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Promoting positive change: Advancing the food well-being paradigm [☆]

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ABSTRACT

Food well-being (FWB) is defined as “a positive psychological, physical, emotional, and social relationship with food at both the individual and societal levels” (Block et al., 2011, p. 6). This article seeks to advance our understanding of FWB along two dimensions. First, we discuss how awareness of consumer goals, as well as motivation and readiness to change, may help us to understand consumer preparedness to advance FWB. Second, we deconstruct the automatic and deliberative influences on food decision making into cognitive and emotional information that guide food choices and can be used by consumers to advance their own FWB. We close with a discussion of how measurement and strategies to influence FWB may allow researchers, policymakers, and industry to help consumers advance FWB.

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1. Introduction

In 2005, a small but growing movement within the field of consumer research formed to deliberate key issues related to consumer welfare (Mick, 2006). This movement, transformative consumer research (TCR), encourages researchers to tackle chronic social problems plaguing consumers worldwide. One central TCR research stream examines how food decision making influences health and well-being. Researchers from the 2009 TCR Conference advocated for research and consumer programs that foster a positive relationship with food, crafting a vision for the food well-being paradigm (Block et al., 2011). These researchers defined food well-being (FWB) as “a positive psychological, physical, emotional, and social

relationship with food at both the individual and societal levels” (Block et al., 2011, p. 6). This paradigm shift set an exciting path for researchers to focus on how a positive relationship with food may help consumers achieve a higher level of well-being.

Participants at the 2011 TCR Conference advanced the paradigm by envisioning FWB as a continuum and suggesting measurement of five core areas: social influences, economic factors, food literacy, emotional knowledge, and physical and psychological traits to assess an individual's starting point on the FWB continuum (Bublitz et al., 2012). We continue the dialogue by focusing on how to empower consumers to take steps to advance FWB. Specifically, we merge research on goals and motivation with research investigating the automatic and deliberative influences on food choices to further our understanding of how consumers can make changes that help them progress along the FWB continuum. We begin with a discussion of how consumer goals and motivations may influence movement along the FWB continuum. Then, we integrate research on food decision making to identify opportunities for consumers to advance their FWB. We conclude with a discussion of the implications for policymakers, researchers, and industry leaders who seek to advance our understanding of FWB.

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2. Food well-being goals

Consumer goals impact perceptions of FWB as well as the strategies consumers adopt to advance FWB. Further, a consumer's ability to determine their own FWB level (i.e., their subjective assessment of their own relationship with food) may not align with more objective measures of health and well-being. This section discusses the role of consumer goals and subjective versus objective measures of FWB in an effort to link research on food decision making to opportunities to advance FWB.

2.1. Consumer goals

Consumers hold a wide variety of food-related goals, including functional, symbolic, or hedonic. This section explores how these different types of goals influence FWB.

2.1.1. Functional goals

Consumers often examine their food consumption as they strive to improve health or reduce health risks (Vallis et al., 2003). Their goals can be prevention (e.g., healthy eating to avoid future health problems) or promotion oriented (e.g., increasing fiber intake to promote digestive health). Some consumers take a mechanical approach to managing their consumption by counting calories, sodium, or fat using online tracking tools and mobile applications to monitor their nutrient intake. For some consumers, closely monitoring their food consumption may help them advance their health goals (e.g., diabetics who manage carbohydrate intake to regulate their blood sugar). However, for others, obsessive focus on dieting and tracking may actually be counterproductive, resulting in periods of deprivation followed by periods of overindulgence (Heatherton, Polivy, & Herman, 1991). The FWB paradigm encourages consumers to adopt a positive approach designed to encourage a healthy relationship with food (Block et al., 2011).

2.1.2. Symbolic goals

Consumers also nurture social relationships through eating. Family relationships in many cultures are strengthened through mealtime rituals such as eating Sunday dinner together (Motley & Perry, 2009). Other affiliation-related goals manifest when consumers use dieting behaviors to align with social norms of physical attractiveness (Hayes & Ross, 1987). Consumers also strive to express their identity through eating by demonstrating self-control (Roth, Herman, Polivy, & Pliner, 2001). For example, consumers eat different amounts when dining with members of the opposite sex as a way to project their masculinity or femininity (Allen-O'Donnell, Cottingham, Nowak, & Snyder, 2011). Using food to achieve and display aspects of identity may influence movement along the FWB continuum.

