# RESTAURANT 

 KIDS' MEALS TOOLKIT

## ACKNOWLEDGEMENTS

Thank you to Sara Ribakove, Katie Marx, Claudia Malloy, Noelle Battle, Ashley Hickson, Alla Hill, Eva Greenthal, Sara John, Maddy Belin, Ribkah Naga, Tia Schwab, and Lisa Flores for their contributions to this toolkit.

## CONTENTS

INTRODUCTION ..... 3
POLICY BACKGROUND ..... 4
POLICY DESCRIPTION ..... 6
Nutrition Standards for All Restaurant Meal Combinations ..... 7
Default Beverages ..... 7
Default Sides ..... 7
POLICY RATIONALE ..... 8
The Science Supporting Healthy Kids' Meals ..... 8
Why Defaults? ..... 8
MESSAGING GUIDANCE \& KEY TALKING POINTS ..... 9
MODEL POLICIES ..... 12
IMPLEMENTATION \& ENFORCEMENT ..... 12
CASE STUDY: PRINCE GEORGE'S COUNTY ..... 13
Sample Campaign Materials ..... 14
OTHER RESOURCES ..... 15
REFERENCES ..... 16

## INTRODUCTION

For more than 50 years, CSPI has been an influential force in the fight for a better food system. We are committed to partnering with communities, organizations, and individuals as they explore and enact innovative policies at the local, state, and federal level that advance a just and equitable food environment. CSPI leverages our unique expertise to support passing policies that increase access to nutritious food, support healthy food and beverage choices, and ensure a healthy diet for those that experience the greatest health disparities.

A crucial part of this work is helping to build the capacity of our partners and other communitybased organizations around the country. To this end, we have developed 7 policy toolkits for CSPI's priority issue areas, including the one you have here. These toolkits are living documents designed to support your advocacy, whether you're a seasoned pro looking for the latest research or are brand new to this issue and trying to figure out where to begin. We've structured this toolkit as a roadmap to guide your campaign, with academic research, case studies, model policies, messaging guidance, and other resources you may need. Included throughout are links to additional resources, developed by CSPI and by our partners, for your deeper learning. We also invite you to explore CSPI's Resource Hub and Resource Library for more tools that you may find useful.

This toolkit specifically is designed to support your efforts to help improve the options offered on kids' menus at restaurants in your community.

## POLICY BACKGROUND

It is challenging for parents and caregivers to feed their kids healthy meals, especially when eating out. Restaurant menus--including kids' meals-are often full of unhealthy foods. In 2018, 71.9 percent of kids' meals failed to meet expert nutrition standards. ${ }^{1}$ In addition, when children eat out, they typically consume more calories, sugars, sugary drinks, saturated fat, and sodium than when they eat at home. ${ }^{2}$

Furthermore, families with children frequently eat out at restaurants, choosing to do so roughly 5 times per week. ${ }^{3}$ Caregivers of young children typically order kids' meals for their child; sixty-four percent of caregivers with children under age six report ordering a kids' meal for their children at their last restaurant visit. ${ }^{4}$ The proportion for caregivers with children ages six to eleven is 46 percent. ${ }^{5}$

With restaurants being an important source of food for American children, it's important that they offer healthy options. Yet the majority of restaurant kids' meals in the US are unhealthy. Healthier children's meals can reduce sugary drink consumption, encourage children to form healthy eating habits, and support parents' efforts to feed their children well. Both children and caregivers are interested in healthier kids' meals. Over half (56.2\%) of the children surveyed in a 2015 study said they would be somewhat or very likely to order a kids' meal that came with vegetables. ${ }^{6}$ An even greater proportion ( $78.9 \%$ ) of children surveyed indicated they would be interested in ordering a kids' meal with fruit. ${ }^{7}$ In one survey, 37 percent of parents who didn't purchase kids' meals for their children indicated they would be willing to purchase one if there were healthier options. ${ }^{8}$

In addition, food preferences begin forming around 2-3 years of age and can be shaped by early childhood experiences and exposure to foods, which includes exposure to food itself and exposure to food marketing. ${ }^{9}$ Children this age have already demonstrated an awareness of food brands and preschoolers can demonstrate brand recognition. ${ }^{10}$ Food marketing on television is known to influence children's purchase requests, food preferences, and food beliefs. ${ }^{11}$

