

Turn a New Leaf

A Healthy Eating Program



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What is Turn a New Leaf?

Turn a New Leaf (TANL) is New Hampshire's first countywide healthy dining initiative. Monadnock HEAL (Healthy Eating, Active Living) developed the Turn a New Leaf initiative in late 2011 to support the region's Healthy Monadnock 2020 efforts of becoming the nation's healthiest community by year 2020. The TANL initiative guides restaurant patrons to healthier menu options using a simple, colorful logo of a red heart and green elm leaf. Using nutritional criteria, developed by graduate students of Keene State College's Dietetic Internship with the U.S. Department of Agriculture dietary guidelines in mind, the TANL logo identifies the meals that are healthy, healthier, and healthiest on a restaurant's menu.

Turn a New Leaf acts as an easy aid that identifies both caloric content and nutritional value of restaurant meals, helping customers choose healthier options when eating away from home. The program highlights those options that contain whole grains, fruit, vegetables, and beans; while limiting sodium, saturated fat, total calories, and eliminating trans-fat.

The TANL program also provides guidance and resources to food establishments to support these ideals of promoting health in the community. In providing assistance with environmental strategies (small changes that increase the availability and likelihood of customers choosing healthy dining options) the TANL program continues to grow throughout the Monadnock region and beyond.

Turn a New Leaf Goals:

1. Create healthy eating environments within the Monadnock Region by assisting local partners who highlight, identify and promote healthier menu items.
2. Create consistent, credible, and easily recognized nutritional guidance for consumers in participating venues.
3. Increase consumer demand for healthy items prepared or eaten away from home with marketing tools and local promotions.

Please refer to Appendix A for Sample Turn a New Leaf Memorandum of Understanding.

The Research

Not surprisingly, food available outside the home tends to be laden with extra calories, sodium, sugar, and saturated fat. The current research repeatedly shows the public health benefits of menu labeling. It shows that the labeling of menu items leads to less calories and fat content in the meals that are ordered, positive menu changes by food service establishment, increased perceived food value by the customer, and a more positive work environment for employees. When a menu labeling system is implemented, positive changes to ordering patterns and recipes follow.

One of the major downfalls of menu labels is the frequent consumer confusion surrounding appropriate amounts of calories or fat. In general, the public is unaware of the acceptable limits and daily needs of an individual. The research shows that the consumers are hungry for the health information of their meals but that information is either not readily available or too complicated to understand. Solely posting the calorie, fat, and sodium information next to a meal item often times leads to confusion and irritation of the consumer. The Turn a New Leaf program removes the guesswork of determining the healthiness of a restaurant meal by interpreting the scientific data and presenting the information in a simple, easy to use way.

A recent study conducted by the Robert Wood Johnson Foundation in 2009, found that the participants of eight different focus groups, from four geographically diverse cities, were favorable to identifying healthier options with a uniform, commonly defined symbol to help them make better choices. That study also showed that providing nutrition information to patrons resulted in the ordering of menu items that contained lower amounts of calories and fat. This is the basis and mission of the Turn a New Leaf program. By labeling the menu items as healthy, healthier, and healthiest the TANL healthy eating program will help steer consumers towards the best menu items.

Research also shows that customers value meals from a food establishment that labels their menu. A study in 2008 from the Journal of Foodservice found that participants of the study were willing to pay approximately two dollars more for healthier items after the nutritional information was given. In general the participants of the study felt that the more the food service establishment disclosed in regards to the nutritional information,

the better the menu was perceived to be. This translates to a win-win situation for all involved in the Turn a New Leaf program. By restaurants labeling their menu, they are more likely to attract more customers who are willing to pay more for a healthier menu. This is aligned with Turn a New Leaf's goals of creating a healthy environment.

The research shows that the Turn a New Leaf healthy eating program is in high demand by both consumers and food service establishments while bettering our community. The program uses logos that are simple, attractive, and encouraging for the consumers.

