



Testimony

of

Kim Kessler

Assistant Commissioner, Bureau of Chronic Disease Prevention and Tobacco Control

Prevention and Primary Care

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

Intro 5, Intro 1064-A, Intro 1326 and Intro 1361

February 25, 2019

250 Broadway, 16th Floor

New York City

Good afternoon Chair Levine and members of the Committee. I am Kim Kessler, Assistant Commissioner for the Bureau of Chronic Disease Prevention and Tobacco Control at the New York City Department of Health and Mental Hygiene. I am joined by Sarah Shih, Assistant Commissioner of the Primary Care Information Project. On behalf of Commissioner Barbot, thank you for the opportunity to testify today on the proposed legislation, which would require healthy drink options for children's meals, create a warning for foods in restaurants that are high in added sugar, require restaurants to post signage about the risks of sugars and other carbohydrates, and require the Department to report data about New Yorkers with diabetes.

The mission of the Health Department is to improve and protect the health of all New York City residents and promote health equity. Obesity and other diet-related diseases – including type 2 diabetes and heart disease – are significant health problems in New York City, and disproportionately affect Black, Latino and poor New Yorkers. New York City has implemented numerous programs, policies, and initiatives to improve the health of New Yorkers, yet unacceptable inequities, avoidable and unjust differences in health outcomes, remain. In New York City in 2017, over 34 percent of Black adults and 33 percent of Latino adults were obese, compared to 19 percent of white adults. Fifteen percent of Black adults and 16 percent of Latino adults had diabetes, compared to 7 percent of white adults. And diabetes rates are increasing in New York City and across the country; since 2002 adult prevalence of diabetes in New York City has increased by over 40 percent.

Continued efforts to address these chronic conditions are needed, and pursuing these efforts is a top priority for the Department. Diet is a key risk factor for poor health outcomes yet New Yorkers face a difficult environment when trying to make healthy choices – foods high in salt and sugar are widely available, heavily promoted, and often offered in large portions. In the face of this landscape, we have many strategies to increase availability, access, and awareness of healthy food, promote active living, and decrease consumption of foods high in salt and sugar. For example, in 2017 we distributed over \$1 million worth of fruit and vegetables via Health Bucks, helping to put fresh-locally-grown produce into the hands of thousands of low-income New Yorkers. The Health Department also provides nutrition education in many settings across the city – including child care centers – through programs like 'Eat Well, Play Hard', which alone has reached over 85,000 children, parents, and staff since its inception in 2008. We have also produced media campaigns that call attention to the aggressive marketing practices of the food industry,

highlight the importance of family support in making healthy lifestyle changes, and urge New Yorkers to make healthy choices like avoiding sugary drinks and choosing fruits and vegetables more often. The Department's strategies are aimed at addressing multiple aspects of the food system, from production to consumption, with initiatives that target food industry practices as well as individual behaviors.

The Department's actions that reduce the prevalence and impact of diabetes are similarly comprehensive. We focus on prevention and address diabetes, obesity and related chronic disease at many stages, from Baby-Friendly Hospitals and breastfeeding empowerment programs to nutrition standards in community- and faith-based organizations, childcare centers and public schools to discouraging the consumption of sugary drinks across the population. We also work with both clinical and community-based partners to increase the availability of National Diabetes Prevention Program (NDPP) in the neighborhoods with high rates of obesity and chronic disease in the City. The Health Department has added over 140 NDPP workshops over the past 4 years, focusing on communities with the worst public health outcomes.

Reducing consumption of sugary drinks is a top priority of the Department and relevant to the bills we are discussing today. Not only are sugary drinks heavily marketed to youth, low-income neighborhoods and communities of color, they are also linked to serious health risks including weight gain, heart disease and type 2 diabetes. Actions that reduce sugary drink consumption also create opportunities to address racial and ethnic health inequities in these diet-related diseases.

I thank the Council for recognizing these issues, and Chair Levine and Councilmembers Kallos, Espinal, Ayala, Rose and Barron for sponsoring these pieces of legislation.

Intros 5, 1064-A, 1326 and 1361

I would now like to turn to the bills under consideration today.

Intro 1064-A would remove sugary drinks as the default beverage option for children's meals offered at certain food service establishments. Improving beverage options in children's meals is important, and we always recommend water and unflavored, unsweetened milk or milk alternatives as the best beverage options for your health. The Administration supports this bill. This will shift norms about these beverages and creates an opportunity to reduce sugary drink consumption among youth. This is especially important since just one sugary drink serving can

contain more calories from added sugars than a child's recommend daily limit. Of note, sugary drink consumption is especially concerning in our youngest New Yorkers. In 2015, nearly a quarter of New York City children ages 0-5 consumed one or more sugary drinks daily and, within this same age range, Black and Latino children were significantly more likely to drink sugary drinks daily than white children. These differences in consumption are mirrored in our adult populations and demonstrate it is never too early to send strong messages about the importance of avoiding sugary drinks. We would like to propose some edits for enforcement purposes, and recommend limiting flavored milk to 130 calories, which aligns with the NYC Food Standards. We look forward to working with Council to make this important change in the food environment for children.

Intro 1326 would require certain food service establishments to post a warning label and icon for menu items that contain more than 12 grams of added sugars. We thank the Council for raising this important topic and highlighting the impact added sugars can have on our health. Sugary drinks are the largest single source of added sugar in our diets, and nearly half of added sugar consumed by children and teens comes from these beverages. We look forward to speaking further with Council about the feasibility of implementing this policy.

Intro 5 would require certain food service establishments to display an informational poster about the risks of excessive sugar and other carbohydrate intake for diabetic and pre-diabetic individuals. We appreciate the intent of this bill to address this disease on a population level by providing information to consumers, and we agree that restaurants are an important place for approaches to address public health, including through health warnings. For people living with diabetes and pre-diabetes, diet is a key component of the individualized care plan. However, because there is no one-size-fits-all dietary recommendation for all people with diabetes and pre-diabetes, crafting a poster that provides sufficiently tailored information on a complex topic could present challenges. We also note that experts recommend that nutrition labels be simple and easy to understand, requiring no specific or sophisticated nutritional knowledge; however, the proposed signage may not provide actionable information to consumers as it does not link health messaging to specific menu items. We look forward to discussing this bill further.

Intro 1361 would require the Department to report on a variety of diabetes-related health problems, disaggregated by various demographics and issue recommendations for reducing the public health impact of diabetes. The Administration supports this bill; we understand the

importance of being able to track progress in order to understand the factors associated with these complications and develop policies and programs to move the needle in the right direction. The Department has access to a variety of data sources, including our own robust A1C Registry, Vital Statistics data and Community Health Survey results, as well as the State Health Department's Statewide Planning and Research Cooperative System (or SPARCS) data set and the United States Renal Data System. While the available data does not cover all of the indicators requested in the bill, we look forward to working with Council to develop a report based on available data that provides a comprehensive picture of diabetes and its health impacts in New York City.

Thank you for the opportunity to testify. We are happy to answer questions.

Testimony in Support of
Int 1064-A, a local law to amend the administrative code of the city of New York, in
relation to setting nutritional standards for menu items marketed to children.

Submitted by:

Pamela Bonney, MS, RDN, CDN, FAND, Co-Founder of Tried and True Nutrition and
Member of the American Heart Association Advocacy Committee in New York City

February 25, 2019

Members of the Committee on Health:

Over the past 30 years, Americans have steadily consumed more and more added sugars in their diets, which has contributed to the epidemic of living at an unhealthy weight. According to the 2018 Heart Disease and Stroke Statistics, the prevalence of obesity among adults, estimated using NHANES data, increased from 2000 through 2014 from 30.5 percent to 37.7 percent.¹ Our country has grown accustomed to an excessive diet, high in calories and other nutritional concerns.

And it's unfortunately starting with our youth. The same report cited above also shows us that the prevalence of overweight and obesity among children and adolescents age 2-19 years is 33.4 percent (16.2 percent were overweight and 17.2 percent were obese). If we look closer at children as they age, the prevalence of obesity for children aged 2 to 5 years was 9.4 percent; for children aged 6 to 11 years, prevalence was 17.4 percent; and for adolescents aged 12 to 19 years, prevalence was 20.6 percent. We are setting our children up for a lifetime of weight-related challenges, most notably chronic illness such as diabetes, heart disease, stroke, some cancers and many others.