Fast food restaurants spend billions of dollars on advertising each year in the US alone. ${ }^{12}$ As a result of that spending, children are inundated with advertisements for fast food. In 2019, preschoolers (ages $2-5$ ) viewed an average of 830 fast food advertisements on television. ${ }^{13}$ Children (ages 6-11) viewed an average of 786.5 fast food advertisements on television that same year. ${ }^{14}$ This amounts to 2.2-2.3 ads for fast food per day on television alone and doesn't account for ads children may encounter on the radio, on billboards,
 in print media, online, and elsewhere in the environment. ${ }^{15}$ While advertisements for kids' meals make up roughly 10 percent of the fast food ads viewed by preschoolers and children on television, these ads are highly targeted to kids. ${ }^{16}$ Preschoolers viewed three times as many ads for kids' meals as adults and children viewed 3.4 as many. ${ }^{17}$ General ads for a restaurant brand accounted for roughly 30 percent of fast food ads viewed by preschoolers and children on television. ${ }^{18}$

Since food marketing can be influential when it comes to children's food preferences, food beliefs, and purchase requests, ${ }^{19}$ and restaurants are spending billions of dollars to advertise their businesses to children each year, ${ }^{20}$ it's important that restaurants make healthy options available on their kids' menus. This is especially important because roughly 40 percent of ads viewed by children are for kids' meals or the general restaurant brand, ${ }^{21}$ and they may be requesting that their caregivers purchase them a kids' meal or take them to a particular restaurant where a caregiver may order them a kids' meal as a result of this advertising.

Some restaurants have taken voluntary action to improve their kids' meals, ${ }^{22}$ but few have adopted comprehensive nutrition standards for their kids' menus. ${ }^{23,24}$ The voluntary change from the restaurant industry hasn't been enough to significantly improve restaurant kids' meals. It's time to turn things around and give families better options for their kids.

Communities across the country have chosen to serve their kids better. In 2015, Davis, CA became the first city to pass a kids' meal bill that required chains to make healthier beverages like water or milk the default drink offered with children's meals. ${ }^{25}$ California became the first state to pass
a similar policy in 2018 and since then, Hawaii, Delaware, and Illinois have also passed policies. ${ }^{26}$ In addition, nearly two dozen localities including New York City, Baltimore, MD, Louisville, KY, Philadelphia, PA, and Cleveland, OH have enacted similar measures. ${ }^{27}$ In November 2020, Prince George's County, MD passed a policy that ensures that healthier beverages and sides are the default with restaurant children's meals and that at least one kids' meal on the menu will meet expert nutrition standards. ${ }^{28}$ Many more communities are on their way to passing kids' meals policies, and you can join them.

## VIEW PASSED POLICIES CHART HERE \| VIEW PASSED POLICIES MAP HERE

## POLICY DESCRIPTION

When children eat out at restaurants, they typically consume more calories, sugars, sugary drinks, saturated fat, and sodium than they would if they ate at home. ${ }^{29}$ Children ages 2-11 get 11.4 percent of their calories, on average, from fast food restaurant food and beverages. ${ }^{30}$ Therefore, it's important that restaurants offer healthy children's meal options.

Restaurant kids' meal campaigns are state or local campaigns that aim to ensure healthy kids' meals for all. Some healthy kids' meal policies require healthy default sides or drinks, while more
 comprehensive policies require that one full meal or all full meals meet expert nutrition standards.

Potential policy options are detailed below. CSPI is currently prioritizing comprehensive policies that incorporate both food and beverages, such as the full meal nutrition standards or default side dishes. New or innovative approaches to these provisions are welcomed, especially if the bill may have a significant impact on the restaurant environment or is tailored in a meaningful way to advance health equity.

## NUTRITION STANDARDS FOR ALL RESTAURANT KIDS' MEAL COMBINATIONS

Require kids' meals at restaurants meet expert nutrition standards. Nutrition standards can be tailored to the needs of a community, with deference to the foodways of the locality.

CALORIES
< 600
CALORIES FROM SATURATED FAT
< 10\%

## ADDED SUGARS

NO MORE THAN 10\% OF CALORIES

## SODIUM

$<700 \mathrm{mg}$

## FOOD GROUPS

Meals must include at least two of the following and at least one of the two food groups must be a fruit or vegetable.

