CENTER FOR Science IN THE Public Interest

Menu Disclosures Campaign Opportunity

CSPI was one of the leading national groups to help win calorie labeling in restaurants and nutrition disclosures on packaged foods. We are now working with state and local policymakers to ensure these protections are expanded to online purchasing during the current pandemic and working with municipalities on menu icons for salt and sugar at restaurants. For example, New York City and Philadelphia have developed icons for menu items containing more than 100 percent of the recommended daily limit for sodium. CSPI can assist communities in building campaigns that lead to local or state sugar and sodium disclosures.

***Funding Opportunity*:** CSPI is offering subgrants of up to $150,000 per jurisdiction ($120,000 with up to $30,000 of that funding lobbying activities) to interested organizations seeking to carry out state or local campaigns aiming to reshape the restaurant food environment by securing policies requiring local jurisdictions to extend menu disclosures to improve the nutritional quality of restaurant purchases, including by developing icons for salt and sugar on restaurant menus.

Campaigns seeking funding should be prepared to submit a plan for achieving the policy intervention identified below, which should include the following features:

***Policy Intervention*:** Grantees will seek to secure a policy (for example, a city or county ordinance or administrative rule) requiring a disclosure statement (for example "⚠ SODIUM WARNING") that identifies food and beverage items offered for sale that are high in sodium or added sugars.

Optional Features of Policy Design:

Grantees are encouraged to consider the following features in designing the policy:

(1) **Online purchasing:** Policy may apply to online platforms, brick-and-mortar stores, or a combination.

(2) **Calorie labeling**: Policy may also seek to extend calorie labeling to online third-party platforms. (Federal statute and regulations currently require calorie labeling on chain restaurant menus, but the rule does not extend to third-party platforms).

(3) **Covered food and beverage items:** Policy may cover foods and beverages that are high in sodium, high in added sugar, or both. "High" should generally be defined in a way that improves transparency, addresses misleading normalization of excessive sodium or sugars, and assists consumers in following the recommendations of the U.S. Dietary Guidelines. For example, the disclosures could identify foods and beverages that contain more than 50 percent of the U.S. Dietary Guidelines daily value for added sugars (50g) or limit for sodium (2,300 mg).

(4) **Nature of Disclosure:** Disclosure should include an icon (e.g. "⚠") and may also be accompanied by adjacent text for greater clarity, as appropriate (e.g. "⚠ Added Sugars Warning"). An explanation of the icon also should be present and prominent on the

menu and menu board (*e.g.*, "*Item exceeds half the daily limit for added sugars advised by the U.S. Dietary Guidelines" at the bottom of the restaurant menu).

(5) **Timeline and delegation:** Policy may require some provisions to go into effect directly while delegating additional authorities to city or state agencies for later implementation on a predetermined schedule. (For example, a city council may require third-party platforms to include calorie labeling, while delegating authority to the public health board to conduct a review of the current, available scientific research and develop menu items for sodium and added sugar within a specified timeline.)

***Stakeholder Engagement and Equity*:** Grantees will include in their grant application a plan to develop partnerships with stakeholders, including a diversity of groups and individuals within communities who will be likely to be impacted by the policy.

Support Capacity

CSPI has capacity to provide support to the grantees in addition to the funding covered by the grant. This includes technical and legal assistance, organizing capacity, graphic design, communications, advertising, social media, polling, and events.

Deliverables:

Grantees' plan will include strategies for achieving key deliverables under the grant, which may include, but are not limited to:

(1) Identifying key stakeholders potentially impacted by the policy intervention and developing strategies for securing support from those stakeholders. Grantees may specifically identify and separately request funding to cover lobbying activities as appropriate, as defined by the relevant jurisdiction and federal law.

(2) Planning and organizing an in-person or virtual convening to include key decision makers, local public health officials, local community representatives, and appropriate experts. The purpose of the convening will be to consider legal, scientific, and political questions related to policy design and identify alignment between stakeholders on an appropriate policy for the jurisdiction.

(3) Introduction of a bill/proposal of a rule within 8 months of the commencement of the grant.

(4) Passage of a bill/finalization of a rule prior to the close of the grant (January 31, 2022).

More information on the background for this work is provided in the following pages.

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Menu Disclosures Campaign

Diet-related diseases, including obesity, heart disease, hypertension, diabetes, and stroke, are serious, ongoing epidemics in this country, with heart disease alone causing the deaths of 655,000 Americans each year—or 1 in every 4 deaths.[1] These conditions have devastating direct consequences, and some have been associated with higher rates of mortality from COVID-19 infection.[2]

Our food environment too often undermines our best efforts to eat healthy, by making unhealthy options the default. Foods we buy regularly at our most popular restaurants are high in added sugars and sodium, two major contributors to diet-related disease. Policies to transform the unhealthy food environment will be a key part of the COVID-19 recovery, helping America to rebuild with stronger, healthier communities that will be better prepared to withstand the next pandemic.

Our Food Environment is Harmful. There is broad scientific consensus that healthy diets are limited in added sugars and sodium.

