**Pilot Research Project**

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The goal of this project is to identify the most effective methods that health departments can use to facilitate effective provision of nutrition information in local restaurants. The general approach will be a case study of policy development and implementation across three local health departments that have taken different approaches to policies for nutrition information in restaurants. The aims will be:

1. Elucidate the role of local health departments in developing, implementing, and enforcing restaurant nutrition information policies.
2. Examine the relationships between restaurant owners, the Washington Restaurant Association, and the local health departments to determine political and contextual barriers and enablers of nutrition information in restaurants.
3. Identify issues of disparities and inequalities related to restaurant information policies.

***Background***

The fast food industry, or quick service restaurants as they prefer to be called, are being targeted in the move to build healthier food systems through policy change.(1) Fast food consumption has been associated with obesity in several studies.(2-6) Children consume about twice as many calories when they eat in restaurants compared to eating at home.(7) Fast food is usually less expensive than healthier alternatives,(8, 9) and low-income and racial and ethnic minority groups have been found to have higher exposure to these foods than other groups.(10-12) Several researchers have reported that low-income and minority neighborhoods have higher concentrations of fast food restaurants than other neighborhoods.(13-15)

There are several potential ways to address the effect of exposures to fast food restaurants. These include: 1) providing customers with nutrition information at the time of purchase; 2) increasing knowledge and awareness about healthy food choices; 3) encouraging restaurants to offer healthy menu items; and 4) using zoning ordinances to limit the density of fast food outlets. Three counties in Washington State have used different policy approaches to address the effect of restaurant food.

Restaurant nutrition information policies – commonly referred to as “menu labeling” policies – have been adopted in King County Washington, Multnomah County Oregon, New York City, Philadelphia, and several counties in Colorado, Tennessee, and New York. Legislation about these policies has been proposed at the federal level and in at least 23 states.(16) Multiple levels of policy enactment (national, state, local) raise issues of preemption; for example in California, policies that had been enacted in San Francisco, San Mateo, and Santa Clara were preempted by the passage of statewide legislation. Although existing research about point-of-purchase information in restaurants has had mixed results,(17, 18) nutrition information policies may have the potential to improve the status of the population. An industry-funded study found that customers were using the calorie information in New York City,(19) and some researchers have found evidence that point-of-purchase information is associated with more healthful choices.(20, 21) It may be even more important that restaurants will change their recipes or portion sizes in response to the perceived needs of customers or that increased demand for healthier food items may lead to even more healthy choices on the menu. The effectiveness of these policies in changing behaviors has yet to be determined, and studies of the effects of these policy changes on customer behaviors and awareness and the quality of menu items are underway. Regardless of the effectiveness of these policies, the process of these policy changes provides an opportunity to study the interactions between public health, the food industry, and regulatory agencies. Nutrition advocates frequently question the motives of the food industry and caution against building trusting partnerships with the industry,(22-24) but the truth is that we have to form working relationships with industry because we rely on the corporate food industry for almost all of the food that is currently consumed in the U.S.

In general, the restaurant industry is not in favor of providing point-of-purchase nutrition information. Restaurant industry executives are motivated more by sales and profits, not by providing healthful food choices.(25) Arguments against menu labeling are that nutrition information is costly, a violation of individual freedoms, burdensome, and already provided online.(16) Proponents of nutrition information at point of purpose include many health professional organizations, and national consumer polls indicated that most Americans support requiring nutrition information in restaurants.(16) An American Dietetic Association task force has taken a nuanced approach to this issue, stating that there is a “diversity in the capability of restaurants to provide nutrition information” and encouraging initiatives that take this diversity into account.(26) In the February 2009 Technomic’s study in New York City,(19) 87% of consumers think the menu labeling law will positively affect public health, 85% of consumers expect to see more involvement at the national, state, and local level to regulate health and nutrition concerns, and 76% think governments across levels should play a more active role in this area.

***Preliminary Data***

In King County Washington, where the largest city is Seattle, the county Board of Health passed a resolution that required that restaurants that are part of chains with 15 or more national locations and annual gross sales of at least a million dollars provide nutritional labels that include information about calories, saturated fat, carbohydrates, and sodium for all standard menu items at the point of purchase by January 1, 2009. The original resolution was pared back when the Washington Restaurant Association attempted to have the state legislature pass a bill with weaker requirements that would preempt the King County resolution. To avoid this situation, the legislature directed the county Board of Health and the restaurant association to negotiate a new and less rigorous set of requirements. A memorandum of understanding was signed between King County and the Restaurant Association that indicated that the association would request that the state legislature not take action on the bill to preempt King County menu labeling requirements, and the association agreed not to be a party to any lawsuit directed at King County regarding rules and regulations established by the King County Board of Health on nutrition labeling in chain restaurants.

