



Best Practice: Restriction of Trans Fat in Restaurant Food

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CITY: NEW YORK CITY

POLICY AREAS: PUBLIC HEALTH

BEST PRACTICE

The New York City Department of Health and Mental Hygiene amended the New York City Health Code to restrict the use of artificial trans fat in all New York City restaurants and other food service establishments.

ISSUE

Trans fat consumption increases the risk of coronary heart disease by raising low-density lipoprotein (LDL) cholesterol levels and lowering high-density lipoprotein (HDL) cholesterol levels. Leading health organizations – including the American Heart Association, the National Academy of Sciences and the Institute of Medicine – recommend that people strictly limit trans fat consumption.

GOALS AND OBJECTIVES

The trans fat initiative aims to restrict artificial trans fat use in all New York City restaurants.

IMPLEMENTATION

In 2005, the Health Department conducted a baseline survey to assess levels of artificial trans fat use in New York City restaurants. Following the survey, the Health Department launched an educational campaign to reduce restaurants' artificial trans fat use. The campaign provided information to over 30,000 licensed food outlets, thousands of suppliers and supermarkets and hundreds of thousands of consumers. Campaign mailings urged restaurants to remove artificial trans fat from food, suppliers to promote products with zero grams of trans fat and patrons to inquire about the oils used in food. The City educated more than 7,800 restaurant operators on artificial trans fat during a mandatory food protection course. Despite the educational campaign, artificial trans fat use remained virtually unchanged at 50% in locations where use could be assessed.

Given the absence of change in trans fat use, the Health Department drafted a proposal to restrict trans fats. For the regulation to be clear and enforceable, the Health Department adopted the U.S. Food and Drug Administration's threshold for labeling trans fat. Under the City's proposal, only products containing less than 0.5 grams of trans fat per serving could be used. The regulation was written to apply to all licensed food establishments, including restaurants, school cafeterias, caterers, senior centers and street-food vendors.

The regulation was proposed as an amendment to the New York City Health Code, for approval by the Board of Health. It generated nearly 2,300 public comments, with supporters outnumbering opponents 31 to 1. Local, regional and national organizations and professional medical associations offered statements of support. Opposition came primarily from industry associations, including the National Restaurant Association and its New York State affiliate, as well as the Grocery Manufacturers Association.

The Board of Health approved the Health Code amendment in December 2006, thereby instituting the first legal restriction of artificial trans fat in the United States. The restriction was implemented in two stages. The initial stage, which began July 1, 2007, prohibited food service establishments from using artificial trans fats containing oils, shortening or margarine with 0.5 grams or more of trans fat per serving for frying or as a spread. The second stage, which began July 1, 2008, required all products to have less than 0.5 grams of trans fat per serving. Foods served in the manufacturer's originally sealed packaging



Best Practice: Restriction of Trans Fat in Restaurant Food

were exempt. Enforcement of the restriction relied on the existing restaurant sanitary inspection system, which included a new check for the presence of trans fat in products used by the restaurant, separate from the food safety score.

The Health Department created a range of resources to help restaurants comply with the regulation and access information on healthier alternatives, including the Trans Fat Help Center, a website and resource center for restaurants and suppliers.

New York City's successful restriction of trans fat in restaurants represents an innovative approach to addressing a risk factor for cardiovascular disease, the leading cause of death.

For more information on the restriction, visit nyc.gov and search for "Trans Fat".

COST

The City spent approximately \$240,000 in the first two years to develop the Trans Fat Education Campaign, including the development and dissemination of stakeholder educational materials. In the third year of implementation, the City spent \$75,000 communicating the new regulations to food service establishments. Development and implementation of the Trans Fat Help Center were made possible through a \$250,000 grant from the American Heart Association and \$270,000 from the Health Department. There are no additional or ongoing costs to implement the regulation because City food safety inspectors perform the trans fat inspection during their regular annual inspections.

RESULTS AND EVALUATION

Food safety inspectors conducted surveys to assess compliance with the trans fat regulation and found that the percentage of restaurants using products with artificial trans fat for frying, baking, cooking or use in spreads dropped from 50% in 2005 to 1.6% in 2008. In 2013, 94% of restaurants were in compliance with the trans fat regulation at the initial health inspection. Ongoing success is measured through compliance rates on Health Department inspections.

At least 15 jurisdictions, including the cities of Philadelphia and Seattle and the State of California, have passed similar regulations to restrict trans fat in restaurant food. Chain restaurants have also followed suit, with at least 40 implementing voluntary reductions in trans fat use.

Finally, the average trans fat content in New York City fast food meals dropped substantially after the restriction was fully implemented in July 2008. The City conducted a cross-sectional studyⁱ of 11 fast food chains, as represented by 168 individual New York City locations, in spring 2007 and 2009, pre- and post-regulation implementation. The 2009 results showed that the purchase of "zero"-gram trans fat items had almost doubled, and the average trans fat content per lunchtime purchase had decreased by 2.4 grams.

TIMELINE

2005:

- Baseline trans fat survey conducted
- Education campaign implemented

2006:

- Follow up trans fat survey conducted
- December: Health Code amendment passed

Best Practice: Restriction of Trans Fat in Restaurant Food

2007:

- April 5: Trans Fat Help Center launched
- July 1: Oils used for frying or in spreads had to be in compliance with the trans fat restriction

2008:

- July 1: All other food had to be in compliance with the trans fat restriction

LEGISLATION

The Health Code of New York City (Section 81.08) was amended by the Board of Health to restrict the use of artificial trans fat in all New York City restaurants and other food service establishments.

LESSONS LEARNED

As noted above, the Health Department initially tried to reduce artificial trans fat use through a voluntary campaign. When that effort had little success, the Health Department determined that regulation was an appropriate and effective strategy, especially given the harmful nature of trans fat and the existence of healthier alternatives. In addition, the trans fat restriction strategically leveraged the existing restaurant inspection system to enforce the new regulation.

TRANSFERABILITY

As more non-trans fat oils were developed and brought to market, trans fat restrictions became more prominent and easier to introduce. In fact, trans fat regulations have now been passed by at least 15 jurisdictions across the United States.

Because federal labeling requirements allow packaged foods with less than 0.5 g trans fat to be labeled “zero” grams trans fat, local policy that relies on labeling information cannot eliminate all trans fat consumption. Additional federal regulation has been proposed to completely remove artificial trans fat from the food supply.

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Facts and figures in this report were provided by the highlighted City agency to New York City Global Partners.

ⁱ Sonia Y. Angell, Laura K. Cobb, Christine J. Curtis, Kevin J. Konty, Lynn D. Silver; Change in Trans Fatty Acid Content of Fast-Food Purchases Associated With New York City's Restaurant Regulation, a Pre-Post Study. *Annals of Internal Medicine*. 2012 Jul;157(2):81-86.