Have you ever wondered if anyone is listening to nutrition advice? You’re in the middle of explaining an important dietary recommendation and you realize that your audience isn’t listening anymore. Or, perhaps you have a client who comes back for a second appointment, but tells you they just haven’t been able to follow the advice you gave them earlier. If you’ve had these or similar experiences, then perhaps you’ll agree that it’s time for a new approach with consumers.

Health professionals are firmly grounded in science. But to effectively communicate with consumers, you have to listen first and then speak your client’s language. Consumer research provides a window into how people think and feel about nutrition. Using your nutrition science background and key insights from consumer research, you can tailor your communications—what you say, write, and teach—to appropriately meet your clients’ needs.

Dietary fats research is an area of nutrition that has evolved significantly in recent years, providing unique communications challenges and opportunities. This self-study module, approved for one hour of continuing professional education for dietetic professionals, will explore the evolution of dietary fats recommendations, what consumers understand about dietary fats, and how to better communicate about fats so clients are more likely to listen and make healthful changes.
Learning Objectives

• Review the current scientific consensus, as communicated in the *Dietary Guidelines for Americans*, regarding health implications and intake recommendations for dietary fats.
• Explore the multiple sources through which consumers are exposed to nutrition information.
• Listen to consumers via quantitative and qualitative research to understand their knowledge, confusion, needs, and motivators.
• Formulate messages for motivating consumers to make healthier dietary fats choices.

After completing this module, you will be able to:

• Review the current scientific consensus, as communicated in the *Dietary Guidelines for Americans*, regarding health implications and intake recommendations for dietary fats.
• Explore the multiple sources through which consumers are exposed to nutrition information.
• Listen to consumers via quantitative and qualitative research to understand their knowledge, confusion, needs, and motivators.
• Formulate messages for motivating consumers to make healthier dietary fats choices.
Science-based guidance is the underpinning of effective communication about dietary fats choice. The next two slides will review the trends in dietary fats recommendations, as communicated in the *Dietary Guidelines for Americans*. These recommendations reflect scientific consensus about the health impact of dietary fats and cholesterol at the time they were released. As new science has emerged over the past 20 years, dietary fats recommendations have changed in some ways, and remained consistent in others.
Every 5 years since 1980, a new version of the Dietary Guidelines for Americans has been published following review by a panel of distinguished scientists, the Dietary Guidelines Advisory Committee. The committee reviews the scientific evidence that has been published since the previous dietary recommendations were made and develops a consensus report on optimal dietary advice for Americans. The U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) provide oversight and coordination.

The committee’s report is not the official federal dietary guidance intended for the public, however. In 2005, the Dietary Guidelines Advisory Committee for the first time was charged with focusing on the science, rather than developing a communications or policy document. This separation allowed a move towards a process of evidence-based review. The implementation of the Nutrition Evidence Library (NEL) in 2010 allowed for an increasingly thorough, systematic, and transparent approach to reviewing and analyzing the evidence.

The separation of evidence review from translation and communication with the public also has served to elevate the importance of communication as an endeavor worthy of dedicated focus. The HHS and USDA are responsible for translating the recommendations into the Dietary Guidelines for Americans, which is “intended to be a primary source of dietary health information for policymakers, nutrition educators, and health providers.”

Most people have never heard of the Dietary Guidelines for Americans (US Food and Drug Administration Health and Diet Survey 2008; IFIC Foundation Food and Health Survey 2010). However, as they form the basis of many federal, state, and local nutrition education and feeding programs, many people who have never heard of the Guidelines are directly or
indirectly affected by them.
Low Fat
During the late 1980’s to early 1990’s a low-fat diet was recommended because of the caloric density of fat in comparison to that of carbohydrate and protein. The low-fat message minimized the sensory quality and satiating effects of fat, and it disregarded the health benefits of fats.

Consumers and health professionals alike heard the low-fat message loud and clear, but the low-calorie message was lost. Low-fat food products were developed and provided choice for consumers who were trying to reduce fat intake. However, while the percentage of calories from fat decreased over the years, caloric intakes increased. Some food products that were lower in fat were not lower in calories, in part due to the addition of carbohydrate to meet consumer flavor expectations. Furthermore, many consumers tended to eat more calories because of the perception that a low-fat food would be low in calories, regardless of portions eaten.

