



Menu Calorie Postings in Restaurants Policy Intervention to Prevent and Reduce Obesity

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Americans consume approximately one-third of their calories from restaurants.¹ This figure continues to rise along with Wisconsin and national rates of overweight and obesity.² Some states, in an attempt to promote moderate caloric intake in these away-from-home meals, are requiring menu labeling in restaurants. While proponents view menu labeling as an appropriate next step in obesity prevention or reduction, opponents consider it a detriment to the restaurateur. What is the effect of menu labeling on caloric intake and on obesity? What are the consequences of legislative mandates? What is the implication of local, state, or federal legislative action?

Weight Matters

Approximately 62% of Wisconsin residents were overweight or obese in 2007.³ There has been an increase since 1991 among all races, genders, and socioeconomic levels. Obesity rates are higher among Latinos, African Americans, and Native Americans compared to Whites.⁴

Obesity is a significant risk factor for numerous diseases and a leading health concern nationally.² The Centers for Disease Control and Prevention (CDC) warns that, at current rates, one in three children born in 2000 will eventually develop Type II diabetes -- a disease that is directly associated with obesity and considered largely preventable.⁵ Obesity brings significant economic impact. In the year 2000, Wisconsin residents spent an estimated \$1.4 billion in health care costs attributable to obesity.⁴

Genetic, socioeconomic, cultural, environmental, and behavioral factors contribute to obesity. But the CDC identifies behavioral and the associated environmental cues or deterrents as the most modifiable factors.⁵

Will Menu Labeling Work?

The portion of restaurant and fast food meals consumed rose from 18% in 1978 to 32% in 2006.¹ The average food dollars per household spent in restaurants has nearly doubled from 25% in 1955 to 48% in 2008.⁶ Meanwhile, meals prepared outside the home generally contain larger portions, have a higher fat and calorie content, and are less nutritious than meals prepared at home.⁷ Americans tend to underestimate the calorie content of restaurant meals by as much as 50%. As the consumption of restaurant food has increased nationally, so too has the number of overweight and obese individuals.

Research suggests that providing consumers with calorie and nutrition information at the time of purchase promotes healthier food choices and reduces the number of calories consumed. The Nutrition Labeling and Education Act (NLEA) of 1994 showed positive effects on nutrition and consumer knowledge of food nutrition.⁸ The use of packaged food labels has been shown to improve the dietary quality of meals prepared at home across all income levels.⁹

Public opinion polls report that 73% of consumers look for nutrition labeling and 48% of consumers have reported changing their purchasing habits based on food labels.¹⁰ This appears to hold true for

restaurant-purchased meals as well. Customers of the restaurant chain Subway, which voluntarily posts calorie and nutrition content, report feeling more empowered to make healthier food choices. Subway customers purchased, on average, 54 fewer calories per meal than patrons of restaurants without menu labeling.⁹

Many inexpensive fast foods and fast food restaurants are readily available in poor urban and rural areas.¹¹

At the same time, people who live in these areas have higher rates of and risks associated with obesity. Some advocates therefore believe that mandatory calorie postings may reduce obesity disparities, particularly where lower-income persons are disproportionately exposed to poor quality food.

Legitimate questions remain about the potential of restaurant nutrition labeling to change individual behavior. As a public health intervention, the strength of scientific evidence is mixed.¹² Data that show behavior change due to access of restaurant calorie information may be biased towards already health conscious individuals seeking healthier food choices.⁹ A review of studies indicates that most have shown some efficacy to menu labeling, but with significant limitations.¹² While one study concluded the majority of people look for nutrition labels, another observational study indicated that more than half (52%) of adults do not consistently use them.

Newly published early research from New York,¹⁴ where menu labeling is required, focused on customers of fast-food establishments in low-income neighborhoods. About half the customers noticed the calorie counts, which were prominently posted on menu boards. About a quarter of those who noticed them said the information had influenced their ordering, and nearly all of those people said they had made healthier choices as a result. But receipts checked afterward show that people had actually ordered slightly more calories than had the typical customer prior to the menu labeling.

Prevention Paradox

Certainly, many factors contribute to obesity, and menu labeling may not be effective as an isolated intervention.¹² Rather, behavior change may require mutually reinforcing messages through social marketing and other interventions. Some suggest that the New York study was too early to capture the full impact of the labeling along with a complementary nutrition education campaign.¹⁵

Others, however, assert that low-income populations are most focused on price and least amenable to the nutrition labeling. To the degree that menu labeling offers disproportionate positive benefits to more advantaged populations, it could have the paradoxical effect of increasing existing population health disparities.

Nutrition information on menus may encourage consumers to make healthier decisions and reduce the number of calories consumed.

Other factors to consider: Women are most likely, and young men least likely, to read nutrition information.¹³ Those who do use labeling information may not know the appropriate nutritional information required for weight control.⁸ Individuals may prefer

to enjoy food without feelings of guilt. In fact, while public polls indicate that 83% of individuals want calorie information when eating out, a fairly significant 17% of the population does not.¹⁶

In this regard, menu labeling offers a classic example of the prevention paradox:¹⁷ the population-based prevention strategy may offer large benefit overall by changing norms and averting risk, but may offer only a small apparent benefit to each individual in the short term.¹⁸ It thus leaves little motivation for individuals to participate in or be subject to an intervention.

Burden and Benefits

Opponents to mandated menu labeling question its benefits and raise concerns regarding its expense and burdens on the restaurant industry.⁶ The cost associated with changing menu boards in New York City has been estimated at \$2,000 to \$5,000 per store.¹⁹ Mandates may impede entrepreneurial freedom to change food items, meet market trends and satisfy customer preferences. Larger corporate businesses may be able to absorb costs or revenue losses across a large volume of stores, but many chain restaurants are operated as individually owned franchises.¹⁹

Opponents to mandated menu labeling question its benefits to customers and cite the lack of feasibility and burden on restaurants.