In King County the effect of the new regulations is being measured in several ways: 1) Behavioral Risk Factor Surveillance System (BRFSS): From May and December 2008, 1,949 adults were interviewed during the pre-implementation BRFSS survey. Of those interviewed, 65% reported they had eaten at a fast food restaurant in the past seven days, and 18% reported that they saw calorie information; 2) Point-of-purchase surveys at 50 randomly selected chain restaurants: In fall 2008, 2,636 customer surveys were completed. Restaurant menus will be compared before and after the regulations went into effect using both a nutrition analysis and a Nutrition Environmental Measures Survey (NEMS) approach;(27) 3) Restaurant sales data will be compared pre- and post-implementation in one quick service and one full service restaurant where owners have offered to share these data.

The Tacoma-Pierce County Health Department (TPCHD) has been working with independent, locally owned restaurant owners to provide support and technical assistance for restaurant nutrition information. TPCHD undertook a menu labeling project as part of their comprehensive approach to obesity prevention in Pierce County. The Health Department recruited the restaurants through: the Food and Community Safety “Food Bites” newsletter, direct mail, newspaper ads, the TPCHD Web site, and direct staff outreach. The service was also offered to food establishments seeking new permits through Food and Community Safety. Recruitment occurred between June 2007 and September 2008. Twenty-four restaurants agreed to join the project; these were four pizza parlors, four café/ bistros, four diners, three pubs, two “dinner’s ready” type establishments, two delis, one burger restaurant, one Mexican restaurant, one Asian restaurant, and one worksite cafeteria. These restaurants received extensive consultation by registered dietitians to document the amounts and kinds of ingredients that they used for each dish. Once the registered dietitian completed the analysis of each menu item, restaurants then provided nutrition information for calorie, fat (grams), sodium (milligrams), and carbohydrate (grams) content on their menus for every standard menu item. The format for providing this information on menus was flexible. Major barriers and challenges reported by participating restaurants were: the time it took to gather and record recipes in a standardized format and initial apprehension of how the nutrient values would be received by customers. Overall, menu labeling was associated with a small decrease in average calorie, carbohydrate, and fat content of entrees purchased.

Thurston County Public Health & Social Services Department (TCPH) is taking yet another approach. Eating out among families with children had been determined to be the area of highest priority in the nutrition planning that was done as part of the Steps to a Healthier US project in Thurston County. As part of the Steps initiative, TCPH completed a Nutrition Environment Assessment in 2008: *Making a Better Choice for Kids: What Restaurants Have to Offer.* The purpose of the assessment was to gather local data about the consumer nutrition environment that could be used to inform the planning and development of chronic disease prevention programs that address healthy eating. The general approach was to find nutrition assets in these restaurants that could be enhanced and promoted. The assessment was based on the NEMS approach.(27) The restaurant assessment examined: availability of healthier (defined as meeting Dietary Guidelines for Americans standards) options for the main dish (entrée), availability of a healthier side with emphasis on fruit and non-fried vegetables, availability of a healthier drink with emphasis on low-fat milk and 100% juice, presence of assigned (default) unhealthy foods (beverage, side or dessert), and presence of nutrition information at point-of-sale. A total of 129 quick service restaurants were assessed; 70% had a children’s menu with at least one specific meal for children listed on the menu board. Of the restaurants with children’s menus, 57% had at least one healthier entrée, 67% at least one healthier side, and 83% at least one healthier beverage available; 59% had fruit available as a side. TCPH has undertaken this project in close consultation with the Washington Restaurant Association and local restaurant owners.

The ongoing outcomes of these approaches are different. Nutrition labeling in King County went into effect on January 1, 2009 for chain restaurants with 15 or more locations nationally. About 160 chains and 1600 locations are affected by the regulation. Through March, inspectors found that about 70% of the 726 chain restaurants inspected are in compliance. The most common reasons for non-compliance are: additional required nutritional information (beyond calories) not available or not at point of sale; missing or incorrect dietary statements; and the statement required on each page of the menu indicating where the nutrition information can be located is missing. Since January, public health staff have provided technical assistance to restaurants for reviewing menu labeling and followed up on consumer questions about compliance at specific chain locations. Staff report that the industry appreciates assistance and wants to comply with the nutrition labeling regulation, and that restaurants are making changes and coming into compliance. In Thurston County, where the approach has been to help restaurant owners market the healthy options that they are already providing, the owners of 11 Taco Time outlets have volunteered to partner with public health to pilot healthy food messages. Thurston County Public Health plans to build on these relationships to develop a sustainable model for quick service restaurants to use in increasing sales of healthier choices. The Tacoma-Pierce County Health Department is currently analyzing the cost and efficacy of the menu analysis and labeling project and making decisions about the role of their health department in promoting restaurant nutrition information. At this point, the Department is considering a range of options, from following in the steps of King County to continuing to provide technical assistance, consultation, and encouragement to local restaurants.

