**Moderator:** Hello and welcome to Public Health Live, the third Thursday breakfast broadcast. I’m Rachel Breister, and I’ll be your moderator today. Before we get started, I would like to ask that you please fill out your online evaluations at the close of today’s program. Continuing education credits are available after you take our short post-test, and your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you and how we can best meet your needs. As for today, we will be taking your questions throughout the hour. Call us at any time at 1-800-452-0662 or send written questions by fax to 518-426-0696. Additionally, you can e-mail us at any time throughout the hour at phlive.ny@gmail.com. Today’s program is **iChoose600- Helping People Order Fewer Calories at Fast Food Chains.** Our guests are Theresa Cohen, the Nutrition Policy Coordinator at the Bureau of Chronic Community Disease Prevention at the NYS Department of Health, and Ann Lowenfels, a research scientist at the Bureau of Chronic Disease Evaluation and Research at the NYS Department of Health. Thank you both so much for being here. We are really excited to have this conversation today and I think, Theresa, we are going to start with you. If you could just introduce us to the whole idea of the iChoose campaign and get us started with some background information.

**Theresa:** Sure. The NYS Department of Health designed and implemented iChoose as a calorie awareness campaign to encourage consumers to use the calorie information posted on menus in fast food restaurants. We have three main objectives and those are to increase awareness and usage of calories postings, to educate on the number of recommended calories per meal, and to decrease calorie consumption at fast food chain burger restaurants. In 2001, one month after the New Year, when eating healthy is often at the top of most people’s lists, we launched the iChoose campaign and it ran for six months. This was really in response to obesity and people being overweight in New York State. We were lucky enough to have federal funding through the Communities Putting Prevention to Work grant.

**Moderator:** Great. Now, so with the whole topic of obesity and people being overweight, what made you focus your efforts around menu labeling? Where did that come from?

**Theresa:** Well, during the past few decades, obesity and the consumption of food outside the home have increased significantly. The average American is eating out six days per week and about 1/3 of their calories are actually from food prepared outside of the home. We also know that African-Americans and Hispanics are more likely than the general population to eat out on a regular basis and Americans are spending a lot more of their food budget, about 48% of their food dollars, on restaurant meals and food prepared outside the home. In 1970, Americans spent just about 26% of food dollars.

**Moderator:** So, clearly your trends are that we are eating out more and eating at home less. So is there an association between eating outside of the home and gaining weight?

**Theresa:** There is an association between eating out and weight gain. Essentially, when people eat out, they eat more than when they eat at home. Adults who eat at fast food restaurants more than twice a week gain more weight than people who don’t. Unfortunately, kids are not spared the extra calories when they eat out either. Kids eat almost twice as many calories when they eat out as compared to when they eat at home.

**Moderator:** So, this is both for adults and children when we are looking at weight gain when eating at restaurants. So why is that? What is it that is specifically causing the weight gain when eating at restaurants?

**Theresa:** Well, restaurant food is generally higher in calories than food that’s prepared at home and serving sizes are much larger now and have increased over time. What was once a medium or large is a...
small now. Foods are offered in combo meals at good prices, so, a little more money gets you a lot more food and essentially people want their money’s worth. When we are served more, we eat more.

**Moderator:** Absolutely. I know that’s true with me. When you go out, you have the whole portion; you would never eat that much at home. When it’s sitting in front of you, you keep eating. So, is there state or federal legislation that requires calorie posting to be available?

**Theresa:** Yes, at the federal level, the menu labeling provision of The Affordable Care Act of 2012 requires that chain restaurants with more than 20 outlets nationally post calories on their menus and menu boards. They actually need to post these calories at the same size and font as the prices on the menu board, so they can’t be smaller or off to the side. They also are required to provide a statement about 2,000 calories being the recommended daily consumption per day. While this menu labeling provision was proposed and went through a comment period, it hasn’t been finalized yet. New York State was considering a menu labeling law when the Affordable Care Act of 2010 was passed. There are five counties in New York State and NYC that do have local menu labeling laws and NYC and four of the five counties are actually enforcing those menu labeling laws.

**Moderator:** So, in places where there are these menu labels, how does the consumer know what to do with that information?

**Theresa:** As I mentioned, the menu labeling law is there so that calories are posted so that consumers can make an informed choice. Without a point of reference for calorie consumption, however, calorie postings really can have very little impact so there needs to be that educational piece. Our formative research shows that people need a framework for calories. So, is 1,000 calories a lot or a little for a meal? So the iChoose campaign provided this educational component. One other thing that I just wanted to mention about that slide that was just up is that it shows the combo meals that I mentioned before. It’s a really good example of showing you that you can have a hamburger, or for less than $2 you can have the combo meal. So right there is that example of a lot more food for a little more money and people get their money’s worth that way.

**Moderator:** This is an important message for everyone, good for all of us to be aware of calorie information and what our daily intake should be. Was there a particular demographic you were targeting with these messages?