Reducing the amount of added sugars we eat cuts calories and can help you improve your heart health and control your weight. Since 1997, I have been helping clients achieve their nutrition and fitness goals in my private practice. My personal experience has shown that the consumption of sugary drinks must be a top priority when counseling new patients. And science backs this up. Studies have found a significant link between sugary drink consumption and weight gain in children.² One study found that for each additional 12-ounce soda children consumed each day, the odds of becoming obese increased by 60% during 1½ years of follow-up.³

Intro 1064 is a sensible proposal that supports parents who want to instill a healthy standard for their children's nutrition. By making the healthy drink options more accessible, we are establishing a new norm for our children. It's appropriate to think of

¹ <https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000558>

² Malik VS, Willett WC, Hu FB. Sugar-sweetened beverages and BMI in children and adolescents: reanalyses of a meta-analysis. *Am J Clin Nutr.* 2009;89:438-9

³ Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet.* 2001;357:505-8

sugary drinks as a rare treat. Something that is unusual and not typical of a restaurant meal. Parents will still be given the option to choose these drinks, but will be more likely to choose the healthy versions as those will be the default on the menu. Giving parents choices, as opposed to allowing restaurants to continue making the decisions for us, is a responsible move. I applaud Council Member Kallos, Chair Levine and Speaker Johnson for their leadership on this issue and look forward to its full passage into law.



NYU

**COLLEGE OF GLOBAL
PUBLIC HEALTH**

Jennifer L. Pomeranz, JD, MPH
Assistant Professor
Department of Public Health Policy
and Management

College of Global Public Health
715 Broadway
New York, NY 10003
Email: jlp284@nyu.edu

Committee on Health
New York City Council
250 Broadway, 16th floor
New York, NY 10007

February 25, 2019

Re: Proposed Int. No. 1064-A: Nutritional standards for beverages included in meals aimed at children.

Thank you for the opportunity to submit testimony on Proposed Int. No. 1064-A.

I am an Assistant Professor at New York University's College of Global Public Health and an expert on food law and policy for public health.¹ I am also a member of the New York City Department of Health and Mental Hygiene (Department of Health) Advisory Council and a member of the New York City Food Service Establishment Advisory Board, having been appointed by the mayor to both positions in 2016.

Summary of Position

I applaud the City Council Members and the Committee on Health's interest in improving the food environment especially for children in New York City. Many cities and the state of California have enacted healthy default standards and the evidence seems to support healthy defaults for drinks,^{2,3} which is the focus of the proposal. ***However, the evidence does not support the definition of healthy beverages in the proposed legislation and thus I urge you to amend the definition.*** Specifically, the default beverage should not include flavored milk/milk substitute but rather should include plain unflavored and unsweetened milk/milk substitute of any milk fat percentage. Only through an evidence-based definition of the healthy default beverage, can this bill actually help improve children's health. In addition, I urge the council to include an evaluation component, especially as related to juice.

Default Beverage Definition

The bill defines the default— and therefore “healthy” beverage— as including the following:

1. Water, sparkling water or flavored water, with no added natural or artificial sweeteners;
2. Flavored or unflavored nonfat or one percent fat dairy milk or non-dairy beverage that is nutritionally equivalent to fluid milk in a serving size of eight ounces or less; or

3. One hundred percent fruit or vegetable juice, or fruit or vegetable juice combined with water or carbonated water, or fruit and vegetable juice combined with water or carbonated water, with no added natural or artificial sweeteners, in a serving size of eight ounces or less.

The Milk/Milk Substitute Definition is Not Evidence-Based

My testimony will focus on the definition's inclusion of: "flavored or unflavored nonfat or one percent fat dairy milk or non-dairy beverage that is nutritionally equivalent to fluid milk" in the definition of healthy because it is not evidence-based. I will refer to the other two parts below.

The Problem with Flavored Milk/Milk Substitute

Americans of all ages consume too much added sugar. The Dietary Guidelines for Americans defines sugar-sweetened beverage as "liquids that are sweetened with various forms of added sugars."⁴ Flavored milk falls within this definition. The American Heart Association (AHA) recommends that children should drink *no more than one 8-ounce sugar-sweetened beverage per week.*⁵ AHA also recommends that children should not consume more than 6 teaspoons of added sugar per day.^a An 8 ounce carton of flavored milk typically has 4 teaspoons of added sugar (but can have more) and that would be more than half of children's added sugar for the day in a drink that is supposed to be a default healthy option. Given that children have access to foods and beverages with added sugar throughout the day—every day, designating flavored milk as a healthy default runs contrary to these recommendations.

Flavored milk should not be included in the definition of healthy default. In addition to loads of added sugar, flavored milk often also contains added sodium, artificial colors, flavors, and sweeteners, which are all ingredients of concern for parents.⁶ Federal nutrition programs, including the Child and Adult Care Food Program (CACFP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) do not reimburse for flavored milk for children less than 5 years old. This is because it is not inherently nutritious. WIC regulations define "supplemental foods" to include those "foods containing nutrients determined by nutritional research to be lacking in the diets of ... children and foods that promote the health of the population served by the program authorized by this section, as indicated by relevant *nutrition science, public health concerns,* and cultural eating patterns."⁷

Flavored milk is more similar to a sugary beverage than a healthy alternative. Flavored milk should be treated similar to the other beverages the healthy default definition excludes: sugar-sweetened fruit drinks and sugar-sweetened water.⁸ The definition of healthy default should not include sweetened or flavored milk, but it should include plain whole or 2% milk.

Plain Whole or 2% Milk Is Healthy

In general, dairy product consumption is associated with a decreased risk of obesity and this association may be of public health significance.⁹ However, there seems to be differences based on fat content that are contrary to the definition in the bill. Studies suggest that over time, "children who habitually drink *low-fat milk gain more weight,* and those who drink whole-fat

^a Similarly, the World Health Organization suggests that we should be consuming no more than 5% of our daily calories in added sugar.

milk gain less weight.”¹⁰,¹¹ For adults, longitudinal studies suggest that dairy fat from whole-fat milk has potential benefits for diabetes and does not increase the risk of obesity, diabetes, or cardiovascular disease. People who switch to low-fat dairy products might be compensating by increasing consumption of carbohydrates and in particular added sugar when in the form of flavored milk.

The days of suggesting low-fat diets and low-fat milk are behind us. As noted by leading nutrition experts: “Traditional dietary recommendations on dairy derive mostly from theoretical considerations about isolated nutrients ... rather than empiric evidence on actual mechanistic and clinical effects of milk.”¹²

New York City Should Follow California and Connecticut, *NOT* Industry

In addition to not being evidence-based, the milk-related definition actually aligns with the position of the American Beverage Association and statements by Burger King and Wendy’s related to what they are willing to do voluntarily.¹³ It is also substantially weaker than California’s law enacted in 2018¹⁴ and Connecticut’s bill proposed just last month.¹⁵ Can we feel good about our law if other states are doing better and the restaurant industry is already voluntarily offering to meet our definition of “healthy”?

Connecticut’s bill defined healthy beverage similar to California’s law,¹⁶ to only include “water, sparkling water, flavored water with no added sweeteners, unflavored milk or a nondairy milk alternative.”¹⁷ This is an actually evidence-based definition. At the hearing for Connecticut’s bill to prohibit the inclusion of unhealthy beverages as defaults on children’s menus, the American Beverage Association’s testimony actually argued for the New York City definition.¹⁸ Shouldn’t New York City— which is known as the public health capital of the country— do better for our children than to follow recommendations by the sugary beverage industry? Why might they support this definition? For one, perhaps because research suggests that early exposure to sweetened drinks predicts a preference for sweetened drinks later in life. This means that sugary beverages may “reinforce children’s preferences for sweet beverages” and help create a social norm that drinks need to contain added sugar to be suitable for children.¹⁹

The American Beverage Association also argued that flavored milk should be included because it is included in the National School Lunch program and Smart Snacks in Schools. However, the offering of flavored milk in schools is at least partially due to the fact that these programs are administered by the United States Department of Agriculture (USDA). The USDA’s primary role and obligation is to support and promote American agriculture.²⁰ Therefore, the inclusion of flavored milk in school food programs meets one of the actual goals of the program: which is to increase dairy consumption.²¹ This is not a goal of the healthy default standard.

