

Dietary Recommendations Concerning Meat

Rebecca Mullis*

Introduction

I feel that as a nutritionist I'm very fortunate to have the opportunity to talk with a group of meat scientists. During our time together, I want to talk to you not so much as scientist-to-scientist, but as a nutritional practitioner and try to address some of the issues that nutritional practitioners face in the realm of dietary advice regarding meats. I generally plead for a total diet approach that's rational and looks at foods that the American public has available. When we think about the issue of dietary advice for Americans, it's a huge issue for all of us. During our time together, I want to talk to you about this issue and want to address four questions:

1. What are dietary recommendations?
2. Who are they for? (because that's an important dietary aspect)
3. What do they tell us about meat?
4. What can we tell people?

Dietary Recommendations

Some people think that dietary recommendations consists of advice like: "hundreds of years of medical progress and all you can tell me to do is eat less." Maybe that should be the message, to eat fewer calories and less fat; however, there are some things that people should eat more of. One of the dilemmas faced by committees who think about dietary recommendations and advice is that dietary recommendations in the United States really serve two purposes. One is the policy purpose that affects what we do as nutritional educators as well as federal programs which impact large segments of the population. Thus, policy guides government publications related to education and programmatic recommendations for the Wic Program and School Lunch Program. It also serves as a forum for education of the population because it guides material development from federal agencies such as Human Services and the USDA. Like anything that tries to serve two masters, it doesn't serve either of them as well as it could if these two functions were separated. What recommendations represent are a consensus of opinion that a group of scientists agree on from their interpretation of peer-reviewed scientific literature.

Who are dietary recommendations for? Some recommendations are not for everyone and one must ask themselves, "are they for the public health or are they clinical recommendations?" If they are public health recommendations, then they are for everyone. If they are clinical, they are general protocols for people with manifest disease and will always require screening. Recently, some population advice has also recommended things like, "know your numbers," but that's a relatively new aspect of population-based advice. Clinical advice includes prominent documents such as the Adult Treatment Guidelines Panel Report of the American Heart Association and cancer recommendations for clinical populations.

In terms of population reports, a large amount of dietary advice has been published. These include the Surgeon General's Report (issued in 1987 when Dr. Koop was Surgeon General) followed by the Diet and Health report from the National Academy of Science and most recently the Dietary Guidelines for Americans. The Dietary Guidelines for Americans is the most widely distributed dietary advice in the United States and has been available to more Americans over the course of a five-year period than all other sources combined. These guidelines represent a joint consortium between the U.S. Department of Agriculture and the Department of Health and Human Services, and serve the policy process in a very large way. This advice is for healthy people over the age of two, and infants are not included in this document. Other problems with giving population advice is that, page-wise, the document cannot be expanded. The committee responsible for developing the document, of which I was a member, wanted to give more information and clarify some issues but we were unable to do so. We were distressed until Dr. Shellenberger at Penn State asked a variety of consumers what they read in the Dietary Guidelines. Consumer responses indicated that they read the front cover, thus we were concerned about what the front cover had to say. They also stated that they read the advice given in the blue boxes which is called "Advice for Today," but from the committee's viewpoint, we wanted them to also read the science and epidemiology. In part, this accounts for some consumer confusion, but what they really want to know is what to do.

In all dietary reports, the consensus has been for a total diet approach with the focus on the percentage of calories from fat that should be consumed and the need for dietary variety. Both the Dietary Guidelines and the American Heart Association's Report emphasize consuming $\leq 30\%$ kilocalories from fat. The first is predominantly a population document while the second is proposed to be both a clinical and a population dietary advice document. Irrespective of

*R. Mullis, Assistant Director for Program Development, Division of Nutrition, Centers for Disease Control, 1600 Clifton Road, K24, Atlanta, GA

which of these documents one reads, the consensus advice for meat is "lean." That's what health professionals want and that's what consumers want.

Mr. Brown is an example of our typical consumer, who is concerned about his health. He is male and over the age of 40 as evident by his hair and wrinkles. He might have elevated cholesterol, or he might not, but he is concerned because he's feeling his mortality. Mr. Brown also says to us as we listen to his dietary advice, "I like meat and I would like to eat more meat." Now, he may not say this to us directly but he is certainly saying this in his head. Then, we have Mr. Brown's wife who goes to the grocery store trying to figure out what it is that she should buy so that Mr. Brown can meet both his health promotion objectives as well as the objective that he likes meat. What do we tell Mr. Brown, and Mrs. Brown? I think our advice has to have at least four characteristics. One, it must be relevant in the face of today's ever-changing food supply. Secondly, it must be simple so that Mr. Brown can interpret it and make sense of it. Thirdly, the advice must be directed, it has to tell Mr. and Mrs. Brown what to do; and lastly it has to be expressed in food brand-specific terms.

Relevant Advice

What do we mean by relevant in terms of today's food supply? I recently heard Sue Borer from the Food Marketing Institute say that during the past year there were over some 30,000 different foods in the food supply that Mr. and Mrs. Brown are trying to choose from. The fastest growing segments of our food supply are convenience foods and the deli section of the grocery store. If we think about using convenience foods in a total diet, can we do it? Can we achieve the " $\leq 30\%$ calories from fat" goal? It is possible.

From some of our work at the University of Minnesota, we calculated a 1600 calorie menu which represents the mean calorie intake for women in this country. This example is probably a worst-case scenario in terms of trying to fit the total diet concept into our lives, reach the " $\leq 30\%$ calories from fat" goal and incorporate the nine leading nutrients that we are all concerned about.