Please refer to Appendix G for research-annotated bibliography regarding the effectiveness of menu labeling on sales, nutrient intake, and consumer happiness.

The Turn a New Leaf Nutrition Criteria:

The Turn a New Leaf healthy eating program promotes foods that have been proven to support optimal health. The program helps diners limit sodium, total fat, saturated fat, and calories while increasing the consumption of fruits, vegetables, beans, and whole grains. The nutrition criteria of the Turn a New Leaf program supports a balanced diet and is appropriate for the general public.

Each menu item is analyzed based on ingredients, portion sizes and serving sizes. Each item is analyzed to determine whether it meets each of the following nutrition criteria:

- Less than 750 calories/serving
- Less than 8g of saturated fat/serving making up less than 10% of total calories
- No trans fat per serving
- Less than 600mg sodium/serving
- Each serving containing at least 1 cup of fruit and/or vegetables
- Each serving containing at least 1oz whole grains or ½ cup of legumes

Calories- Turn a New Leaf's calorie guidelines are set to moderate the amount of calories consumed. It has been shown that meals and snacks prepared away from home contain more calories than those meals that are prepared at home. The calorie guidelines of the Turn a New Leaf program are compliant with recommendations to limit calories consumed outside the home.

Total Fat, Saturated Fat, and Trans Fat – Turn a New Leaf fat guidelines are compliant with FDA’s definition of “low fat.” The Turn a New Leaf program’s criteria include a saturated fat content limit of 10 percent of calories or less per meal or per item which is consistent with dietary recommendations of all national organizations with dietary guidelines. The over-arching goal is also to eliminate all trans fat if possible. Because a higher calorie meal may provide significant saturated fat at 10% of calories, the additional limit of less than 8 grams was added.

Sodium – TANL’s guidelines are consistent with the American Heart Association's (AHA) Dietary Guidelines and the USDA 2010 recommendations that encourage sodium intake to be less than 2,300mg each day.

Vitamins, Minerals, and Antioxidants – Vitamins, minerals and antioxidants are promoted for overall health in the general public. There is no specific target within the Turn a New Leaf criterion for these nutrients. These elements are promoted by the criteria guidelines that qualify meals containing a minimum of 2 servings of fruit and/or vegetables.

Fiber- The promotion of whole grains in the Turn a New Leaf program is based on the FDA recommendation to make at least half of grains consumed are whole grains. Whole grains and legumes (beans) contain fiber that is encouraged by the American Heart Association, American Diabetes Association, and the USDA.

Once menu items are analyzed they are categorized as one heart, two hearts, or three hearts and given the appropriate label. The criteria for each is as follows:



Meets three of the Turn a New Leaf set criteria



Meets four of the Turn a New Leaf set criteria



Meets five or six of the Turn a New Leaf set criteria

As the menu items are analyzed, small adjustments may be recommended to the food venue in order to increase the number of “hearts” the item may receive. For example, a recommendation to switch to whole-wheat pasta may increase the “hearts” by meeting the

½ cup of whole grains/serving requirement. These recommendations are based on the Turn a New Leaf guidelines and the general nutrition knowledge of the Keene State Dietetic Interns analyzing the menu items.

Please refer to Appendix B for nutrient analysis charts.

Environmental Changes:

Environmental changes are adjustments made to a food venue that increase the availability to of healthy food options and further encourage healthy habits. The Turn a New Leaf program can be adapted to be implemented in any type of food venue. Whether it is quick-service, sit-down service, or a cafeteria, the Turn a New Leaf’s logos can be placed on any menu. The amount of environmental changes that is necessary before implementation of TANL is dependent on the establishment and the establishment’s customers. The TANL program will work directly with the food venue to implement appropriate environmental changes.

