

# Awareness and Use of Nutrition Labels in Restaurants in King County, WA

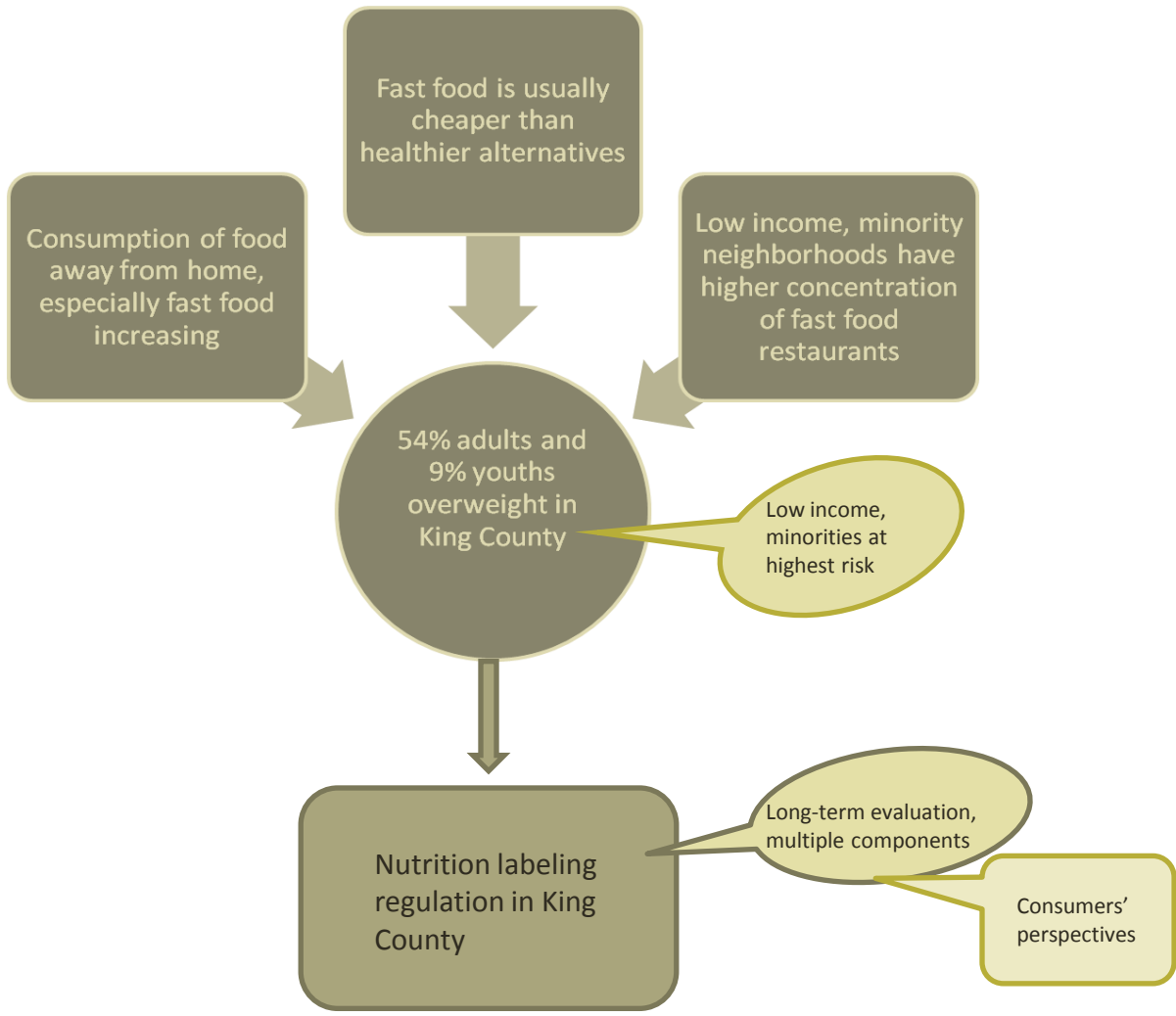
Focus Group Investigation of Consumers' Perspectives

