Bridging the Motivation Gap

By Robyn Flipse, MS, RD

The way we eat in America is the subject of much research and analysis. Everyone is interested in our individual and collective appetites—from producers to food retailers and nutrition scientists to policy makers.

As registered dietitians, we are focused on helping the public make the right connections between what is known about food composition and our nutrient requirements, while taking into consideration personal food preferences and the many socio-cultural factors that affect eating patterns. But what do consumers want from this vast cross section of agribusiness, politics and health care?

Awareness Does Not Equal Action

Numerous surveys indicate that Americans are getting the message about the importance of food and fitness to their health. Consumers have an increased awareness of what’s in the food they eat and what they must consume and do to have a healthy diet and body weight. But this high level of awareness does not automatically translate into healthier eating behaviors.

According to a recent Harris Poll, those who are the most likely to translate their nutrition awareness into dietary change are those driven by necessity rather than knowledge. Leading the pack are people 66 years and up, possibly because they are the generation most likely to need to follow a diet with specific restrictions.

Lack of Awareness Equals Inaction

On the other end of the age spectrum, the younger population has the biggest gap between health awareness and action. A recent survey by the American Stroke Association found...
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nine out of 10 college-age adults thought they were living a healthy lifestyle when, in fact, they were at risk for heart disease and stroke based on their reported use of alcohol, tobacco, fast food and sugary drinks.4

Most of the 18–24-year-olds surveyed said they wanted to stay healthy and live into their nineties, however nearly half said they weren’t concerned about heart disease or stroke. One third did not believe that engaging in healthy behaviors now would affect their risk of stroke later in life, and only 18% could identify a single risk for stroke.

Taste Trumps Health

Even when we do succeed in getting health messages across to the public and people find the motivation to transform their awareness into action, they must still confront the taste factor. Taste continues to hold the number one spot (87%) as a driver of food and beverage purchasing decisions, significantly ahead of the number two factor, price (79%), which has risen every year between 2006 and 2010.2 Healthfulness (66%) is a distant third when it comes to influences on food and beverage purchasing decisions, followed by convenience (58%) and sustainability (52%), a new factor in the mix.

The impact of taste is also expressed by the 73% of respondents in the most recent Trends survey by the American Dietetic Association (ADA) who said their reason for not doing more to achieve a healthy diet was, “I don’t want to give up the foods I like.”1 This response indicates nearly three-fourths of Americans believe that the foods they like cannot be part of a healthy diet or they aren’t going to like what is.

What Dietary Guidelines?

Other reasons given in the ADA Trends survey for not doing more to achieve a healthy diet include, “I need more practical tips to help me eat right” (52%) and “I don’t know or understand guidelines for diet and nutrition” (41%). The International Food Information Council’s latest consumer survey specifically asked about familiarity with the “Dietary Guidelines for Americans” and found 49% of respondents have “heard of them, but know very little about them,” 27% “know a fair amount about them” and 19% “have never heard of them.”2

That means more than half of the population does not know they should try to choose foods that provide more dietary fiber, potassium, calcium and Vitamin D and less sodium, saturated fat, cholesterol and trans fats as recommended in the 2010 Dietary Guidelines for Americans (DGA).5

Selling the Sizzle

Including more dry beans in their meals can help Americans achieve the goals of the DGA, but most do not know that. And if they do, they are not motivated to act on that knowledge since average consumption levels of legumes in the United States are less than one third recommended amounts.6

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If given the choice to provide more information to consumers about the exceptional nutrient density of dry beans and their numerous health benefits7 or provide them with a delicious recipe and opportunity to sample beans in a meal, the available evidence suggests we should sell them the sizzle and give them a taste.

References available online at www.beaninstitute.com

About the Author

Robyn Flipse, MS, RD, is a registered dietitian and cultural anthropologist with a focus on the societal forces continually shaping modern lifestyles and their impact on eating behavior and food trends. She serves as a consultant to global food and beverage companies and as a multimedia spokesperson and author.
Free Recipe Cards for RDs

The Bean Institute is offering free recipe card handouts for dietitians and other health professionals. This unique design unfolds to display health information about beans on one side and six bean recipes on the other. The panels can be easily separated into individual recipe cards for storage in a recipe box. These handouts are ideal for distribution at office visits or booths at health fairs.

To order your supply, please visit BeanInstitute.com. They are available in quantities of 50, 100, 250, or 500. Only a limited number of the handouts is available, and they will be distributed on a first-come, first-served basis.

Chicken Caesar Salad with Cannellini Bean Dressing

Chicken Caesar Salads are the most popular salad on American menus. This “enlightened” recipe uses cannellini beans or white kidney beans in place of the egg in the traditional Caesar dressing. This simple substitution decreases the calories and cholesterol and increases the potassium and fiber, and also provides an extra serving of vegetables. This recipe also exemplifies the 2010 Dietary Guidelines message to “Make half your plate fruits and vegetables (Romaine lettuce and beans)” and make the remaining half one-quarter lean protein (chicken) and one-quarter whole grains (croutons).

