
- * olive oil is an important monounsaturated fat source
- * dairy products, fish and poultry are consumed in low to moderate amounts, and little red meat is eaten
- * eggs are consumed zero to four times a week
- * wine is consumed in low to moderate amounts

With increased incomes, new food products, and changing lifestyles leading to modified consumption patterns, Mediterranean countries are now facing increased incidence of health disorders associated with diet, including obesity, cardiovascular disease, diabetes and cancer. It appears that the healthful aspects of the Mediterranean diet may be fading in the Mediterranean countries. As a result, many Mediterranean countries may be interested in joining other developed countries and organizations in promoting healthy eating based on the Mediterranean diet.

Marketing the Mediterranean Diet: Problems and Issues

The traditional emphasis of marketing programs has been for products and services but the principles have been extended to many other entities including persons, places, organizations, information and ideas. The Mediterranean diet is an idea based on a geographic region whose marketing is dependent on the production, processing and distribution of information. Organizations, including those promoting a healthy lifestyle

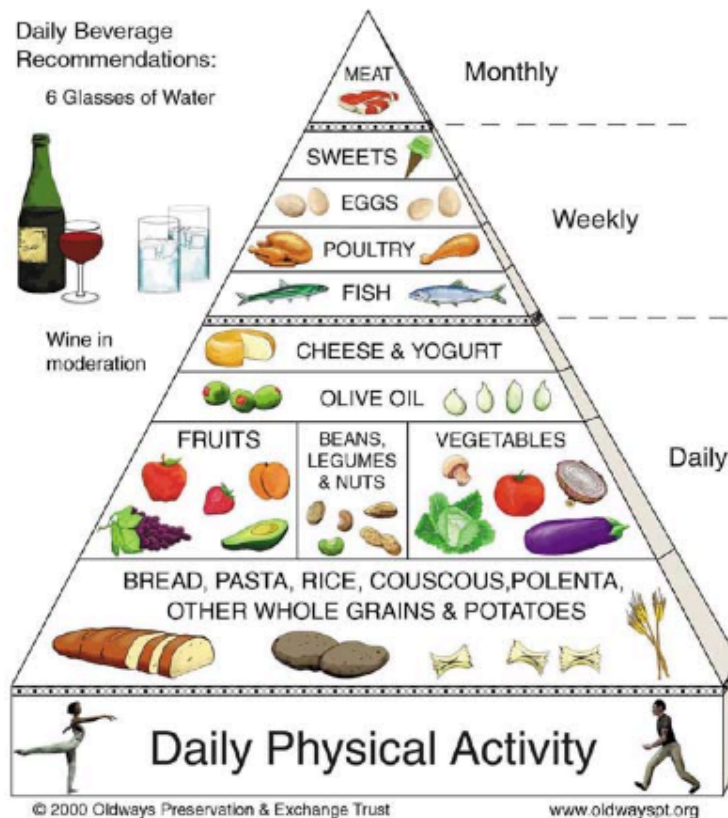
and consumption of a healthy diet, may be interested in marketing the Mediterranean diet. There are, however, some important problems and issues that may act as impediments to successfully marketing the Mediterranean diet. Following are a few of the questions, issues and opportunities

Who Owns “The Mediterranean Diet”?

As noted, there are many countries bordering the Mediterranean Sea and each has its traditional foods and dietary patterns. “The Mediterranean Diet” is inspired by the traditional diets of a few of these countries based on the observations and writings of Dr. Ancel Keys, an epidemiologist at the University of Minnesota who studied the diets of people living in Naples, Italy in the early 1950s (Hoffman) and a post-war detailed study of 765 families in Crete resulting in a detailed survey report on what they ate and drank (Allbaugh). These studies provided basic information on relationships between diet and health for people in Crete and in Italy that was used to popularize the Mediterranean diet. Many books about the Mediterranean diet have been written. For example, a quick search of the Amazon.com website for books on the Mediterranean diet brought up a list of 1569 entries. The titles include diet books, cookbooks, books on wine, omega-3 fats, diet and disease (arthritis, cancer, diabetes, heart disease, hypertension, allergies and asthma), diet and longevity, weight loss, and many other topics.