Common environmental changes include:

- Replacing soda machines with flavored waters
- Moving fresh fruits closer to the point of sale; replacing the chips and cookies
- Reducing prices of healthier options while increasing prices of less healthy items
- Promoting healthy habits through signage
- Modifying the service flow of the venue to be conducive to healthier ordering
- Replacing unhealthy items with healthier version; for example, phasing out fried chicken with grilled chicken
- Featuring healthy Turn a New Leaf menu options in the “meal of the day”
- Providing incentives to participate in the purchase of Turn a New Leaf menu options
- Creating email “blasts” and newsletters to promote menu changes

Implementing Turn a New Leaf

The implementation of Turn a New Leaf requires teamwork. The food venue and the Turn a New Leaf program will work together to analyze the recipes, create appropriate signage, market the program, and make appropriate environmental changes. It is essential to utilize numerous resources to mobilize the efforts of TANL. Through open communication a management task list, evaluation dates, and a step-by-step agenda should be created prior to implementation. The rollout of the healthy eating program is multifaceted combining the efforts of the recipe analysis team, the marketing team, the management team, the kitchen team, and the TANL program team.

The nutrition analysis of the menu must be completed prior to implementation of the program. The kitchen team will make any appropriate suggested meal adjustments by the nutrition analysis team to the recipes. They will finalize the menu including any “specials” or “meals of the day” that include TANL items.

The marketing team is in charge of promoting the Turn a New Leaf healthy eating program through appropriate signage. The logos will be placed next to the corresponding menu item. Posters that include directions for using the program and take-home information have been helpful in the past. Table tents and website blurbs have also been used to promote usage of the program. Marketing of the program and for environmental changes can increase the food venue’s success.

The management team of the food venue plays a key role in implementation of Turn a New Leaf. The management team oversees the entire implementation process. The management team will work directly with the TANL team to implement TANL in a smooth manner. The management team will delegate tasks to their staff, communicating with the TANL team, and creating an environment in their food venue that supports health habits.

Lastly, the TANL program team will work directly with the food venue to evaluate the necessary environmental changes, analyze the recipes, and help to make the implementation process go as smooth as possible. They will work directly with the management team making suggestions from past implementation experiences. The TANL program team will use science-based approaches to align the atmosphere of the food venue with their health message.

Please refer to Appendix C and D for marketing materials and sample work-plans.

Evaluating Turn a New Leaf's Success

The success of the Turn a New Leaf healthy eating program in a food venue can be measured by customer surveys, total sales, and ordering tracking. Customer surveys may be utilized to determine the satisfaction, popularity, and usefulness of the new menu labeling system. These surveys may ask if the presence of the logos swayed the customer's meal decision in any way, if the logos were noticed on the menu, and what the customer's overall satisfaction was with the program. The results should be collected, analyzed, and interpreted for effectiveness of the Turn a New Leaf program.

Another evaluation tool to determine the effectiveness of TANL healthy eating program is to measure sales and ordering. Before implementation of TANL, each food venue should have records showing total sales, individual meal sales, and tracking ordering. Considering those figures, before implementation, to be baseline or a starting point, those figures should be analyzed again after implementation. A collection of data and analysis should occur at three months, six months, and one-year post TANL implementation. Comparing each set of figures to the baseline values and the previous set, a food venue can determine the effectiveness of the program. If a food venue observes an increase in sales of a TANL menu items, the program may be deemed as a success. Also, if the ingredients of a healthy TANL menu item are in higher demand, the ordering of such items will increase. Hence, by tracking ordering, a food venue can determine if the program is a success. The food venue must meet the demands of its' customers.

Please refer to Appendix F for a sample customer satisfaction survey.