The proposed NOPRN pilot study will provide more information about the process of developing these policies and the barriers and enhancers to outcomes of importance to public health practitioners. In brief, the three counties have had different policy outcomes and experiences. For example, in King County the relationships between the Washington Restaurant Association, local restaurants, and public health changed throughout the development and implementation phases of the project. At times the groups worked well together, listened respectfully to each other, and were able to work out compromises. At other times, the restaurants and their association fought against the regulations and their evaluation. At a county Board of Health hearing, restaurant owners testified that the new requirements would be too burdensome, that the board should attend to the foods in schools and leave the restaurants alone, and that offering nutrition information would take away from the pleasure of dining out. Representatives of the restaurants and their trade association have been part of the planning of the evaluation of the effects of the new regulations. Part of the evaluation included point-of-purchase interviews with consumers, but when this part of the evaluation was conducted, some restaurants tried to block access to customers for the interviews.

***Methods***

The pilot research project for UW NOPRN will take advantage of these three divergent local approaches to explore the process of nutrition policy decisions with a case study approach. UW NOPRN is well positioned to take on this work because the leadership team includes representatives from all three local health departments as well as Dr. Brian Saelens who is a Principal Investigator on the current RWJF-funded project to evaluate the effects of menu labeling in King County. Leadership team member, Donna Oberg, MPH, RD, is the project manager responsible for implementing the menu labeling regulation in King County, and Dr. Deborah Ahern and Kirsten Frandsen have also been very involved in the approaches taken in Thurston and Pierce Counties.

This pilot project will be a policy analysis following the five components as described by Gerston:(28) Identify the problem, describe the relevant background and context of the problem, conduct a stakeholder analysis, identify and assess policy options, and make recommendations. The analysis will be built on the framework described in section 3.1 with an emphasis on the process of policy development, enactment, and implementation. Three sets of data will be collected to inform this analysis:

* An updated literature review of the effect of nutrition information at point of purchase, with an emphasis on contextual and population differences
* Key informant interviews with representatives of state and local restaurant associations and restaurant owners, especially those with outlets in low-income areas in King, Thurston, and Pierce counties
* In-depth interviews with public health staff and board of health members in each of the three counties to explore their perceptions of the decisions they have taken, the lessons that have been learned, perceptions of the importance of promoting nutrition information in restaurants, perceptions about the role of local health departments in this arena, if they feel their approaches should change with populations that are at high risk of obesity, and the options that they are considering for future nutrition information policies

Following the interviews, the content will be coded, and data will be explored both within and across cases. A community report will be prepared and shared with invited stakeholders as part of a “safe table” event where all perspectives and ideas will be discussed and recommendations about the role of state and local health departments will be elicited. The findings from each of these data sets and activities will be compiled into a policy analysis report. Policy briefs will be shared on the UW CPHN and UW HPRC Web sites and a manuscript will be prepared for CDC’s public health practice journal, *Preventing Chronic Disease*.

Although this pilot project can stand on its own as a valuable policy analysis project, it will also establish methods that can be used for a larger, national or regional project. It is likely that the area of providing nutrition information in restaurants is going to be of interest across the country,(29) and we look forward to collaborating with the other PRC NOPRN collaborating centers on a possible multi-center study.

**Timeline**

The first meeting of the leadership team will take place in fall 2009. At that time the management team will outline UW NOPRN’s work, update members on the national NOPRN activities and expectations, facilitate an introductory discussion of the potential activities of the group over the next three years, and form the ad hoc research committee that will oversee the pilot research project. The leadership team will also meet in the winter, spring, and summer 2010. Meetings and other actions with the national NOPRN will be determined in conjunction with the lead center and other collaborating centers. Work on the pilot project will start in fall 2009. The complete research protocol and Human Subjects application will be completed by February 2010. Interviews will take place March through May 2010. Data will be analyzed May through August, and a report will be prepared in August and September 2010.

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