



# Health Connections

LINKING NUTRITION RESEARCH TO PRACTICE

## OBESITY:

# Adopting a Consumer Mindset to Facilitate Effective Interventions

### Introduction

Consumers' perceptions about their weight, dietary and physical activity habits are critical factors to help stem the rising tide of obesity insofar as perceptions influence motivation. This issue of *Health Connections* describes how consumers think and feel about weight, weight maintenance and health, and the perceived barriers and motivators involved in managing their weight. Understanding a consumer mindset is essential for health professionals to create and communicate positive, simple, targeted messages consumers **want** to hear and **want** to act on<sup>1</sup>—messages that bridge the gap between what consumers **say** they want and what they actually **do**.

### Weight Status: Perception vs. Reality

Research conducted by the International Food Information Council (IFIC) Foundation shows a disparity between consumers' perception of their weight status and their actual body mass index (BMI). Twenty-nine percent of those in the overweight category believed they were at ideal weight and 74 percent of those in the obese category considered themselves as overweight rather than obese.<sup>2</sup> However, using their self-reported height and weight information to calculate BMI, about one-third of respondents were in the obese range, one-third in the overweight range and one-third in the normal range<sup>2</sup>—findings consistent with the Centers for Disease Control and Prevention (CDC) National Health and Nutrition Examination Survey (1999-2002) data.<sup>3</sup> Consumers who consider themselves at ideal weight, or merely overweight and not obese, may have less incentive to take action.

### Energy Balance: A Consumer View

Obesity at a most fundamental level represents an imbalance between energy/caloric intake and energy/physical activity output. Health professionals translate this scientific concept into health-promoting actions consumers can successfully adopt on a consistent basis. However, consumers appear to have different definitions of words commonly used in weight management messages. It is important that health professionals be aware of these distinctions.

Energy balance is a key concept in healthy weight management, but the term means almost nothing to consumers as a way to manage their weight.<sup>4</sup> Consumers react positively to the term "balance," but define it more holistically to include physical health and social and emotional well-being in addition to balanced eating. Thus, when the term "balance" is used, it might require additional explanation to connect it to activities and behaviors in other aspects of consumers' lives.

Consumers do not associate the word "energy" with calories—some consumers simply do not think they could mean the same thing. Again, consumers interpret energy more broadly as being or feeling energetic. While they understand that food fuels the body and the body needs energy to function,

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consumers do not think of energy as an input or output. Only a few consumers—those who work out or go to health clubs—associate calories with physical activity or exercise.<sup>4</sup>

### Calories: Confusion About Intake and Source

When asked how many calories a day someone of their same age, weight and height consumes, about nine out of ten consumers answered incorrectly, either by over- or underestimating or being unable to even provide an estimate. Among consumers who provided an estimate of the calories they believed they need, about one-third said they are eating more calories than the estimate they provided.<sup>2</sup> In addition, consumers are not sure about the relationship between the source of calories—whether from fat, carbohydrate or protein—and weight gain. Only about one-third thought that total calories, regardless of source, caused weight gain; that is, that calories are calories.

### How Some Consumers Approach Weight Loss

According to IFIC Foundation research, consumers maintain that weight loss is a function of what one eats, what one does and how much one eats. While most respondents claim to focus on a combination of these methods, they shift their emphasis using one method in favor of the others depending on the aggressiveness of their overall weight-loss goal.

Although consumers claim to look for calorie information on food product labels, and most have counted calories sometime during their life, they find calorie counting too tedious to

do on an ongoing basis for weight-management purposes. Instead, they monitor their weight by using a scale, looking in the mirror or feeling the fit of their clothes.<sup>4</sup> Consumers claim to *believe* in regulating their own eating behaviors over time—eating poorly one day, eating better the next day or at the next meal—and in trading off eating with physical activity. However, they also claim to have difficulty *implementing* these behaviors on a consistent basis.<sup>4</sup>

Self-reported eating and exercise habits of those who have succeeded at weight loss have been reported through the National Weight Control Registry (NWCR or Registry). To enroll, participants must have lost 30 pounds and maintained the loss for one year or more. Those who were successful by these criteria report eating a low-calorie, low-fat diet (under 1400 kcal/d and 24% calories from fat); weighing themselves frequently; eating regular meals including breakfast; and maintaining 60 minutes a day of physical activity. Variables associated with long-term maintenance of weight loss included consumption of a low-calorie diet with moderate fat intake, limited fast food and high levels of physical activity.<sup>5</sup> See Side Bar for additional information.

In summary, research indicates that consumers know their diets are not the best and that they could be more active, but they are not committed to changing their status quo. Health professionals can make a difference by crafting powerful messages and interventions to trigger perceptual and behavioral changes.

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Susan T. Borra, R.D.

