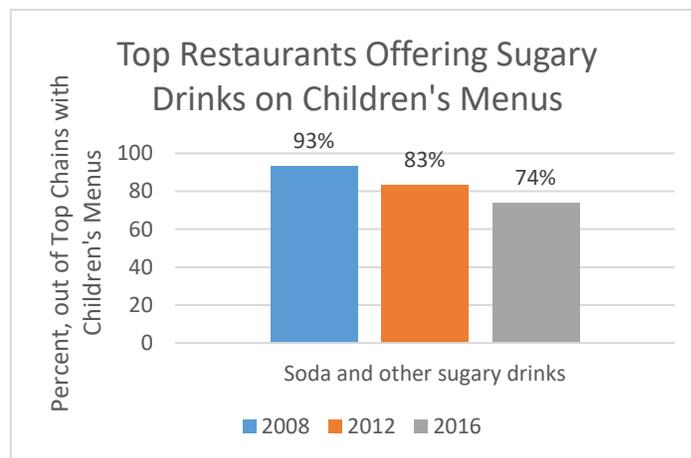


## Restaurant Children's Meals: The Need for Healthier Beverages

**Eating out used to be a special treat, but these days families are increasingly eating meals from restaurants.** 25% of children's calories come from restaurant foods and beverages.<sup>1</sup> This trend is of public health concern because consumption of restaurant food is associated with increased caloric intake and poorer diets.<sup>1,2</sup>

**The vast majority of kids' meals include high-calorie, low-nutrition, nutritionally-poor foods and beverages.**

- 86% of children's meals at the nation's largest chain restaurants are high in calories; many also are high in sodium (66%) and saturated fat (55%).<sup>3</sup>
- 74% of the top 50 restaurant chains promote sugary drinks through kids' menus, down from 93% in 2008. When looking at restaurant chains by number of locations, this translates to 43% of restaurant outlets.<sup>4</sup>



**Despite the health risks associated with soda and other sugary drink consumption, the majority of the top restaurant chains' default beverage with a kids' meal is a sugary drink. Defaults are the option people automatically receive if they do not choose something else. Changing the default from unhealthy options to healthier ones supports healthy eating for children.** With one in three children not at a healthy weight, sugary drinks should not be a default beverage in restaurant meals for young children.

- Evidence from a wide range of fields (including retirement plans, organ donation, and food/nutrition) shows that people tend to stick with defaults and that setting beneficial defaults has high rates of acceptability.<sup>5</sup> When Walt Disney theme parks switched to healthier beverage defaults, parents stuck with the healthier option 66% of the time, even though trips to theme parks are typically special occasions and more indulgent options were available.<sup>6</sup>
- Soda, lemonade, juice drinks, sports drinks, and other sugary drinks are one of the largest sources of calories in children's diets, providing nearly half of children's added sugars intake,<sup>7</sup> and do not typically provide any positive nutritional value.
- Children who drink sugary drinks have greater odds of being at an unhealthy weight than those who consume little or no sugary drinks.<sup>8,9</sup>

- Consumption of sugary drinks can displace healthier foods in children’s diets, like low-fat milk, which, unlike sugary drinks, provides key nutrients including protein, calcium, potassium, magnesium, vitamin D, and vitamin A.<sup>10</sup>
- A study conducted at Tufts University found that for each additional 8 oz. increase in sugary drink consumption per day, a child’s chances of having severe early childhood dental caries—decayed or missing teeth—increases by up to 139%.<sup>11</sup>

**Fast-food companies target children with more than \$580 million worth of marketing each year,** promoting products, brands, and toy premiums to children as young as 2 years old.<sup>12</sup> Restaurants market to children in schools, on television, on the internet, and in their restaurants, among other places. They use marketing to shape children’s food preferences and choices, including by shaping what kids think of as food. Studies show that repeated exposure to fast food and soda, through advertising, marketing, and consumption, cultivates a pattern for future consumption and a preference for those and similar foods.<sup>13</sup>

### **Support Parents, Protect Kids**

Restaurants undermine parents’ ability to feed their children healthfully when they directly market unhealthy food choices to children and make them a default option. Restaurants should work with parents, not against them.

Restaurants have made some progress in improving children’s meals, but progress has been modest and slow. Several fast-food restaurants have taken the positive step of featuring only healthy beverages with children’s meals, including McDonald’s, Burger King, Wendy’s, Dairy Queen, IHOP, Applebee’s, and Jack in the Box, joining Subway, and Panera, which also do not include sugary drinks on their kids’ menus.<sup>14</sup>

Between 2008 and 2012, the percentage of restaurant children’s meals meeting nutrition standards increased from 1% to just 3%.<sup>3</sup> Thus, states and localities are nudging restaurants to do better. As of January 2018, nine localities in California and one in Colorado have adopted ordinances to improve the nutritional quality of restaurant children’s meals. The cities of Berkeley,<sup>15</sup> Davis,<sup>16</sup> Stockton,<sup>17</sup> Perris,<sup>18</sup> Cathedral City<sup>19</sup>, Santa Clara County,<sup>20</sup> Long Beach,<sup>21</sup> Daly City,<sup>22</sup> and Lafayette (Colorado)<sup>23</sup> require that restaurants in their jurisdictions offer only healthier beverages as the defaults that come with children’s meals. All ordinances have passed with the support of city officials and residents.<sup>24</sup> Additionally, San Francisco and Santa Clara County have laws that set nutrition standards for restaurant children’s meals that are sold with toys.<sup>25</sup>

Municipalities generally have the authority to regulate commercial products and practices to protect the public’s health, safety, and general welfare. The restaurant industry’s voluntary efforts are commendable but do not do enough to ensure that restaurants serve predominantly healthy foods and beverages to children.