**Theresa:** Yes. Early on we identified this priority audience for the media campaign and they are lower-income, minority women, aged 25 to 44, with younger children. We chose this population because there is a greater risk of obesity, they are more likely to consume fast food, and we chose mothers because they are often the gate keepers and decision makers for the family, especially for younger children. Targeting women with children provided the opportunity to potentially make a long-term impact on children too.

**Moderator:** Sure. Was there research available to help you, you know, target that particular audience?

**Theresa:** Yes, we did an internet survey and conducted four focus groups and we worked with a communications agency, Zone Five, to do this. They recruited participants for the focus groups. The participants were right within our demographic: mothers aged 25 to 44 living in lower-income communities. It ended up getting more than 50% African-American and Hispanics and these participants frequented fast food restaurants at least four times a month. All this work was done with Nicole Levy from our public affairs group.
**Moderator**: We had an opportunity to speak with Nicole Levy at the Department of Health about some of the work that went into that marketing campaign. Let’s take a moment to hear from her about this experience.

**[Video-Nicole Levy]**: There were a few things that we needed to do even before we could get into actually designing an ad. We had to make sure that we understood the target audience and how they go about making decisions when it comes to eating out. We needed to understand what was happening in the marketplace around menu labeling and look at what the other people had done to date: does it work, does it not work, and why? We also had to look at the restaurant industry and see what they were doing and build off of their knowledge as well. Ad placements are chosen based on the target audience’s media footprint, so we look at what they’re doing in the average day, week, even in the course of a month. We need to understand and target where they are consuming media. When we test the messages, we actually go into focus groups and we have participants made up of our target audience and we ask them about the creative and whether or not they can relate to it, what they think of it, is it something that they would positively react to, and even what they think about the messages. We need to make sure that it is something they can identify with. Based on those responses and what we know of the media consumption patterns, we were able to buy and secure media placements within each county.

**Moderator**: So it certainly seems a lot of work went into making this happen; knowing who your audience was and how to effectively reach that audience. What did you learn from the formative research that was done?

**Theresa**: As Nicole said, we wanted to determine the key messages that resonated with our audience. We had 350 online surveys completed, and one of the findings of the surveys was children have a strong influence on where the families eat out. They are more likely to choose a chain restaurant over an independent restaurant. From the focus groups, we found that 2,000 calories a day was not an actionable message. The majority of the target audience was not aware of the recommended 2,000 calories per day and they were also then unclear about how you would break that down into calories per meal. The audience, though, was receptive to an ‘order less’ message. Focus group participants recognized they didn’t go to fast food restaurants to eat healthy. One woman said if she wanted an apple she would go to an orchard and they didn’t want to see messaging about choosing salads and yogurts. They were receptive, then, to this ‘choose less’ message.

**Moderator**: Okay. So you worked with them to hear what would they be receptive to hearing about? Then from there, you were able to develop your marketing materials?

**Theresa**: Yes. So we used the formative research to develop the messages and the marketing materials and we went with the choose meals under 600 calories since this was an actionable message. We chose to focus on chain fast food restaurants and specifically, burger restaurants where we know that women with children are eating and this also kept our messages simpler. Focus group participants said that they didn’t want a health authority telling them what to do so we created messaging, sort of peer-to-peer communication, women talking to other women about how they decreased calorie consumption through using calorie postings. What was interesting though was they did think that we should have our name, Department of Health, on the creative or else they might think it was a fast food chain advertisement. We also decided to focus the messages on choosing less since many said that they were not willing to make big changes, i.e. they weren’t going to have a salad, but they would choose less calories. Lastly, their kids motivated them to be healthy, so, we used messaging around being healthy for your children.
Moderator: Okay. So, with the whole idea of choosing 600, where did that 600 number come from? I know you said 2,000 calorie isn’t actionable but where did the 600 come from?

Theresa: Well as I mentioned the focus group participants chose the per meal calories versus the daily calorie consumption so we went with that messaging and the recommendation for the average adult is 2,000 calories a day and that was the base for our calculations. So we arrived at 600 calories for three meals a day, including two snacks at 100 calories each. Of course, some people may eat more at lunch or dinner. Some people don’t have snacks. People probably don’t even eat 600 calories for breakfast unless you’re at a fast food restaurant, where it’s often hard to get a breakfast meal for under 600 calories. We decided that 600 calories was a good target really for anyone regardless of their calorie target for the day, and especially good for people when you are eating at fast food restaurants.

Moderator: So I have to say, I’m not a big frequenter of fast food restaurants, but just in what I’ve heard or what I gather is it realistic to say that you can order a meal for 600 calories at a fast food restaurant?

Theresa: Believe it or not, it is. Actually, a lot of the focus group participants, when they saw the picture of our creative of the woman eating the burger, a lot of them said you can’t have a burger for less than 600 calories but really you can.

Moderator: Okay.