Versions of the U.S. Department of Agriculture’s diet pyramid have been developed for the Mediterranean diet. Oldways Preservation Trust, a non-profit organization founded in 1990 to promote healthy eating, encourage sustainable food choices, and preserve traditional foodways, devised a Mediterranean Diet Pyramid in 1993. The Oldways Mediterranean Diet Pyramid is shown below. Another relatively

The Traditional Healthy Mediterranean Diet Pyramid



new non-profit organization, The Foundation for the Advancement of the Mediterranean Diet (La Fundacion para el Desarrollo de la Dieta Mediterranea (FDDM)) was formed in Barcelona, Spain in 1995 by the Association for the Advancement of the Mediterranean Diet. The mission of FDDM is to promote investigation of the health, historical, cultural and gastronomical aspects of the Mediterranean Diet, to disseminate scientific findings about the diet, and to promote its healthful use among different population groups,

particularly children and adolescents. Information about the Foundation, its organization, activities, and publications are on its website (<http://www.dietamediterranea.com/>).

The food pyramid developed by FDDM is shown below. A side-by-side comparison of the two pyramids (Oldways and FDDM) reveals differences in the positions of food groups as well as in recommended consumption.



The issue of possible ownership of the Mediterranean diet is of interest because of the limits it can impose on any organization attempting to market the Mediterranean diet. While it is difficult to totally own a widely accepted idea, such as the Mediterranean diet, it is possible to copyright and, perhaps patent, particular portions or interpretations of it.

Thus, the Oldways version of the Mediterranean diet pyramid is copyrighted and it is Oldways' policy to require a Licensing Agreement and a small royalty fee for any commercial use of any of its copyrighted material. FDDM, because of its organization and representation, appears to be in a have the potential to take control of a significant amount of research, development and dissemination of material related to the Mediterranean diet. To do so, however, will require financial and programming participation by a wide range of private firms, commodity organizations, health and nutrition professionals, nonprofits, universities, researchers, health organizations, and national and international governmental organizations. The FDDM, or a similar organization, must be prepared to quickly move beyond Barcelona and Spain, beginning with a website accessible in different languages.

Marketing Research and Strategy

Development of a marketing strategy for the Mediterranean diet requires market segmentation research, selection of one or more target markets and product development/definition and positioning. After this, decisions on the promotional mix, channels of distribution and pricing can be made. Comments on each of these steps will help to define the nature of the opportunities available.

Dividing a market into its major segments requires selection of the segmentation variables. Major segmentation variables for consumer markets include geographic, demographic, psychographic and behavioral variables (Kotler and Keller). A common approach to market segmentation uses two or more demographic variables, such as age, income, occupation, gender, size of household, ethnic group, religion, and social class, to divide a market into segments. For a product such as a diet idea, however, lifestyle

variables (activities, interests, and opinions) or behavioral variables such as product benefits sought, media usage, or user status, may provide a more meaningful definition of market segments. Using benefits segmentation for example, consumers subscribing to a particular type of diet may be interested in different primary benefits from the diet such as weight management, prevention of various diseases (heart disease, cancer, diabetes, etc.), longevity, or cognitive function. The particular benefits segments may vary by demographic variables or lifestyle.

Once a market has been segmented, the segments that the firm or organization wishes to focus on can be selected and the market offering can be determined. Here, the product and how it is positioned relative to consumer preferences and competitors is critical. Existing Mediterranean diets in the form of diet pyramids are targeted to two groups, adults and children living in the U.S. (Oldways) and Spain (FDDM). Books on the Mediterranean diet tend to be targeted to readers with a particular interest such as weight control, disease prevention or treatment, cooking and recipes, etc. but readership for particular books is generally rather limited.

