

Fast Food, Fast Forward

Can Health Promotion Goals Keep Pace with Nutrition Trends?

Donna B. Johnson

Telephone pole flyers promise 30-pound weight loss in 30 days, and the evening news highlights the latest study about vitamin E. The United States at the turn of the new century is awash in information, misinformation, and ambivalence about nutrition. Consumers want health and longevity, but sales of high-fat fast foods continue to climb. School mission statements endorse health promotion, but school programs are funded by soft drink and candy sales.

The latest Centers for Disease Control and Prevention (CDC) report on *Chronic Diseases and Their Risk Factors* states: “Three risk behaviors in particular — tobacco use, lack of physical activity, and poor nutrition — are major contributors to cardiovascular disease and cancer, our nation’s leading killers. These behaviors also exacerbate the life-threatening complications of diabetes.” In reality though, nutrition sometimes struggles for recognition as a compelling issue in community-based health when problems such as communicable diseases and violence demand more immediate attention.

Food Consumption Trends

Food consumption patterns have changed — for better and for worse — throughout the twentieth century. Compared to 1970, Americans now eat more grain products and fruits and vegetables. However, most of the increase in grain products has been in refined, rather than whole-grain products, with large increases in pizza, lasagna, crackers, popcorn, pretzels, corn chips, and ready-to-eat cereals.

Total fat intake has increased, but the average percentage of calories from fat has declined as energy intake has increased. Americans are drinking lower fat milks, but total consumption from dairy fat has remained fairly constant because we now eat two times as much cheese as we did in 1970. The most dramatic changes in consumption focus on sweeteners and carbonated soft drinks. Annual

nondiet soft drink consumption increased from 28 gallons per person in 1986 to 41 gallons in 1997, for a mean intake of 14.5 ounces per person per day. In 1997 Americans consumed an average of 154 pounds of caloric sweeteners per person (Figure 1).

Nutrition Knowledge and Attitudes — and the Media

In consumer surveys, television is the most frequently mentioned source of nutrition information. The International Food Information Council examined nutrition information provided on TV, in newspapers, and on the Web. Between 1995 and 1999, coverage of food issues increased, with considerably more emphasis on positive aspects of food for disease risk reduction and the benefits of specific foods such as soybeans and garlic (Table 1).

Some American consumers are making dietary changes. The latest *Nutrition and You: Trends 2000* survey of 792 adults found that 28% of respondents had made significant changes in their eating behavior to achieve a healthy, nutritious diet; 40% knew that they should eat a healthy diet, but hadn’t done so; and for 32% diet was not a concern. Since the first *Trends* study in 1991, the percentage of respondents eating a healthy diet or contemplating doing so has gradually increased. The most frequently noted barriers to a healthy diet included “not wanting to give up the foods I like,” “time to keep track of diet,” and “need for practical tips to eat right.”

The *Trends 2000* survey found that about half of adults are taking vitamin supplements daily and 12% are taking an herbal supplement daily. Twenty-eight percent of respondents felt that herbal supplements are safe because they are “natural.” Those who use nutritional supplements tend to have higher education levels, to have existing health problems, and to use “alternative” treatments along with more traditional medical therapies. Allopathic medical providers are seldom aware