School Data Also Supports Dropping Flavored Milk

If we were to rely on studies from the school setting, these would also suggest New York City should remove flavored milk in the definition of healthy default. Studies in the school and home setting “demonstrate that offering flavored milk can increase overall milk consumption among children and adolescents” but the majority of these studies “also suggest that flavored milk may contribute to the intake of a greater number of overall calories.”²² Further, if increasing milk

consumption was a goal, evaluation of the impact of also offering 100% juice is necessary. In a longitudinal study of kindergarten through grade 8 students, after the removal of flavored milk, 51.5% of students selected plain milk (and consumed 4 ounces) after one year, and at two years, 72% of students selected the plain milk and consumed 3.4 ounces per carton. Importantly, on the days when 100% fruit juice was also offered, there was a 16% decrease in milk selection.²³

In addition, in New York City, there is a campaign by the Health Department's Center for Health Equity which leads the Healthy Schools Initiative urging school principals to drop flavored milk due to the high added sugar content of the products.²⁴ For the city's children even slight reductions in added sugar intake could have a positive effect on weight.²⁵

Additional Issues

The first part of this definition, water with no added sweetener, is evidence-based. The third-part of this definition, which includes 100% fruit juice, raises some questions given high sugar content. The American Association of Pediatrics recommends no fruit juice for children under 1 year old; 4 ounces daily for children age 1-3 years; 4 to 6 ounces daily for children age 4-6 years; and no more than 8 ounces per day for older children.²⁶ A Comprehensive Review concluded that "moderate intake of 100% juice (e.g., up to one serving/day) appears reasonable; higher intake may not be prudent due to links to long-term weight gain."²⁷ Evaluation of the amount of fruit juice consumed by New York City children at home and outside the house, and how this changes with the healthy default inclusion of 100% fruit juice is thus necessary. If the evidence suggests that fruit juice consumption is a problem for New York City children, the Council should be brave enough to amend the definition to reflect this new evidence. Regardless, an evaluation component should be included in the law and funding provided to the Department of Health to implement and evaluate the overall policy.

Summary of Position

Flavored/sweetened milk should not be included in a definition of healthy default beverages. The Committee on Health should reject the current definition of healthy default beverage and change it to include plain whole or 2% milk. In addition, an evaluation component should be built into the law which includes a specific focus on the 100% juice inclusion.

In summary, I would like to note the irony that the default healthy beverage includes sugar-sweetened drinks while the other three bills being heard today all focus on addressing added sugar and diabetes? Clearly added sugar has been determined to be a public health issue in the diets of New Yorkers by the City Council Members. A "Healthy Happy Meals" law should follow suit.

Sincerely,

A handwritten signature in black ink, consisting of a stylized initial 'J' followed by a horizontal line.

References

- ¹ Pomeranz J. Food Law for Public Health. Oxford University Press, New York. 2016. See also my published peer-reviewed work in MyBibliography: <http://www.ncbi.nlm.nih.gov/sites/myncbi/1FSCfD66p16QB/bibliography/48271438/public/?sort=date&direction=ascending>
- ² Peters et al. Using Healthy Defaults in Walt Disney World Restaurants to Improve Nutritional Choices. *J Assoc Consum Res.* 2016 Jan; 1(1): 92–103. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6223634/>
- ³ Harris JL et al. Parents' Reports of Fast-Food Purchases for Their Children: Have They Improved? 2018. http://uconnruddcenter.org/files/272-10%20%20Healthier%20Kids%20Meals%20Parent%20Survey%20Report_Release_8_31_18.pdf
- ⁴ Dietary Guidelines for Americans 2015-2020. Appendix 6. <https://health.gov/dietaryguidelines/2015/guidelines/appendix-6/#s>
- ⁵ Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. *Circulation.* 2017;135(19). <http://circ.ahajournals.org/content/early/2016/08/22/CIR.0000000000000439>
- ⁶ Schwartz MB, Henderson KE, Read M, Cornelius T. Student Acceptance of Plain Milk Increases Significantly 2 Years after Flavored Milk Is Removed from School Cafeterias: An Observational Study. *J Acad Nutr Diet.* 2017 <http://uconnruddcenter.org/files/Pdfs/Student%20Acceptance%20of%20Plain%20Milk%20study.pdf>
- ⁷ 42 U.S.C. 1786
- ⁸ See also, Alaska's Department of Health and Social Service's Division of Public Health explains: "Sugar is in more than just soda. A lot of sugar is added to powdered mixes, sports and energy drinks, vitamin drinks, sweetened coffee and tea, chocolate and other flavored milk, and sweetened fruit-flavored drinks." <http://dhss.alaska.gov/dph/playeveryday/pages/Cutting-Back-on-Sugary-Drinks-Improves-Health.aspx>
- ⁹ Wang W1, Wu Y1, Zhang D2. Association of dairy products consumption with risk of obesity in children and adults: a meta-analysis of mainly cross-sectional studies. *Ann Epidemiol.* 2016 Dec;26(12):870-882.e2. <https://www.ncbi.nlm.nih.gov/pubmed/27756684>
- ¹⁰ Mozaffarian D. Dietary and Policy Priorities for Cardiovascular Disease, Diabetes, and Obesity – A Comprehensive Review. *Circulation.* 2016 Jan 12; 133(2): 187–225.
- ¹¹ Mozaffarian D, Wu JHY. Flavonoids, Dairy Foods, and Cardiovascular and Metabolic Health: A Review of Emerging Biologic Pathways. *Circ Res.* 2018 Jan 19; 122(2): 369–384. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5781235/>
- ¹² Mozaffarian D, Wu JHY. Flavonoids, Dairy Foods, and Cardiovascular and Metabolic Health: A Review of Emerging Biologic Pathways. *Circ Res.* 2018 Jan 19; 122(2): 369–384. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5781235/>
- ¹³ Harris JL et al. Parents' Reports of Fast-Food Purchases for Their Children: Have They Improved? 2018. http://uconnruddcenter.org/files/272-10%20%20Healthier%20Kids%20Meals%20Parent%20Survey%20Report_Release_8_31_18.pdf
- ¹⁴ Cal Health & Saf Code §§ 114379-114379.60 (effective January 1, 2019).
- ¹⁵ Connecticut H.B. No. 7006 – An Act Prohibiting the Inclusion of Certain Beverages on Children's Menus (January 2019). <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-07006-R00-HB.PDF>
- ¹⁶ Cal Health & Saf Code § 114379.20.
- ¹⁷ Connecticut H.B. No. 7006 – An Act Prohibiting the Inclusion of Certain Beverages on Children's Menus (January 2019). <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-07006-R00-HB.PDF>
- ¹⁸ Written Testimony by the American Beverage Association Before the Connecticut Committee on Children H.B. 7006 - An Act Prohibiting the Inclusion of Certain Beverages on Children's Menus. February 7, 2019 <https://www.cga.ct.gov/2019/KIDdata/Tmy/2019HB-07006-R000207-American%20Beverage%20Association-TMY.PDF>
- ¹⁹ Schwartz MB, Henderson KE, Read M, Cornelius T. Student Acceptance of Plain Milk Increases Significantly 2 Years after Flavored Milk Is Removed from School Cafeterias: An Observational Study. *J Acad Nutr Diet.* 2017 <http://uconnruddcenter.org/files/Pdfs/Student%20Acceptance%20of%20Plain%20Milk%20study.pdf>
- ²⁰ USDA. About the U.S. Department of Agriculture. <https://www.usda.gov/our-agency/about-usda>

²¹ Robison P. Mulvany L. Big Dairy Is About to Flood America's School Lunches With Milk. Bloomberg BusinessWeek. January 9, 2019. <https://www.bloomberg.com/news/features/2019-01-09/big-dairy-is-about-to-flood-america-s-school-lunches-with-milk>

²² Patel et al. The association of flavored milk consumption with milk and energy intake, and obesity: A systematic review. Preventive Medicine. 2018; 111: 151-162. <https://www.sciencedirect-com.proxy.library.nyu.edu/science/article/pii/S0091743518300689>

²³ Schwartz MB, Henderson KE, Read M, Cornelius T. Student Acceptance of Plain Milk Increases Significantly 2 Years after Flavored Milk Is Removed from School Cafeterias: An Observational Study. J Acad Nutr Diet. 2017
<http://uconnruddcenter.org/files/Pdfs/Student%20Acceptance%20of%20Plain%20Milk%20study.pdf>

²⁴ Health Department's Center for Health Equity. Healthy Schools Initiative. Choose Plain Milk. <https://www1.nyc.gov/assets/doh/downloads/pdf/dpho/chocolate-milk-guide.pdf>

²⁵ Patel et al. The association of flavored milk consumption with milk and energy intake, and obesity: A systematic review. Preventive Medicine. 2018; 111: 151-162.
<https://www.sciencedirect-com.proxy.library.nyu.edu/science/article/pii/S0091743518300689>

²⁶ AAP. American Academy of Pediatrics Recommends No Fruit Juice For Children Under 1 Year. May 22, 2017. <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Recommends-No-Fruit-Juice-For-Children-Under-1-Year.aspx>

²⁷ Mozaffarian D. Dietary and Policy Priorities for Cardiovascular Disease, Diabetes, and Obesity – A Comprehensive Review. Circulation. 2016 Jan 12; 133(2): 187–225.



HEALTH PEOPLE
Community Preventive Health Institute

Chris Norwood, Executive Director Health People-- City Council Hearings Feb. 25, 2019

Failures in Diabetes a Public Disgrace in Public Health
DEMAND DOHMH PRODUCE PLAN for DIABETES CONTROL

Good Afternoon,

One million New Yorkers now have diabetes---one-third of adults have pre-diabetes---yet there is absolutely no city plan for diabetes control and prevention. The situation is unprecedented. We have never seen in the modern era an epidemic allowed to grow for decades without any coherent effort to stop it.

