



Canadian Nutrition Society
Société canadienne de nutrition

2013 CNS FOOD FOR HEALTH WORKSHOP
“COMMUNICATION AND FOOD MESSAGING: THE CONSUMER DISCONNECT
From scientific findings to useful consumer information

WORKSHOP REPORT

PURPOSE

This provides a summary of the workshop discussion on the communications disconnect with consumers on food and nutrition which was the subject of 2013 CNS Food for Health Workshop in Quebec City. This summary also incorporates the key findings from a survey of attendees and CNS members on KT with consumers prior to the workshop.

The Workshop was sponsored by ALMA, APNM, and PFSNRA; with support from McDonald’s Canada

BACKGROUND

The Canadian Nutrition Society (CNS) is a strong advocate for the use of food and nutrition to maintain/improve the health of Canadians and to reduce the incidence/impact of chronic disease on the healthcare system. To advance this mission, the CNS created the Food for Health series of workshops to reach out across the food –health continuum and engage stakeholders – governments, researchers, scientists, physicians, producers, processors and retailers – and provide a forum for these stakeholders to agree on collaborative actions to remove barriers to progress and accelerate adoption of the food for health agenda.

The objectives of the CNS Food for Health Workshops are:

- to chart a go-forward course for the use of food-based strategies to advance health,
- facilitate partnerships and collaborative action; and,
- be a catalyst for change.

The CNS Food for Health Workshops are focused on practical, real-world issues and solutions. For example, the first workshop at the University of Guelph in 2011 led to a new partnership and funding for the development of a nutrition education curriculum for healthcare professionals; funded in part by the Alberta Livestock and Meat Agency (ALMA) which attended the Workshop. And the 2013 Quebec City workshop has led to Workshop sponsorship by ILSI. (International Life Sciences North America).

The CNS Food for Health Workshops do not shy away from difficult, complex issues that impede adoption of healthy eating. Regulatory hurdles, conflict of interest, research bias, the evolving research funding environment, and the changing role of researchers have all been tackled. The 2013 Workshop

was no different. This year, CNS chose to address the difficult and complicated issue of the role of communications and food messaging in promoting health eating and changing consumer eating behaviour.

The workshop was titled: *Communication and Food Messaging: the Consumer Disconnect. “From scientific findings to useful consumer information”*. The premise underpinning the Workshop is that consumer failure to adopt healthy eating patterns is the result of a breakdown in communications; specifically, is the result of a breakdown in knowledge translation of scientific research findings into useful information that can motivate consumers to make healthy food choices.

The communications disconnect with consumers is a serious barrier to the use of food to maintain health and mitigate the progress of chronic illness. The CNS believes that the way we deliver food and nutrition messages to consumers is instrumental to the adoption of healthy eating and in helping to mitigate the prevalence of chronic disease.

The Workshop examined the source of the “disconnect”; whether it can be bridged; and, if so, how. The challenge is: How can scientific findings be translated into useful information that will result in consumer adoption of health eating habits and in a sustained way? Research advances, growing scientific evidence, and increasing awareness of the health benefits of nutritious food do not appear to be translating into consumer uptake.

STRUCTURE OF THE WORKSHOP

The Workshop was structured around a key note speaker and two panel discussions which explored the issue from multiple perspectives – that of the researcher, the scientist, the food producer, food distributor, marketer, retailers, and, government (Health Canada). A survey was distributed ahead of the Workshop to attendees and CNS members and its findings were used to inform the structure of the workshop and areas for discussion.

A keynote speaker from McDonald’s Restaurants of Canada provided the all-important retail perspective of those working on the frontline directly with consumers.

The two panels featured stakeholders who used real world case studies to profile specific communications challenges and the effectiveness of the strategies employed to drive behaviour change and bridge the communications gap with consumers. The first panel provided the perspective of processors and manufacturers. The second panel approached the issue from the perspective of the research community and the federal government/Health Canada.

CONCLUSIONS

1. The communications disconnect between knowledge generation and consumer adoption of healthy eating is complex.

- The KT process involves a series of steps.

1. Knowledge generation (research)

2. Synthesize nutrition knowledge
3. Disseminate and communicate clear messages
4. Adoption of knowledge into use by consumers (and other targets)
5. Leads to changes in behaviour

- The bottleneck appears to be step 2 and step 3 which confounds steps 4 and 5.

2. There are a number of factors driving the communications disconnect with consumers on translating knowledge into action:

- a confusing and cluttered nutrition information marketplace
- contradictory messages undermining the believability of all nutrition messages
- lifestyle pressures making “convenience king”
- a consumer mindset looking for simple solutions
- not enough research synthesis and the current funding framework driving quantity of KT
- little research on the effectiveness of knowledge translation strategies and vehicles
- researchers not trained in the discipline of communications
- lack of focus on and investment in public education
- no agreement on a common message

3. The confusing nutrition message landscape was seen by workshop attendees and survey respondents as the primary reason for the consumer disconnect on healthy eating.

- Both the workshop and attendee survey identified the confusing information landscape -- rife with too many messages, conflicting and contradictory science -- as a major barrier to consumer adoption of healthy eating. 77% of workshop survey respondents agreed that a confusing message environment was a major reason for the consumer disconnect on healthy eating.
- Message clutter makes it difficult to hear the message and the contradictory research creates credibility problems undermining consumer confidence in/believability of any nutritional message.