Roundtable presentation, APHA, Denver 2010

Luiza Marinescu, MN

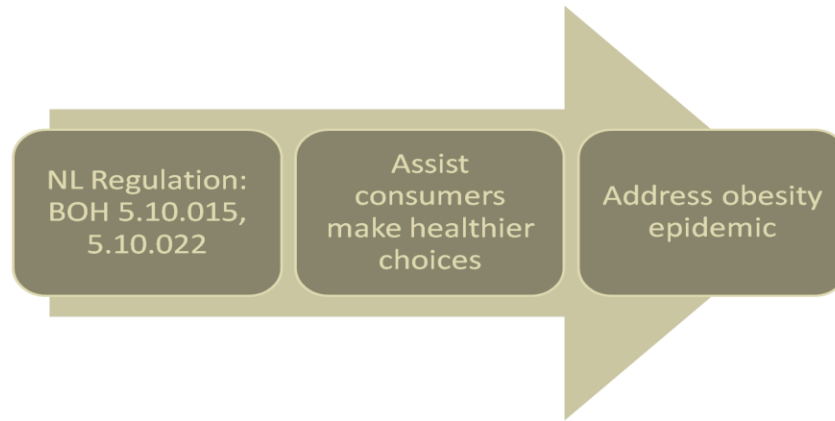
[Luiza.marinescu@kingcounty.gov](mailto:Luiza.marinescu@kingcounty.gov)

# Background



Note: Source for background information on page notes

# Nutrition Labeling Regulation



## NL regulation stipulations in KC

Chain restaurants with at least 15 locations and \$1 mil. revenue nationwide have to comply:

- Post calories for standard menu items;
- Post “other” nutrition information—sodium, saturated fat and carbohydrates in brochures or pamphlets plainly visible at the point of ordering;
- Post dietary statement on printed materials.

## Regulation loopholes

- Posting calories as ranges for combination meals;
- Dietary statement not specifically required on menu boards;
- Nothing precludes restaurants from providing additional nutrition information voluntarily;
- Flexibility in posting method.

# Purpose and Research Overview

- **Purpose**
  - Understand how adolescents and parents of young children from low income, ethnically and racially diverse communities from King County perceive and use nutrition labels (NL) in restaurants.
- **Design**
  - Case study—focus groups (FG) investigation
- **Research questions**
  - How are nutrition labels perceived and used by customers?
  - What can be done to increase usability?
- **Theoretical framework:** Consumer Information Processing Model\*
  - To increase use, postings need to be easy to find, easy to process, meaningful, relevant, and perceived as useful.
- **Strengths**
  - Limited research explored so far how well nutrition labels in restaurants are processed and used by low income, minority population groups, particularly adolescents and parents.
- **Limitations**
  - Findings may not be applicable to other groups due to due to the qualitative nature of the research and limited number of focus groups.

\*Source: Theory at a Glance: A Guide for Health Promotion Practice, (1997), NIH Publication No. 97-3896, pp 20-22

# Methods

11 focus groups (FGs)  
35 adolescents & 58 adults

## 4 FGs adolescents

Mixed R/E background

FGs segregated by gender

Majority age 17 - 18

## 7 FGs with adults

Parents of young children

FGs segregated by racial/ethnic background

1 FG boys

1FG girls

Work-training program in Nth King County

1 FG boys

1 FG girls

Work-training program in Sth King County

2 FGs Hispanics

1 FG Vietnamese

1 FG Chinese

1 FG African Americans

2 FGs mixed R/E

(various locations—community agencies)

## Purposive sampling strategy:

- **Age:** Adolescent or parent of child age 3 – 14
- **Eating out frequency:** >2-3x/wk.
- **Income:** <200% FPL
- **Language:** English speakers of various racial/ethnic background (Hispanics, Chinese, Vietnamese, African Americans, whites etc.)
- **Geography:** low income, diverse neighborhoods of King County

## Recruitment and location of FGs:

- **Adolescents:** work training programs in two geographic locations
- **Adults:** community agencies

