Research Article

Healthier Children's Meals in Restaurants: An Exploratory Study to Inform Approaches That Are Acceptable Across Stakeholders

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ABSTRACT

Objective: Assess parents', children's, and restaurant executives' perspectives on children's meals in restaurants.

Design: Cross-sectional.

Setting: Parents and children completed predominantly quantitative surveys at 4 quick- and full-service restaurant locations. Telephone interviews were conducted with executives representing additional restaurants.

Participants: Parents (n = 59) and their first- through fourth-grade children (n = 58); executives (n = 4).

Variables Measured: Parent/child perspectives on child meal selection and toy incentives in restaurants; executives' views on kids' meals and barriers to supplying healthier kids' meals.

Analysis: Frequencies, thematic analysis.

Results: A total of 63% of children ordered from children's menus, 8% of whom ordered healthier kids' meals. Half of parents reported that children determined their own orders. Taste was the most common reason for children's meal choices. Most (76%) children reported visiting the restaurant previously; 64% of them placed their usual order. Parents' views on toy incentives were mixed. Themes from executive interviews highlighted factors driving children's menu offerings, including children's habits and preferences and the need to use preexisting pantry items. Executives described menu changes as driven by profitability, consumer demand, regulation, and corporate social responsibility.

Conclusions and Implications: Findings can inform the development of restaurant interventions that are effective in promoting healthier eating and are acceptable to parents, children, and restaurant personnel.

Key Words: children, parents, nutrition, restaurants, children's meals (*J Nutr Educ Behav*. 2016;■:1-11.)

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INTRODUCTION

Restaurants are a regular eating setting for many families. On a given day, an estimated one-third of preschoolers and school-aged children visit fast-food restaurants, with consumers in each of these age groups obtaining about one-third of their daily energy intake from fast food.[1] Past analyses of menu offerings depicted most kids' meals (ie, meals listed on children's menus) as poor in quality, based on criteria including sufficient amounts of vitamin A, vitamin C, calcium, iron, fiber, fruits, vegetables, or whole grains[2]; and children's consumption of restaurant food has been associated with a greater daily intake of calories, saturated fat, sodium, and sugar.[3] Shifting foods offered to and consumed by children in restaurants has the potential to improve diet quality, attenuate excess energy intake, and help shape healthy habits.

Several recent developments point to restaurant-based interventions as a feasible and timely way to promote healthier eating among children, including children's willingness to accept healthier options,[4,5] the implementation of healthier menu changes at some restaurants,[4-6] and the consistent inclusion of healthier children's menus among top restaurant industry trends.[7] Yet the majority of kids' meals at leading quick-service (QSR) (ie, fast-food) and full-service (FSR)

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restaurants in the US still do not meet national dietary recommendations for calories, total fat, saturated fat, and sodium.[8] An opportunity exists to accelerate progress in increasing the supply of and demand for healthier kids' meals, with multiple strategies highlighted as promising.[5,9-16] One child-directed technique that is used in some restaurants is pairing tangible rewards, such as collectible toys and/or characters, with food options. Studies in laboratories, homes, and schools showed that these techniques, although typically paired with unhealthy foods, may offer the potential to promote healthy choices among children.[9-12] Alternatively, healthier options can be promoted by subtly modifying norms. For example, shifts to healthier defaults (eg, healthier side dishes automatically bundled with entrees) were associated with healthier food purchases for children eating at a national QSR chain,[13] a regional FSR chain,[5,14] and a QSR and FSR located within a large theme park.[15] Qualitative evidence indicated that this approach is acceptable to parents.[16] In a related manner, in a recent qualitative study seeking Irish parents' and children's perspectives about factors influencing food choices for children outside the home, norms/food neophobia was the only factor mentioned by both sets of respondents.[17] Taken together, these findings provide evidence that interventions are needed that explicitly aim to disrupt current ordering patterns in restaurants and make healthier options normative and familiar.

