

# "Healthy Eating"

**Dr Tamara De Grassi**

Historically and traditionally FAB has been very involved in promoting positive messages about bread, getting people passionate about creating bread and recipe development. But things have changes, for the last eighteen months we have been very busy countering very important issues that are facing our industry and affecting our industry. I will be talking about healthy eating, but very much in the context of two big things that you will have heard of, low carb and GI. My presentation is going to cover what do they mean, the impact on our business, problems associated with them, how to counter them, or if you want to use them as a marketing opportunity, things, hopefully, I think you should know.

Low carb diets - what are low carb diets? You have all heard of low carb diets, we have all heard of Atkins. They basic limit your carbohydrate intake to about 20%. Now the Government recommend we should be eating 50% of our energy intake as carbohydrate foods, bread, pasta, rice, potatoes so that's a 30% deficit. Now if the population as a whole were eating 30% less carbohydrates,

foods like bread, that's a huge impact. We all know Dr Atkins, the original low carb was launched in the US in 1972 had a bit of an impact, but was relaunched as the Atkins Diet Revolution in 2002. Came over here in 2003 and again appears in different guises. We have the South Beach diet, the Zone diet, and the Stone Age diet. All advocating low carbohydrate intake and very high protein.

We look to the US as a case study because we know from experience that what happens in the US tends to come to the UK market and there's been a phenomenal impact in the backing/milling industry. Fifty million Atkins books sales doesn't mean that 50 million people are on the diet but it's a good indication. Some facts and figures here, 100 million dollar sales for Atkins Nutrition just in that one year. Sales of new ingredients arising, there is a big market now for carbohydrate substitutes such a polydextrose and inulin. The thing is these are carbohydrate foods anyway so substituting one carbohydrate for another; it's just that they are more slow release carbs which I will talk about later.

The food and drink administration are issuing warnings about unauthorised claims, they are looking at legislation, what does low carb mean. It's had a huge impact but it seems to have peaked. Recent statistics from the US

suggest that people actively limiting their carbohydrate intake, which is about 32% has actually dropped to 21%. This is very interesting because I have a feeling that we are starting to peak in the UK.

The next slides just shows you the impact on the industry and again all categories and all sort of different baking sectors there has been a reduction, a unit sale shift.

Looking at the impact in the UK, again not so many books sold, three million books sold, but again a lot of the statistics that we first read were actually produced by Atkins Nutritional themselves so you have to take them with a pinch of salt. The book, The Atkins Diet Revolution was launched in 2002, three million books sold and just nine months later they launched their product range. It's stocked by Boots, Asda and

Holland & Barrett. We actually wrote to the CEO's of these companies and we said "how does this fit in with your nutrition communication strategy?" I got a very nice letter back saying "it doesn't really, we are not endorsing the diet, but we are providing choice for consumers". It's a marketing opportunity then.

Unilever launched seventeen new low carb products or they are in the process of doing so. I think at the moment the UK is potentially one of Europe's largest low carb markets. But I think the problem with low carb is there isn't a basis to back it up and I think that GI is going to have a much bigger long lasting impact. I can't yet say from the data I looked at that Atkins has peaked in the UK but I think it's definitely stabilised and we worked very hard last year to make sure that if Atkins was featured in the newspapers we were covered too making people aware of the health problems associated with it.

Here he is, Dr Atkins, carbohydrate is the enemy as he is tucking into his meat.

But faddy diets have come and gone all offering quick fixes and miracle cures but why have the public so readily opened their arms and embraced the Atkins Diet when there has been so many faddy diets before. I think Dr Atkins was actually a very clever intelligent man and he knew exactly how to key into the psyche of the consumer. All this use of celebrities, celebrities are rich, successful, glamorous, beautiful, oh and they are thin as well and I think women aspire to that. It is very much an image led diet. It's received a

considerable amount of media attention, I don't think you could have opened a paper in 2003 and not read about Atkins. I think it was

consistently one of the top selling stories. Unfortunately for us the majority of the coverage was not good. It provides a quick fix.

Now when people are losing weight they want something that motivational. If you lose half a stone or a stone in a week that's going to motivate you. The problem is you lose mainly water and muscle and you are more likely to put that weight back on. Also foods that you normally can't eat, that are prohibited or banned you can eat in unlimited amounts and the worst thing about adhering to a diet is normally you are on the Ryvita and the cottage cheese and it doesn't taste very nice, promotes a high consumption of meat and again, very much by men, and it's promoted as a sort of successful diet that is backed by science, it's not, it's very much anecdotal.

Here are some of the celebrities that Dr Atkins writes about. It's interesting in his book it's littered with scientific references, sounds very credible, but if you actually look at these references some go back to the 1950's, some don't have controls, some have less than five people in the study, it's really sloppy science that he is quoting from.

