













AGRICULTURE

YOUTH & FAMILIES

HEALTH

ECONOMY

ENVIRONMENT

ENERGY

COMMUNITIES

Making a Better Choice for Kids, What Restaurants have to Offer

- * Thurston County Public Health & Social Services Department
 - Washington State University, Thurston County Extension





Thurston County





About Thurston County

- People
 - 7th largest county in Washington State with an estimated 245,300 residents
 - About 30,000 residents are age 10 and younger
 - Rural and urban in nature, with cities ranging from 660 residents to 44,800
 - We have 30,500 more people living in the county now than in 2000
 - In 10 years, projected to have 56,100 more residents



About Thurston County

Place

- State center for government with 37,200 jobs in either local, state or federal government
- 5th highest number of county residents who are in the Armed Forces
- 1,100 farms (e.g. sod, berries, aquaculture)
- Two tribes (Chehalis and Nisqually)
- Regional center for medical care



Chronic Disease Prevention

- Prevention of chronic health conditions, such as diabetes and cancer, in the men, women, and children of Thurston County.
- Three primary areas of focus are:
 - Physical Activity
 - Nutrition
 - Tobacco



Emphasis

Making the healthier choice, the easier choice



Children

- CDP: Decrease the prevalence of overweight/obesity among Thurston County youth via community collaboration and environment policy change (i.e. Healthy Child Weight Project).
- State: Increase consumption of vegetables and fruits.
- HP 2010: Reduce the proportion of children and adolescents who are overweight or obese.



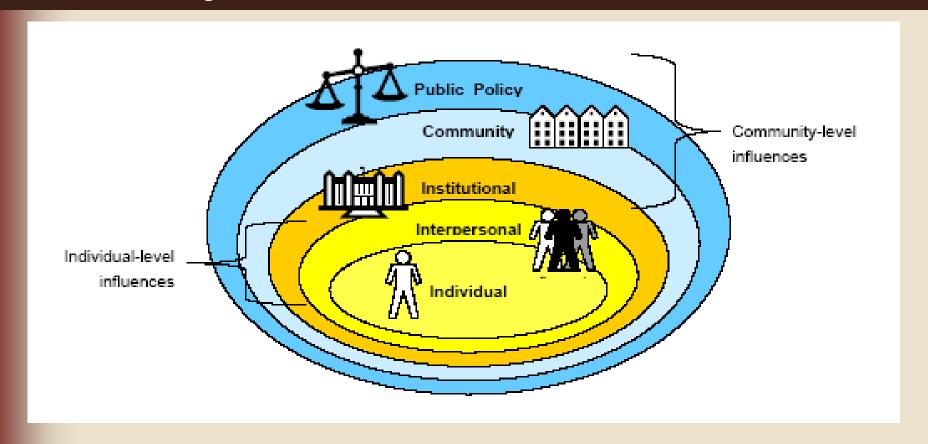


Approach to Chronic Disease Prevention

- Starting in 2003
- Planning and implementation was integrated
 - Personal Health Division (Core)
 - Partners
 - WSU Thurston County Extension (Core)
 - Environmental Health Division (Core, Support)
 - Epidemiology, Assessment and Planning (Support)



Socio-ecological Model



Nutrition and Physical Activity: A Policy Resource Guide. February 2005. Washington State Department of Health. www.doh.wa.gov/cfh/steps/npa_plcy_grp.htm



Healthy Eating

- Policy, practice and environmental change emphasis
- Better, not best, philosophy
- Adopted a community-informed process
 - Workgroups
 - Assessment and action planning
- Key informants consistently said:
 - Earlier, not later (age)
 - Family is key

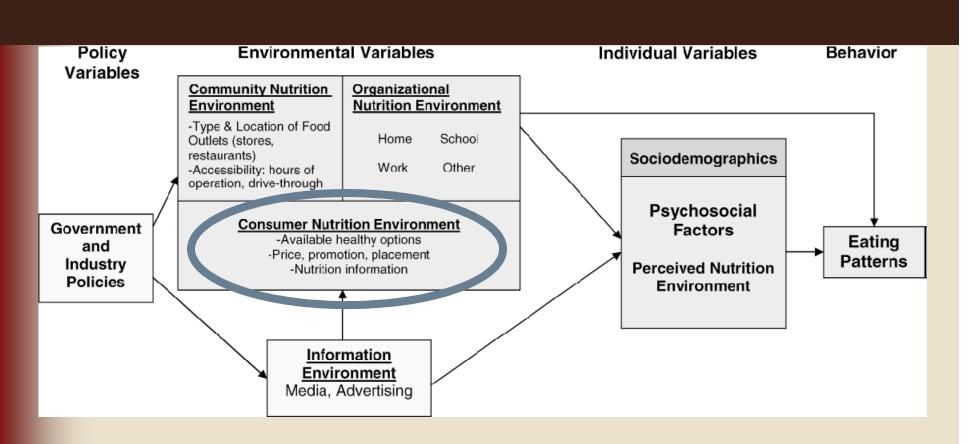


Data Considerations

- Have prevalence for health conditions and behaviors
 - Healthy Youth Survey
 - Behavioral Risk Factor Surveillance Survey
- Have frequency of eating out
 - Healthy Community Environment Survey
- View into perception of healthy options at restaurants
 - Local survey
- No clue about access to or presence of healthy options when eating out