2.1.3. Hedonic goals

Some consumer goals focus on enjoying the sensory experience of eating. Firms develop flavor innovations to reach this segment and increase demand for their products (Gottfried, 2010). The hedonic pleasure consumers derive from eating may increase caloric intake, as greater food variety leads consumers to focus on the enjoyment of the consumption experience (Mela, 2006). However, the interplay between pleasurable food experiences, overall health, and well-being is critical to the FWB paradigm (Block et al., 2011). In fact the pleasure associated with food can also be positive and is likely intertwined with associations and memories that connect some foods with social occasions, family, and other positive experiences. In addition, there is evidence to suggest that consumers who diet frequently may develop an unhealthy relationship with food that can negatively influence health (Bublitz, Peracchio, & Block, 2010).

2.1.4. Goals to advance FWB

Understanding functional, symbolic, or hedonic goals may point toward different paths to advance FWB. Consumers with functional

goals may perceive higher levels of FWB as desirable and be motivated to pursue a better relationship with food. However, those with hedonic goals should identify which consumption experiences advance and which undermine their own FWB. Those with symbolic goals may have distinct affiliation or identity motivations, which can be leveraged in the pursuit of FWB. Consumer goals are not always stable: research suggests that consumers often vacillate between restriction or dieting goals and hedonic consumption goals (Stroebe, Papies, & Aarts, 2008). In addition, consumers may simultaneously experience goals that conflict such as the hedonic desire for something that tastes good along with a desire to pursue healthy eating goals. The FWB concept suggests that balancing and satisfying both healthy and hedonic desires are part of having a positive relationship with food.

2.2. Subjective vs. objective measures

Motivating consumers to advance FWB may depend in part on the gap between an individual's subjective assessment of his/her own FWB and more objective measures of health. The potential discrepancy between subjective and objective measures of well-being makes setting uniform goals for FWB difficult. For example, some studies show that African-American women are less dissatisfied with their weight than white women (e.g., Rucker & Cash, 1992). Differences in the normative pressure to achieve a certain body size may make some cultures less critical of deviance from the ideal or norm. This may explain why African American girls tend to believe that their size is considered satisfactory by important others (Kemper, Sargent, Drane, Valois, & Hussey, 1994). These young women may have a higher level of body esteem. Having low body esteem has been linked to unhealthy dieting and eating disorders as well as depression and anxiety (Baumeister, Campbell, Krueger, & Vohs, 2003). Measures of health and well-being often incorporate more objective standards such as body mass index (BMI). However, BMI has been criticized because the proportion of lean to fat body tissue can vary depending on factors such as age and ethnicity (Prentice & Jebb, 2001). For women with higher than the recommended BMI but high body esteem, messages to lower their BMI may negatively influence how they feel about their body. Balancing the relationship between objective (e.g., BMI) and subjective measures (e.g., body esteem) is critical to efforts to advance FWB.

Other objective measures of health status have similar limitations. Measures such as weight status or cholesterol levels used to assess healthfulness do not examine psychological influences on food consumption. For example, the consumer emotional intelligence scale (CEIS) – a measure that captures a consumer's ability to reason about and use emotional information – has been shown to be a better predictor of high quality food choices than one's nutrition knowledge (Kidwell, Hardesty, & Childers, 2008a, 2008b). Another relevant factor is health literacy, which focuses on an individual's ability to understand and communicate health information (Baker, 2006). Some scales attempt to identify consumers with lower health literacy levels (Wallace, Rogers, Roskos, Holiday, & Weiss, 2006) and other measures focus on consumer understanding of nutrition information (e.g., Moorman, 1996). An assessment of FWB should encompass a broad range of measures including social influences, economic factors, food literacy, emotional knowledge, and physical and psychological traits (Bublitz et al., 2012). Within these dimensions, a combination of subjective and objective measures will provide a more complete understanding of FWB. Future research should examine in more detail the differences between subjective and objective measures with particular emphasis on understanding how a gap between these two perspectives may influence a consumer's motivation and ability to advance on the FWB continuum.

