

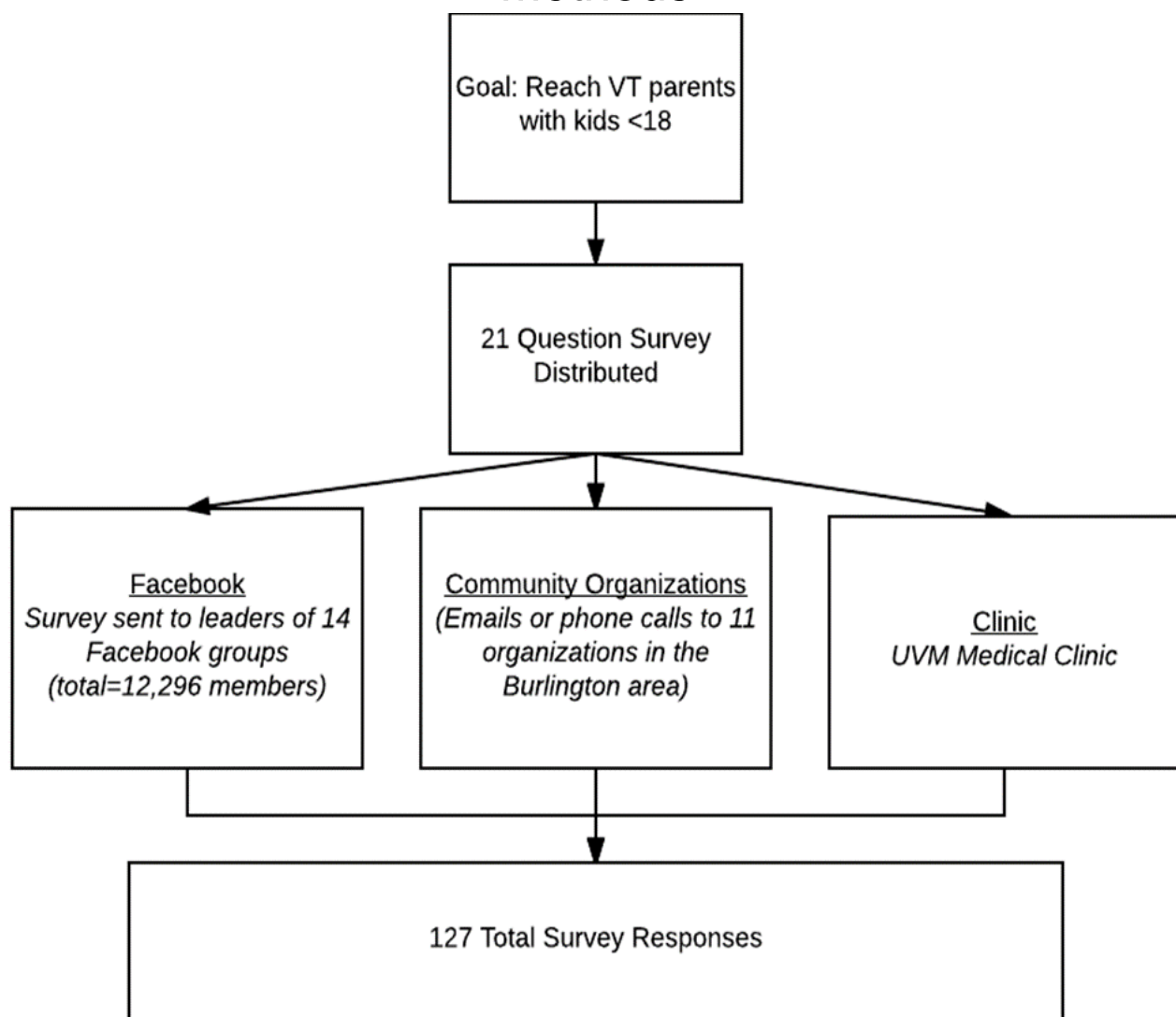
Health and Nutrition in Vermont Children

Gesca Borchardt¹, Kyna Donohue¹, Anthony Gallegos¹, Wilson Huang¹, Hannah Johnson¹, Samuel Logan¹, Allison Reeder¹, Patrick Saunders¹, Paula Tracy PhD^{1,2}, Tina Zuk²
¹Larner College of Medicine, University of Vermont, ²American Heart Association

Introduction

Nearly one in three Vermont children and teenagers are overweight or obese. This preventable disease contributes to serious long-term health consequences including cardiovascular diseases, diabetes, and depression. It is a major public health crisis. Environments such as restaurants that enable the purchase of high calorie, low nutrient foods and beverages by parents for their children are potential contributors to this epidemic. A cross-sectional survey was distributed to better understand Vermont parents' perspectives on childhood obesity and attitudes towards proposed legislation implementing guidelines for Vermont restaurant children's meals requiring meals to be under 600 calories with reduced calories from sugar and fat.