4. Attendees strongly believe that the consumer “disconnect” may not be just a communications problem, but is much more complicated by lifestyle factors.

- Hectic personal life styles with dual working parents leave little time for home meal preparation, shopping, and exercise. These lifestyle pressures are serious barriers to healthy eating habits. In the workshop survey, 69.7% of respondents identified lifestyle and knowledge as key factors for the failure of consumers to adopt healthy eating patterns (primary focus was on lifestyle pressures).
- This represents a major societal challenge that will require innovative and creative solutions; particularly in the area of public education.

5. Another reason for the breakdown in knowledge translation --- the “communications disconnect” -- is the mindset of consumers and the lack of understanding by researchers of consumers as a target audience (i.e. how to market to consumers).

- There are a number of marketing reasons for the consumer disconnect because researchers are not trained marketers and do not understand consumers.
- First reason: There is a tendency for researchers to focus single-mindedly on the research and dissemination of the knowledge, versus how the end user is going to use or integrate the research into their daily lives. This is the essence of marketing and essential to bridging the “disconnect” with consumers. How do researchers want consumers to respond to the new knowledge? How do they want them to use the research to modify their eating patterns? It is the responsibility of the researcher to make the connection and show consumers why the new information is important to them and how to adopt it.
- 78.9% of respondents to the workshop survey agreed that nutrition education should be handled the way food products are marketed to consumers which indicates that attendees believe that a new approach to communicating research to the public is needed.
- Second reason: There is a major “disconnect” between the mindset of researchers and consumers so researchers have trouble framing the message so that it is relevant to consumers. Researchers rightly focus on the science, the knowledge, but consumers really don’t care about the science. Consumers (per Health Canada) are looking for easy, uncomplicated solutions to healthy eating and weight loss. They seem to want instant solutions, even if the solution is not scientific. They just want to feel good and be empowered to take action.
- Third reason: While consumers are interested in and are persuaded by health claims (78.8% of workshop survey respondents), the conflicting science is creating serious credibility problems. This is further complicated by the fact that consumers are looking for simple solutions and don’t have the time or inclination to wade through the morass of confusing, fragmented nutrition messages.
- Fourth reason: In addition, research messages are often presented as snap shots in time in a piecemeal, one-off way, not as a coherent, simple program that is easy to understand and will fit easily into a consumer’s lifestyle. This is why diet panaceas like “Wheat Belly” and “Salt, Sugar, Fat” are widely embraced by consumers who are looking for easy solutions – “how to’s” to change their eating behaviour. These books/diet fads are marketed well to consumers with one big idea behind them.

6. More synthesis is required to put research in context for consumers. Contradictory nutrition research messaging is undermining the credibility and believability of the science which is becoming a major barrier to consumer uptake of nutrition advice.

- One of the panelists at the workshop called for greater rigour and discipline in knowledge translation activities and put out a call for more knowledge synthesis and strategic consideration of what should be communicated, to whom, and how it is communicated. The goal should be to encourage informed- decision-making and that can only be done if the information is relevant to user needs and put into context.
- Consumers cannot make an informed decision based on the results of one research study. Consumers need to understand the findings within the context of other similar research studies.

- KT strategies are more likely to be successful when tailored to a specific audience. The content is highly contextual and user dependent; whether the knowledge is to be used by dietitians, physicians, other health professionals, or consumers.

7. The current research funding framework requiring KT is helping to drive confusion in the nutrition information landscape. A dialogue needs to be initiated on how to improve the current framework for KT to focus more on quality versus quantity of knowledge dissemination.

- While it is true that the evolving nature of nutrition research creates considerable nutrition message confusion in the marketplace, the increased focus on knowledge translation by research funding bodies as a requirement for funding has put in place a mechanism that drives KT; puts more focus on quantity of KT versus quality of KT.
- It has led to a piecemeal, ad hoc approach to knowledge translation that is counterproductive to the adoption of healthy eating habits. It is contributing to message clutter and creating a confusion gap.
- Perhaps the time has come to review current research funding requirements for KT and consideration given to development of a new KT policy framework; one that focuses on quality, consistency of message, knowledge synthesis, and use of communications/ marketing specialists who know how to communicate with consumers.

8. Researchers do not have the skills to communicate with consumers and should use communications or marketing professionals as much as possible.

- A number of researchers at the workshop expressed discomfort at having to assume the role of communicator. 45.9% of respondents to the workshop survey indicated that the researcher should not be on the frontline communicating with the public directly. A small majority expressed comfort with undertaking the role of communicator.
- Communications is a strategic discipline requiring years of training. Researchers do not have the necessary skills. They can use and often do use communication specialists as intermediaries.

9. More funding is needed to research knowledge delivery (KT) mechanisms and consumer message uptake.

- The workshop made a clear distinction between nutrition research and KT research. There has been little (KT) research over the years into the effectiveness of different knowledge translation strategies and vehicles that can be used to communicate food and nutrition information to consumers. As well, there has been little effort put into measuring consumer uptake of nutrition messages.
- The one exception has been research into the effectiveness of the media as a communications vehicle to deliver research messages. Research has shown that the use of unpaid media is a very unreliable vehicle to communicate nutrition research to the public. There are a number of reasons. The media are not engaged in knowledge synthesis; they treat a research

announcement (news release) as a snap shot/one-off news item; they misinterpret the findings; and, tend to sensationalize the key findings in order to drive readership/viewership.