Anyone seeking to market the Mediterranean diet should do some rather basic consumer oriented research oriented to defining the product. A critical question relates to the effectiveness of diet pyramids – that is, are diet pyramids effective in guiding consumer decisions on food products to purchase and prepare for consumers who wish to follow a given diet and do diet pyramids change consumption behavior? The null hypotheses could be (1) consumers do not remember enough of the details of a diet pyramid to guide everyday purchasing decisions, (2) consumers interested in the “health benefits” from consuming a Mediterranean diet tend to focus on some but not all of the

food groups shown on a pyramid, and (3) pyramids look nice but do not change consumption patterns. These hypotheses are motivated by an observation, that despite all of the publicity in the U.S. concerning the Mediterranean diet and the availability of diet pyramids, the majority of U.S. consumers know relatively few details about the diet, other than it is based on consumption of olive oil, fish and red wine.

An alternative model for the Mediterranean diet product, to be investigated as part of market research, is dependent on market segments chosen. Here the hypothesis is that consumers are interested in benefits derived from their food consumption and that they will choose to consume particular food products and commodities based on known benefits and choose to not consume particular food products and commodities based on known or supposed dangers. Using this model, guiding consumers toward consumption of a Mediterranean diet would be best accomplished by conducting nutrition and medical research on individual food products and commodities and emphasizing the consumption of individual diet components. Some U.S. producer organizations are already funding nutrition and medical research for their individual products with interesting results. Following is a brief summary of research and promotion programs being conducted by four large California commodity organizations, the California Walnut Commission, the Almond Board of California, the California Avocado Commission, and the California Strawberry Commission.

Commodity Nutrition and Health Research

The California Walnut Commission (CWC) was one of the first U.S. commodity groups to fund health and nutrition research when it decided to counter diet recommendations urging consumers to reduce or constrain consumption of nuts because

of their high oil content. The CWC funded their first project on the protective effect of nut consumption on the risk of coronary heart disease with researchers at Loma Linda University in 1990. The Almond Board of California (ABC) established a Nutrition Research Program and Nutrition Subcommittee in 1995 to review the scientific validity of proposals and recommend studies for funding. During 1997, the California Avocado Commission (CAC) made a strategic change to proactively communicate the nutritional benefits of avocados through national public relations/outreach efforts. The California Strawberry Commission (CSC) began funding nutrition research proposals in 2003 and now issues an annual request for proposals. This research has already yielded results that are being used in the CSC advertising and promotion programs.

The California Walnut Commission, which has the longest ongoing health and nutrition research program, began with studies on the relationships between walnut consumption and the risk of coronary heart disease and walnut consumption and cholesterol levels. The relationships between walnut consumption and heart health continued with a combination of epidemiological and clinical studies conducted by leading Universities in the U.S., France, New Zealand, Spain, Norway, and Japan and published in medical, nutrition, and scientific journals. These studies indicate that walnuts reduce LDL cholesterol and heart disease risk, that the fatty acids in walnuts improve the function of arteries, that walnuts reduce cell adhesion molecules and enhance the circulatory system, and that omega-3 fatty acids in walnuts reduce inflammation in arteries. More recent studies indicate that melatonin in walnuts protects against cancer and heart disease, that omega-3s reduce blood pressure, arterial inflammation, the stickiness of platelets and have antidepressant-like effects, that walnuts can help in

weight management, that consumption of walnuts are protective for people with type 2 diabetes, and that the form of vitamin E found in walnuts might halt the growth of prostate and lung cancer cells. Walnuts have high concentrations of antioxidants, which help the body ward off life-threatening maladies such as cancer, heart disease and diabetes, as well as debilitating ailments such as arthritis, osteoporosis and Alzheimer's disease (CWC, p. 6). Research funded by the other three commodity groups has also resulted in reports on the health and nutritional benefits of consuming almonds, avocados and strawberries.

