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# Cornhusker Economics

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## How Beliefs Shape What We Consider When Choosing What to Eat

When you walk into a grocery store, scroll through a supermarket's online ordering site, or use a food retail delivery app, you're faced with a dizzying array of choices (a situation that isn't exclusive to markets for food). From snacks and frozen meals to beverages and condiments, the sheer number of options can be overwhelming. Because of this abundance, most of us do not examine every item we could buy before making a decision, despite assumptions—in certain specific but important cases—that we do. This is important because the assumption of full consideration influences the design of policies and the way that we analyze data to make sense of consumer behavior (and inform more policies). In reality, most of us narrow our focus to a smaller group of products that we deem—consciously or not—to be worth considering. This time and effort-saving step is a natural response to the time and mental resources we would have to devote to thorough product comparisons.

But what, then, determines which foods we consider? One factor, certainly, is what we like to eat, and if liking what we eat were the sole relevant outcome of food consumption, there would be little to say about incomplete consideration. However, diet quality has important, well-documented effects on health outcomes (as well as other important considerations, such as differential environmental impact). Close to 75 percent of American adults are overweight or obese, which increases the likelihood that the individual will experience one or more serious non-communicable diseases. A food's healthiness is an important

consideration for many people when making food choices, but, unlike tastiness, healthiness is more difficult to assess. Products carry nutrition facts panels displaying myriad pieces of information about nutrients, vitamins, and minerals. Whereas you get a sense of whether you like the taste of something within milliseconds, health outcomes occur over long timescales and innumerable meals, making it nearly impossible for an individual to identify the contribution of any particular food item to their current health status. In our attempts to make sense of the healthiness of foods, many of us form beliefs about the attributes of foods—which may include nutrients, such as how much protein is in a product; production practices, such as organics; or the absence of something, e.g. gluten free products—to help us categorize foods as healthy or not. Thus, even if we're all trying to make healthy food choices, we may base those health judgments on different combinations of criteria, leading us to different beliefs about which products are healthy.

We all carry around assumptions about food: what's healthy, what tastes good, what's affordable. These beliefs help us make quick decisions, but they can also lead us astray. If we believe that healthy food is bland or expensive, we might not even glance at it. If we mistakenly believe that a certain type of food is unhealthy, we might skip over it without checking the label. These beliefs don't just influence what we choose—they shape what we even consider. But, by restricting attention to a subset of products, policies that are meant to inform shoppers about health by implementing front-

of-pack nutrition labels, or incentivize healthier choices through taxes or subsidies, thereby changing the relative prices of healthier and less healthy products, may go unnoticed.

This idea—that beliefs guide attention to products, determining the set of products that one will choose from—is at the heart of a small but growing body of research on food decision-making. In a recent study, we explored how people's beliefs about the healthiness, taste, and prices of foods influenced which products they paid attention to when facing dozens of potential products to choose from. What we found was both intuitive and revealing: people are more likely to consider foods they believe are tasty or healthy. But the implications of this go far beyond individual preferences—they affect the effectiveness of public health policies designed to promote better eating habits.

To understand how this works, imagine a shopper faced with dozens of food options. Rather than scanning every item, they quickly choose to look at a few that seem promising. This initial filtering is based on their beliefs about the outcomes they care most about. If they think that one group of foods is healthier or tastier than another, they are more likely to focus on that group. If they believe a certain category is overpriced or unappetizing, they're likely to ignore it altogether. These decisions happen quickly, often without conscious thought, but they have a powerful impact on what ends up in the shopping cart.

The study found that beliefs about taste were especially influential. People consistently gravitated toward foods they expected to enjoy, even if those foods weren't the healthiest options. This is not surprising - taste is a major driver of food choice, and studies have shown that people are faster to consider taste during food choice. But what's more interesting is that beliefs about health also played a significant role in determining the set of products people considered; further, people had very different beliefs about which products were healthy. Health beliefs were particularly predictive of the set of products people viewed among individuals who reported actively thinking about health when making food decisions. For these individuals, believing that a food was healthier increased the likelihood that they would consider it. In contrast, for those who were not thinking about health,

taste dominated their attention, and health beliefs had little effect.

The point about active consideration of health is important. It suggests that simply having accurate beliefs about nutrition isn't enough—those beliefs need to be top-of-mind during the decision-making process. If someone knows that a certain food is healthy but isn't thinking about health when they shop, that knowledge may not influence their choices. On the other hand, if they naturally think about health—or are reminded to consider health—then health is more likely to influence their decisions.

This has important implications for how we design interventions to promote healthier eating. Many public health strategies rely on providing information—such as nutrition labels, calorie counts, and front-of-package symbols. These tools assume that consumers are comparing products and using the information to make informed choices. But if people are looking at nutritionally similar options, these tools won't help people identify healthier options. The information might be accurate and helpful, but it's invisible to the people who need it most.

The same goes for price-based interventions like taxes on sugary foods or subsidies for fruits and vegetables. These policies aim to shift behavior by changing the relative cost of healthy and unhealthy options. But if consumers don't notice the price differences—because they're not considering the full range of products—then the policy's impact is limited. In fact, research has shown that many people are unaware of food taxes or subsidies, especially in complex shopping environments. This lack of awareness can blunt the effectiveness of even well-designed policies.

So how can we help people make better food choices? One promising approach is to intervene early in the decision-making process—before people have narrowed their attention to a small set of options. Studies have shown that simple reminders can be effective. A sign at the entrance of a store, a message on a shopping app, or a prompt at the point of decision can remind people to think about health. These cues don't force anyone to choose a particular food, but they do encourage people to incorporate health into their decision criteria.

Another strategy is to challenge inaccurate beliefs directly. If people believe that healthy food is always more expensive, showing them affordable options can help correct that misconception. If they think nutritious food is bland, offering samples or recipes can change their minds. The goal is to create opportunities for people to update their beliefs through experience, not just information.

This also highlights the importance of understanding how different beliefs interact. Interestingly, we found that beliefs about taste and health were not strongly correlated. In other words, people didn't necessarily think that healthy foods were tastier or less tasty—they formed separate judgments about each attribute. This means that interventions can target these beliefs independently. A campaign that improves perceptions of taste doesn't have to compromise messages about health, and vice versa.

Ultimately, the choices we make about food are shaped by a complex set of beliefs, preferences, and habits. But at the core of it all is attention—what we choose to look at,

and what we ignore. By understanding how beliefs guide attention, we can design better tools, messages, and environments that help people make choices that align with their own long-term goals and values.

### **Further reading**

Arslain, Kristina, Christopher R. Gustafson, and Devin J. Rose. "The effect of health prompts on product consideration, attention to information, and choice in large, online product assortments: The case of fiber." *Food Quality and Preference* 94 (2021): 104329.

Gitungwa, Henriette, and Christopher R. Gustafson. "Consumers' beliefs about health and taste attributes of ready-to-eat breakfast cereals predict consideration of nutritionally differentiated subsets of products." *Food Quality and Preference* 122 (2025): 105300.

Sullivan, Nicolette, et al. "Dietary self-control is related to the speed with which attributes of healthfulness and tastiness are processed." *Psychological science* 26.2 (2015): 122-134.

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