10. Health Canada can play a stronger leadership role on a number of fronts to advance the Food for Health Agenda.

- Health Canada has already taken a lead on trying to reduce nutrition message confusion in the marketplace by collaborating with the major players in the food distribution system such as McDonalds, FCPC, and others to drive consistency of message. In the workshop survey, 51.4% of respondents felt that Health Canada should assume a stronger leadership role to drive the food for health initiative.
- Areas where Health Canada could make a difference based on the pathways identified by workshop participants and survey respondents are:
 - be a champion and voice for food for health and health policy change at the government level; both federally and provincially
 - continue within their important role to promote consistency of message but expand that role to facilitate development of an overall unifying strategy and simplified theme or call to action for Canadians; working in collaboration with other key stakeholders
 - act as an independent third party endorser of industry health claims and provide a level of credibility when the believability of the claim appears to be compromised by a concern about sector self-interest; act in the public interest to promote elements of the Canada Food Guide (such as milk consumption)
 - put in place a program that aggressively sets the record straight on negative claims damaging to the health of Canadians and critical sectors within the food industry (egs. milk, red meat)
 - push harder and faster on the approval and use of direct health claims in food marketing
 - work with the private sector on public education programs such as the development of a school nutrition education

11. There is a need to develop a strategy to simplify and unify the message and approach to public education in order to support consistency in nutrition messaging and the adoption of healthy eating habits.

- Efforts to market nutrition and healthy foods are currently highly fragmented and there is little agreement among stakeholders on a common, simplified message for Canadians on healthy eating. It is unclear to Canadians as to what we want them to do.
- There is a need to develop a collaborative platform to lead and advance this work; it needs to involve a range of stakeholders who are willing and able to contribute unique perspectives to advancing the food for health agenda.

- The platform and strategies that are developed need to be cognizant of the unique role of the researcher as knowledge generator and the need to link that knowledge with the knowledge of the user (individual Canadians, health professionals, policy makers).

12. In summary, workshop attendees and survey respondents identified a number of opportunities or strategies to help bridge knowledge to practice – communications “disconnect” – with consumers.

- According to workshop survey respondents, the solution lies in putting more resources behind marketing nutrition (81.7%), driving consistency of message (77%), acknowledging the serious lifestyle challenges consumers face by making it easy and convenient to eat “healthy” (69.7%), and by implementing the public education effective strategies identified in the survey; most notably, at school education.
- One of the calls to action identified in both the survey and the workshop forum was to drive consistency of message. Workshop attendees suggested a number of possible strategies to do that:
 - Development of an overarching theme/call to action to consumers on healthy eating
 - The development of collaborative strategy to public education and messages using an array of stakeholders
 - Focus efforts on the most effective public education strategies – school education programs, portion size, advice from health care providers
 - Work with retailers to provide a partial solution to lifestyle pressures with healthy, portion – appropriate, ready-to-eat meals for families on the go
 - review the current KT funding framework for a new approach focused on quality of KT rather than quantity; require more knowledge synthesis
 - promote the use of professional communicators and marketers

SESSION RECAP

KEYNOTE SPEAKER: “Consumer Perspective from the Trenches on Communication and Food Messaging”

RICHARD P. ELLIS, SENIOR VICE PRESIDENT COMMUNICATIONS, PUBLIC AFFAIRS & CORPORATE SOCIAL RESPONSIBILITY, McDONALD'S RESTAURANTS OF CANADA LIMITED; CHAIRMAN, RONALD McDONALD HOUSE CHARITIES OF CANADA

Retailers provide an important intersect with consumers and can be a key source of nutritious food and nutritional information. With their years of experience branding and marketing health food messages, retailers offer a unique window on this critical communications challenge. They provide a unique perspective on how to present nutritional messaging so that consumers not only see it, but hear it, and hopefully, adopt it.

Mr. Richard Ellis, Senior Vice President of McDonald’s outlined the company’s core philosophy and approach to healthy menu options. While McDonald’s remains committed to their core business as a burger and fries company, they continue to expand their offerings of nutritionally-balanced menu items. McDonalds has evolved its menu because consumers have demanded it and it is good business.

McDonald's is deeply embedded in the community with 1,400 restaurants, 80,000 employees, serving 2.5 million customers a day, and purchasing \$1 billion of Canadian agricultural products. Although they are a burger and fries company, they "now sell a lot of salads, fruit smoothies, apples and dairy products" and believe that "this is the right thing to do as leaders in the quick service sector".

McDonald's goal is to provide safe, affordable, and accessible food to Canadians, but enable more informed eating choices. They are committed to a nutrition-minded future and plan to roll out their 'healthier-for-you' menu across Canada. Mr. Ellis also provided a number of examples where McDonald's has moved to offer healthier menu options with the addition of grains, dairy, fruits, vegetables, and the elimination of TFAs.

He also stressed the importance of partnerships to McDonald's and the need for education and leadership from the nutrition community. McDonald's, for example, embarked on a sodium reduction strategy in response to a call for action by the nutrition community. They also now offer lots of choice on portion size, kids' meals, and have a new nutrition calorie calculator, a mobile app, that allows customers to customize their meal to meet their individual dietary needs.

When it comes to communicating with consumers, McDonald's uses many different formats to communicate nutrition information such as tray liners, the web, and advertising. They have been working with Health Canada and the Food & Consumer Products of Canada (FCPC) and others on the nutrition panel on food packaging so consumers can make more informed food choices.