## FRUIT

$\geq 1 / 2$ cup

NON/LOW-FAT DAIRY
$\geq 1$ cup

## WHOLE GRAINS

$1 / 2$ serving
(first ingredient a whole grain or $\geq 50 \%$
whole grains by weight of product)

VEGETABLE<br>$\geq 1 / 2$ cup

## DEFAULT BEVERAGES

Require the beverage automatically included or offered as part of a children's meal be one or more of the following:

## WATER

Water, sparkling water or flavored water, with no added natural or artificial sweeteners.

## MILK

Flavored or unflavored nonfat or low-fat (1 percent) dairy milk or non-dairy beverage that is nutritionally equivalent to fluid milk (e.g., fortified soymilk) in a serving size of 8 ounces or less.

## JUICE

100 percent fruit or vegetable juice, or fruit and/or vegetable juice combined with water or carbonated water, with no added natural or artificial sweeteners, in a serving size of 8 ounces or less.

## DEFAULT SIDES

Require the side dish automatically included as part of a children's meal be one or more of the following:

At least one-quarter cup unfried fruit.

At least one-quarter cup unfried vegetables, excluding white potatoes.

## POLICY RATIONALE

## THE SCIENCE SUPPORTING HEALTHY KIDS' MEALS

During childhood, kids are growing and beginning to form habits and preferences that may carry through to adulthood. Access to healthy food is critical in ensuring that children can become healthy adults with positive habits. However, the food environment doesn't always support healthy eating for kids. Restaurant kids' meals are often of poor nutritional quality. Not only are restaurants slow to adopt healthier kids' meals, but they're also a top food marketer to kids', influencing their food preferences and beliefs.

VIEW FACTSHEET HERE


## WHY DEFAULTS?

Research shows that people are more likely to choose an option when it's presented as the default. However, most of the default options for sides and beverages that come with restaurant kids' meals are unhealthy. Healthy defaults can help turn that around and support healthy eating for kids.

# MESSAGING GUIDANCE \& KEY TALKING POINTS 

Throughout your campaign, you are going to be engaging with a variety of different stakeholders, such as community members, restaurant owners, and lawmakers. The talking points and frequently asked questions below will help prepare you for some of these conversations.

## KEY TALKING POINTS



The majority of restaurant kids' meals from the top chains fail to meet expert nutrition standards. ${ }^{31}$ When families dine at restaurants, children consume more calories, sugars, sugary drinks, saturated fat, and sodium than they would if they dined at home. ${ }^{32}$

Excess consumption of foods high in calories, saturated fat, and added sugars can impact children's health. Sugary drink consumption in childhood can lead to weight gain, ${ }^{33}$ which can lead to an increase in risk factors for cardiovascular disease. ${ }^{34}$ Sugary drink consumption can also lead to an increase in dental caries in children. ${ }^{35}$

Kids' meals are a marketing tool for a number of reasons, including pricepromotions and special toys. Additionally, restaurants are a top food marketer to kids. ${ }^{36,37}$

Kids' meals may play a role in shaping children's preferences and what is considered normal and appropriate "kid food." Improving kids' meals could help to create healthy norms for children and their families.

Healthy default beverages ensure healthy beverages are available for kids, but don't limit a caregiver's ability to choose whatever beverage they'd like.

## FREQUENTLY ASKED QUESTIONS

Restaurants sometimes suggest an ordinance isn't necessary because they're voluntarily providing healthier options on kids' menus. Is this true? Are the policies necessary?

While some restaurants have made improvements, the overwhelming majority (71.9\%) of children's meals at the nation's largest chain restaurants in 2018 failed to meet a set of expert nutrition standards. ${ }^{38}$ Meals were compared to standards for calories, total fat, saturated fat, sodium, and beverages were evaluated against a set of beverage standards; if a meal failed to meet at least one standard, the entire meal failed. ${ }^{39}$ Kids' meals in 2018 were virtually unchanged from 2012, when 71.8 percent of meals failed to meet expert nutrition standards. ${ }^{40}$ Many meals in 2018 were high in calories ( $60.3 \%$ ), sodium ( $45 \%$ ), and saturated fat plus trans fat (40\%). ${ }^{41}$ As of $2019,83 \%$ of the top 200 restaurant chains still offered sugary drinks as part of the kids' menu. ${ }^{42}$ Although some restaurants have added healthier options, like apple slices and low-fat milk, policies are still necessary to ensure greater change at more restaurants.