Because early restaurant intervention efforts promoting healthier kids' meals were in a single chain[5] or noted difficulties engaging corporately owned restaurants,[18] additional formative research is needed to provide insight into approaches with the potential to be successful on a large scale. Specifically, information is needed about the fit of promising intervention approaches with the priorities of both families and restaurateurs across multiple restaurant segments and brands. In addition, more information is needed about the meal selection process (eg, who chooses the child's meal). Data from 1 restaurant within a country club showed that three quarters of children had a role in determining their meal order,[19] and in the qualitative study in Ireland mentioned earlier, parents noted that children had increased control over their food choices in out-of-home contexts compared with within the home.[17] It is unclear whether these results generalize across restaurants and sociodemographics; more information about this process can inform the targeting of interventions.

To address these gaps, the aims of this study were to (1) assess perspectives and behaviors of parents and children at 2 locations each of 1 QSR and 1 FSR chain, focusing on parents' and children's reports of the child meal selection process and parents' opinions of healthier kids' meals and toy incentives; and (2) obtain the perspectives of restaurant executives across QSR and FSR segments about the role of kids' meals within restaurants and barriers to supplying healthier kids' meals. A sub-aim of the first aim was to explore differences by child age and restaurant segment. Examination of these aims can inform the development of restaurant-based interventions that are feasible for restaurants, are acceptable to parents and children, and have the potential to affect child health and nutrition positively.

METHODS

All research procedures were approved by the Tufts University Institutional Review Board.

Parents and Children

Participants. Parent–child pairs who were dining at a participating restaurant in southern California were recruited. The restaurants included 2 locations of a national QSR and 2 of a regional FSR. These were the 2 chains that agreed to participate and met eligibility criteria of having locations in the study city and at least 2 healthier kids' meal options on their children's menus. Specific locations of these chains were selected based on restaurant preferences (for the FSR) and proximity to research offices (for the QSR). Both chains offered 2 healthier kids' meal options that met the nutrition criteria of the National Restaurant Association's *Kids LiveWell* program: ≤600 cal, ≤35% of calories from fat and sugar, ≤10% of calories from saturated fat, <0.5 g trans fat, ≤770 mg sodium, and inclusion of at least 2 specific food groups.[20] Families dining in these restaurants were eligible to participate in this study if the child was in first through fourth grade and planned to order a meal; the adult participant was the child's parent or legal guardian; both were English-speaking; and the adult did not work in a position of influence in the restaurant industry (eg, restaurant executive). A total of 59 families (72% of those eligible) agreed to participate. If multiple individuals in a family were eligible, the family chose who participated. Parents provided informed consent for their participation and permission for their children's, and researchers obtained child assent. One child did not assent, so 59 parents and 58 children participated (Table 1). Parent participants were given a gift certificate to the restaurant and children were offered a sticker. Restaurants did not receive monetary incentives other than the purchase of gift certificates for participants. Data were collected in the context of an exploratory study with overarching aims described elsewhere (Lopez et al, under review). The current results are presented in aggregate across 2 data collection time points (February, 2015 and April, 2015). Each of the 59 families participated at only 1 of these time points.

Procedures. At trainings before data collection, researchers practiced administering procedures and obtained and applied feedback. Teams of 3–5 trained researchers attended data collection sessions, which primarily took place between 3 PM and 9 PM on weekdays and weekend days; one parent–child pair participated outside this time frame (during lunch). Researchers observed the number of parent–child pairs entering the restaurant during the initial 15 minutes of each session. If ≤1 pair entered, the sampling frequency was set to approach every pair that entered; otherwise it was broadened accordingly (eg, approaching every other pair who entered if 2 families entered during the observation period). Restaurant traffic was monitored in predetermined intervals, adjusting the sampling frequency as needed. Families were approached after they were seated and had placed orders; a researcher recruited and screened participants. A team of 2 researchers administered surveys once a recruited family finished eating. Surveys were designed to take <10 minutes to