McDonald's believes that Canadians are demanding transparency, openness and honesty about nutrition and food. That is why McDonald's introduced its highly successful, "Our Food – Your Questions" Program. 20,000 questions have been posed to date and there have been 13 million views of answers on YouTube.

On a serious note, Mr. Ellis talked about the changing regulatory and food environment where the new normal is regulatory intervention, bans, and taxes on "junk" food. He believes that fast food is becoming the new tobacco while making the case that regulation might not be the answer to force healthy eating. For starters, people do not eat out as much as policymakers think. The average Canadian purchases a meal or snack from a restaurant only 1.7 times a week. Only 7.7 percent of Canadians visit a restaurant daily and a lot of that is take-out business.

Mr. Ellis questioned the effectiveness of regulation to force behaviour change citing the examples of Quebec and Europe where bans on marketing to children have been in place for years. Quebec's childhood obesity rate at 20% is no different than the rest of Canada where there have been no marketing bans. In fact, such bans are being rescinded in Europe because they are not working. Mr. Ellis contends that we face a broader system challenge as a society which is how to educate parents on a better way to eat, for ultimately, it is their responsibility.

PLENARY DISCUSSION: *"Dialogue on the Communications Disconnect – Go Forward Action"*

MODERATORS:

DR. LEAH GRAMLICH, FOUNDING AND PRESIDENT CNS; PROVINCIAL MEDICAL ADVISOR NUTRITION SERVICES, ALBERTA HEALTH SERVICES; PROFESSOR OF MEDICINE, UNIVERSITY OF ALBERTA

DR. DAVID MA, PHD, ASSOCIATE PROFESSOR, DEPT. OF HUMAN HEALTH AND NUTRITIONAL SCIENCES, COLLEGE OF BIOLOGICAL SCIENCES, UNIVERSITY OF GUELPH

While the Workshop was structured around a keynote speaker and two panel discussions, the benefit of the Workshop was the plenary exchange with attendees and their comments throughout the half day session.

KEY THEMES

A number of themes on the communications “disconnect” with consumers emerged from both the workshop session and attendee/member survey.

- The uptake of messaging by consumers is complicated by environmental factors; the most destructive is confusing and contradictory research messaging. “. People are bombarded with different nutrition/food facts, which are often contradictory and undermine the credibility of the message and the believability of any messages related to the topic.
- The science is good, but the message is evolving. Almost all research is communicated in a piecemeal way (as a snap shot) without much effort at synthesis which would make it easier for consumers to understand the new knowledge within the context of previous research studies. There is also little effort expended in marketing the message to consumers (i.e.) focusing on consumers and helping them understand the importance of the research and how they should try to integrate it into their daily eating regimen.
- The heavy focus on KT in research funding proposals is counterproductive. If every piece of research must be communicated without any effort at synthesis with other pieces of research, it only contributes to message confusion in the marketplace. Perhaps the time has come to review the KT requirement in funding proposals and qualify it so that the focus is on quality of research versus quantity of KT.
- Lifestyle may be the biggest contributor to the communications disconnect with consumers. Lifestyle pressures can impede the ability to adopt and sustain healthy eating. Dual parent incomes leave little time for at home meal prep and shopping, making convenience “king”.
- Consumers are interested in and persuaded by health claims, but nutrition research messages often are not presented in a simple, coherent way that will easily fit into a consumer’s lifestyle. This is why diet panaceas like “Wheat Belly” and “Salt, Sugar, Fat” are widely embraced by consumers who are looking for easy answers – simple solutions/“how to’s” to change their eating behaviour. These books/diet fads are marketed well to consumers with one big idea behind them.
- Maybe the “disconnect” moving information from scientists/researchers to consumers is “with us – the scientists”. “We are not communicators. We do not have the skills and are not trained to do this. Researchers should not be doing KT with consumers.” Communications is a highly skilled discipline and requires training and understanding of strategic thinking and marketing.

For KT to be successful, care must be given to what is communicated and to whom it is communicated. Professional communicators should be used.

- Maybe the challenge is to change people’s attitudes and priorities in terms of taking this knowledge and incorporating it into their lifestyle. The challenge is to make consumers understand that there is no nirvana, no simple solutions, or quick fixes to weight loss or to make them healthy.
- Consumers really don’t care about the science. They just want to feel good about doing something. The problem is that consumers do act and do change en masse and sometimes very quickly when they see a book like “Wheat Belly” even though it is not based on scientific knowledge. And it can have disastrous consequences. “Just ask the bread industry, because even bad science makes people feel better.” These books and diets are well marketed and easy for consumers to adopt. They empower consumers who feel a need to be self-directed to make self-decisions. “If we want to bridge the communications breakdown with consumers, one of the things we need is capable communicators who can help us market or package messages so consumers can be self-directed and feel better about themselves.”
- The core problem is that we, as a sector, cannot agree on a common message/a call to action and then how to simplify it so that it is easy to understand, relevant, and compelling to consumers. We need to decide what we want to communicate. What is the call to action? Further questions that need to be addressed are: Do we just want to talk about raw foods and ingredients or do we want to take a more holistic, lifestyle approach using diets or eating plans? Also how can we package the information so that it seems new? Maybe we are too focused on food and should focus on meal plans or diets like the Mediterranean Diet or the Alberta Diet if we really want consumers to adopt healthier eating patterns.
- Other factors can influence the adoption of healthy eating choices like a focus on chronic illness and disease prevention, but we need to be able to make the health claims to show cause and effect. People are looking for help, advice, and direction on what to do. Consumers want to be self-directed. Knowledge enables people to make choices ... we need more regulatory reform so that we can make stronger health claims and empower Canadians to take action and use food to manage their own health.