It's a public disgrace in public health.

We had one case of Ebola and the whole city was mobilized. We do nothing for diabetes even knowing that thousands of those who have diabetes will suffer terrible, but avoidable complications like amputation, blindness and dialysis and that, without intervention, 5% of pre-diabetics will develop diabetes every year.

We sincerely thank you Chairman Levine, as sponsor, and the Council Health Committee for introducing legislation 1361-2019. It requires the New York City Department of Health to "compile a comprehensive report by 2020 and a plan to reduce the occurrence of diabetes-related health problems."

The legislation also requires the city to track numbers of complications like amputation, blindness and dialysis every six months---and also to report on the massive data on citywide A1c levels---a measure of blood sugar---which it already has in the Diabetes Registry.

The importance of this underscored by a just released study with intensive sampling that shows, in fact, the combined rate of both diagnosed and undiagnosed diabetes for adults in New York is 16%---not the 10 or 11 % widely used.

Similarly, with Council oversight to assure full tracking through procedure codes and claims data, we can finally expect full understanding of the disastrous complications of diabetes; for one example, I suspect the amputation rate will be almost double that now reported.

Even as we understand the full toll and tragedy of diabetes, however, we need to equally understand that we can pull back. Progress is so possible! The Department of Health knows, as does everyone in this field, that very well proven education will slash the diabetes risk for people who have pre-diabetes---just as proven care education for those who already have diabetes slashes terrible complications.

We could bring this proven education to the most stricken communities almost overnight by training neighborhood residents, themselves, as peer leaders to provide proven care education.

Yet, the Department of Health refuses and refuses to fund such proven education.

I will conclude by telling you about two peer leaders and educators at Health People.

One has lost 100 pounds and taken her sugar level from near fatal to normal. But tragically, it was too late for her eyes and she is going blind. The other has terrible foot neuropathy and its painful for her to walk. But, barely able to see and hardly able to walk, they are out every day teaching good care to other diabetics because they will not permit the same terrible things to happen to others when that it avoidable.

Where is their Health Department? Where?

Thank you again Chairman Levine and the Health Committee for these very important hearings. We hope the entire Council will support your efforts.

ChrisNorwood@HealthPeople.org

718-585-8585 ex 239

Montefiore

THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

February 25, 2019

Dr. Anna Flattau, MD MSc MS

Vice Chair, Department of Family & Social Medicine

Montefiore Medical Center, Bronx, NY

Introduction

I am a family physician who works at one of Montefiore Medical Center's Federally Qualified Health Centers in the Bronx. Many of my patients have diabetes, and I have seen too many people with life-altering complications such as kidney failure, vision loss, and amputation of their feet.

As well as being a primary care doctor, I founded and for 8 years directed our Wound Healing Program, where we work to ensure a high level of care for patients with diabetic foot ulcers.

Diabetic amputations are an ongoing emergency

It is unacceptable that people in the Bronx lose their feet to diabetic amputation at twice the rate of people in Manhattan. Nationwide, out of 306 Hospital Referral Regions, the Bronx has the 17th highest amputation rate. This pattern is seen in poor neighborhoods in other boroughs as well.

Social injustice underlies these results. We all know it is harder to eat healthily when you are poor, that some neighborhoods lack options for healthy food and exercise, and that many communities have inadequate access to primary care. It is hard to take care of your health when you are working 2 or even 3 jobs to just barely make ends meet.

Amputation rates tell us that, once people have diabetes, we are failing them still further.

Diabetic foot ulcers occur because high sugar levels damage the nerves in the feet, so that a person can't feel a sharp object piercing the skin, or an ill-fitting shoe that rubs to create wounds. The nerve damage also impairs immune response, so that infections can quickly become limb- and life-threatening. Limb loss is devastating to individuals and their families, and increases the burden of disability in the community.

Effective solutions are available

People with diabetic nerve damage, in partnership with health care providers, can substantially lower their risk of amputation if they are able to prevent ulcers and to quickly access high-quality treatment when ulcers do occur.

Our communities need programs that reduce the rate of amputation for people with diabetes. We know that several types of programs can achieve this. Successful programs engage communities; educate patients; support preventive foot care services through primary care physicians and podiatrists, and provide expedited access to high-quality ulcer treatment when needed.

These initiatives enhance quality of care for individuals and improve population health outcomes. They save healthcare costs by avoiding hospitalizations. However, our highest-risk communities currently lack coordinated efforts to reduce amputation rates for their residents.

Partnering for next steps

Can we implement these solutions in New York? In my view, we have no other choice, because the alternative is to allow the crisis of diabetic amputation to continue unchecked.

Close tracking of amputation data, as currently proposed for legislation, is a necessary foundation for coordinating efforts to reduce the diabetic amputation rate. The solutions require hard work, but they are possible with partnership of the health care sector, government, and our communities.



10 East 40th Street, 11th Floor | New York, NY 10016
www.heart.org/NYC

Testimony

In Support of

Int 1064-A, a local law to amend the administrative code of the city of New York, in relation to setting nutritional standards for menu items marketed to children

Int 1326 - In relation to requiring added sugar notifications on menu boards and signs.

Submitted by:

American Heart Association, Robin Vitale, Vice President, Health Strategies, New York City

February 25, 2019

Members of the Committee on Health:

On behalf of the American Heart Association, thank you for this opportunity to highlight one of our organization's greatest health concerns, the dangerous consumption of drinks with added sugars. This include beverages like sports drinks, fruit drinks, energy drinks or soda. The American Heart Association is our nation's largest, voluntary-led, science-based organization focused on being a relentless force for a world of longer, healthier lives. This mission is what motivates us to address Council today, and we're grateful for our city leadership who clearly share this same vision.

Approximately 80% of diagnoses involving heart disease and stroke could be prevented if Americans improved their lifestyles and adopted healthier behaviors.¹ People living in the U.S. consume about 34 pounds of added sugar every year from consumption of sugary drinks.² An estimated 40,000 people in the U.S. die from heart problems each year caused by consuming too many sugary drinks alone.³

¹ <http://www.cdc.gov/vitalsigns/HeartDisease-Stroke/index.html>

² Miller PE, McKinnon RA, Krebs-Smith SM, et al. Sugar-sweetened beverage consumption in the U.S.: Novel assessment methodology. *Am J Prev Med.* 2013;45(4):416-421.

³ Micha R, Peñalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association Between Dietary Factors and Mortality From Heart Disease, Stroke, and Type 2 Diabetes in the United States. *Jama* 2017;317:912-24.

While we would like to believe that New Yorkers would be self-motivated to make healthy choices for themselves and their families, the reality is that our city makes it incredibly hard to do so. Promotion of tobacco addiction, sedentary habits and unhealthy food and drinks are everywhere you look. Our organization supports evidence-based policies that will overcome industry tactics and make the healthy choice the easier choice for all New Yorkers in all neighborhoods.

Int 1064-A

People have grown increasingly dependent upon restaurant meals. Our lifestyles unfortunately no longer foster adequate time for food preparation, cooking, consumption and clean up. In 2010, Americans started spending more money to dine away from home than on their home-cooked meals.⁴ What may have once been considered a rare, occasional luxury has now become our normal routine. As a result, we now eat outside the home much more often than we did 50 years ago, with nearly half of all food dollars (48 percent) spent on restaurant foods,⁵ up from 26 percent in 1970.⁶

While not the only factor of concern, restaurants are certainly playing a pivotal role in our dietary norms. And Americans are suffering for it. Studies link eating out with higher amounts of body fat and higher BMIs, both significant risk factors for heart disease and stroke. And increased consumption of fast food meals is associated with consuming more calories.⁷ The corollary between this increased consumption and the alarming rates of heart disease, stroke, diabetes and other related diseases is apparent.⁸

Unfortunately, we are seeing the rates of these diseases, often regarded as adult conditions, in an increasing population of children.⁹ Helping children grow up at a healthy weight is a serious public health priority. In New York City, nearly 21% of K-8 students are obese.¹⁰ As restaurant kids' meals are directly associated with higher levels of calorie intake for children,¹¹ this is a clear indication that Int 1064-A is an appropriate health intervention.

⁴ <https://www.ers.usda.gov/amber-waves/2018/november/new-us-food-expenditure-estimates-find-food-away-from-home-spending-is-higher-than-previous-estimates/>

⁵ *Decoding Consumers in a Challenging Economy*. National Restaurant Association, 2012. Available at: <http://www.restaurant.org/forecast>

⁶ Lin B, Frazao E, Guthrie J. *Away-From-Home Foods Increasingly Important to Quality of American Diet*. Agriculture Information Bulletin No. 749. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service, 1999.