Methods



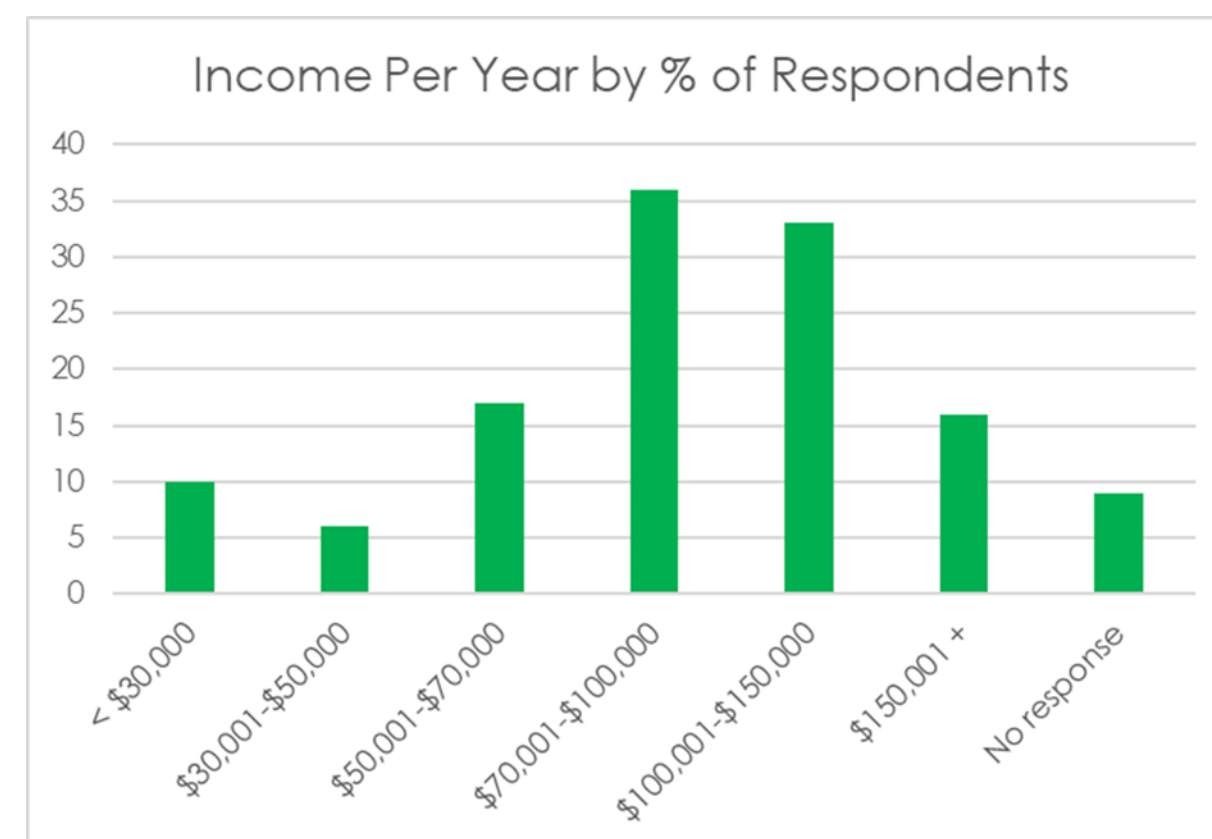
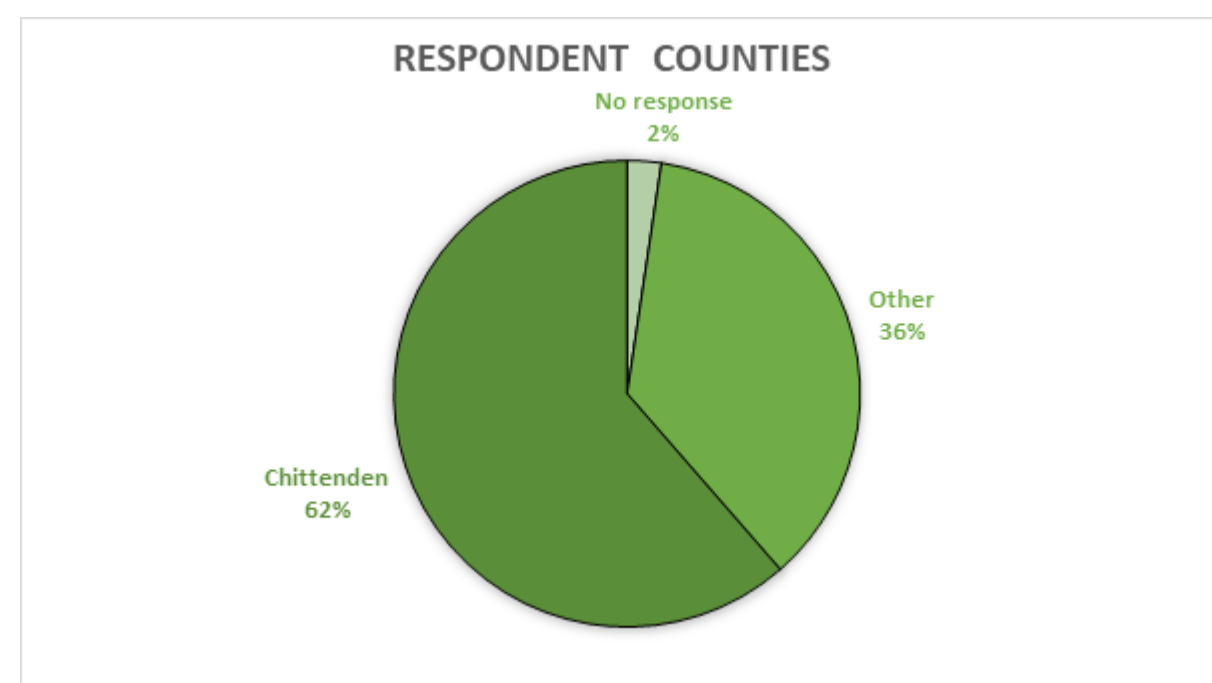
"It has always bothered me that basically all kids' meals are the same thing: burgers, chicken fingers, PB&J, hot dog, microwave mac and cheese. When did this become the standard for what kids eat?"