Theresa: What you will see on the slide is some very popular burgers at a fast food restaurant. To be honest, not all of them fall under 600 calories. There is a range. A lot of those burgers do have more than 1,000 calories. Some of the more popular items, for example a Big Mac, has 540 calories. So, if that is all you’re eating, it does fit under the 600 calories a meal. Something like a Quarter- Pounder with Cheese has 510 calories, even the Premium Crispy Chicken Classic Sandwich, which I believe is fried, is 530 calories. Some good examples of actual meals, if someone is interested in getting french fries, is a basic cheeseburger with small fries and a water which is about 530 calories. A good example right there is that someone chose water versus a sugary beverage, so that’s how you can keep it under 600 calories. Of course these totals for calories are dependent on the fast food restaurant that you’re eating at. Another good example is a grilled chicken sandwich and small iced coffee which totals 560 calories. Another quick example is a salad with low-fat dressing, and I emphasize the low-fat dressing, which does fall under 600 calories. Even one of our bloggers said you do feel full after eating one of these meals.

Moderator: Okay, that’s great to hear. So this is a pretty big campaign with a pretty big goal. What were some of the key messages you wanted to get across?

Theresa: Well first of all, we didn’t want this campaign to be an endorsement of fast food. Fast food is usually high in fat, sodium, calories, and low in fiber, fruits and vegetables but the reality is that people are eating in fast food restaurants. So our primary message was to choose meals under 600 calories. We also wanted people to recognize that they could decrease their calories and accomplish this in small, easy changes so we had secondary messages we depict on our brochures and presentations done by the counties and also on our Facebook page. Those are messages like choosing water instead of soda, ordering a small fry instead of a large one or sharing them with a friend, limiting mayonnaise, cheese and sauces because they often add calories, ordering individual items instead of the combo meals, avoiding burgers with bacon and extra patties, and also going for grilled instead of fried items.

Moderator: Okay. What are the different campaign components that you use to try to get the message across to people?
Theresa: We contracted with the four counties in New York State that are enforcing menu labeling laws. We were basically looking for them to bring more attention to the campaign. The media campaign components consisted of an iChoose600 Facebook page and we had media placements in all of the four counties that we were working in. The creative, which we started referring to as the happy burger lady, was placed at mall food courts, billboards, transit ads i.e. bus shelters and bus wraps, and then we had fliers and brochures in a number of different doctors’ offices.

Moderator: Great, now, one of the things you mentioned was the Facebook page and I feel recently we hear more and more about the use of social media in public health so can you tell us a little bit about how social media was used in your campaign?

Theresa: Sure. This is really the first time that I had a chance to work with a Facebook page for a project. Focus group participants said that they would visit any type of website or page if it was noted on the creative. So, we knew this was a way to reach out to our audience to get the message out and to engage them. The Facebook page had daily posts, and a lot of them were about secondary messaging such as skipping mayonnaise because it adds a whopping 40 calories to meal. We did Facebook contests and quizzes to engage the fans in the beginning. We had Facebook ads and banner ads and we also had a fast food calorie counter. This really was done by our public affairs group and they also reached out to food and mommy bloggers to start talking about the campaign and to test the messages out.

Moderator: So in doing all that, because it certainly sounds like you had a lot going on on your Facebook page, how did you develop and manage that page?

Theresa: We actually hired a marketing agency called Likeable Media to develop and manage the page. Our public affairs person, Nicole Levy, actually worked with them on this piece.

Moderator: Okay. Excellent. As you just said, Nicole was very involved in the creation of the Facebook page for this program. We had the opportunity to speak with Nicole and hear about her part of the process in creating the Facebook page. Let’s take a moment now to hear from Nicole about her experience working with Facebook.

[Video-Nicole Levy]: The internet ads were so helpful in driving large numbers of traffic to the Facebook page. We placed them on a lot of mommy sites. We used Facebook because the target audience was on Facebook and they were looking for an environment where they could communicate with other moms and have that peer-to-peer communication. Facebook for the campaign is worth its weight in gold. We were able to get in front of them on a daily basis with posts and contests, give them a calorie counter application that they could use, and really reinforce the messages that we needed them to understand on a daily basis. There was one thing that really did surprise us when it came to the interactions of the fans on the Facebook page. Prior to launching the campaign, we were really ready for that Big Brother pushback in that here’s another government entity telling us what we can do and what we cannot eat. The iChoose600 campaign doesn’t do that. There wasn’t that Big Brother pushback. It was just the opposite and in the end they were asking for more and more from us in a positive way. It also allowed us to have the opportunity to hear what they were thinking and give them what they needed, versus waiting until the campaign ended and going through evaluation and hearing about things that didn’t work when it was a little bit too late.

Moderator: So, again, certainly a lot of work going into it but it really seems like it paid off. Tell us more about the Facebook having banner ads. Can you talk to us more about some of that?
Theresa: Sure. Nicole talked about it a little bit, so I will just mention that, again, we used our Facebook ads and banner ads to drive traffic to the iChoose Facebook page. The Facebook ads appeared on our primary audience’s pages so if you are familiar with Facebook, along the right-hand side, there are usually advertisements and it is really based on your demographics. So if you fell within our primary audience, you might have seen a Facebook ad on your Facebook page and if you clicked on it, it brought you to our page. We also had other banner ads on the internet and other websites, again this is where our primary audience visits. What was interesting about these ads is that the food ads did a lot better than the other ads. So if there was a picture of food on the screen, i.e. one that had chicken wraps, and the other one was a picture of a child, the one with food did better.