⁷ Center for Science in the Public Interest. *Research Review: Effects of Eating Out on Nutrition and Body Weight*. Center for Science in the Public Interest: Washington, DC, 2008.

⁸ Mozaffarian D, et al. *Heart Disease and Stroke Statistics – 2016 Update: A Report from the American Heart Association*. *Circulation*. Published online December 15, 2015.

⁹ Haflon NH, Larson K, Slusser W. Associations between obesity and comorbid mental health, developmental and physical health conditions in a nationally representative sample of US children aged 10 to 17. *Acad Pediatr*. 2013; 13(1):6-13

¹⁰ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6049a1.htm>

¹¹ Silwa S, Anzman-Frasca, S, Lynskey, V, Washburn, K, Economos, C. "Assessing the Availability of Healthier Children's Meals at Leading QuickService and Full-Service Restaurants." *Journal of Nutrition Education and Behavior* April 2016, vol. 48(4), pp. 242-249.

This legislation will also help address health inequity. Today, children in low-income communities and children of color are more likely to live with the burden of unhealthy weight. These same communities are more exposed to fast-food companies. Evidence demonstrates that fast-food marketing disproportionately affects low-income, black, and Hispanic youth, who are also at greater risk for chronic disease due to diet.¹²

A 2017 Global Strategy Group survey commissioned by the American Heart Association found that New Yorkers expressed nearly universal support (94 percent) for making the food and beverage options on children's menus healthier. The survey concluded that NYC voters are strongly in favor (87 percent) of making healthy drinks like water and low-fat milk the default drink option on children's menus.

This policy does not take away a parent's right to choose what drink is provided. If they want to buy their child a soda as part of their meal, they can simply ask for that substitution. This standard effectively establishes a new norm for kids' restaurant meals that the drink should be a healthy one.

The momentum behind this policy is clear. The state of California and numerous other localities, including the cities of Louisville and Baltimore have all begun implementing this similar standard. For these reasons, the American Heart Association asks for your continued support of Int 1064-A.

Int 1326

Consuming excessive added sugars isn't just a danger for our children. Although sugars are not harmful in small amounts to the body, our bodies don't *need* sugars to function properly. Added sugars contribute additional calories and zero nutrients to food. The American Heart Association recommends limiting the amount of added sugars you consume to no more than half of your daily discretionary calorie allowance. For most American women, this is no more than 100 calories per day and no more than 150 calories per day for men (or about 6 teaspoons / 25 grams per day for women and 9 teaspoons / 36 grams per day for men)¹³.

Unfortunately, it can often be challenging to identify added sugars in our food. To tell if a food contains added sugars, you need to look at the list of ingredients. And sugar has many other names. Besides those ending in "ose," such as maltose or sucrose, other names for sugar include high fructose corn syrup, molasses, cane sugar, corn sweetener, raw sugar, syrup, honey or fruit juice concentrates.¹⁴

¹² Harris J.L., Catherine S., Gross R. (2015, August). *Food advertising targeted to Hispanic and Black youth: Contributing to health disparities*. UConn Rudd Center for Policy and Obesity. Available at: [http://www.uconnruddcenter.org/files/Pdfs/272-7%20Rudd_Targeted Marketing Report_Release_081115\[1\].pdf](http://www.uconnruddcenter.org/files/Pdfs/272-7%20Rudd_Targeted%20Marketing%20Report_Release_081115[1].pdf)

¹³ <https://www.ahajournals.org/doi/pdf/10.1161/circulationaha.109.192627>

¹⁴ <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/added-sugars>

We expect Intro 1364, legislation intending to implement an Added Sugars Warning Icon on restaurant menus will help to empower, educate and motivate restaurant consumers to make healthier choices when dining outside of their homes. The icon placed next to menu items that exceed 12 mg in added sugars is a responsible intervention to address this general lack of awareness and clear understanding of these ingredients.

New Yorkers deserve the opportunity to choose how much added sugars they wish to consume. Right now, that decision is being made for us in many ways, by food manufacturers and the restaurant industry. It is appropriate that we place the power in the hands of the dining customer with an easily understood icon that effectively warns the individual if the added sugars content is dangerously high.

We recommend language that will require the warning label statement be based on the most recent scientific evidence for added sugars. This will ensure that any future iterations of the warning label will be beholden to the latest research. Additionally, we recommend changing the terminology to be consistent with the many forms of added sugars. Changing the wording to 'added sugars' warning label as opposed to the singular 'added sugar' reflects the public health standard.

As with any innovative policy, we encourage the Council to consider ways to evaluate this policy's impact. Strong evaluation of the law can help strengthen the science around consumer behavior, and potentially support its implementation in other localities.

New York City has a lengthy and robust history in leading our nation by implementing strong, innovative public health standards. Once again, this body has the opportunity lend its very valuable support in advancing nutrition policy. We encourage Council's swift passage of Intro 1064A and Intro 1326 with amendments.



American Cancer Society
Cancer Action Network
132 West 32nd Street
New York, NY 10001
212-237-3853
fightcancer.org
michael.davoli@cancer.org

**Testimony of American Cancer Society Cancer Action Network
to the New York City Council Health Committee**

February 25, 2019 • New York, NY

Chair Levine and members of the Health Committee, thank you for the opportunity to testify today. My name is Michael Davoli and I am the New York Metro Director for Government Relations at the American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan, advocacy affiliate of the American Cancer Society. I am pleased to be able to speak in support of Int 1064-2018.

Obesity has become an epidemic in New York City. After more than a decade of decline, the percentage of obese adults rose to 25 percent. That's a 22 percent increase since 2002. More than half of all adult New Yorkers are either overweight or have obesity.

Even more alarming is the sharp increase in obesity among youth in New York City. Nearly half of all elementary school and Head Start students are either overweight or obese. Research shows that overweight kids are more likely to become overweight adults and experience other health risks.

Making this problem even more challenging is the fact that twenty-three percent of adults are consuming sugary drinks daily and numerous studies show that eating habits that are developed as a youth often carry into adulthood.

These trends are so alarming because approximately 18 percent of the over 40,000 cancer cases annually in New York City are caused by poor diet, physical inactivity, excess weight and excess alcohol consumption. A significant portion of cancers in New York City could be prevented by addressing these factors. Excess body weight increases the risk for several common cancers, including cancers of the female breast (postmenopausal), colon and rectum, uterus, kidney, adenocarcinoma of the esophagus, pancreas, ovary, liver, gastric cardia, gallbladder, thyroid, meningioma, and multiple myeloma.

Reducing Sugary Drink Consumption

Despite the evidence linking excess weight, poor nutrition, and physical inactivity to increased cancer risk, the majority of New Yorkers are not meeting recommended nutrition and physical activity targets. Social, economic, environmental, and cultural factors strongly influence individual choices about diet and physical activity. Reversing obesity trends and reducing the associated cancer risk will require a broad range of strategies that include policy and environmental changes that make it easier for individuals to regularly make healthy diet and physical activity choices.

While New York City has done a lot to promote healthy eating, there are still actions that city leaders can take. New York City should promote children's health by ensuring healthy drinks are the norm on children's menus in every restaurant in New York City. Although parents could still choose from any drink, this policy will help make the healthy choice the easy choice.

Sugary drinks are usually the beverage offered with children's meals even though soda and other sugary drinks are the top source of added sugars in the American diet and excessive consumption of added sugars contributes to an increased risk of obesity and cancer. We must protect the health of our youngest community members.

To ensure New York City youth are eating healthy they need healthy options at home and at school. However, increasingly, kids are eating outside of their homes or at school. Restaurants do not have to contribute to the obesity epidemic. Instead they can help parents keep their kids healthy.

Drink options like water, sparkling water, or flavored water, with no added sweetener, milk or non-dairy milk alternatives and 100% juice or juice blended with water, with no added sweeteners are all healthy alternatives to sugary drinks like soda.

While we believe that including flavored milk as an option is unnecessary, we do not believe that its inclusion as an option hurts the effectiveness of Intro 1064-2018 and strongly support this legislation. We will monitor the impact of this legislation and if warranted, we will support future legislation making any necessary changes.

ACS CAN Recommends

The science is clear — overweight and obesity, physical inactivity and poor nutrition are the number one cancer risk for people who don't use tobacco. Together, they cause 20 percent of cancer cases.

ACS CAN is working at the local, state and federal levels to prevent these cancers by advocating for legislation and regulations that make information more accessible for healthy choices, ensure healthy schools for our youth and build healthy communities for all.

ACS CAN supports Intro 1064-2018 and encourages its passage. Thank you.



Teens for Food Justice

Change. Inspire. Grow.

