

HAVING OUR CAKE, AND EATING IT TOO

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I'll have the full-sized Caesar salad," my friend Caroline says as she closes her menu, flashing a grin at our waiter. "I'm trying to eat healthy," she adds. The year is 2007—two years before New York becomes the first state to implement a calorie labeling law that requires restaurant chains of fifteen or more establishments to publish caloric information on their menus. Had it been a year later, Caroline would have known that the salad she ordered was over 700 calories. As a recovering anorexic, I am acutely aware of the calories in everything I might possibly eat. However, I am also aware that as far as unhealthy things go, Caesar salad doesn't top the list.

Caroline has learned by now not to ask my advice about food (unless she has 15 minutes to spare as I rattle off nutrition facts). But if she had asked my opinion, I would have informed her that romaine lettuce—typically used in Caesar salads—is a great source of dietary fiber, that the shredded parmesan cheese on top provides both calcium and protein, and that, unless she's worried about her cholesterol, she shouldn't be too concerned about the egg yolks used to emulsify the dressing. In short, despite the caloric number, her salad is a perfectly acceptable, healthy choice.

Due to the severity of my illness and 10 years of intense nutritional counseling, I'm probably more familiar with nutrition than the average American. Many people who consider themselves "healthy" get facts about nutrition from TV ads for fat-free breakfast bars, celebrity diet fad promotions, and sound bites on the evening news to tell them what's good for them and what's not. These sources typically contradict earlier reports on the same topic. With information coming to us from disconnected headlines instead of nutritional experts and educators, it's no wonder many fail to see the emergence of the new calorie labeling law as another quick hit that may do less to reduce our waistlines than to fulfill our need for a "magic bullet" solution.

Following New York's lead, menu labeling of calorie counts became a law across America as part of the 2010 Affordable Care Act, with its regulations finalized this past November. So what can we look forward to with this new law coming into all of our lives? According to the FDA's website, we're looking at a lot more calorie proclamations on a lot more products. The U.S. Department of Health and Human Services website states:

As required by statute, FDA's final rule for nutrition labeling in chain restaurants and similar retail food establishments will provide consumers with clear and consistent nutrition information in a direct and accessible manner for the foods they eat and buy for their families. Posting calories on menus and menu boards and providing other nutrient information in writing in chain restaurants and similar retail food establishments will fill a critical information gap and help consumers make informed and healthful dietary choices. (U.S. Food and Drug Administration)

The emergence of this law, which seeks to regulate human behavior, has sparked debate across the country. With its intention of helping to quell the growing U.S. obesity crisis, this approach raises many questions about the benefits it promises. The debate also centers on the impact of such laws on businesses, asking whether it is too costly or restrictive to implement them. Additionally, the impact of opening a menu with prominent calorie counts for the millions of Americans who struggle with eating disorders is a major issue that is just beginning to be understood. From questions such as these arise two dominant camps: those who believe that labeling laws are a step in the right direction for improving health, and those who warn that calorie labeling creates a slippery slope of diet mentality. The latter argue that calorie labeling not only fails to support sustainable healthy weight but, more critically, triggers disordered eating among a society of individuals already bombarded with social pressures to be thin.

Margo Wootan, director of nutrition policy at the Center for Science in the Public Interest, is in favor of the new law. Wootan feels that "[t]his is one of the most important public health nutrition policies ever to be passed nationally." She assures us that "[r]ight now, you are totally guessing at what you are getting. This rule will change that" (qtd. in Tavernise and Strom). FDA commissioner Margaret A. Hamburg agrees, noting "Americans eat

and drink about one-third of their calories away from home, and people today expect clear information about the products they consume” (qtd. in Aubrey).

Hamburg and Wootan both argue that putting calorie data in the hands of American diners will equip them with the tools they need to fight obesity. The researchers also believe the new laws will drive restaurant owners to offer lower calorie choices in the face of public demand. But is access to calorie information adequate for changing behaviors? And are calorie data the right information to help Americans make better choices about what they eat? Or might this hyper-focus on calories obscure our understanding of good nutrition by equating low-calorie foods with healthy foods and encouraging calorie restriction as the golden ticket to good health?