Moderator: Interesting.

Theresa: Very interesting. Also we had ads that asked people to like us, and those did really well too. They were one of the best ads.

Moderator: I think actually on my own personal Facebook, I think I’ve seen the iChoose on my right column and I say, “Oh I know about that!” So can you tell me more about the calorie counter that you mentioned?

Theresa: Yeah, the calorie counter application was created to really support consumers in choosing meals under 600 calories and to assist them with actually creating a healthier meal before they go to a fast food restaurant. Focus group participants said that the pace of a fast food restaurant is too quick and so they needed something prior to walking in the door because when they got in line they felt rushed to place their order. So when you were on our page and you clicked on the calorie counter, you could choose one of the fast food restaurants we targeted. From there you could select food items and it would total it up until you were at 600 calories or more and you could add or subtract. Unfortunately, the calorie counter was not used that much on the Facebook page because it took a long time to load. The other thing was people couldn’t use it on their smartphones, so there is a place we would really like to improve so that this application is out there for people to use.

Moderator: So at least some lessons learned, right? Things that work really well, and things that can be improved upon by other states and counties looking to do similar initiatives.

Theresa: Yeah, or if we have future funding which would be great.

Moderator: Now, I know during the campaign I had seen the iChoose messages on billboards throughout the county but where else did people see these messages?

Theresa: Well, I’m glad to hear you saw the billboards. All of our media was placed in the four counties we were working with, primarily in the lower-income communities. So they weren’t highway billboards but rather were really in the communities. In addition to the billboards, we had transit ads i.e. bus shelters, bus wraps, and in the larger malls we had creatives for the walls and mall directories. Here in the Capitol Region, one of the malls had escalator wraps and they were right along the side of the escalator so as you rode up and down you could read the messages. They also have them in entrances to the mall building and table top ads, and banners were in the food courts. The table top ads were great. We had a lot of media placed throughout the four counties and we received a lot of great feedback from people.

Moderator: Now the four counties you mentioned you worked with, how were they involved in this process?
**Theresa:** Each of the four county health departments received a small grant to draw attention to our media campaign. They conducted presentations, earned media, and also distributed brochures throughout the community.

**Moderator:** Now one of the counties that you worked with was Albany County. We had the opportunity prior to this broadcast to meet with a representative from the Albany County Department of Health to hear about their experience and hear about the campaign they did and the materials they used. Let’s take a moment to hear from Charles Welge about this process.

**[Video-Charles Welge]**: It’s important to recognize that education on an individual basis, to be effective, needs to be complimented with system and environmental changes. So the extent that we implemented a policy in Albany County Department of Health on menu labeling is effectively influential on behavior if it’s complemented with interaction on the media side, but also with individual interaction. Our outreach efforts were pretty comprehensive. The Albany County Department of Health had established a menu labeling law and it’s important for the public to understand what calorie counts mean. So we engaged the public in terms of public presentations, earned media, and also involvement in distributing materials to work sites and other community events. People were very receptive to the iChoose600 messages. The State Health Department’s campaign of billboards and placards was very well recognized and so people were curious about iChoose600 when we approached them with presentations. Here are some testimonials that the public provided to us. Many felt they could make lower calorie choices but they could not give up their fries. Another said that she was more aware of what foods she fed her children. Others indicated that they never noticed, until now, the numbers on the menu and that they’re going to take more notice and make choices accordingly. We engaged our media in a variety of ways. The State Health Department sponsored a kick-off campaign during Public Health Week at a local mall during Earth Day and we worked with the city of Albany with a bike parade with a local transit placard launching the event. We still continue to actively use and engage the iChoose600 campaign. The icon for iChoose600 is on our website and is a link to a variety of nutritional resources. We work with primary care offices to provide them with DVDs and educational materials and inform their patients, we provide community events, and we also have a variety of interactive iChoose600 resources.

**Moderator:** I find it really interesting to hear about all of the different ways that the county gets involved, especially hearing from my own county. In addition to the things that the counties are doing, did any local food companies express any interest in participating in the campaign?

**Theresa:** Yes, we had several companies that were actually interested in using the creative. On the slides, you’ll see an example of a local sandwich shop, Mr. Sub, who actually started using the creative in their ads and they also put up the calorie message on their signboard. At this time we realized we wanted to trademark iChoose so that it wasn’t really being used to promote something that we weren’t promoting, something outside of our campaign messages.

**Moderator:** That certainly makes sense. Now you’ve done so much work with this campaign, so what’s next with iChoose?

**Theresa:** Well, the Facebook page is still active and we have five week posts going on currently. That’s done by the public affairs group. We also have our iChoose materials that can be downloaded from the NYS Department of Health website. Of course we’re going to continue to support the federal legislation and hopefully there will be future funding and we can do more.
**Moderator:** That sounds terrific. Certainly there seems like so much work has gone into this, and at least from my standpoint, it has been so effective that when I talked about this broadcast with friends, many of them were acquainted with iChoose. I certainly hope that it does continue.