Will restaurants be able to successfully change to healthier default beverages and/or healthier default sides?

Yes, most restaurants should be able to easily change to healthier default beverages and sides. Many restaurants already have healthier beverage and side options as part of their kids' meal and simply will have to make these options the default (automatic) option. ${ }^{43}$ Restaurants can also choose healthier product lines from their current beverage supplier, so they don't need to create completely new contracts to meet the requirements of the bill. Plus, tap water meets the default beverage standard and can be used as a default beverage option.

## Will restaurants be able to successfully meet the nutrition standards?

Yes, while some restaurants will need to modify their kids' menu, they will be able to successfully meet nutrition standards. This policy uses nutrition standards based on those developed by the National Restaurant Association for its Kids LiveWell program, which is already being met by several restaurant chains. ${ }^{44}$ It also incorporates best practices from the Dietary Guidelines for Americans. Many restaurants are already reformulating menu options, replacing french fries with fruits and vegetables, and offering low-fat milk or water instead of soda, ${ }^{45}$ but more progress is needed.


Isn't it up to caregivers-not restaurants-to be responsible for what kids eat when dining out?

Caregivers play a central role in determining what children eat. However, food companies and restaurants influence the parent-child relationship around food and determine the choices available. Restaurants should support—not undermine—caregivers' efforts to feed children healthfully. Healthier kids' meal policies help to ensure healthy options are available to families.

Is the ordinance another example of government overreach?

Setting nutrition standards for kids' meals is not government interference with parental responsibility. Parents have the right to guide their children's food choices without interference from corporations. Restaurants should do more to improve the nutritional quality of their offerings to give parents a chance at finding healthy options their kids like. Since restaurants haven't made enough progress on their own, cities and states can nudge them in the right direction.

Do kids' meal policies improve the nutritional quality of kids' meals? Do they change what families choose?

Yes, kids' meal policies improve the nutritional quality of kids' meals. Most restaurant kids' meals are unhealthy, and improvements in nutritional quality have been small and slow. ${ }^{46}$ States and localities can support parents in helping children make healthy food choices by implementing healthy default beverages, healthy default sides, and/or nutrition standards for children's meals. Studies that analyze the purchases when restaurants voluntary change to healthy default beverages and/or sides show that healthy options are chosen more frequently when they are the default. 47,48

## MODEL POLICIES

CSPI has developed kids' meals model policies that communities can use to develop their own policy. Communities are welcome to adapt these to fit their own needs.

## VIEW MODEL POLICIES HERE



## IMPLEMENTATION AND ENFORCEMENT

When working on a kids' meals campaign, it is important to plan for implementation and enforcement. If a policy isn't adequately implemented and enforced, it is unlikely that the policy would have its intended impact. Before policy passage, you should consider consulting with the intended enforcement agency and discuss how you can support policy implementation and enforcement. For example, some kids meal campaigns have assisted with outreach to the restaurant industry, informing them of the policy and sharing materials that could help them with compliance. In most states and localities where these policies have passed, enforcement is completed by restaurant inspectors/sanitarians and overseen by local health departments.

## CASE STUDY

## PRINCE GEORGE'S COUNTY KIDS' MEAL BILL CASE STUDY

On November 17th, 2020, lawmakers in Prince George's County, Maryland became the first in the country to pass legislation that comprehensively addresses restaurant kids' meals. ${ }^{49}$ The legislation will ensure that healthier beverages and sides are the default with restaurant children's meals and that at least one kids' meal on the
 menu will meet expert nutrition standards. While parents can still request a different beverage or side for their children, they will no longer have the least healthy items pushed on their kids as the default option. The bill passed unanimously.

The bill passed during a tumultuous time due to the COVID-19 pandemic. While many states and localities around the country halted working on policies that were not directly related to the pandemic, Prince George's County Council, the coalition supporting the kids' meal bill, and the community came together to address their needs. The coalition created strong messaging that encouraged people to see the connection between our diets and our health at a time when health was at the forefront of everyone's minds.


Che Washington Dost

# Goodbye Coke, hello milk! Prince George's pushes healthy kids' menu 

By Rachel Chason
Prince George's County has passed a law that will, over the next five years, require healthy drinks and meals to become the default options on children's menus at restaurants - a move advocates are heralding as the first of its kind in the country.

