

January 2012

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Recommended Citation

Ehrlich, Megan (2012) "Evaluating Healthy Meal Choices on Children's Menus in Sit-Down Restaurants," *Ursidae: The Undergraduate Research Journal at the University of Northern Colorado*: Vol. 1 : No. 2 , Article 1.

Available at: <http://digscholarship.unco.edu/urj/vol1/iss2/1>

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Abstract

Evaluating Healthy Meal Choices on Children's Menus in Sit-Down Restaurants

The purpose of this study was to assess parents' and restaurant managers' knowledge, attitudes and behaviors about choosing and providing healthy choices on sit-down restaurant children's menus. A parent survey, restaurant manager group discussions, and children's menu evaluations were conducted to examine those factors. Managers felt children's menus did not offer healthy choices and that having nutritional information available on menus would not change parent's menu choices. Thirty-five percent of restaurants' children's menus offered a healthy entrée choice, 48% offered a healthy side option and 13% offered low-fat milk. Ninety-four percent of parents felt restaurants should offer more healthy choices on children's menus. Sixty-eight percent of parents would like to have an informational website on choosing healthy choices at restaurants. The results of this study will allow for educational tool development to assist parents and restaurant managers on ways to choose and provide healthy food choices on children's menus.

Key Terms: children's menus, child nutrition, childhood overweight, family style restaurant, sit-down restaurant

Introduction

Childhood obesity in America has increased over 300% in the last 20 years (1980-2008) (Center for Disease Control, 2005). Data from the National Health and Nutrition Examination Survey (NHANES) suggest that 19.6% of children ages 6-11 years are obese, and that number is on the rise (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Childhood obesity has many health implications such as hyperlipidemia, insulin resistance, respiratory problems, and psychological concerns (Center for Disease Control, 2005; Freedman, Dietz, Srinivasan, & Berenson, 1999; Gopinath, Baur, Garnett, Pfund, Burlutsky, & Mitchell, 2011; Mauras et al., 2010). In addition, children that are obese often show cardiovascular risk factors (e.g., hypertension) at an early age (Gopinath et al., 2011). Excess calorie intake and insufficient calorie expenditure are factors that are taken into consideration when looking at the possible causes of childhood obesity (U.S. Food and Drug Administration, 2004; Butte, Christiansen, & Sorensen, 2007). Some studies have found that children's dietary intake differs depending on the presence of caretakers, encouragement of different foods, and the feeding behaviors of caretakers (Hood et al., 2000; Gubbels et al., 2010; Hughes et al., 2007; Wardle & Carnell, 2007; Brown, Ogden, Vogeles, & Gibson, 2008; Lazarou, Kalcana, & Matalas, 2008). These findings suggest that modeling healthy eating patterns is pivotal in the prevention of childhood overweight and obesity.

An area of growing concern is the increasing frequency of meals eaten out. Americans aged eight and older eat out approximately four times per week (Serrano & Jedda, 2009). Food away from home has been shown to have higher amounts of saturated fat, trans fat, calories, and sodium than foods prepared at home (Center for Science in the Public Interest, 2008; Serrano & Jedda, 2009). In addition, children generally consume larger portions and more calories when eating away from home (Mancino, Todd, & Lin, 2009; Shwartz & Byrd-Bredbenner, 2006;

Ayala et al., 2008). There are differences between the menu choices of fast-food and non-fast-food restaurants, and a study done by Jedda and Serrano (2009) found that fast-food menus offer smaller portion sizes and more low-fat options than non-fast food restaurants. Taking into consideration the importance of studying menu choices at fast-food restaurants, it is also necessary to look more in depth at the menu choices available in sit-down restaurants. In a study conducted by McIntosh et al. in 2011, time spent in a full-service restaurant was shown to be related to parenting style, parent work schedules, parental eating habits, and parent perception of family meals. The time spent in full-service restaurants increased when the parent's schedules were determined to be standard schedules (e.g., 8 AM to 5 PM) as well as when the parents had perceived control over their work schedules. Authoritative parenting style was associated with more time spent in fast-food restaurants. Mother's concern about their child's weight also led to more time spent in full-service restaurants than fast-food restaurants (McIntosh et al., 2011). With the increasing frequency of meals eaten away from home, the availability and acceptability of healthy menu choices at sit-down restaurants needs to be examined.