Miguel Graham and Joshua Delgado
New York City Council Committee on Health Hearing
Scheduled for February 25th, 2019

Hi, my name is Miguel Graham and I'm a 10th grade student at DeWitt Clinton High School Campus. I'm also a member of the Teens for Food Justice after school Apprenticeship program, where we explore food justice issues and advocate for healthy food and drink access in our communities. I'm here to testify in support of **Bill 1064** because I believe that kids should not only have access to healthy foods, but also healthy beverages on restaurant menus.

Hi, my name is Joshua Delgado and I'm a Senior at DeWitt Clinton High School Campus. Like Miguel, I'm also a part of Teens for Food Justice, as both an intern on our hydroponic farm and a member of Apprenticeship. I am also here to express my support of **Bill 1064** because I think that we deserve to have the option to make healthy choices beyond our hydroponic farm and cafeteria, and that includes drinks on restaurant menus.

We support this bill that would require restaurants in New York City that serve children's meals to only include drinks that are free of added sugars or sweeteners. After going into our community to survey restaurants and analyze food and drink menus, we found lots of soda and sugary drinks like Sprite, Fanta, and Hi-C, but very few healthy options.

During Apprenticeship, we learned a lot about food and drink access in our communities and what that means for our own health and well-being. We began to think beyond the classroom and decided to explore options on restaurant menus.

As a group, we created a survey that included a look at drinks on kids menus and the availability of healthy substitutions. We found that sugary beverages were always the default.

Also, the way they were featured in kids' meal sections or in the restaurants themselves seemed designed to catch the eye of young people.

I've learned and now know that companies often target teenagers and young people by using colorful and catchy marketing in order to influence us to consume more sugary beverages. These tactics work because restaurants and companies know how to tie their products to relevant pop culture and imagery to capture our attention. As a student, I'm busy and don't always have the time to carefully consider restaurant menus when I buy a quick lunch. Sometimes I make the choices that are most familiar and easy. So, if kids' menus were to offer drinks free of sugar or sweeteners, then the healthier choice would be that much easier to make. Thank you for allowing us to testify before you in support of this important bill. We're happy to answer any questions that you have.

Testimony of before the New York City Council Committee on Health

Addressing Bill 1064-A regarding Nutritional Standards for Beverages Included in Meals Aimed
at Children

February 25, 2019

Thank you for inviting me to testify at today's hearing regarding nutritional standards for beverages included in meals aimed at children. My name is Dr. Pasquale Rummo, and I am an Assistant Professor in the Department of Population Health at NYU School of Medicine. I conduct scientific research that informs policies and public health programs seeking to improve healthy food choices and prevent obesity in high-risk groups, including children. One of my areas of focus is behavioral economics and nutrition, so I'd like to share research findings relevant to this proposal.

The role of sugary drinks in promoting childhood obesity

Obesity is a complex and costly public health problem. More than 17% of youth ages 2-19 years are obese (CDC, 2015). Although the prevalence of obesity among preschool-aged children declined in recent years, childhood obesity rates remain high, especially among older children (CDC, 2015; Ogden, 2016). Excess weight in childhood is associated with a number of negative health, psychological, and financial outcomes in adulthood (Dietz, 1998; Puhl, 2010; Gortmaker, 1993).

Poor dietary habits are a major driver of obesity among children and adolescents (Rocha, 2017), including eating out at fast food restaurants. Foods sold in fast food restaurants are often low in fiber and high in sodium, unhealthy fats, and refined carbohydrates (Rocha, 2017; Rosenheck, 2008). A nationally representative survey of 6,212 children ages 4 to 19 years showed that children who eat fast food consume more calories, fat, carbohydrates, added sugars, and sugary beverages per day than children who do not; and children who eat fast food also have lower consumption of fiber, milk, fruits and vegetables (Bowman, 2004). Further, previous work suggests that fast food consumption in adolescence predicts higher body mass index in adulthood (Niemeier, 2006).

Neighborhood environments and how they shape diet behaviors

The food environment, including the location of food resources, may play a role in shaping obesity risk among children and adolescents. For example, my previous work has shown that greater availability of fast food restaurants contributes to poor diet quality (Rummo, 2017). Prior work published by my colleagues at NYU School of Medicine shows that public school children in New York City have enormous access to food outlets (Elbel, 2017); and we have a publication under review showing that living very near to fast food restaurants is positively related to childhood obesity in New York City (Elbel, unpublished). Previous research also suggests that the presence and proximity of fast food restaurants near public schools are positively associated with childhood and adolescent obesity (Currie, 2010).

The relationship between the food environment and obesity might be attributable to the increased consumption of “empty calories” and decreased consumption of nutrient-dense foods (Hill, 2006). Previous work has shown that fast food restaurants sell primarily energy-dense, nutrient-poor food items and few healthy options (Poti, 2014), including those located in NYC (Neckerman, 2014). In particular, soda intake is significantly higher on days that children and adolescents eat at fast food restaurants and full-service restaurants (Powell, 2013). Such evidence necessitates a public policy response to prevent childhood obesity.

Healthy defaults can be used to nudge consumers to make healthier choices

Policies informed by behavioral economics can promote healthier food choices by nudging consumers in subtle, low-cost ways that honor individual preferences (Roberto & Kawachi, 2015). According to Thaler and Sunstein, nudges are “any aspect of the choice architecture that alters behavior in a predictable way without forbidding any options or significantly changing their economic incentives” (Thaler & Sunstein, 2008). Nudges leverage behavioral heuristics and biases based on the psychology of decision-making to change shopping environments. For example, people are highly susceptible to the status quo bias, or the preference for inaction and for things to stay the same. One way to leverage this bias to promote health is to change default options in the environment so that people are defaulted into healthy choices, but can opt out of them if they desire.

Default options have been shown to increase participation in organ donation in opt-out countries (Johnson, 2003), and increase orders of healthy foods in restaurants with healthy default side

items on menus, such as salad instead of fries (Anzman-Frasca, 2015). The major advantages of healthy default policies is that they are clear and practical and cost-effective. Healthy default options are also appealing because they are not burdensome for the consumer and do not require knowledge of complicated nutrition information (Gorski, 2015). Further, a recent online survey of 711 parents and their children suggests that a large majority of children are receptive to a restaurant meal with water, flavored water, or milk instead of soda (Shonkoff, 2018). The proposed policy is poised to improve the healthfulness of meals served to children in restaurants. In conjunction with major policy efforts, mandatory “nudge” strategies have the potential to reduce soda consumption among children.

References

- Anzman-Frasca S, Mueller MP, Sliwa S, Dolan PR, Harellick L, et al. Changes in children's meal orders following healthy menu modifications at a regional US restaurant chain. *Obesity*. 2015;23(5):1055-62.
- Bowman SA, Gortmaker SL, Ebbeling CB, Pereira MA, Ludwig DS. Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. *Pediatrics*. 2004;113(1 Pt 1):112-118.
- Childhood Obesity Facts. CDC: Centers for Disease Control and Prevention. <https://mail.google.com/mail/u/0/#inbox/15f15b68422dab99>. Published September 21, 2015. Accessed January 4, 2016.
- Currie J, DellaVigna S, Moretti E, Pathania V. The effect of fast food restaurants on obesity and weight gain. *American Economic Journal: Economic Policy*. 2010;2(3):32-63.

- Dietz WH. Health consequences of obesity in youth: childhood predictors of adult disease. *Pediatrics*. 1998;101(Supplement 2):518-525.
- Elbel B, Tamura K, McDermott Z. Disparities in food access: Proximity to food outlets around homes and schools for New York City children. *Med NYUSo*, ed Rev. 2017.
- Elbel B, Tamura K, McDermott ZT, Wu E, Schwartz AE. Childhood Obesity and the Food Environment: A Population-Based Sample of Public School Children in New York City. Unpublished.
- Gorski, Mary T., and Christina A. Roberto. "Public health policies to encourage healthy eating habits: recent perspectives." *Journal of healthcare leadership* 7 (2015): 81.
- Gortmaker SL, Must A, Perrin JM, Sobol AM, Dietz WH. Social and economic consequences of overweight in adolescence and young adulthood. *N Engl J Med*. 1993;329(14):1008-1012.
- Hill JO. Understanding and addressing the epidemic of obesity: An energy balance perspective. *Endocr Rev*. 2006;27(7):750-761. doi:10.1210/er.2006-0032
- Johnson EJ, Goldstein D. Medicine. Do defaults save lives? *Science*. 2003;302(5649):1338-9.
- Neckerman KM, Lovasi L, Yousefzadeh P, et al. Comparing nutrition environments in bodegas and fast-food restaurants. *J Acad Nutr Diet*. 2014;114(4):595-602.
- Niemeier HM, Raynor HA, Lloyd-Richardson EE, Rogers ML, Wing RR. Fast food consumption and breakfast skipping: predictors of weight gain from adolescence to adulthood in a nationally representative sample. *J Adolesc Health*. 2006;39(6):842-849.