- Survey Respondent

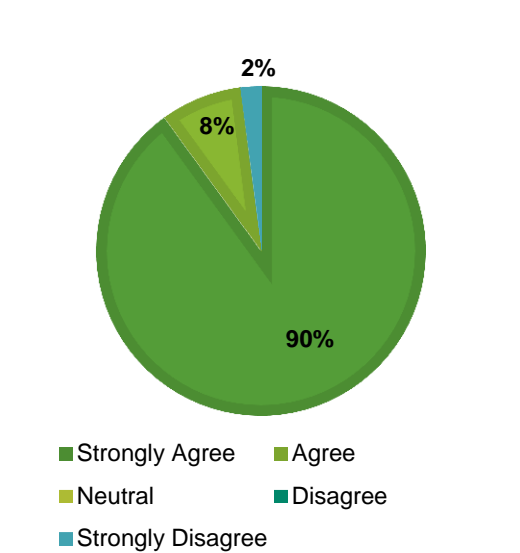
Results

Demographics:

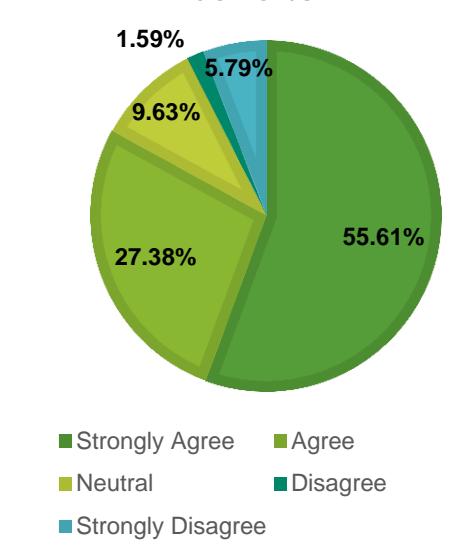
- The most common age group of the parents was 36-45 years old, which represented 59 of the 127 respondents, or 46.5%. This was followed by age groups 26-35 (n=35, 27.6%), and 46-55 years (n=22, 17.3%).
- The majority of respondents were women, who represented 111 out of 127, or 87.4 % of the surveyed group.
- The average number of children under the age of 18 per family was 1.8, with half reporting 2 children (n=62, 50%, range: 1-4).
- Of the 227 children whose ages were reported, the average age was 7.2 years of age (range: 0-18 years).



