

Top 10 Nutrition Trends of 2010

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 2010, to review the issues and determine the top nutrition trends.

1. Obesity prevention continues to be a top priority in political, social and public-health circles

Although some reports claim obesity rates have plateaued, overweight and obesity are still a top priority because of their association with chronic disease such as diabetes, metabolic syndrome and even cancer. The Institute of Medicine (IOM) recently released a report advocating for more grocery stores in urban areas, restricting high-calorie foods in fast-food restaurants, encouraging a stronger community police force to enable outdoor exercise and generally linking cost and convenience to healthy food selection. The Surgeon General and First Lady Michelle Obama are also involved in obesity initiatives, supporting a “small steps” approach and focusing on changes in schools, at the workplace, in our communities, home environments and in the medical community. There is some talk among experts about changing the focus from body weight to body composition and other, perhaps more meaningful, biomarkers of health and disease. *Health professionals can best help clients by taking the focus off of the scale and instead promoting healthy lifestyle habits—including eating and physical-activity habits—that can be sustained long-term to attain better overall health and weight management.*

2. Public-health efforts target sodium reduction to improve health

Sodium is the newest target in the public-health debate around healthy eating, due to its link to hypertension and heart disease. Reports estimate that up to \$18 billion per year could be saved in health care costs if sodium intake was reduced by one-third. However, there is individual variation in how people react to dietary sodium, with some more responsive, or “salt-sensitive,” than others. In addition, some experts believe that we will simply increase our overall food intake in order to get the sodium we are “programmed” to consume.

There is concern among experts that sodium levels suggested as daily intakes, which may be as low as past therapeutic levels, will be so low that consumers will disregard the recommendations or, alternatively, will shun many commonly consumed, nutrient-rich products—including cheese, nuts, canned beans and soups. In addition, the food industry has issues such as food safety, flavor, texture and shelf life to consider when reformulating to low-sodium products. *It will be critical for the health professional and the food industry to work together for solutions that benefit the consumer without compromising taste, food safety or health.*

3. Dietary fat may not be the demon once believed

New evidence indicates that some of the early research on dietary fat may have been misinterpreted, and that scientists do not know as much about dietary fat as once believed. Previously thought to be a significant predictor of heart disease, recent analyses show that total dietary fat may not be linked to cardiovascular disease; rather, other factors—physical activity, smoking and body weight, as well as certain types of fat—may play bigger roles. Research

shows that certain types of fat may, in fact, confer health benefits—omega-3s, monounsaturated and polyunsaturated fatty acids, for example. This may ultimately lead to more flexible food choices, but after 30 years of hearing that dietary fat is unhealthy, this paradigm will be difficult to change. More research is needed to confirm these findings and substantiate this new direction. *Health professionals will need to stay abreast of new research in this area and be willing to accept—and encourage clients to adopt—changing recommendations of intake of dietary fat and types of fat.*

4. **Vitamin D's status as superstar nutrient growing**

The list of vitamin D's benefits continues to grow, from bone health to enhanced immunity, improved cognitive performance and cancer prevention. Studies show that optimal benefit occurs with intake levels much higher than the current recommendation, making it likely that the recommendation will increase in the future. The Institute of Medicine is currently conducting a review of the dietary recommendation for vitamin D, which is due out in late spring of 2010. Fortified dairy products, currently a primary dietary source of vitamin D, will be joined with other fortified products as manufacturers attempt to help consumers reach the recommended intake levels. Supplementation will likely be seen as a practical way to reach the recommendation. The body can also synthesize its own vitamin D through adequate sun exposure—as little as 15 minutes a day—however, at the same time, care must be taken to minimize the risk of skin cancer. *With so much positive attention on vitamin D, the health professional will need to ensure messages are balanced and that clients seek out foods first to meet their needs, relying on supplements only when their diet cannot provide adequate levels.*

5. **Dietary Guidelines due out in late 2010**

The updated *Dietary Guidelines for Americans* is slated to come out late in 2010. Spirited discussions among the Dietary Guidelines committee members revolve around the topics of sodium, long-term risks and benefits of low-carbohydrate diets, the affordability of eating according to the Guidelines, whether nutrient density of foods should be considered and whether adhering to the Guidelines is even effective in reducing chronic-disease risk. How the Guidelines should contend with the obesity issue is another topic of consideration. In addition, food science and technology have been an important part of the deliberations, as technical issues could influence or limit the ability by which the food industry can realistically comply with nutrition recommendations. Despite the rigorous analysis of evidence-based research that serves as the foundation of the Guidelines, those who have strong agendas in these areas are challenging the deliberative process. *Once the new Guidelines are released, the health professional can use them as a basis and tailor them to guide recommendations to clients, taking into account individual factors such as lifestyle, physical activity, disease risk, culture, tradition and preferences.*

6. **Sustainability a growing factor in food choices**

As consumers become increasingly aware of the environmental impact of their lifestyle and dietary choices, sustainability is a priority on several levels—from the food industry to the retail level, from government and public policy to the home front. Attempts are being made to quantify carbon footprint; however, there is no consensus on what aspect(s) of sustainability—production practices, food-miles traveled, or overall carbon footprint—to measure.