Current Turn a New Leaf Participants:

- Cheshire Medical Center/Dartmouth-Hitchcock-Keene (CMC/DHK)
- The Community Kitchen
- Elm City Bagels
- Home Healthcare Hospice and Community Services (HCS)
- Keene State College
- Little Zoe's Take and Bake Pizza
- Luca's Market
- Monadnock Food Co-Op
- The Swamp Bat's Food Court
- Maplewood Nursing Homes
- Markem-Imaje, USA

Contact Information:

Maryanne Keating
HEAL Program Coordinator
Community Health Cheshire Medical Center/Dartmouth Hitchcock Keene
(CMC/DHK)
580 Court Street
Keene, New Hampshire 03431
mkeating@cheshire-med.com
(603) 354-5454

Appendixes:

Appendix A- Sample Turn a New Leaf MOU

Appendix B- Turn a New Leaf Menu Analysis Chart

Appendix C- Sample Turn a New Leaf Food Venue Work Plan

Appendix D- Turn a New Leaf Logos

Appendix E- Sample Customer Survey

Appendix F- Relevant Research-Annotated Bibliography

Appendix G- Similar Programs

Appendix A: Sample Turn a New Leaf Memorandum of Understanding



FOUNDATION FOR
HEALTHY COMMUNITIES

Turn A New Leaf Memorandum of Understanding

This Memorandum of Understanding ("MOU") is effective as of October 1, 2014 by and between the Foundation for Healthy Communities ("FHC") and FitzVogt ("FV") is for implementation of the Turn A New Leaf ("TANL") healthy dining initiative. This MOU establishes guidelines for use of TANL between the FHC and FV.

I. MISSION

FHC manages Healthy Eating Active Living NH ("HEAL NH"), a statewide initiative to inspire, advance and support policies, systems and environmental changes to promote increased access to healthy, affordable foods and safe places to play and be active. The TANL program was created by Cheshire Medical Center / Dartmouth-Hitchcock Keene through a HEAL NH grant as a strategy to increase access to healthy foods in restaurants and other food venues. Together, FHC and FV enter into this MOU to mutually promote the implementation of TANL by FV. Accordingly, FHC and FV operating under this MOU, agree as follows:

II. PURPOSE AND SCOPE

FHC and FV commit to maintain the consistency and integrity of TANL as it was initially designed and hope to achieve the following as a result of the activities described in this MOU:

1. Offer healthier menu items at Maplewood Nursing Home and Markem-Imaje Corporation food venues managed by FV that are lower in calories and higher in nutritional value.
2. Use the TANL menu labeling system to help consumers identify healthy menu items.

HEAL NH and FV are each responsible for its own expenses related to this MOU. There will not be an exchange of funds between the parties for tasks associated with this MOU.

III. RESPONSIBILITIES

FHC and FV agree to the following responsibilities for this MOU:

FV agrees to the following:

1. Use of the TANL name, logo and menu labeling system in Maplewood Nursing Home and Markem-Imaje Corporation food venues managed by FV;
2. Maintain membership within the TANL program for a minimum of 12 months (1 year);

Founded by The New Hampshire Hospital Association

125 Airport Road ■ Concord, NH 03301-7300 ■ 603.225.0900 ■ Fax: 603.225.4346 ■ <http://www.healthynh.com>

Appendix A: Sample Turn a New Leaf Memorandum of Understanding

3. Maintain a menu that contains at least five (5) TANL program category specific guidelines during membership term (1 year); and,
4. Display TANL point of sale (table tents, menu inserts etc.) materials for duration of membership (1 year).

With support provided by Cheshire Medical Center / Dartmouth-Hitchcock Keene, FHC agrees to the following:

1. Provide templates for point of purchase materials to promote the program to customers of FV;
2. Offer active promotion of FV's participation in TANL in local and state media advertisements and press releases;
3. Recognize FV's participation in TANL in the HEAL NH e-newsletter and website, www.healthh.org; and,
4. Offer free staff training in promoting healthier dining choices and cooking techniques.

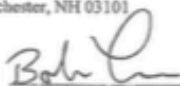
IV. TERMS OF UNDERSTANDING

The term of this MOU is for a period of one year from the effective date of this MOU and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Any modifications to this MOU will be made by mutual agreement in writing. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. By signing this MOU both FHC and FV agree to be active partners and agree to abide by this MOU.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed as of the date first written above.