**Theresa:** Yes, it was very successful.

**Moderator:** Excellent. Thank you for sharing all the information with us. Now, finally, we will get a chance to talk to you a little bit, Ann. So in looking at what we’ve talked about so far, we have an idea of what the whole iChoose campaign has been. I would like to hear from you today about some of the evaluation aspects of this campaign. Would you start by just telling us some of the evaluation topics you’re going to cover and just get us started on the topic?

**Ann:** Yeah, I think I’ll start by giving you a little background information just so you have a sense of what’s already known about calorie labels and how effective they are and then I’ll talk a little bit about the methods that we use to evaluate this particular project. I’m going to describe some of the data that we received when we did a baseline assessment before the media campaign was even conducted and then I’ll give you a little information about the data that we collected after the media campaign was conducted. Finally, I will tell you what happened when we compared those two data sets.

**Moderator:** Great. So, what is already known about the effectiveness of calorie labeling?

**Ann:** Well, NYC was out front with their calorie labeling requirement. That was 2008 when they started. Then in 2009, King County, which is in Washington State, also started requiring labels. Both of those requirements were thoroughly evaluated for the effectiveness to get a sense of what impact those calorie labeling requirements had. So, that data has shown us that there is an association between calorie labeling and calorie awareness and that there’s an association between self-reported use of labels and purchasing fewer calories. There’s also an association between calorie labels and purchasing behavior for some customers and in some restaurant chains. So we wanted to find out whether the calorie labels were as effective when combined with the media campaign like iChoose. So we already knew a lot about whether calorie labels alone were effective but we wanted to know how effective they were in combination with a media campaign like that.

**Moderator:** So how did you evaluate the effectiveness of the calorie awareness campaign?

**Ann:** Well, to evaluate the campaign, we surveyed customers before the media campaign and after it. Remember, the media campaign you just heard about encouraged customers to notice and to use the calorie labels, but the confusing thing for this evaluation project is that the counties were posting labels at different rates. So, some counties actually had posted labels and other hadn’t when we started the project. So actually if you want to have a look at the map there on the screen, we will see that three of the counties in the study started requiring labels before our evaluation even began and they’re on the right there— that’s Schenectady, Albany, and Ulster. Then, one county started requiring labels after the evaluation began and that’s Suffolk on the bottom. Finally, there’s the county that never required labels that was involved in the study, the one highlighted in blue, and that was a control group for the project. So if you look also on the bottom, you will see NYC highlighted. They did require calorie labeling throughout our entire project but they were evaluated separately, as I mentioned before, and so their data is not included in the results that I’ll be showing you later today.

**Moderator:** Okay. So, where were the customers of these restaurants? Where were they surveyed and how did you identify the locations where you were going to speak with the customers?
Ann: To align with the media campaign, we surveyed customers in front of popular fast food chains. On the screen you will see the logos from the four fast food chains that were involved in the study. We started with the complete list of the fast food chains in the five counties that I just mentioned and there were 185 of them. So, we didn’t survey in front of all of them. We visited about 60 and met with the site managers and we selected, ultimately, 30 restaurant sites to include in the study. We went to those sites before the media campaign to survey customers and we went back to the same sites again after the media campaign to resurvey different customers.

Moderator: Okay and so when you went out to those different restaurants and these various counties, what kind of things were you asking the customers?

Ann: I just wanted to stop and let you know that the evaluation data was collected by the Center for Human Services Research, which is affiliated with the University at Albany and they hired and trained a team of data collectors. Actually, and you’ll see on the screen there is a photo of the data collection happening at one of the fast food chains in the counties. So the data collectors had a one-page survey that they asked the customers on their way out of the restaurant. You will see that depicted on the screen on the right there and a couple of the questions that I wanted to point out on the survey there are, “Can you tell me what you ordered for yourself today?”, “Did you see calorie information in the restaurant?”, and “Did you use calorie information to help you decide what to buy today?” After the media campaign, we also added a few questions to see if customers had noticed the iChoose ads anywhere. So, the interesting thing about the study is that the data collectors actually collected customer receipts from individual customers and then they downloaded the calorie information from the restaurant websites and calculated calorie totals for each of the customers surveyed. That is really an unusual feature, and the study in NYC and Washington County had done something similar so we were able to follow their methodology there.

Moderator: So is that a sort of quality check to make sure that what people are reporting lines up?


Moderator: That is excellent. So when you went through all those processes, what did you learn from the baseline data that was collected?

Ann: Well, we learned that fast food customers eat a lot of calories, or at least we learned that they ordered a lot of calories. We surveyed over 1,000 customers before the media campaign was even conducted. Remember this is just the baseline data we are talking about now, and the average calorie total for these customers was 923, which is well over the 600 that Theresa was talking about for the media campaign. You can get a sense from the baseline data how much we needed this media campaign. Some customers ordered more than that, some less. The real interesting thing is to find out who orders less. We found the customers who said they used calorie information ordered less and customers who used specific ordering strategies ordered less. I will talk more about that soon.

