Improving Restaurant Kids’ Meals: 
Impact on Low-Income Children & Children of Color

Restaurants have shaped norms that deem fried-chicken nuggets, burgers, pizza, fries, and sugary drinks as standard, acceptable kid food, when, in reality, kids need the healthiest food. While all children frequently eat out at fast-food restaurants and other food-service establishments, and eating out is linked to poorer diet, low-income children and children of color are disproportionately impacted.

- Fast-food restaurants disproportionately advertise to children of color.
- While higher-income families eat out more often, on average, children from lower- and middle-income families consume more calories at fast-food restaurants.
- More fast-food restaurants are located in lower-income and minority neighborhoods.

Healthy Kids’ Meal Benefit Everyone, Especially Lower-Income Children and Children of Color

Not only do children need healthy food during this time of growth and development, but it’s also a time when they form habits for the future. Studies suggest that repeated exposure to fast food and soda through marketing cultivates a pattern for future consumption and a preference for those foods. Improving the nutritional quality of restaurant children’s meals can improve diet quality and cultivate lifelong healthy eating behaviors for all children, especially for children from low-income and minority families.

Eating out contributes to unhealthy eating.

- **Children frequently eat out at restaurants.** In 2012, USDA estimated that children 2 to 19 years old, on average, consume one-quarter of their calories from restaurants and other food-service establishments. And a national survey showed that one-third of U.S. children and adolescents consume fast food on a given day.
- **Studies show a link between eating out and poor nutrition.** Eating out by children is associated with higher consumption of calories, sugary drinks, saturated fat, and total sugars and with lower diet quality compared to meals at home.
- **Black and Hispanic children are at a higher risk of developing type 2 diabetes.** The lifetime risk of diagnosed diabetes in children born between 2000 and 2011 is higher for non-Hispanic black children (55% for females, 45% for males) and Hispanic children (52% for females and males), than it is for non-Hispanic white children (34% for females, 37% for males).
- **Children in low-income communities and children of color are more likely to be obese.** According to the Centers for Disease Control and Prevention, the prevalence of obesity for children and adolescents (2-19 years old) is higher among Hispanic youth (25.8%) and non-Hispanic black youth (22.0%) than among non-Hispanic white youth (14.1%). Obesity also disproportionally affects children from middle and low-income families.

Lower-Income, Black, and Hispanic Youth Are More Exposed to Fast-Food Companies

Restaurants are the top food marketers to kids, and their in-store promotions, toy giveaways, television ads, websites, and school-based marketing, play a large role in shaping what children want to eat, as well as shaping what food adults view as appropriate for children. Evidence demonstrates that fast-food marketing disproportionately affects low-income, black, and Hispanic youth, who are also at greater risk for chronic disease due to diet.
In 2012, black youth viewed 60% more television ads for fast-food restaurants than white youth. Further, black youth saw 60% more calories and sodium per day in fast-food advertising compared with their white peers.\(^6\)

Advertising spending on Spanish-language television increased 8% between 2010 and 2013. Hispanic preschoolers viewed almost one fast-food ad on Spanish-language TV every day, a 16% increase over that time period.\(^{xi}\)

Hispanic and black youth visited fast-food restaurant websites disproportionately more often than all youth. One-third of fast-food restaurant websites were more likely to be visited by Hispanic youth and almost one-half (44%) by black youth.\(^{xii}\)

Lower-Income Families Consume More Calories When Eating Out

What kids eat at restaurants matters more than in the past because children get a quarter of their calories from eating out, with families now spending more of their food dollars at restaurants than grocery stores.\(^{xiii}\) On average, children from higher-income families eat out more frequently, but children from middle and low-income families consume more calories when eating out than children from higher-income families.

A study analyzing 24-hour dietary recalls from nationally representative data from 2003-2004 through 2007-2008 found that children from high-income families are 59% more likely to consume fast food and nearly twice as likely to consume food from full-service restaurants, when compared to children from low-income families.\(^{xiv}\)

In a 2012 study, children from low-income (159 calories) and middle-income (175 calories) families consumed more calories than high-income (68 calories) children at fast-food restaurants. Consumption of sugary drinks, such as fruit drinks and soda, was also higher among children in low-income families. Adolescents from low-income families consumed more calories (approximately 380 calories) at fast-food restaurants than adolescents from middle-income (approximately 290 calories) and high-income (approximately 290 calories) families. Fast-food consumption also was associated with higher intakes of sugar, fat, and sodium among adolescents from low-income families.\(^{xv}\)

Lower-Income Neighborhoods Have More Fast-Food

Generally, low-income neighborhoods have a larger number of fast-food restaurants than middle- to higher-income areas and fast-food restaurants tend to be more prevalent in areas with a higher proportion of black and Latino residents.\(^{xvi}\)

In a 2005 study, schools in the lowest-income neighborhoods had 32% more fast-food restaurants and two times the number of convenience stores within walking distance than highest-income neighborhoods.\(^{xvii}\)

A 2009 study of King County, WA found that fast food restaurants were more likely to be located in lower-income neighborhoods and higher traffic areas.\(^{xviii}\)

What can we do? Advocates can work on passing state and local policies that improve the healthfulness of kids’ meals, as many communities have done already. We can also urge restaurants, big and small alike, to adopt policies that improve the healthfulness of their kids’ menus. As parents, we can talk to our local restaurants and tell them we want healthier options for our kids. We have made some headway, but there is still a long way to go. Let’s make it easier for kids to eat healthy and build good habits.