Whenever you are trying to counter something the first thing is to identify potential issues and I found that quite easy with Atkins, it certainly wasn't difficult. Success is largely anecdotal; you can go to the site and pull it apart, very straightforward. There is no

long term research promoting its efficacy or safety. We actually worked with a couple of programmes, Horizon and a programme on ITV and the so called metabolic advantage was very much discredited by the experts. It's not led by academics, it's not led by Government, it's led by alternative health practitioners, these people aren't even properly qualified, so again very easy to counter.

We know that this diet is linked to health problems in the short term and the long term. If you eliminate carbohydrate you've only got two food groups to play around with, and that's fat and protein. Short term constipation because of lack of fibre, you are removing carbohydrate from the diet, also lethargy because you haven't got the carbohydrate and the sugar which is the fuel for the brain and muscles. But no one was worried in the short term, people go on faddy diets, they do them for two weeks, they do them for four weeks, we know they are not going to die in that space of time but when Dr Atkins was talking about Atkins for life that's when he got the backup of healthcare professionals. As I said when you diet you remove carbohydrate, the protein goes up and the fat goes up. Protein has been linked with kidney problems and we know that a high fat intake from meat products, high unsaturated fats can lead to heart disease and again elimination of carbohydrates is not nutritional orthodox, it's not

recommended by the Government, as I said we should be eating about 50% of our energy intake as carbohydrates. It's not

conducive to exercise and if you are talking about obesity diet and exercise go hand in hand. I found it very strange when Dr Atkins autopsy results were released, he was eighteen stone, morbidly obese and he had advanced stages of myocardial infarction which is heart disease. This is a man who lived and breathed his diet. That was fantastic PR for us.

Lastly, in his book he talks about net carbs, I don't even know what net carbs are and I'm supposed to be a scientist and I doubt consumers will understand what net carbs are, it took them twenty years to work out the difference between a simple and a complex carbohydrate, and most people still don't know. Too complicated.

The Glycemic Index, a bit more difficult this one. First of all I will talk about what it is, I'm sure you all know, but very simply the GI system ranks the rate at which carbohydrate foods are broken down by the body and converted into sugar which enters the bloodstream, very simple. However it's not that simple. I've got some values here which were produced by Professor J Henry at Oxford Brookes University and they are giving GI food different values so they can be ranked as high, medium or low GI food. Now this is just one set of values done at one University and I'm going to talk about why this system is so flawed in a minute, and just to say anyone that remembers in the mid nineties there was a big GI diet in the mid nineties, it came and it went and the difference is it hasn't gone away this time. I'm going to try and

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explain some of the reasons why.

Here is some GI values for some foods and this shows you one of the problems in the low GI foods, low GI foods are foods which slowly release the sugar into the bloodstream and scientists are saying this is what we should be doing. All Bran, great, wholegrain bread, wholegrain bread sometimes falls into medium, sometimes falls into low. But look we've got peanuts, sausages and butter. Basically any high fat food would be a low GI food so if you were selecting a healthy diet purely based on the GI system you are going to end up with quite a high fat diet. Now lets look at the high GI foods, these are the foods we are supposed to be eating less of, cornflakes, bread, broad beans, potato, banana,. Don't tell me these foods are unhealthy because I know they're not unhealthy but according to the GI system we should be minimising our intake, they should be prohibited. Its complete scientific nonsense really.

Measuring the GI in theory is simple, you get somebody into the laboratory who has fasted overnight, you give them a carbohydrate meal consisting of the food that you want to test. You take a blood sample before you give them the food. They eat the food. Afterwards you measure their blood sugar levels at various intervals. Now you can do this venous blood, capillary blood, and then you plot it as a curve. At the moment everyone uses the WHO standardised methodology and this is very important because there is so much variation

within this of the factors affecting GI.

I can give you one food and take it to six different laboratories and I will come back with six different GI values, this is the ridiculousness, even though they are all using the standardised WHO methodology. Some labs use different standards, they use white bread or glucose. Again this results in different numbers, different sampling techniques. Some use venous, some use capillary, again different results produced. Often there is 50% variation within the same person how they handle the food. The GI of food is affected by its particle size, the way it's been cooked, its freshness, the rightness, the preparation, the amount of time you cook. There are so many variables that you have got to play with and people talk about the Glycemic Index of a specific food. When we eat we don't eat foods in isolation, we eat them as part of a mixed meal. I don't know any people that just eat bread. White bread has a high GI you eat it with protein and you eat it with fat, a cheese sandwich, the GI comes down. It's not a precise science.

Again this is just a table to show you two sets of values produced for this same set of foods using different standards. You could end up with numbers all over the place.

Again why so popular? It was around ten years ago. It categorises food as good or bad and I think it takes away personal responsibility for consumers. It also fits into a traffic light system, if people want to go and look on packs

and see red, amber or green and they know which one to go for, they don't want to understand it, they just want to be told what to do.

