

Top 10 Nutrition Trends for 2017

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1) Focus on dietary patterns rather than single foods or nutrients gains momentum.

Research continues to focus on dietary patterns as a marker for a healthy diet, rather than the historical approach of looking at individual foods or nutrients. This broader approach is being translated into application; for example, the 2015–2020 Dietary Guidelines for Americans (DGA) endorses 3 dietary patterns—the Healthy U.S.-style pattern, the Healthy Vegetarian pattern and the Healthy Mediterranean-style pattern.

These dietary patterns emphasize the inclusion of plant foods for a multitude of reasons, including health, the environment, economics and world hunger. Community health initiatives often promote plant-based eating patterns, and some advocate for regulatory changes in federal nutrition programs like the Supplemental Nutrition Assistance Program (SNAP) as a way to encourage consumption of plants. Restaurants and foodservice establishments routinely offer plant-based entrees to meet the increased demand for this eating pattern.

Consumers are very interested in plant-based sources of protein, which have expanded beyond soy to include pea and hemp. Significant processing is required to improve digestibility and nutritional quality of these plant proteins, and in some cases protein quality from plant sources is inferior compared to animal sources. Plant-based eating patterns are often misunderstood to mean vegan or vegetarian; in fact, dairy is included in all 3 of the recommended DGA eating patterns, and moderate amounts of lean meat can be included in 2 of the 3 patterns.

Health professionals have an opportunity to ensure that dietary patterns, including plant-based patterns, include all 5 food groups for optimal health and disease prevention. People benefit from the complete set of unique nutrients provided by each food group.

2) Diabetes incidence continues to escalate.

Diabetes is currently the 7th leading cause of death in the United States, with almost 10 percent of the population—21 million Americans—diagnosed with the disease. An additional 86 million Americans have prediabetes. These trends are largely due to the increasing prevalence of obesity, as 85 percent of those with type 2 diabetes are overweight or obese. If these trends continue, as many as 1 in 3 American adults will have diabetes by 2050.

Following a healthy diet, getting regular physical activity and maintaining a normal body weight are recognized as ways to prevent or delay the onset of type 2 diabetes. Poor diet quality is associated with increased risk of type 2 diabetes even in the absence of obesity. While no single food can prevent diabetes, research has shown that high-fiber foods such as beans, lentils, green vegetables, oats and barley are associated with lower risk of diabetes. Growing evidence suggests that dairy foods, particularly yogurt, are protective against type 2 diabetes. Whey protein is also getting attention for its positive effect on glycemic response.



Screening for prediabetes and proactively helping clients prevent or delay the onset of type 2 diabetes will mitigate these alarming trends. Health professionals can encourage clients to adopt DGA recommended dietary patterns that include the foods associated with diabetes prevention.

3) Reducing added sugars and refined carbohydrates is a prevailing public health strategy.

A growing body of evidence links sugar and refined carbohydrates to dental caries, heart disease, diabetes, obesity and other chronic illnesses. Foods high in added sugars—such as soft drinks, energy and sport drinks, sweetened teas, fruit drinks, cakes, cookies and pastries—are also generally high in calories and low in nutrients.

Almost one-half of added sugar intake comes from sugar-sweetened beverages, and many public health professionals believe reducing consumption of these drinks could be the single most effective intervention in reducing the prevalence of obesity in the United States. Various public health strategies are focused on reducing consumption by incentivizing purchase of healthy food, establishing school and workplace wellness policies that discourage sugar consumption, passing government ordinances that restrict the sale of unhealthy beverages and increasing sugar-sweetened beverage prices through taxes or other policies. Beverages such as water, low-fat milk and unsweetened coffee and tea are generally recommended as alternatives.

It is unclear what the long-term effect of these public health measures will be on consumption of sugar-sweetened beverages and obesity incidence. USDA data project that a 20 percent increase in price could reduce the number of overweight adults to 62 percent from the current 67 percent and reduce overweight children to 14 percent from the current 17 percent. Whether these changes will come to fruition and be sustained is yet to be determined.