Moderator: Okay, and what did you find? How important is it for customers to use calorie information?

Ann: We found out it was very important for customers to use calorie information and I have some graphs that I’m going to show. On the left of this first graph here, you will see the calorie totals for the customers that said they always, or sometimes, or never use calorie information in a general way. The question was worded generally, as follows: “When deciding what foods to buy from food stores and restaurants, how often do you consider calories?” So you can see that the calorie totals were significantly lower for the customers who said they always used calorie information on the left side of
the graph there. On the right side of the graph, you will see the calorie totals for the customers that said they used or did not use calorie information today. So this was a specific question and we worded it in such a way that it could be used in any county, whether there were calorie labels posted or not. The question was, “Did you use calorie information to help you decide what to buy today?” So the calorie totals were significantly lower for the customers that said they used calorie information today, which is depicted in gray on your screen there.

Moderator: Sure, and just a reminder to our viewers—if the graphs are difficult to see, all of the materials on today’s webcast are available on our website so they can be printed out as PDFs as well. There is a lot of great information on the charts here, so we want to make sure that everybody can see them. Now you mentioned purchasing strategies that customers used. Can you talk to us about what you mean by purchasing strategies?

Ann: Sure, yes. We identified three specific strategies that were used by customers who ordered fewer calories. So you will see on the graph that the calorie totals for the customer who used the three specific strategies are depicted in blue and the calorie totals for those who didn’t use those strategies are depicted in gray. So you see this big gap, and so what are the strategies? Well, in moving from left to right, customers who purchased low calorie or no beverage ordered fewer calories than customers who didn’t and then in the middle you will see customers who ordered small or no fries ordered fewer calories than other customers. Finally, on the right, you will see the customers who ordered fewer than three items also ordered fewer calories than other customers. Remember, this is even before the media campaign was conducted. So this is just showing that some people walk into a fast food restaurant with these kinds of strategies in mind and that it makes a big different in the total amount of calories that they purchase.

Moderator: Yeah, in just looking at those graphs that is a very drastic difference for the folks who are using a strategy versus those who aren’t. Are those the only strategies customers used or were there others as well?

Ann: This was a receipt study, so we only measured the calories that customers purchased. We were not able to measure the calories that customers actually consumed. So there may have been additional strategies that customers utilized, some of which Theresa mentioned when she was describing her messages for the campaign. I have a list of those that are going to come up in just a minute on the screen. Those are the kinds of strategies that we were not able to measure with this particular methodology.

Moderator: Okay, and so is there anything else you learned from the baseline data you collected? Certainly you’ve shared a lot but were there other things you learned as well?

Ann: Yes, I wanted to emphasize something Theresa mentioned earlier. We learned that a small burger and a fry, which can be less than 600 calories, is not always and that mattered a lot in terms of the calorie totals that customers ordered. In our study samples, we had four burger chains, and you would think they would be similar but in one of the burger chains a small burger with fries contained as little as 480 calories, but the same order in another restaurant chain could be as much as 1,100 calories. That gives us a sense of what a big difference the restaurant chains themselves can make in terms of the overall calorie total for the customers. It creates the opportunity for restaurants to reformulate their menus and make it easier for customers to order lower calorie totals.

Moderator: Sure, I think that’s such important information because you can get it in your head, oh, a burger and fries can be this many calories and you start to think about that number, then you go into
the next restaurant ordering the same thing expecting it to be the same. So consumers need to be aware that there can be this really big difference depending on what restaurant you are in. I find that fascinating.

Ann: Right, and you’re talking about somebody who may have used all three of those ordering strategies; so they ordered no beverage, low calorie beverage, small fries, fewer than three items, but are still consuming 1,100 calories in one of the restaurant chains. Portion size is what it really boils down to.

Moderator: Okay. So, a lot of information from the baseline data. What about the follow-up data you collected?

Ann: After the media campaign was conducted, we surveyed another 1,000 customers at the same restaurant sites, and this time we asked them if they had seen the iChoose campaign and if so, where? We found that ad recall was higher among members of the priority audience, that billboards and buses were the most widely seen locations for the iChoose ads, and customers who recalled ads were more likely to see and use posted calorie labels.

Moderator: Now, Theresa talked earlier about the target audience. Did you find that the target audience you initially identified was likely to have seen the iChoose campaign?

Ann: Yes, we did find that about 50% of the surveyed customers recalled seeing the ads, but the recall was even higher among members of each priority audience subgroup and I see the graphs up there for your viewers. It depicts four different demographic characteristics on that particular graph and for each section, the blue bar represents the priority audience subgroup and the gray bar represents everyone else. So starting on the left with age, younger customers were more likely to recall seeing the ads. If you move over to the next set of bars, females were slightly more likely to recall seeing the ads. Moving farther right, you’ll see that non-Whites were significantly more likely to recall seeing the ads. Finally, on the far right, you will see customers with less than a college education were more likely to recall seeing the ads. Those were the four demographic subgroups that represented the campaign priority audience which was described earlier by Theresa. So you can see all the efforts that her campaign went to to identify a target audience and tailor the messages to meet the locations of the target audience. It did pay off because we really did get a good hit there.