3. Motivation and readiness to change

A healthy relationship with food requires insights into consumer motivation and abilities as well as environmental or contextual

opportunities to influence food consumption (Brug, 2008). The Information Processing Model (MacInnis, Moorman, & Jaworski, 1991) and the Stages of Change Model (Prochaska & DiClemente, 1982) provide conceptually rich frameworks that can help identify individual and environmental influences that provide the opportunity to advance FWB.

3.1. Individual analysis of motivation and ability to change

Drawing upon MacInnis et al.'s (1991) model of information processing (motivation, ability, and opportunity), Rothschild (1999) indicates that consumers act out of self-interest in the context of health decision making. In particular, if a consumer is not constrained by opportunity, and the ability to act does not require significant capability or resources, then change is a function of motivation toward a desired behavior (Rothschild, 1999). However, motivation may have particular internal and external drivers that help consumers advance along the FWB continuum.

According to the Stages of Change Model (Prochaska & DiClemente, 1982), health behavior change progresses through stages: precontemplation, contemplation, preparation, action, and maintenance. Internal and external motivational variables influence consumers as they progress through the goals of adoption and maintenance of positive health behavior change. Table 1 describes how FWB may be influenced by ten variables within the Stages of Change Model to promote a positive health behavior change (Prochaska, 1984 in Armitage, 2010). Research offers empirical evidence for the role these variables play in the context of adoption and maintenance of healthy eating habits. Commitment to health (Kelly, 2008) and self-reevaluation (Armitage, 2010) are key variables that can move one to adopt and maintain positive dietary changes. Consumers can learn to recognize and regulate their emotions (emotional knowledge) in a way that promotes healthful food decision making (Peter & Brinberg, 2012). In addition, Brug (2008) applies the motivation–ability–opportunity model (Rothschild, 1999) to healthy eating and suggests the importance of considering attitudes and personal norms as variables influencing motivation, and self-efficacy, skills, knowledge, and awareness as variables influencing ability. Future research should explore in more detail how the Stages of Change Model may be used to advance FWB.

3.2. Environmental analysis of opportunity to change

Beyond the importance of considering individual variables that influence motivation and ability to advance FWB, environmental variables also shape a consumer's relationship with food. Specifically, physical (point-of-purchase), political (regulations), economic (cost), and socio-cultural (family and peer influences) variables represent key external variables affecting the opportunity to adopt and maintain healthy eating (Brug, 2008). For example, schools struggle to balance

the demands of parents and health advocates seeking affordable healthy choices that kids will actually eat. In schools, the opportunities to adopt changes that advance FWB, even when ability and motivation are present, are often constrained by access to financial resources. Creating healthier food options often requires system-level efforts such as modifying educational environments or neighborhood commercial structures to encourage the provision of healthy offerings. Understanding the factors affecting consumer motivation, ability, and opportunity to change will help practitioners and policymakers make more effective use of research to motivate consumer choices that advance FWB.

4. Deliberative and automatic influences

Once consumers assess their starting point on the FWB continuum and possess the requisite motivation, opportunity, and ability to advance, they may tap into a plethora of research on food decision making to advance on the FWB continuum. Prior research has identified a wide array of factors that influence food choices. Next, we discuss cognitive and emotional influences that can impact food decisions. Specifically, consumers may harness these influences to help them take deliberative steps to advance FWB by forming healthy habits. In addition, consumers may increase their awareness of automatic influences, particularly those that negatively impact FWB, and become more mindful about the choices they make.

4.1. Deliberative influences

Food-rich environments provide consumers with a multitude of food choices, including choices that will help them accomplish, and others that will undermine FWB goals. The assumption is that consumers have the knowledge required to interpret the complexity of information presented and the motivation to use that information to facilitate healthy choices. Deliberative influences based on cognitive (e.g., consumer motivation) or emotional (e.g., consumer emotional intelligence) underpinnings interact with variables internal to the consumer (e.g., consumer knowledge) or externally present in the decision making environment (e.g., social others). Fig. 1 shows how consumers may be empowered to use the cognitive and emotional influences described in this section strategically to advance FWB by taking steps to internalize positive influences and form healthy habits.

4.1.1. Cognitive influences

The cognitive aspects of deliberative processing explain how one might *think it through* when making decisions by considering readily available information. Mindfully evaluating food options can reduce biased inference-making with respect to foods and lead to more healthful choices (Chandon & Wansink, 2007a; Irmak, Vallen, & Robinson, 2011). However, obsessive thinking about food may also lead to rebound effects that trigger some consumers to select indulgent foods (Bublitz et al., 2010). Both internal and external cognitive information influence the decisions consumers make.