Ogden CL, Carroll MD, Lawman HG, et al. Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988-1994 Through 2013-2014. *JAMA*. 2016;315(21):2292-2299.

Poti JM, Slining MM, Popkin BM. Where are kids getting their empty calories? Stores, schools, and fast-food restaurants each played an important role in empty calorie intake among US children during 2009-2010. *J Acad Nutr Diet*. 2014;114(6):908-917.

Powell, Lisa M., and Binh T. Nguyen. "Fast-food and full-service restaurant consumption among children and adolescents: effect on energy, beverage, and nutrient intake." *JAMA pediatrics* 167.1 (2013): 14-20.

Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. *Am J Public Health*. 2010;100(6):1019-1028.

Roberto CA, Kawachi I. Behavioral economics and public health. Oxford University Press. 2015.

Rocha NP, Milagres LC, Longo GZ, Ribeiro AQ, Novaes JF de. Association between dietary pattern and cardiometabolic risk in children and adolescents: a systematic review. *J Pediatr* . 2017;93(3):214-222.

Rosenheck R. Fast food consumption and increased caloric intake: a systematic review of a trajectory towards weight gain and obesity risk. *Obes Rev*. 2008;9(6):535-547.

Rummo P, Guilkey DK, Ng S, Meyer KA, Shikany JM, Reis JP, Gordon-Larsen P. Understanding bias in relationships between the food environment and diet quality: The Coronary Artery Risk Development in Young Adults (CARDIA) Study. *Journal of Epidemiology and Community Health*. 2017. PMID: 28983065.

Shonkoff, Eleanor T., et al. "Child and parent perspectives on healthier side dishes and beverages in restaurant kids' meals: results from a national survey in the United States." *BMC public health* 18.1 (2018): 56.

Thaler RH, Sunstein CR. *Nudge: Improving decisions about health, wealth, and happiness*. Springer; 2008.



This testimony is being submitted by Vanessa Salcedo, MD, MPH, Director of Wellness and Health Promotion of Union Community Health Center and Co-Chair of the Healthy Beverage Zone project in support of Int 1064 - In relation to nutritional standards for beverages included in meals aimed at children.

The Bronx has among the highest prevalence of obesity in NYC: nearly 1 in 3 adults in the Bronx (31%) are considered obese. Due to the significant health implications that obesity creates such as, an increased risk for type 2 diabetes, cardiovascular diseases, and many cancers, there is urgency in developing effective interventions. Although many factors influence the rapidly increasing rates of obesity, research indicates that sugar-sweetened beverage (SSB) consumption plays a significant role in driving current obesity trends. Unfortunately, for the past decade, the Bronx has had the highest consumption of sugary drinks in NYC with 31.5% of adult residents consuming at least 1 sugary beverage daily compared to 22.7% citywide.

The Healthy Beverage Zone (HBZ) was created to increase knowledge about the health impacts of drinking SSBs and promote opportunities to make healthy beverage choices in the workplace. HBZ is a grass-root cross-sector collaboration that is specifically focused on promoting healthy beverage options in Bronx workplaces in order to build healthier communities and foster sustainable positive behavioral changes.

The Healthy Beverage Zone (HBZ) project was launched in April 2017, led by Union Community Health Center in partnership with Bronx Health REACH, the Bronx Neighborhood Health Action Center – NYC DOHMH, and #Not62 - The Campaign for A Healthy Bronx. The HBZ has taken a novel approach of partnering with leadership at local, influential organizations throughout the Bronx to create long-lasting, institutional-level changes including modifying the policies, systems, and environment at worksites. Staff members are educated on the hazards of sugary drinks, and asked to become “Champions” who act as role models making healthy drink decisions before clients and community members. Goal: The project goal is to saturate worksites in the Bronx with HBZ messages and evidence-based activities in order to reduce the proportion of community members drinking sugary beverages. Together, these organizations are creating a grass root movement to pledge and become role models for their community.

HBZ’s success has sustained an upward momentum and currently has 63 HBZ official partner organizations. HBZ has accomplished amazing things in the past two years, including signing-on one of the largest public schools in the Bronx with 400 teachers and 639 students as well as local hospital with close to 3,000 employees as partners. Undoubtedly all this is due to the participation and dedication of the **60 plus community organizations** who have partnered with us, not to mention our supportive Bronx elected officials and each Bronxite who has taken control of their health!

The HBZ has received both local and national attention for what is considered a unique and innovative approach to addressing a public health concern. The success of HBZ indicates strong willingness from cross-sector leaders to participate in a work-based program to reduce sugary drink intake. Decreasing sugary drink consumption is a small, but impactful evidence-based approach that will yield a significant health outcome and empower communities.

The Healthy Beverage Zone sets the grassroots momentum to support improving beverage standards in kids’ meals. For more information, visit www.thebronxhbz.com

The Bronx Healthy Beverage Zone Factsheet



The Bronx Healthy Beverage Zone (HBZ) is a borough-wide initiative co-led by Union Community Health Center and Bronx Health REACH in conjunction with the Bronx Neighborhood Health Action Center. The primary focus of the HBZ movement aims at assisting organizations interested in becoming an official HBZ site by creating a supportive environment to advocate healthy beverage alternatives at their establishments. By communicating a clear and consistent message to every Bronxite, the HBZ serves as the foundation in building a drive to promote healthy beverage options for all who work, live and visit the Bronx.

Here are some other quick facts about HBZ:

- For eight consecutive years since 2009, the Robert Wood Johnson Foundation's County Health Rankings Report has classified the Bronx as number 62 out of New York State's 62 counties in terms of health outcomes.
- The prevalence of obesity in the Bronx was ranked the highest amongst all five boroughs in New York City, with 32% of all adults obese.
— *New York City Health Provider Partnership Bronx Community Needs Assessment 2014, NYC Department of Health and Mental Hygiene*
- 335,000 adults in the Bronx were reported consuming more than one sugary drinks per day in 2015, ranking as number three amongst the five boroughs in New York City.
— *Average Sugary Drink Consumption by Borough (Age-Adjusted) NYC Community Health Survey 2015, NYC Department of Health and Mental Hygiene*
- An estimated \$185 million were spent in purchasing sugary drinks by the adults in the Bronx who consumed one or more cans of soda per day in 2015.
— *V. S. Malik, B. M. Popkin, G. A. Bray, J. P. Després, F. B. Hu. Sugar-Sweetened Beverages, Obesity, Type 2 Diabetes Mellitus, and Cardiovascular Disease Risk. Circulation. 2010; 121(11): 1356 – 64*
- #Not62 – The Campaign for a Healthy Bronx was created to address the social, economic and physical environments throughout the Bronx that contribute to the health outcomes of Bronxites.
- The HBZ project was developed to address the obesity epidemic by promoting health beverage consumption at workplaces.
- When employers invest in their employees by offering wellness programs and services such as the HBZ, there are lower health care costs, fewer sick days and improved productivity.
- The #HBZ supporting hashtag was created to generate social media buzz.



The Bronx Healthy Beverage Zone



TheBronxHBZ



The_Bronx_HBZ



TheBronxHBZ



www.thebronxhbz.org

Testimony in Support of

Int 1064-A, a local law to amend the administrative code of the city of New York, in relation to setting nutritional standards for menu items marketed to children.

Submitted by Clarisa Alayeto

February 25, 2019

Members of the Committee on Health:

Growing up in the South Bronx in what is ranked as the unhealthiest county in New York State, according to the Robert Wood Johnson Foundation. I've not only seen the impact of sugary beverages in our young people today, but I lived it.

My neighborhood is surrounded by fast food restaurants and bodegas, making unhealthy options easily accessible and appealing to kids. On my way to work, on the trains, buses, and in the parks, I see children as young as toddlers with juices - even sodas - that contain lots of sugar. The long-term effect of this is what happened to me. At the age of 34, I was obese, weighing 283 pounds and diagnosed with Type 2 Diabetes. Most of my sugar intake came from juice and soda. After making the choice to only drink water and cut out all sugary beverages, 2.5 years later I am no longer diabetic and have lost 100 pounds. Sugar beverages should not be the first option for our children because the long-term affect will be detrimental to their lives.

The Council today is considering a bill that will replace sugary drinks with healthier versions. This will make it more normal for kids to drink water and milk as opposed to juice and soda like I did. This should set the next generation on a healthier path where sugary drinks are a rare, occasional treat and they pay more attention to what they're putting in their bodies. Good nutrition should be available to all New Yorkers. This law will help the kids I see in my neighborhood live healthier lives. And hopefully it will help everyone in the South Bronx do the same.