## Conducting FGs:

- **Length:** 1 - 1 and 1/2 hours each
- **Facilitator:** lead researcher and bilingual/bicultural co-facilitator
- **Stipend:** \$35
- **Recording:** digital recordings and field notes

# Methods

## Interview guide:

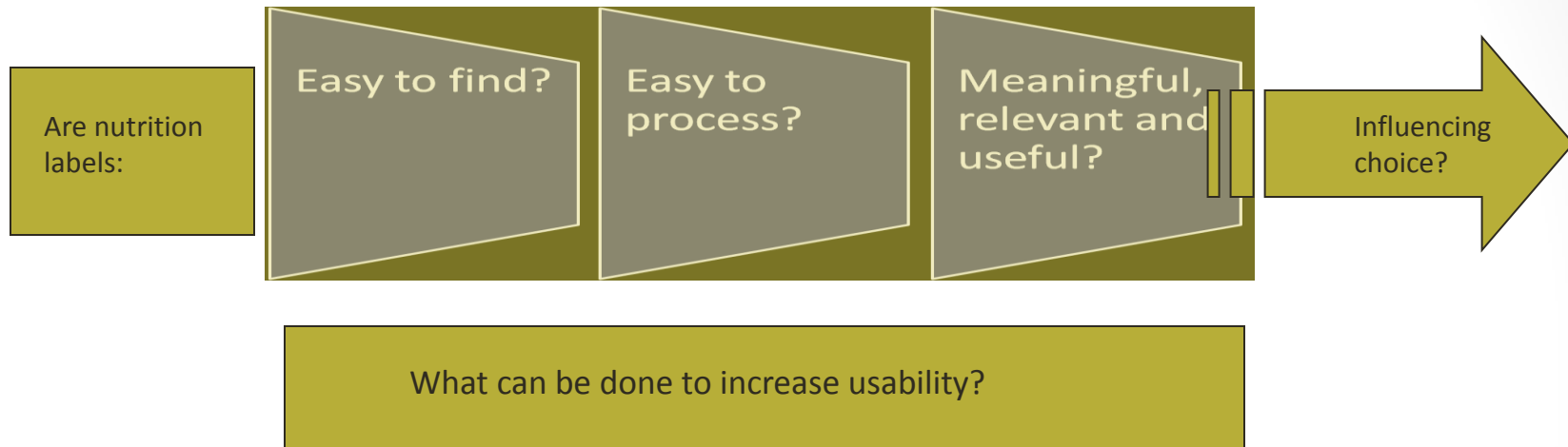
- Introductory questions about eating out behavior and factors influencing choice
- Main section: Specific questions about NL
  - Awareness
  - Processing
  - Usefulness, relevance
  - Current use and potential use
  - Ideas to improve NL to increase use
- Ending section: Role played by NL compared to other factors influencing choice when eating out

## Use of prompts

- Pictures of menu boards
- Pamphlets with other nutrition information
- Dietary statement required by King County NL regulation:

*The Dietary Guidelines for Americans recommend limiting saturated fat to 20 grams and sodium to 2300 milligrams for a typical adult eating 2,000 calories daily. Recommended limits may be higher or lower depending upon daily calorie consumption.*

# Data Analysis



## Guiding principles (Consumer Information Processing Model\*)

- People have a limited capacity to process information.
- Searching for information is affected by individual motivation, attention and perception.
- In order to increase usability of information and make selections among different alternatives, people create rules of thumb called heuristics; it is important therefore to synthesize information in ways that have meaning and appeal to potential users.
- People make decisions based on previous learning.
- The way information is displayed in terms of location, formatting, readability impacts its usability.

\*Source: Theory at a Glance: A Guide for Health Promotion Practice, (1997), NIH Publication No. 97-3896, pp 20-22

# Main Findings: Are Nutrition Labels...

## Easy to find?

- Majority of FG participants noticed calorie information in restaurants, especially on menu boards at fast food stores.
- Few noticed brochures or pamphlets at the point of purchase.
- Nobody noticed the dietary statement in restaurants.

