



Discussion

Recent progress in children's meals law in restaurants in Baltimore City and California State: Making a healthy beverage option the default choice



Y. Tony Yang^{a,b,*}, Sara E. Benjamin-Neelon^c

^a Center for Health Policy and Media Engagement, George Washington University School of Nursing, United States of America

^b Department of Health Policy and Management, George Washington University Milken Institute School of Public Health, United States of America

^c Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, United States of America

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ABSTRACT

In July 2018, Baltimore became the largest US city to prohibit restaurants from including sugar-sweetened beverages on kids' menus. In September 2018, California made history by becoming the first US state to require either water or milk as the default beverage with children's meals at all restaurants. Supporters of children's meals laws view them as helping to change the culture of health on beverage preferences and subtly influencing the choices of patrons. Using subtle methods of influencing children's beverage choices at restaurants, or nudges, will not on its own eradicate childhood obesity. However, the law aims to make healthier choices easier options and to influence people's choices in predictable ways without restricting their options. Evidence from a wide range of fields shows that people tend to stick with defaults and that setting beneficial defaults has high rates of acceptability. The laws in Baltimore and California, along with the other jurisdictions that have passed similar legislation, reflect a growing understanding – among restaurant owners, community members and policymakers alike – of the importance of feeding children healthy meals. They also signal that making healthier beverages the default option on children's menus is gaining strength in the US. Cities and states across the country should consider enacting similar laws as part of a greater public health initiative to combat the childhood obesity epidemic.

1. Introduction

In recent decades, studies have found that consumption of sugar-sweetened beverages (SSBs), such as soda, fruit drinks, sports drinks, and punches, can put children at risk of developing later heart disease or type 2 diabetes (Hu, 2013). Many families have inadequate time for acquiring and preparing healthy food, making eating out an attractive and often expedient option (Blake et al., 2011). Consequently, in excess of one-half of food expenses in the US are paid outside of the home. On average, US children consume roughly 25% of their daily calories dining out, and about 42% of children ages two and nine years eat fast food on any given day (Vikraman et al., 2015). Children consume nearly twice as many calories in restaurants, compared to dining at home (Zoumas-Morse et al., 2001) and SSBs make a substantial contribution. In one prior study of three northern US cities, researchers analyzed receipts and point-of-purchase surveys from fast-food restaurants and found that half of caregivers sampled purchased beverages for children and of those, 60% were SSBs (Cantor et al., 2016). Further, in a nationally representative study of US households, ordering a

combination meal or from the children's menu were both associated with purchasing SSBs (Moran et al., 2019). Thus, restaurants are an important setting to encourage menu choices that are healthy for children.

In July 2018, a Baltimore ordinance went into effect, making the default beverage choice on children's menus in restaurants throughout the city either 100% fruit juice (≤ 8 oz), milk, non-dairy milk alternatives (like soy milk or almond milk), or water. Baltimore became the largest city in the US to prohibit restaurants from including SSBs on children's menus, which are combination meals packaged and marketed by chains especially for young children. The new Baltimore law was enacted in response to growing concerns over rates of childhood obesity, especially among black and Hispanic children, as a disproportionate percentage of racial and ethnic minority children are obese (Taveras et al., 2013). In Baltimore City, one out of every four school-aged child consumes at least one SSB a day, while the American Heart Association advises that children have no more than one 8 oz of SSBs a week. Although parents and children may still choose to order SSBs in restaurants, they must specifically request them. The city ensures

* Corresponding author at: 1919 Pennsylvania Ave, NW, Ste 500, Washington, DC 20006, United States of America.

E-mail address: tyyang@gwu.edu (Y.T. Yang).

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Table 1
Healthy beverage laws for children's menus (as of December 31, 2018).

Year enacted	Location	Default beverage			
		Juice	Milk	Milk alternative	Water
2015	Davis, CA		X	X	X
2016	Stockton, CA		X	X	X
2017	Berkeley, CA		X	X	X
	Cathedral City, CA		X	X	X
	Lafayette, CO		X	X	X
	Long Beach, CA	X	X	X	X
	Perris, CA	X	X	X	X
2018	Santa Clara County, CA		X	X	X
	Baltimore, MD	X	X	X	X
	California		X	X	X
	Dale City, CA		X	X	X
	Louisville, KY	X	X	X	X

compliance through its restaurant inspections, and restaurants face a \$100 fine for noncompliance.

Prior to Baltimore's new law, ten jurisdictions in three states have passed healthy beverage ordinances, including Colorado's Lafayette, Kentucky's Louisville, and California's Davis, Berkeley, Cathedral City, Dale City, Long Beach, Perris, Santa Clara, and Stockton (Table 1). Additionally, in September 2018, California made history by becoming the first state to require either water or milk as the default beverage with children's meals at all restaurants. California's new law highlights recent progress in improving children's menus across the country. Given California's size and prominence, other states unavoidably pay attention.