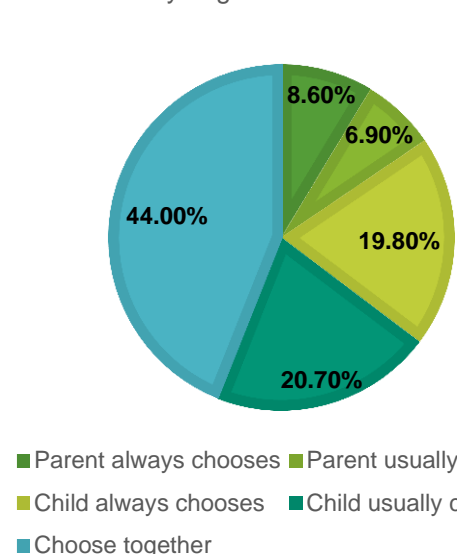
My children's eating habits are important to me



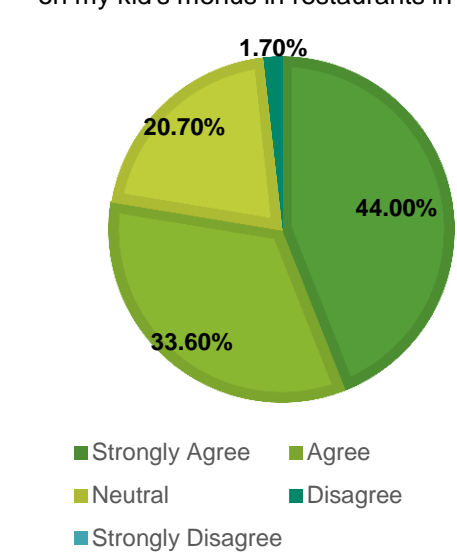
I would support legislation ensuring healthy beverages as the default on kid's menus



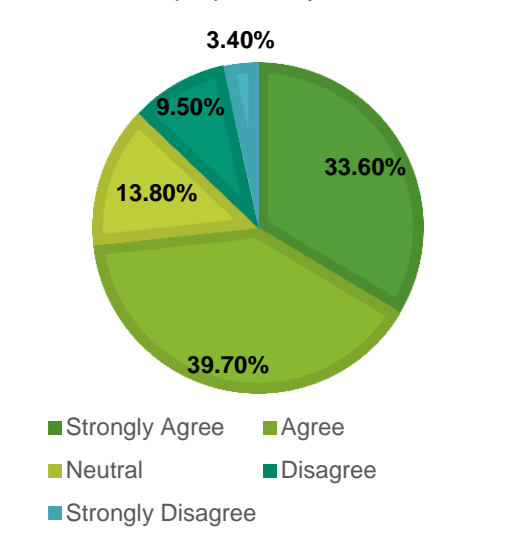
Who chooses your child's meal when you go out to eat?



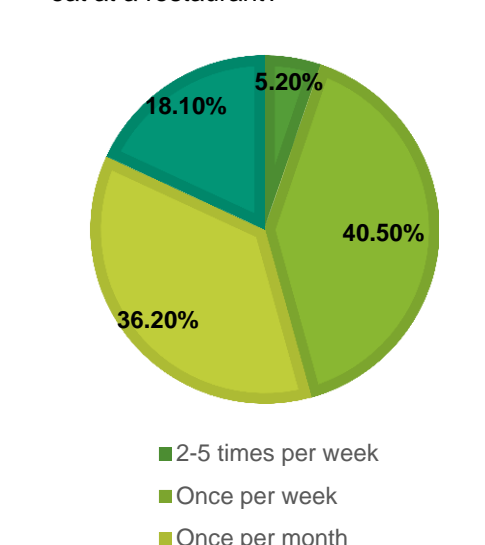
I would like to see more healthy options on my kid's menus in restaurants in VT