Moderate Fat
In 2000, the health benefits of certain types of fats gained more attention. The 2000 Dietary Guidelines recommended a diet moderate in total fat, and low in saturated fat and cholesterol. This distinction increased emphasis on the types of fats consumed.
Types of Fats

By 2005, there was increasing consensus regarding the health impact of *trans* fatty acids and the health benefits of monounsaturated and polyunsaturated fatty acids (MUFA and PUFA). In addition, the scientific literature highlighted the important role that fats play in satiety and the sensory enjoyment of food. The 2002 Institute of Medicine (IOM) report on *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids* and the 2005 *Dietary Guidelines for Americans* each recommended a diet moderate in total fat, with most coming from MUFA and PUFA, and a lower intake of *trans* fat, saturated fat, and cholesterol. In response to the IOM recommendations, the FDA required in 2003 that *trans* fat be listed on the Nutrition Facts panel by 2006.
A closer look at the 2010 *Dietary Guidelines for Americans* in comparison with the 2005 version reveals considerable consistencies with respect to dietary fatty acid recommendations, such as for saturated fat, *trans* fat, MUFA, PUFA, and cholesterol. One difference is that there was very little emphasis on total fat in 2010, although the *Guidelines* did briefly recommend consistency with the Institute of Medicine at 20 to 35 percent of calories from total fat.

The food recommendations included a call for not only the fruits, vegetable, whole grains, and low- and non-fat dairy products advised in 2005, but also fish, nuts, and vegetable oils. While in the 1980’s, nuts, oils, and some seafood were shunned because of fat content, the health benefits of the particular dietary fats in these foods are now understood to be beneficial.

Although consumers need more MUFA, PUFA, and various micronutrients, energy balance is critical and was center stage during the formation of the 2010 *Guidelines*. Therefore, replacement messages were strong, including:

- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
- Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
- Use oils to replace solid fats where possible.
There are several major scientific organizations that periodically review and publish dietary recommendations for food and nutrition, including dietary fats specifically. In addition to the *Dietary Guidelines for Americans* and the IOM Dietary Reference Intakes (DRI), guidance on dietary fats is available from organizations such as the Food and Agriculture Organization and World Health Organization (FAO/WHO) and the American Heart Association (AHA).

The recommendations made by these three organizations have some interesting differences. The FAO/WHO (2009) recommends a limit on total fat, the greatest amount of detail regarding the amounts of omega-6, omega-3, *trans*, and saturated fats, and makes no recommendation for dietary cholesterol.

The AHA makes no specific recommendations regarding total fat, PUFA, or MUFA, but does encourage fish consumption twice per week, limits on *trans* fat and cholesterol, and the strictest limit on saturated fat.

The IOM DRI are similar to those of the FAO/WHO with respect to total fat. However, likely due to the state of the science in 2002 versus 2006 or 2009, advice regarding saturated fats, *trans* fats, and cholesterol are not quantified.
Research suggests that small changes that are sustained in the long term may lead to substantial health improvements. People can make healthful choices, in small steps, to fit the Guidelines into their daily routines. Accordingly, the 2005 Dietary Guidelines Advisory Committee concluded: Small changes maintained over time can make a big difference in body weight. This concept was integrated into MyPyramid in 2006 with the tagline: Steps To A Healthier You

The 2010 Dietary Guidelines for Americans emphasizes two overarching concepts:
• Maintain calorie balance over time to achieve and sustain a healthy weight.
• Focus on consuming nutrient-dense foods and beverages.

USDA’s new MyPlate food icon was released June 2, 2011. It is a new generation icon with the intent to prompt consumers to think about building a healthy plate at meal times. MyPlate will replace the MyPyramid image as the government’s primary food group symbol as an easy-to-understand visual cue to help consumers adopt healthy eating habits consistent with the 2010 Dietary Guidelines for Americans. MyPyramid will remain available to interested health professionals and nutrition educators in a special section of the new website.

