Serve Chicago Kids Better:

Why Chicago’s Youth Deserve Healthier Restaurant Meals

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(Paper Advisor) Date: Dec 5, 2017
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Serve Chicago Kids’ Better: 
Why Chicago’s Youth Deserve Healthier Restaurant Meals

The Problem – Childhood Obesity

• One in four Chicago Public School children have obesity\(^1\), which is larger than the 18% national prevalence\(^2\).
• Childhood obesity negatively impacts wellness. It is associated with type II diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, skeletal pain, fatty liver disease and more\(^3,4\).
• Children with obesity are more likely to grow-up to be adults with obesity, which is also associated with greater risk for chronic health conditions\(^4\).
• Children with obesity are often bullied, discriminated against, and marginalized because of their weight\(^3\). They may also have a harder time succeeding in school\(^5\).
• Obesity is expensive. In Illinois alone, the annual direct cost of obesity is estimated to be more than $3.4 billion\(^6\).
• Food choices matter in preventing obesity\(^4\). For example, a study that included participants from Chicago found that those who frequently eat fast-food gain more weight, and experience twice as much insulin-resistance, which is associated with type II diabetes\(^7\).

A Cause – Restaurant Meals

• Restaurant foods are heavily marketed to children. In fact, children ages 2 – 11 watch about five advertisements for restaurant foods daily on television alone\(^8\). In 2009, fast-food restaurants specifically spent more than $0.5 billion marketing directly to children less than 12 years old\(^9\). Almost half of this advertisement was for kids’ meals\(^9\).
• Going out to eat is routine. Americans spend nearly half of their food budget on restaurant foods\(^10\).
• Restaurant food is easily accessible. In Chicago, a study found that fast-food restaurants are strategically located near schools\(^11\).
• Children consume a lot of restaurant food. One in three children (equivalent to ~190,000 children in Chicago\(^12\)) consume fast-food\(^13\), and 12% eat at a full-service restaurant on any given day\(^14\).
• Restaurant food is often unhealthy. Children get about a quarter of their calories from restaurants\(^10\), and when they eat a restaurant meal, they consume nearly double the calories they would have at home\(^13\). Higher restaurant food consumption has been associated with an increased risk for obesity, and poorer nutrition\(^15\).
• Regulation is necessary; trusting restaurants to provide healthy meals to children of their own volition has unfortunately failed. The vast majority (91%) of analyzed kids’ meals did not meet the National Restaurant Association’s own basic nutrition standards\(^10\).

The proposed solution – require that any restaurant meal sold as a children’s meal (one or more food items plus a drink, sold for one price) in the city of Chicago meets RAND nutrition standards

The Silver Diner restaurant made significant healthy changes to their children’s menu, and found\(^44\)…

• Restaurant revenue grew after the new menu was introduced.
• Overall, food and beverage items ordered for children were much healthier.
• When the default sides and beverages were accepted, the calories ordered for children decreased.
Too many of Chicago’s children weigh more than is recommended for good health

Nationally, approximately one in five (~18%) children between the ages of 6 - 11 weigh much more than is recommended for good health. The picture of childhood obesity in Illinois is very similar to national trends, with ~18% of children ages 6 – 11 considered obese. To be classified as obese, a child’s body mass index (BMI) must be in at least the 95th percentile for his or her age and sex. This means if the child were in a room with 99 other children, he or she would be among the five heaviest. In Chicago specifically, the situation is more serious: one in four public school students have obesity. The prevalence of obesity in Chicago is not evenly distributed among all demographics. For instance, Hispanic, non-Hispanic black, and children from lower-income neighborhoods are more likely to be overweight or obese.

Childhood obesity impacts health

Excess weight in childhood impacts short-, and long-term wellness. Childhood obesity is associated with a number of devastating chronic health conditions, including type II diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, skeletal pain, fatty liver disease and more. Further, children who are obese are more likely to grow-up to be obese as adults, and adults with obesity are more likely to develop heart disease, type II diabetes, and certain cancers.

