

The Global Fruit & Veg Newsletter



n° 12

July/August
2016

Eating healthier in the US restaurants

Editio

America is in an exciting era of change focused on health, well-being and “doing good” – and the nation’s restaurants and chefs are playing a leading role by rising to the opportunity of creating enticing menu items with health and taste in mind. Consumer demand for colorful, plant-based restaurant cuisine is gaining popularity, casting a shadow over the past decades of oversized, high-calorie meals. Increasing produce in restaurant meals has been a longstanding goal of the Healthy Dining and Kids LiveWell programs, which encompass 250+ participating restaurant brands spanning 50,000+ locations in the U.S. In partnership with the National Restaurant Association and scores of stakeholder organizations, these programs provide a proactive foundation for restaurants to demonstrate their culinary creativity and social responsibility regarding public health priorities, while providing a robust marketing effort through HealthyDiningFinder.com – the only site of its kind offering personalized, dietitian-recommended menu options. Each qualifying meal featured on the site emphasizes produce, whole grains and other healthful components and includes a full nutrient profile including fruit and vegetable servings (cups).

The following research studies are excellent demonstrations of how researchers can provide convincing evidence for the restaurant industry to continue to add produce to menus – and ultimately improve the health of our nation, the world – and future generations.

Anita Jones-Mueller

President, Healthy Dining, USA

The Alliance welcomes a new recruit :
5 am Tag Germany

The Global F&V Newsletter celebrates its first year!

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Acknowledgement to
250 contributors since 2006

April 2011 : D. Crawford ; LE. Thornton; L. Williams;
GD. Mishra (Women’s diet in Australia)
May 2011: M. Schulze ; P. Carter and colleagues; NG.
Forouhi and colleagues; . G Wannamethee
(F&V and type 2 diabetes)
June 2011 : J. Brug; N. Tak ; E. Bere; F. Gomes
(F&V intake and consumption of unhealthy snacks)
July/August 2011: K. Adamo and colleagues; Z. Solh and
colleagues; A. Simen-Kapeu; PJ. Veugelers
(Children health in Canada)
September 2011 : LA. Silber; K. Kramer; J. Badham; Z.
Mchiza; P. love (The South Africa dilemma: malnutrition
and obesity. What about fruit and vegetables?)

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THE GLOBAL FRUIT & VEG NEWSLETTER
CONTACTS INFO

APRIFEL Agency for the Research and Information on Fruits and Vegetables
4 rue de Trévisse 75009 Paris – France
GLOBAL FRUIT & VEG NEWSLETTER Secretariat : gfvn@interfel.com

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Choose Health LA Restaurants: A Voluntary Restaurant Recognition Program

Lauren N. Gase, Christine Montes and Tony Kuo

Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health, USA

Choose Health LA Restaurants Program

The *Choose Health LA* Restaurants program is a partnership between the Los Angeles County Department of Public Health (DPH) and local retail restaurants to promote the availability of healthier menu options. To participate in this voluntary program, restaurants must:

1. Offer a minimum percentage of menu items in a reduced-size portion;
2. Offer children's meals that contain fruit or vegetables, limit fried-foods, and include healthy beverages; and
3. Provide drinking water at no additional cost to customers.

Launched in September 2013, the program currently includes 75 restaurant brands with over 770 locations throughout the county.

More information is available at:
<http://www.choosehealthla.com/eat/restaurants/>

Program Logic Framework

Program administration and assessment activities are guided by the program's logic framework (Figure). Program implementation includes efforts to change the environment (*i.e.*, to recruit restaurant owners to participate and make changes to their menus) and increase awareness of environmental changes among consumers. Reaching consumers through promotional activities can help increase awareness of the program (*i.e.*, availability of healthy options in restaurants) and knowledge related to calorie

consumption and portion size. As environmental and educational strategies are combined, people may change behaviors, namely, by choosing different restaurants and changing ordering patterns.

