

Top 10 Nutrition Trends of 2009

BACKGROUND

The Dairy Council of California has a Nutrition Trends Task Force which includes ten staff members, eight of whom are registered dietitians. The Task Force meets three times per year to review the trends in nutrition research, policy and communications. Staff is responsible for tracking over 40 publications that report on nutrition issues. This summary is the result of the meeting conducted in February 2009, to review the issues and determine the top nutrition trends.

1. Many new players are involved in driving policy-wide food decisions

New faces—beyond scientists and public-health experts—are influencing nutrition policy, legislation, regulation and recommendations. New players, including legislators, advocates from NGOs and community-based organizations as well as journalists and the media have driven food policies ranging from banning certain foods in schools, to requiring calorie labeling on restaurant menu boards, to state- and city-wide bans on trans fats and recommendations to avoid foods containing high-fructose corn syrup.

The Child Nutrition Reauthorization Act and upcoming deliberations for the 2010 Dietary Guidelines for Americans are other areas where food politics will likely play a large role. It will be increasingly important to ensure that science and research back up any dietary recommendations and public policy made, and that the scientific base of such policies is not overshadowed by emotion or personal agendas.

2. New media empowers individuals to create change

Internet-based new media—LISTSERVs and blogs, social networking platforms such as Facebook and LinkedIn and video-sharing websites such as YouTube—have greatly changed the way people interact. Because peer advice is one of the most influential drivers of behavior, these venues can impact perceptions and behavior of large groups of people almost overnight. Individuals from around the block or around the world with similar concerns and perspectives quickly create forums for dialogue, support, personal recommendations and course of action. Although these new-media channels offer the opportunity for “traditional” scientists, educators and industries to get involved, they can also quickly disseminate misleading information.

From the standpoint of educating people about good nutrition, these new-media channels mean that there are many more ways to reach consumers with diet and health messages. *The health professional needs to be aware of these new channels for delivering information and act as the ‘moderate voice’ when clients are tempted by fad diets, quick weight-loss schemes and other sensationalistic, unscientific promises.*

3. Factors that influence food choices are shifting and are highly individualized

As social values shift and new information becomes available, consumers’ behavior patterns

around food choices are changing. While taste, convenience and nutrition remain paramount, other factors such as sustainability, animal welfare, economics, food security and country of origin are increasingly driving food-purchase and consumption decisions. While environmental sustainability is a high priority in making food choices for many, one must remember that sustainability of the *individual* includes consumption of nutrients to support life. Consumers must balance considerations about the process of food production with the nutrient contribution of the food to their health. *The health professional's role will be to help clients keep nutrition at the center of factors influencing their food decisions, ensuring that an overall healthy diet includes a broad range of nutrient-rich food choices from all food groups.*

4. Personal responsibility for health escalates as our health care system falters

The recent national banking and financial crisis has intensified the inadequacies of our health care system. The government "safety net" is eroding as the economy continues to decline, businesses cut back, jobs are lost and people lose health care insurance. Infrastructure changes will be needed to provide people with health care. Eventually, this may mean more preventative care, support for retail health clinics and consumer control of personal health records ... all supporting the "self-care" movement.

Technology is helping drive this movement as well. Electronic personal health records (PHRs) with active patient participation could allow customization of treatment, access to physicians and health-education support. This will be further enabled as big companies such as Google and Microsoft enter the PHR arena. In the future, such technologies could be a clearinghouse for information about health and nutrition. This could well change the way health professionals conduct business in the next few years.