Unlike Atkins which had very little science behind it, there is some science behind GI. It is still very much being led by the diet industry and not by Government and its also being led by commercial Universities that do GI testing, and its lead by alternative health practitioners and celebrities.

The problems of GI suggests that foods are either good or bad and its taken a long time to move away from good and bad foods. It's about the balance of good health. Again foods like broad beans, carrots, bread, if you

are using the GI system these would be prohibited and blacklisted and that's nutritional nonsense. Again we don't eat foods in isolation; we eat them as part of a mixed meal. We should be looking at the glycemic loads not the index and again that will give our products a much more favourable image.

Low GI foods are not conducive to exercise and again when you talk about obesity you need to talk about exercise.

I've already mentioned the glycemic load and I've got a feeling this is the trend, more and more people will be talking about the GL because it's much more representative of the way we eat our food.

So how did we respond to low carb and GI, all potentially big issues that have an impact on our industry and affect sales. We set up the Grain Information Service in 2001, this was an industry collective set up to deal

with generic issues facing the industry and we had members from all sorts of different companies and it was the perfect vehicle to actually deal with low carb and GI. Very discreet low key branding, we're not selling your product, we're selling you a message, brings together like minded groups of people, I think when Atkins and low carb first hit the shelves different people in different areas were doing things in isolation, we needed to pool those resources, bring that together and actually do something that had an impact and again bring together industry expertise is very important when you don't have huge budgets. It also helped develop an identity when we were speaking to people and mean that we were actually in business.

Again the strategy of the Grain Information Service is pretty formulaic, we work very closely with third party organisations, when you are trying to communicate a health message it's always better to use a credible third party. We position ourselves as credible, we only touch what we call proper science, we don't do pseudo science, so when we are talking we have the science to underpin our messages and we appear a lot more credible.

Our aims and objectives are always to discredit low carb and GI wherever possible. Count anti wheat messages, promote positive image for bread, promote the positive health benefits and position ourselves as credible, a very simple strategy that we work to. The Grain Information Service at the top, we are trying to get to

consumers at the end of the day because they are the main buyers of our products. We speak to the gatekeepers that advise and these are the HCP's, the health care professionals. If a consumer wants to know about diet, obesity, they are more likely to speak to a GP, a practice nurse, a

dietician, or a nutritionist so it's a very important audience for us. We speak a lot to the media because without our media coverage the consumer is not going to pick up the message.

We were very busy working with health care on account of this, we set up meeting with the British Nutrition Foundation, the British Dietetic Association, The Royal College of Nursing, The Royal College of Physicians, basically the third party organisations that covered all these health care professionals that we wanted to talk to. We produced materials and resources, developed newsletters, we had guest editorials by very eminent independent experts, we contacted the Kidney Patient Association primarily because we had done some research to show that high protein were damaging to kidneys and also to bone health so we alerted the National Sphrosis Society. We produce training materials for practice nurses on the subject of obesity and we also produced a report for tackling the weight of the nation which was a hard hitting literature view which brought together all the fantastic science going back to the 1950's that shows that our products, carbohydrates form part of the weight loss solution and has knock on effects with regard to cancer, heart disease and diabetes. I mean such an

opportunity for us, before we could go and speak to the health care professionals we needed this solid document in our hands to get a foot in the door. We actually launched that at the Carbo Summit and it's the first time we've brought together industry, experts, media to talk about what's going on, low carb diets is nonsense, come on, if we want to talk about weight loss we need to talk about eating carbohydrates, 50% of our energy intake.

In terms of outcome it was extremely productive. We had free participation of these experts on our panels, we didn't have to pay honorariums, these people came because we positioned it well and we had a good cause. Lots of advertorials and editorials, relationship building, we distributed leaflets through waiting room information service, GP surgeries, we looked at lots of different distribution mechanisms and the waiting room information service doesn't stock your catalogues and Nike leaflets, they stock the Department of Health information so we were in very good company and a very good message as consumers are waiting to see their GP, and there is our leaflets and information countering Atkins. We did radio interviews, we did a lot of radio interviews in 2002 and television and we were always there to give a comment and a statement to press coverage. We created a website and hits went up by 200%. I think a very much valued industry.

Let us not forget trade, one of the most important communication aspects that we

sometimes forget is within our industry, some people sometimes don't even know what we are doing. We did a lot of desk side briefings with various trade press and we drafted editorial features and again I think its results in some excellent networking and relationship building. One of the reasons I am here today actually but of course the most important audience for us is consumers because they are the ones who are actually buying into the low carb and the GI diets.

We commissioned reports and surveys, anything that would provide us with a mediahood so that we could speak to the media. We wanted to gather opinion on what doctors and nurses thought about low carb diets primarily so we could shock consumers, because if a doctor was concerned about it, I'm sure a consumer would be too.