**PANEL: COMMUNICATION AND FOOD MESSAGING: THE CONSUMER “DISCONNECT” ON FOOD AND NUTRITION
THE PROCESSOR, MANUFACTURER, AND RETAILER PERSPECTIVE**

This panel provided the producer, processor, manufacturer perspective on communicating food and nutrition messages and success in getting consumers to change their consumption behaviour and achieve consumer uptake/adoption of the nutritional message. Using case studies, this panel of experts profiled their experience marketing various products with nutrition/health claims to consumers.

DAIRY FARMERS OF CANADA: “Consuming enough milk products – the challenge of inertia.”

**NATHALIE SAVOIE, MBA, DT.P, DIRECTRICE ADJOINTE, NUTRITION PROGRAMMES NATIONAUX PROGRAMS, LES
PRODUCTEURS LAITIERS DU CANADA**

Ms. Savoie presented a case study on the marketing challenges facing the dairy industry related to the under-consumption of milk. A serious health issue, this case study explored what the dairy industry did to try to change consumer perceptions and drive up consumption of milk.

Through consumer research, the dairy industry learned that consumers do not see under consumption of milk as a problem or a health issue and that it is not a gender or age specific issue. The research showed that consumers are not aware of the benefits of milk to their health nor do they understand the potential negative health impacts of not drinking enough milk. The research identified a further barrier to milk consumption – a consumer perception that milk is fattening.

A go-forward strategy was developed using qualitative and quantitative research. It was determined that there was a need to: 1. increase awareness that there is a problem with not consuming milk; and, 2. educate about the health consequences of not drinking enough milk. The overall strategy was to explain why Canadians need to consume more milk and build an appetite for change.

To address the problem, the dairy industry ran an awareness-building advertising campaign on television. The “Get Enough” campaign was highly effective in building awareness of the problem, but this awareness did not translate into behaviour change and milk consumption remained flat.

Key learning from this communications program was:

- The most important reason for failure was the inability to communicate the benefits of milk products. There was a need to be able to make a direct health claim and that unless you can make a health claim, you will see no behaviour change.
- The credibility of the dairy industry was a problem because the effort to drive consumption was seen as self-serving ... a pocketbook issue, not a health issue. The perception was that the only ones who would benefit are dairy farmers, not Canadians. The program identified a clear need for the federal government to act as a champion for the public interest; to show leadership particularly if the under consumption of milk is a serious health issue related to bone health and the onset of chronic disease. Health Canada, as an independent third party, would be seen by the public as credible; as working in the public interest.
- There are a lot of misconceptions about additives and hormones in the milk supply and the industry must work to counteract this perception as well as there is a belief that milk contributes to weight gain.

In summary, the communications disconnect was not so much the message, but the believability or credibility of the messenger. Further, if we want people to act on nutrition information when trying to make good food choices, there must be strong evidence of health benefit so that producers like the dairy industry can make strong direct health claims related to consumption/intake.

ALBERTA LIVESTOCK AND MEAT AGENCY (ALMA): “Countering negative health claims”

BRAD FOURNIER, M.Sc., EMBA, EXECUTIVE DIRECTOR, ALMA

ALMA's Brad Fournier used red meat to demonstrate the damaging impact that erroneous and negative health claims can make. "Red meat can kill you." "Red meat causes cancer." "Red meat is fattening." Mr. Fournier said that the beef industry has been fighting these kinds of negative health claims for decades. Some of the issues that the industry currently has to deal with are: trans-fats, fat content, antibiotics, pink slime, and organic beef health and environmental claims.

The issue of negative characterization of food can be very harmful to producers and consumers. According to Mr. Fournier, there is a systemic problem; there is an engrained bias against red meat eaters who are often clumped in research with tobacco users and smokers.

Mr. Fournier made the case for the "healthfulness" of beef, which as a meat has evolved over the past 50 years. Today's cattle have evolved following the introduction of genetics from European beef stock and Canadian beef is leaner and healthier than ever before. Red meat is an essential source of amino acids, iron, zinc, potassium, protein, vitamin B12. Yet the attacks continue.

Most of the negative attacks are based on misinformation, misconceptions, public opinion, sensationalist media coverage, and even scientific evidence that has to be disproven. For example, on fat in beef, there is no shortage of beef products that meet the lean standard of the Heart & Stroke Foundation of Canada's Health Check Program.

There are many misconceptions about beef. For example, the fat found in ground beef is not "bad" fat. It is made up of a variety of fatty acids; half of which are monounsaturated, the type of fat found in olive oil which increases "good" blood cholesterol. Another misconception relates to natural trans-fats in beef. The small amount of natural trans-fats are different from manufactured trans-fats found in processed foods and may in fact be beneficial to your health. While still being researched, CLA, a type of trans-fat in beef has been shown to have health benefits linked with moderation of body weight and anti-cancer properties.

To counter these types of negative claims and promote the benefits of beef to human health, ALMA, an agency of the Alberta government, has undertaken a number of initiatives to promote beef as an important part of the daily diet. ALMA works with Health Canada to expedite meat and livestock product health claims. They invest heavily in research and over the past four years, ALMA has invested \$149 million in scientific research.

