



Policy Position Statement on Menu Labeling June 2009

I. Position

The American Heart Association supports providing calorie information on menus and menu boards at point-of-purchase. While the ultimate goal is to provide this information in all restaurants, initially it should be required only in restaurants with standardized menus and recipes that do not vary day-to-day. In tandem with this recommendation, the American Heart Association supports the development and implementation of a consumer education campaign to help people “know their energy needs” for recommended daily calorie intake and food and beverage serving sizes.

II. Rationale

While the American Heart Association acknowledges that conclusive data are not yet available to support that consumer behavior changes in response to menu labeling, the initiative is important for several reasons. With the number of meals people eat outside of the home reaching an all-time high, it becomes more important for consumers to have adequate information at point of purchase to make healthful choices. People typically underestimate the calories in the foods they eat.ⁱ Eating out is no longer just a “treat” for most people. Between 1977-78 and 1994-96, the percent of food consumed away from home increased from 18 percent to 32 percent of total calories.ⁱⁱ Consumer spending on food purchased for consumption outside of the home has increased from approximately 26 percent of their total food budget in 1976 to 46 percent in 2004.ⁱⁱⁱ As our nation addresses an increasingly dire obesity epidemic, the American Heart Association emphasizes the central importance of diet and physical activity in achieving and maintaining a healthy lifestyle, thereby reducing cardiovascular risks. Foods eaten away from home typically are served in large portion sizes and are higher in energy density compared to food eaten at home.^{iv} Adverse health consequences such as Type 2 diabetes, hypercholesterolemia, and obesity have emerged.^v Research has documented a positive association between eating out and body weight/percentage of body fat.^{vi} The American Heart Association supports consumers making healthier food choices; to do so in restaurants, however, requires that consumers have accurate, sufficient information provided in a usable format at the point of service.

There are important parallels with the Nutrition Labeling and Education Act (NLEA) of 1990 which dramatically enhanced the nutrition information available to American consumers. Studies indicate that a great majority of the population reads food labels while shopping (70-85 percent of the American adolescent, college and adult population read food labels at least sometimes) and those that read labels tend to have diets lower in fat and higher in fruit and vegetable consumption compared with those who do not read food labels.^{vii} Restaurants are exempt from the Nutrition Labeling and Education Act and thus are not currently required by law to offer nutrition information at point-of-purchase.

The American Heart Association is on record supporting calorie labeling in restaurants.^{viii} Further research and efforts will be required to advance calorie labeling in all restaurants and determine whether it is optimal to advocate for comprehensive nutrient labeling.

Calorie labeling in restaurants and subsequent consumer education may drive the restaurant industry to reformulate offerings with healthier ingredients and more reasonable portion sizes. The United States is at a point in the context of the obesity epidemic where there is overwhelming evidence of energy imbalance, but little public awareness of energy (calorie) needs. Thus, a consumer education campaign is an important part of a menu labeling initiative. The Department of Health and Human Services and the Center for Food Safety and Applied Nutrition have implemented a campaign for the Nutrition Facts label, *Make Your Calories Count*, a web-based learning program, and a new *Nutrition Facts Label* brochure to help consumers understand how to use the information at point-of-purchase to choose nutritious foods.

The American Heart Association acknowledges that standardizing calorie information on menus is easier to do for larger fast food chains, where the food preparation is highly standardized, but not as easy and potentially costly for the fast casual and fine restaurants, where preparation may vary substantially. This is the reason for the American Heart Association's position that restaurants with standardized recipes and menus would be required first to provide calorie information at point of purchase and other food establishments would be given an additional time allowance to meet the criteria. With the ubiquitous availability of nutrient composition databases and software for labeling as well as the use of personal computers and personal digital assistants, estimation of calorie content in menu offerings becomes less onerous and does not always require direct chemical analysis.^{ix}

The potential for variability in actual calorie content in restaurants, including large chain restaurants, is an important consideration for menu labeling, given the ability of customers to customize ingredients. The multitude of possible combinations in many offerings could result in inaccurate labeling information or impose an undue burden on the restaurateur. The American Heart Association acknowledges that this unpredictable variability in calorie content may necessitate that a range, rather than an exact number of calories, be provided, especially when consumer choice is a factor in the menu selection. Calorie levels for the basic product should be provided and restaurateurs should not be responsible for differences in calories due to addition or deletion of, for example, mayonnaise. For most offerings, a close approximation of calories contained can be specified that will provide consumers with sufficient information about the energy content of their food, allowing them to make a more informed choice than previously was possible.

The American Heart Association understands that calorie labeling on menus and menu boards will entail a cost to the restaurant industry, associated with factors such as menu analysis, menu standardization, education for employees, and training.

III. The Current Landscape

The Center for Science in the Public Interest has made menu labeling an advocacy priority for many years and has helped introduce legislation in several states and at the national level that would require larger restaurant chains to prominently list calorie, trans fat, saturated fat, and sodium content right on the menu next to each item's name. The New York City Board of Health is now implementing a regulation that requires all restaurant chains with at least 15 units to provide a listing of calories on the menu or menu board so people have this information on

hand at the time of purchase. Research about the impact of this regulation on consumer behavior in New York City will be extremely valuable over the next year. The Institute of Medicine, in its 2004 report *Preventing Childhood Obesity: Health in the Balance*, proposed that restaurants should provide general nutrition information that would help consumers make informed decisions about food and meal selections and portion sizes, although it acknowledges that more consumer research is needed to identify the most effective types of information formats on menus for encouraging the selection of healthful options. The American Public Health Association and American Academy of Pediatrics support menu labeling. The primary opposition to comprehensive calorie/menu labeling law is the restaurant industry, although there are some health groups such as the American Dietetic Association that oppose menu labeling due to the lack of sufficient data.

IV. Conclusion

The American Heart Association advocates for providing calorie information on menus and menu boards, thereby increasing the ability of consumers to make informed choices in the food and beverages they purchase in restaurants. This effort is an important part of a comprehensive approach to addressing our nation's obesity epidemic and concurrent rise in chronic disease and disability to which it contributes.

References:

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