For more information on how to build a healthy plate, consumers can visit www.ChooseMyPlate.gov
The government and dietitians are not the only voices consumers hear when they listen to dietary fats and health information. An understanding of the sources of and context for nutrition information for consumers, combined with insight into their reactions to common messages, can serve as a foundation for nutrition communication with the public.
Consumer surveys show that people use many sources of food, nutrition, and food safety information. IFIC Foundation’s *Food and Health Survey* has consistently shown that the food label and friends/family are the top sources utilized by consumers. Interestingly, the grocery store is the third most frequently mentioned source of information, while health professionals (doctors, nurses, etc) are the fourth most frequently mentioned source. Dietitians cited by only six percent.

These results also reveal the role that the media plays as a source of nutrition information. The internet, TV news programs, magazines, newspapers, cooking shows, and talk shows are all types of “media,” and when considered together are the most widely utilized sources of nutrition information for consumers. Dietitians are increasingly prominent in both traditional and online media, which are clearly essential modes of reaching today’s consumer. While science, broadly speaking, is commonly discussed in the media, an inappropriate focus on single studies and a tendency to overstate findings persists.
Let’s consider another “voice” that is influential in nutrition communications arena: the scientific community.

The sources of scientific review and recommendations for dietary fats that we reviewed earlier in this module are those that are intended for the use of dietitians and other health professionals and educators. These documents are intended to guide public health programs and strategies, but are not “consumer friendly.” Still, consumers hear about them in the media, on blogs, and in other venues. And having a strong foundation in communication will enable you to appropriately translate the information into foods and eating behaviors that people understand.
MyPyramid, as mentioned, is a comprehensive educational tool intended for the generally healthy public developed by the government and available to both consumers and health professionals since 2006.

Another source of consumer-oriented dietary guidance is available from the National Heart, Lung, and Blood Institute’s (NHLBI) Dietary Approaches to Stop Hypertension (DASH). The DASH eating plan outcomes have been consistently replicated in numerous studies since first published in the *New England Journal of Medicine* in 1997. The DASH Trial compared the typical American diet to an eating plan rich in fruits, vegetables, low-fat dairy products, whole grain products, fish, poultry, and nuts, but reduced in lean red meat, sweets, added sugars, and sugar-containing beverages. The resulting diet is rich in potassium, magnesium, and calcium, as well as protein and fiber, and low in total and saturated fat. Research has shown that the DASH eating plan lowers blood pressure in individuals with hypertension and even in those with normal blood pressure.
According to IFIC’s 2010 Food and Health Survey (n = 1,000), 85 percent of people say they have heard of MyPyramid. However, only 51 percent say they know a fair amount or a lot about it, and it is less clear how many are attempting to adhere to MyPyramid. Just over one in ten consumers (15 percent) have never heard of MyPyramid.

The DASH diet is less well known among consumers, even among those with hypertension who should be following the diet. Investigators at Wake Forest University School of Medicine, Winston-Salem, NC, used data from the 1999-2004 National Health and Nutrition Examination Survey (NHANES) to review the self-reported dietary habits of 4,386 adults with hypertension. They found that only 22 percent of participants were following the DASH diet.
The media, as mentioned, is the most commonly cited source for nutrition information by consumers. They can and do easily tap into these resources every day. Whether they access the Internet, listen to the radio, read magazine articles, or view TV news reports, consumers are constantly reading, hearing, and seeing reports about nutrition—including information about dietary fats.

Here are just a few of the recent headlines on dietary fats:

- 5 fatty foods that will help you stay healthy, *Best Health Magazine*
- Mediterranean diet may trim diabetes risk, *Reuters*
- So-Called Healthy Vegetable Oils are Risk Factor for Breast Cancer, *Natural News.com*
- Study Finds Fish Oil May Help Reduce Depression For Some, *Reuters.com*
- Fat wins! Even saturated fat can be good for you, * Examiner.com*
- Avocados: A Super Cancer Fighting Food, *Huffington Post.com*

The bottom line is that Americans hear a lot of information, much of it seemingly contradictory, about what to eat. And as we see in this *NBC Nightly News* headline, “Confused Americans Not Sure What to Eat.”
Consumers are bombarded each day with often conflicting and out-of-context nutrition information from a multitude of sources, as well as recommendations from the scientific community, government-led public education campaigns, and mainstream media.