We lobbied the Science Media Centre, this was an organisation set up by Government White Paper to ensure that science journalists got the right story, again and again you read some coverage and the journalist has got it so wrong he has misinterpreted the science. This is an independent organisation that invites briefings for journalists on any science topics they request, it could be MMR, it could be environmental pollution, and we lobbied them, and lobbied them and lobbied them. We sent them information, we sent them coverage, we said consumers were potentially at risk if they didn't have the correct information to make an informed decision. We did a

briefing and there was a tremendous amount of media coverage, we exhibited a vitality show, we went face to face, we distributed our leaflets at conferences for consumers and the main thing we did last year was produce a leaflet called "Vitality Eating System".

If everyone is producing faddy diets we thought why don't we produce an eating system, when we've got the science to back it and we know it works. We used to have something called Consumable Eating System many years ago and we updated it, and if you can't beat them, join them. We got Kath Deeley on board so it wasn't only health led, it was image led as well, and Kath Deeley has this very wide appeal to teenagers and also to adults through her TV work. We wanted to provide a one stop shop on healthy eating and weight loss and the thing about weight loss is there is no point in losing it unless you keep it off and that is where we have the biggest opportunity with our products because a lot of our products are low in fat, there are carbohydrates and they form part of the weight loss solution. This talked about a seven day eating plan because this is what people want, they want to follow something religiously, they want to take an eating plan home and know exactly what they'll be eating for the next seven days in terms of breakfast, lunch and dinner. It provided information on exercise, it



talked about different weight goals and snacking. It was a one stop approach. We also backed that up with a micro site on our website which was a weight control centre and last year when women were surfing on it

one of the main things they wanted to click on to was advice about weight loss, and it's still the same story.

We also did a lot of lobbying at Government level and again we were speaking to lots of different organisations and very much rallying people.

Another important audience for us is children, they are the next generation. We have an education campaign called the "Flour and Grain Education Campaign" which we work on with the Home Grown Cereals Authority and this year we produced a fantastic pack called the "Energy Balance Pack". We wanted to produce a pack which was comprehensive, curriculum linked and integrated, covered keeping a food diary, the balance of good health, lets look at food labels, there's even an interactive board game which you play with Snack Attack cards. We have had a fantastic response from teachers, so while we're speaking to health care professionals and speaking to consumers, let's not forget children and teachers.

In terms of outcomes we originally had a print run for "Vitality Eating System" of about 100,000 and we managed to negotiate a distribution within Sainsburys in store pharmacies. This was fantastic for us, because the leaflet is not branded, it's very sensible, it's very balanced, it's got the science to back it, Sainsburys stocked it in all their In store Pharmacies throughout their stores in the UK and that was 60,000 that went as soon as they were printed. So we had the endorsement of being in the In Store Pharmacy and we also distributed them to their

nutrition advisers. We also wrote to all the other retailers and High Street pharmacy outlets such as Holland and Barratt and Boots and said "well if you're stocking Atkins, why don't you stock a healthy eating leaflet because it's more in line with your nutrition communications strategy". We did a lot a radio interviews, website hits went up, people were downloading the new Vitality Eating System, we were on television, on radio, we got a fantastic Bupa journalist that we know, a pro carbohydrate, identifying people and directing our activities at them.

One of the things we found during an eighteen month long process and none of us really thought we would be spending that long countering low carb and GI and I think the fact that we were media trained helped enormously because we were ready at any time of the day to do radio, TV, whatever it was. The power of lobbying had a phenomenal effect and knowing that we had the support of the third parties made us a lot more

confident in what we were saying. Relationship building, always trying to stay ahead of the game, in fact one of the jobs that I first had was, if Atkins were buying their way into public meetings, sponsoring various meetings so they could get up and talk about "Low carb a survival option for weight control", my job was to sit at the back and counter it in a Q and A session, so I hope nobody does that today.

What is the future? I think in terms of low carb its going to peak, and the reason I say that is because there isn't the science,

and for them to get long term science its going to take them quite a while. There is always a proportion of the market that will buy into faddy diets, it doesn't matter, New Age, Zen, whatever they go for it, and you are never going to stop that so there is a small marketing opportunity, but to be adopted as a national diet, I cannot see it because they do not have the science. What is slightly more worrying is GI. If you look at the science there is actually nothing at the moment which says either way whether it has a long term impact on obesity, diabetes, cancer or heart disease. What we have is some research saying that low GI foods satisfy the appetite for longer which means you are less likely to snack and that's why they are talking about low GI foods may help you lose weight. The Food Standards Agency have backed a three year study with the Medical Research Council and it will very much a definitive study and until we have the results of that study you will not be able to make health claims, you are going to have tread carefully. Its still very much led by the diet industry and commercial universities and until we have those findings its not going to be backed by the experts. I think what's going to happen is a little bit like the good fat, bad fat argument that raged in the 80's and 90's, what you are going to see is good carbs and bad carbs and I know we've tried to move away from good foods and bad foods but I really think we are going to go down that route. It is a difficult message to convey. I've talked about the flaws of the system, if scientists have problems defining it and get the same

values using the same methodology how is the consumer going to understand this. its not just the message on the pack, its got to be supported by advertising and PR and marketing. I think the biggest opportunity we have overall as a business is the fact that our products are carbohydrate based and we should be eating 50% of our energy intake as carbohydrates. Carbohydrates form the basis of a healthy balanced diet. Our biggest market opportunity will be to buy into that and promote our products as forming the basis of a healthy diet.