Internal states impact the manner in which consumers process food-related information. Research identifies consumer knowledge and motivation to process nutrition information as key drivers in how consumers use this information (Moorman, 1990). In general, knowledge leads to more informed choices. Greater objective food knowledge (e.g., fat content of a food) results in better interpretation of nutrition-related content claims (Andrews, Netemeyer, & Burton, 1998). Greater subjective food knowledge (i.e., consumer confidence in their knowledge and ability to use that information when making food decisions) leads consumers to selectively search for information consistent with their knowledge and facilitates healthful food choices (Moorman, Diehl, Brinberg, & Kidwell, 2004). However, deciphering nutritional information is a challenging and complicated task at

Table 1

Using the Stages of Change Model to advance FWB.

Elements of FWB	Positive behavior change
Food literacy	Motivation toward the assimilation of new information
Emotional knowledge	Identification and expression of emotions related to the behavior
Social environment	Assessment of how the presence or absence of personal health habits affects one's social environment
Self-reevaluation	Assessment of how personal values affect appraisal of a problem behavior
Social liberation	Perception of society being supportive of the change
Counter-conditioning	Ability to identify substitutes for the problem behavior
Helping relationships	Access and use of social support
Reinforcement	Use of rewards to make positive changes
Willpower	Commitment to changing the behavior
Stimulus control	Control of possible environmental triggers

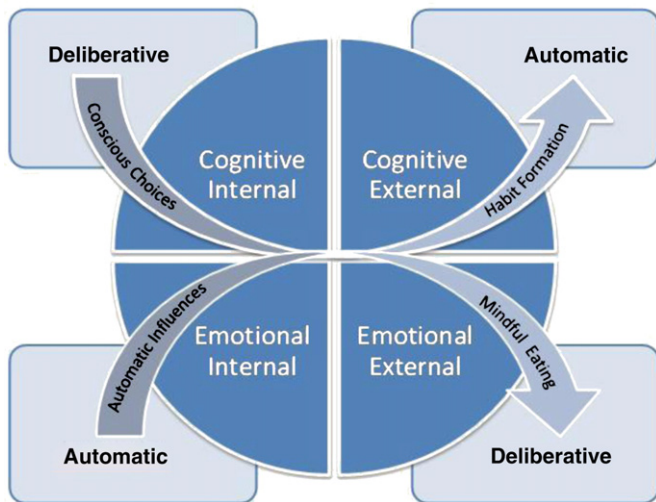


Fig. 1. Leveraging automatic and deliberative influences to advance FWB.

which even knowledgeable and motivated consumers such as doctors and nutritionists sometimes fail (Block & Peracchio, 2006). Additionally, nutrition motivation, such as interest in and consideration of information related to food consumption, enhances nutrition knowledge effects (Moorman & Matulich, 1993). The positive effects of knowledge and motivation may be particularly strong for those who are highly knowledgeable and highly motivated (i.e., the “nutrition elite”), relative to individuals who possess either low or moderate levels of knowledge or motivation (Andrews, Netemeyer, & Burton, 2009). These findings demonstrate the need to both educate and boost consumer confidence in using nutrition information to empower consumers to make choices that advance FWB.

Cognitive cues stem from the external environment in which individuals choose and consume foods. Product information including labels (Howlett, Burton, & Kozup, 2008; Moorman, 1996) and nutrition disclosures (Andrews et al., 1998) can aid consumers in forming accurate perceptions about the nutritional value of foods. However, such information can also bias inference-making when health cues lead consumers to believe that foods are healthier than they actually are. For instance, “low fat” claims often generate misperceptions of serving sizes and license consumers to eat more (Geyskens, Pandelaere, Dewitte, & Warlop, 2007; Wansink & Chandon, 2006). In addition, portion size information impacts perceptions of caloric content, such that consumers tend to underestimate calories for larger compared to smaller servings (Chandon & Wansink, 2007b). For some, consumption increases when foods are served in larger quantities (Wansink, 2004, 2006), when package cues suggest that a food is diet-appropriate (Scott, Nowlis, Mandel, & Morales, 2008), or when brand or product names imply healthfulness (Chandon & Wansink, 2007a; Irmak et al., 2011). These external cues prompt judgments of healthfulness that influence consumption. By understanding external influences and cognitive biases, consumers may proactively make choices that advance, rather than undermine, FWB. For example, Chernev and Chandon (2011) report how using counterfactual thinking or strategies such as estimating the caloric content of individual parts of a meal rather than the meal as a whole can reduce estimation biases.

