

**Proposed Menu Labeling Regulation in Nashville, Tennessee:  
Informational Session  
Overweight and Obesity Data**

The imbalance between calories consumed and calories used can result from the influences and interactions of a number of factors, including genetic, behavioral, and environmental factors (US Dept. Health and Human Services, 2001). It is the interactions among these factors – rather than any single factor – that is thought to cause obesity (WHO, 2000).

**U.S.**

Data from NHANES surveys (1976–1980 and 2003–2006) show that the prevalence of obesity has increased:

- Children aged 2–5 years, prevalence increased from 5.0% to 12.4%;
- Children aged 6–11 years, prevalence increased from 6.5% to 17.0%;
- Children aged 12–19 years, prevalence increased from 5.0% to 17.6% (Ogden, et al, 2002).

Obesity in adults has been associated with increased incidence of cardiovascular disease, type 2 diabetes, and most cancers (Katz, 2005).

Obese children and adolescents are more likely to become obese as adults (Whitaker, et al, 1997; Serdula, et al 1993). For example, one study found that approximately 80% of children who were overweight at aged 10–15 years were obese adults at age 25 years (Whitaker, et al, 1997). Another study found that 25% of obese adults were overweight as children (Freedman et al, 2001). The latter study also found that if overweight begins before 8 years of age, obesity in adulthood is likely to be more severe.

Obesity in children has been linked to higher risk of developing hypertension, hypercholesterolemia, hyperandrogenemia, gallstones, hepatitis, and other disorders. The incidence of type 2 diabetes in the pediatric population parallels the increase in pediatric obesity.

Obese children also suffer from psychological disorders associated from being overweight. Reports have indicated poor self-esteem, diminished quality of life similar to a diagnosis of cancer, and depressive symptoms. Children are subject to teasing, discrimination, victimization and social exclusion outside the home. These psychological factors can impact school performance levels (Katz, 2005).

**Tennessee**

*The F as in Fat 2008* Report ranks Tennessee as the sixth most obese state in the country. It is noted in this report that Tennessee is showing two years of statistical increase in adult BMI.

### **Nashville/Davidson County**

- High school students who were overweight remained static for 2001 and 2003 at 13% (YRBS, 2001 and 2003).
- Percent of students at risk of becoming overweight declined from 17% to 16% during the same timeframe (YRBS, 2001 and 2003).
- The proportion of adolescents who participate in daily school physical education was at 32% versus the *Healthy People 2010* level of 50% (2003 YRBS).

### Davidson County WIC

Data requested, pending.

