

Top 10 Nutrition Trends for 2016

SPRING 2016

1) Plant-based eating patterns are on the rise.

Until recently, [plant-based eating patterns](#) were almost exclusively advocated for their health benefits and adopted by a relatively small number of consumers. Now, the popularity of these patterns is growing due to factors beyond health: cost, animal welfare and environmental concerns. Many health groups promote diets based on plant foods; for example, the dietary patterns endorsed by the Dietary Guidelines for Americans (DGA) are primarily plant-based. Campaigns such as [Meatless Mondays](#) are frequently offered in hospitals and schools, and documentaries abound on the purported advantages of this approach.

Unintended consequences may result if this movement is taken too far, however, and carelessly planned vegetarian diets can be deficient in nutrients such as protein, iron, calcium, zinc and vitamins B12 and D. Affordability, convenience, long-term compliance and nutrient quality all need to be considered when planning diets. An inclusive approach with some animal products may be a more realistic way to get the full range of nutrients. Fortunately, each food group offers a variety of economical, convenient, tasty, nutritious and minimally processed food. Awareness of the commitment to farm stewardship and sustainability from all agriculture sectors, including animal products, may help alleviate consumer concerns regarding these foods. *Health professionals can inform consumers that “plant-based” does not necessarily mean “plant-only.” For long-term health and well-being, all five food groups should be consumed daily in the amounts set by MyPlate, the USDA’s food guide system.*

2) Food choices are increasingly driven by factors beyond taste, cost and nutrition.

Personal values about food as it relates to a higher cause—such as animal welfare, world hunger and the environment—are increasingly driving food choices. Many consumers believe that what they eat is a reflection of who they are. For example, someone may choose to eat only cage-free eggs, organic milk and grass-fed beef due to concerns about how animals are treated on the farm ... or simply due to peer pressure from their social circle to eat a certain way. Nutrition, cost and even taste may be less important factors in some segments of society.

Health professionals will be most successful by respecting the many reasons their patients and clients consume the foods they do, yet at the same time guiding them toward choices that ensure optimal nutrition. For example, if someone chooses to eat only organic foods, cost may limit adequate consumption of milk, vegetables and fruits. *Health professionals can make an effort to stay updated on the facts around different food production and agricultural practices. They can then provide credible and accurate information on the [effects of food production and processing methods](#) on nutrition to address clients’ concerns and correct any misperceptions.*

3) Perceptions and recommendations around “negative” nutrients are evolving.

As research accumulates around health effects of dietary cholesterol, fat, saturated fat, sodium and sugar, and in some cases contradicting traditional paradigms, recommendations are slowly changing. For example, in the 2015–2020 DGA, the cholesterol restriction of 300 mg/day was lifted, as was the limit on total fat intake. These changes were the result of years of research showing dietary cholesterol does not have a big impact on blood cholesterol and heart disease risk, and that types of fat are more important than total fat. On the other hand, an added sugar limit of less than 10 percent of calories was recently established due to obesity concerns.



In other areas, however, dietary recommendations have not caught up to the research. Sodium restriction remains at the low level of 2,300 mg/day in spite of significant evidence showing that there are many factors beyond sodium that impact blood pressure, and that individuals react differently to reduced-sodium diets. In addition, the saturated fat restriction of less than 10 percent of calories was maintained in spite of recent research indicating saturated fat is not consistently linked to heart disease risk, and that different types of saturated fat have different health effects.

The slowly evolving public health recommendations indicate the difficulty in changing paradigms such as the roles of saturated fat and sodium in heart disease. *By staying abreast of current research, health professionals can be empowered to meet the specific needs of clients by providing individualized health recommendations.*

4) The quest for protein intensifies.

Protein continues to be the “nutrient of the decade” as its list of health benefits grows beyond muscle-building to include satiety and weight-management benefits, blood-glucose control, bone health and healthy aging. Consumers are seeking protein-packed meals and snacks, and plant-derived protein sources are growing in popularity. The food industry is formulating innovative proteins from sources such as hemp, peas, quinoa, tempeh, spirulina and even insects.

There is little talk or awareness about protein quality, of which animal sources (meat, eggs and dairy) are unparalleled. Research continues to confirm that protein quality does matter and contributes to bioavailability. A new protein-assessment method, the [Digestible Indispensable Amino Acid Score](#), has been recommended by the Food and Agriculture Organization of the United Nations. This method would rank the bioavailability of proteins more accurately than the current method. In addition, new research is showing that distributing protein evenly throughout the day is important for optimal health benefits. Most Americans need more protein at breakfast and lunch and less at dinner. *Health professionals can help educate clients about good sources of bioavailable protein and how to improve the distribution of their intake throughout the day.*

5) Snacking is on the rise across all demographic segments.

Statistics continue to show that snacking is more the norm than the exception, with 91 percent of adults [snacking](#) at least once a day. The numbers are even higher for certain age groups; many millennials snack at least four times a day. Opportunity-induced eating, enjoying a special occasion, coping with negative emotions and gaining energy are some of the reasons people report for their snacking habits. Unfortunately, most snacking involves less-than-healthy foods that have a lot of calories and few nutrients.

At the same time, people are not meeting their food-group recommendations, particularly for Dairy, Vegetables and Fruits. Snacking presents an opportunity to fulfill nutrient needs throughout the day that are not being met by meals. In order to do so, healthy snacks need to be tasty, available and convenient. *Health professionals can help clients plan ahead, considering snacks as mini meals rather than excuses to splurge daily on salty, sweet, nutrient-poor foods.*

6) Sustainability movement broadens focus beyond production practices.