In the name of reducing levels of greenhouse gas emissions—and perhaps to market themselves as environmentally friendly—some food service providers are offering menus with locally grown produce and plant-based offerings. Carbon counters for food, increasingly available to the consumer, focus on environmental parameters but do not

consider factors such as cost, convenience, food safety or nutrient density of a given food. It will be critical to consider the broader areas that sustainability encompasses—not just whether a food is organic, locally grown or has a small carbon footprint, but whether it yields a strong nutritional or health “dividend” for a given environmental “cost.” *The health professional can educate clients about these important factors to consider in making food choices so that the overall goal of health and wellness remains a priority. In addition, the client opting for plant-based diets needs to recognize potential nutrition shortfalls, including iron, calcium, vitamins B12, D and zinc.*

7. Public policy makers attempt to help control overweight through legislation and regulation

As the obesity crisis gets more media attention, political pressure builds to enact change. Policy makers increasingly see restricting the availability of junk food and even taxing certain “bad” foods as the solution to the childhood-obesity problem. While federal efforts to tax soft drinks failed last year, individual states are responding by placing restrictions on and taxing certain foods. At a quick glance, taxing “junk” foods has the added benefit of helping to balance state and local budgets. Policies that restrict access to certain foods—for example, limiting vending on school campuses during school hours—is another strategy employed to address the problem. It remains to be seen whether such policies will be successful in mitigating the obesity epidemic. The downside is that some nutrient-dense foods may unwittingly be victims of these policies due to their content of sugar and/or fat. In addition, many consumers may perceive these efforts as “policing” the food supply and taking away their right of choice. *Health professionals engaged in lobbying or advocacy efforts should encourage the overall nutrient profile of a food to be displayed, and a large variety of acceptable, nutrient-rich and affordable choices to be readily accessible to the consumer.*

8. Choosing nutrient-rich foods offers assurance of dietary adequacy

Research accumulates that when one chooses a diet based on nutrient-rich foods, overall diet quality is generally higher. Nutrient-rich foods are those that provide significant levels of nutrients for relatively few calories, and include low-fat dairy products, fruits, vegetables, whole grains and lean meats. Research continues to uncover benefits of specific dietary patterns, foods and components responsible for health-promoting effects, such as the DASH (Dietary Approaches to Stop Hypertension) Diet, found to be effective in reducing blood pressure and minimizing risk of heart disease and type 2 diabetes. *It will be important for the health professional to reinforce nutrient-rich foods as a centerpiece of a healthy diet. Eventually, as research further supports personalized approaches to dietary recommendations, consumers will select specific nutrient-rich foods that optimize their individual health and that of their family members.*

9. Satiety as a new tool to address weight management

Interest in satiety as a way to manage body weight is growing, with research looking at hormones as well as specific foods and components that induce feelings of fullness, which result in reduced intake at subsequent meals. There is evidence to suggest that fiber and specific proteins—such as whey protein—have satiety-promoting effects. People may become increasingly familiar with and seek out satiety-promoting foods in an attempt to manage their weight naturally, without feeling hungry or deprived. *Health professionals will need to stay abreast of research in this area, as it may be a useful adjunct to interventions already employed with clients.*

10. Corporate wellness programs, in-store clinics and social media provide new opportunities for nutrition and health professionals

A focus on health, wellness and disease prevention in the corporate arena is resulting in the emergence of wellness programs across the country. Short-term, such programs are known to increase productivity and morale; long-term, they are seen to save money on insurance premiums. In-store clinics with programs for people with diabetes, asthma and weight-control issues are also on the rise. *These venues will present opportunities for health professionals to target specific disease states and population subgroups.*

The Internet and social media are increasingly sources of useful health information for the consumer. The growth of social media supports friend-to-friend, peer-to-peer and interest-group communications, which often influence consumer decisions. Unfortunately, these un-refereed forums often provide inaccurate, incomplete or misleading information, allowing perception and emotions to override research-based evidence. The consumer will struggle with “information-overload,” which may present opportunities to position the health professional as the expert. *In order to reach consumers, health professionals will need to engage, as appropriate, in these new venues of communication to continue to present the “voice of reason” through scientifically sound information aimed at guiding their diet and lifestyle choices.*