Breakfast—Assuming that Mr. Brown and Mrs. Brown might have breakfast at a fast-food restaurant, their meal would include an English muffin, margarine with jam or jelly, skim milk, coffee or tea. **Lunch**—they could have a regular fast-food hamburger on a bun with ketchup, lettuce, tomatoes and onion or a vegetable salad with dressing, a diet pop, coffee or tea. For a snack, they could have a medium soft-serve ice cream cone. **Dinner**—A low-fat TV dinner could include beef, pork, chicken or fish, a dinner roll, margarine, skim milk, a cup of flavored yogurt and as many vegetables as they want. For a snack, they can have yogurt or a small peach. The nutritional analysis for this menu is 1,612 kilo calories with 25% of the calories from fat. The ratio of saturated, monounsaturated and polyunsaturated fats is not the most desirable but nonetheless they're well within the current recommendations. This diet contains 128 mg of cholesterol and has all of the nine leading nutrients for women except iron. Thus, meeting dietary recommendations given the face of today's food supply can be accomplished, but it is probably your worst-case scenario.

Advice Must Be Simple

Keeping dietary advice simple is difficult, because the scope of what is published in policy documents is not simple. The advice that we think will work for health professionals for the most part won't work for the public. Looking at the new Dietary Guidelines, we see that they focus on fat. The committee, which developed the guidelines, tried very hard, at least I tried very hard, to think about positive language. For example, we no longer see the term "avoid fat, saturated fat and cholesterol," instead we have language which reads, "choose a diet low in fat, saturated fat and cholesterol" which puts the focus on choice rather than on foods to avoid. If one looks at the language for meat, poultry, fish, dried beans and eggs, it advises to have two or three servings per day for a total of about 6 oz, which is what the meat industry says as well. The dietary recommendations talk about trimming fat from meat, but it doesn't give what consumers really need in terms of making food choices about meat. The American Heart Association's meat criterion states that we need meat with about 3 g of fat per ounce and two 3-oz. portions per day.

What does that really mean? If we look at beef, there are a total of 32 cuts from the chuck, round, loin and flank which fit the low-fat criterion. Health professionals are always surprised by that because it is possible to have cuts of meat which fit the Dietary Guideline recommendations. However, we must be very specific about what that means, because the average consumer doesn't always understand the advice.

Directed Advice

Consumers must be directed so that lean cuts are chosen at the point of purchase. One technique which has been used with meat managers in grocery stores is called "Cues for Customers." These assist the meat manager choosing a lean cut of meat from a list of meat cuts and labels at the point of purchase. The meat industry has contributed a great deal in terms of the concept of portion size, and how to use it. We as nutritional educators need to emphasize the concept of portion size more and then encourage consumers to eat the recommended portion size. This is directed advice that tells consumers exactly what to do.

Food and Brand-Specific Advice

Perhaps the most important thing for us to do as nutrition educators is to use food or brand-specific advice. Health professionals often use a theoretical presentation in terms of advice with a scientific basis because we understand what specific nutritional terms mean. However, for a broad translation of the science, we need things like the Dietary Guidelines. By giving dietary advice in this way, a group of scientists try to make sense out of science for the consumer.

Behavioral implications are things that consumers can do. For example, trimming the fat off meat has behavior implications. Nutrition educators want consumers to choose a varied diet, but they don't want them to choose on a "good food" or "bad food" basis. However, we know that consumers have to choose on a food-by-food basis at the point of purchase. Consumers often don't have the scientific rationale or back-

ground of health professionals and behavioral implications may be too vague unless they are targeted implications. For professional advice to be usable, educators need to have food and brand-specific advice. This can take the form of things like food labels which are targeted at the point of purchase. One of the most popular meat educational tools is a label on the package of lean cuts which consumers can read easily and use.

If health professionals did the things discussed previously, would it make any difference in what one should be asking about dietary advice? In our earlier work with the Meat Board on "Lean Meat Makes the Grade," we were able to see significant differences in a study in Mankato, Minnesota which emphasized that lean red meat can be part of a healthy diet. However, the feature price in the Mankato study had a greater influence on meat sales than the health message. One interesting aspect from the study was that stir-fried beef and pork established a niche in the market that they had not had before and that niche remained throughout the course of the study. Where health messages did overcome price was with ground beef. When 80% lean ground beef was compared to 70% lean ground beef, the 80% lean outsold the 70% lean two-to-one even with a 10 cent-a-pound price difference.

In an attempt to provide consumers with dietary information about meat, we worked with the Meat Board to produce a program called "Lean Meat on Video." Video monitors were placed at the meat counter of four stores and the video

content focused on heart-healthy diets, the lean meat message and also gave preparation tips as well as recipes. Presentation of dietary information in this manner had a positive impact by increasing sales of beef top round and pork in the market place. Having a health message made a difference. These kinds of programs have been picked up by supermarket chains such as Red Owl and similar programs have been produced by the National Cancer Institute and Giant Foods.

The meat industry has made great strides in terms of educating the public about lean meats and we are very pleased to have collaborated on publications for the general populace and for health professionals. The "Heart Care Program," which has been distributed to primary care physicians around the country, has had widespread acceptance in the health profession and medical communities, and has won two national awards for its excellence in health communication. It was produced as a joint project with the University of Minnesota, the National Live Stock and Meat Board, and the United Fresh Fruit and Vegetable Association. I think the key for the meat industry is philosophy and this philosophy has changed from that of "let's fight the health message" to "let's fit the health message." If the meat industry continues in that vein and continues to work with health professionals, then you will see a place for meat in dietary advice for a long time to come. By working together, we can create a win-win situation and ensure that Mr. Brown knows what he's supposed to do in choosing a healthful diet.