WASHINGTON STATE UNIVERSITY EXTENSION

Model of Community Nutrition Environments



Healthy Nutrition Environments: Concepts and Measures
Karen Glanz, PhD, MPH; James F. Sallis, PhD; Brian E. Saelens, PhD; Lawrence D. Frank, PhD
American Journal of Health Promotion, May/June 2005



Community Nutrition Environment



- Food outlets
 - Number
 - Type
 - Availability





Consumer Nutrition Environment

What consumers encounter within and around a retail food outlet:

- Nutritional quality
- Price
- Promotion
- Placement

- Range of Choices
- Freshness, quality
- Nutrition information



Assumptions

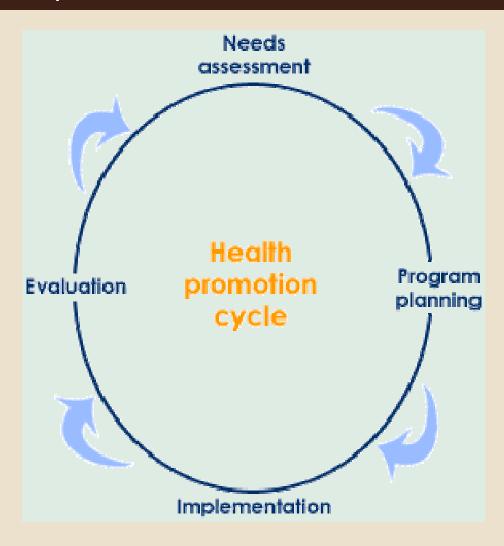
- Children are eating out
 - Some more than others
 - This is not easily changed
- Need to identify what can be done to meet families where they are
- There are options within our resources and we have credibility/authority to act



- Had been implementing interventions and engaging partners around healthy eating (PHSS & WSU)
- Re-evaluated our efforts
- Made the decision that we needed additional information to inform our next steps
- 2008 Nutrition Environment Assessment



Program Development





Why Children's Menus?

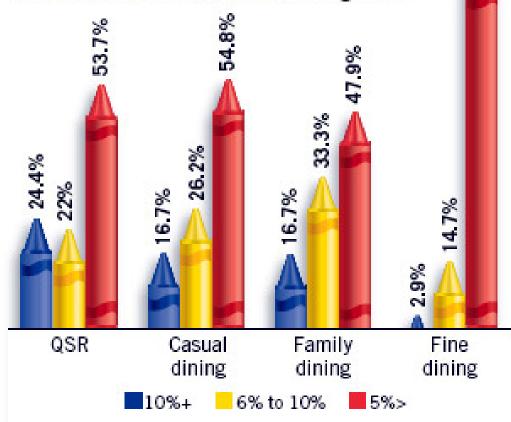
Health Consequences

- Eat almost twice as many calories when eating away from home
- 1/3 of children's daily caloric intake
- Obese young people are more likely than children of normal weight to become overweight or obese adults
 - At risk for adult health problems (heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis).

Children's Menu Sales Contributions

Source: R&I 2005 Menu Census.

Nearly one-quarter of quick-service restaurants (QSR) say kids menu orders account for 10% or more of their total sales. Children's menus represent smaller sales contributions for other segments.





Why Children's Menus?

Lifelong Impact

- Start healthier eating patterns at an earlier age rather than waiting to try to change in adulthood
- "Kid's Meal" restaurants choices tend to shape demand for choices at schools
- More manageable to make changes due to number and type of menu options
- Many opportunities for improvement



Target Foods

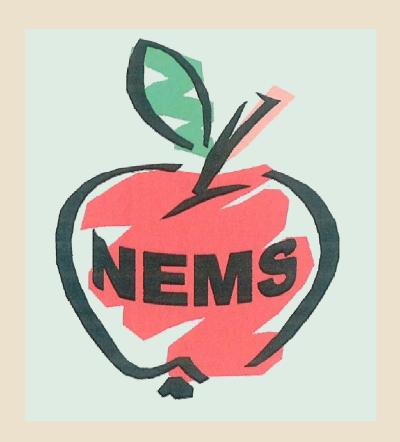
- Those most closely related to obesity and related chronic diseases
 - Contributing the most fat and calories
 - Recommended for healthful eating by Dietary Guidelines for Americans and Food Guide Pyramid, Healthy People 2010
 - Dairy products, meat & poultry
 - Fruits and vegetables
 - Main dishes
 - Beverages