Efforts to improve public health by reducing fat intake in the 1980s backfired in many cases as consumers replaced satiating fats with greater calories from refined carbohydrates. Educating about the total diet and overall dietary quality is critical to help clients optimize food-choice decisions. The revised Nutrition Facts panel, which goes into effect July 2018, includes additional information on added sugars to help educate consumers about sugar sources.

Health professionals can teach clients to read and interpret the new food labels and ingredient lists to better self-monitor consumption of high-sugar foods within the context of their unique health needs.

4) Sustainability is increasingly driving consumer food choices.

Consumers are more conscious of their health and the environment than ever before, making sustainability a strong driving force behind food selection. Millennials in particular are more often making food choices that they believe will better sustain the planet. They value cause over brand loyalty and are willing to spend more on some foods (e.g., organic, cage-free) if aligned with their personal values.

Healthy people and a healthy planet need be considered together. To this end, many food modeling studies have compared different types of diets and their impacts on the planet. Lacto-vegetarian diets scored the highest for feeding the most people per unit of land; ovo-lacto vegetarian diets also scored well. Vegetarian diets that are well-planned and include all essential nutrients are recommended for their healthfulness to both individuals and the planet. For example, nutrition education in Europe is focusing on these 5 tenets: sustainable, healthy, affordable, reliable and preferred by consumers.

Health professionals can continue to educate clients about healthy diets that meet nutrient needs and health goals. Consumers have a broad array of foods from which to choose that match personal values such as sustainability, animal welfare and nutrient adequacy.



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5) Food waste becomes a global concern.

From farm to fork, estimates of food waste range from 30 to 40 percent, an unfortunate situation given the amount of energy used to produce the food and the number of hungry and malnourished people world-wide. Efforts across the food chain have been implemented to reduce waste. For example:

- Many industries have demonstrated commitment to sustainable agricultural practices that minimize waste and reuse by-products.
- Plate waste studies in schools help identify what foods children are throwing away so that school foodservice directors can serve foods that are both nutritious and appealing.
- Retail stores and restaurants are making efforts to donate unused food to food banks.
- Large corporations such as Food Marketing Institute and the Grocery Manufacturers Association recently committed to standardize "best by," "sell by" and "use by" dates to avoid the premature disposal of perfectly good food—a common practice.

Bills are being passed to minimize waste, public health efforts are aimed at educating consumers on food waste, and policy changes make it easier and more profitable for companies and farms to donate food. A recent study across 17 countries found that for every \$1 companies invested to reduce food loss and waste, they saved \$14 in operating costs—and household savings could be much greater.

Health professionals can contribute to food waste reduction by educating clients about food dates and meal planning to optimize food use, thereby minimizing waste in their homes. In addition, consumers can reduce portion sizes and intake of empty-calorie foods to reduce waste.

6) Health care delivery plays a key role in addressing health inequities.

Health problems such as chronic disease, mental illness and drug and alcohol abuse are 20 percent more likely for those living in poverty. Where people live may dictate their access to healthy foods and thus their health and longevity. Low-quality, highly processed foods are generally cheaper and are sometimes the only foods available to low-income communities.

School health services and other public assistance programs such as SNAP, school meal programs, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and summer feeding programs have been growing to address this problem. Providing health and nutrition education at food banks is a relatively new strategy. In addition, pediatricians now often screen their patients for food security.

Health professionals can help people of all income levels identify the best and most economical ways to access fresh, healthy foods. Awareness of different types of public assistance programs and services, eligibility criteria, locations and contact information is important to helping clients in need. Education efforts can be tailored to the unique needs of those living in poverty, with a focus on affordable and available food sources.

7) Down-aging of chronic disease is a top public health concern.

Chronic diseases such as obesity, diabetes and heart disease are appearing at younger ages. Research on childhood obesity shows risk factors are evident at a young age, and early intervention is critical. Some evidence suggests children's chances of becoming obese are set before conception, making the parents' health and maternal weight and health habits important factors in tackling the obesity epidemic.