*Miles Warnick*

*Before I open the floor for questions, Tamara said at one point during her presentation that we were very lucky with the press in that there was a lot of negative releases about Atkins, I'm very clear that it wasn't luck and that the industry owes a big debt to the work that Tamara's done over the last eighteen months in trying to make sure that the Atkins diet didn't get a foothold and take off and I'm quite clear that if it had of done we could have seen consumption dropping by as much as 10% and the fact that we were able to stop that happening I think has been a big success for FAB and the work of the cereal supply chain in making sure that we didn't allow the success of Atkins here that we saw in America.*

Question -

behind it, we still don't have the full results and they talk a lot about the appetite research. I think it sound a little more credible, which is why they've moved from low carb to GI and there will always be scope in the women's pages in tabloids, double page spreads on the latest faddy diet, and this is very much the latest thing. They will continue to cover it, and we need to make sure that within that we have a message that there is a role for high GI foods, especially in exercise and not just that but the message that our food is not eaten in isolation, they are part of a mixed meal. If we can get journalists to start talking about GL as opposed to GI again it is much more favourable for our business.

Question - Sara Autton, Chorleywood

*I was very interested to hear you say about lobbying Government departments, have you had any success in getting to the right department that deals with school meals services for instance, with regard to getting the healthy balanced diet message across to children in school canteens?*

Answer - This is a learning curve for me because I am used to dealing with health care professionals all the time but when we were launching the new energy balance pack which was talking about obesity and our products for children. I had to set up an expert panel and I wanted different experts that advised on curriculum and food in schools and I eventually get through to Ally Farrell, who works for an organisation called 'Data' and she a curriculum adviser at the DFES. So now that we are identifying these people we going to set up an 'advise you' panel so we can go back year after year and get them to feed into evaluation comments, do they think we are doing the right thing, the right kind of activities, it was quite difficult. I even spoke to Stephen Twigg at one point and I said "Stephen, there is no incentive whatsoever for organisations like us to produce unbranded materials, free resources for schools, completely unbranded, very sensible, if we don't get people like you to support us". So I just bullied the DFES

until I got someone to come along and now that we've identified these people we need to keep the relationship going so we can use them for different things.

*Question David Roberts, Northwich*

*Many, many years ago one of your predecessors on the platform of the British Society of Baking, a good deal less photogenic I have to say, called Dennis Birkett who was well known in his time for advocating diets of complex carbohydrate because he had been a surgeon in Africa, and he had observed that the diseases of western man really didn't exist, things like heart disease, varicose veins and things like that. His conclusion of course was so simple and so straight forward and really quite riveting for those of us who remember it, was that he said "to live a long healthy life, he said when you've been to the loo and you turn around and it floats you will live forever, if it sinks you're dead." Is there not a message for complex carbohydrates in that?*

*Answer - Exactly, this is a very high carbohydrate, high fibre diet and these people didn't have any of the diseases of the excess, the western diet, heart diseases and gout and all these awful things and one of the things we do talk about is constipation a lot. This is why when you look at the research and the reason we got on to talking about obesity and weight loss and faddy diets was because women are more likely to say they have an allergy to bread, its more socially acceptable to have a supposed allergy to bread and they are actually eliminating it for weight loss reasons and they know they shouldn't be eliminating it for weight loss reasons so they say it bloats me. This goes back to the point that the one food they are removing from their diet that has the fibre is going to bloat them even more because it is not pushing everything through, its nonsense.*

# 'Low carb' and GI diets Impact on the baking industry and our response

Presentation at the British Society of Baking  
Tuesday 12 October 2004

## 'Low carb' diets

- Low carbohydrate intake to account 20% of energy intake up to recommended intake of around 55% of energy intake
- Original 'low carb' diet marketed in US by Dr Robert A. Low and first launched in 1972 and launched as the 'Atkins Diet Revolution' in 2002
- Atkins Diet includes 14 day induction phase of avoiding ALL CARBOHYDRATE and reducing maintenance of just 20% of energy intake as carbohydrate
- Carbohydrates reduces intake levels of key vitamins such as B12
- Reduced protein and amino acid intake
- Other popular 'low carb' diets include the South Beach diet (1998), The Zone diet (1995) and the South Beach Diet (2003)