FitzVogt
889 Elm Street
Manchester, NH 03101

By: 
Title: VP of OPERATIONS
Date: 10-18-14

Terry Johnson
Foundation for Healthy Communities
125 Airport Road
Concord, NH 03301

By: 
Title: Director, FHC, NH
Date: 10/20/14

Appendix B: Turn a New Leaf Menu Nutrient Analysis Chart



Food Establishment Name

Menu Item	No Trans Fat	750 Calories or Less	Less than 600 mg Sodium	Less than 10% of Calories and <8g Satur'd Fat	1 Cup of Fruit or Vegetables	1 Ounce Whole Grains or ½ Cup Beans	Hearts

Analyzed by: _____

Comments:

Appendix C: Sample Turn a New Leaf Food Establishment Work Plan

Work Plan

Food Establishment:

TANL Projected Commencement Date:

Activity (steps you'll take to achieve your outcome)	Inputs (resources, people, tools, etc.)	Timeframe (start and end date of the activity)	Responsible Person(s)	Anticipated Activity Outcome (express as a number)	Progress (date activity completed)

Appendix D: Turn a New Leaf Logos



Appendix E: Sample Customer Satisfaction Survey

What did you think?

1. Did you find the Turn a New Leaf healthy eating program images helpful in your ordering process?

Yes Somewhat No Didn't Notice Images

2. Did the Turn a New Leaf images effect your meal decision today?

Yes Somewhat No Didn't Notice Images

3. Was the Turn a New Leaf images easy to follow and understand?

Yes Somewhat No Didn't Notice Images

4. Will you continue to use the Turn a New Leaf images to guide you to healthier meal options?

Yes Somewhat No Didn't Notice Images

5. What was your overall satisfaction with this program?

Yes Somewhat No Didn't Notice Images

Additional Comments:

Thank you for your feedback!

Appendix F: Relevant Research- Annotated Bibliography

Hwang, J., & Lorenzen, C. (2008). Effective nutrition labeling of restaurant menu and pricing of healthy menu. *Journal of Foodservice, 19*, 270-276.

The purpose of this study was to identify the most preferred amount of nutritional information for a menu, whether the use of the preferred amount of nutritional information influenced healthier choices, and whether people are willing to pay more for food choices they perceive to be healthier. The study used surveys of customers entering local grocery stores. The participation rates were: in study 1: 120 customers entering a local grocery store participated in the survey and in study 2: 60 customers entering a local grocery store participated in the survey.

Two separate surveys were conducted at a local grocery store. For the first study, participants were presented with one menu item followed by five different amounts of nutritional information. Type 1, no nutritional information; type 2, only calories; type 3, calories plus macronutrients; type 4, calories and macronutrients, plus fat; and type 5, calories, macronutrients and fat, plus fiber. The participants' attitudes toward the amount of nutritional information being provided as well as the credibility of the source providing the nutritional information were measured. The participants were asked to rate on a scale of 1 to 7 how helpful they found the nutritional information to be. They were then asked to rate the dependability, honesty, and trustworthiness of the source of nutrition information. During the second study the participants were presented with a regular menu item without nutritional information and asked to rate the perceived healthiness of that item. They were then provided with the nutritional information for that menu item and asked to re-rate the healthiness. Lastly, they were presented with the low-fat menu item with nutritional information and asked to rate that item for healthiness. The participants' nutrition-related attitudes and overall attitudes toward the regular menu item and the low-fat menu item were measured. The participants' willingness to pay more for the presence of nutritional information was also measured. After being asked to rate the healthiness of the regular item given its nutritional information, the participants were asked how much they would be willing to pay for the item. The process was repeated for the low-fat menu item.

Significant differences were found among the five nutritional information types in the first survey. The analysis indicated that as the amount of nutritional information increased, the helpfulness of the nutritional information and the source's credibility increased. The results confirmed that the more nutritional information presented, the more it was preferred by the participants. The participants' nutrition-related and overall attitudes toward the regular menu item decreased after being presented with the nutritional information about the item. The nutrition-related attitude and the overall attitude significantly increased after the respondents were given the nutritional information about the low-fat item. The study found that the participants were willing to pay approximately \$2.00 more for the low-fat menu item when the nutritional information was given. The participants, however, were unwilling to pay anything extra for the menu item they considered unhealthy even if the nutritional information was provided. Overall, the subjects felt the more nutritional information the restaurant menu had, the more preferable the menu.

This study used only one menu item. Examining only a single food item raises issues concerning the generalization of this study for other menu items. This study used \$6.99 as a reference price for the regular menu item without nutritional information. If the reference price is either lower or higher than the price, the responses might have been different.

Larson, N., & Story, M. (2009). Menu Labeling: Does providing nutrition information at the point of purchase affect consumer behavior? *Robert Wood Johnson Foundation*. Retrieved January 2015 from healthyeatingresearch.org

This review looked at studies that have examined the use of menu labeling in away-from-home food establishments, such as restaurants and cafeterias, and the potential impact of labeling on consumers' food and beverage

selections. The authors analyzed numerous studies to answer the following questions or statements: 1. The number of U.S. restaurants that provide nutrition information to consumers has increased over the past decade; however, the majority of restaurants do not provide consumers with nutrition information at the point of purchase. 2. Most consumers underestimate the number of calories and fat in away-from-home foods, and they tend to make greater errors when menu items are high in calories or when they're ordering from establishments that promote their menu items as healthy. 3. Most consumers would like to see nutrition information at places where they go out to eat; however, only limited research has explored how well this information is understood by consumers and which consumers may be most likely to see menu labels in making decisions about what to purchase. 4. Providing nutrition information reduces consumers' intentions to purchase menu items high in calories and fat, especially when there is a greater discrepancy between the perceived and actual nutrition content. 5. Although some research has found that menu labeling at the point of purchase modestly improves consumers' selection of healthier menu items, a few studies have shown labeling may lead to higher energy intake among some population subgroups. 6. Requiring restaurants to provide point-of-purchase nutrition information could help reduce obesity by promoting the introduction of healthier menu options. 7. In the past, restaurant industry raised several potential obstacles to providing point-of-purchase nutrition information

Some important points include: Most consumers underestimate the number of calories and fat in away-from-home foods and tend to make greater errors when menu items are high in calories or when ordering from establishments that promote their menu items as healthy; menu labeling reduces consumers' intentions to purchase items high in calories and fat, especially when there is a greater discrepancy between the perceived content and actual content; in 2005, the NRA launched the "Ask Us!" program to assist restaurant operators in providing nutrition information to consumers through the provision of free resources and tools; one study found that if on-premises nutrition information is not displayed prominently, it may not be used frequently; The U.S. FDA conducted 8 focus groups in 4 geographically diverse cities to explore the reaction of consumers to having nutrition information on menu boards. Focus group participants reacted favorably to the idea of labeling menu items with just calorie information or identifying healthier options with a uniform, commonly defined symbol to help them make better choices; five out of six studies showed some evidence that providing nutrition information to patrons from menu items higher in calories or fat results in lower intent to purchase; research suggests many consumers may have difficulty understanding calorie information in the context of daily needs

The limitations of this review included that the analysis of information included in the review dated as far back as 1976, this could indicate an analysis of outdated material.

Pulos, E., & Leng, K. (2010). Evaluation of a Voluntary Menu-Labeling Program in Full-Service Restaurants. *American Journal of Public Health, 100(6), 1035-1039.*

The purpose of this study was to assess whether labeling restaurant menus with information on the nutrient content of menu items would cause customers to alter their ordering patterns. The authors evaluated a pilot menu-labeling program, SmartMenu Program, in full-service restaurants in Pierce County, Washington. A total of 18 restaurants were participating in the program by the time of conclusion in December.