2. Defaults

Healthy beverage laws use defaults, which are choices preemptively selected for people unless they make efforts to opt out. Evidence from various areas, including retirement saving plans, organ donation, and health insurance, demonstrates that consumers are inclined to stay with defaults and find them acceptable. The propensity for consumers to take default options can be explicated by a more commonplace status quo prejudice in cognitive decision-making (Kahneman et al., 1991). Relevant factors may involve inertia, inadequate time to examine alternatives, or the impression that the default choice was selected to advance the greater good (Thaler and Sunstein, 2003). By reason of this well-established human behavior tendency, use of default options could also be a robust tactic to influence individual health-related behaviors linked with obesity. If requesting a SSB takes more cognitive effort, as it does after implementing a new default beverage law, then children and parents are more likely to stick with healthier defaults.

Some companies have engaged in voluntary improvements. In 2013, McDonald's made a multi-year commitment to enhance the nutritional quality of Happy Meals. These changes will result in reductions of about 20% in calories and 50% in added sugars. McDonalds also removed SSBs from the Happy Meal part of their menu boards. As a result, the company sold 21 million more apple juice boxes and low-fat and fat-free milk cartons in the first 11 months, in comparison with the same time duration a year prior (The Clinton Foundation, 2015). Also, following a regional chain restaurant's healthier children's menu, sales of milk, healthier entrées, and fruit and vegetable sides increased, while sales of soda and French fries dropped (Anzman-Frasca et al., 2015). Moreover, starting in 2006 the Walt Disney Company changed its default side and beverage options on children's menus in US theme parks and resorts. Children's menus with healthier defaults, compared to menus with unhealthy defaults, led to 19% fewer calories consumed; parents stayed with healthier beverages 66% of the time and healthier sides 48% of the time (Peters et al., 2016).

3. Arguments

Some proponents of Baltimore's new law claim that it does not do enough. Despite no added sugar, 100% fruit juice has natural sugar and may have as many calories as soda. So, even though juice often has vitamins and sometimes fiber, it can still be almost as unhealthy as SSBs. Because of this, most jurisdictions with healthy beverage default laws do not include juice as a default. The evidence associating juice with obesity in children is mixed (Auerbach et al., 2017) and the inclusion of juice remains an important point of contention in children's meal laws. Moreover, non-dairy milk alternatives range in their nutritional value and caloric content and restaurants are not limited to providing low-fat or non-fat milk.

Critics argue that children's meals laws will negatively impact business. These laws, opponents claim, interfere with the minutiae of restaurant operations and exacerbate the challenges these businesses are already facing. Critics are concerned that healthier beverage options are more expensive than SSBs, which would require them to raise children's menu pricing or sell the beverages separately, increasing the cost for patrons. However, evidence shows that there is likely no negative financial impact on restaurants in making children's meals healthier (Anzman-Frasca et al., 2015). A 2013 analysis investigated servings, traffic, and business trends of 21 national restaurant chains to see if sales of "better-for-you" and lower-calorie foods led to better corporate performance (Cardello et al., 2013). The analysis found that restaurant chains that offered these options produced better same-store sales, and improved in both servings and traffic. Moreover, half a dozen large restaurant chains have already voluntarily committed to removing SSBs from children's menus, demonstrating that it is financially feasible to do so (Ribakove et al., 2017).

Despite these concerns, supporters of children's meals laws view them as helping to change the culture of health on beverage preferences and subtly influencing the choices of patrons. Using subtle methods of influencing children's beverage choices at restaurants, or nudges, will not on its own eradicate childhood obesity. However, the law aims to make healthier choices easier options and to influence consumers' choices in anticipated directions without limiting their options (Roberto and Kawachi, 2014). These jurisdictions have chosen a potentially powerful method of influencing seemingly small decisions that could have a lasting impact on childhood obesity – especially as part of a larger policy-based approach to promoting children's health (Huang et al., 2009).

4. Implications and recommendations

The increase in pediatric obesity rates among racial and ethnic minority children significantly strains the health care system and inflicts serious health risk on youth (Hales et al., 2017). Child health advocacy groups have called for a shift in emphasis from treatment to prevention. Solutions to the obesity epidemic should incorporate laws and other policies that ensure healthful choices are the easiest choices. To improve beverage offerings to children, more restaurants should be encouraged or required to remove SSBs from children's menus. The laws in Baltimore and California, along with the other jurisdictions that have passed similar legislation, reflect a growing understanding – among restaurant owners, community members and policymakers alike – of the importance in feeding children healthy meals. They further signal that making healthier beverages the default option on children's menus is gaining strength in the US. However, studies should examine the real-world effect through evaluation of point-of-purchase sales, consumer acceptability, and assessment of child dietary intake in restaurants, for example, to ensure the laws have their intended effect. Adoption of this policy is endorsed by the American Cancer Society, the American Diabetes Association, and the American Heart Association, among others. Cities and states across the country should consider enacting similar laws as part of a greater public health initiative to combat childhood

obesity. A concerted effort to provide healthier choices on children's menus is one influential step policymakers and restaurant owners can make together.

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List of where and when the study has been presented in part elsewhere, if applicable

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