

# New York City “Healthy Happy Meals” Bill

## Potential Impact on Fast Food Purchases



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### Introduction

The New York City (NYC) Council recently proposed a policy (“Healthy Happy Meals” bill) to improve the nutritional quality of children’s combination meals at fast food restaurants by requiring meals with toys or promotional items meet certain nutritional criteria (Figure 1).<sup>1</sup> This is similar to legislation in two California localities.<sup>2,3</sup> One experimental study distributed toys with modified McDonald’s Happy Meals designed to comply with the California law. Children were more likely to choose healthier modified meals with the toy than unchanged meals without the toy.<sup>4</sup> The present study focuses on the NYC “Healthy Happy Meals” bill and how it might impact the nutritional quality of purchases for children if the proposed targets were met.

### Methods

To understand the potential impact of the policy, data collected for a prior study were analyzed (similar to other work<sup>5</sup>); these data included purchases for 422 children made by 358 adults. Data were collected in 2013 and 2014 from multiple NYC and New Jersey locations of three fast food restaurant chains that use toys (Burger King, McDonald’s, and Wendy’s). Adult consumers provided researchers with receipts (including children’s meals) upon exiting the restaurant, and completed a short survey to verify purchases and demographics. The percentage of purchases made for children that included a children’s combination meal (i.e., designated specifically for children that included a main, side(s), drink, and toy) were determined, as well as the percentage of those meals that would be ineligible for a toy under the proposed policy. The reduction in calories, sodium, and percentage of total calories from fat was calculated if each of these nutrients was capped at the maximum allowable amount. Nutritional values for all children’s combination meals at the proposed limits were top-coded to create a hypothetical “post-intervention” sample, and regression models for each nutrient category were estimated, clustering at the level of the adult purchaser, using bootstrapped samples controlling for actual versus

hypothetical sample, state where the data were collected, restaurant chain, demographics, meal time, and type of food.

### Results

Mean age of children was 7.0 (95% CI=6.6, 7.4) years and 87% of caregivers were black or Hispanic. A mean of 600 (95% CI=567, 634) calories were purchased, 36% (95% CI=35%, 37%) of which were from fat. Additionally, 869 (95% CI=808, 930) mg of sodium were purchased for each child. Approximately 35% (95% CI=30%, 40%) of children ate a children’s combination meal. Of these children’s combination meals, 98% did not meet the proposed nutrition criteria for at least one nutrient: 51% exceeded the limit for calories, 55% for sodium, 78% for calories from fat, 14% for saturated fat, and 49% for added sugars. If all children’s combination meals met the proposed criteria, there would be a 9% (95% CI=7%, 13%) reduction in calories for children whose purchases included a children’s combination meal (54 calories), and a 3% reduction (95% CI=2%, 5%) in calories for all children (18 calories). For children whose purchases included a children’s combination meal, there would be a 10% (95% CI=8%, 14%) reduction (83 mg) in sodium and a 10% (95% CI=8%, 12%) reduction in the percentage of calories from fat (3 percentage points).

### Discussion

The policy could result in a reduction of calories, sodium, and percentage of calories from fat purchased for children, assuming the same purchases were made before and after introduction of the policy. Modifications to existing children’s meals could be made in order to comply with the bill. In one study of a non-fast food restaurant, including healthier default options on children’s menus led to healthier ordering patterns and increased restaurant revenues.<sup>6</sup>

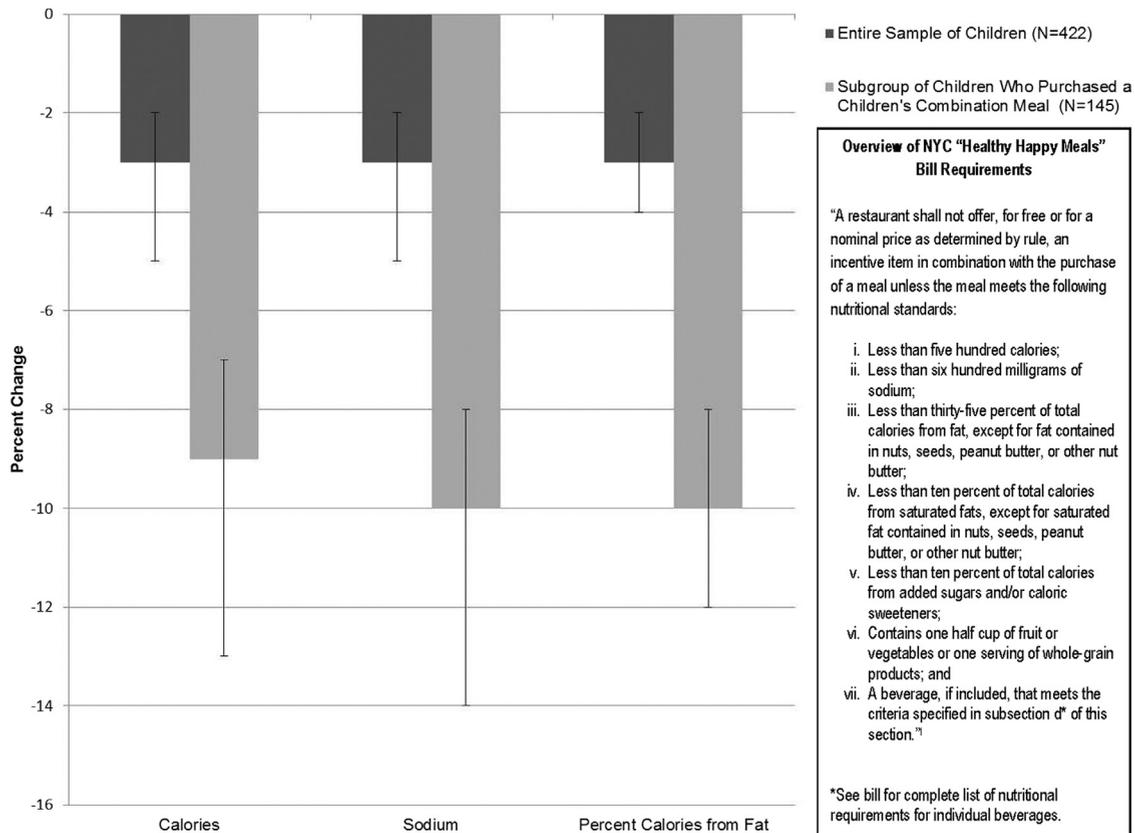
No single policy can singlehandedly eliminate childhood obesity. Policymakers could consider broader restrictions on marketing, similar to legislation in Chile that banned any use of toy premiums in children’s meals in 2012.<sup>7</sup> Effectiveness of this policy will be shaped by whether the food industry attempts to neutralize the policy through marketing or other strategies. For example, the industry may remove children’s meals altogether, forcing children to order large portions from the adult menu (not helpful for public health) or

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**Figure 1.** Potential changes in children’s fast food purchases under the “Healthy Happy Meals” bill.

consume meals elsewhere (ambiguous for public health). Based on the analyses presented here, the “Healthy Happy Meals” bill could increase the healthfulness of fast food meals purchased for a child.

BE had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. This project was supported by the following sources: NIH (National Institute of Diabetes and Digestive and Kidney Diseases R01DK09924), New York State Health Foundation (12-01682), and Robert Wood Johnson Foundation (70823). The funders had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the manuscript.

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