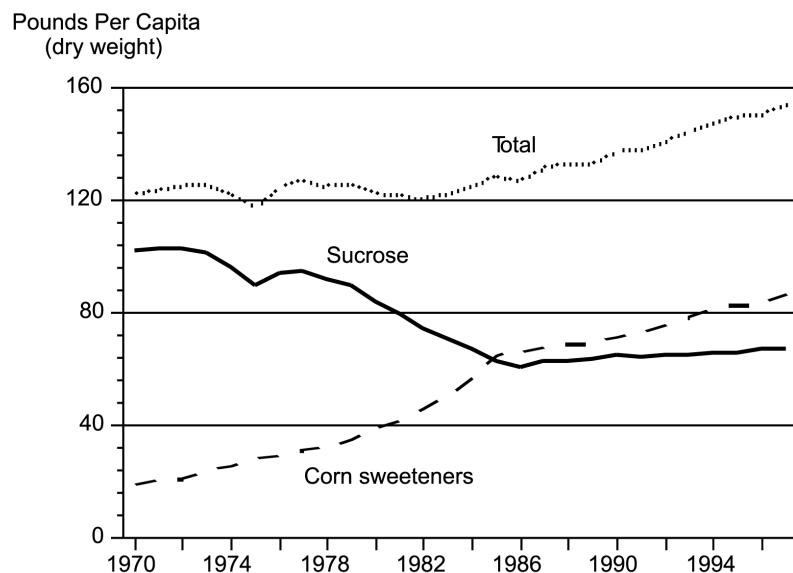


Figure 2: Total annual per capita consumption of sweeteners continues a steady rise.

Source: Economic Research Service, U.S. Department of Agriculture.

of the supplement practices of their patients, even when supplements may have potent interactions with other drugs and therapies. Evidence-based knowledge about these therapies often is not available, and consumers usually don't know that few regulations govern their safety.

Trends in consumer understanding vary. Compared to 1990, more consumers now know that they should consume at least five fruits and vegetables a day, but few understand dietary guidelines about saturated fats. This may reflect the difficulty in projecting a simple, easily understood message about saturated fats and the complexity of the dietary changes needed to meet the guidelines.

Many consumers continue to believe that thinness is equivalent to health. This confusion can lead to restrictive diets that do not meet nutrient needs and to disordered eating behaviors. The latest flurry of commercially successful "diet" books indicates that the public maintains a strong faith in "dieting" for weight loss, despite consistent evidence that restrictive dieting is not an effective long-term weight control method.

Food Purchasing

Perceived lack of time has contributed to increases in the percentage of food eaten away from home and to changes in the kind of foods purchased to prepare at home. Almost half of family food expenditures are for food and beverages served outside the home, with 34%

for fast foods. Another trend is to combine eating with activities such as travel, shopping, or work, and fast-food outlets are now located in service stations, stores, office buildings, and schools. Over half the sales at McDonald's and Burger King occur at the drive-thru. Countering these trends, however, is a fledgling revolution, the "slow foods" movement, which encourages diners to replace drive-by food encounters with a slow and thoughtful approach to food preparation and leisurely meals with friends and family.

Yet another trend is increasing segmentation of markets for food products. Baby Boomers want foods that will help them defy age. Consumption of tofu-based foods, salads consumed as a meal, and products with functional ingredients such as probiotic cultures and calcium are expected to increase. Generation X consumers want foods that simulate the taste of home cooking they feel they missed during their childhoods. Products such as gourmet blends of shredded cheese, precooked meats, and ready-to-cook stir-fry meals are aimed at Generation Xers.

The nature of the food-purchasing experience itself appears to be entering a state of rapid change. Many traditional grocery stores have added ready-to-eat prepared foods. Web-based food purchasing is gaining a foothold in many markets.

Changes in family structure have significantly altered food purchasing and preparation. Children now prepare an increasing portion of their own meals and snacks. Children and youth impact food-purchasing behavior, both through direct purchases and influences on parental purchases. Over half of adolescent girls in the United States shop for part or all of the family's groceries. Total annual food purchasing influence of just 9- to 11-year olds has been estimated at \$80 billion.

A parallel trend toward the "commercialism" of youth presents a challenge for nutrition and health educators. Commercialism is described as "ubiquitous product marketing that leads to a preoccupation with individual consumption to the detriment of society." Market researchers know that children and youth respond to different messages and media than do adults. Marketers target messages to reach kids in school, at the mall, at movies, on the Web, and most powerfully, on television. Observational studies in grocery stores find that

Table 2: Health behavior trends in Washington State

	Percent of Respondents	
	1996	1998
Prevalence of overweight in adults	27	32
Trying to lose weight	36	37
Eating fewer calories or less fat to lose weight	30	31
Using physical activity to lose weight or keep from gaining weight	62	64
Reporting regular exercise	53	NA
Consuming five or more servings of fruits and vegetables per day	23	26

Source: Washington State Behavioral Risk Factor Surveillance System

young children are more likely to ask for foods by product name than by type of food and that parents respond to these requests. Families choose fast-food restaurants based on the playgrounds and toys offered with the meals. Youth choose soft drinks based on celebrity endorsements. These promotions have a strong impact on American food consumption patterns.