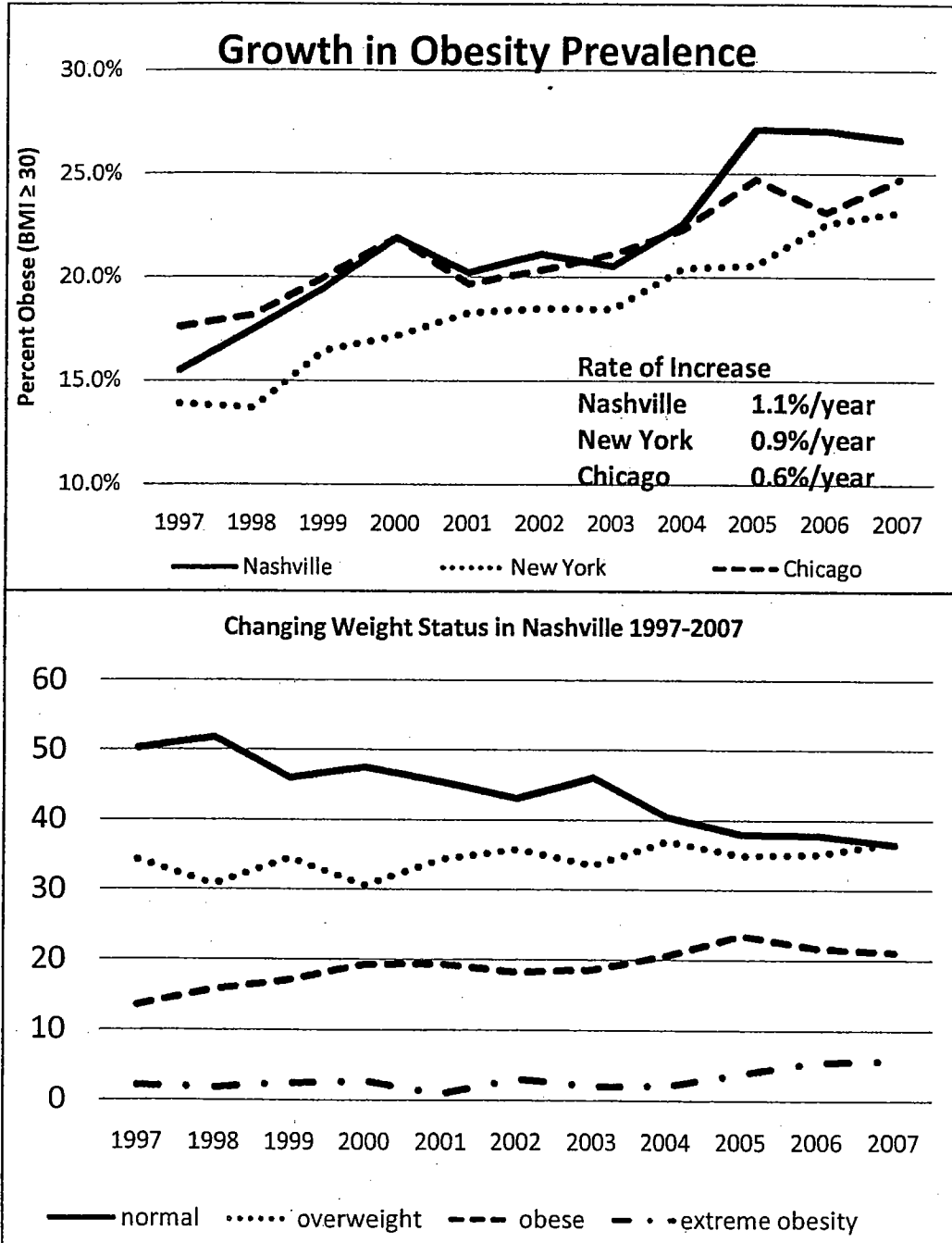
### Metro Schools data

Data requested, pending.

# Obesity in Nashville: Using Facts to Make Informed Decisions

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I have been studying obesity, eating, and exercise as a behavioral scientist since the early 1980's. My research has focused on health disparities in obesity and chronic disease, and on studying the causes and consequences of the obesity epidemic. I want to share some data on the problem of obesity in Nashville. Data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) for the years 1997-2007, and from the Nashville REACH 2010 project from 2000-2004.



Obesity is a major risk factor for chronic disease, disability, and early death. Obesity-related illnesses drive up the cost of health care. The first graph compares the obesity prevalence (adults 18 and older) estimated from the BRFSS surveys in the metropolitan areas of Nashville, Chicago, and New York. The obesity rate is highest in Nashville, and is increasing more rapidly than in New York, which has passed

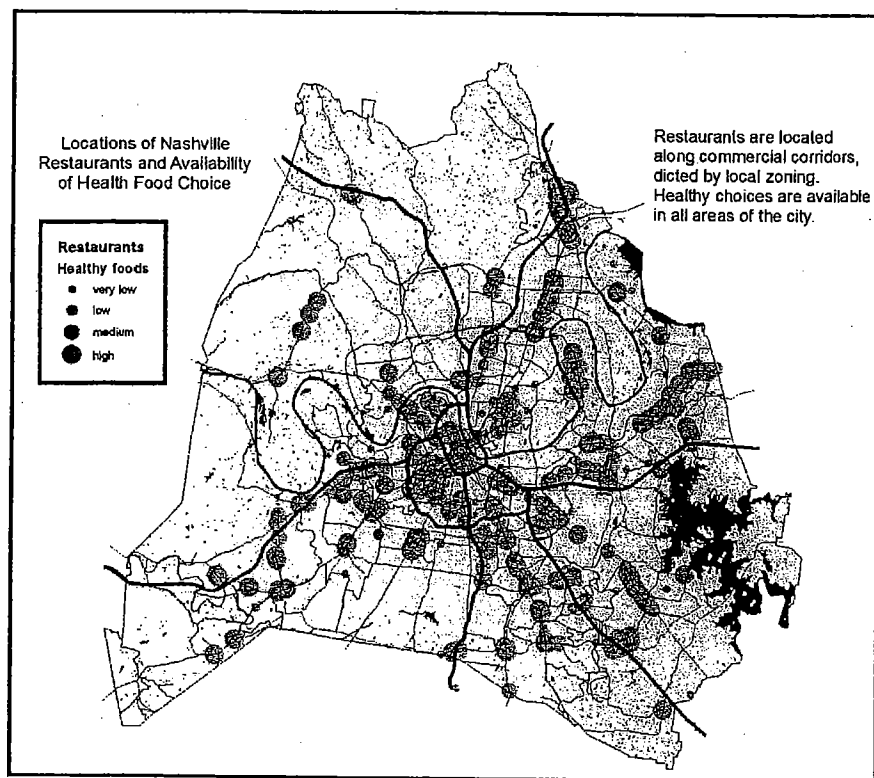
a restaurant labeling ordinance. During this time, the prevalence of obesity increased 72% in Nashville, 67% in New York, and 41% in Chicago.

The second graph shows the decline in people classified as normal weight, and the increase in people classified as overweight, obese, and extremely obese in Nashville. The number of people classified as extremely obese (BMI ≥ 40) went from 2% to 5.6% during this time period. The proportion of the

population at risk for chronic disease and early death because of obesity has increased steadily in Nashville over the past decade.

This table shows the projected rate of obesity based on the 2007 prevalence and the yearly rate of increase estimated from the 1997 through 2007 data. The percent of Nashville adults expected to be obese is 32% in five years, 38% in 10 years, and 43% in 15 years. If nothing is done, the problem of obesity will continue to get worse each year. Even more alarming, if present trends continue the prevalence of extreme obesity will go from 5.6% in 2007 to 19.1% in 2022.