One limiting factor when making healthy choices is the availability of nutritional information on children's menus. The Affordable Health Care Act recently established labeling laws that require chain restaurants with 20 or more sites to provide calorie information on site and have other nutrition information available to consumers (Office of the Legislative Counsel, 2010; Stein, 2010). Although these labeling laws are aimed at decreasing the growing trend of obesity, it is questionable if they will have an effect on consumer choice (Tandon, Wright, Zhou, Rogers, & Christakis, 2010; Bassett et al., 2008; Yamamoto, Yamamoto, Yamamoto, & Yamamoto, 2005; Burton, Howlett, & Tangari, 2009). Results from one research study (Tandon et al., 2010) showed parents ordered an average of 102 calories less for their children when

nutrition information was available. Having the nutrition information available did not affect how parents ordered for themselves (Tandon et al., 2010). Although the overall health benefits of labeling laws are not clear yet, laws have not been established for restaurants that possess less than 20 locations (Office of the Legislative Counsel, 2010; Stein, 2010). With the goal of improved public health and a reduction in obesity in mind, it is imperative that local and non-chain restaurants offer healthy menu choices as well. The current study focuses on children's menus at sit-down restaurants, which is an area of focus that has received some attention, but less than desirable (Serrano & Jedda, 2009; Center for Science in the Public Interest, 2008). This study also looks at restaurant managers' attitudes in offering healthy choices on their menus, as well as the knowledge and attitudes of parents when making healthy choices for their children at sit-down restaurants. This multi-pronged approach will allow the researchers to assess trends and discrepancies of the menu planning and customer purchasing processes. With each component the researchers hope to determine the current status of children's menus and how restaurant managers and parents or caretakers feel about current children's menu items. This will enable the researchers to see where changes can be made as well as barriers to change. The purpose of this exploratory study was to evaluate the availability and acceptability of healthy children's menu choices in sit-down restaurants, and to aid in the development of nutrition education tools for parents of school-aged children.

Methods and Materials

Institutional Review Board (IRB) approval was received from The University of Northern Colorado. A three part exploratory study including a parent survey, group discussions with restaurant managers and evaluation of food available on restaurant's children's menus was conducted. All parts of the study were conducted in Fort Collins, Colorado.

Parent Survey

The goal of the parent survey was to gather knowledge, attitudes, and behaviors of parents and caretakers regarding restaurant meal selection for their children. The parent survey was developed and tested for reliability. A cohort of 30 parents completed the study via test-retest method for each question. An overall correlation level of .7 was achieved for each question. Content and face validity was established using child nutrition experts and parents. The survey contained 34 questions that asked parents about their knowledge, attitudes and behaviors pertaining to accessing healthy food choices on sit-down restaurants' children's menus. In addition, their views on foods that should be offered in restaurants and their roles in assisting their children choosing meal choices were also assessed. Questions were asked such as: how many servings of milk (1 cup of milk, 1 ½ oz. cheese) per day are recommended for a child, what types of food would you like to see available on children's menus, and how strongly do you agree/disagree with the statement, "I feel that the restaurant environment supports healthy eating among infants and children." Due to the demographic composition of the target population, the survey was then translated and back-translated into Spanish by two bilingual individuals. Parents were recruited from a local school district during parent nights at an elementary school; a convenience sample was used. A goal of at least 100 parents was desired. Informed consent was received from each parent/guardian before the start of the survey. Incentives (\$10 gift cards to a local grocery store) were provided to increase the response rate. Frequency distributions and chi squared tests comparing demographic data with attitudinal/behavioral questions were conducted with SPSS17.

Group Discussions

The goal of the manager group discussion was to gather knowledge and attitudes of restaurant managers pertaining to healthy children's menu options in their restaurants. Discussion questions were adapted with permission from the *Restaurant Manager Survey* from the Produce for Better Health Foundation. Questions were asked such as: how long have you worked in the restaurant business, what are the key issues impacting your business today, and why do you think parents and guardians choose a restaurant to eat at with their children/infants? A list of all sit-down restaurants was received from the local county health department (N=396). Systematic sampling (every 5th) was conducted to determine the final number of restaurants to contact for the group discussions. Restaurant managers and/or supervisors were invited to attend and were recruited through mailings and phone calls to local restaurants. A goal of 10 restaurant managers overall was desired for the discussions. Food and incentives (\$10 gift cards to local grocery stores) were offered to increase the response rate. Two different discussions were held at a local community center within a two-week period on different times and different days to increase the response rate. The best times and days to recruit managers and supervisors to attend the group discussions were received from a local restaurant consortium. Informed consent to participate was received before the start of the group discussions. Discussions were audio-recorded and transcribed to ascertain that all comments were captured; common themes were assessed within the data.