Arguments against the new law focus on the potential negative impact of calorie labeling, particularly on Americans who struggle with life-threatening eating disorders. In a blog post featured on the website of Veritas Collaborative, an eating disorder treatment center in North Carolina, Chef Anna McClintock underscores the psychological burden that such labeling creates. McClintock writes:

For an individual with an eating disorder, seeing and hearing these nutritional facts can be exceptionally challenging. They are an ever-present reminder of the individual’s caloric, carb, or fat intake—a reminder that often triggers extreme anxiety, fear, guilt, or shame. For someone who struggles daily with anorexia, bulimia, binge-eating disorder, or any other form of disordered eating, these messages may further reinforce an individual’s obsession with food intake.

Opponents of the new law also point to a lack of scientific evidence proving that calorie labeling has any positive impact on health. In her 2013 article “The Affordable Calorie Act,” science writer Melinda Wenner Moyer shares McClintock’s concerns about the law’s potential triggers for those with eating disorders and further asserts that there isn’t sufficient scientific evidence that calorie labels will reduce obesity. “According to the Robert Wood Johnson Foundation,” she writes, “four out of five controlled studies have found no evidence that labeling reduces calorie consumption at chain restaurants.” Other studies reveal that there is more to combating obesity than a

“just say no” approach to extra calories. For example, the complex nature of our relationship to food is underscored by a Harvard Medical School study that showed that certain foods—particularly highly processed, rapidly digested carbohydrates—actually cause intense hunger by stimulating brain regions involved in cravings. These are the same brain regions associated with substance abuse addictions, suggesting that overeating is triggered by consumption of certain ingredients, regardless of calories. While more studies are necessary, it’s clear that a labeling law that focuses our attention on calories, in the absence of greater information about how our food impacts our bodies, is neither sufficient nor helpful in addressing the myriad of factors that cause obesity (Lennerz *et al.*).

Furthermore, many feel that labeling might actually encourage some to eat more. Moyer explains an unconsidered economic reality that underlies food consumption: “[i]f your priority is getting the most food for the fewest dollars, this makes perfect sense; \$5.99 for an 800-calorie hamburger is a better deal than the same price for a 600-calorie turkey burger.” In his article “The Diet Coke Weight Gain Paradox,” John Hamblin writes about another behavioral surprise: restricting calories can lead to weight gain, not loss, something so many yo-yo dieters know all too well. He summarizes several long term studies, including one conducted in the 1980s of 78,000 middle-aged women. It “found that those who used artificial sweeteners gained more weight” than non-users, attributing their weight gain to overeating behaviors that typically follow calorie restriction.

Yet is it surprising that a society craving easy answers (‘drink Diet Coke and get skinny!’) applauds calorie labeling as the ‘next big thing’ to transform its health? Just consider the recent controversy surrounding Dr. Oz, the popular TV host who promises to transform the public’s health with quick tips every weekday afternoon. Last month, a group of Columbia University physicians called for his termination from the school’s faculty on the basis of his “pushing ‘miracle’ weight-loss supplements” and promoting “quack treatments and cures” that mislead the public (Dobnik). His supporters believe he does a great service by inspiring millions of viewers to live healthier lives. But, a quick Google search of his recently aired segments, such as “48-Hour Cleanse,” “7-Day Dash Diet,” and “Total 10 Rapid Weight Loss,”

say more about our cultural fascination with fast fixes than our national interest in truly eradicating obesity.

Both supporters and opponents of the calorie labeling law boast important arguments about policy and health. However, the controversy masks an even more compelling issue: the new law plays directly into our culture of quick fixes. Instead of tackling a health crisis, the law merely adds another layer of complexity to the already complicated issue of public health and food. The FDA's approach neglects to recognize that quality food is not measured by calories, and that healthful eating is not achieved by reading a number on a label. How, what, and why we eat is complex. The simplicity of the solution—posting calorie counts—does little to provide information, education, and support for the evaluation of calories in a productive way.