Moderator: Which is great to see because all of the discussion that we had preparing for this broadcast, all we’ve learned from you today, and all of that work that went into making this effective—you show those numbers and it’s clear that you really reached the priority audience you were looking to reach. So where did people come to recall seeing the iChoose ads? What did you find were the highest places of recall?

Ann: Right well the 50% of the customers who said they saw the campaign, we asked them where they had seen it and their answers are listed there on the screen for you. Just over half remembered seeing it on billboards, 35% remembered seeing buses, 21% at malls, and online we had an 18% recall. This type of information is helpful when you think about planning another media campaign because you have a sense of where you should target and where people are most likely to remember seeing the campaigns.

Moderator: Did you find those folks who were more likely to recall having seen the ads were also more likely to use or to see the posted calorie labels?
Ann: Yes, particularly among the young customers which was the largest priority subgroup that we were able to study. There’s another graph I wanted to show your audience. If you look at the blue bars, you’re going to see the 15 to 45-year-olds who recalled seeing the iChoose ads and if you look at the gray bars, you will see the 15 to 45-year-olds who did not recall the ads. You will see in both cases that the blue bars are higher than their corresponding gray bars, and that’s to indicate that the customers who recalled seeing the iChoose ads were more likely to notice the posted calorie labels, which is on the left, and they were more likely to use the posted calorie labels, which is on the right. This is important because that’s the primary goal of the campaign. I do want to emphasize that we can’t say for sure whether this is a causal relationship but we do see a very strong association between recalling the media campaign and noticing and using the calorie labels.

Moderator: That is really terrific. So when you look at all the information you gathered from the baseline and then from the follow-up, what sorts of things did you find when doing comparisons?

Ann: Remember, we surveyed just over 1,000 customers before the media campaign and another 1,000 after the media campaign and then the confusing thing is some of the customers were surveyed in counties with labels and others surveyed in counties without labels. So when we combined all their survey responses and compared the baseline and follow-up information, we learned customers exposed to calorie labels and the media campaign were more likely to notice and use calorie information than the customers who were not.

Moderator: In general, would you say customers were more likely to see the calorie information and to be aware of it being posted at the follow-up?

Ann: Yes, they were, especially in the four counties with the calorie labels and the media campaign. So, remember, we worded the question carefully so we could use it in all five counties. I have a graph I’m going to show you. If you look on the left there you will see there is a small increase in the percent of customers who saw calorie information when you compare baseline to follow-up. That makes sense because those were the counties who started requiring labels before our evaluation began. In the middle, you will see a large increase in the percentage of customers who see calorie information when you compare baseline to follow-up and that makes sense as that is the county that started requiring labels after our evaluation began. Finally, on the right, you will see a large decrease in the percent of customers who saw calorie information and that is the county that never required labels at all and had no media campaign (control county).

Moderator: So that’s looking at folks who said they saw the calorie labels. Did you actually gather information about differences in people that actually used the calorie labels?

Ann: Right. So we have a self-report on whether they say they used calorie information in the restaurant today. Customers were more likely to use calorie information at follow-up than at baseline. This was also worded carefully so we could use it anywhere and the graph in front of you compares baseline with follow-up. On the left, you will see a small increase in the percent of customers who used calorie information and that makes sense because those are the counties that started requiring the labels before our evaluation began. In the middle, the larger increase in the percent of customers who used calorie information represents the county that started requiring labels after our evaluation began. Finally, on the right, the smallest increase in the percent of customers who used calorie information is representative of the control county.

Moderator: Excellent.
Ann: I do want to say something though. The use of calorie information did increase everywhere, which is important, because I showed you earlier that use of calorie information actually predicts ordering fewer calories. That is very important, but overall, the percent of customers who used calorie information was very low. The graph had those very small bars, and it’s important to keep in mind that that’s really where the work needs to be done. It’s one thing for people to see the calorie information, but another thing for them to use it.

Moderator: I think that’s certainly a very important message. Thank you for making that point. Now with all of the work that’s been done, certainly what you’ve described in terms of the baseline data collection, the evaluation, the comparison, a lot of work has gone into this campaign that is a very functional and practical way for people to make changes to their diet. So, where do we go from here? What’s the next step?

Ann: Based on the data that I just presented, we should be encouraging customers to use specific ordering strategies and promote generalized calorie awareness as a social norm. These factors are proven to be associated with ordering fewer calories. Another thing we can do includes increasing demand for lower calorie options in restaurants because if the restaurants reformulate their menus it will be easier for customers to order fewer calories. Finally, we are going to work on supporting implementation of the Affordable Care Act regulations and help customers to understand and use posted calorie labels. With support from media campaigns like iChoose, calorie labels may help change customers behavior in fast food restaurants.