Projected Increase in Obesity Prevalence in the Next 15 Years					
City	Yearly Increase	2007	2012	2017	2022
Nashville	1.1	27	32	38	43
New York	0.9	23	28	32	37
Chicago	0.6	25	28	31	34
Columbus	1.3	31	37	44	50
Indianapolis	0.8	30	34	38	42



In the summer of 2007, we identified restaurants in Nashville and used publically available sources to examine their menus. We coded the presence of various healthy food choices (e.g., baked chicken, salads, diet drinks) and gave each restaurant a score. The scores show the degree to which healthy choices are available. The map on the left shows the locations of restaurants in Nashville. Larger circles depict higher healthy food scores. Restaurant locations are dense in the center of the city and radiate out from downtown like spokes on a wheel. Healthy choices are available along most of the major commercial corridors. In Nashville, restaurants all over the city are currently able to compete for the business of health conscious consumers.

**Conclusion:** Obesity rates have gone up every year for the past 11 years. The prevalence of obesity in Nashville is high, and it is increasing at a faster rate than some other metropolitan areas. Projected rates of obesity in 5, 10, and 15 years are alarming. The rate of extreme obesity, which is associated with high rates of disability and chronic disease, is also rapidly increasing and will become a very serious problem in 10-15 years. Something must be done to first slow the rate of increase, and then to eventually reverse the trend. There are many restaurants in Nashville, and many of these already offer selections that allow consumers to make healthier choices. Decisions are always easier to make when the facts are readily available. The data on the obesity epidemic is available, and demonstrates that a serious problem exists. Giving consumers point of decision information on the calorie content of foods allows them to make more informed decisions. Restaurants are already competing for the business of health conscious consumers by offering a range of choices on the menu. Calorie labeling will simply make it easier for those who are health conscious to make informed choices.

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Local Surveys**

At this time, we are striving to collect data through two separate surveys that will build the information and community perception of restaurant menu labeling in the Nashville community.

**Survey 1-community perception**

This survey will be conducted via the MPHD auto dialer using a list of random telephone numbers of Davidson County homes. We have a sample of 4000 random phone numbers of Davidson County residents. The survey is a modified version of a survey conducted in Washington State to determine community support for restaurant menu labeling. The survey also collects frequency of dining away from home. The survey is scheduled to begin January, 2, 2009. Results are expected to be available by mid-February 2009. The survey form is attached.

**Survey 2- nutrition information availability in Nashville restaurant's**

This survey will be conducted by volunteer community members. Consumers will be asked to go to 94 randomly selected restaurants that are potentially affected by proposed regulations. Specific questions have been formulated to determine how available nutrition information is for consumer use in Nashville restaurants. This survey was begun on December 30, 2009. Results are expected to be available by mid-February 2009. The survey form is attached.

**Nashville Davidson County  
Menu Labeling Survey**

**Script for Auto Dialer**

**Each section separated by a line is a separate .wav file.**

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**Intro (live answer)**

Good evening. I am calling from Metro Public Health Department with a two question survey about an important health topic: restaurant menu labeling. Your telephone number was chosen at random, and your responses are anonymous. You are not required to participate in this survey. Please use your touch tone keypad to respond.

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**Answering Machine/Voice Mail message (this is optional)**

Good evening. I am calling from Metro Public Health Department with a short survey about restaurant menu labeling. I am sorry I missed you.

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1. There has been a discussion of requiring fast food and other chain restaurants to display calorie information on menus or menu boards. If you:
    - Strongly support requiring fast food restaurants to display calorie information on menus or menu boards, press 1.
    - Somewhat support, press 2.
    - Somewhat oppose, press 3.
    - Strongly oppose, press 4; or
    - If you are not sure, press 5.
- 

2. For the next question, use your touch tone buttons to indicate your answer. For 9 or more times, press nine.

In the past seven days, how many times did you eat out or order in?

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That concludes our survey. Thank you for participating.

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ID# \_\_\_\_\_

## Nutrition Information Scavenger Hunt Menu Labeling Survey

**Directions:** You have been given this restaurant to determine if you can obtain nutrition information for the food products that you are planning to purchase. Please ask the following questions. Please record the information on the form and return the form to the Metro Public Health Department. Thank you for your assistance with this effort.

1. Upon entering the restaurant, do you see any nutrition information posted?  
Yes    No (skip to #2)

**[Circle all that apply.]**

1a. If yes, was it

- a. on the wall
- b. on the tables
- c. in a display
- d. other, specify \_\_\_\_\_

1b. Was the nutritional information available for

- a. all menu items
- b. selected items only

1c. Was the nutritional information easily legible?    Yes    No

**INSTRUCTION:** Before ordering, ask the wait staff if you can see the nutrition information for the foods that you are considering.

2. Were you able to get this information prior to making a selection?  
Yes    No (survey is complete)

2a. If yes, were you

- a. handed the information
- b. verbally given the information
- c. referred to someplace in the store
- d. referred to the company website