Food choices of pregnant women and young children set the stage for health many years later. More teens now have



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hypertension and co-morbidities for chronic disease than in the past. This means that health clinics in schools and communities are not just in "wellness and prevention" mode, and they often need resources for disease prevention.

Actions that health professionals can take to mitigate this down-aging of disease include comprehensive prenatal and pregnancy nutrition counseling, early childhood screening for obesity and diabetes, parental education on how and what to feed children, and swift intervention if health conditions arise. Those who provide care to families at risk of chronic disease may benefit from developing partnerships with organizations that provide community support and services to help families make healthy food choices easier.

8) Multi-level health interventions are the key to success in producing behavior change.

It is becoming clear that successful large-scale behavior change involves a multitude of "touch points" to reach consumers at work/school, in their homes, at the store, at medical offices and through their smartphones. This broad-based strategy, labeled Policy, Systems and Environmental Change (PSE), is a way of modifying the environment to make healthy choices practical and available to everyone in a community.

A PSE example being used in schools to help children improve their nutritional health involves a multi-level approach of classroom instruction using relevant and interactive educational tactics, school wellness policies, school-based health clinics, <u>smarter lunchroom</u> strategies, parent education and sometimes even school food banks.

PSE strategies in communities are aimed at making it easier for people to make healthy choices. They might include improving access to affordable healthy foods and building sidewalks and bike lanes. Education cannot be forgotten as a key strategy in helping consumers improve their health. Measuring the impact of such multi-level approaches will be critical to determine their long-term efficacy.

Health professionals can take steps to partner with community leaders, government agencies, educators and businesses to create sustainable change that will have a positive impact on the way people live, learn, work and play.

9) Technologies increasingly enable personalized, tailored and collaborative messages.

Across many aspects of our lives—from marketing to education—personalized messages are seen as more effective and are quickly becoming the norm. Technology enables the delivery of tailored content that is unique and relevant to consumers—and consumers' ability to connect with others with similar interests around the world. Mobile apps are common among children, adolescents and adults alike and are an easy and convenient way to reach customer groups with tailored information.

In the education arena, educators have an opportunity to utilize and combine strategies such as experiential learning, storytelling, blended learning and Open Education Resources, which are freely accessible types of courseware that reside in the public domain or have been released under an open license. Tailoring materials to be relevant and timely to students and tapping into their preferred methods of learning make educational materials more effective.

A pitfall to these technological advances includes concerns that some health apps, for instance, may do more harm than good as they are not always credibly sourced and can make recommendations about medications and doses without appropriate diagnostics.

Health professionals can stay abreast of which health and nutrition apps are the most credible and make appropriate recommendations to individual clients to meet their needs.



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10) Consumers turn to anecdotes and emotions rather than credible science for nutrition information.

In this age of information overload, and because much of the information seems to contradict itself, people are gravitating more frequently toward ideas that supports their preconceived notions of health and nutrition. Good stories compel change, which means that powerful blogs are very believable, and personal stories of authentic experiences often trump science, statistics and analyses. Technology has made it easier for people to validate their actions through others who share their values and beliefs.

Distrust of the government, the food industry and big institutions is also fueling the movement of consumers forging their own nutritional paths. They self-diagnose conditions and adopt diets to lose weight, feel more energized or improve physical symptoms without seeking the care of health professionals. These diets are often unbalanced and may ultimately lead to nutritional deficiencies.

The challenge for health professionals is to develop advice based on consensus science that is compelling and believable to today's consumers. It may be strategic to first appeal to clients' emotional or personal issues that are driving their interest and then empower clients with credible, science-based health recommendations.

Resource List:

American Diabetes Association. http://www.diabetes.org, accessed April 4 2017.

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Public Health Law Center. Taxing Sugar Drinks: A Tool for Obesity Prevention, Cost Savings and Health Improvement. Policy Options Brief; 2011. Available at: http://www.publichealthlawcenter.org/sites/default/files/resources/Taxing%20Sugar Drinks Public%20Health%20Law%20Center%20%20May%202011.pdf.

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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 2017 meeting.



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