The high level of salt in our diet increases our risk of cardiovascular disease and high blood pressure, accounting for as many as 100,000 premature deaths every year and roughly $20 billion in healthcare costs.[3] That why the Institute of Medicine Food and Nutrition Board (IOM) has advised that Americans limit intake of sodium to 2,300 milligrams (mg) per day or less, and Food and Drug Administration (FDA) also uses this limit for the "Daily Value" for sodium in the Nutrition Facts label on foods.[4]

Diets high in added sugars contribute to cardiovascular disease, weight gain, and type 2 diabetes.[5] That is why the U.S. Department of Agriculture Dietary Guidelines for Americans has long advised that Americans avoid eating too much added sugar.[6] The FDA has likewise adopted 50 grams (g) added sugar, or 10 percent of overall calories, as the Daily Value for added sugars.[7]

Many nutrition experts recommend even lower daily limits for added sugar. The American Heart Association recommends no more than 25g, or six teaspoons, of added sugar/day for women and children, 38g, or nine teaspoons, for men.[8] The 2020 Dietary Guidelines Advisory Committee has recommended reducing the Daily Value even lower, to no more than 6 percent of calories, or 30 grams added sugar per day.[9]

While the advice from experts to limit sugar and salt has remained consistent over the years, Americans are getting a very different message from food companies. Widespread availability of unhealthy choices and lack of clear access to information about the food we eat has left most Americans struggling to maintain a healthy dietary pattern. More than 60 percent of us are

consuming more than the Daily Value for added sugars, and more than 90 percent consume more than the Daily Value for sodium.[10]

Restaurants are a key part of an unhealthy food environment. Our most popular restaurant chains are some of the most challenging places to eat healthy, marketing high-salt, high-sugar foods as standard, everyday choices.

Fast food restaurants pervade our daily life, serving roughly 84.8 million meals per day, enough fast food to provide a meal to roughly 36% of the entire US population.[11] The food we are offered at restaurants, particularly fast-food chains, is often unhealthy. A 2013 study of menu items at top U.S. restaurant chains found that only a scant 3 percent of main dishes were within recommended limits for sodium, fat and saturated fat.[12] A majority of meals purchased from these menus are also unhealthy: research shows that about 70 percent of meals consumed at fast food restaurants are of poor nutritional quality.[13]

The sugary drink offerings at restaurants make excess consumption the norm, rather than the exception. Restaurants present menu items with extreme amounts of added sugar or sodium as normal fare, often with discounts to upsize. For example, ordering a "medium" Coke at Burger King will deliver you 97 g of added sugar.[14] That is nearly twice the recommended daily limit. Interviews of restaurant patrons in New York City indicate that 71 percent of sugary drinks purchases at fast food restaurants contain more than a day's worth of calories from added sugars (200 calories).[15]

And even with calorie information now available on restaurant menus, consumers still lack key information about high levels of unhealthy nutrients in restaurant meals, leading to confusion. For example, consumers routinely underestimate the sodium content of fast-food restaurant meals by over 1,000mg.[16]

Consumers ordering food from third party platforms (Uber Eats, Grubhub) during the current COVID-19 pandemic often have even less information about the foods they purchase, because such platforms are not required by federal law to provide even basic calorie information on the menu.

The restaurant food environment also has a role to play in contributing to health disparities, as chain restaurants offering a lower prevalence of healthy menu items[17] are disproportionately located in low-income and minority communities.[18] Non-white communities are also disproportionately targeted for marketing of unhealthy products. For example, one study using 2017 data found that Black children (aged 2-11 years) are exposed to 86 percent more food advertising on television than their White counterparts and consume significantly higher amounts of sugar sweetened beverages.[19]

Offering dietary advice and expecting us to make changes as individuals is not enough when the food environment is so heavily stacked against our health. To make meaningful progress

against the epidemic of diet-related disease, we must also transform the food environment.

Disclosures work. Growing experimental and observational data shows that nutrient warnings inform consumers and support us in making healthier choices.[20] Meta-analyses of experimental studies show that clear calorie and nutrient disclosures for unhealthy foods[21] and sugary drinks[22] help people understand which products are unhealthy, ultimately promoting healthier food and beverage selection.

Nutrient disclosures can be particularly effective when applied widely and consistently over time, promoting product reformulation in addition to changes in consumer purchasing behavior. For example, "high sugar" and "high salt" disclosures now required on food labels in Chile have led to a significant 24 percent decline in purchasing of high-sugar beverages[23] as well as substantial reformulation, lowering both sodium and sugar in foods.[24]

Such reductions could yield substantial benefits when applied across a population, as research on the physiology of weight loss demonstrates that even modest reductions in average calorie intake can lead to meaningful weight loss.[25]

One modeling study estimated that implementing a national health disclosure policy for sugary drinks could reduce US adults' calorie intake by about 30 calories per day, yielding a projected reduction in obesity prevalence of 3.1 percentage points over 5 years. Moreover, the benefit was even greater for groups with a higher consumption at baseline. Black adults, for example, experienced modestly larger reductions in projected obesity prevalence than White adults (4 versus 3 percent).[26]

These benefits parallel the benefits seen from calorie disclosures on restaurant menus in the United States. Estimations suggest that menu disclosures lead to an average reduction of 47 calories in energy purchased per meal.[27] Researchers predict that over a five-year period, this reduction in calories could provide profound public health benefits, including the avoidance of more than 14,500 new cases of heart disease, and more than 21,500 new cases of type 2 diabetes.[28]

Endnotes

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