5. Economics may surpass all other factors in making food choices

In our current flailing economy, food security is becoming a more important factor. Restaurant dining declined in 2008, as many are moving 'back to the basics' and eating more foods and meals at home. Some predict that consumers will pay greater attention to their health in times of economic stress, leading to high demand for functional foods and beverages. *Health professionals can help by suggesting at-home meals and recipes using lower-cost ingredients with a focus on nutrient-dense foods.*

6. Obesity and its co-morbidities will continue to drain our health care system

Overweight and obesity are leading to related diseases such as diabetes, heart disease, cancer and metabolic syndrome. The resulting financial impact on our health care system is substantial, as these chronic diseases now affect younger and younger generations. Public-health initiatives and other positive preventative measures are currently underway to prevent weight gain and improve health. Worksite wellness programs and nutrition education in schools and health care settings are strategies gaining momentum. Certain foods like low-fat dairy foods, whole grains, fruits and vegetables are associated with lower rates of obesity, hypertension, type 2 diabetes and metabolic syndrome in numerous studies. *Health professionals can help by identifying people at any age who are overweight or at risk of becoming overweight and developing long-term, feasible healthy-eating and activity habits that meet weight-loss or maintenance goals.*

7. The sustainability movement is changing practices across all platforms

Consumers see sustainability as one way to take control over their lives and their environment, and are expecting and demanding high-quality products produced in an environmentally responsible

way. The younger generation is especially attuned to sustainable practices, learning about “carbon footprint” in elementary school and taking courses on this topic at universities across the country. Some companies such as WalMart are moving ahead with sustainability initiatives, banking on a competitive advantage achieved through improved efficiencies, consumer perceptions and increased sales. The new administration appears to be supportive of renewable energy and conservation, pushing this movement further. *Health professionals need to recognize that sustainability concerns represent another factor in clients’ food choices and be prepared to help them make appropriate choices that maintain nutrition and health as a high priority. The two need not be mutually exclusive.*

8. Labeling systems evolve to help consumers make quick and healthy decisions

Nutrition rating systems are emerging, with an estimated 25 different systems on the market in the United States today. Some are developed by food manufacturers, others by supermarket chains, trade associations or health organizations; all with the intent to direct consumers toward healthier choices at the point of purchase. Unfortunately, these systems tend to promote a “good foods/bad foods” philosophy, rather than supporting that a broad range of foods can fit in a healthy diet. For example, some nutrient-rich foods like cheese, nuts, and meat may be deemed less healthy due to their fat and sodium content, despite a strong complement of beneficial nutrients. Nutrition education should focus on nutrient-rich foods and position these rating systems as but one factor to consider in food choices. *Health professionals can educate clients that health is achieved not one food at a time, but through a long-term commitment to a balanced diet and dietary patterns.*

9. Individual components in foods drive food-choice decisions

Research identifying specific components of foods and their effects on health is resulting in some consumers shunning foods to improve their health by focusing on one component rather than the food’s overall nutrient density. Foods containing high-fructose corn syrup are often avoided. It is expected that sodium will be the next ingredient in the spotlight, linked to high blood pressure and leading to efforts to limit foods such as high-sodium snacks. These single components with potentially negative effects often overshadow the nutritional profile of a food that might, on whole, be positive.

At the same time, reports on healthy food components may lead to increased consumption of certain foods. Although fortifying sodas, juice drinks and snack foods improve the nutrient profile of those foods, these may still not be the best choices. Overall, this focus on individual components in foods will need to be balanced by a whole-diet approach to food choices. *Health professionals can ensure that their clients take a global view of their diet that focuses on healthy dietary meals and patterns, rather than on individual foods and components.*

10. Lack of funding will lead to fundamental changes in our schools

The current global economic crisis, coupled with California’s own budget problems, may result in dramatically decreased funds for public schools. It is not clear at this time where this crisis will lead. On one extreme there is talk about a federal takeover of our educational system; on the other, the budget may be balanced through cutting back the number of school days per year, or eliminating after-school and preschool programs, Art, recess and Physical Education. Lack of funds could also impact time for nutrition education in the classroom and quality of school meals. Decreased enrollment and demographic shifts in some areas are complicating the issue further. The resulting changes in our educational system will undoubtedly pose opportunities as well as barriers to health professionals—school nurses, dietitians and health educators—who interact with school personnel on any level.