The CWC used their research results to secure a qualified health claim for walnuts from the U.S. Food and Drug Administration (FDA) on July 15, 2003. The final wording for the claim, issued in March 2004, states: "Supportive but not conclusive research shows that eating 1.5 ounces per day of walnuts as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease. See nutrition information for fat content." The ABC also submitted research results for almonds as part of a nut industry submission to the FDA. On July 15, 2003 the FDA also approved a qualified health claim for almonds (and other nuts) that states: "Scientific evidence suggests but does not prove that eating 1.5 ounces per day of almonds as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease." Final wording for the almond health claim has not been approved. The CSC has a stated goal of assembling the research support necessary to secure approval of a health claim for strawberries from the FDA. Note that similar health claims has been approved by the FDA for olive oil and omega-3 fatty acids. For example, producers of olive oil may place the following health claim on product labels in the United States: Limited and not conclusive scientific evidence

suggests that eating about two tablespoons (23 grams) of olive oil daily may reduce the risk of coronary heart disease due to the monounsaturated fat in olive oil. To achieve this possible benefit, olive oil is to replace a similar amount of saturated fat and not increase the total number of calories you eat in a day.

The nutrition/health research and promotion programs funded by the Almond Board of California, the California Avocado Commission, the California Strawberry Commission, and the California Walnut Commission have other important similarities and differences. Each commodity group has formed a nutrition or scientific advisory committee that includes well-known and knowledgeable nutritionists and medical researchers to provide ideas and advice on research areas, nutrition based programs, and outreach efforts. Each commodity also maintains an internet website that provides detailed information on the nutrition/health benefits of consumption of the commodity. While the research thrusts for the four groups are similar, their advertising and promotion strategies differ. The ABC first emphasized public relations for their health message and then shifted almost all advertising and promotion to a health message. The CSC has focused all consumer communications on a health message since initiation of their program in 2003. The CAC continues to use only public relations for their health message to consumers but targets health and nutritional professionals with promotional materials. The CWC emphasizes public relations for dissemination of its health message, but has also included an advertising health message in several export markets (Spain, Italy and Germany). Overall, consumer and media interest in diet and health issues appears to assure cost effectiveness for public relations programs. For example, the ABC increased public relations expenditures to \$1 million during 1998-1999, but estimated

that the advertising value equivalency of exposures related to the health benefits of consuming almonds increased to \$7 million. Partnering by the ABC, the CAC, and the CWC with organizations, such as the American Heart Association, provides product exposure in diets offering particular benefits such as heart healthy diets, healthy food choices for diabetics, or weight control diets. The funds allocated to nutrition research by each organization tend to add to total research rather than substitute for traditional research on production and post-harvest problems.

Concluding Comments

Health and disease problems related to food consumption are motivating consumers around the world to choose diets that promote healthy outcomes. These same problems are motivating governments and others with a desire for a healthier population, to try to improve human diets. The Mediterranean diet, based on dated research of consumption patterns in Crete and Italy that may no longer be descriptive of existing diet patterns, is associated with good health, longevity, and reduced heart disease. The Mediterranean diet has received a large amount of favorable publicity in the U.S., but there is no one Mediterranean diet. While different organizations and individual authors have presented a variety of diets named the Mediterranean diet, foods included in the diet, as commonly presented, are accepted as likely to lead to healthful outcomes. There appears to be a market for a Mediterranean diet, if properly defined and marketed. Success will depend on proper selection of “target” markets together with imaginative and effective product development and positioning. Careful examination of the effectiveness of relying on a diet pyramid vs. promoting the healthful aspects of individual foods that are included in the pyramid is needed. I believe that there is an

opportunity for a well-organized and properly funded organization with excellent leadership to successfully market the Mediterranean diet and improve health outcomes in target markets around the world. It will require vision, commitment, time and a marketing orientation.

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