## Easy to process?

- Posting of calories as range for value meals very unclear and confusing.
- Brochures and pamphlets with *other* NL info difficult to read and interpret, deterring use.
- Dietary statement (used as prompt) difficult to understand in current format, but considered essential in order to be able to interpret nutrition information.

*“We don’t know what is 20 grams of fat, and then sodium, what is 2,300 milligrams? We just see, we don’t understand how much is it... How many spoons? What is the measurement?”*



# Main Findings: Are Nutrition Labels...

## Meaningful, relevant and useful?

- Fewer than half of participants aware of *2000 cal/day* for average adult.
- Many do not consider themselves *average*.
- About half the adults in FGs lack basic nutrition knowledge:
  - Terms *sodium* and *saturated fat* unclear for many;
  - Concept of calorie not clear for everyone.
- Majority of parents don't know how many calories a day their children should have.
- Once understanding how to read and interpret nutrition information, many participants show concern over nutritional content of popular menu items, especially high sodium content.

# Are Nutrition Labels Influencing Choice?

- Very few focus groups participants admitted using nutrition labels to choose less caloric or healthier meals at the time we conducted the investigation.
- Only a few expressed intent to use information in the future when ordering food.
- Preventing obesity and/or related chronic disease not a priority for majority of FG participants; several commented that becoming obese is inevitable.
- Participants with pre-existing conditions related to diet, family history of disease, or trying to manage weight more inclined to find NL useful.
- Youths, particularly girls, consider using nutrition labels elitist.

*I don't think anybody in this age group look at them. I think there's a few people that might [...] You know those really, really skinny cheerleader types? Blonde, valley girls that have a heart attack if they eat like half a cookie? Those types of girls are sitting there – oh my God, oh my God, I can't believe I ate this. And then they panic. Those type of girls. The girls in here, they seem like, okay, they eat healthy. But if they go out they're not gonna trip if they eat a burger. It's gonna be okay. But other girls have a heart attack and then go to the gym for the next eight days and not leave.*

# Are nutrition labels influencing choice?

Many factors influence choice besides being aware of NL:

- **Personal factors:** food budget, taste of food, time scarcity, cultural food preferences.
- **Marketing** and other restaurant industry practices: pricing, advertising, manner of posting NL, restaurant placement, availability of healthy, affordable meal choices.
- **Social environment:** going out to socialize, have good time with family, rewarding kids.
- **Neighborhood environment:** food and recreation alternatives to fast food, public transportation.

# What Can Be Done to Increase Usability?

## Increase availability of NL

Dietary statement (DS) in visible spot

Brochures/pamphlets with take out



## Improve content and formatting of NL

Plain language and use of visuals in DS  
Avoid use of ranges to post calories for meals

Brochures—KISS: essential nutrients, in the context of a healthy daily diet per age group; define main concepts



## Intensive educational campaigns

Mass media campaigns to promote NL—what it is and how to find information

Nutrition education, including use of NL, in schools and through community agencies

*Marketing is a key point. If you're marketing the hamburgers to look so beautiful and edible, and you're not really marketing the healthy stuff. So they have to hire someone to make this a lot easier. You need a special person to develop this. To make it easier to read, and more attractive to the eye.*

# Conclusions

- Nutrition labels in restaurants do not influence choice for majority of FG participants:
  - Information is difficult to find and process, and is not seen as relevant and useful;
  - Participants with pre-existing conditions related to diet, family history of disease, or trying to manage weight more inclined to find NL useful.
- Posting nutrition information is not enough—intensive educational campaigns needed to promote use:
  - FG discussions seen as very informative and useful by majority of adult FG participants;
  - Many adult participants consider that more nutrition education in schools, starting at young ages, and in communities of color, might be beneficial.
- Use of NL information cannot be assessed without considering broader factors influencing choice among adolescents and parents from low income, minority communities.

# Next Steps

- More research necessary with other population groups to assess impact of NL.
- Additional policy and systems change needed to support making the healthy choice the easy choice for low income, minority population groups, particularly adolescents and children.
- This would require concurrent interventions at multiple, succeeding levels.