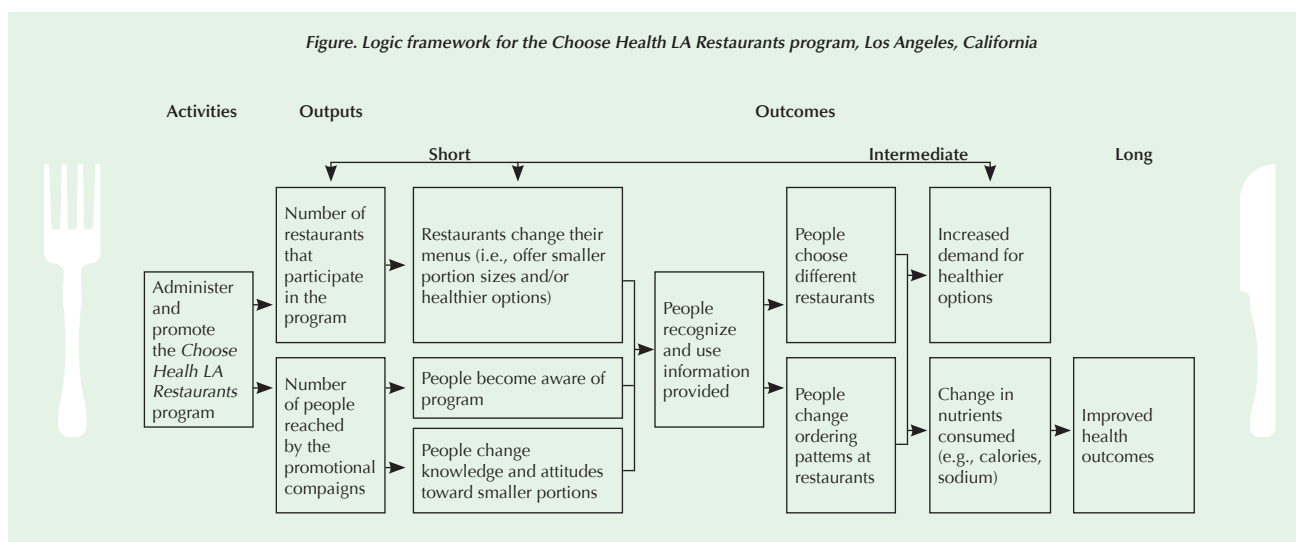
Restaurant Menu and Consumer Assessments

The program team assessed menus from all restaurants that joined within one year of program launch (n=17 restaurant brands)¹. Results suggest that participation in the *Choose Health LA* Restaurants program resulted in restaurants making changes to their primary and children's menus. The majority of restaurants (12 brands) made at least some changes to increase the availability of reduced-size portions and/or modify the items available on their children's menu. Results support restaurant compliance with program criteria and menu improvements, even though they are voluntary, representing an important first step toward implementing this strategy in the retail environment.

The program team has also assessed the program's promotional activities². Results of the mixed-methods assessment suggest that community engagement, in-store promotion, and media campaign efforts have achieved modest reach and positive reactions from media outlets and consumers. Results support the potential value of coupling environmental change strategies with efforts to increase consumer receptivity and demand for healthy options.

Together, assessment results provide modest support for the positive impacts of the *Choose Health LA Restaurants* program; however, additional assessment efforts are needed to better understand program impact, especially on consumer behaviors.

Figure. Logic framework for the Choose Health LA Restaurants program, Los Angeles, California



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1. Gase et al. What menu changes do restaurants make after joining a voluntary restaurant recognition program? *Appetite*. 2015; 89:131-135
2. Gase et al. Media outlet and consumer reactions to promotional activities of the Choose Health LA Restaurants program in Los Angeles County. *Journal of Public Health Management and Practice*. 2016;22(3), 231-244

Beyond Chicken Fingers and French Fries: New Evidence in Favor of Healthier Kids' Menus

Stephanie Anzman-Frasca^a, Heather Angstrom^b, Vanessa Lynskey^b and Christina Economos^b

a. Department of Pediatrics, University at Buffalo, Buffalo, NY, USA

b. ChildObesity180, Tufts University Friedman School of Nutrition Science and Policy, Boston, MA, USA

New research from ChildObesity180 at Tufts University Friedman School is challenging conventional wisdom about the viability of offering healthy children's meals in restaurants.

Restaurants' role in addressing childhood obesity

Americans, including children, eat frequently in restaurants. In fact, approximately one-third of American children eat fast food on any given day. A typical restaurant kids' menu might include high-calorie foods like pizza, macaroni and cheese, and chicken nuggets, served with a side of salty French fries and a sugary drink like soda or lemonade. Given how frequently children dine in restaurants and the typical food choices available to them, restaurants have an important role to play in addressing childhood obesity.