4.1.2. Emotional influences

To understand and promote a healthy relationship with food one must go beyond the consideration of cognitive information to evaluate how consumers use or fail to use emotional information in food consumption situations. Instead of *thinking it through* in a cognitive sense, consumers try to make decisions based on *what feels right*, or by making decisions based on emotional information. As with the

cognitive component, there are both internal and external influences on how emotions influence our decision making.

Recent research suggests that a consumer's ability to skillfully acquire, appraise, understand, and manage emotions in a purchase or consumption situation is highly beneficial (i.e., consumer emotional intelligence; Kidwell et al., 2008a). For example, the decision to order dessert after a meal may rely heavily on the internal emotions a person experiences as they contemplate the choice (Luce, 1998). An individual striving to eat better may anticipate feelings of guilt should they give in to the temptation to indulge. This guilt can lead to deeper feelings of regret, frustration, and even depression that can significantly impact that consumer's confidence in using emotional information to make good decisions (Kidwell et al., 2008b). Such at-risk individuals must be able to effectively assess how they might feel during and after consumption (Luce, Payne, & Bettman, 1999) and thereby balance their pleasure-seeking impulses via strategies such as developing self-reward goals (Ramanathan & Menon, 2006). Consumers who succeed in shifting their focus from the anticipated emotions of guilt and regret arising from feelings of satisfaction and goal achievement should they decide to resist the temptation may feel empowered to make a healthy choice.

Emotional components of deliberative processing external to the consumer suggest how social influence (Andreasen, 1995) and feelings of social support (Bagozzi, 2000; Brown & Reingen, 1987) influence choices. For example, consumers who are susceptible to the influence of others are more likely to consume foods they perceive will lead others to evaluate them positively, and avoid consuming foods they believe will lead others to evaluate them negatively (Burnkrant & Cousineau, 1975). In addition, the mere presence of others including both the physical size of those with whom we dine (McFerran, Dahl, Fitzsimons, & Morales, 2010) as well as the gender of our dining partners (Allen-O'Donnell et al., 2011) influences the quantity of food consumed. Consideration of how others evaluate our food choices and the subsequent emotions of feeling accepted as opposed to rejected or judged, demonstrate how external factors prompt emotional influences on food choices. Understanding how external emotional factors and social relationships impact food decisions may facilitate a healthy relationship with food.

4.2. Automatic influences

Many of our daily food choices are relatively low involvement decisions that occur automatically with little thought or consideration. Food decisions that occur outside of conscious awareness often rely on consumption norms and cues (Wansink & Cheney, 2005). In fact, some research suggests that the average consumer makes over 200 food decisions each day, most of them outside of conscious awareness (Furst, Connors, Bisogni, Sobal, & Falk, 1996; Wansink & Sobal, 2007). These automatic influences affect decision making through both cognitive (e.g., food labels) and emotional (e.g., food traditions) routes and may be internal (e.g., routines) or external (e.g., plate size) to the consumer. Fig. 1 also depicts how recognizing the automatic influences that undermine healthy choices may help consumers identify situations where mindful eating may support their efforts to advance FWB.

4.2.1. Cognitive influences

Cognitions related to food decision making are also influenced by factors outside of a consumer's conscious control. While the availability of nutrition information or nutrition symbols has the potential to impact food evaluations and purchase intentions (Burton, Creyer, Kees, & Huggins, 2006), this effect is moderated by the extent to which consumers are knowledgeable about, interested in, and motivated to process such information (Andrews, Burton, & Kees, 2011). Thus, in addition to the potential for nutrition consciousness to help consumers make deliberative choices that positively influence FWB,

the ability to tune into and interpret nutrition information also plays an important role in automatic choices by enabling the consumer to use available nutrition information, even though it operates automatically (Newman, 2000). Consumers automatically categorize products along both taste and health dimensions and form judgments using simple heuristics that guide their food choices. For example the “unhealthy = tasty intuition” (Raghunathan, Naylor, & Hoyer, 2006) prompts internal beliefs about food. However, consumers with high levels of nutrition consciousness are less susceptible to these heuristic biases when deciding how much to consume (Aydinoğlu & Krishna, 2011). Consumers may be trained to recognize persuasion attempts designed to prompt automatic perceptions of healthfulness for less healthy products so they can become more mindful of their food choices.