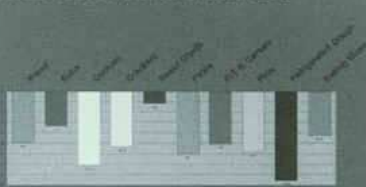
## Impact in the US

- The Atkins diet books sold 100,000 copies
- \$100m sales for Atkins Nutritionals
- \$150m sales of low carb products in 2003 - three of all baking products
- Other sales are still seen from the diet, protein, and protein
- Sales of new products, low carb, wheat-free, including only carbohydrate, (sugar)
- 833 new low carb products hit the shelves in 2003 including bread, low-carb and bread
- New brands and existing product ranges (eg. MultiGrain, Glutifit, CarbSmart)
- Manufacturers looking to reap benefits of a diet to boost market
- The FDA has given weight to carbohydrate intake
- Low carb sales have dropped from 27% (April 2004) to 21% (July 2004)



The low carb diet has peaked

## Unit volume sales change: Q1 2004 versus Q1 2003 (Source: Infoscand Data)



## Impact in the UK

- 'Atkins Diet Revolution' launched in 2002
- 2 million copies sold in 2002 (estimated)
- Atkins products range launched on December 2003 in UK
- Range distributed by Booths, ASDA and Iceland & Sainsbury
- M&S and Tesco have introduced 'low carb' product ranges. 3 'Atkins' diet markets
- Increased availability of 'low carb' products in 'low carb' options (large 2004)
- Industry expenditure on 'low carb' products is growing (marketing opportunities)
- 23% of population actively reduce their 'carb' intake (2003) compared to 3.1% (2004)
- Popular within and women aged 25-45 years old
- 70% increase of Europe's largest 'low carb' market

## 'carbohydrate is the enemy'



## The Atkins phenomenon

- Popular diet to quickly lose weight - image led
- Reduced carbohydrate intake (fatburn)
- Possible a boost to protein levels (B30 to 300g)
- Possible reason for rapid weight loss is not a diet or mean by fat loss
- Ease to adhere to - especially due to food qualities of carbohydrate based foods
- Provides high concentration of protein - increased in diet
- Consumption of protein based foods - supports body composition
- Promoted as a new 'healthier' and 'easy' way to lose weight



## Identifying potential 'low carb' issues

- Success is largely anecdotal and lacks a credible scientific basis
- No long term research supporting effective weight loss
- Potential adverse health issues associated with obesity
- Lack of evidence for health benefits (cardiovascular health, cancer and diabetes risk factors)
- Limited to reduce cholesterol
- Linked to increased health problems (osteoporosis, kidney and liver health)
- Linked to possible long-term problems (osteoporosis, heart disease, kidney problems, etc.)
- Consumption of carbohydrates is not advocated by any professional professional organisations and causes nutritional imbalance of diet
- A carbohydrate free diet is not suitable for children
- Physical fitness requires high levels of fat
- Dr Atkins was found to be overweight and suffering from heart disease
- Consumer understanding increased understanding of 'low carb'

### The Glycaemic Index (GI)

- All carbohydrate foods are digested by the body and converted to glucose
- The glycaemic index (GI) is a measure of ranking foods on a scale according to the extent to which foods raise blood glucose levels after ingestion
- Carbohydrate foods that break down quickly during digestion have the highest GI values. Their blood glucose response is fast and high
- Carbohydrates which break down slowly, releasing glucose gradually into the bloodstream, have low GI values
- The GI measures the speed at which the body converts carbohydrates to glucose
- Popular in mid 1990's but re-evaluated subsequent research

*Source used by Prof. John Henry, Cardiff Business University  
GI value of 77 is HIGH  
GI value of 36-45 is MEDIUM  
GI value of 55 or lower is LOW*

### GI food values

Low GI foods (<55)	High GI foods (>75)
• All grain	• Cereals
• Flat bread	• Rice (long-grain)
• Doughnuts / pastries	• Eggs
• Baked beans	• Whole rice
• Apples	• Starches
• Skimmed milk	• French fries
• Peas/beans	• Mashed potato
• Salads	• Potatoes
• Butter	• Noodles
• Muffin/quick bread	• White bread

### Measuring GI

- Blood sugar levels are measured before the meal and at time intervals afterwards. The resulting measurements are plotted as a curve
- The area under the curve is compared with standard food (glucose or white bread)
- The resulting ratio is the glycaemic index of the foodstuff
- These tests are normally carried out on between 8 and 10 individuals to derive a 'standard' Glycaemic Index value
- Current test uses advanced NMR methodology

### Factors affecting GI

- Two different standards are currently used (white bread and glucose)
- Different food processing techniques (crusts or soft) may give different results
- There is considerable agreement in research that GI of a food based on potatoes (all main UK staple foods based on an average 100g portion) is a very good representation of metabolic response
- The GI is affected by particle size, ripeness of fruit, ripeness or preparation and length of storage and fatness of meat
- Carbohydrates are NOT normally eaten in isolation but as part of a mixed meal including Fat and PROTEIN - both affect GI
- The GI of a whole cornflake is lower than that of bran alone

↓  
NOT a good estimate

### GI values of foods - glucose vs white bread

Food	FoodGI value	GI value
Glucose	100	100
White bread	100	100
...	...	...

