

Fighting obesity with apps and websites

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A pending component of health care reform would require restaurants and vending machines to list calorie information on menus to help fight obesity.

But there's little evidence to date that it's an effective way to prevent overeating.

A new Duke University study suggests a better approach might be for restaurants to expand and improve calorie listings on their websites and [mobile apps](#), so customers can come better prepared to order a healthier menu item.

"If consumers wait until they enter restaurants to make purchasing decisions, it might be too late," said lead author Gary Bennett, an associate professor of psychology and neuroscience, [global health](#) at Duke who studies [obesity prevention](#). "Particularly for those who are watching their [waistlines](#), it's important to make plans before stepping through the restaurant doors. That's why we were interested in understanding whether and how [calorie information](#) was available online."

More than one-third of Americans are obese, and [restaurant food](#), which often includes added butter, sauces and grains, can be a big contributor to weight gain.

Once inside a restaurant, it's difficult to counteract in-store marketing, as well as psychological and biological responses that lead people to

overeat, researchers have found.

The Food and Drug Administration is still working out the final rules for menu calorie labeling, and there's no established date yet for publishing them, said FDA spokesman Daniel Reese.

"It's wonderful to see regulators doing more to help consumers make informed purchasing decisions," Bennett said. "However, we will need to adapt these policies to the emerging evidence, which suggests that simply placing calories on [restaurant menus](#) will not be sufficient."

The Duke study, which posts at 5 p.m. ET Wednesday, Aug. 21, on the website of the journal *PLOS ONE*, assessed the top 100 U.S. chain restaurants' websites to determine the availability of and ease of access to calorie information. It also considered characteristics of website design and ease of access.

Researchers found that calorie information is both available and largely accessible on the websites of America's leading restaurants. But the variability in how that information was presented makes it unclear how it might affect consumer behavior.

Among their findings:

- Eighty-two percent of restaurants provided calorie information on their websites;
- Twenty-five percent presented calories on a mobile-formatted website;
- Slightly more than half of sites (51.2 percent) linked to calorie information directly via the homepage;
- Quick service/fast casual, larger restaurants and those with less-expensive entrées or lower revenue were more likely to make calorie information available;

- About half the websites of top chains highlighted healthy eating options, although it's up to the restaurant to decide what counts as a "healthy food."

The study, funded by the Duke Obesity Prevention Program, also found that only 46.3 percent of these restaurants had a separate online section identifying healthy eating options. Increasing this feature on restaurant websites could help diners make better choices, researchers said.

However, this feature has not been effective on in-store menus.

Similar research by Gavan Fitzsimons, who studies consumer behavior at Duke's Fuqua School of Business, has found that including a healthy option on an in-store menu did not translate into healthier eating choices.

On the contrary, Fitzsimons found that just seeing the healthier item on an in-store menu tended to make people more likely to eat less-healthy food.

Another Duke study done in King County, Washington, found that adding nutrition facts to menus at one fast-food chain had no effect on consumer behavior in its first year.

More information: "Availability of and Ease of Access to Calorie Information on Restaurant Websites," lead author Gary Bennett, Dori Steinberg, Michele Lanpher, Sandy Askew, Ilana Lane, Erica Levine, Perry Foley, Duke Obesity Prevention Program, Duke Global Health Institute, Duke University; Melody Goodman, Siteman School of Medicine, Washington University in St. Louis. *PLOS One*, online Aug. 21, 2013; PONE-D-13-09404R2.

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