Consumers are increasingly concerned about the environment and are receptive to ways they can make a difference individually. Efforts to improve the sustainability of food-production practices, which originally focused on reducing greenhouse gas emissions, have expanded to include factors such as reducing waste, minimizing water usage and using packaging materials that are recyclable or biodegradable.



There is a strong movement underway to [reduce food waste](#), given that about 40 percent of food from farm to table is discarded. Efforts in the home might include shopping for locally produced foods, buying only what will be used and eating or freezing leftovers. A small but growing effort is underway to standardize “use by,” “sell by” and “best by” dates to clarify confusion that results in unnecessarily discarding wholesome food.

Efforts to improve environmental sustainability will intensify on many levels, including individuals and families, the food industry, health organizations and the government. Many experts agree that sustaining the health of individuals is equally critical and needs to be part of the sustainability equation. *Health professionals can help educate their clients on ways to improve upon their environmental footprint while sustaining their own health.*

7) Holistic, community-based approaches are being adopted to improve health outcomes.

A broader definition of health—one that encompasses good nutrition and includes proper sleep, stress reduction and improved mental health—is being embraced by many stakeholders. Such an approach requires community-based, multi-faceted efforts that might involve, for example, building parks and bike paths to encourage physical activity, requiring healthy food options in school vending machines or student stores, charging higher prices for less healthy products in the marketplace and facilitating farmers markets at hospitals and other community venues. Many believe that this comprehensive approach—referred to as [Policy, Systems and Environment](#)—better ensures sustainable, long-term behavior change.

Behavior changes that are sustainable will involve both public health initiatives and individualized nutrition education. Thus, an integral component of this approach is to have robust and age-appropriate nutrition education that meets the needs of individuals within the community. Education develops skills and self-efficacy in individuals so they can make healthy choices independently. A healthy environment ensures that those choices are sustainable. *Nutrition educators and public health stakeholders will need to work together to ensure that nutrition education is part of the broader strategy to improve public health.*

8) Delivery channels for nutrition education interventions are changing.

Paper-and-pencil nutrition education programs are no longer the gold standard for teaching healthy eating habits. Time-stressed consumers expect information to be readily available when and where they want it and packaged in short bytes that are quick to assimilate. Visuals, emotions and stories resonate with consumers of all ages. Technology-based personalized messaging is critical to reach tech-savvy children and parents.

Traditional settings such as schools and doctors’ offices are still important venues for health messages, but effective, reliable and accurate nutrition education will need to be spread through multiple touch points such as grocery and drug stores, gyms, workplaces and even restaurants. In addition, as consumers seek health information on specific topics of interest, websites and mobile apps can provide credible and up-to-date health and nutrition information. *Health organizations and professionals will need to proactively develop innovative materials for these new venues to reach consumers of all ages with messages that are personalized and supportive of behavior change. Partnering with other organizations to develop materials and messages may be an effective approach.*



9) Interventions addressing health inequities linked to socioeconomic status are being enacted by more providers.

Health disparities linked to socioeconomic status have been on the rise for several decades. Examples are obesity, type 2 diabetes, lipid abnormalities and mental health issues. Under the Affordable Care Act, more people are seeking out health care beyond traditional low-income nutrition-assistance programs such as Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP). This means that more practitioners in more settings are seeing clients with significant health disparities.

Often, solutions to these disparities focus on improving the environment of local communities so default food choices are healthy, affordable and readily accessible. One approach of adjusting the environment to optimize health decisions is termed the “behavioral economics model.” A successful example of this model is in school lunchrooms, where the [Smarter Lunchrooms Movement](#) has been successfully employed in many school cafeterias. This environmental approach, coupled with a nutrition education curriculum, has proven effective in promoting behavior change in schoolchildren across all socioeconomic groups. *Health professionals can employ this model with individual clients to help them improve their nutrition environment, while being sensitive to socioeconomic needs and other factors playing a role in their health. Having a list of local referral services would be helpful for individual clients.*

10) Growing distrust of science, government and food industry has consumers forging their own nutritional path.

Friends and family, bloggers and websites, celebrity figures and self-proclaimed nutrition experts have become sources of nutrition advice. Consumers often use the Internet to self-diagnose and make decisions regarding health and food choices based on shared symptoms or what has worked for others, leading to “free from” diets such as gluten-free, GMO-free, lactose-free, meat-free and dairy-free. Many of these diets generate consumer fear that the food supply, or a specific food component of it, is detrimental to health. Such diets, if followed rigorously over a period of time, may result in unintended consequences such as nutrient deficiencies and related health maladies.

Distrust of government-based dietary recommendations such as the recently released DGA feeds into this do-it-yourself movement as consumers disregard the science and research substantiating these recommendations. The food industry is frequently a victim of distrust; for example, the results of research funded by the industry are considered to be biased. New evidence suggests that quality of research does not, in fact, vary by the source of the funding.

Consumers need to be reminded of the importance of the scientific process and be assured that all research published in peer-reviewed journals is subjected to the same rigorous protocols and review process. *Health professionals can promote critical-thinking skills, encourage clients to question hearsay and bring the credibility back to nutritional science and its application.*

Dairy Council of California has a Nutrition Trends Task Force which includes 12 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 a wide variety of publications, both scholarly journals and news media that report on nutrition issues. This summary outlines the top nutrition trends identified and discussed at the winter 2016 meeting.