*Source: Gibson et al. 2002*

### The rise of GI

- Collegiate food as good and bad, makes choice easier for consumers
- Researcher (epidemiology) - doesn't make clear and solidly verifiable a weight link
- Foodies compare GI of foods according to a 100g food system
- Doesn't consider if eating amounts to choose a "healthier" diet
- Doesn't consider GI of foods with fibre/complex carbs
- Adopted by many retailers as a marketing opportunity - supported with self help and other "choice" literature
- Influenced by nutritional media programs (webinars)
- Communicated as being superior to low-calorie, low-fat/high-protein/high-fiber diets with specific claims on weight loss and decreased diabetes, heart disease and cancer risk
- Link to high protein, low-carb health involvement and behavior

### Problems of GI

- Label foods as either "good" or "bad"
- Focuses on sweet, starchy foods, cereals, bananas are high GI foods and would be good (high GI) or bad (low GI)
- Focuses on fruits, vegetables, cereals, oils and butter are low GI foods and according to the GI system are considered good for you
- Correct GI values are for processed foods, not mixed meals - values do not take into account the presence of fat and protein
- Different values produced by different methods of analysis - flawed methodology
- Link to low insulin and cholesterol levels - important for health and disease prevention
- Reluctant to discuss insulin and cholesterol in relation to GI (ADA, PFA, American Diabetes Association)
- Confused confusion created at the Veterinary Conference 2008 - claims that GI of a food is not a good indicator of its GI (based on a test of insulin and cholesterol)
- GI system can vary but high GI foods have insulin additional benefit and could be a low fat, high-protein food packed with vitamins, minerals, fiber and fat
- Healthy balanced diet is based on eating foods from all the major food groups including carbohydrates, protein and fat
- Low GI foods NOT suitable to a diet

### GL versus GI

- The glycaemic load (GL) is a measurement that is calculated from the GI and includes the complete impact of a carbohydrate meal by taking into account the quantity of carbohydrate consumed
- Calculable by using a more useful indicator than the GI alone which not just food is consumed but amount of it is eaten
- It provides another method of GI for carbohydrates based more on the GI value but as the protein content of the ingredient and the amount of the carbohydrate and so along the release of glucose into the blood stream
- For example white bread contains low GI but when eaten as a sandwich, with cheese, the GI value of the meal is no longer high
- It takes history into account the eating method for GI is different

*GI value of 77 is HIGH  
GI value of 36-45 is MEDIUM  
GI value of 55 or lower is LOW*

### Our response

- Set up an industry collective: THE INFORMATION SERVICE
- Obtain and communicate scientific and nutritional information - promote science based industry
- Not directly related to a brand and easier to get your "foot in the door"
- Can effectively deal with an issue through its parent (retailer)
- Bring interested groups together to coordinate strategy and resources in more cost-effective manner
- Provide each of us working a solution and provide members and their own financial benefit
- Provide a credible route to the media via education via education and campaigns
- Bring to light the industry expertise
- Develop an identity through our own branding

### Our response

**Strategy**

- Reposition ourselves / increase our credibility through third party endorsement and working closely with the relevant professional to ensure evidence-based information with the diet
- Position ourselves as the "go-to" source through research and educated experts
- Coordinate the content of our website closely with the media (influence media coverage)

**Aims and objectives**

- Disseminate "low carb" and GI based health advice and position them as credible
- Obtain endorsement messages and promote them (endorsements)
- Promote the positive health benefits of low carb diet
- Position ourselves as credible and credible

### The strategy

```

    graph TD
      GIS[GIS] --> HCPs[HCPs]
      GIS --> MEDIA[MEDIA]
      HCPs --> MEDIA
      MEDIA --> CONSUMERS[CONSUMERS]
      CONSUMERS --> HCPs
  
```

### Healthcare activities

- Work close to bring a field with third party endorsement representing previous systems (GI, Nutrition and Dietetics)
- Developed a "new healthy diet" - "Food Alliance: Food for Health"
- Developed education on weight and eating for key healthcare professionals
- Created newsletters and industry specific education for registered experts
- Established a "low carb" community
- Created the British Dietetic Association and the National Osteoporosis Society
- Produced a "low carb" professional development... and page increase research focus around diet in the industry (ADA, low carb diet and food system)
- Commissioned MRC research report "Tackling the Weight of the Nation - an independent and authoritative review looking at how a diet that is high in complex carbohydrates compared to weight loss and reduce disease risk"
- Launched the "low carb" diet on 23rd with 1000+ professional support and associated with low carb endorsed media interviews

