Kids' Meals: Restaurant Assessment in King County

Healthy Eating & Active Living (HEAL), Public Health—Seattle & King County

Jessica Jew, UW Nutritional Sciences Program, MPH-Nutrition Student and Dietetic Intern Preceptor: Celeste Schoenthaler, MPH, HEAL manager

INTRODUCTION

HEAL is interested in policy, systems, and environmental change in settings that influence children's health. Kids' meals policies may be a promising approach in restaurant environments to make it easier for children to eat more healthfully.

- On a typical day, 33% of children ages 2-11 ate at fast-food and 12% at full-service restaurants (NHANES 2007-08)
- For ages 2-6, 12% of total energy intake was from restaurants; for ages 7-12, 15% (NHANES 2003-06)
- Eating at restaurants is associated with \uparrow sugar-sweetened beverages, \downarrow milk & \uparrow total fat, saturated fat, and sugar
- < 10% of kids' meals combinations at top national chains meet various nutrition criteria from experts or industry

OBJECTIVES

Kids' meals in King County restaurants were assessed to get a local snapshot and analyze characteristics that would be relevant for policy options, such as:

- Choice of beverages
- Healthfulness and food groups of meals, sides, entrees, desserts, and defaults
- Prices & marketing techniques

METHODS

Cities were chosen in south King County & Seattle. Sites were identified using Yelp to search for "kids' meals". # restaurants is the listings within 1 mile of the site plus a few additions from mapping. # kids' menus was identified largely with Yelp search.

SITE

Auburn No Shopping (Kent Eleme **Columbia Tukwila So** Mall

> 52 restaurants were visited in total, but there were only 40 independent restaurant brands used for analysis.

During site visits, menus were collected or photographed and restaurant environment observed. Menus were analyzed according to the objectives.

CHAIN

national

local chai

non-chai

TYPE

sit-down

fast-food

fast-casu

| | # | # KIDS | % | # |
|------------|-------------|--------|-------|---------|
| | RESTAURANTS | MENUS | | VISITED |
| orth | 63 | 11 | 17.5% | 10 |
| Center | | | | |
| entary | 56 | 19 | 33.9% | 17 |
| City Link | 41 | 5 | 12.2% | 3 |
| outhcenter | 90 | 31 | 34.4% | 22 |
| | | | | |

| CUISINE | | | | | |
|---------|------------|---------------|------------|--|--|
| l chain | 29 (72.5%) | American | 23 (57.5%) | | |
| ain | 7 (17.5%) | Mexican | 6 (15%) | | |
| in | 4 (10%) | Sandwich/soup | 4 (10%) | | |
| | | Asian | 3 (7.5%) | | |
| n | 21 (52.5%) | Italian | 2 (5%) | | |
| d | 10 (25%) | Pizza | 2 (5%) | | |
| ual | 9 (22.5%) | | | | |

CONCLUSIONS

Results and discussed policy implications may indicate feasibility and reach of policy options. They can be taken under consideration for the stakeholder process and the policy design. HEAL can identify information gaps and plan for further assessment as well as monitoring & evaluation. Policy implications from the assessment are:

Restaurant type-

Food & beverages-

Prices & marketing-





SCHOOL OF PUBLIC HEALTH

UNIVERSITY of WASHINGTON excellent science, shared passion, enduring impact

Local implementation difficult because of chains Limited reach to diverse cuisines

Healthy beverage policy may be an effective strategy Policy could encourage whole grains and fruit & vegetables prepared healthfully

Healthier desserts are an opportunity for restaurants Healthier entrees may require a shift in demand or technical assistance to restaurants

Healthier sides could be easier

"Healthy default side" would have to be thoughtfully defined--regulating the whole meal may be more straightforward

Fairly affordable , as low as about \$3.20 in fast-food restaurants and closer to \$5-6 in sit-down Healthy options often priced about the same as unhealthy options but sometimes higher Toy ordinance would target a few brands only Kids LiveWell may have limited public recognition Strategies restaurants use could be adapted to help promote and market healthier kids' meals