In addition to the physical consequences, children with obesity are more likely to experience social and emotional problems. Children are often bullied, discriminated against, and marginalized because of their weight. Children with obesity are commonly excluded from, and have greater difficulty participating in physical activities. These children tend to have a negative opinion of their own bodies, and may have lower self-esteem and self-confidence.

Preschoolers with excess weight are 5X more likely to become obese adults.

*United States data for ages 6 – 11 years
*Chicago Public School data combined Kindergarten (~5 years) and 6th grade (~11 - 12 years)
Excess weight may make it more difficult for children to succeed in school

Children with obesity have a harder time succeeding in school\(^5\). A study found that obese children are more likely to be absent from school, to experience behavioral problems, and lower engagement in school, and to have to repeat a grade\(^5\).

Obesity is bad for the economy

Nationally, obesity accounts for approximately $150 billion in healthcare spending\(^19\), and childhood obesity specifically is responsible for $14 billion\(^20\). In Illinois alone, the direct annual cost of obesity is more than $3.4 billion\(^6\). The economic cost of obesity goes beyond healthcare spending. Due to factors such as absenteeism, disability, and premature mortality, obesity takes a serious toll on American productivity\(^21\). In the United States, the indirect financial cost of obesity is estimated to be greater than $65 billion\(^21\).

Food choices matter

Weighing more than is recommended for good health is caused by consuming more calories than the body uses\(^4\). However, there are a multitude of factors that can make weight accumulation more or less likely\(^4\). One of those factors is dietary pattern, or what kinds of foods and beverages are consumed\(^4\). For example, regular consumption of sugary drinks and/or fast-food both have strong associations with unhealthy weight gain\(^22,7\). A study found that for every serving of soda or sugary juice a child drinks per day, that child is 60% more likely to become overweight\(^22\). Additionally, in a study that included participants from Chicago, it was found that those who frequently eat fast-food gain more weight, and experience twice as much insulin-resistance, which is associated with type II diabetes\(^7\).

Given that children with obesity are more likely to grow-up to be adults with obesity\(^4\), reducing childhood obesity works to alleviate this burden on Chicago’s economy.

The direct annual cost of obesity in Illinois is $3.4 billion\(^6\)

“Today, our private practices, pediatric clinics, and emergency rooms are filled with children suffering from conditions related to the food they eat. In the decades to come, one in three children will develop type 2 diabetes as a result of diets high in McDonald’s-style junk food, according to the Centers for Disease Control and Prevention. This generation may be the first in U.S. history to live shorter lives than their parents.”

Open letter to McDonald’s CEO, signed by >3,000 health professionals and institutions\(^46\)
Restaurants market heavily to kids

The term restaurant is an umbrella term which includes chain fast-food restaurants (e.g. McDonalds), chain sit-down restaurants (e.g. Applebee’s) and single-location restaurants (i.e. ‘Mom and Pop’). All of these types of restaurants employ techniques to advertise their products. However, the majority of the published data on such marketing is for chain fast-food, and chain sit-down restaurants. Therefore, the extent of child-directed restaurant advertisement is likely greater than is known.

Children between the ages of 2 - 11 watch about five televised advertisements for restaurant foods every day9. This does not account for the other methods of advertisement restaurants utilize to market to children. In fact, from 2006 – 2009, there has been more than a 400% increase in the use of ‘new media’, which includes Internet websites and viral marketing, of restaurant foods to children9. Every year in the United States, major food and beverage companies spend almost $2 billion marketing to children9. Marketing by fast-food restaurants directly to children ages 2 – 11 is responsible for more than a quarter, or $583 million, of that expenditure9. Almost half (47%) of the televised advertisement directed towards children was specifically for kids’ meals9.