### Healthcare activities

**Outcomes**

- Created free publication of expert advice and developed excellent endorsements and advice (low carb diet)
- Advocates around the low carb message delivery
- Content message for professional contacts (low carb message)
- Build relationships with media and industry key people
- Relationships built with primary healthcare workers, media and key third parties
- Developed over 10,000 copies of key literature through professional channels
- Event research to evaluate professional and media food to focus on evidence based approach of protein strategies for living with chronic conditions and diet
- Created focus on bringing weight loss to the public (low carb diet) message based on health science
- Created safety data / claims that professionals are taking
- Recognized the need to educate the public on the role of complex carbohydrates
- Change outcome in professional community views
- Relationships were developed at 11 levels (national / international level of dietitians)
- Additional help and participation in TV programmes
- The number of media enquiries has increased by 200%

### Trade activities

**Trade**

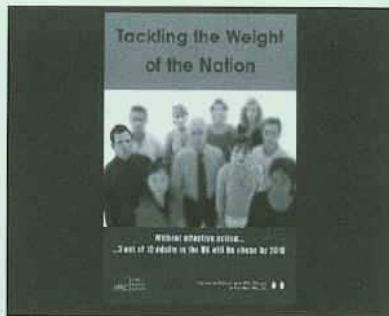
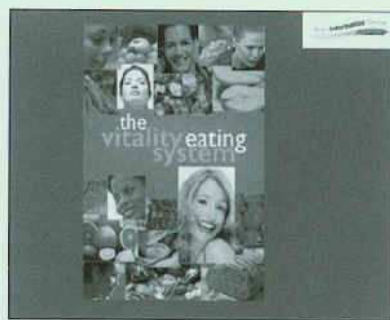
- Developed relationships with major retailers to ensure endorsement and food products
- Developed website for key retailers

**Outcomes**

- Advocates around the low carb message delivery
- Build relationships with media and affect the low carb coverage

### Consumer focused activities

- Commissioned the GI survey (2004)
- Commissioned the "low carb" survey - "Tackling the Weight of the Nation" - 1000+ professional support and media coverage
- Launched the Science Media Centre to hold a media briefing
- Created a consumer survey to measure consumer response to "low carb" diet and low carb diet
- Developed 10,000 copies of GI message cards
- Commissioned the "low carb" survey - "Tackling the Weight of the Nation" - 1000+ professional support and media coverage
- Created the "low carb" diet on 23rd with 1000+ professional support and associated with low carb endorsed media interviews



### Consumer Activities

- Outcomes**
  - Distributed additional survey information for press office use
  - Encouraged media to question the validity of the diet claim
  - Produced media interviewing advice - featured from BBC and other national outlets
  - Generated a wave of publicity coverage for the diet and the health claims experts who they could see as a credible source of research information on diet and health
  - Produced the diet as a valuable source of dietary information
  - Radio support reached over 13,444,000
  - Generated over 50 pieces of coverage including national media
  - Secured a publication of Vitality Eating System website through Sunbury's in-line syndication
  - Website hits up by 25%
  - Generated additional TV and radio coverage

**SHOULD YOU EAT FAT TO GET SLIM?** Atkins diet book is piling on the sales

Atkins dieters 'at high risk of kidney stones'

Why my Atkins pain outweighed the gain

**THE ATKINS DIET CONTROVERSY**  
Kidney stones? I've lost a stone!

Why stars are lapping up the Atkins Diet

Diet dissenters swing into Atkins

**GOOD + HEALTH**  
Mothers are warned off celebrity diets for children

**IS the Atkins Diet dangerous?**

### Findings

- Get media trained - maximize all media opportunities (print, radio and TV)
- Proactive media relations - provide media with media lists
- Keep in constant contact through telephone & email/text groups
- Don't get out of your element
- Always get the party representatives to deliver your message
- Always appear first even if viewed and independently assessed research be written at all times
- Stay abreast of the game - look at new areas of research
- Superior knowledge is vital
- The power of lobbying government and the sciences
- Have a presence over sites at Government Hearings
- Successfully discredited today's diets and position them as unhealthy while promoting the necessary benefits of low carb consumption
- Educated the public on science and showed that copy science based websites by the negative health effects
- Personality, timing and very often a long term advertising
- Continued to position F&B as the experts through newspaper.com
- Request additional paid print opportunities to make a sale

### The future of 'low carb' and GI

- Potential opportunities?**
  - Research and development of low carb / low GI products
  - Potential need for opportunity to provide low carb / low GI options of existing well known brands
- Points to remember**
  - Not a fad (by science but by commercial reality)
  - Need to commission more long term research to address long term safety of low carb and whether low GI diets
  - Food Standards Agency 3 year GI research study - results not available until 2008
  - Low carb diet has already created in the UK low GI on its way
  - Low carb consumption contains controversy when scientific studies has proved that it does
  - Moved from 'low carb' to 'good carbs' - what next?
  - Critical message to convey effectively
  - Always open to a healthy balance diet