### Q. Why is a consumer perspective important in health/nutrition education, especially in helping consumers manage their weight?

A. A consumer perspective adds another tool for those of us trained in food and nutrition science to develop effective nutrition information/education programs, messages and interventions. Just as we caution consumers to avoid a silver-bullet approach to health and nutrition, we need to avoid a one-size-fits-all approach to improving food choices. There is no one obesity solution, but solutions based on individual needs and priorities. The ability to customize and tailor messages is the distinctive hallmark of nutrition/health professionals.

Adopting a consumer mindset helps us expand the solutions we can offer.

### Q. What are some insights into the consumer mindset this research offers health professionals?

A. Consumers want to learn how to live life and not always be on a diet. Their priorities in life are home, work, career, health, religion/spirituality, finances/income, relaxation and entertainment. Since consumers use a combination of strategies to lose or control weight—what they eat, what they do and how much they eat—messages should be broad enough for consumers to personalize the interpretation based on their priorities.

Time involved in eating well (planning, shopping, cooking) and being physically active often is identified as a major barrier. However, consumers also think it takes too long to reap the benefits of healthful behaviors. It is important, therefore, to help clients identify small goals with intermediate benchmarks for success.

Finally, a critical insight is that consumers do not lack information—they can rattle off what to do and often have the mindset to do it. However, they need help to sustain this mindset and motivation to actually implement behavior change.

#### Q. What tips do you have for health professionals to help clients sustain motivation?

A. Key motivators for parents are to stay healthy and have energy to care for the family—which can help everyone be happier and healthier. Consumers want to be healthy, but apparently do not want an extreme health makeover. When asked on a continuum of unhealthy to healthy, respondents viewed their health about in the middle. When asked where they would like to be in 6 to 12 months, they moved somewhat toward the healthy end, but not too far. This is consistent with their more holistic definition of “balance.” They want wiggle-room to allow for occasional splurges.

#### Q. Do we need a new language to address calorie and energy balance with consumers?

A. This is certainly something the health professional community might discuss. In the meantime, an alternative might be to use a food pattern approach such as *MyPyramid* or the DASH Diet (Dietary Approaches to

Stop Hypertension). IFIC Foundation research discovered that the number one reason consumers made dietary change was to improve overall health, followed by weight loss and then weight maintenance. A food pattern approach—based on caloric intake ranges without “counting calories”—focuses on positive choices for a nutritious and healthful diet, and therefore, is consistent with consumers’ stated reason for making change. Regarding energy balance, an approach might be to describe physical activities in terms that connect with consumers’ priorities of relaxation, entertainment and time with family.

#### SIDE BAR:

##### Change in Reported Weight Loss and Eating Behavior Over Time

The National Weight Control Registry (NWCRC) compared characteristics of those successful at losing weight to see if they have changed since the Registry first reported findings about 10 years ago. The study examined changes in behaviors of Registry members enrolled in intermittent years since 1995 (1997-99, 2001 and 2003).<sup>5</sup>

- The reported calorie intake remained relatively stable (around 1400 kcal).
- The composition of the diet as reported changed significantly, but weight control was possible within a range of macronutrient composition. More recent cohorts reported:
  - An increase in the percentage of calories from fat and saturated fat.
  - A decrease in the percentage of calories from carbohydrates, perhaps reflecting popular diet trends. The percentage of participants eating a low-carbohydrate diet increased three-fold over time, but still represented less than 17 percent of the participants enrolled in later years.
  - A relatively stable protein intake.
  - A higher dietary fiber intake from beans, vegetables and fruits, but a decrease in fiber from grains.
- The amount of physical activity remained high; about 60 minutes of activity of moderate intensity a day.
- Predictors of weight regain included a reported higher calorie intake, higher fast-food intake and lower physical activity at entry into the study.

### PRACTICE POINTS FOR THE HEALTH PROFESSIONAL

- Be proactive in monitoring weight gain—even in clients whose primary reason for a health visit is not specific to being overweight. It is important to identify and slow a trend in weight gain early on.
- Keep current with research on diet composition and satiety since consumers claim to monitor how much they eat as a weight-control strategy. A proposed mechanism to promote weight loss is enhanced satiety. Research suggests that protein, in particular whey protein, can influence satiety (see *Health Connections* Fall 2004).
- Suggest tips, solutions and ideas for the family that are quick, easy and incorporate lifestyle issues—and have some intermediate “success” benchmarks.
- Since consumers approach weight loss/maintenance in individual ways, craft messages broadly enough to allow for individual interpretations to match specific lifestyles. When working with individuals, take the time to help identify realistic ways that will work for them, given their lifestyle and current habits.
- Consumers maintain they are responsible for monitoring and regulating their own eating and activity behaviors. Nevertheless, keep current on changes in the policy arena that support healthy food and physical activity choices and apprise clients of this information.