Moderator: Excellent. So you guys presented so much information today. I really enjoyed having you both here. If viewers want to learn more about this project, if they want to duplicate or just learn about what’s worked, what hasn’t, are there people they could contact who would be willing to share more information with them?

Ann: Absolutely. They could e-mail me or they could e-mail Theresa. Both of our e-mail addresses are posted on the screen. There’s a whole team of players at the Department of Health here in New York that would be happy to answer questions and they can e-mail any of us.

Moderator: Great. Thank you so much for your willingness to share and to help others who are interested in this as well. I know we have got a few questions that have come in from the audience. We have a few minutes to go over those. So the first question that I have is, “The campaign colors look a lot like McDonald’s colors. Was that intentional?”

Theresa: Yes, actually, it was intentional. As I talked about, our priority audience is more likely to consume fast food. Children tend to choose a fast food restaurant over an independent restaurant, and we’re trying to use messages that were about choosing meals less than 600 calories at these types of restaurants. So we wanted our ads to look somewhat like a fast food restaurant advertisement. I think I mentioned earlier that someone said I would think that this ad was for a fast food restaurant if it didn’t have New York State Department of Health written on it. So yes, that was intentional.

Moderator: The next question I have is, “Did you have to receive permission from the restaurants to collect the customer data?” You had mentioned that you were working with four different restaurants throughout the counties. Can you talk a little bit about how you worked with the restaurants and what level of permission you needed?

Ann: Sure. Well, again, I want to emphasize the data was collected by the Center for Human Services Research at SUNY Albany and they went and visited each restaurant site personally and asked for
permission. Other studies, such as the one similar study in NYC, didn’t need to get permission because they were able to collect data on the sidewalks. Sites here in the counties that we were in were more rural so they actually had to stand on restaurant property, i.e. in the parking lot or by the doorway. The reaction from the site restaurant managers varied but many were supportive and actually were concerned about the issue of obesity and fell on board with the entire concept. To the extent that managers were not supportive and didn’t want us there, it was usually concern about liability and just being in trouble from their corporate office and those kinds of things. We really had a lot of interest in the topic.

**Moderator:** That’s really interesting to hear because it kind of, at least for me, gives me hope if the restaurant managers are on board with you collecting the data, then maybe they would be on board with looking at okay, one restaurant we can get 480 calories, the other 1100. Maybe that indicates that restaurants would be willing to start looking at how they prepare foods and could increase the number of lower calorie options that are available. Maybe I’m an idealist but to me that’s hopeful that they were supportive of your efforts to collect the data.

**Ann:** Right and we saw even some of the restaurants had their own promotions going. I think Burger King had one trying to give people ideas to order under 650. We noticed placemats and things. I think the restaurant industry is on board to some degree and we need to all pull together and try to move this forward as best we can.

**Moderator:** Great.

**Theresa:** I think Ann made a good point that I didn’t mention. There are a lot of restaurants now that have a section on their menus that are 500 calories, 550 calories, some do 600 or 650, but more and more restaurants are doing it now.

**Moderator:** Which is really terrific.

**Theresa:** Yeah, it’s a great response to the new labeling law.

**Moderator:** So we have time for one more question and it is “Have any restaurants made changes to their food because they had to post the calories?”

**Theresa:** Yeah and I think that’s kind of what we were speaking to.

**Ann:** Yeah and that’s a very interesting and somewhat complicated question we are trying to figure out ourselves. Looking over time, are burgers shrinking so that restaurateurs can say this burger is only 650 instead of 670, or is the default option in a combo meal now going to include a diet beverage so you the posted calorie total looks lower? So that’s a pretty challenging question to answer and we are working on trying to figure that out. It is likely that there is menu reformulation happening behind the scenes.

**Theresa:** There is one example that I can give from Bruegger’s Bagels. For a while they were offering the skinny bagel and actually it was just their bagel and they cut off some of it.

**Moderator:** How interesting.

**Theresa:** Right, so that fell under one of their menus that was a 600 calorie or less portion of their menu.
Moderator: Okay, great. Thank you for that. So thank you guys both for being here with us today. I think we covered quite a bit of information and I really appreciate your time and everything you’ve shared, both with me and with our viewers.

Theresa & Ann: Thank you for having us.

Moderator: Thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain nurse continuing education hours, CME and CHES credits, learners must visit www.phlive.org and complete an evaluation and the post-test for today’s offering. Additional information on upcoming broadcasts and relevant public health topics can also be found on our Facebook page. Please don’t forget to like us on Facebook to stay up to date. As a reminder, you can also download the companion guide to this broadcast on our website www.phlive.org. It will help further your knowledge and understanding of topics covered in today’s program. This webcast will be available on demand on our website within two weeks and DVDs of any of our Public Health Live broadcasts can be ordered from our website as well. Please join us for our next broadcast on June 20th as we visit the topic of “Ethics in Public Health.” Thank you so much for joining us on Public Health Live.