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Calorie Labeling

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Calorie Labeling in Restaurants

by

Edward F. Ansello, Ph.D.

Seventy percent of people in the USA are overweight or obese, reports the World Health Organization (WHO). Chain restaurants with 20 or more locations in the US will soon have to display calorie information on their menus, including drive-through menu boards, according to requirements of the Affordable Care Act. Will knowing what we are consuming make a difference in how "healthy" we eat? Will older adults pay attention? Will there be any effect on the "obesity epidemic"?

Eating out at restaurants is very popular and accounts for a surprisingly large proportion of calories consumed, even among older adults, famous for looking for "early bird specials." The majority of us do want to know what we are eating, with about 80% nationally in favor of menu labeling in chain restaurants, according to a recent representative national survey. Still, does knowing translate to changing our eating behavior, that is, to improving our nutritional intake? Will this change affect older adults in a meaningful way?

There's quite a bit of contradictory data regarding the effectiveness of telling consumers the nutritional value of what's on the menu. Drs. Jason Block and Christina Roberto, Harvard Medical School and Harvard School of Public Health, respectively, contributed an overview this summer to *JAMA Online* assessing the impact of menu labeling so far. They cite Bollinger & Sorensen's 2011 study of over 100 million transactions at Starbucks in New York City (subject to menu labeling), and at Starbucks in Boston and Philadelphia (not subject to menu labeling at the time), which found a significant calorie reduction (6%) per transaction after calorie labeling compared with before labeling. A 2013 study by Auchincloss and colleagues that appeared in the *American Journal of Preventive Medicine* reported that people dining at restaurants with calorie labels (in Philadelphia) purchased 151 fewer calories than those dining in restaurants without calorie labeling (outside Philadelphia), after controlling for demographic characteristics.

But Block and Roberto also cite other studies that report minimal or no effects of calorie labels, including research conducted by Dumanovsky and colleagues and published in the *British Medical Journal* in 2011; this study of over 7,300 New York City fast-food diners before and 8,489 diners after calorie labeling found no overall association between labeling and meal calorie content (828 calories before, 846 after).

Why the inconsistencies? The various studies used different population groups and sub-groups, a range of study sample sizes, different dining settings, and different times before and after menu labeling was introduced. Of course, "menu labeling" itself varied, with jurisdictions requiring different means of informing the consumer. Moreover, some studies used control groups, while others did not.

Sampling differences aside, we do not know the long term effect of menu labeling. Will we consumers continue to take note of nutritional values posted or will we "attenuate" to them, becoming accustomed to and eventually ignoring the labels? Health care analysts have long worried that notices and warnings on cigarette packaging lose their impact upon those with a nicotine habit. Indeed, there's a current controversy about the cause and effect of becoming obese: do we grow fat because we eat too much or do we eat too much because we are fat and our fat cells impel us to eat more? In other words, if we are eating too many calories as a life pattern, is this pattern breakable? Put still another way, is the obesity epidemic feeding upon itself?

Additionally, there's the freedom of choice issue. Some say that governments at any level, whatever their motivation for the well being of their citizens, should not be trying to "control" diets; there's a freedom of choice issue at hand. Others maintain that, with the pooled resource process that is the core of both public and private health insurance policies, we have a vested interest in improving health because we pay for it if we don't.

Regardless of one's philosophical leanings, there seems to be a sustained and growing interest in identifying the nutritional value of what we put into our mouths. This may be, in part, practical, as data indicate that we eat out more frequently. Following this logic, requiring restaurant chains to report the calories of their offerings is likely to have an effect on public health because we eat out so often. Even older adults. People eat at fast food restaurants because they are "affordable."

Fast food, however, is loaded with excessive amounts of calories, sugar, sodium, and more. For example, according to this summer's *Consumer Reports* and the *Nutrition Action Health Letter*, Burger King's Triple Whopper contains 1,160 calories, 75 grams of fat, and 1050 mgs of sodium; McDonald's Crispy Chicken Bacon Clubhouse Sandwich has 750 calories, 38 grams of fat, and 1,720 mg of sodium; Hardee's 2/3 Pound Monster Thickburger hefts 1,330 calories, 66 grams of fat, and an astounding 1,990 mgs of sodium; Taco Bell's Cantina Burrito-Steak carries 750 calories, 28 grams of fat, and 1,940 mgs of sodium. Each of these items is in the \$3-\$4 range. Indulging in a Starbucks Caramel Ribbon "frappuccino" gives us 600 calories and an estimated 21 teaspoons of added sugar.

Fortunately, I suspect that many of today's older adults are unlikely to indulge regularly in the burgers and fries diet. But there are significant exceptions, primarily due to income and geography. Socioeconomic status does play an important role. Living on the edge financially, a person is more likely to choose the cheapest items on the fast food menu. As others have noted, good nutrition is expensive, while poor nutrition is affordable.

There's also an age effect in play, I believe. Adolescents and young adults may be more likely to consume outrageous food items regularly because of self-perceived immunity from consequences or because they challenge restrictions or because they do not project the effects long term. However, if they grow older, they will bring this lifestyle into later life.

Already, some restaurant chains have begun to reduce the calorie content of their menu items. Anticipating response from the public after menu labeling laws go into effect, some chains

elected to reduce calories, e.g., Burger King has a lower-calorie french fries option; McDonald's is allowing customers to substitute salads for fries in value meals; and Taco Bell is revamping its menu choices. Such chain-wide changes could create a positive public health consequence.

As Block and Roberto note, menu labeling should be viewed as an early approach in governmental policy to address the obesity epidemic. They advise that researchers should be vigilant as implementation begins. "Specifically, future studies should examine whether calorie labeling increases disparities among those with lower numeracy (the ability to understand and work with numbers) and health literacy or has unintended consequences in populations who might be prone to increase calorie intake after labeling, such as adolescents." To my mind, a major focus should be upon the life course effects of this well-intended intervention.