Books written for consumers may be portrayed as science-based, but the inclusion of studies may be selective and the conclusions may be inappropriate. Information in media articles may be accurate, but not comprehensive enough for consumers to know if or how to act upon the information. From the individual’s perspective, this is especially difficult when equally credible sources promote guidance that they see as contradictory.

Given the complex and sometimes contradictory communications environment, it is not surprising that nearly half of consumers (46 percent) agree with the statement, “I feel that food and health information is confusing and conflicting.” (IFIC Foundation 2010)
Health professionals often listen to and evaluate nutrition information, paying close attention to the scientific evidence. Understanding the science is essential. Equally critical is the translation process that must occur so that scientific recommendations become messages about what to eat. After all, consumers eat food, not numbers or percentages. Consumer studies, including focus groups (qualitative research) and surveys (quantitative research) offer insights into what consumers think, feel, and do when it comes to nutrition information, which can inform your communication with your clients. The next few slides will focus on consumer studies of dietary fat intake, perceptions, and knowledge.
Over the past 15 years, the IFIC Foundation has conducted many qualitative and quantitative consumer studies, exploring how consumers think about nutrition. The quantitative data in this section pertains to concern, awareness, perceptions, and behavior with respect to dietary fats from IFIC Foundation’s web-based Food and Health Surveys, conducted annually from 2006 to 2010. Each survey was conducted online with 1,000 Americans age 18 or older.
While quantitative research captures information about large numbers of people, with the potential for generalization of findings to the broad population, qualitative consumer research is essential to capturing the nuances of how consumers think and feel. Where quantitative studies usually measure how many or how much, qualitative research typically address “why.”

One type of qualitative research is the focus group. It is a moderator-led group discussion among 8 to 10 people that focuses on specific topics and concepts, using primarily open-ended questions. For example, consumer messages can be explored to gauge consumers’ reactions as well as the reason behind their reactions.

The focus groups referenced in the next few slides were conducted in 2004, 2007, and 2010. The research explored consumer understanding of an array of topics, including portion sizes, dietary fats, understanding of fatty acids, and healthy eating guidance.
Consumers have just begun to accept the idea that certain types of fats really are good for health. For years, focus groups have indicated that only a few consumers understand that fats are essential to health, while many are still convinced that fats are “bad” and need to be restricted. Some believe that fats should be eliminated entirely. Above all, confusion about dietary fats is widespread, even among the most nutrition-savvy (IFIC Foundation, 2004, 2007).

As we go through the next few slides, a few points are especially important:

- Consumers generally think about dietary fats in terms of the foods that contain them, rather than in terms of specific fatty acids.
- Consumers tend to get lost in the details of specific nutrients. Although they may be able to name different kinds of fats, they are generally confused about their effects on health. They tend to classify fats as either “good for you” or “bad for you,” with less attention to the reality that foods with fat contain a mixture of various fatty acids.
Americans were concerned in 2010 about fats. In fact, two-thirds of consumers said they were somewhat or very concerned about both the amount (67 percent) and type (69 percent) of fat they consumed.

Concern about type of fat is relatively recent. Historically, consumer messages have targeted total fat, therefore the public has been very concerned about amount. Now, concern about types of fat has caught up with concern about amount.
In addition to being concerned about the amounts and types of fats they are eating, the majority of consumers are highly aware of specific fats and fatty acids—especially the less healthy trans and saturated fatty acids, but also healthful fatty acids and their food sources (e.g., vegetable oils, fish oils, and omega-3 fatty acids).

There’s a big difference between being “aware” of a fat or fatty acid and understanding its role in the diet, however.
Another way to get at consumers’ knowledge of dietary fats is to ask about the healthfulness of fats. In IFIC’s 2010 Food and Health Survey, consumers were asked about their perceptions of the healthfulness of specific vegetable oils. Consumers viewed olive oil as the most healthful, followed by soybean, canola, and sunflower oils. In contrast, just under one-third rated corn oil as healthful, and less than one in five rated palm oil as healthful.

It’s important to understand that ALL vegetable oils with less than 20 percent saturated fats can be part of a heart healthful diet. Corn, sunflower, canola, soybean, olive oil, cottonseed, and safflower oils are all low in saturated fats.
This slide reveals an interesting disconnect in consumer understanding of dietary fats terminology.