*For more information, contact the Center for Science in the Public Interest:  
[nutritionpolicy@cspinet.org](mailto:nutritionpolicy@cspinet.org).*

- 
- <sup>1</sup> Lin B and Morrison RM. Food and Nutrient Intake Data: Taking a Look at the Nutritional Quality of Foods Eaten at Home and Away From Home. *Amber Waves* 2012, vol. 10, pp. 1-2.
- <sup>2</sup> Powell LM and Nguyen BT. Fast-food and Full-service Restaurant Consumption Among Children and Adolescents: Effect on Energy, Beverage, and Nutrient Intake. *JAMA Pediatrics* 2013, vol. 167, pp. 14–20.
- <sup>3</sup> Batada A and Wootan MG. *Kids' Meals II: Obesity on the Menu*. Washington, D.C.: CSPI, 2013.
- <sup>4</sup> Ribakove S, Almy J, Wootan MG. *Soda on the Menu: Improvements Seen but More Change Needed for Beverages on Restaurant Children's Menus*. Washington, D.C.: Center for Science in the Public Interest, July 2017.
- <sup>5</sup> Wootan M. "Children's Meals in Restaurants: Families Need More Help to Make Healthy Choices." *Childhood Obesity* February 2012, vol. 8(1), pp. 31-33.
- <sup>6</sup> Peters J, Beck J, Lande J, Pan Z, Cardel M, Ayoob K, Hill J. "Using Healthy Defaults in Walt Disney World Restaurants to Improve Nutrition." *The Behavioral Science of Eating* 2016, vol. 1, pp. 92-103.
- <sup>7</sup> 2015–2020 *Dietary Guidelines for Americans. 8th Edition*. Washington, D.C.; U.S. Department of Health and Human Services and U.S. Department of Agriculture, December 2015.
- <sup>8</sup> Morenga LT, Mallard S, and Mann J. Dietary Sugars and Body Weight: Systematic Review and Meta-Analyses of Randomised Controlled Trials and Cohort Studies. *BMJ* 2013. Available at <http://www.bmj.com/content/bmj/346/bmj.e7492.full.pdf>.
- <sup>9</sup> De Ruyter JC, Olthof MR, Seifell JC, Katan MB. A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. *New England Journal of Medicine* 2012, vol 367(15), pp. 1397-1406.
- <sup>10</sup> Lasater G, Piernas C, Popkin BM. Beverage Patterns and Trends among School-aged Children in the U.S., 1989-2008. *Nutrition Journal* 2011, vol. 10(103).
- <sup>11</sup> Evans EW, Hayes C, Palmer CA, Bermudez OI, Cohen SA, Must A. Dietary Intake and Severe Early Childhood Caries in Low-Income, Young Children. *Journal of the Academy of Nutrition and Dietetics*. 2013, vol. 8, pp. 1057-1061.
- <sup>12</sup> Federal Trade Commission [FTC]. *A Review of Food Marketing to Children and Adolescents. Follow Up Report*. Washington, D.C.: Federal Trade Commission, 2012.
- <sup>13</sup> Cornwell T, McAlister A. Alternative Thinking about Starting Points of Obesity. Development of Child Taste Preferences." *Appetite* 2011, vol. 56, pp. 428-439.
- <sup>14</sup> Center for Science in the Public Interest and Voices for Healthy Kids' Action Center. *Six Down, Many to Go*. Available at [http://www.foodmarketing.org/wp-content/uploads/2016/11/six\\_down\\_many\\_to\\_go\\_print\\_version.pdf](http://www.foodmarketing.org/wp-content/uploads/2016/11/six_down_many_to_go_print_version.pdf). 2016.
- <sup>15</sup> Berkeley Ordinance, No. 7,560-N.S., Chapter 12.72 (2017).
- <sup>16</sup> Davis Municipal Code Chapter 17, Article 17.02 (2015). Accessed at <<http://qcode.us/codes/davis/>>.
- <sup>17</sup> Stockton Municipal Code Chapter 5.70 (2016). Accessed at <<http://qcode.us/codes/stockton/>>.
- <sup>18</sup> Perris Ordinance 1340 (2017) (to be codified as Chapter 7.46).
- <sup>19</sup> Cathedral City Ordinance No. 803, Chapter 5.92 (2017).
- <sup>20</sup> Santa Clara Municipal Code Chapter 21. Section A18-352 (May 2010).
- <sup>21</sup> Long Beach Municipal Code Chapter 8.17. Ordinance 30. (2017).
- <sup>22</sup> Daly City Ordinance No. 1415 (2018) (to be codified as 8.72).
- <sup>23</sup> Lafayette Ordinance, No. 40, Series 2017. (2017). Accessed at <<https://www.cityoflafayette.com/DocumentCenter/View/18863>>.
- <sup>24</sup> See, e.g., Voices for Healthy Kids Action Center, Stockton, CA Passes "Healthy-by-Default" Kids' Meal Beverage Ordinance June 16, 2016, <https://www.voicesactioncenter.org/Inside-Track-June-17-16-c> (quoting Stockton Vice Mayor Christina Fugazi); Veronica Rocha, "City of Davis Sours on Sweet Drinks for Kids' Meals in Restaurants," *Los Angeles Times* May 28, 2015, <http://www.latimes.com/local/lanow/la-me-ln-davis-sweet-drinks-kids-meals-20150528-story.html>.
- <sup>25</sup> San Francisco Health Code art. 8 §§ 471.1-417.9 (2010); Santa Clara Municipal Code Chapter 21. Section A18-352 (May 2010).