Studying one restaurant chain's new, healthier children's menu

In 2012, the Silver Diner, a regional restaurant chain primarily located in the Baltimore-Washington, DC metropolitan area, revamped its children's menu to offer healthier items. The new menu had significantly more kids' meals that met broadly-accepted nutrition standards, and all kids' entrees were automatically paired with healthy side dishes like strawberries, mixed vegetables, and side salads. The restaurant also removed French fries and sugary soft drinks from the children's menu, although those items could be substituted at no additional charge.

ChildObesity180 researchers examined outcomes before and shortly after the menu overhaul, examining changes in children's orders as well as restaurant revenue. This study was the first to look at both child meal orders and revenue following healthy menu changes.

Initial findings suggest the healthier menu was a success

The result, as reported in the May 2015 issue of the journal *Obesity*, was a win-win for customers and the restaurant chain: orders of healthier items increased, and restaurant revenue continued to grow. After the menu changes, nearly half (46%) of children's entrées ordered were from the healthier kids' meal options, versus a mere 3% of entrées ordered before the changes. The proportion of kids' meal orders that included at least one healthy side also increased dramatically—from 26% before the changes to 70% after.

Strawberries were the most popular healthy side dish, accounting for 63% of the side dishes served with kids' entrees after the menu was changed. Milk and juice orders also increased after the menu changes, and soda orders decreased.

"Given how frequently kids go to restaurants, and evidence that this can be linked with consuming excess calories, offering and promoting healthier menu options could play a role in reversing the childhood obesity epidemic," said Stephanie Anzman-Frasca, PhD, Assistant Professor at the University at Buffalo and lead author of the paper.

Two years later, more positive news for the business and its customers

Wondering whether these changes would be sustained over time, the researchers examined ordering and revenue data again more than two years after the healthier children's menu was rolled out. The results, published in the November 2015 issue of *Health Affairs*, were encouraging.

The new research showed that the healthy changes in orders of children's items were largely maintained, and in some cases continued to improve. For example, across the two-year follow-up period, orders of fruit and vegetable side dishes held steady, while soda orders continued to decrease.

	Before menu changes	Shortly after menu changes	Follow-up 1 (one year later)	Follow-up 2 (two years later)
Healthy children's entrées ordered	3.1%	45.7%	44.6%	43.0%
Healthy children's side dishes ordered	38.4%	74.1%	76.1%	74.8%
French fries ordered	57.0%	22.0%	20.2%	21.4%
Soda ordered	34.7%	29.7%	25.3%	24.1%

Moreover, results continued to show that including more healthy options on the kids' menu did not hurt overall restaurant revenue and may have even supported continued growth. Total annual revenue across all Silver Diner restaurant locations grew by 5.3% from 2013 to 2014, exceeding the average revenue growth in leading family dining chains for the same period.

Everyone has a role to play in addressing childhood obesity

That's good news for the restaurant industry, which is poised to play an important role in addressing the high rates of obesity among children in the US. "Restaurants should be commended for their progress to date, but no single step will reverse the childhood obesity epidemic and there is still much work to do," said Christina Economos, PhD, Director of ChildObesity180, Associate Professor at Tufts University Friedman School, and the study's senior author. "Everyone has a role to play in providing healthier meals for kids. Restaurants can increase the availability of healthy, appealing options on children's menus. Parents can educate and guide their children toward healthy choices, and speak up to demand healthy meals where they don't exist. We need to combine more nutritious children's meal offerings with stronger education to drive both supply and demand to support healthier choices."

This research was funded by The JPB Foundation and the Robert Wood Johnson Foundation. No financial support was received from Silver Diner.