Many external factors automatically influence food evaluations and choices. The size, visibility, and fullness of food containers influence the amount of food consumed. For instance, the “bottomless-bowl” experiment demonstrates that participants who ate soup from a bowl that was secretly refilled during the study consumed 73% more soup than those eating from normal bowls (Wansink & Cheney, 2005). Similarly, consumers drink larger quantities of liquids from tall, thin glasses than short, wide glasses (Wansink & van Ittersum, 2003), and consume more food when using smaller rather than larger forks when they have a well-defined hunger goal (Mishra, Mishra, & Masters, 2012, study 1). Even the package shape (Raghubir & Krishna, 1999), picture placement (left vs. right) on a package (Deng & Kahn, 2009), the number of units displayed on a package (Madzharov & Block, 2010), the color of the food (Madzharov, Block, & Ramanathan, 2011), and size of the product label (Aydinoğlu & Krishna, 2011) can influence consumer judgments and consumption quantities. Understanding these automatic influences may encourage consumers to make small changes to their environment (e.g., using smaller plates) that reduce consumption.

4.2.2. Emotional influences

Research demonstrates that emotions can exert powerful effects on food choices. Emotions often occur spontaneously, without intention, and may take precedence over cognitive information consumers consider when making food decisions (Shiv & Nowlis, 2004). For example, consumers often view food as a way to regulate mood and the notion of “comfort foods” is a testament to this effect (Wood, 2010). Studies show that comfort foods are consumed both in positive (e.g., happy, jubilant) and negative (e.g., sad, bored) emotional states (Wansink & Sangerman, 2000). Unfortunately, many comfort foods are not healthy choices, with potato chips, ice cream, cookies, and candy topping the list of comfort foods (Wansink & Sangerman, 2000). Similarly, food traditions (e.g., overeating at Thanksgiving) are often emotional triggers that contribute to the deleterious effects of “mindless eating” (Wallendorf & Arnould, 1991). Helping consumers recognize how positive and negative emotions influence their relationship with food may assist consumers in making positive dietary changes.

External influences such as attractive labels and emotion-laden words in advertisements for food elicit emotional responses that influence consumption. For example, using labels such as “Grandma’s” or “homestyle” increase sales by as much as 27% due to the emotions (e.g., nostalgia) the label evokes (Wansink, Painter, & van Ittersum, 2001). Music prompts an emotional response that increases both the enjoyment of a dining experience and food consumption (Milliman, 1986). Similarly, when we see others enjoying food, a desire to share in that pleasure may influence food consumption (Raghunathan & Corfman, 2006). A healthy relationship with food involves allowances for foods that bring pleasure. However, automaticity in food decision making may trigger overconsumption if consumers are not aware of how emotions influence consumption. Research shows that nonconscious factors cue overeating and sedentary lifestyles (e.g., a habit of eating while watching television) (Rothman, Sheeran, & Wood, 2009). The problem

is exacerbated by the fact that consumers are often unwilling to acknowledge and recognize their own susceptibility even after these automatic influences are explained (Wansink & van Ittersum, 2005). Developing a healthy relationship with food involves adopting healthy habits that balance our desires for the foods and consumption scenarios we enjoy with the possible negative effects of overconsumption and indulgence.

An intriguing opportunity for future investigations stems from research on the power of habits as consumers may be able to use these automatic processes to advance FWB. Habits are mechanisms consumers use to forgo deliberative, contemplative decisions to engage in healthy eating and use automaticity as a positive response. Research suggests that a wide range of health behaviors can be predicted by the degree to which the behavior is habitual (Ouellette & Wood, 1998). Just as automatic influences sometimes result in poor food choices, automatic influences may also facilitate healthier eating decisions (e.g., making it a habit to drink a full glass of water before each meal; choosing a smaller plate). As consumers begin to understand how automatic processes impact their food choices, they can strategically use this information to advance FWB. For instance, if parents understand that children consume easily accessible foods more frequently and in greater quantities than inaccessible food (Engell, Kramer, Malafi, Salomon, & Leshner, 1996) they might keep a fruit bowl on the counter and chips in a cabinet out of sight. Table 2 summarizes the strategies outlined in this section and illuminates how research on deliberative and automatic influences may be used to advance FWB.