**Recipe courtesy of Chef Joyce Goldstein and Amy Myrdal Miller, MS, RD.**

**Chicken**
- 6 (6 oz.) chicken breasts, grilled and sliced into ¼” strips

**Anchovy Garlic Vinaigrette**
- ½ tablespoon oil-packed anchovies, drained and finely minced
- 1 teaspoon finely minced garlic
- ½ cup fruity extra virgin olive oil
- 2–3 tablespoons red wine vinegar
- ¼ teaspoon freshly ground black pepper

**Dressing**
- 1 (15 oz.) can cannellini or white kidney beans, drained and rinsed
- 1 tablespoon oil-packed anchovies, drained and finely minced
- 4 tablespoons fresh lemon juice
- 2 teaspoons minced garlic
- 4 tablespoons grated Parmesan cheese
- ⅓ cup extra virgin olive oil
- ¼ cup cold water
- ½ teaspoon freshly cracked black pepper

**Croutons**
- 6 oz. whole wheat French baguette, cut into 1” cubes
- 1 tablespoon extra virgin olive oil
- 1 teaspoon minced garlic

**Salad**
- 6 large hearts (18 cups) of Romaine, washed, dried, and cut into bite-size pieces
- 1 oz. shaved Parmesan cheese, for garnish

**PREPARATION**

1. Preheat oven to 350 degrees.
2. Prepare the Anchovy Garlic Vinaigrette that will be used to dress the grilled chicken by combining the anchovies and minced garlic in a small saucepan with 2 tablespoons of the olive oil and warming slightly over low heat. Remove the pan from the heat and whisk in the rest of the olive oil, the vinegar, and the black pepper.
3. In a large bowl, combine the grilled chicken slices with 3–4 tablespoons of the Anchovy Garlic Vinaigrette, toss well to coat the chicken, and set aside. It is best to do this step when the chicken is still warm; it will absorb more flavor from the vinaigrette.
4. Prepare the dressing by combining all ingredients for the dressing in a food processor, and blending 2–3 minutes until smooth. Set aside.
5. Prepare the croutons by combining the olive oil and minced garlic in a large mixing bowl. Add the whole wheat bread cubes, and toss well to ensure all cubes are covered with the garlic oil. Place the bread cubes on a baking sheet, and bake for 6 minutes.
6. Prepare the salad by combining the romaine lettuce with the dressing. Toss well, and then divide evenly among six dinner plates. Top with chicken and croutons. Finish each plate with a few pieces of shaved Parmesan.

**YIELD:** 6 servings  **SERVING SIZE:** 4 cups (3 cups leafy greens, ½ cup croutons, ½ cup chicken)

**NUTRIENT INFORMATION PER SERVING:**
- Calories: 535, saturated fat: 5g, monounsaturated fat: 15g, polyunsaturated fat: 3g, cholesterol: 120mg, protein: 48g, carbohydrate: 27g, dietary fiber: 8g, sodium: 495mg, potassium: 1070mg
cooked and frozen form, such as lima beans and black-eyed peas. Most consumers buy canned beans for their convenience. A 2006 Neilson survey found 80% of U.S. households reported buying canned beans in the past year compared to only 23% reporting the purchase of bagged beans during the same period.\(^7\)

**Which households buy the most beans in the U.S.?**

People of Hispanic heritage living in the U.S. represent 11% of the population, but account for 33% of dry bean consumption. Regional consumption patterns are consistent with this demographic. The Southern and Western states account for 39% and 38% of all bean consumption, respectively, and they have the highest concentration of Hispanic population.\(^5\)

Other characteristics of U.S. households with the greatest reported bean purchases, based on a Neilson survey of households using in-home scanners to record purchases of UPC coded items, include: \(^6\)

- 5 or more members
- In rural areas
- Female head of household 55 years or older
- Maturing families or empty nesters
- Poor or just getting by
- Female head is unemployed
- Female head has no high school education
- Non-Caucasian or Hispanic

Characteristics of the households in that same survey that are not buying beans include:

- Single member household
- No female head
- Caucasian or Asian
- Professional or White Collar job
- East and Central regions of U.S.

**Beans are Vegetables**

According to the 2009 *State Indicator Report* by the Centers for Disease Control and Prevention, only 27% of adults eat 3 or more daily servings of vegetables. This falls well below the vegetable-specific objective of Healthy People 2010 to have 50% of Americans aged 2 years and older eating at least 3 servings of vegetables a day, of which at least 1 serving is a dark green or orange vegetable.\(^8\)

Part of the problem may be the fact many consumers do not realize beans are vegetables. A telephone survey of 1,004 consumers conducted in 2006 found only 43% were aware that dry beans were vegetables and only 45% recognized baked beans as such, while the identification of other choices as vegetables was 65% for potatoes, 77% for corn, 91% for green beans and 93% for broccoli.\(^9\)

Further support for eating beans to help close the vegetable gap in U.S. diets can be found in a recent analysis of the most commonly consumed vegetables in the U.S. and the importance of the vegetable subgroups in the Dietary Guidelines for Americans. The authors found the legume subgroup contributed, on average, only 4.3% of the calories in the recommended food intake patterns, yet more than 5% of the daily intake of vitamin E, folate, phosphorus, magnesium, iron, zinc, copper, potassium, protein, carbohydrate and fiber.\(^10\)

So the final question that remains to be answered is: What more can we do to promote bean consumption to the customers and clients we serve? \(\text{[Read more]}\)

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References available online at [www.beaninstitute.com](http://www.beaninstitute.com)