Trends in Washington State

Nutrition data for Washington State are limited. Table 2 presents Behavioral Risk Factor Surveillance System (BRFSS) data. In general, Washington residents have followed national trends for increased prevalence of overweight and increased fruit and vegetable consumption.

The Current Population Survey Food Security Supplement found that Washington has high rates of hunger and food insecurity. In a comparison of states with combined data from 1996 through 1998, Washington State had the eighth highest rate of food insecurity and sixth highest rate of hunger in the country. In 1998, nearly 12% of Washington residents reported experiencing “food insecurity” — not having enough food to meet basic needs — and 4.6% of families reported experiencing outright hunger in the past 12 months. The national average is 3.5%. Recent studies have found associations between food security and behavioral and cognitive outcomes in children and higher rates of obesity in families that experience food insecurity.

Table 1: Changes in frequency of media coverage of nutrition topics, listed in order of times mentioned

1995	1999
1 Fat intake	Disease prevention
2 Disease prevention	Food-borne illness
3 Food-borne illness	Biotechnology
4 Vitamin/mineral intake	Fat intake
5 Disease causation	Functional foods
6 Caloric intake	Disease causation
7 Antioxidants	Vitamin/mineral intake
8 Cholesterol intake	Fiber intake
9 Sugar intake	Antioxidants
10 Fiber intake	Caloric intake

Source: International Food Information Council, 2000.

Recommendations for Public Health Practice

What should a public health practitioner do in light of these trends? The public health approach is based on evidence that modest shifts in population-based dietary intakes — changes that would have minimal clinical significance for any one person — can have substantial impact on morbidity and mortality in the population. Successful interventions build on existing interest in nutrition, are evidence-based, and do not contribute to consumer guilt and confusion about nutrition. Key elements include:

Consumer perceptions: Base interventions in the reality of a culture that perceives that

time is limited, and ensure that the pleasure associated with eating is maintained or enhanced.

Consistent messages: Develop more consistent, effective nutrition messages like “5-a-Day” that can be heard against the din of conflicting and misleading nutrition information. Messages can be channeled through mass media, health care providers, food assistance programs, schools, clinics, community centers, and places where food is purchased.

Marketing and media: Effectively market these consistent messages about healthy eating and fight commercialism with media literacy. For both individuals and communities, the most effective interventions consider the specific needs of the intended audience and consumer readiness to adopt changes.

Emphasis on young families and youth: Providing today’s young families with relevant information, adequate access to appropriate foods, support for parenting, and an environment that reinforces positive lifestyles will promote long-term improvements in health.

These approaches call for broad-based support from public health agencies, schools, universities, and community organizations. They will require adequate funding, improvements in policy, and changes in environments that influence food choices. The strong relationship between nutrition and chronic disease provides an outstanding opportunity for public health to improve health outcomes by promoting healthy food behaviors.

Recommended Reading & Information Sources

Americans’ Food and Nutrition Attitudes and Behaviors: Nutrition and You — Trends 2000.

American Dietetic Association, <http://www.eatright.org/pr/2000/010300a.html>

Behavioral Risk Factor Surveillance System. Centers for Disease Control and Prevention, <http://www.cdc.gov/nccdphp/brfss/>

Chronic Diseases and Their Risk Factors: The Nation’s Leading Causes of Death. December 1999. National Center for Chronic Disease Prevention and Health Promotion, <http://www.cdc.gov/nccdphp/statbook/statbook.htm>

Food For Thought III: A Quantitative and Qualitative Content Analysis of Diet, Nutrition and Food Safety Reporting, 2000. International Food Information Council, <http://inficinfo.health.org>

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