

Healthy Drinks in Children’s Meals

Policy: The healthy drinks in children’s meal policy would require that beverages listed on restaurant's bundled kids' meal menu be healthy beverages such as water or unflavored milk (or milk substitute).

Evidence-based: Providing healthy default options on kids' menus is proven to lead to families selecting these drinks, while maintaining personal choice. People stick to the healthy default beverage menu options about 66% of the time^{1,2}.

DOES	<p>Create a new standard for drinks offered by all food establishments in the City and County of Denver that have a bundled children’s meal (a kids’ meal with a drink included in the price of the meal).</p> <ul style="list-style-type: none"> ● Water (still or sparkling) with no added natural or artificial sweeteners ● Dairy milk or milk substitutes (almond, oat, soy, etc.) with no added or artificial sweetener
DOES	<p>Have the potential to prevent short- and long-term health consequences of children in Denver and addresses healthy inequities by removing targeted marketing.</p>
DOES NOT	<p>Take away choice - a parent or child can order any beverage they want regardless of what is presented on the menu. <i>Nothing in the section prohibits a food establishment or any employee of the food establishment to sell, or the customer’s ability to purchase, any other beverage that is available per request outside the default beverage.</i></p>
DOES NOT	<p>Impact all restaurants in Denver – only restaurants that offer bundled kids’ meals would be affected by the policy.</p>

Health Benefits: The City of Denver Proclamation 18-0753 (Promoting Healthier Foods and Beverages) recognizes sugary drinks are harmful to children’s health. Specifically, the consumption of one or more sugary drinks a day increases the risk of short- and long-term health conditions such as tooth decay, type II diabetes, liver disease, and heart disease³⁻⁶.

Health Equity: Health inequities are driven by racially targeted marketing of sugary drink advertising to Black and Hispanic youth, leading to higher consumption of sugary drinks and contributing to a disproportionate burden of chronic diseases in populations of color.⁷⁻¹⁰

Similar Policies: Three Colorado cities have passed similar policies (Golden, Lafayette, and Longmont) as well as a growing number of large cities and four states across the U.S.

Funding for Menu Reprinting Available: Funding is available to cover the costs of menu reprinting for Denver restaurants. Within Golden, Lafayette, and Longmont, only one restaurant took advantage of this funding as changes to the menus are typically a low-cost burden for most restaurants.

The added sugar in sugary drinks typically offered with a children’s meal **exceeds** the recommended amount of sugar a child should have in an entire day.¹¹

Healthy Drinks in Kids' Meal Endorsement



References:

- Peters, C., Beck, J., Lande, J., Pan Z., Cardel, M., Ayoob, K., Hill, J., (2016). Using healthy defaults in Walt Disney World restaurants to improve nutritional choices. Journal of the Association for Consumer Research. (<http://foodpsychology.cornell.edu/JACR/Disney>)
- Wootan, M. (2012). Children's meals in restaurants: Families need more help to make healthy choices. *Childhood Obesity*, 8(1).
- Bhaskaran, K., Douglas, I., Forbes, H., dos-Santos-Silva, I., Leon, D. A., & Smeeth, L. (2014). Body-mass index and risk of 22 specific cancers: a population-based cohort study of 5-24 million UK adults. *Lancet*, 384(9945), 755-765. doi:10.1016/s0140-6736(14)60892-8
- Benjamin, E. J., Blaha, M. J., Chiuve, S. E., Cushman, M., Das, S. R., Deo, R., . . . Muntner, P. (2017). Heart Disease and Stroke Statistics-2017 Update: A Report From the American Heart Association. *Circulation*, 135(10), e146-e603. doi:10.1161/cir.0000000000000485
- Collin, L. J., Judd, S., Safford, M., Vaccarino, V., & Welsh, J. A. (2019). Association of Sugary Beverage Consumption With Mortality Risk in US Adults: A Secondary Analysis of Data From the REGARDS Study. *JAMA Netw Open*, 2(5), e193121. doi:10.1001/jamanetworkopen.2019.3121
- Zhao L, Zhang X, Coday M, Garcia DO, Li X, Mossavar-Rahmani Y, Naughton MJ, Lopez-Pentecost M, Saquib N, Shadyab AH, Simon MS, Snetselaar LG, Tabung FK, Tobias DK, VoPham T, McGlynn KA, Sesso HD, Giovannucci E, Manson JE, Hu FB, Tinker LF, Zhang X. Sugar-Sweetened and Artificially Sweetened Beverages and Risk of Liver Cancer and Chronic Liver Disease Mortality. *JAMA*. 2023 Aug 8;330(6):537-546. doi: 10.1001/jama.2023.12618. PMID: 37552302; PMCID: PMC10410478.
- Jennifer Harris, Willie Frazier III, Shiriki Kumanyika, and Amelie Ramirez, "Increasing Disparities in Unhealthy Food Advertising Targeted to Hispanic and Black Youth," RuddReport (January 2019), <http://uconnruddcenter.org/files/Pdfs/TargetedMarketingReport2019.pdf>
- Harris, J., PhD, MBA, Fleming-Milici, F., PhD, Kibwana-Jeff, A., & Phaneuf, L., MPH (2020, June 1). Sugary drink advertising to youth: Continued barrier to public healthprogress. Sugary Drinks f.a.c.t.s. Retrieved August 17, 2023, from <https://www.sugarydrinkfacts.org/>
- Rosinger A, Herrick K, Gahche J, Park S. Sugar-sweetened beverage consumption among US youth, 2011–2014. *NCHS Data Brief*. No 271. Hyattsville, MD: National Center for Health Statistics. 2017
- Davis J, Penha J, Mbowe O, Taira DA. Prevalence of Single and Multiple Leading Causes of Death by Race/Ethnicity Among People Aged 60 to 70 Years. *Prev Chronic Dis* 2017;14:160241.
- Alderee, T. L., Goran, M. I., Reimer, S.L. (2018). Simplified and age-appropriate recommendations for added sugars in children. *Pediatric Obesity*, (4), 269-272.