4.3. Interaction of deliberative and automatic influences

Ultimately, the hundreds of food-related decisions consumers make each day do not occur in isolation. Deliberative efforts to utilize cognitive resources to make better food choices may be interrupted by an emotion automatically prompted during a consumption situation. For example, consumers monitoring their food consumption using a food diary may suddenly abandon this healthy habit when they are invited out to a celebratory dinner. To complicate matters, consumers often alternate between healthy and hedonic goals they hold simultaneously. Research demonstrates that achieving progress toward one goal such as making a healthy choice (Fishbach & Dhar, 2005), remembering a prior healthy decision (Mukhopadhyay, Sengupta, & Ramanathan, 2008), or simply having the opportunity to make a healthy choice (Wilcox, Vallen, Block, & Fitzsimons, 2009) may trigger rebound effects as consumers reward themselves and move in the opposite direction. In addition, consumers often forego decisions that positively affect their long-term health and well-being for a choice that immediately satisfies a hedonic desire as they are disproportionately attracted to more immediate goals (Fishbach, 2009). Training consumers to place more emphasis on the future consequences and risks of immediate choices may encourage healthy behaviors (e.g., Kees, Burton, & Heintz, 2010). Future research should consider how deliberative and automatic factors compete to influence consumption as well as how situational, temporal, and contextual factors interact to influence consumption. FWB may serve as an anchor to measure the behavioral implications of the interactive effects of deliberative and automatic influences on food consumption.

In addition to the interaction of deliberative and automatic influences, future research should also examine how these influences affect different segments of consumers. All consumers do not respond in the same manner to food stimuli. Portion controlled packaging (i.e., 100-calorie packs) may license dieting consumers to eat more while the opposite is found for non-dieting consumers (Scott et al., 2008). This effect may occur when dieting consumers shift from a deliberative state of eating during which they closely monitor their hunger and satiety cues to an automatic state where the portion information serves as the cue to stop eating. Similarly, dual-column

Table 2
A taxonomy of strategies for advancing FWB.

	Cognitive	Emotional
Deliberative	Internal <ul style="list-style-type: none"> • Increase nutrition knowledge • Use knowledge to make informed decisions • Increase nutrition motivation • Boost consumer confidence in using nutrition information 	Internal <ul style="list-style-type: none"> • Enhance consumer emotional intelligence • Increase awareness of the role of emotions in decision making • Focus on satisfaction that will result from advancing FWB
	External <ul style="list-style-type: none"> • Leverage food label education • Be aware of package size effects • Understand the impact of external package/brand cues on judgments • Incorporate strategies to reduce estimation bias 	External <ul style="list-style-type: none"> • Recognize impact of others on consumption behavior • Encourage social support for healthful behaviors • Seek positive role models
Automatic	Internal <ul style="list-style-type: none"> • Increase awareness of heuristics and their impact on food choices • Categorize carefully • Recognize cues that prompt automatic perceptions of healthfulness 	Internal <ul style="list-style-type: none"> • Become aware of “comfort food” triggers • Identify situations that lead to emotional eating • Habitualize healthy behaviors
	External <ul style="list-style-type: none"> • Choose smaller plates • Be aware of consumption norms and their impact on behavior • Increase awareness of automatic responses to package cues 	External <ul style="list-style-type: none"> • Become more aware of emotion-laden words used in ads • Focus on mindful eating • Increase accessibility of healthy choices in our environment

nutrition labels that show the nutrition profile for a single serving together with the nutrition profile for consuming the entire package has been shown to prompt non-dieting consumers to reduce their consumption (Antonuk & Block, 2006). A shift from operating on autopilot to actively deliberating the amount to consume may explain consumption differences. However, dieters in this study (Antonuk & Block, 2006) did not respond in a similar fashion perhaps because they already pay attention to portion size. In this way, individual difference variables together with situational consumption influences may prompt different results as consumers attempt to strategically manage automatic and deliberative influences to make healthy food choices.