Consistent with their high awareness of trans and saturated fats, a majority of consumers reported that they are trying to eat less of these fats. Also, more than 40 percent say they are trying to eat more omega-3’s fats.

Yet, approximately one-third of people a say they are trying to eat less polyunsaturated and monounsaturated fats, even though they are healthful and include the omega-3’s consumers are seeking.

The bottom line: consumers are hearing about types of fats and some of the messages are very clear (eat less trans and saturated fats, eat more omega-3’s and vegetable oils). What is also apparent is that terms like “polyunsaturated” and “monounsaturated” simply aren’t well understood, even though the message on these fats has been consistent among government, health professionals, and the media.
Most consumers don’t understand fatty acid chemistry, but fortunately, they don’t need to in order to make better food choices. For the most part, food-based messages are likely to be more effective in helping consumers to adopt healthful dietary behaviors without sorting through complicated terminology.

Focus groups support that idea that consumers are confused by most individual nutrients, including fatty acids like polyunsaturated and monounsaturated fats. Consumers have difficulty recognizing nutrients and don’t associate them with the foods they eat, let alone understand how they function in the body or affect health.

This is why it’s so important to create messages based on foods rather than nutrients when possible.
Here are some key insights from the consumer data:

- After 20 years of advice from multiple voices warning of the health risks associated with consuming too much fat, there is strong evidence that consumers believe they should consume less fat.

- Consumers seem to be gaining awareness of specific fatty acids, particularly the saturated and trans fats they should reduce.

- Consumers have misperceptions about the healthfulness of certain dietary fats and their food sources. They correctly identify some, but not all, healthier oils. Some are seeking more omega-3 fats, but some are trying to consume less MUFA and PUFA.

- Complex terminology may fuel misunderstanding, therefore food-based advice will likely be most effective.
Health care providers, food educators, and other nutrition communicators have a unique opportunity to help consumers rethink their perceptions of fats in food. Nutrition communicators can teaching consumers to select foods and meals that include healthful fats, guiding them toward an eating plan full of flavor and enjoyment that also provides nutrition and health.
Another key finding of IFIC Foundation’s research on fats was that consumers want to make healthier choices when it comes to dietary fats to improve their health, but struggle with transforming information into everyday action at the supermarket, in their kitchens, and at restaurants. They also have difficulty staying motivated to tackle these challenges.

The implication is clear: consumers need help alleviating the information clutter, and they need positive strategies to use the knowledge base they already have in order to make healthful behavior changes.
Dietitians have emphasized personalizing nutrition counseling for years. The 2010 *Dietary Guidelines for Americans* also emphasize the importance of personalization and making tradeoffs. For people to even consider following dietary advice, it must be tailored to their likes and dislikes, lifestyle, and culture—not a one-size-fits-all approach.

In focus groups, consumers have stated exactly how they want those ideas communicated to them. They want actionable tips with these principles in mind:

- Be positive.
- Keep it short and simple.
- Create it just for me.
- Make it specific and manageable.
- Provide the payoff.
- Talk food and fun.

The next few slides will show you examples of how to give consumers tips for putting the latest guidance about dietary fats into positive action in their busy lives.
Both consumer beliefs and scientific facts are important components of effective communication. For example, a consumer may believe that all fats are bad. Yet, scientific consensus is that dietary fats are essential for health. Including moderate portions of healthful fats, like nuts, oils, and avocados, can help to keep blood cholesterol levels healthy.

Two communication principles, “Be Positive” and “Provide the Pay Off,” can be applied to educate and motivate consumers with this message:

“For a tasty crunch that will also help to crunch cholesterol protect your heart, add a spoonful of chopped walnuts, almonds, or pecans to your salads.”
Consumers in focus groups say that they are turned off when they hear they should avoid the foods they like to eat. In a 2008 survey conducted by the American Dietetic Association, fear of giving up favorite foods was cited by 73 percent of respondents as a barrier to healthful eating (http://www.eatright.org/Media/content.aspx?id=7639).

So a consumer may believe that she must give up her favorite foods, such as steak. The science says that consumers do need to keep saturated fats and cholesterol low, but it’s the total diet that counts.