Industry would not spend this amount of money if marketing were ineffective. Because children are impressionable, and do not understand the intention restaurants have in their advertisement, they are particularly susceptible to its messages23. Marketing to children develops brand loyalty, and has been shown to impact what foods children want, and in both the short- and long-term, what they choose to eat23,15.

Eating away from home is the norm

Going out to eat is no longer an occasional luxury. In these busy times, Americans spend nearly half (48%) of their food budget on restaurant foods10. In 1970, restaurant foods accounted for only a quarter of food expenditure10. Today, restaurant foods are easily accessible. A study of Chicago found that the average distance from any school to the nearest fast food restaurant was only 0.6 miles11, a distance an adult can walk in approximately 10 minutes. Further, there were three to four times more fast-food restaurants close to Chicago schools than would be expected if this placement were not
purposeful. Relatedly, one in three children eat fast-food on any given day, which is equivalent to approximately 190,000 children daily in the city of Chicago. A New York City-based study found that kids’ meals account for a significant proportion (35%) of this purchasing. It is not just fast-food, a study found that 12% of children consumed food from a full-service restaurant on a given day.

Children get a lot of their calories from restaurants

Restaurant meals are bigger than they used to be. According to the Centers for Disease Control and Prevention (CDC), the average restaurant meal is now four times larger than it was in the 1950s. Children in the United States get about a quarter of their calories from restaurants. When children do eat a restaurant meal, they consume nearly double the calories they would have at home. On the days children eat fast-food, they eat an average of 126 extra calories. To expend those extra calories, a 40 pound, five-year-old boy would have to walk for more than two hours at a moderate pace (three miles per hour). When children eat fast-food, they also consume more sugar, saturated fat, salt and sugary drinks. On days children eat at a full-service restaurant, they consume even more (an average of 160) additional calories, which would require about two hours and 40 minutes of walking for the same child to expend.

Restaurant food is often unhealthy

Eating restaurant food has been associated with consuming more calories, and having a poorer overall diet quality. Although the National Restaurant Association (NRA) and the Center for Science in the Public Interest (CSPI) have developed basic nutrition standards for kids’ meals, a report on the nutritional quality of kids’ meals at major U.S. chains found that the vast majority of these meals fall short of the standards. In fact, 91% of meals did not meet the NRA’s own standards, and 97% of meals did not meet the CSPI’s stricter guidelines. A study investigating the top 50 chain restaurants in the United States found that the majority of kids’ meals exceeded recommended limits for calories, saturated fat and sodium. When American youth eat fast-food they also consume less milk, and fewer fruits and vegetables. Overall, higher restaurant food consumption is associated with a greater risk for obesity, and poorer nutrition. Further, the foods children consume when they are young influence the dietary habits they form, and therefore work to shape what children eat as they grow older.

Of 41 restaurant chains with kids’ menus, 83% offered fried chicken entrees
Families do not have control over what is in restaurant food

Restaurant food is a fact of life for Chicago families. Parents are busy, and eating out can be convenient, affordable and enjoyable. But, when parents take their children out to eat, they have no control over what goes into the food. Chicago’s parents deserve to feel good about the food they are giving their children. In fact, a poll conducted in New York City revealed that 94% of people support making children’s menus healthier. Kids’ meals are heavily marketed to children, they account for a large proportion of what kids are eating when they go out, and children under the age of six are more likely to receive them. Parents should have the opportunity to make healthy choices for their children, and Chicago’s kids deserve healthier food options to help them grow, learn and thrive.

Children are more likely to receive a kids’ meal if they are under the age of SIX.

Regulation is necessary

Trusting restaurants to provide healthy meals to children of their own volition has unfortunately failed. The NRA launched Kids LiveWell, their own voluntary nutrition standards for children’s food, in 2011. However, of the largest 50 chains in the United States, only 11 participate. Further, among the 10 participating restaurants that could be studied, only 11% of kids’ meals offered met standards. Moreover, even when restaurants pledge to make changes, those promises may not be kept. One in three major chain franchises visited for a study listed soft drinks as a part of their kids’ meals on their menu boards, despite having vowed to remove them. Even with extremely high rates of childhood obesity and chronic disease, and substantial health care costs, the vast majority (97%) of meals from major U.S. chains studied did not meet the CSPI’s nutrition guidelines. Eating at restaurants is commonplace in the U.S. today, and families ought to be able to trust that the food being served to their children is healthy.