A small but mighty coalition of advocates worked tirelessly to build support for the bill and advance the bill through the legislative process. The coalition included both national organizations, such as the American Heart Association, the American Diabetes Association, and the Center for Science in the Public Interest, and local organizations including Sugar Free Kids Maryland, Beyond W8 Loss, Spaces in Action, and the Prince George's County Food Equity Council.

Advocates were strategic in navigating the county council legislative progress and worked alongside a highly committed bill sponsor, Councilmember Sydney J. Harrison. The coalition was careful to consider the needs of county restaurants throughout the process, including making sure county restaurants will have adequate time to make these changes before enforcement begins. The supporters of the initiative defended the bill from mounting attacks from industry, including the local restaurant association and McDonald's, which both tried to minimize the effectiveness of the bill.

Importantly, the coalition members with the strongest community ties did a remarkable job with community engagement. Coalition members hosted forums to share information about the bill and recruit support, including encouraging passionate community members to testify in favor of the bill before the county council at bill hearings.

Finally, coalition members also leveraged the power of the media and storytelling to build broader awareness and encourage members of the council to pay attention to the importance of the bill and the level of community support.

Passing the Prince George's County Healthy Kids' Meal bill was a collective effort that leveraged the unique skills of a strong coalition and empowered a community to take their kids' health into their own hands.

## SAMPLE MATERIALS FROM PRINCE GEORGE'S COUNTY

The following materials from the Prince George's County campaign are available for you to view.

1. Op-ed
2. News clipping
3. Action alert
4. Testimony
5. Press releases
6. Talking points for lobby meeting
7. Flyer
8. Social Media (Twitter)

Noteworthy tactics not used on this campaign: Sign-on letter, petition, blog post, letter to editor, letter to decision maker

VIEW SAMPLE PRINCE GEORGE'S COUNTY MATERIALS HERE


## OTHER RESOURCES

CSPI and several other organizations have created numerous valuable resources that can help inform your kids' meals campaign. Check out these resources if you'd like to dive deeper into topics related to kids' meals.

## Sample Materials from Default Beverage Campaigns

## Various Organizations

Selling Out Kids' Health: 10 Years of Failure from Restaurants on Kids' Meals
Center for Science in the Public Interest, 2021

Soda Still on the Menu: Progress, but More to Do to Get Soda off Restaurant Children's Menus
Center for Science in the Public Interest, 2019

Changing the Channels: How Big Media Helps Big Food Target Kids (and What to Do about It)
Center for Science in the Public Interest, 2019

FAST FOOD FACTS 2021 Fast Food Advertising: Billions in Spending, Continued High Exposure by Youth

UConn Rudd Center for Food Policy and Health, 2021

## Sugary Drink FACTS 2020 Sugary Drink Advertising to Youth: Continued Barrier to Public Health Progress

UConn Rudd Center for Food Policy and Health, 2020

Big Food, Big Tech, and the Global Childhood Obesity Pandemic
Center for Digital Democracy, 2021

