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Vermont Restaurant Owner & Manager Perspectives on Creating Heart-Healthy Kids Meals

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Introduction

The prevalence of sugar sweetened beverages and fried foods combined with a lack of healthy children’s menu options has contributed to the obesity epidemic among young Americans.1 Recent legislation in New York City and San Francisco instituted strict nutritional requirements on children’s menu items.2

We performed a cross-sectional study that focused on independently owned restaurants with printed children’s menus in Vermont. We investigated the nutritional content of children’s menu items, restaurant owner and manager perspectives on customer ordering habits, and barriers that restaurants would face if they made children’s menu items healthier.

Methods

• Project was reviewed and accepted by the UVM Office of Research Protections as an Instructor’s Assurance.

• 145 Vermont Restaurants with printed children’s menus were identified by online search engine. The restaurants were stratified by county and then contacted randomly by phone to participate in the study. 46 restaurant owner/managers completed the survey.

• The structured questionnaire that was modeled after the Children’s Menu Assessment tool3 included a combination of yes/no and Likert scale response questions. The survey data were collected by second year medical students via LimeSurvey™

• Data were compiled and analyzed in Microsoft Excel.

Limitations

• The number of restaurants available on the restaurant review engine was not inclusive;

• Only restaurant owners who use a printed children’s menu for lunch or dinner were interviewed;

• Data collection was limited by the time of day when managers and/or owners were available;

• The highest concentration of respondents represented the most densely populated areas of the state.

Results

Figure 1: Perspectives on Changing the Children’s Menu
Restaurant owners/managers were asked their opinions on changing the children’s menu and the nutritional content of children’s menus.

Figure 2: Ease of Changing the Menu
Restaurant owners/managers were asked their opinions on the ease of changing specific aspects of the children’s menu.

Figure 3: Survey questions regarding children’s menu choices Questions and restaurant owners/managers answers are shown

Question | Responses | % | % | Yes | No | Don’t know |
--- | --- | --- | --- | --- | --- | --- |
Do you offer a healthy entrée? | 38 (86.9) | 6 (13.1) | 0 | 0 | 0 |
Do you offer a fruit, vegetable, or grain entrée? | 40 (88.9) | 5 (11.1) | 0 | 0 | 0 |
Is fruit juice available? | 37 (84.4) | 9 (20.9) | 1 | 0 | 0 |
If fruit juice is available, are any 100% juice? | 29 (70.0) | 2 (4.7) | 9 | 5 (11.5) | 0 |
Do you offer a beverage choice for children? | 28 (64.4) | 23 (51.1) | 2 (4.7) | 0 | 0 |
Is whole milk and/or water available? | 27 (60.4) | 13 (28.8) | 0 | 0 | 0 |

Discussion & Conclusion

Figure 4: Barriers to Change
Restaurant owners/managers were asked their opinions on barriers to changing their children’s menu.

• Of the restaurants surveyed, >80% offer healthy entrées, >80% offer healthy sides, and >80% offer unhealthy entrées. Thus, restaurants are providing children a choice for both healthy or unhealthy food options.

• 46% of restaurants DO NOT have soda specifically listed as a beverage choice for children. 100% fruit juice and milk are available at the majority of restaurants. Therefore, nearly half of the restaurants surveyed meet the AHA’s goal of removing a sugar-sweetened beverage option from children’s menus.

• Even with the healthy options, most restaurants have the resources and ability to improve the nutritional quality of their children’s menu without incurring a financial burden, such that their sales and costs will stay the same.

• Interviewees do not believe that customers would dislike menu changes; however, based on current observations, several believe that many children will not choose the healthy options.

• Even though the majority of interviewees believe it is the parent’s responsibility to choose healthy menu items for their children, most agreed that children’s menus should take nutritional content into account. We suggest the best approach will encompass both parental and restaurant support.

Further research should include customer perspectives to determine if healthy menu options are being chosen.

References

