Australian Consumers – Healthy, Confused, or Just Don't Care?

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Heart and blood vessel disease in Australia

Cardiovascular disease is the leading cause of death in Australia, claiming a life every 10 minutes. Thirty Australians below the age of 70 die each day of heart and blood vessel disease (eg, heart attack, angina, stroke, heart failure, rheumatic heart disease). Australians are 34% more likely to die of cardiovascular diseases than from cancers¹.

The major preventable risk factors for cardiovascular disease are:

- tobacco smoking;
- high blood pressure;
- high blood cholesterol;
- overweight;
- insufficient physical activity;
- high alcohol use; and
- type 2 diabetes¹.

The Heart Foundation is an independent Australia-wide, non-profit health organisation, funded almost entirely by donations from Australians. The Heart Foundation's purpose is to improve the cardiovascular health of all Australians and to reduce disability and death from heart disease and stroke by:

- promoting and conducting research to gain and apply knowledge about cardiovascular disease, its prevention and treatment; and
- promoting and influencing policy and behaviour which improves health by conducting education, rehabilitation and other programs, directed at health professionals, those with heart disease and the Australian community at large.

The Heart Foundation's position on dietary fats

High intakes of fat, especially saturated fat, are associated with elevated blood cholesterol levels, overweight and increased death from cardiovascular disease in populations where levels of physical activity are low¹. For Australians, total dietary fat currently contributes about 32% of total food energy consumed². This is comprised of 13% saturated fat, 12% monounsaturated fat, and 5% polyunsaturated fat (these figures do not add up to total fat because of rounding and the contribution of non-fatty acid components).

Saturated fat in the diet is the main factor that raises blood cholesterol levels. Heredity also affects blood cholesterol levels. Major food sources of saturated fat in the Australian diet are dairy milk, cheese, frozen dairy products (eg, ice cream), pastries, meat, and potatoes (from saturated fat added in the cooking and preparation of potatoes such as in hot chips, potato salad, and mashed potato)².

Polyunsaturated and monounsaturated fat on the other hand, can help lower blood cholesterol if meals are low in saturated fat. Major food sources of poly- and monounsaturated fat include poly- and monounsaturated margarines, sunflower, safflower, olive and canola oils, nuts and seeds, and avocadoes. Australian consumers however, currently eat poly- and monounsaturated fats from margarine, breads, buns and muffins, potatoes, nuts, milk and lean meat².

Dietary cholesterol increases blood cholesterol, but substantially less so than saturated and trans fatty acids. Major sources of cholesterol in the Australian diet are dairy products, meat, and eggs². Dietary cholesterol is only found in animal foods and is not naturally present in plant foods. Trans fats are produced during manufacturing, when converting soft or liquid oils to hard oils.

In 1999 the Heart Foundation reviewed its position on the relationship between dietary fat and cardiovascular disease³. The Heart Foundation now recommends that:

- saturated fatty acids and trans fatty acids together contribute no more than 8% of total energy intake;
- omega-6 polyunsaturated fatty acids contribute 8 10% of total energy intake;
- at least 2 fish (preferably oily fish) meals are consumed per week;
- plant omega-3 polyunsaturated fatty acids intakes should be at least 2g per day;
- a proportion of dietary saturated fatty acids should be replaced by monounsaturated fatty acids; and
- people at low coronary risk can reasonably eat moderate quantities of cholesterol rich foods, while people with blood cholesterol levels greater than 5.0mmol/L or other risk factors should restrict their intake of cholesterol rich foods.

In practical terms, this means the *type* of dietary fat is of greater importance than the amount of dietary fat when it comes to cardiovascular disease. Thus, the Heart Foundation recommends that people enjoy healthy eating by choosing:

- mostly plant-based foods such as bread, cereals, rice, pasta, vegetables, fruits and legumes;
- moderate amounts of lean meats, poultry, fish, eggs, nuts, and reduced fat dairy products and alternatives; and
- moderate amounts of polyunsaturated and monounsaturated fats (such as those from polyunsaturated and monounsaturated margarines, sunflower, olive, canola and soybean oils, nuts and seeds, and avocadoes).

