

Study looks at fast-food restaurant response to first limits on free toys with kids' meals

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Jennifer Otten and her colleagues tracked the changes made by some fast-food restaurants after a 2010 ordinance prohibited giving free toys with kids' meals that didn't meet specific nutritional standards.

(Medical Xpress) -- Some of the first fast-food restaurants in the nation prohibited from giving free toys with children's meals that don't meet nutritional standards reacted by curbing the marketing of the toys and highlighting their healthier meals, but did not increase the number of healthful items on their menus, according to a new study from the Stanford University School of Medicine.

The authors said their study, though small, provides the first insights into how fast-food restaurants may respond to legislation intended to prevent restaurants from using toys to make unhealthy food items appealing to

children. The study tracked the reaction to an ordinance enacted in August 2010 in Northern California's Santa Clara County.

“This ordinance gave us the opportunity to study a real-world example of a private-sector response to a public health policy,” said Jennifer Otten, PhD, a postdoctoral scholar at the Stanford Prevention Research Center and the lead author of the study, published online Dec. 8 in the *American Journal of Preventive Medicine*.

Fast-food restaurants have become a high-profile target in the effort to decrease childhood obesity rates, mostly because of concerns that the companies use toys and other giveaways to spur kids toward meals that aren't nutritious. A 2010 analysis by Yale University's Rudd Center for Food Policy and Obesity found that of 3,039 possible kids' meal combinations available at large fast-food chains, only 12 combinations met the nutrition criteria for preschoolers and just 15 for older children.

And a report by the Federal Trade Commission estimated that, in 2006, 10 restaurant chains spent \$360 million on toys that were distributed with more than 1.2 billion children's meals. Toy giveaways and similar restaurant marketing practices were cited in an Institute of Medicine report as contributing to “an environment that puts children's health at risk.”

While some groups have called for action to stop restaurants from marketing unhealthy items to kids, others see such efforts as unwarranted intrusions by the government.

“It's true that parents have the responsibility to seek out healthy choices for their children. But, if those choices don't exist or aren't easily identified for parents, then we need to explore the best levers for changing our environment so that they are,” Otten said. “We wanted to assess whether this policy might improve the health environments of fast-

food restaurants.”

To do that, Otten and her colleagues set out to track the reaction by [fast-food restaurants](#) in the four months immediately after Santa Clara County’s ordinance took effect. The policy — the first of its kind in the nation — prohibited the distribution of toys and other incentives to children along with food items that didn’t meet minimal nutritional criteria. For instance, a meal needed to be less than 485 calories and meet limits on fat, salt and added sweeteners.

“The nutrition criteria in the law are based on nationally recognized standards for children’s health,” Otten said.

The restaurants had options for complying with the ordinance. As an example, they could meet the nutritional standards and continue to offer a free toy with a children’s meal, or cease offering promotional items with meals that didn’t.

Santa Clara’s ordinance applied only to unincorporated regions of the county, and therefore a limited number of restaurants. The researchers visited four major fast-food outlets affected by the law as well as four nearby, same-chain restaurants that weren’t. (The restaurant chains are not identified in the study because the researchers were not attempting to compare chains, but rather wanted to measure the outcomes across a particular class of restaurants — fast-food outlets — known to heavily market toys to children.)

In the months before and after the law took effect, the team documented the nutritional content of the menu items for children, the prices, whether toys or other incentives were offered and how the signage within the restaurants promoted the offerings for children, among other criteria.

The study showed that prior to August 2010, only 4 percent of the children’s meal combinations at the restaurants met the nutritional standards — a number that didn’t change in the four months after the law took effect. While none of the restaurants added healthier options to their menus or reformulated existing items, they did make environmental changes. For example, two of the four affected restaurants removed toy marketing posters, and two offered toys separately at an additional cost. One restaurant singled out the children’s meals that met the ordinance criteria as “promoting good nutrition” on its menu boards. There were minimal changes at the restaurants not affected by the ordinance.

“Before, parents had no idea which meals met the nutritional criteria. After the law was implemented, one restaurant made it clear which ones did,” Otten said. “In addition, there was a clear decrease in toy marketing and advertising at some of the affected restaurants.”

Otten said the study shows that this type of ordinance can help “de-link” the distribution of toys with unhealthy food items. She and her colleagues have continued to monitor the Santa Clara County restaurants to assess the longer-term responses to the legislation. Additionally, they surveyed almost 900 families before and after the ordinance took effect to determine whether it affected their fast-food purchases. They plan to publish the findings related to the family surveys and the longer-term restaurant responses in future papers.

The team is also collecting data from families and fast-food [restaurants](#) in San Francisco, where a similar law took effect on Dec. 1.

With more communities contemplating how to address the issue of childhood obesity, the researchers hope their studies will help guide communities toward steps that achieve the desired results.

Provided by Stanford University Medical Center

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