Box 1. Some Restaurant Kids’ Meals are Particularly Unhealthy

<table>
<thead>
<tr>
<th></th>
<th>%Daily Calories</th>
<th>%Daily Calories from Saturated Fat</th>
<th>%Daily Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applebee’s Grilled Cheese with Fries and 1% Chocolate Milk</td>
<td>81% (1,210 calories)</td>
<td>114% (171 calories)</td>
<td>236% (2,830 mg)</td>
</tr>
<tr>
<td>Chili’s Pepperoni Pizza with Fries and an Orange Juice</td>
<td>68% (1,020 calories)</td>
<td>93% (140 calories)</td>
<td>165% (1,980 mg)</td>
</tr>
</tbody>
</table>

*Percent daily values are based on midpoint estimated needs for children ages 4 - 8.
Policy Options Considered

Existing policies

Chicago would not be the first locality to take steps to make kids’ restaurant meals healthier. In 2010, Santa Clara County, CA and San Francisco, CA both enacted ordinances that ensure kids’ meals meet healthy standards if they are to include a toy giveaway. Further, three municipalities, Davis, CA in 2015, Stockton, CA in 2016, and Lafayette, CO in 2017, passed legislation that ensures the default beverage included with kids’ meals is a healthy one.

Possible options for Chicago

Target kids’ meals that include toys or other incentives as a marketing technique

Done in Santa Clara County, CA, and San Francisco, CA

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Targets the heaviest of the marketing to children. More than half of the annual $583 million spent on marketing to children by fast-food companies was dedicated to toys.</td>
<td>• Restaurants may avoid improving the health of their meals. In response to the San Francisco ordinance, restaurants sold their toys for a very small fee instead of including it for free, but did not improve their menus.</td>
</tr>
<tr>
<td>• Has the potential to improve children’s eating behaviors. A study found that children were more likely to choose healthier meals that included a toy, than the original ones without the toy.</td>
<td>• Misses meals that are advertised to children in other ways, or are not advertised at all. This strategy ignores unhealthy kids’ meals that do not include a toy.</td>
</tr>
</tbody>
</table>

Ensure the default beverage provided with kids’ meals is a healthy one

Done in Davis, CA, Stockton, CA, and Lafayette, CO

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good starting point. Most voluntary commitments by industry are to improve the default beverage, and some progress excluding sugary drinks from kids’ menus has already been made.</td>
<td>• The beverage is only part of the problem. Food in kids’ meals also tends to be packed with excess calories, fat and salt, which are harmful to children’s health. In fact, french fries were found to be the largest source of empty (not nutritious) calories for kids in fast-food restaurants, followed by sugary drinks.</td>
</tr>
</tbody>
</table>
### Make healthy meal standards voluntary

*Done with NRA Kids LiveWell (Launched in 2011)*

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Easier on industry. Only the restaurants with the motivation to serve healthy meals to kids make changes.</td>
<td>• Voluntary health standards have been tried - the results are slow and less effective(^\text{a}) (see “Regulation is necessary”, page 6)</td>
</tr>
<tr>
<td></td>
<td>• Promotes an unlevel playing field for restaurants and families. Including all restaurants helps those businesses that are interesting in making healthy changes, but are unsure of what it will do to their revenue. Guaranteeing that all Chicago kids’ meals are healthy also helps to ensure kids are eating well, regardless of where their family chooses to go.</td>
</tr>
</tbody>
</table>

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### Regulate only larger\(^*\) corporations

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less burden on small businesses. Restaurants with one or few locations may have more difficulty making the necessary changes than large corporations (see “Silver Diner case study”, page 11)</td>
<td>• Misses children who get their kids’ meals from smaller businesses. There is evidence that full-service restaurants may provide children with even more excess calories than fast-food establishments(^\text{b}).</td>
</tr>
</tbody>
</table>

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\(^{\text{a}}\) A ‘large’ corporation would have to be clearly defined if this option were selected.

\(^{\text{b}}\)
The recommended policy solution is to require that any restaurant meal sold as a children’s meal in the city of Chicago meets RAND nutrition standards.

Significant consideration and attention will need to be paid in crafting the language of an ordinance. It must be determined which departments and stakeholders are to be involved in writing, and regulating the policy. An ordinance will only be impactful if it is properly enforced. As such, the timeline for enforcement (see “Implementation timeline”, page 13), monitoring protocols, and penalty for non-compliance must be detailed in the ordinance; and the enforcing agency ought to be involved in this process to ensure feasibility. Forethought on the possible consequences of an ordinance as written may enhance its propensity to achieve outcomes as intended (see “Potential ordinance consequences considered”, page 14).

**RAND standards**

The RAND Corporation (Research ANd Development) is a nonpartisan, nonprofit research organization that works to develop policy solutions to public challenges based on the best-available data\(^3^{35}\). Organizations including Carnegie Mellon University, the U.S. Department of Health and Human Services, and the World Bank have commissioned work from RAND\(^3^{35}\).

RAND restaurant nutrition standards for children’s meals (see Table 1, page 10) were developed from the NRA’s own Kids LiveWell program\(^3^{36}\). The standards themselves are almost identical, with only a few minor, but important differences\(^3^{36,31}\). RAND standards are slightly healthier\(^c\) than what is prescribed by Kids LiveWell.

\(^b\) A ‘meal’ is to be defined as one or more food items plus a drink, sold for one price.

\(^c\) Differences between RAND standards and Kid’s LiveWell are as follows\(^3^{36,31}\):

- **RAND standards specify no sugar-sweetened beverages**, Kids LiveWell does not
- **RAND standards require at least one source of vegetable or fruit**, Kids LiveWell does not
- **RAND standards do not count juice as a fruit**, Kids LiveWell does
- **RAND standards specify that vegetables cannot be fried**, Kids LiveWell does not
- **RAND standards require that for a source to be counted as a whole grain, it must be >50% of grain ingredients**, Kids LiveWell requires that the item contains whole grains
Which Chicago businesses will this impact?

The Consortium to Lower Obesity in Chicago Children (CLOCC) conducted research to determine the proportion of smaller food service enterprises the recommended policy could impact in the city of Chicago. A random sample of restaurants with fewer than five franchises within city limits were called to determine whether the establishment offers a children’s meal. The sample size (n = 363) was sufficient for a 95% confidence level with a confidence interval of 5%. It was found that 12% of single-location, and smaller chain restaurants (<five locations within city limits) offer a children’s meal. For comparison, 68% of the top 50 restaurant chains in the United States offer a children’s meal.

Table 1. RAND Nutrition Standards for Children’s Meals

<table>
<thead>
<tr>
<th>Standard</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>≤600</td>
</tr>
<tr>
<td>Calories from Total Fat</td>
<td>≤35%</td>
</tr>
<tr>
<td>Calories from Saturated Fat</td>
<td>≤10%</td>
</tr>
<tr>
<td>Grams of Artificial Trans Fat per Meal</td>
<td>&lt;0.5</td>
</tr>
<tr>
<td>Calories from Total Sugars</td>
<td>≤35%</td>
</tr>
<tr>
<td>Sodium</td>
<td>≤770 mg</td>
</tr>
<tr>
<td>Sugar-Sweetened Beverages*</td>
<td>None</td>
</tr>
<tr>
<td>• ≥ ½ cup fruit</td>
<td>≥ 2 Sources</td>
</tr>
<tr>
<td>• ≥ ½ cup vegetables (not fried)</td>
<td>(one must be a vegetable or fruit [not including juice])</td>
</tr>
<tr>
<td>• Whole grains (&gt; 50% of grain ingredients)</td>
<td></td>
</tr>
<tr>
<td>• Lean protein (lean, as defined by USDA, skinless white meat poultry, fish/seafood, beef, pork, tofu, beans, eggs); &gt;2 ounces meat, 1 egg, 1 ounce nuts/seeds/dry beans/peas</td>
<td></td>
</tr>
<tr>
<td>• &gt; ½ cup 1% or fat-free milk or lower fat dairy</td>
<td></td>
</tr>
</tbody>
</table>

*Sugar-sweetened beverages include sodas, fruit drinks, sport drinks, iced teas, coffee drinks, and other beverages (excluding low-fat or fat-free milk) that contain added caloric sweeteners and have more than 25 calories per container (as offered for sale).
**Rationale**

The recommended policy solution is best-suited to improve the food environment among all Chicago restaurants serving a kids’ meal. When the environment is not conducive to making healthy choices, it is much more difficult to do so. The proposed policy would improve Chicago’s nutritional environment for all parents and their children. A study that explored a similar proposal in New York City found that such a policy would reduce the total calories, calories from fat, and sodium that children consume in their kids’ meals.

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**Case Study**

**THE SILVER DINER**

**Profile:** The Silver Diner is a full-service restaurant chain with 14 establishments in the Eastern United States. In 2012, the Silver Diner unveiled their healthy kids’ menu.

**Improvements Made:**
- Increased the number of kids’ meals that met Kids LiveWell standards to 59%
- Removed french fries and sodas from kids’ menus
- Healthy sides and beverages were the default selection

**Key Results:**
- Restaurant revenue grew after the new menu was introduced
- Overall, food and beverage items ordered for children were much healthier
- When default sides and beverages were accepted, the calories ordered for children were reduced

“These changes occurred without removing customer choice or reducing revenue, providing evidence that such modifications have the potential to improve nutritional quality while allowing FSRs [full-service restaurants] to remain competitive in the marketplace” – Anzman-Frasca et al., 2015
Next Steps

Legal considerations

Cities are empowered to pass laws that protect the public’s health, safety and welfare. This power includes the right to regulate the sale of products, including kids’ meals, that impact public health. However, the restaurant industry may make legal claims in opposition to a city-wide healthy restaurant kids’ meal policy. Table 2 below lists some of these possible claims, as well as counter-considerations.

<table>
<thead>
<tr>
<th>Claim</th>
<th>Refutation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinance of this nature by city council is preempted by state or federal laws</td>
<td>To current knowledge, no such laws exist</td>
</tr>
<tr>
<td>Violation of the first amendment right to commercial speech</td>
<td>Unlikely to have adequate legal grounding given that the proposed legislation does not impact speech</td>
</tr>
<tr>
<td>Violation of the Dormant Commerce Clause because it burdens interstate commerce</td>
<td>Would have to be found that this action benefits in-state commerce and burdens out-of-state commerce</td>
</tr>
<tr>
<td>Violates the Equal Protection Clause because it singles out particular types of products and establishments</td>
<td>Courts have determined that the regulation of product sales must simply be reasonably related to government interests, it is unnecessary for all products of concern to be targeted in the same way at the same time</td>
</tr>
<tr>
<td>Violates the substantive due-process rights of consumers because the consumer is to be arbitrarily regulated</td>
<td>Typically only a concern when fundamental rights are being challenged, which is not the case here</td>
</tr>
<tr>
<td></td>
<td>Unlikely to be found arbitrary given the impact on public health, for which city government has a reasonable interest</td>
</tr>
</tbody>
</table>
Implementation timeline

Recommendation

ChangeLab Solutions, an organization dedicated to developing policy that improves health, recommends allowing up to six months after ordinance enactment for businesses to comply. This timeline should give restaurants enough time to reformulate their meals to meet healthy standards.

Current state and progress of industry

Although there is plenty of work to be done, industry has already made some gradual strides towards improving the nutritional content of children’s food. In 2008, about 33% of chain restaurants analyzed offered at least one meal (of all possible combinations) that met CSPI’s nutrition standards, which are stricter than RAND standards. By 2012, that prevalence increased to 44%. A number of major restaurant chains, including Applebee’s, Burger King, Chili’s, Dairy Queen, IHOP and Wendy’s are already participating in the NRA’s Kids LiveWell program. A study found that from 2007/2008 to 2009/2010, full-service restaurants and fast-food restaurants both decreased the calories and solid fats in their foods, full-service restaurants increased the amount of whole fruit they serve, and fast-food restaurants reduced salt, added sugars, and sugary beverages.

Individual restaurant chains have demonstrated that they understand the need for change as well. For example, McDonald’s, Burger King, Wendy’s and Dairy Queen have promised to take fountain drinks off their kids’ meal menu boards. McDonald’s also pledged to create and market healthier kids’ meals and sides, and in 2010, the hamburger and McNuggets served with Happy Meals decreased in calories, total fat and saturated fat. Since 2010, Subway has listed only healthier sides and beverages as options, and made healthy drinks the default for their kids’ meals. The restaurant industry has demonstrated their capacity to respond to demand for healthier children’s products. Unfortunately, voluntary change has been too slow, and has not yet gone far enough. With the passage of mandatory nutrition standards for all kids’ meals sold in Chicago, the city has the opportunity to increase access to healthier food for all Chicago children.

By 2012, nearly half of studied chain restaurants offered at least one meal that met CSPI nutrition standards, which are stricter than RAND standards.

Image from the Consortium to Lower Obesity in Chicago Children photoshoot 2017
Potential ordinance consequences considered

Below are a few possible consequences of the enactment of a healthy kids’ meals ordinance in Chicago. It would be pertinent to monitor the impact of such an ordinance on business practices and consumer habits to inform future policy work in this realm.

Smallers restaurants (i.e. ‘Mom and Pop’)

- Relatively smaller restaurants may choose to remove kids’ meals from their menu, and instead have an ala carte children’s menu. Whether or not this outcome is beneficial is unclear.
  - If food items were not sold as a ‘packaged’ meal, children might order fewer items, which could reduce their intake of calories, sodium etc.
  - Alternatively, individual items, not included in a preset meal, could be served as larger portions.
- Alternately, smaller restaurants may choose to keep and reformulate their kids’ meals, which would mean children consuming them would be guaranteed a healthy meal.
- Regardless, the market share of kids’ meals from these types of establishments is likely relatively minor.

Larger restaurants (e.g. McDonald’s and Applebee’s)

- Relatively larger restaurants are less likely to remove kids’ meals from their menus, as this offering is more central to their businesses. Therefore, these establishments are more likely to undergo reformulation, which would benefit Chicago’s children.
- However, given this, the restaurant industry may be inclined to resist passage and implementation of this ordinance, which is why regulation must be clearly defined, and robust.
- Another possible outcome is that restaurants may shift their marketing away from kids’ meals. Although, given that this ordinance would only impact the city of Chicago, national restaurant chains may not be inclined to alter their entire marketing scheme.

Consumers

- Chicago residents may or may not be aware of kids’ meal changes. Either way, the change is likely to be beneficial.
  - If consumers were aware of the ordinance, it may raise cognizance of the importance of healthy eating while dining out.
  - If consumers were unaware, their purchasing practices would be unlikely to change, and Chicago children would consume healthier restaurant meals.
- One potential downside is if consumers were unaccepting of the menu changes, and therefore chose not to purchase the healthier meals. However, research has shown this is an unlikely outcome.44,30.
References