Communication with consumers who are feeling fearful and who are thinking in extremes can be more effective when tips are short and simple, specific and manageable, such as:

“Order once, enjoy twice. Eat half your steak at the restaurant, take the rest home, refrigerate and savor tomorrow.”

Another possible message shows how a higher-fat “treat” can be enjoyed sensibly and easily:

“When you bake (or buy) a pie or cake, cut it into 10 or 12 pieces instead of 8. Enjoying a smaller amount of a favorite food can help you to keep saturated fats and calories in check for the day.”
Another consumer belief that can be addressed is the idea that food companies are mislabeling products that contain partially hydrogenated oils as “zero trans fat”.

The fact is that the U.S. Food and Drug Administration (FDA) considers all nutrients (including trans fat) less than 0.5 grams/serving to be nutritionally insignificant and values are expressed as “0 grams” on the Nutrition Facts panel.

The following message uses the communications principle of making tips specific and manageable, focusing on the positive aspects of what to do.

“Look for little to no saturated or trans fats on the Nutrition Facts Panel, and keep portions in check.”
Many people have for so long equated healthful with tasteless that they need tips for finding both flavor and healthfulness in food. They may also be looking for permission to enjoy eating.

Science supports the idea that variety is one key to a healthful diet. Fortunately, today’s food supply abounds with a variety of flavors and textures that can be enjoyed without adding excessive saturated fat to the diet. Meat cuts are leaner and eggs are lower in cholesterol in the past. Herbs, spices, and vegetable oils can also add flavor along with health benefits.

How can you get consumers excited about healthy eating? Try these out:
• “Discover new flavors by experimenting with spices and herbs.”
• “Seek out new, leaner versions of your old favorites.”
• “Surprise your palate with the hearty taste of salmon... you’ll also get more of the healthy fats you need.”
Consumers are confused about saturated, polyunsaturated, and monounsaturated fatty acids. Also, today’s time-crunch lifestyle requires that nutrition communicators keep tips short and simple.

The science tells us that replacing saturated and trans fats with mono- and polyunsaturated fats reduces the risk of heart disease.

Help your clients to get the health benefits of fats without having to digest the complex scientific terms: “Whether you cook, eat out, or carry out, look for vegetable oils like olive, canola, corn, sunflower, or soybean on the label or menu.”
Here’s one last example of message development. It is based on the principle that advice needs to be personalized (create tips just for me).

The consumer belief that low-fat foods taste terrible is pervasive. There are many lean and tasty options available. Regardless, nutrition science supports the inclusion of some saturated fats (7-10 percent), which means that consumers can make trade-offs to eat reasonable portions of their favorite foods.

For example, “If you enjoy cheese, try sprinkling a small amount on top of food for more flavor impact, while also choosing more vegetables, whole grains, and lean protein choices to keep calories in balance.”
When it comes to making decisions about food, the consumer is king. As one focus group participant pointed out, “I am the gatekeeper of my mouth.” If we want to communicate effectively with consumers, it makes sense to always keep their needs in mind— and to include their opinions— when developing our nutrition messages and tips.

Lecturing, force-feeding a point of view, and restricting choice may lead people to resent, ignore, or rebel against our suggestions. When we listen carefully to consumers and really hear what they are saying about the type of nutrition advice that works for them, we can guide them to begin taking those small steps toward good health.
Dietary Fats Communication Resources

- IFIC Foundation Consumer Research, Scientific Backgrounders, and Consumer-Tested Messages and Tips: www.foodinsight.org
- MyPyramid: www.mypyramid.gov/
- DASH Diet: http://dashdiet.org
- TLC Diet: http://www.nhlbi.nih.gov/cgi-bin/chd/step2intro.cgi

For more information from IFIC Foundation about consumer research, scientific backgrounders, and consumer-tested messages and tips, go to www.foodinsight.org.

Other communication resources can be found at:

- MyPyramid: www.mypyramid.gov/
- DASH Diet: http://dashdiet.org
- TLC Diet: http://www.nhlbi.nih.gov/cgi-bin/chd/step2intro.cgi
For additional information regarding dietary fats intake recommendations and guidance, as well as the science underpinning them, go to: