Environmental and Individual Factors Affecting Menu Labeling Utilization: A Qualitative Research Study

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ABSTRACT

Obesity is a prominent public health concern that disproportionally affects low-income and minority populations. Recent policies mandating the posting of calories on menus in fast-food chain restaurants have not proven to uniformly influence food choice. This qualitative research study used focus groups to study individual and environmental factors affecting the use of these menu labels among low-income minority populations. Ten focus groups targeting low-income residents (n=105) were held at various community organizations throughout New York City over a 9-month period in 2011. The focus groups were conducted in Spanish, English, or a combination of both languages. In late 2011 and early 2012, transcripts were coded through the process of thematic analysis using Atlas.ti for naturally emerging themes, influences, and determinants of food choice. Few participants used menu labels, despite awareness. The most frequently cited as barriers to menu label use included: price and time constraints, confusion and lack of understanding about caloric values, as well as the priority of preference, hunger, and habitual ordering habits. Based on the individual and external influences on food choice that often take priority over calorie consideration, a modified approach may be necessary to make menu labels more effective and user-friendly.
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IN 2008, THE NEW YORK CITY DEPARTMENT OF HEALTH and Mental Hygiene implemented a 2006 revision of the city's Health Code that requires fast-food chain restaurants in New York City with more than 15 locations nationwide to post calories for standard menu items (items that regularly appear on menus and come from standardized recipes).[1] This policy, which premiered in New York City, was a result of recent state and national interest aimed at using environmental approaches to decrease the alarming rates of obesity. According to the most recent National Health and Nutrition Examination Survey (NHANES) data, as of 2012 obesity affects more than one third of all American adults, and more than two thirds of American adults are overweight or obese (body mass index >25).[2] Minority populations are disproportionally overweight or obese. The rates of obesity are almost 50% for non-Hispanic black American adults and between 38% and 40% for Hispanic and Mexican-Americans adults, compared with 35% of non-Hispanic white Americans.[2] Obesity prevalence is also correlated with socioeconomic status; low-income populations have greater rates of obesity.[3]

The impact of menu labeling policy on fast-food purchases is still being determined, and further research in this area is needed. Quantitative research on low-income minority populations has illustrated that the amount of calories purchased did not significantly change after the required posting of calories on menus.[4] Other research has illustrated that individuals in low-income areas used menu labels less frequently than did those in higher-income areas.[5]

As noted earlier, many racial and ethnic minorities and those of lower income are at high risk for obesity. Low-income and minority neighborhoods have greater density of, and availability of, fast-food restaurants.[6] Although studies have demonstrated some segments of the population are more knowledgeable about menu labeling and more likely to use menu labeling to make informed decisions about food choices,[5,7] few studies have examined the complex and nuanced factors affecting food choice, particularly among low-income minority populations, among whom rates of obesity are the highest. The goal of this qualitative study was to understand the use of menu labeling in low-income minority populations in New York City, including visibility of menu labels, why the information was not being used regularly, and, specifically, what decision-making and structural factors affect food choices at point-of-purchase.

METHODS

Ten focus groups were conducted, in English and Spanish, by trained moderators at various locations throughout New York City in 2011. The New York University School of Medicine (NYUSOM) Institutional Review Board approved this study. Written informed consent was collected from all participants.

Two recruitment methods were used. Some participants were recruited through Community Based Organizations

(CBOs) located in low-income minority neighborhoods throughout New York City, with which the research team had existing relationships. The second method of participant recruitment was through the distribution of fliers posted in local recreation and community centers that serve mostly low-income minority populations. Four CBOs assisted with recruitment of participants into eight focus groups (two at each site). CBO staff made announcements about an upcoming focus group during a regularly scheduled class or other activity at the site, kept track of responses, and set a date and time for the focus groups based on the availability of interested individuals. Participants in the remaining two focus groups were recruited through fliers at recreation and community centers. The office phone number of study staff was listed on each flier, and interested participants contacted study staff directly with their availability. These two focus groups were held at NYUSOM offices on a day that worked for the majority of individuals who expressed interest in participating.