Healthy Restaurant Kids' Meals Fast Facts
Voices for Healthy Kids, 2020

## REFERENCES

1. Marx K and Ribakove S. Selling Out Kids Health: 10 Years of Failure from Restaurants on Kids' Meals. Center for Science in the Public Interest. 2021. https://cspinet.org/resource/selling-out-kids-health. Accessed February 8, 2022.
2. Powell LM, Nguyen BT. Fast-Food and Full-Service Restaurant Consumption Among Children and Adolescents. JAMA Pediatrics. 2013;167(1):14-20.
3. Saksena M, et al. America's Eating Habits: Food Away from Home. U.S. Department of Agriculture Economic Research Service. 2018. https://www.ers.usda.gov/webdocs/publications/90228/eib-196.pdf?v=5649. Accessed February 8, 2022.
4. Harris JL, et al. Parents' Reports of Fast Food Purchases for Their Children: Have They Improved? UConn Rudd Center for Food Policy \& Obesity. 2018. Available https://uconnruddcenter.org/wp-content/uploads/sites/2909/2020/09/272-10-Healthier-Kids-Meals-Parent-Survey-Report_Release_8_31_18.pdf. Accessed February 8, 2022.
5. Harris, 2018.
6. Anzman-Frasca S, et al. Healthier Side Dishes at Restaurants: An Analysis of Children's Perspectives, Menu Content, and Energy Impacts. International Journal of Behavioral Nutrition and Physical Activity. 2014;11(81).
7. Anzman-Frasca, 2014.
8. Lee-Kwan SH, et al. Parental Characteristics and Reasons Associated with Purchasing Kids' Meals for Their Children. American Journal of Health Promotion. 2018;32(2):264-270.
9. Institute of Medicine. Food Marketing to Children and Youth: Threat or Opportunity? The National Academies Press. 2006. Available https://www.nap.edu/catalog/11514/food-marketing-to-children-and-youth-threat-or-opportunity. Accessed May 12, 2022.
10. Institute of Medicine, 2006.
11. Institute of Medicine, 2006.
12. Harris JL, et. al. Fast Food FACTS 2021: Fast food advertising: Billions in Spending, continued high exposure by youth. Rudd Center for Food Policy and Health. 2021. Available https://media.ruddcenter.uconn.edu/PDFs/FACTS2021.pdf. Accessed February 8, 2022.
13. Harris, 2021.
14. Harris, 2021.
15. Harris, 2021.
16. Harris, 2021.
17. Harris, 2021.
18. Harris, 2021.
19. Institute of Medicine, 2006.
20. Harris, 2021.
21. Harris, 2021.
22. National Restaurant Association. Welcome to Kids LiveWell. n.d. Available https://restaurant.org/education-and-resources/ learning-center/food-nutrition/kids-live-well/. Accessed January 13, 2021.
23. McDonald's. McDonald's Announces Global Commitment to Support Families with Increased Focus on Happy Meals. 2018. Available https://corporate.mcdonalds.com/corpmcd/en-us/our-stories/article/ourstories.happy_meal_support.html. Accessed February 8, 2022.
24. Marx, 2021.
25. Center for Science in the Public Interest. Chart: State and Local Restaurant Kids' Meal Policies, 2021. 2021. Available https:// cspinet.org/resource/chart-state-and-local-restaurant-kids-meal-policies. Accessed February 8, 2022.
26. CSPI, 2021.
27. CSPI, 2021.
28. CSPI, 2021.
29. Powell, 2013.
30. Fryar CD, et al. Fast Food Intake Among Children and Adolescents in the United States, 2015-2018. NCHS Data Brief No. 375. 2020. Available at https://www.cdc.gov/nchs/products/databriefs/db375.htm. Accessed February 8, 2022.
31. Marx, 2021.
32. Powell, 2013.
33. de Ruyter JC, et al. A Trial of Sugar-free or Sugar-Sweetened Beverages and Body Weight in Children. New England Journal of Medicine. 2012;367:1397-1406.
34. Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. Circulation. 2017;135(19):1017-1034.
35. National Institute of Dental and Craniofacial Research, National Institutes of Health, U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. 2000. Available https://www.cdc.gov/oralhealth/ publications/federal-agency-reports/sgr2000_05.htm. Accessed February 8, 2022.
36. Harris, 2021.
37. Reat A, Wootan MG, Center for Science in the Public Interest. Changing the Channels: How Big Media Helps Big Food Target Kids (and What to Do About It). 2019. Available at https://cspinet.org/resource/report-changing-channels. Accessed February 11, 2022.
38. Marx, 2021.
39. Marx, 2021.
40. Marx, 2021.
41. Marx, 2021.
42. Ribakove S, Wootan MG, Center for Science in the Public Interest. Soda Still on the Menu: Progress, but More to Do to Get Soda off Restaurant Children's Menus. 2019. Available https://cspinet.org/KidsMealSoda2019. Accessed February 8, 2022.
43. Marx, 2021.
44. National Restaurant Association, n.d.
45. Marx, 2021.
46. Marx, 2021.
47. Peters J, et al. Using Healthy Defaults in Walt Disney World Restaurants to Improve Nutrition. The Behavioral Science of Eating. 2016;1(1):92-103.
48. Anzman-Frasca S, et al. Orders of Healthier Children's Items Remain High More than Two Years after Menu Changes at a Regional Restaurant Chain. Health Affairs. 2015;34(11):1885-1892.
49. CSPI, 2021.