Each restaurant provided the health department staff with standardized recipes for all regular menu items that were analyzed using Food Processor. In most restaurants, labels consisted of 4 numbers separated by slashes corresponding to calories, fat (g), sodium (mg), and carbohydrates (g). Sales information was studied for 30 days before and after implementation of menu labeling as well as during the intervention. Sales information consisted of how many of each menu item were sold in the 2 periods of interest. Surveys were conducted to assess behavior change in restaurant patrons. All adult diners who completed their meals during a 2-hour sampling period were offered a survey.

Results showed that in 4 restaurants, entrees sold in the post-labeling period contained significantly fewer calories, in 5 restaurants post-labeling entrees contained less fat. On average, entrees purchased in the post-labeling period contained about 15 fewer calories, 1.5 fewer grams of fat, and 45 fewer milligrams of sodium than did entrees purchased in the pre-labeling period. There was no before-and-after difference in the carbohydrates content of entrees purchased. The most frequently reported actions taken as a result of seeing nutrition information were choosing entrees lower in calories and fat. About 1/3 of patrons reported that they had made at least 1 behavior change because of seeing nutrition information on the menu. The limitations of this study included that all sales data did not appropriately represent all consumption. The study also lacked a comparison group and control. Only small convenience restaurants were samples, which may not accurately translate to general restaurants.

Webb, K., Solomon, L., Sanders, J., Akiyama, C., & Crawford, P. (2011) Menu labeling responsive to consumer concerns and shows promise for changing patron purchases. *Journal of Hunger & Environmental Nutrition*, 6, 166-178.

The purpose of this study was to examine patron views regarding a worksite calorie labeling programs and examines rigorous information on change in patron purchases in control and intervention cafeteria settings. In this study, six Kaiser Permanente (KP) hospital cafeterias in California were selected to be either a control or an intervention site. A total of 554 patrons of the cafeterias participated in customer surveys regarding the intervention menu labeling. Nearly half of the survey respondents reported eating in the cafeteria at least several days a week and over half of them reported that they were trying to lose weight. Approximately two-thirds of the respondents were female, with nearly half being between 30-49 years of age.

KP cafeterias were selected to participate in a 12-week pilot program of calorie labeling of menu choices. Calorie labeling was in addition to the "Healthy Picks" program already in place, in which a logo identified the healthiest choices. Two different menu labeling interventions were designed: 1) calorie information was posted on countertop menu boards at the consumer point of decision and nutrition information including calories was listed on a poster in the central location in the cafeteria, 2) calorie and nutrition information was provided only on posters placed away from the point of decision. Both patron satisfaction and nutrition information posting usage was measured via surveys. Purchase changes were calculated in 2 cafeterias (electronic cash registers) before and after intervention.

Results showed that survey respondents from sites with menu boards plus poster were significantly more likely to notice calorie information compared to respondents at the site with posters alone. 74% agreed that posted calorie information was useful to making purchase decisions. Nearly all respondents agreed that cafeterias should provide calorie information and that by providing calorie information, KP was helping to look after their health. The proportion of target side dishes (<250 kcals) increased by 4.8% at the intervention site and decreased by 4.8% at the nonintervention site. The proportion of target snacks (<150 kcals) increased by 1.3% at the intervention site and decreased by 8.1% at the nonintervention site. Little change was observed in the proportion of target entree items purchased.

The study limitations included that the electronic cash registers used to collect data were only available in two sites, a control and an intervention. Also, the electronic cash registers did not allow for tracking of beverage types.

Appendix G: Similar Programs/Other Resources:

Similar Programs:

Howard County, Maryland
www.healthyhowardmd.org

Riverside County, California
www.healthyrivercounty.org

Sonoma County, California
www.sonoma-county.org

Helpful Resources:

Turn a New Leaf New Hampshire
www.cheshire-med.com/vision_2020/v2020_leaf_program.html

Healthy Eating Active Living (HEAL) Partnerships
share.kaiserpermanente.org

Robert Wood Johnson Foundation
www.rwjf.org

USA Dietary Guidelines
www.health.gov/dietaryguidelines/

County Health Rankings
www.countyhealthrankings.org