Each focus group lasted between 50 to 70 minutes and consisted of approximately 10 individuals. Participants in focus groups held at CBO locations each received $25, and participants in focus groups held at NYUSOM received $20 each as well as a round-trip MetroCard (valued at $4.50). The majority of participants recruited through CBOs did not need to make an extra trip to attend the focus groups (because the focus group was scheduled around other planned activities attended by most of our focus group participants), so the organizations chose to increase the amount of the cash incentive in lieu of the MetroCard.

Participants were eligible for the study if they were at least 18 years of age and had a familiarity with local fast-food venues. Neither the announcements made by CBO staff, nor the recruitment fliers specified the extent to which participants had to know fast-food restaurant menus, or how often they needed to dine at these establishments in order to participate. Instead, potential participants were told that the focus groups were about how individuals make food choices for themselves and their families, and asked that those who volunteer for the focus groups do report frequenting fast-food restaurants. The recruitment fliers stated: "Must be familiar with fast food restaurants in New York City." No additional information was given so that participants did not develop preconceived notions about what would be discussed during the focus groups. Weight status was not considered during recruitment and was not a requirement for participation.

All focus groups were led by a female moderator. Seven were conducted in English by an English-speaking moderator; the remaining three were led by a bilingual English-Spanish speaker. A co-moderator was present at each focus group. Before each focus group, participants completed a brief seven-question survey with demographic and fast-food attendance data, which were analyzed using SPSS 16.0 (version 16.0, 2007, SPSS Inc).

A written guide was used during each focus group, which included prompts for moderators. Although the use and awareness of menu labels in fast-food restaurants was the main part of the discussion, each focus group started with an open-ended question about local food options, followed by a discussion about how participants decide to eat out vs at home. The moderators then asked where participants shop for food and what influences their decisions about what they ultimately purchase and consume, and how those with young children decide what their children eat at home and when dining out.

Focus-group discussions were audio-recorded; all focus group recordings were fully transcribed, and those conducted in Spanish were translated to English. ATLAS.ti qualitative data management software (ATLAS.ti, version 6.2, 2010, ATLAS.ti GmbH) was used to code and analyze the transcripts. Over the course of several months in 2011 through 2012, all transcripts were read by three members of the study team and notes were developed on common issues that arose from the focus groups. Using the process of thematic analysis,[8] an initial set of codes and a coding manual were developed, informed by the open-ended questions asked during the focus groups as well as the study team's initial review of the transcripts. The codes and manual, which contained a common set of criteria for identifying and coding segments of text, were developed by one primary coder and reviewed by two other members of the study team. Three members of the study team independently coded all of the transcripts and all final codes and themes were mutually agreed upon. In addition, a senior member of the study team reviewed 20% of all coded transcripts.

A total of 62 codes were developed and used in Atlas.ti. Of these, 32 codes pertained specifically to menu labeling in fast-food restaurants. The remaining 30 codes pertained to participants' perceptions and knowledge of healthy vs unhealthy foods, where they get their information about healthy eating, children and food choices, and cultural influences on diet (not reported here). Codes were reviewed by the entire study team to identify common themes pertaining to menu labeling, and were categorized into individual vs environmental factors. Nine menu labeling–specific themes were identified, and these are discussed in the following section.

RESULTS AND DISCUSSION

A total of 105 people participated in the groups (Table). Most were Hispanic/Latino (68%) or African American (24%); 67% were female, and 57% had children. More than half of participants (57%) had a household income of less than $25,000 per year. The average reported number of visits to fast-food restaurants was 3.2 per week. The age range of all participants was 19 to 87 years; however, two focus groups were conducted at a senior center, where participants' ages ranged from 61 to 87 years. The mean age for all focus group participants was 46 years. Because the focus groups were open to all adults older than age 18 years, the broad age range among participants was expected.

Given the nature of a focus group discussion, the researchers were not able to keep a detailed tally of individual responses by age, race, and sex within each focus group. Responses pertaining directly to menu labeling in fast-food restaurants did not differ greatly among all participants. Overall, most participants in all focus groups indicated that they noticed or had heard about menu labels in fast-food restaurants, but the majority were not regularly using the calorie information to guide their food choices. Of those who mentioned using menu labels, some indicated that they were helpful, saying "(menu label) stops me in my tracks from choosing something really bad" (female participant). Others