Thoughts about food stem from multiple sources and often conflict as consumers pursue both healthy and hedonic goals. Research efforts often attempt to isolate and examine separate influences on consumption. However, food decision making involves a complex web of influences. Future research should seek to better understand the joint effects of the multiple and sometimes conflicting influences on food decisions. Development of a comprehensive tool to measure FWB may provide a way to link specific influences on consumption, as well as the interaction of these deliberative and automatic influences, to overall FWB for various segments of consumers (Bublitz et al., 2012). Armed with options to make small changes designed to advance FWB, consumers can explore and utilize strategies that motivate their individual progress and promote a positive change.

5. Conclusions

During the 2011 TCR Conference, we worked to advance FWB at the individual level. We propose a framework that researchers, policymakers, and industry leaders can use to develop strategies to help consumers advance FWB. However, a significant amount of work is required. First, we need to develop and validate an overall measure to help consumers assess their starting point on the FWB continuum (Bublitz et al., 2012). Understanding consumer goals as

well as motivation and readiness to change will improve our understanding of how to motivate progress along the FWB continuum. Measuring FWB at a specific point should also include an individual's subjective assessment of his/her own relationship with food as well as objective measures of his/her health and well-being. Much of this article is devoted to summarizing how deliberative and automatic influences on food decision making may be used strategically by consumers to advance along the FWB continuum. We conclude with an examination of how researchers, policymakers, and industry managers might use this information to help consumers in their efforts to advance FWB.

5.1. Implications for research, policymakers, and industry

A FWB measurement tool that is convenient to use (e.g., kiosks, web-based, mobile applications) will expand the opportunities for consumers to undertake a personal FWB assessment and track their progress to advance FWB. However, it is important that any tool developed take caution to measure a consumer's relationship with food in a way that promotes the holistic, integrative, and positive vision for the construct of FWB (Block et al., 2011) and does not focus on paternalistic and restriction measures that currently plague many health assessment tools. Developing and using a FWB measurement tool would allow consumers to assess the impact of small changes in lifestyle and habits that either deliberately or automatically influence their path toward FWB. The same tool designed to assess individual levels of FWB may be used in aggregate to examine group level trends important to researchers, policymakers, health professionals, and industry managers. For example, researchers may work to better understand how different groups of consumers respond to influences on food decision making. Policymakers may be particularly interested in how to advance the FWB of vulnerable populations such as children and those in poverty. Health professionals may use this type of tool to help guide patients at risk for a growing number of diseases related to obesity to promote a positive change. Industry may benefit from the development of products and services specifically designed to help consumers advance along the FWB continuum. Creating a dialogue between consumers, researchers, policymakers, and practitioners that explores which strategies work for different groups of consumers will enhance our collective FWB.

Policymakers may also benefit from looking at aggregate FWB data. A comparison of an individual's subjective assessment of his/her own FWB with more objective health indicators for subsets of the population may suggest important educational opportunities. Understanding the determinants of FWB may provide insight into how regulations can affect FWB. For example, research demonstrates that restrictions on advertising to children in Quebec, Canada decreased fast-food consumption by as much as 13% (Dhar & Baylis, 2011). Denmark implemented an added tax on foods with high levels of saturated fat while France and Greece are considering additional taxes on sugary beverages (Bittman, 2011). As these policies proliferate, research should explore how such interventions affect FWB, as well as how they impact healthcare costs. Using a common measure of FWB to judge the impact of regulations, education, and other systemic changes designed to enhance FWB provides a valuable benchmark to compare efforts to advance FWB.

Developing and perfecting the measurement and usage of FWB must involve experts from the health sector ranging from physicians to school nurses, from community health advocates to the private health promotion industry. Research and development should take pains to make the FWB tool useful for these audiences. Field trials in the medical community can provide feedback on which interventions work best for different groups of consumers depending on their individual starting point on the FWB continuum as well as their motivation to change. Tools that measure global self-rated health may

provide a working model on how to create measures with practical use for industry and consumers (Fayers & Sprangers, 2002). The more that researchers and practitioners work together in developing a comprehensive measurement tool, the higher the likelihood that the result will be a credible tool that consumers, policymakers, and practitioners find useful for assessing and advancing FWB.

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