Restaurant Menu Analysis

As mentioned above, a list of all sit-down restaurants was received from the local county health department (N=396). Systematic sampling (every 5th) was conducted to determine the final number of restaurants to visit. This number was determined based on the funding available. The *Nutrition Environment Measures Survey* (NEMS), a valid and reliable tool, was used to

assess the restaurants' children's menu and collect the data (Glanz et al., 2007). Permission to use NEMS was received and online training was completed before the use of the tool. The two researchers attended the selected restaurants during the lunch hour and completed the NEMS on-site to ensure that no data were collected incorrectly. The analysis consisted of looking at foods available on children's menus; no assessment of specific nutrients was conducted. Healthy choices were deemed as such based on the MyPyramid Recommendations. The MyPyramid offers suggestions on what fruits and vegetables, beverage choices, and lean protein choices are nutrient dense. Means and percent frequencies were determined with SPSS17.

Results

Parent Survey Results

One hundred and thirty-eight parents completed the survey. Table 1 depicts the demographic information of the participants.

Table 1. Demographics of Parent Participants (n=138)

Demographic Variable	Frequency (n)	Percent (%)
Gender		
Male	46	34
Female	92	67
Age (years)		
21-29	6	5
30-39	89	65
40-49	34	25
≥50	9	7
Ethnicity		
Asian	1	1
Hispanic or Latina	13	10
Native Hawaiian or Other Pacific Islander	2	2
White	117	84
Other	5	3
Type of Education Completed After High School		
None	6	4
Some College Coursework	10	7
Certificate	9	6
Associate's Degree	4	3
Bachelor's Degree	69	50
Master's Degree	31	23
Other Advanced Degree (PhD, MD, JD)	8	6
Other	1	1
Hours Worked Outside of the Home		
<5	20	15
5-10	4	2
11-20	6	4
21-30	6	4
31-39	21	16
≥40	81	59
Number of Children Currently Living with Participants		
0	4	3
1	29	21
2	80	58
3	20	15
4	2	1
5	3	2

Participants were primarily females between 30 and 39 years old (65%), had a self-reported overweight BMI of 25.8 (56%), had completed a Bachelor's Degree (50%) and ate out 1-2 times per week (71%), normally at dinner. Eighty-four percent of the participants designated

themselves as White, and 59% worked 40+ hours outside the home. Fifty-eight percent of the participants had two children currently living with them; the majority of the children were less than 18 years old. The participants primarily ate out with their children at sit-down restaurants, such as Chili's or Applebee's (53%) and fast-casual restaurants, such as Panera or Chipotle (44%). Participants surveyed determined that the number one reason why they chose a certain restaurant to eat at with their children was "price" (38%), followed by "restaurant has children's menu" (32%) and "freedom for child to be loud" (30%). Table 2 describes parent's attitudes on healthy food choices on children's menus at restaurants.

Table 2. Parents' Attitudes on Healthy Food Choices on Children's Menus at Restaurants (n=138)

Parents' Attitude	N	%
Believed restaurants should offer more healthy choices on children's menus	54	39
Desired that restaurant menus have nutrition labels	65	47
Considered themselves knowledgeable in choosing healthy meals for their children	55	40
Believed restaurant environment does not support healthy eating among children	63	46
Considered themselves good role models on healthy eating for their children	46	33

Females were more likely to agree that restaurants should offer more healthy choices on children's menus ($\chi^2=12.3$; $p=.03$). Caucasians were more likely to disagree that the restaurant environment supports healthy eating in children ($\chi^2=117.4$; $p=.0001$). Parents who had completed training/education after high school were more likely to feel that they were a good role model for their children when it pertains to eating healthy ($\chi^2=11.9$; $p=.02$). Parents who felt that they were knowledgeable in eating healthy were more likely to incorrectly answer the knowledge questions on appropriate serving sizes of fruits and vegetables for their children ($\chi^2=117.4$; $p=.03$). Less than 25% of parents correctly answered questions on the appropriate serving sizes for fruits, vegetables, and milk (20%, 17%, and 22%, respectively). In addition,

participants were asked if they would like to receive information on ways to assist them in choosing healthy options at restaurants; 86% of the participants were interested in receiving information, and 68% would like to receive this information through a website.

