

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

OBESITY IN OREGON, PART 2: MENU LABELING HELPS CONSUMERS

Morgan Spurlock's 2004 documentary film "Supersize Me" provided an irreverent look at America's obesity problem, but the facts behind the film are no laughing matter. As detailed in the last *CD Summary*, a full 6 in 10 Oregonians are either overweight or obese: preventable conditions that increase the risk of high blood pressure, high cholesterol, heart disease and stroke. Fast food and other restaurant meals are important contributors to the obesity epidemic, and, therefore, are an important area for targeted intervention by public health departments and private medical providers.

PUBLIC EATING, PRIVATE GAINING

Restaurants loom large in the daily lives of busy Americans. In 1955, Americans spent about a quarter of their food dollars on meals made outside the home. Now, in 2009, that number has doubled and continues to climb.¹ The average American eats four restaurant meals each week and consumes about one-third of his or her total calories away from home.²

Unfortunately, home-cooked and restaurant meals are not equivalent. Food eaten away from home tends to be more calorie-dense and nutritionally bereft than food prepared at home, and diners tend to eat more of it. For example, a recent survey of customers at fast-food restaurants in New York City found that, on average, customers purchased over 800 calories, with more than one third purchasing 1,000 calories or more.³ Portion sizes in away-from-home meals—even food options marketed under less blatant taglines than the ones Spurlock examined in his film—are simply bigger...and growing. Since the 1970s, the typical fast food meal comprised of soft drink, french fries, and hamburger has increased by over 200 calories.⁴ As a result, adults

who frequent fast-food restaurants consume more calories per day than those who do not eat out, and the problem is even worse for children. Children eat almost twice as many calories when they eat a meal at a restaurant compared to eating a meal at home.⁵

Does this seem obvious? The bloated calorie count of most restaurant meals is not widely known. People invariably underestimate the calories packed into restaurant meals, which can fool even experienced nutrition professionals. When well-trained dietitians were shown a typical dinner-house hamburger and onion rings, for example, they estimated on average that the meal had 865 calories, when it actually contained 1,550 calories—almost twice as many.⁶

Faced with these market realities (and a mere 30-minute lunch break in which to consider them), even people motivated to watch their weight or follow doctors' orders have difficulty making informed decisions about their daily diet.

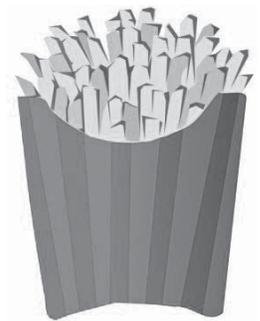
FACING THE FACTS OF LUNCH

Happily, there is evidence that people want nutritional information, and will use it if it is available to them. Numerous national polls show that a majority of Americans want nutritional information at restaurants. In Oregon, more than 2 in 3 people say they support a policy requiring fast-food restaurant chains to post the number of calories of food items on their menu boards.*

Multnomah County has taken the lead in creating a healthier food environment by adopting a nutrition labeling policy in chain restaurants with 15 or more outlets nationwide.

The policy requires chain restaurants located in Multnomah County to post calorie information for standard menu items on printed menus, menu boards, and food tags. They also must provide information about sodium, carbohydrates, trans fat, and saturated fat for standard menu items by consumers who request it at the time of ordering. By providing nutrition information to customers when they are making their food selections, restaurants play an important role in enabling the dining-out public to make informed choices about what they eat.

Although it is the only county in Oregon to implement these regulations so far, Multnomah County is part of a national trend towards menu labeling. Other jurisdictions, such as New York City and Seattle/King County, have already implemented menu-labeling policies. Philadelphia passed its menu labeling policy in 2008 and is scheduled for implementation in 2010; the State of California will implement their menu labeling policy in 2011. In addition, more than 20 other jurisdictions throughout the U.S. have introduced or passed menu-labeling requirements. In Oregon, an effort is currently underway to introduce a bill to Oregon legislature to enact menu labeling statewide... stay tuned.



*For national examples, see the Center for Science in the Public Interest at: www.cspinet.org/menulabeling/resources.html and the Harvard Forums on Health at: www.phsi.harvard.edu/health_reform/poll_results.pdf. Oregon data can be found at: www.upstreampublichealth.org/NWHF_Nutr_Label_Poll.pdf



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HOW MENU LABELING CAN HELP YOUR PATIENTS

Studies show that consumers do use nutritional information, when it is available, to select lower calorie menu items. According to advertising industry data, fast-food customers in New York City who saw calorie information at the time of purchase bought about 50 fewer calories on average than those who didn't see the information. A study by the Chicago-based food-industry consultant, Technomic, found that point-of-purchase choices translate to long-term behavior change: more than 8 in 10 New Yorkers said they were changing their consumption habits because of menu labeling by choosing lower-calorie alternatives.

As clinicians know, the health benefit of reduced calories can be profound. A health impact assessment conducted by the Los Angeles County Department of Public Health, using conservative assumptions, found that if menu labeling helped just 10% of restaurant patrons order reduced calorie meals, 39% of average annual weight gain in the population age 5 and older could be averted, bringing significant health advantages.[†]

In addition, disclosure of calorie information will likely prompt restaurant chains to reformulate both the portion size and calorie content

[†]Available at: www.publichealthadvocacy.org/printable/CCPHA_LAPHmlaspotentialstrategy.pdf. Do you think the advertising industry is reading public health data?

of their offerings, similar to the way processed food manufacturers reformulated their products to contain less trans fat when the Food and Drug Administration mandated they list trans fat content on packaged foods. With the reformulation of menu items, all Oregonians who eat at chain restaurants will benefit, even those who do not use the calorie information.

Here are two specific things you can do to help your patients, regardless of your geographic locale:

- Multnomah County clinicians can seize the opportunity to counsel patients (the majority of whom eat out and want nutrition information) on using menu labeling to make healthier choices to support their obesity prevention/weight management goals.
- Clinicians in other counties can ask patients about restaurant patronage and encourage their patients to become better informed about their food choices. Many chains have nutritional information available on their websites; gathering it just takes a little extra effort.

SUPERSIZING OBESITY PREVENTION

Obesity has become a "supersized" problem in Oregon, so our prevention strategies need to expand accordingly. Clinicians do their part in medical offices every day, but obesity prevention must include multiple levels of intervention, including strategies that patients can use in their daily lives, which overwhelmingly include

restaurants. Menu labeling will contribute to reducing caloric intake at chain restaurants because of changes in consumer selections, modified menu offerings, or—in the best case scenario—both. Menu labeling by itself will not solve the obesity problem, but it will create an environment that is supportive of healthier choices for Oregonians and eventually lessen the burden of obesity and obesity-related diseases.

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