



# Health Connections

LINKING NUTRITION RESEARCH TO PRACTICE

## Maintaining the “Choice” in Food Choices

Recent approaches for addressing or preventing obesity have centered on imposing limitations on access to food through the legal or economic system. Can we legislate healthy choices through assessment of “fat” or “junk food” taxes and the enactment of policies to prevent access to foods consumers apparently want and enjoy? Are such efforts a referendum on the effectiveness of nutrition education? This issue of Health Connections examines perspectives beyond restriction of food choices that can support consumers in their efforts to manage weight and promote health.

### Background

Are we expecting too much of consumers to allow them to make their own healthy food choices? Some consider the efforts of individuals insufficient and believe that regulations are needed to level the playing field in what has been called an “obesogenic” environment. While the solution to weight gain may be a simple equation of calories in and calories out, the easy availability of large portions of convenient, good-tasting foods 24/7, coupled with an increase in labor-saving devices and decline in work-related physical activity, can tip the scale out of balance.

Using legal, economic or regulatory systems is a current and highly debatable strategy to limit access to certain “unhealthy” foods. Some consider the chronic disease impact of these “unhealthy” foods a health-care cost burden to society and believe that certain foods should be controlled for society’s greater good. As a result, some states and cities are drawing up legislation that would limit access to certain foods in a variety of ways including taxing high-fat foods, establishing a minimum purchase age for designated foods, imposing zoning restrictions on certain restaurants, or stocking some snack foods out of customers’

reach. Some schools and departments of education are establishing nutritional standards or criteria based on calories/fat content that define allowable snack foods available for sale – even designating location and time.

Policies that increase the availability of healthy food options may be a viable strategy toward the goal of improving diets. Although well-intentioned, policies severely restricting food options and eliminating choice without supporting educational efforts may not be successful because the evidence of a relationship between specific foods and obesity is tenuous at best. It is well agreed that overweight and obesity are multifaceted problems, attributable to more than any specific food. Thus, the trend – or for some the concern – about using legislation and regulation to dictate good-for-you food choices to improve health is not totally black or white, and may not bring about the desired result.

### Reality Check – Does Food Restriction Work?

How would we react to being informed that a favorite food is only available at a certain time or place, and at a higher price? As health professionals we’ve watched as consumers *voluntarily* cut out or significantly limit foods when on popular weight loss diets but then be unable to sustain such habits over time. Because food

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Mary Jo Feeney, MS, RD, FADA

### HEALTH CONNECTIONS EDITOR

Mary Jo Feeney specializes in nutrition communications and marketing. With over 30 years experience in public health nutrition and education, she currently is a leading consultant to the food, agriculture and health care industries. A charter Fellow of the American Dietetic Association, Mary Jo served on the Board of Directors of both the American Dietetic Association (ADA) and its Foundation (ADAF) and received the association’s Medallion Award in 1996.

choices begin early in life, and there is a concern about overweight and obesity in children, restricting children's access to tasty foods may be especially appealing as a way to promote future moderate intake of those foods. However, it may be unrealistic to expect children to meet nutritional challenges that most adults have been unable to manage.

Some research with children has found that restricting access to a snack food relative to a similar food freely available within the eating environment resulted in more positive comments about, requests for and attempts to obtain the restricted snack food.<sup>1</sup> Children's behavioral response to restriction was accompanied by a heightened desire to obtain and consume restricted

foods, and actually may have *encouraged* the behavior that restricted access was to reduce.

All of us – health professionals, educators, researchers, members of medical and public health communities and regulatory agencies – have a role to play in the provision of information, motivation and educational opportunities to support clients in their efforts to manage their weight and overall health. Both education and policy approaches that increase access to healthy food and physical activity options are essential and complementary efforts to deal with a multifactorial major public health condition. Severely restricting access to food cannot substitute for preparing clients with skills to make healthy food choices on their own, outside of controlled environments.



Johanna T. Dwyer, DSc., RD

*In this interview, Johanna T. Dwyer, DSc., RD, Director, Frances Stern Nutrition Center, Tufts-New England Medical Center, and Professor of Medicine and Community Health at the Friedman School of Nutrition Science and Policy and the School of Medicine at Tufts University, discusses the important role of nutrition information and education in improving consumers' health.*

**Q. In the quest for promoting health and preventing disease, what roles do nutrition education, personal choice and controlling the food environment play?**

A. The roles of nutrition education, consumer choice and environmental change are, can and should be complementary in any sensible and comprehensive effort to improve consumers' – and thereby our nation's – health. The most effective way to alter or improve dietary intake depends on the groups and individuals the change is designed to benefit.