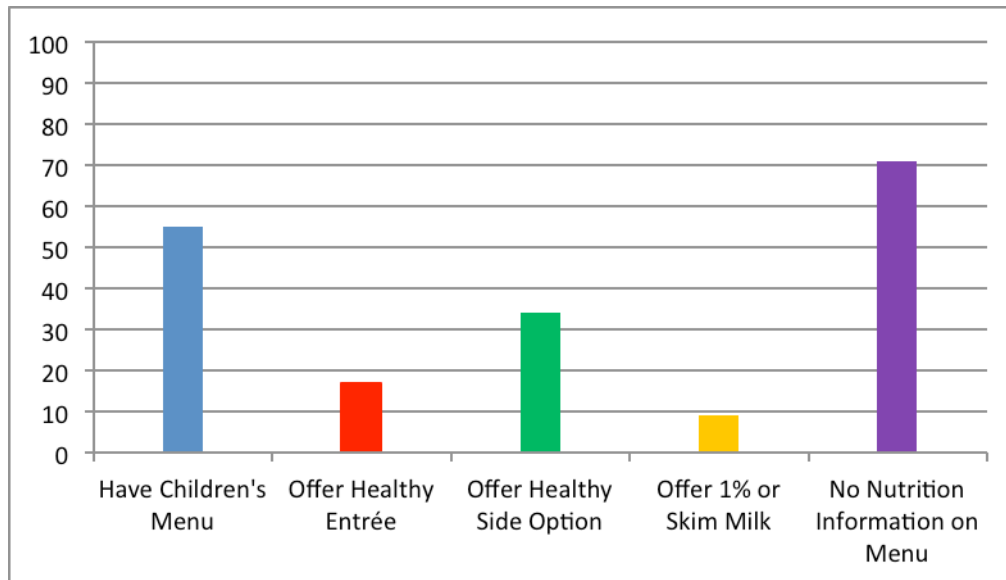
Group Discussion Results

Five restaurant managers/supervisors participated in the group discussions. The majority of participants (n=4) were male and had completed at least an Associate's Degree. One hundred percent of the managers felt their restaurants had a healthy option (e.g., steamed vegetables) on their children's menus. All of the participants disagreed with the statement, "I feel that foods available on children's menus are healthy options." The majority of participants agreed that the restaurant environment does not support healthy eating among children and infants because they felt that restaurants do not give as much preparation to children's menus as they do to the regular menu. The majority of participants felt that providing nutrition information on their menus would not affect their sales in a negative way; however, they were concerned about the cost of adding nutrition information to menus, especially if there were frequent menu changes at their restaurant. All managers felt menu options were driven by consumer demand.

Restaurant Menu Results

Seventy-one sit-down restaurants were visited. Four of the restaurants did not offer a children's menu. Twenty-four (34%) of the restaurants were considered chain restaurants and forty-seven (66%) restaurants were considered non-chain restaurants. The top four restaurant types that were visited were American (n=21), Asian (n=12), Mexican (n=9) and Italian (n=8). Figure 1 depicts key findings from the restaurant menu results.

Figure 1 – Sit-Down Restaurant Menu Analysis Results (n=71)



Grilled chicken with herb seasoning was the primary healthy choice. Side options varied throughout the analysis. Sliced apples, natural applesauce, mandarin oranges and raw vegetables with a low-fat dip were the primary healthy choices found on the menus. Beverages choices were also plentiful on the menus. All of the restaurants offered soda or juice (75% were 100% juice). Fifty-seven (80%) of the restaurants offered a milk choice. Asian-themed restaurants assessed often did not offer milk; one of the twelve did. Only 13% of the restaurants offered either skim or 1% milk. None of the restaurants had nutrition information labeled on their children's menus.

Discussion

The results of this study show that there are multiple determining factors when it comes to providing and selecting healthy children's menu choices. Parent knowledge and attitudes can play a vital role when it comes to making healthy choices for their children. Although parents felt that they were knowledgeable in choosing healthy menu options and wanted children's menus to have nutrition labels on them, healthy children's menu options were not one of their main reasons for choosing a restaurant. Parents also felt that restaurants should offer more healthy menu choices and believed that the restaurant environment does not support healthy

eating among children. This information suggests that although parents may give some initial thought to healthier menu choices, it is not at the forefront of their minds when deciding where and what to eat at a sit-down restaurant. In addition, parents who did feel that they were more knowledgeable in making healthy eating choices were more likely to incorrectly answer questions on appropriate serving sizes of fruits and vegetables for their children. In fact, less than a quarter of parents correctly answered the questions regarding serving sizes. There is clearly a disconnect between parents' desire to make healthy choices and the education required for them to do so.