For example, calorie data can often be misleading in regards to healthy choices. Not unlike Caroline's 700-calorie salad, many healthful foods are higher in calories than their less nutritious counterparts. An average sized avocado rich in nutrients has more calories than a small McDonald's fries. Would the FDA intend for us to choose the fries?

In a study entitled "Priming Healthy Eating: You Can't Prime All The People All of The Time," researchers discovered that healthy eating behaviors are also tied to education levels. The study compared subjects' likelihood of choosing fruit over cake when presented with visual images of healthy foods. Those with more education were more likely to pick fruit. The researchers suggested that the imagery works to "prime" more educated subjects for whom there is already an underlying "healthy eating goal" upon which the prime can activate" (Forwood *et al.* 95). We would do better, then, to focus national attention on developing healthy eating goals for all and leaving our menu labels free for "priming us" with beautiful images of whole grains and bananas. Persuading us to restrict calories in the absence of meaningful nutritional knowledge is a recipe for misleading us to choose fries over avocados.

More problematic is the FDA's unintentional, but underlying, prioritization of America's obesity problem over eating disorder issues. The new law fails to acknowledge its own impact on the escalation of another growing health crisis. While it is true that the leading cause of death in the United States is heart disease, often aggravated or brought on by obesity, it is also

true that eating disorders—particularly anorexia nervosa—have the highest mortality rate of any mental illness in the entire world (National Eating Disorders Association). By passing a law that undermines the well-being of those vulnerable to disordered eating, the FDA has placed itself smack in the middle of another critical controversy—the stigma surrounding mental illness. They have essentially deemed mental health protection of lesser importance than protection of physical health. According to the FDA’s self-proclaimed goals on its website, the “FDA is responsible for protecting the public health” (U.S. Food and Drug Administration). Not only does the new law prioritize one health issue over another, but the FDA’s approach blatantly ignores the consequences of calorie labeling on an entire health sector that it is still their duty to protect. We cannot claim to improve the public health unless we embrace mental health as a critical component of overall health. We must be able to recognize that eating behaviors are tied to emotional well-being.

We are already seeing negative effects of a culture obsessed with food labeling on our nation’s children. In the *New York Times* article “What’s Eating Our Kids? Fears About ‘Bad’ Foods,” Abby Ellin highlights the increased anxiety among children whose parents impose strict rules about eating in the name of good health. According to eating disorder specialist Cynthia Bulik, “[w]e’re seeing a lot of anxiety in these kids . . . They go to birthday parties, and if it’s not a granola cake they feel like they can’t eat it. The culture has led both them and their parents to take the public health messages to an extreme.” Eating disorder counselor Tiffany Rush-Wilson likewise points to parental rules as a cause of eating disorders: “Lots of children or adolescent clients or young adults . . . complain how their parents micromanage their eating based on their own health standards and beliefs . . . The kids’ eating became very restrictive, and that’s how they came to me” (qtd. in Ellin). The limited way of thinking about health in absolute terms—where food is either “good or bad”—triggers not only disordered eating among young people, but also fosters a society which seeks out rigid rules, a simple list of do’s and don’ts—even if it comes from Dr. Oz. Like the well-intentioned parent, we may be taking the public health message “to an extreme,” causing more harm than good with people ill-prepared to put calorie data in the context of good nutrition. I worry about what this might mean

for future generations, particularly girls who are already susceptible to disordered eating.

A meaningful solution to the public health crisis must recognize that calorie labeling is too simplistic to address the complex issues surrounding what and how we eat. Lasting positive change requires policies that acknowledge what underlies the choices we make, including our educational and economic backgrounds, as well as our physical and emotional health. Why not focus on educating young people, not by instilling fear of cake, but by empowering them with real, scientific information about how what we eat affects our brains, our hearts, our lives. There should only be one camp surrounding the debate on healthy eating: pro-health.

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