Healthy Eating Research
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Impact of Menu Labeling on Consumer Behavior: A 2008-2012 Update

Introduction
Menu labeling, the practice of providing information about calories, fat, sodium, or other selected nutrients in menu items at points of purchase, is one strategy in a broad spectrum of efforts to reduce rates of obesity and diet-related chronic diseases in the United States. Since many Americans consume foods away from home, access to nutrition information at points of food and beverage purchases may help consumers make healthier choices. Menu labeling regulations for chain restaurants, usually in the form of calorie information at the point of purchase, have been adopted by more than 20 states and localities and implemented in 11 states or local jurisdictions. The Food and Drug Administration is expected to finalize national menu labeling regulations in 2013. The Patient Protection and Affordable Care Act requires restaurant chains (and similar retail food providers) with 20 or more outlets to clearly and conspicuously post on all menus and menu boards the number of calories contained in each menu item.

Menu labels can appear on menu boards, food tags (cards with nutritional information placed next to food items in display cases or cafeteria lines), or printed menus. The specific information and display requirements vary and are largely dependent upon the policy in the jurisdiction or institution in which the food service site is located.

The Evidence

- Most customers and the majority of the general public want restaurants and cafeterias to have menu labeling.

- Customers rarely seek out nutrition information from sources not available at the point of purchase (e.g., websites, brochures), but they do see menu labels at the point of purchase and those labels increase their awareness of nutritional information.

- Evidence from surveys and simulation studies suggests menu labeling reduces calories purchased or consumed, but evidence from real-world cafeteria and restaurant studies regarding calories purchased or menu items selected is mixed.

- The impact of menu labeling is not uniform. It may have a greater effect on women than men, on higher-calorie items, and among certain types of restaurant chains.

This issue brief is based on a research review prepared by James Krieger, MD, MPH, Public Health - Seattle and King County, and Brian E. Saelens, PhD, Seattle Children’s Hospital and Research Institute and the University of Washington. The full research review, which includes citations, is available at: www.healthyeatingresearch.org.
The optimal format for providing nutritional information on menus is not known, but providing calories, use of “healthy choice” symbols, displaying total caloric intake needs, and presenting items in order of caloric content might have some effects on reducing calories purchased.

Emerging evidence suggests that menu labeling does not impact revenue, and could have positive effects on the reformulation of menu items and other aspects of the restaurant environment (e.g., promotion and signage).

Menu labeling may result in lower total daily caloric intake by influencing customers’ food choices apart from those made in the restaurant or cafeteria with labeling, but more definitive evaluation of this is warranted.

Conclusions
Menu labeling, especially in restaurants, is a relatively new intervention for reducing consumption of calories and potentially other less healthy nutrients such as fat and sodium. Whether or not menu labeling has an immediate impact on caloric intake, consumers want to have easy and clear access to information on calorie and nutrient content of foods and beverages. It also is important to note that menu labeling does not exist in isolation. Decades of exposure to television advertising and pricing specials have influenced and continue to influence consumer choices to create brand and product loyalties. Those marketing efforts often do not include calorie or nutrient information. The effect of a few months and even a few years of menu labeling at the point of purchase has to be measured in the context of the powerful and pervasive forces shaping consumers’ decisions present long before entering a food establishment.

The conclusions below are based on the best available studies and are subject to revision as more robust data become available.

Menu labeling is likely to cause small, but meaningful, reductions in calories purchased at chain restaurants and cafeterias overall, and particularly for patrons who see and use the labels (potentially millions of people once labeling is required nationwide). Menu labeling is a strategy with the potential for broad reach. However, factors other than nutritional and health concerns, including taste, price, and convenience, may shape choices to a greater extent than nutrition information provided at point of purchase for many customers.

The full impact of menu labeling will not be apparent until chains throughout the country comply with the anticipated federal menu labeling regulations. In response to more widely implemented menu labeling, customer awareness and use of labels may increase and restaurants may reformulate menu items and reduce portion sizes at a more rapid pace, thus making additional lower-calorie options available.

Policy Implications

The Food and Drug Administration (FDA) should promptly finalize comprehensive menu labeling regulations for chain restaurants.

The FDA should extend menu labeling to other sites serving standard food and beverage items, including movie theaters and supermarkets selling take-out food.

Other establishments not included in the federal regulations, such as non-chain restaurants, schools, hospitals, and other institutions with cafeterias, should implement menu labeling on a voluntary basis.

The FDA should sponsor research on the most effective format for menu labeling and update regulations accordingly.

National menu labeling should be accompanied by a public awareness and education campaign on the presence and use of menu labeling, including tailored messages for non-English speakers and other subgroups.