The Heart Foundation, takeaway food and sunflowers – A winning match?

The Heart Foundation uses its policies as a base for working with the food industry to encourage healthier choices for consumers. For example, the Heart Foundation has been working with the takeaway food industry since 1996 in an attempt to increase the demand for and availability of, healthy food choices. Australian's spend more than one third of their total food bill on eating out and takeaway food with the most popular food products

purchased from takeaways being sandwiches, hot potato chips, hamburgers, cakes and pastries, meat pies, pizza, fried rolls, donuts, BBQ chicken and fruit salad⁴. As much of this food is high in saturated fat, it is of major concern to the Heart Foundation.

The sunflower industry provides the food and foodservice industries with a healthy alternative for use in takeaway and other foods via deep and shallow fry oils, salad oils, margarines and seeds. The Heart Foundation has worked to promote the use of such foods via programs and projects such as the Food Information Program (Pick the Tick), the Takeaway Food Project^{5,6,7,8,9,10} (including Shell trial, Spotless trial, and the Premium Oils Project), and Heartline (phone information service).

Of particular interest has been the work surrounding the use of high oleic sunflower oils for deep frying hot potato chips. The Heart Foundation recommends the foodservice market use deep-frying fats with a saturated plus trans fatty acid level less than or equal to 20%. Currently four oils on the market have the Heart Foundation Tick of Approval. All of these oils have high oleic sunflower oil as a major, if not sole, ingredient.

The Heart Foundation has conducted several projects that have investigated the use of these oils in a variety of settings, including independent takeaway stores, Shell Roadhouses, and worksite canteens supplied by Spotless Services Ltd. Results of these projects have indicated:

- retailers are impressed with the quality and performance of the oil, noting improvements in taste, texture, colour and greasiness of end products (particularly chips) when compared with their usual oil;
- debate continues as to whether the potential increased fry life of such oils is sufficient to overcome the higher cost of the oil;
- very few independent takeaway retailers currently use, or indeed are aware of, high oleic sunflower oils (in NSW 4% and in Qld 3% of independent retailers use the oils);
- young adult consumers prefer the taste of chips cooked in sunflower or blended vegetable oil compared with beef tallow;

- older customers are more interested in having a choice of healthy takeaway foods than younger customers, although few customers are willing to ask their retailer to use Heart Foundation approved oils;
- customers largely support the use of the Heart Foundation Tick on hot chips cooked in Heart Foundation approved oil;
- customers do not largely understand that "tick chips" are low in saturated fat but not necessarily total fat; and
- the Tick on chips has the potential to influence purchasing behaviour of consumers.

One of the major barriers to the widespread use of Heart Foundation approved oils amongst retailers is the cost of the product. Other barriers that have been identified include being satisfied with their current product, limited promotion by distributors, availability (particularly in rural and remote areas), and disposal of packaging⁹.

The consumer and dietary fat – healthy, confused, or just don't care?

While the work of the Heart Foundation in the takeaway food industry has been positive, it has indicated considerable consumer confusion, as well as a degree of apathy, particularly with respect to the issue of dietary fat. Qualitative research regarding consumption of dietary fat has revealed a number of barriers to the promotion of meaningful and effective messages regarding dietary fat¹¹.

Firstly, there are significant pressures on consumers that impact on their decisions regarding food selection, its preparation and cooking. These include:

- lifestyle pressures such as work and family commitments;
- economic pressures, particularly for the lower socio-economic groups; and
- emotional and psychological pressures from the variety of functions food performs, eg pleasure, social and personal benefits, satisfying hunger, and taste preferences.