The core challenge for ALMA is to provide accurate information about the healthy attributes of beef, refute inaccurate statements, and ensure that the connection between food and health is based on scientific research and proven facts.

The "communications disconnect" is that people are not always aware of red meat as part of a healthy, well-balanced diet. Further, consumers are subjected to continuously changing information and claims about what is good and bad for their health making informed dietary decision-making difficult. Here the federal government has an important role to play set the record straight and refute these kinds of claims that are confusing the marketplace and protect the health of Canadians.

For ALMA, public education is key to bridging the "disconnect". So ALMA is working to build collaborations with stakeholders who have access to consumers -- health professionals, nutritionists, dietitians, and teachers who can be educated about the facts and share them with consumers/patients. Through research and education, ALMA hopes to ensure that consumers have a clear understanding of

the health attributes of meat and other livestock products and how these health attributes impact them personally.

GLYCEMIC INDEX LABORATORIES (GI LABS): “From theory to practice and commercialization”

DR. THOMAS M.S. WOLEVER, MD, PHD, DM (OXFORD), PRESIDENT GLYCEMIC INDEX LABORATORIES (GI LABS); PROFESSOR, DEPARTMENT OF NUTRITIONAL SCIENCES, UNIVERSITY OF TORONTO

Dr. Wolever spoke from the perspective of both a researcher at the University of Toronto and an industry stakeholder, as president of Glycemic Index Laboratories. He provided a unique perspective on the roles of researchers, scientists and industry involved in communicating nutrition and food messages to consumers.

Dr. Wolever provided a matrix of the players involved in communicating food and nutrition messages and he noted that there are a lot of them which could be a contributing factor to consumer confusion. Each player has strengths and weaknesses. In terms of strengths, scientists bring knowledge; government brings power and authority, the media can reach people; and industry knows consumers and how to market and communicate with consumers from a strategic perspective. In terms of weaknesses, government is bureaucratic and slow; scientists don’t know or understand consumers, but are increasingly asked to do KT even though they are not trained to do it. The media has to sell stories so they have a tendency to sensationalize and don’t always get it right. Industry has to compete in an extremely competitive marketplace and has to tell people to eat food at a time when we want them to eat less.

PLAYER	STRENGTHS	WEAKNESSES
Scientist	Knowledge	Communication/Consumer Knowledge
Media	Communication	Need to sell stories
Industry	Consumer Knowledge	Need to sell products/competitive market
Government	Power and Authority	Focus on Ingredients/bureaucracy

Dr. Wolever compared the role of the academic with the role of industry/business in KT. He believes that the role of the academic is particularly challenging. Academics have believability and are seen as a credible source of information. Their role is to discover knowledge and then make it a reality as a useful product that is beneficial. But academics are “awful” at business. “They have no vision, are slow, inflexible, and are conflicted about having to work with industry. Further, until recently, nutrition has been a very low priority for universities.”

Industry has the funding, marketing capabilities, and means to reach consumers. It also has the capacity to “do good”; to develop good things even though they need a return on their investment.

Using his experience as a researcher trying to commercialize GI testing and create a GI Testing company at U of T, Dr. Wolever described the difficulties involved in trying to bridge the two worlds. He found that the university did not want to collaborate and advised him to go out on his own. In retrospect, he

found that the university gave him good advice because there is so much red tape in the academic environment that it costs time and money and it would have constrained the growth of the company.

Dr. Wolever expressed frustration with the Canadian government seeing it as a barrier to the promotion of GI nutrition information on food product labels or the ability to make GI health claims. He finds the lack of government support disheartening and disappointing. “We are not allowed to even say anything about it.” He provided Australia as an example of a progressive and smart jurisdiction that has run a highly successful GI food labeling program for many years. Industry pays a royalty to use the symbol on products to show that the product is heart healthy, has been tested properly, and is a reliable source of GI information. The royalties are used to educate consumers. Awareness of the glycemic index is very high in Australia at 77%.

In conclusion, Dr. Wolever is not sure what can be done next. He believes that regulatory health claim hurdles are serious barriers to communicating with and educating consumers on healthy eating. Another complicating factor that contributes to the consumer disconnect on adoption of healthy eating is that there is no unified message; no agreement on what to communicate to consumers. One such message could be “eat less”, but we need to work together and collaborate with government. Government is a key player. They can provide the framework for collaboration, better communication and clarity as well they are the gatekeepers of health claims.

**PANEL: FROM SCIENTIFIC FINDINGS TO USEFUL CONSUMER INFORMATION: CONSUMER ADOPTION OF HEALTHY EATING HABITS
THE RESEARCHER, FUNDER, GOVERNMENT PERSPECTIVE**

This panel was structured around a series of questions related to the evolving focus of research to be more market-oriented and the consequent pressure it is putting on researchers.

- “The troubling trends in food for health research: Has the pendulum swung too far?”
- Is the evolving nature of food/nutrition research a contributing factor to consumer confusion about health claims?
- “Is the role of the researcher evolving? Should researchers who are not trained in communications be on the frontline communicating directly to consumers?”
- “Is current research retail enough to connect with consumers? Should it be?”

Health Canada was also asked to provide their perspective on how to align approaches to enhance consumer uptake of relevant nutrition messaging.

CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR): “*Knowledge Translation at CIHR – Bridging the Gap*”

KIERA KEOWN, M.Sc., SENIOR ADVISOR, KNOWLEDGE TRANSLATION, CIHR

Ms Keown provided the perspective of the Canadian Institutes of Health Research (CIHR) on knowledge translation and what CIHR does to enable it in their funding programs. CIHR has a clear definition of knowledge translation as “a dynamic, iterative process which includes synthesis, distribution, and

knowledge exchange and ethically bound application of knowledge.” Ms Keown also talked about the role and responsibilities of researchers in communicating food health messages that flow from their research.

From the perspective of CIHR, knowledge translation or KT is about raising awareness among knowledge users about research findings and facilitating the use of those findings. This is a very practical and strategic approach to knowledge translation. CIHR hopes that by providing funding support for KT, they can enable and facilitate more knowledge translation or communication that will “close the gap between what we know and what we don’t and move knowledge to action”.

Ms Keown then outlined how CIHR through funding support for KT is helping to bridge the gap, and provided guidance on the content expected in research funding proposals. One of the core points is that for all KT activities, the researcher must be guided by appropriateness; that is by remembering who the audience is for the knowledge and tailoring the messages to that audience specifically. This places the onus on the researcher to take a very strategic approach to communication. Further it should also be noted that the CIHR definition calls for synthesis of the research knowledge.

As an enabler, CIHR has put a number of communications tools on its website that can help researcher with their knowledge translation activities.

INSTITUTE OF NUTRACEUTICALS AND FUNCTIONAL FOODS, LAVAL UNIVERSITY: *“Has knowledge translation gone wrong?”*

DR. SOPHIE DESROCHES, RD, PHD, ASSISTANT PROFESSOR, DEPARTMENT OF FOOD AND NUTRITION SCIENCES AT LAVAL UNIVERSITY; INSTITUTE OF NUTRACEUTICALS AND FUNCTIONAL FOODS; AND CIHR NEW INVESTIGATOR

Dr. Sophie Desroches’ presentation titled, “Has knowledge translation gone wrong?” explored both the 'what' and 'who' of KT. Her starting point was to deal with the “what” - the CIHR and WHO definition of knowledge translation as the use of evidence-based knowledge in health care decision-making. Different jurisdictions use different terminology to describe knowledge translation. Depending on the jurisdiction, it is known as knowledge mobilization, implementation science, or dissemination science.

The “who” of her presentation focused on who is the right person to communicate food research findings to consumers.

Dr. Desroches argued that the role of the nutrition researcher and a KT researcher are very different and pointed out that there has been little KT research into the effectiveness of different KT strategies or the vehicles used to communicate food and nutrition information to consumers. Considerable research needs to be done to try to find better ways to put knowledge to use by different target groups or knowledge users whether it is consumers, politicians, industry, physicians, and other health care professionals. This she believes is an important gap that needs to be addressed.

Another thing that needs to be recognized to help bridge the KT gap with consumers is that there are not a lot of KT strategies or vehicles that link research directly with patients or consumers, nor has there been much measurement of the determinants of knowledge uptake. KT science is central to advancing the food – health agenda and bridging the communications breakdown with consumers.

Dr. Desroches is also calling for more rigor and discipline when communicating food and nutrition information to consumers. She contends that consumers cannot make an informed decision based on the results of one research study. Consumers need to understand the research findings within the context of other studies. What is needed is more knowledge synthesis and an examination of global research results.

Dr. Desroches also put out for discussion whether all nutrition knowledge should be translated? Her answer is “yes”, but with urged caution and care as to the type of knowledge that is to be communicated and to whom. Her vision is to ensure that all money that is put into nutrition research actually reaches the population so it can improve the health of the population.

On how to address the KT gap between knowledge and adoption of healthy eating behaviours by consumers, Dr. Desroches says that a strategic approach is needed. KT strategies are more likely to be successful when tailored to a specific audience. The content is highly contextual and user dependent - whether the knowledge is to be used by dietitians, physicians, or other health professionals so they can transfer it their patients or by industry to develop new products. The input of the research user is needed upfront at the beginning of the research process to make sure that the research is relevant to their needs. The goal at all times is to encourage informed decision-making.

The media provide a real challenge for researchers who try to use them as a vehicle to transfer information because the media are not engaged in knowledge synthesis. They look at the information as a story; a snap shot of findings that must interest their viewers/readers; and appeal to as large an audience as possible. Further, the findings usually are not put into context. Dr. Desroches put the case forward using important media-health research sources to make her case that the media are an unreliable vehicle to use to disseminate nutrition and food information. According to the research, a majority of media stories are inaccurate and misreport research findings.

Dr. Desroches attempted to bring clarity to the role and responsibility of the researcher in KT. While there is considerable pressure for KT by funders within the changing research environment, researchers need to exercise reflection and restraint. How?

- First, nutrition researchers do not have to necessarily transfer the knowledge directly, but can use and often do use intermediaries; communications specialists. There was an acknowledgement that communications is highly complex and sophisticated underpinned by core disciplines the researcher is not trained in.
- Second, it may be that the knowledge is not ready yet for consumers. The key is to ensure that the results are used by the right people in the right context. This means that researchers have a responsibility to question what should be transferred, to whom should it be transferred, by whom, and how it should be communicated.

HEALTH CANADA: “Update on Communications Outreach”

DR. HASAN HUTCHINSON, DIRECTOR GENERAL OF THE OFFICE OF NUTRITION POLICY AND PROMOTION, HEALTH PRODUCTS AND FOOD BRANCH OF HEALTH CANADA

Dr. Hutchinson used his panel time to provide an update on Health Canada's efforts to enhance nutrition literacy among Canadians. Their challenge is to help people make the right kinds of decisions and develop a good pattern of eating.