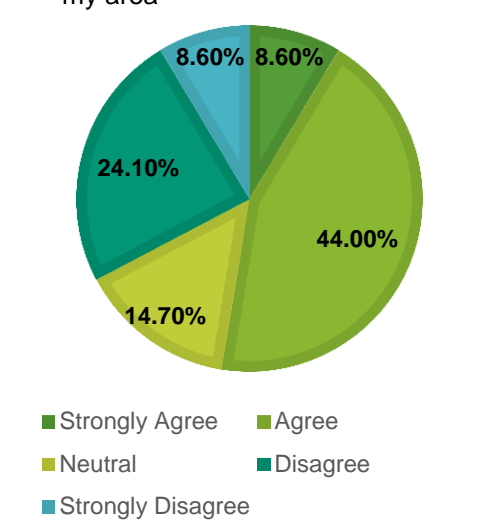
I would support legislation to set nutrition standards proposed by the AHA



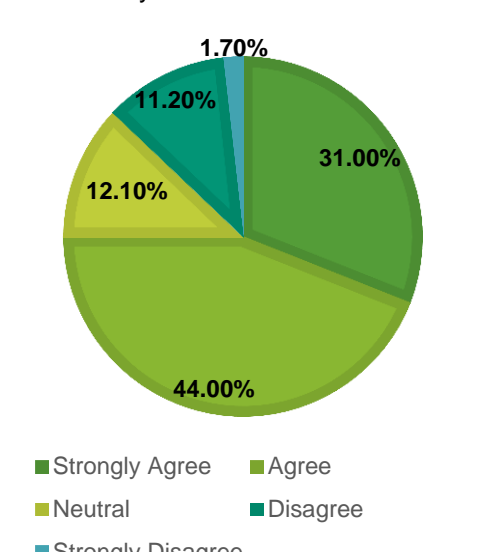
How often does your family go out to eat at a restaurant?



There are enough restaurants with healthy kid's meals available to me in my area



I would be willing to pay more for a healthy kid's meal at a restaurant



Discussion

The majority of parents who responded to the survey are concerned about their children's diets, and desire healthier meal options at restaurants. Furthermore, the majority of respondents indicated that they would support state legislation ensuring that kids' meals meet nutritional standards proposed by the American Heart Association.

Of the 127 respondents, 32 submitted comments. Common among comments was an interest in the role of milk (chocolate, full fat and skim) and school lunches in the obesity epidemic. One respondent expressed, "My daughter's school serves chocolate milk in the cafeteria, in addition to white milk, and I'm horrified." Others expressed that they considered eating at restaurants a treat for their children and allowed them to order whatever they wished.

Encouraging healthy meal options in restaurants may be an effective strategy to combat childhood obesity in Vermont. Anzman-Frasca et al. (2015) found that offering healthy bundled kids' meals lead to healthier ordering patterns. At Silver Diner, a US restaurant chain, a menu was implemented in which all kids' meals included a healthy side and beverage. The proportion of healthy to unhealthy options ordered increased as well as revenue growth for the restaurant for the three years following the implementation of this menu (Anzman-Frasca et al. 2015). Their study demonstrates that providing healthy bundled kids' meals as the default encourages healthier choices and is fiscally advantageous for restaurants. Our study showed that 50% of respondents believed that there are not enough restaurants with healthy options in their area. Furthermore, 80% of respondents hold positive attitudes (i.e. agreed or strongly agreed) toward adding healthier options in restaurants and would be willing to pay more for healthy options. Future efforts should be directed toward implementing these changes.

Future directions

- Investigation of the financial impact of the proposed legislation on restaurants in Vermont.
- Direct inquiry and interventions to the public school system, particularly cafeteria foods.

Limitations

- Survey fatigue leading to incomplete responses
- Disproportionate respondents were women, resided in one county which impacted subgroup analysis
- Distribution method primarily through internet

References

- Anzman-Frasca, Stephanie, Megan P. Mueller, Vanessa M. Lynskey, Linda Harellick, and Christina D. Economos. "Orders Of Healthier Children's Items Remain High More Than Two Years After Menu Changes At A Regional Restaurant Chain" Health Aff November 2015 34:1885-1892; doi:10.1377/hlthaff.2015.0651