Consumers are also subject to a barrage of confusing and conflicting information sources regarding food. Marketing and advertising focuses on satisfying consumer needs and

desires, and resolving pressures and stresses on time, money, taste, and family acceptance. The health sector on the other hand is often asking consumers to restrain their intake or limit their choice of foods that are often promoted in this way.

Another problem for consumers is that they tend to seek information that confirms or reinforces their existing attitudes and behaviours. This is because health messages usually ask people to do something they do not want to do, but also because even within the health sector, messages about food are changed or modified causing consumers to reject or re-interpret the message in keeping with their desires.

Finally, when it comes to fat specifically, consumers are considerably unaware, as well as confused and misinformed. People don't understand the benefit of fat, they don't understand the different types of fat and their roles in food and nutrition, and most importantly, they tend to think all fat is bad fat.

Working towards healthy and informed consumers

The Heart Foundation is currently working towards providing consistent consumer messages, particularly with respect to dietary fat. For example, the Heart Foundation was a strong lobby voice in the recent Australian and New Zealand Food Authority review of food labelling laws. It was extremely pleasing to note that nutrition information panels on foods will not only become compulsory, but will now have to state the amount of saturated fat in food products.

Other current work of the Heart Foundation is research surrounding Australian eating patterns. This involves comparing the current typical Australian meal pattern with recommendations regarding dietary fat, and looking for foods, that when substituted with other choices, improve the fatty acid profile of the meal. The final result enables us to have a more "user-friendly" message regarding dietary fat, to guide consumers in their daily food choices.

Once developed and tested these messages will be included in our consumer information brochures and distributed via Heartline, GPs and other health professionals, media releases and so on. Health professionals will be updated via workshops, seminars and conference presentations.

References

- 1. Australian Institute of Health and Welfare, National Heart Foundation of Australia, 1999, Heart, Stroke and Vascular Diseases: Australian Facts, AIHW Cat. No. CVD 7, Canberra.
- 2. Australian Bureau of Statistics, Commonwealth Department of Health and Aged Care, 1998, National Nutrition Survey, Nutrient Intakes and Physical Measurements, Australia 1995, ABS Cat. No. 4805.0, Canberra.
- **3.** National Heart Foundation of Australia, 1999, A review of the relationship between dietary fat and cardiovascular disease, *Australian Journal of Nutrition and Dietetics*, 56 (4) Supple.
- **4. BIS Shrapnel, 1997,** *Fast Food in Australia* 3rd *edition* 1997 1999, BIS Shrapnel Global Marketing Intelligence and Forecasting.
- **5. Jones, V, 2000,** *Triennial Report (1996-1999) Takeaway Food Project*, National Heart Foundation of Australia, NSW.
- **6. ARTD Management and Research Consultants, 1999,** *Evaluation of the Tips on Oils Pilot Study*, Final Report to the National Heart Foundation (NSW Division), Haberfield, NSW.
- **7. ARTD Management and Research Consultants, 2000,** *Evaluation of the Tips on Oils Pilot Program with Spotless Services Limited*, Final Report to the National Heart Foundation (NSW Division), Haberfield, NSW.
- **8.** Somerset, S, Hughes, R, 2000, A sensory evaluation study of hot potato chips using different deep fry oils, Nutrition Unit, Griffith University.
- **9.** Hughes, R, Gowans, M, Ashton, B, 2000, Use of the transtheoretical model to isolate intervention stages that promote takeaway retailer use of Heart Foundation approved deep fry oils, Nutrition Unit, Griffith University.
- **10.** Hughes, R, Ashton, B, Welsh, J, 2000, An evaluation of the financial impact of changing to Heart Foundation approved deep fry oils amongst ten Queensland takeaway food outlets, Nutrition Unit, Griffith University.

11. Shanahan, P, Wilkins, M, 2000, *Qualitative research dietary fat related behavioural issues*, Report prepared for National Heart Foundation of Australia by Elliott and Shanahan Research, Sydney.