Focus of Efforts

- Existing HP 2010
 - Reduce the proportion of children and adolescents who are overweight or obese.
- Enhanced HP 2010
 - 2 daily servings fruits
 - 3 daily servings vegetables
 - 3 daily servings whole grains
 - 10% or less daily calories from sat fat
 - 30% or less daily calories from fat
 - Meet calcium recommendations





www.med.upenn.edu/NEMS



Assessment Focus

- Healthier main dish (entrée) options
- Availability of fruit (side)
- Availability of non-fried vegetables (side)
- Availability of whole-grains (entrée and side)
- Availability of healthier beverages
 - 100% juice
 - Milk, preferably low-fat
- Barriers and facilitators to making a healthier choice



Project Timeline

- Fall 2007: Decision made to do an observational survey
- January 2008: Planning began
- March-May 2008: Survey in the field
- July-August 2008: Analyze data and discuss findings
- October 2008: Release findings
 - www.co.thurston.wa.us/health



Capacity

- Planning shared between WSU Thurston County Extension and Public Health Department (co-leads)
- Expertise
 - Nutrition (Extension)
 - Assessment (Health Department)
 - Program Development (both agencies)
- Survey staff
 - Both agencies



Restaurant Types

- Two surveys, two restaurant types
- Quick Service
 - Menu board, not menu
 - Pay first at register or counter
 - No tipping needed
 - No waiting to be seated
- Quick service is more than fast food
- Sit Down
 - Menu on paper
- Surveyed only if children's menu present



Communication

- Key Partners
 - Agency Leadership
 - Environmental Health, Food Program Staff
 - Washington Restaurant Association
- Restaurants
 - No pre-communication
 - Project letter for owner, manager and/or staff
- Report available online, primarily a planning document



Staffing and Training

- Staffing
 - Joint hiring
 - Characteristics of surveyors
- Training
 - Group session
 - Field practice
 - One-on-one
- Quality Check
 - Follow-back



Thurston County Findings

- 5 main areas of interest
 - A healthier option should be available for every part of the meal - the beverage, the side, the entrée.
 - Unhealthy food and beverage options should not be assigned.
 - Children need to eat fruit and vegetables as part of every meal.
 - Milk should be available (preferably a lowfat option).
 - Families need to know whether a healthier option is available.



A total of 290 restaurants were visited between April-May 2008. For the purpose of this project, restaurants were classified as being either a quick service or sit down restaurant.

Presence of Children's Menu at Restaurants

Quick Service

- Visited = 129
- With Children's Menu = 90 (70%)

Sit Down

- Visited = 161
- With Children's Menu = 97 (60%)



- Remain in the background when collecting data from menu board.
- If restaurant is not crowded, alert personnel to what you are doing (and ask if ok to proceed - if needed).





Sit Down Restaurant

- Ask for an adult and children's menu.
- Briefly explain the project to the hostess (and ask if ok to proceed – if needed).



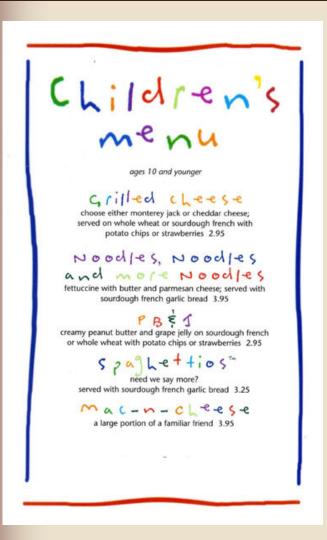


- Average survey time was 10 minutes, for quick service and sit down restaurants.
- Menu text and meal names were sometimes ambiguous or difficult to read, i.e. small text, "Laptop Meal" at KFC.
- Overall, very positive experience.
 - Many restaurants appreciated the project.
 - Only 2 or 3 restaurants wanted to see more information about the project.
 - None refused to be surveyed.



1 Tyrannosaurus Bax | 2 Apatosaurus | 3 Iguanodon | 4 Parasaurolophus | 5 Dimetrodon | 6 Ankylosaurus | 7 Stegosaurus | 8 Brachiosaurus | 9 Triceratops





- A healthier option should be available for every part of the children's meal:
- At least 1 healthier entrée available = 52%
- At least 1 healthier side available = 61%
- At least 1 healthier beverage available = 78%



Unhealthy food and beverage options should not be assigned (on the children's menu):

- Unhealthy side assigned (default) = 39%
- Unhealthy beverage assigned (default) = 15%





Milk should be available (preferably a low fat option):

- •Milk (any kind) available = 71%
- •Of restaurants with milk, 1 in 4 had lowfat milk.





Children need to eat fruits and vegetables as part of every meal:

- Fruit available as a side = 31%
- Vegetables available as a side = 18%







Families need to know whether a healthier option is available.

Menu text, meal names, and food items were sometimes ambiguous or difficult to read, i.e. small text, "Laptop Meal," juice listed but no indication if juice drink or 100% juice, milk offered but not clear if whole, 2%, 1% or nonfat.



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