Nutrition education can be thought of as a “demand driven strategy” since it seeks to motivate consumers to demand healthy food choices. In the end, consumers eat whatever they decide to. Nutrition education helps them want the healthier choices, choose wisely, and eat well while enjoying their food. Health professionals owe it to consumers to provide them with the tools they need to do this.

Another approach is to change the food environment or supply to increase the availability of healthful foods. Consumers can use this strategy in their own homes by simply not buying foods they want to avoid. In addition, the government has used public health interventions and regulations to make broad-based changes in the food supply – iodine fortification of salt for goiter; vitamin D in milk for rickets; and more recently folic acid

for neural tube birth defects. The nutritional benefits these food products provide are obtained automatically when they are consumed. However, the public health rationale and evidence of benefit for such large-scale changes in the food supply has to be very solid to do this.

No single strategy or mix of strategies for improving diets is “correct” for everyone. The most appropriate mix of nutrition education, personal choices of food and controlling the environment in which we live and eat varies not only from person to person but from one problem to another. Life would be a lot simpler if there was just a one-size-fits-all diet. Unfortunately, no one perfect diet exists that everyone likes and that is also ideal from a health outcome standpoint. However, health professionals can help clients to:

- Learn the facts about the nutritional problem and the solution
- Be aware of the nutritional implications of the food choices that are out there
- Recognize what they can and cannot control in the food environment and avoid hazards when they can
- Plan for contingencies, and
- Have a thoroughly thought out set of options than can be acted upon.

**Q. Can you describe how the trend toward individualization of dietary guidance recommendations supports consumer choice? Aren't guidelines somewhat "restrictive?"**

A. Individualization trends are likely to continue to help consumers enjoy their food and keep the flexibility they want and need in eating. Research indicates that most consumers want guidance that is very specific to them, their life situations and their particular likes and dislikes.<sup>2</sup> Nutrition guidance has to be tailored, practical and actionable if we want to help individuals to take personal ownership of their own health, increase the pleasure that comes from eating and minimize non-adherence to recommendations.

Current federal dietary guidance recognizes this need and provides some assistance to help consumers apply guidelines to their own lives. MyPyramid, the USDA's Food Guidance System ([www.mypyramid.gov](http://www.mypyramid.gov)) encourages individuals to choose among different foods within each food group to meet their own health and taste goals based on activity level, gender and age. Health professionals are an especially important resource for this information, which can be tailored to include a client's preferences, downloaded and printed as customized nutrition information. Such advice is especially important for consumers without Internet access. People really like their own individualized material that speaks to their particular problems.

**Q. What should health professionals say to clients who have read about genomic diets that promise to tailor your diet exactly to your genes?**

A. Using the Internet, consumers can find companies that claim to analyze a blood sample and, on the basis of the various gene polymorphisms present, formulate a special diet designed for their individual needs. The tests

can be quite pricey; up to \$500. We advise our clients that the genomic diet is not ready for prime time. We don't know enough about our own genes and the effects of diets upon them to do this yet. None of the diseases most of us worry about are single gene defects, and we need to know a lot before we truly understand them. Perhaps in 10 years there will be something there, but not now. In the meantime, health professionals can use the tips discussed in this newsletter to tailor nutrition guidance.

**Q. What can health professionals do to help clients begin to apply a life perspective to food choices and health needs that change over time?**

A. Clients, particularly adults, can get stuck in eating and food environment ruts that start out all right but over time may end up being dysfunctional and inappropriate. Once you get clients to stop and think about it, they will realize that they cannot eat the way they did as teenagers for the rest of their lives without serious health consequences. Health professionals can provide real assistance by asking clients what good things for health they used to do (walking, tennis, gardening) that they no longer do, and what health behaviors they can put back into their lives. Second, ask clients to identify and remove some undesirable things for health. Third, ask clients to state how this will be done.

**REFERENCES**

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**PRACTICE POINTS FOR THE HEALTH PROFESSIONAL: Expanding Choice**

- Build food choice skills and teach principles of healthy eating so clients can make food choices suitable to their own individual needs no matter what the setting. Prepare clients to be in control of their environment, rather than at its mercy.
- Assist clients in identifying, understanding and managing barriers they experience to healthy habits rather than trying to suppress targeted "undesirable" behaviors. Consumers say they are not willing to give up their favorite foods, although they often feel guilty about it.<sup>3</sup> A healthy lifestyle does not require denying favorite foods when eaten in moderation. This message can help lessen the guilt some might experience in their private "good food/bad food" struggles.
- Acknowledge that food, health, play, leisure, and community are connected and related. Research discovered that key themes of appearance and family represent opportunities to motivate individuals to want to take action.<sup>3</sup> Appearance is tied to one's self-image and how one relates to others. For individuals with families, health is linked to their ability to enjoy family life – as well as their own mortality. Tap into these motivational factors when encouraging clients to make dietary/lifestyle changes.