On the communications "disconnect", Health Canada's point of view is that one of the main reasons for the "disconnect" with consumers (i.e. the failure to translate good nutrition and food information into healthy eating habits) is the inconsistent and confusing nutrition information environment. It is rife with multiple messages. This is in part due to the evolving nature of nutrition science which often results in conflicting and competing messages.

The bottom-line is that the message environment works against consistency. Consumers are getting bombarded with different studies and the health impacts of: sugar, dairy, glycemic levels, meat, etc. daily. The news reports what is new, novel or unusual and usually out of context in the way that it is reported.

The inconsistent message environment only confuses consumers about what constitutes healthy eating, and breeds a lack of trust in any nutrition information. Is the advice we are giving really right or at least helpful to the consumer? Should consumers trust this information?

Another problem is the mindset of many consumers who are looking for Nirvana; a "quick and easy fix" or solution to healthy eating that will make them healthy instantly or help them lose weight immediately. "Cut out sugar, soft drinks or stop using salt and all of sudden we are not going to be fat any more and we will be healthy again. If I do this then everything else will be fine."

For Health Canada, the starting point for healthy eating from a health policy perspective is Canada's Food Guide which provides Health Canada's dietary guidance. It provides consistent messages to Canadians about healthy eating.

Health Canada is currently studying how Canadians use the Food Guide as well their understanding of it. There are two targets; consumers and stakeholder groups. Health Canada is working with Statistics Canada on a health survey of 10,000 Canadians which will provide a wealth of information on how Canadians are using the Food Guide and whether they understand it. Health Canada is also conducting similar on-line research with different stakeholder groups - provinces, professional groups, NGOs and industry. This research will not necessarily result in change to the Food Guide, but will identify if there is something wrong.

The real challenge is how to deal with the confusion around healthy eating and build consumer trust/confidence in the guidance in the face of new research. The Food Guide has been out for six years. Health Canada is often under pressure to revise the Food Guide because of new knowledge generation, but they do not want consumers to think that dietary guidance is changing all of the time. This only adds to confusion and undermines adherence to healthy dietary eating patterns. The fact is that the principles of good eating are not changing all of the time. In light of the evolving evidentiary base, Health Canada is prepared to formally review the science, emerging research and use of the guidance every five years, but not necessarily change the Food Guide. They want to make sure that the guidance is based on the best available evidence.

Health Canada has also been very active in promotion, awareness-building, and education to promote healthy eating. The Healthy Eating Awareness and Education Initiative is a collaborative partnership

program that encourages consistency of message. Health Canada is working in collaboration with the Canadian Federation of Independent Grocers and the Retail Council of Canada which represents 95% of grocery retail sales in Canada; the FCPC; and other retailers.

The objective is to align messages, wording, and campaigns as much as possible so the nutrition messages can reinforce each other. A Federal Provincial Task Group on Nutrition also meets four times a year to discuss how to better align jurisdictions on awareness and messaging issues around nutrition and healthy eating and build more consistency in approach.

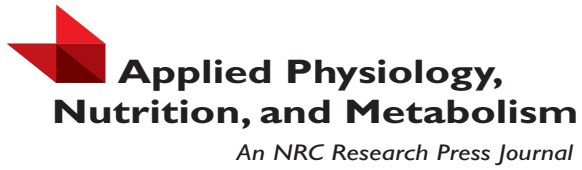
The Healthy Eating Awareness and Education Initiative began with public education around the nutrition facts label on food packaging. Working collaboratively with the FCPC (30 to 40 companies), the program has been a success. Recent tracking study information found that people's use of the nutrition label is changing; 50% recognize the logo and 24% say that they have changed their shopping behaviour based on using the facts label.

Going forward there is a lot of work for researchers because research informs and provides the best evidence. A lot of research work is needed to prove that we are getting the best health outcomes from food. "Our goal is to build better understanding of healthy eating and motivate Canadians to make healthy food choices. To do that, the most important thing is clear, consistent messages that cut through the confusion and eliminate it."

NEXT STEPS

1. There is a need to develop a strategy and core theme/call to action to simplify and to support consistency in nutrition messaging to advance the food for health agenda by working collaboratively with key stakeholders.
2. There is a need to develop a collaborative forum/task group to lead and advance this work that includes a range of stakeholders who are willing and able to contribute unique perspectives to advancing a food for health agenda.
3. The platform and strategies that are developed need to be cognizant of the unique role of the researcher (and the evolving field of KT as it relates to food for health) as knowledge generator and the need to link that knowledge with the knowledge user (individual Canadians, health professionals, policy makers).
4. There is a need to start a dialogue on revamping the research funding requirement for KT to put the focus on quality of KT (defined impact on target audience), recognizes the need for greater synthesis, better quality dissemination, and the use of communication professionals.
5. Endeavour to be a catalyst for research into the effectiveness of communication dissemination vehicles.
6. There is a need to report on CNS Food for Health Workshop successes to a broader audience; provide proof of accomplishment (government, medical, other processors, producers, retailers). Perhaps

disseminate a short report on the Alberta health provider nutrition curriculum as part of this as a first; evidence of accomplishment and the value of the Food for Health Workshop process.



Program in Food Safety, Nutrition and Regulatory Affairs (PFSNRA)