Some restaurants have voluntarily provided calorie and nutrition information in a pamphlet, on the internet, or by other means.⁶ This information, however, is often reported in charts and may not be consistently available. A study of McDonald's restaurants

in the Washington DC area found that only 59% of its restaurants were able to provide nutritional information upon request. Of those that did provide information, 69% of requests required asking two or more employees.²⁰ Once provided, the complexity of the information may not benefit weight control efforts.⁹ Supporters of menu labels believe that such barriers particularly disadvantage low income consumers in making better food choices.¹

The restaurant industry has embraced voluntary measures to address nutrition concerns. The Wisconsin Restaurant Association maintains a searchable on-line Dining Guide with categories to help customers identify restaurants with health-related items.¹⁷ Subway restaurants have offered calorie and limited nutritional information on their menu boards for several years.²¹ Yum! Brand Foods™, the owner of Kentucky Fried Chicken™, Pizza Hut™, and Taco Bell™, will begin posting calorie information on their menu boards by 2011.²¹ Voluntary actions such as these may stimulate other restaurant chains to follow suit in an effort to remain competitive.

Local versus Federal Legislation

Voluntary efforts to provide calorie information have not proven sufficient to address the national sense of urgency surrounding obesity. Several states and municipalities have enacted laws requiring some form of menu labeling in restaurants,²² and many other states and localities have introduced similar proposals.²³

The National Restaurant Association asserts that the individual state and local municipality mandates create a “patchwork quilt of confusing and contradictory local regulations.”²⁶ **Table 1** lists the varying definitions and requirements nationwide.²²

Federal legislative proposals are emerging to address this issue. They include the Labeling Education and Nutrition Act (LEAN)²⁴ and the Menu Education and Labeling Act (MEAL).²³ The National Restaurant Association, seeking consistency among state and federal legislative actions, has endorsed LEAN. A bipartisan group of Senators has now drafted a compromised plan, the “Affordable Health Choices Act,” as a middle ground between the federal LEAN and MEAL Acts.²³ The Affordable Health Choices Act is considered a compromise because it requires calorie information for all menu items sold for over 60 days to be posted on menu boards with all nutrient information available in pamphlets (See **Table 1**).

The American Heart Association, American Medical Association, and many other organizations support the compromise proposal for a federal approach to this issue.²³ And states and municipalities continue to move forward with their own legislation rather than wait for implementation at the federal level.²² Advocacy groups continue to push for local legislation, even knowing that the compromise bill may pre-empt any local laws.²⁵

Up to this point, Wisconsin has taken a relatively less aggressive policy and regulatory approach, relying on voluntary action by industry and individual restaurants. This status, however, is evolving.¹² The Wisconsin Legislative Council recently included a policy assessment of menu labeling in the work of its Study Committee on

Performance-Based Disease Management Programs for Large Populations.²⁶ A bill is currently being drafted in the Legislature, which will further elevate this debate.

Wisconsin-based obesity prevention advocacy groups are now endorsing a proposal for state legislation that mimics the federal compromise. Indeed, as obesity prevention efforts draw lessons from the success of the tobacco control movement, public opinion and policymaking may follow a similar trajectory toward greater tolerance for intervention.²⁷

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Table 1. Comparison of Proposed Federal to Passed State and Local Municipalities Menu Labeling Policies²²

| | Information Required | | | | | Chain Definition | Minimum Time Menu Item Offered |
|--|---|---|-----------|--|----------------------|--|--------------------------------|
| | Menu Board | Printed Menu | Food Tags | Pamphlet, Kiosk, etc. | Contextual Statement | | |
| Federal Compromise Bill | Calories | Calories | Calories | Fat, sat fat, cholesterol, sodium, carbs, sugars, fiber, protein | Y | 20 or more nationwide | 60 days |
| Federal LEAN Act | Calories (May list on sign instead of menu board) | Calories | Calories | Fat, sat fat, cholesterol, sodium, carbs, sugars, fiber, protein | Y | 20 or more nationwide | 90 days |
| Federal MEAL Act | Calories | Calories, sat fat, trans, sodium | Calories | Fat, sat fat, cholesterol, sodium, carbs, sugars, fiber, protein | Y | 20 or more nationwide | Days not specified |
| California | Calories | Calories | Calories | N | Y | 20 or more statewide | 180 days |
| Davidson County (Nashville), TN | Calories | Calories | Calories | N | Y | 15 or more nationwide | 90 days |
| King County (Seattle), WA | Calories (May list on sign instead of menu board) | Calories, sodium, sat fat, and carbs | N | N | Y | 15 or more nationwide and at least \$1 million in annual gross sales | 90 days |
| Massachusetts | Calories | (May list on menu inserts, appendices, supplements, or kiosk) | Calories | N | N | 20 or more statewide | 30 days |
| New York City | Calories | Calories | Calories | N | N | 15 or more nationwide | 30 days |
| Oregon | Calories | Calories | Calories | Sat fat, trans, carbs, and sodium | Y | 15 or more nationwide | 90 days |
| Philadelphia, PA | Calories | Calories | Calories | Sat fat, trans, carbs, and sodium | Y | 15 or more nationwide | 30 days |

Adapted from Center for Science in Public Interest Comparison Table. Available from: <http://www.cspinet.org/menulabeling/handouts.html>



Issue Brief
 November 2009, Vol. 9, No. 4
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