



# Menulabeling in traditional restaurants: the most appreciated and effective way

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## Background

Our aim is to support restaurant guests by making the *healthy* choice the *easy* choice. Since the introduction of menulabeling in the 'out-of-home' sector, an increasing amount of research has focused on the effectiveness of different types of menulabeling. A variety in labeling possibilities were tested, but mainly in fast-food restaurants and in the United States. Only few studies have focused on the implementation of menulabeling in full service restaurants. In The Netherlands about 30% of the energy intake is consumed 'out-of-home' (OOH), and there is only a limited amount of information available on the healthiness of menu items. The objective of this study was to determine what type of label would be mostly appreciated by Dutch restaurant guests and by restaurant owners if menulabeling would be implemented in 'traditional' restaurants.

## Methods

To reach the objective, 3 labels were selected from literature and theory based questionnaires were developed for both potential guests and owners.

- Potential guests (n=386): recruited online; 3 labels (as shown in figure 1) presented in randomized order
- All participants needed to be Dutch speaking
- General information collected (e.g. age, gender, educational level and health consciousness)
- Statistical associations were calculated using Pearson Chi-square analysis

- Restaurant owners (n=41): questionnaire on paper

Only a limited number of participants was available, so no significance could be calculated.



Figure 1:

Three different types of labeling were used, either a simple logo (a) for the healthy options, ranking (b), where all menu items were scored or as nutritional information (c), indicating the amount of kcal per item.



## Results

A total of 386 participants were included for analysis. Potential restaurant guests indicated ranking as the most appreciated way ( $p < 0.01$ ), see figure 2. The majority of the 41 restaurant owners also indicated 'ranking' as their preferred type of communication.

There was no significant correlation between label preference and health consciousness. There was a significant correlation with level of education (figure 3), where lower educated respondents tend to prefer a simple logo, and the higher educated prefer information. The preference for ranking was present in the lower age groups, only participants of 51 and older rate ranking as the least preferred type of communication (figure 4).

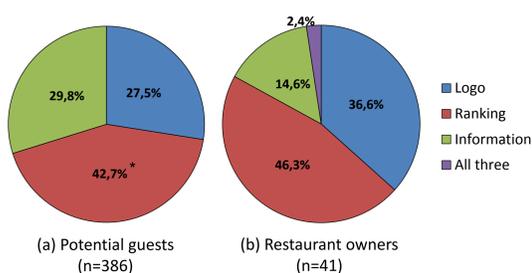


Figure 2:

Ranking was indicated as the most appreciated type of communication about health information of the different menu items, by both the (a) potential guests ( $p < 0.01$ ) and (b) the restaurant owners.

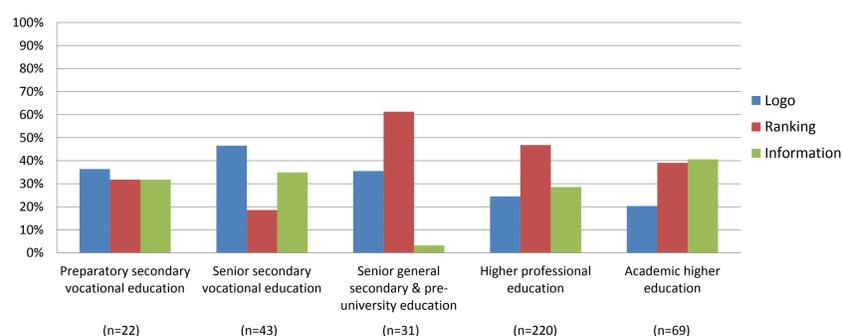


Figure 3:

Education level seem to have a relation with label appreciation, where lower educated prefer a logo and ranking is most appreciated by the middle to high educated.

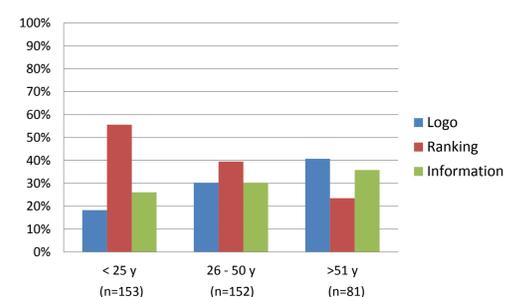


Figure 4:

The majority of respondents marked ranking as most appreciated type of label, only the oldest group of respondents tend to prefer a simple logo, but differences are not significant.

## Conclusion

Overall, ranking was indicated as the type of label that will be most appreciated by both guests and restaurant owners. There was no relation with customers' health consciousness. The preference for a certain type of label seems to be related to the educational level, but no significant correlation between age and preference could be found.

Data might be influenced by a relatively large group of higher educated respondents, but still these data indicate that in future studies ranking could be used to indicate the healthy choice on the restaurant menu. Although a large group of consumers eats out-of-home to enjoy, it might be a promising way to improve healthy eating.