To learn more about this research, visit www.childobesity180.org/healthymeals

Working with restaurant managers and owners to improve children's menus: A Best Food for Families, Infants, and Toddlers (Best Food FITS) intervention

Sylvia Hurd Crixell, BJ Friedman and Deborah Fisher

Nutrition and Foods, School of Family and Consumer Sciences, Texas State University, San Marcos, Texas, USA

Improving food consumed away from home may help combat child obesity

Approximately 32% of US children ages 2-19 are overweight or obese¹. In some communities, the obesity rate is even higher. For example, in San Marcos, a city located in South Central Texas, approximately 52% of children in fifth, seventh and ninth grades are overweight or obese². Meals consumed away from home may contribute to childhood obesity, as they often include sugar-sweetened beverages, and lack the lower-calorie, nutrient-rich fruit and vegetables found more frequently in home-cooked meals³. While some interventions have attempted to improve restaurant menus, when we began this study in 2010, none had targeted children's menus. The goal of our study was to seek voluntary assistance of restaurant managers and owners in San Marcos, Texas, to improve children's menus by removing sugar-sweetened beverages, adding fruit and vegetables, and replacing at least some energy dense entrées. In particular, replacing sugar-sweetened beverages with water may be a promising strategy to reduce obesity risk⁴.

Creating our brand – Best Food FITS

The original study described in this summary was published in 2014 in *Preventing Chronic Disease*. We began this study by creating a community coalition dedicated to combatting childhood obesity. We leveraged grant funds from the Texas Department of State Health Services Nutrition, Physical Activity, and Obesity Prevention Program to develop and brand Best Food for Families, Infants, and Toddlers (Best Food FITS). In collaboration with the university marketing department, we created a logo and vegetable characters designed to be attractive to children, which we eventually included on t-shirts, menus, bumper stickers and other promotional items. The Best Food FITS logo and a popular graphic, "Broccolicious," are shown in the Figure.



Approaching restaurants

All aspects of this study were approved by the university Institutional Review Board. We began this intervention by first reviewing a list of establishments that marketed prepared food items from the city's environmental health department. After eliminating establishments that did not cater to children, including such places as bars and coffee shops, we had a list of 135 restaurants. We collected children's menus from the 85 restaurants that had them, and then classified menu items such as entrées, fruit, vegetables, other sides, desserts and beverages according to healthfulness, as determined independently by three Registered Dietitians. For example, macaroni and cheese was considered to be an unhealthy side, whereas pinto beans were deemed healthy. We found that all children's menus in San Marcos included sugar-sweetened beverages, with an average of

three unhealthy entrées per menu.

We called or visited the remaining restaurants, attempting to schedule brief meetings with owners or managers; 65 of those were chain restaurants, and declined to participate citing corporate policy. During meetings with owners or managers from the remaining 70 restaurants, we described our project, educated about child obesity, and asked them to modify their menus. Seven agreed to create new children's menus and ten agreed to revise their menus.

New menus

Teams of two graduate or undergraduate student researchers per restaurant worked iteratively with the 17 restaurant owners or managers who agreed to change menus. Our strategy was to create new menu offerings based on foods already included somewhere on existing menus. For example, in Mexican food restaurants we included avocado, tomato, and lettuce on the children's menus. This allowed us to create menu items at no cost to the restaurant. Menus were originally created in PowerPoint, and then changed by the research team after consulting with owners or managers until they agreed on a final menu. The new menus were free of sugar-sweetened beverages, a criterion for participation, and offered more fruit and vegetables and fewer unhealthy entrées than did the children's menus present in the community prior to this study.

Lessons learned

At the onset of this project, we had no idea whether and to what extent restaurant owners and managers would agree to work with us to improve menus. While many were too busy to participate in the project, we found that those who agreed to collaborate were enthusiastic about changing menus and concerned about the health of children in the community. We learned that it was important to be persistent in contacting these busy professionals, and respectful of their time. By the end of the project, there were friendships between the research teams and their restaurant partners.

Conclusion

While we did not quantitatively assess whether patrons purchased items from the new children's menus, we did administer patron surveys 2-4 years after the menus were in place. We found that about half of the respondents had noticed the healthy menu items and reported that nutrition was an important factor when choosing foods for their children. At present, we do not know if having new menus in the community has had any effect on dietary intake of the community's children. However, a recent study revealing that mothers use nutrition information on menus to choose healthier entrées for their children serves as a beacon of hope⁵.

Based on: Crixell S. H., Friedman B., Fisher D. T., Biediger-Friedman L. (2014), *Improving children's menus in community restaurants: Best Food for Families, Infants, and Toddlers (Best Food FITS) intervention, South Central Texas, 2010-2014*. *Prev Chronic Dis*, 11:140361.

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