Parents may also believe that it is the restaurant's responsibility to make menu changes. The restaurant manager discussion results showed that they too felt as though the restaurant environment does not support healthy eating among children and infants. Managers noted that restaurants do not give much thought to their children's menus, and it is often an afterthought to the adult menu. Managers also commented that consumer demand plays a large role in what is offered. They also suggested that a greater demand by parents to offer healthy children's menu options would motivate restaurants to offer more of those choices. These attitudes of restaurant managers can also be seen in a study by Glanz et al. (2007) determining that consumer demand has the largest influence on profit, which in turn has the largest influence on menu change in chain restaurants. With this information the disconnect of parent education is made clear because parents may lack the education needed in order to know how and what to request in terms of healthy meal options for their children. If the education parents need to implement change is not there, then restaurants will not offer different options, as healthier options are not being frequently requested. Making the children's menu a priority and offering healthier children's

menu options will not be a benefit to restaurants unless there is a potential for profit, which can be seen in the study by Glanz et al. (2007) as well as the current study.

The relationship between consumer demand and what is offered on the menu can be seen in the restaurant menu analysis. Every restaurant offered soda or juice as a beverage option. Most restaurants offered a milk choice, but very few offered skim or 1% milk. The results on beverage options are comparable to the results from a study that looked at the children's menus of the top 25 chain restaurants in America (Center for Science in the Public Interest, 2008). Their study found that by far soda was the most widely offered beverage, followed by juice and milk. The Center for Science in the Public Interest also found that less than half of the restaurants surveyed offered 1% or fat-free milk. The current study also looked at the availability of healthy entrées and side options. Less than half of restaurants offered a healthy side option, and less than a quarter offered a healthy entrée. Even though 48% of the restaurants offered a healthy side option, there is some discrepancy as to what was considered a healthy side. For example, restaurants often promote mandarin oranges as a healthy side option, but whether it is truly healthy depends heavily on the packaging method (e.g., light syrup, no sugar added). Fresh orange slices would be healthier than mandarin oranges in sugar syrup, but parents may not know the nutritional difference between the two. This is a point where parent education is essential in order for them to provide the best available choice for their children. Not only do parents need to know how to ask for healthier menu options, they should know what a healthier option looks like compared to traditionally offered items and then request those foods. Also, none of the restaurants labeled nutrition information on the children's menus, which provides parents with no further help in making healthier choices for their children.

Overall, parents and restaurant managers both felt that the restaurant environment does not support healthy eating for children and infants. This conclusion is reinforced by the lack of healthy menu options in sit-down restaurants. The disconnect between parents' desire to make healthy choices for their children and the knowledge that enables them to do so can be seen in children's menu options. Consumer demand and profit play a large role in the selection of menu choices by restaurants, but parents may not have the knowledge or tools to ask for healthier options. Because our data shows that participants primarily ate out at sit-down restaurants 1-2 times per week and restaurants do not offer many healthy menu options, we can see that little effort is being made on either end to combat the lack of healthy children's menu options. The lack of nutrition education is a limiting factor when it comes to parents making healthier menu choices for their children. If a majority of parents were educated on making healthier choices for their children and voiced a desire for healthier menu choices, then it would be likely for restaurants to change their menu options based on the role of consumer demand and profit in making changes.

Although this research sheds some light on the relationship between parents' knowledge, restaurant managers' attitudes, and children's menu choices, further research needs to be done to determine how to better bring about change to parent education and the restaurant menu system. A larger population of restaurant managers and parents might help in conducting future research. A larger sample size may also better reflect the population as a whole, as this study's population included a limited demographic range. The results showed that parents would most prefer a website on how to make healthier menu choices for their children. The researchers are currently developing educational tools to aid in nutrition education for parents and restaurant managers.

Acknowledgements

Funding for this project was provided by the University of Northern Colorado's Research Provost Funds. The authors would like to thank the parents, restaurant managers, and restaurants for being a part of our research study.

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