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## Fast-Food Shakeout

### Can the industry keep up with changing tastes?

By [Micheline Maynard](#)

#### Pro/Con

Will calorie counts on restaurant menus lead to healthier customer choices?

##### Pro



#### Margo G. Wootan

Vice President for Nutrition, Center for Science in the Public Interest. Written for *CQ Researcher*, February 2019

Americans now spend more of their food dollars outside the home than on food prepared at home, getting about a third of their calories from eating out. Dozens of studies show that eating out more frequently is associated with eating more saturated fat and sugary drinks and fewer healthy vegetables and fruits, as well as with higher caloric intake and obesity.

People have a right to know when restaurants are serving them an entire day's worth of calories in a single meal. Posting calories on menus allows people to make informed decisions. Without menu labeling, how could you know that at one top restaurant chain the black bean fajitas have twice the calories of the shrimp fajitas or that the buffalo chicken wings appetizer has half the calories of the California flatbread?

Some small studies have found no effect from menu labeling, but those generally lacked enough statistical power to measure the populationwide impact that can be expected from including calories counts on menus.

When Cochrane, a nonprofit health research institute based in Britain, conducted a meta-analysis of the best-quality menu labeling studies, it found that menu labeling resulted in an average reduction of about 50 calories per restaurant meal.

Menu labeling also affects restaurants' behavior. It spurs innovation and reformulation and gives restaurants an incentive to compete on the basis of nutrition as well as price, taste and other factors. A study in Seattle/King County in Washington state found an average reduction of about 40 calories per entrée at chain restaurants after menu labeling was implemented there.

These effects are notable for a low-cost, public health policy. Obesity, which can be explained by an additional 250 calories or so consumed per person per day, is a chronic condition.

##### Con



#### Aaron Yelowitz

Professor of Economics, University of Kentucky; Senior Fellow, Cato Institute. Written for *CQ Researcher*, February 2019

Obesity is on the rise in the United States. In 1999, 30.5 percent of American adults were considered obese, a term that refers to a 5-foot-10-inch male weighing over 210 pounds or a 5-foot-4-inch female weighing over 175 pounds. By 2015, that had jumped to an alarming 39.6 percent. Although the economic costs of obesity vary widely, some argue that they justify government intervention. Before heeding their advice, lawmakers should take a good look at the results of past efforts.

One form of government intervention is the requirement that restaurants and other eating establishments publish calorie information on their menus to inform patrons about nutrition in order to prompt them to make healthier choices. The Affordable Care Act, better known as Obamacare, included this requirement, which took effect in 2018.

In a recent study for the Cato Institute, I explored whether such mandates actually reduce obesity. My work drew upon well-respected, public-domain surveys between 2003 and 2012 involving nearly 300,000 adult respondents in 30 large cities. The results are clear: Menu mandates have very little impact on body weight, obesity or other health-related outcomes. Based on the data, for example, the average menu mandate helps a 5-foot-10-inch, 190-pound adult male reduce his weight by only half a pound.

For virtually all groups, the long-term impact of menu mandates is essentially zero. When menu mandates do affect people's weight, it is generally only in the short term, through a "novelty effect" that wears off quickly. Even groups thought to experience the largest gains in knowledge from the mandates exhibit no significant changes in weight.

New York City highlights this futility. During his tenure, former Mayor Michael Bloomberg spearheaded multiple efforts at improving public health, including a menu mandate that took effect in 2008. Despite these efforts, New Yorkers' body weights and obesity increased.

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Most people gain weight gradually over time, about one to two pounds a year over decades.

The full impact of menu labeling will be clearer once it takes effect nationally (the Food and Drug Administration begins enforcement in May) and people become used to seeing it at restaurants.

Seventy percent of Americans are either overweight or obese. No single approach will reverse this problem. But menu labeling at chain restaurants, supermarkets, convenience stores and movie theaters is a part of the multipronged strategy we need to arrest this expensive and debilitating public health problem.

None of this is surprising. Advocates for menu mandates wrongly assume that consumers make dining choices in extreme ignorance of how choosing a cheeseburger over a salad will affect their health. For many years, virtually all major restaurant chains have offered downloadable apps that allow health-motivated consumers to obtain detailed nutrition information.

Consumers weigh many factors besides nutrition — such as the taste of food or its pricing — in making their choices, and the evidence reveals that they do not act much differently when calories are displayed on the menu.

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