National Association of Theatre Owners • New York State

311 West 43rd Street, Suite 301, New York, NY 10036 • 212-493-4097

New York City Council Committee on Health

INT-1326-2019 – Sugar Warning Label

INT-0005-2018 – Signage About the Risks of Sugars and Other Carbohydrates

Good morning, Chairman Levine and members of the committee. My name is Matthew Greller, and I am an attorney and lobbyist, here on behalf of one of my clients, NATO, Theatre Owners of New York State, a not-for-profit trade association representing movie theatres.

In New York City we represent 37 movie theatres, 312 screens, and 1,800 employees across the 5 boroughs.

Despite the well-intentioned reasons behind both INT-1326 and INT-005, I am here today to oppose both bills because we think they will only add confusion, and not positively impact public health.

We are pleased, however, to see that these proposals are coming out of the duly elected City Council.

The Council is the proper governmental body that is empowered to set such policy, and then the Council can empower Departments to come up with regulations.

This concept was reaffirmed in the New York Statewide Hispanic Chambers of Commerce decision in 2014, often cited as the soda ban ruling.

With the sugar warning label, the City Council is following the policy set forth by the Congress under the Affordable Care Act regarding menu labeling.

As the proper municipal governmental body in the City of New York, the Council is putting forth additional menu information as a warning label.

However, we question whether the signage or the warning label will truly help against the fight against a complex problem like obesity.

The average New Yorker goes to the movie theatre four times a year, and orders concessions just twice.

During those two purchases a year, that person is looking for an enjoyable night out, and perhaps a treat.

Most of our candy treats come pre-packaged, and on the packages, the nutrition information is clearly labeled, including the amount of sugar per serving.

We do not think that any movie patron is surprised that our candy contains sugar.

Quite honestly, I do not know what would come out of either piece of legislation, if our member theatres are mandated to alert customers about the risks of sugar, or with a sugar warning icon for boxes of candy that have over 12 grams of sugar.

Especially if the average New Yorker is only buying such treats twice a year at a movie theatre.

Yes, there are some foods out there that may have surprising levels of sugar, but do obviously sugary foods really need such a sugar warning icon?

Is the movie theatre the proper forum for the government to alert patrons about eating too much sugar?

Perhaps this is instructive about the limits of menu labeling itself?

Maybe the problem of obesity is too complex, and warning icons or posters are not the best one-size fits all approach for all foods, or for all food service establishments?

As a food service establishment, we generally have just concessions, but we do have a small number of theatres in the City that provide sit down meal service.

Several studies from scientists at New York University and from Johns Hopkins all illustrate that the calorie count labels did not initially, and have not over time, made much of a difference on caloric intake in New York City.

As a result, they did not really have much of an impact on the rates of obesity.

We can provide copies of these studies for members of the committee, which are available at the following websites:

- 1) "Calorie labeling and food choices: a first look at the effects on low-income people in New York City" - <https://www.ncbi.nlm.nih.gov/pubmed/19808705>
- 2) "The public's understanding of daily caloric recommendations and their perceptions of calorie posting in chain restaurants" - <https://www.ncbi.nlm.nih.gov/pubmed/20214811>
- 3) "Five Years Later: Awareness Of New York City's Calorie Labels Declined, With No Changes In Calories Purchased." - <https://www.ncbi.nlm.nih.gov/pubmed/26526247>

Most importantly, however, these studies conclude that more must be done to be effective.

So, instead of more warning labels, we would suggest the following:

- 1) Increase advertising
- 2) Collaborate with industry
- 3) Educate the public

In terms of advertising, we've heard public health officials decry that people are inundated with ads from the big food companies.

But, if those ads are so effective, why not appropriate city and state funding for nutrition awareness ads? The theatres would be happy to discuss running such advertisements.

As part of these ads, perhaps the educational focus should be on some basic information.

Do people really understand what a calorie is, or better yet the recommended daily allowance of 2000 calories?

For this legislation, do people know what is meant by 12 g of sugar?

Do people know the different suggested intakes for men – 150 calories from 37.5 g of sugar - and 100 calories from 25 g of sugar for women?

Why not advertise this information instead of 12 g of sugar?

Perhaps that will have more of an impact than just another poster to be ignored about undefined risks of sugars or carbohydrates that might be devoid of context?

Which leads me to the next point.

We respectfully ask the Council to collaborate with the food service establishment industry.

We can be partners on messaging and efforts, as many in the industry are already voluntarily seeking to reduce sodium, sugar and label their own products.

Perhaps working together on ingredients and formulations will lead to better public health outcomes than potentially confusing warning labels or posters.

Moreover, with many in the food service industry operating locations throughout the country, a NYC task force with industry and government representatives could elevate best practices regarding menus and collaborative efforts to address obesity.

The last part is education.

Why not use menu labeling in a fashion that can educate in a reasonable way without causing confusion?

Accordingly, instead of looking to add yet another warning label, we instead suggest looking at tweaking the language already mandated by the FDA, and which is already up in several locations:

This FDA language reads:

“2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutrition information available upon request.”

Perhaps this federally mandated language can be tweaked to:

- 1) alert patrons to ask about the presence of possible allergens,
- 2) educate the public about how much added sugar they should eat, and
- 3) easily allow customers to know about all other ingredients in their food?

Instead of a sugar warning label today, and potentially separate warning labels for other individual ingredients, why not do everything at once with just one simple sign that is already mandated?

This will help food service establishments with certainty and provide clarity for customers that could more positively impact public health.

We suggest the following **bold/underlined** insertions:

“2,000 calories a day is used for general nutrition advice, **with calories from added sugars not exceeding 100 (25g) per day for women, and 150 (37.5g) per day for men**, but calorie needs vary. Additional nutrition **and allergen** information available upon request.”

As part of this effort, we think that the food service establishments could easily provide the full nutrition information for every menu item, either via a QR code, online, on an app, or even on a printed and laminated sheet available at the register.

This would provide long-term certainty to the businesses, and readily usable, understandable, and actionable information for customers.

At the same time, with over 10% of the population having a food allergy, and with adults as the fastest growing segment of the population with food allergies, this could really help a lot of New Yorkers.

We respectfully urge the Council to forgo the single ingredient warning label.

Instead, we suggest a comprehensive approach to collaborate with the food service industry and effectively educate the public about ingredients and nutrition with just one sign.

Should you have any questions, please feel free to contact me directly at (917) 345-0005 or via email at matt@mattgreller.com.

Thank you for your time.

Monday, February 25, 2019 at 1:00 P.M.
250 Broadway, 16th Floor Committee Room, New York, NY

Testimony in Opposition to Int. 1326 – Requiring Added Sugar Notifications on Menu Boards and Signs

My name is Andrew Rigie and I'm the executive director of the New York City Hospitality Alliance, a not for profit association representing restaurants and nightlife establishment in the five boroughs, some of which would be impacted by Int. 1326.

City requirements now touch every minute aspect of our restaurants, and the content of menus appears to be the latest target of overregulation. From calorie counts and salt-shaker logos, to prohibitions on disclosing administrative surcharges, and now sugar icons, our menus are starting to feel like City-owned property.

Thanks to laudable public education efforts spearheaded by the administration, diners in 2019 are well-aware of the ills of added sugar. A warning label next to every dessert item is not necessary to communicate that desserts are sweet. We are particularly distressed that the Council is considering yet another menu mandate without any data showing the existing calorie and salt mandates have been effective. To the extent there is limited data, it points to the opposite conclusion, that menu mandates do not impact diners' behavior.

Like most of the Council's well-intentioned menu and signage requirements, restaurant owners know what the true impact of this legislation will be: more summonses and more fines. Restaurant owners need the City to take a break with mandate after mandate, and fine after fine. We are disappointed to see that the current version of the bill does not even contemplate an initial educational period, or a warning with opportunity to cure for first-time violations.

If the Council does move ahead with this proposal, we urge Members to at least consider less-disruptive alternatives to a City-mandated logo next to every single menu item that meets the added sugar threshold. For example, an asterisk next to the menu item with a single warning located elsewhere would be far less intrusive.

Finally, it is important for the Council to remember that foodservice is a creative and artistic endeavor. Members of New York City's world-renowned restaurant industry are some of the brightest stars of the city's creative community. Menus are key expressive elements in communicating the restaurant's concept, focus, and passion. The City's regulatory attitude of late, which treats menus as cookie-cutter utilitarian tools whose only purpose is to uniformly advance the Health Department's agenda, fails to grasp the creative and expressive importance of menus to restaurants. Yesterday was calorie disclosures and salt logos, today is sugar icons, and at this rate, tomorrow will bring ten more summons-driving menu mandates of questionable efficacy. Enough is enough.

Respectfully submitted,

Andrew Rigie
Executive Director
arigie@thenycalliance.org



**Testimony regarding Introduction 1064-A
Before the New York City Council Committee on Health
February 25, 2019**

As the city works to implement regulations on beverage options in children's meals, McDonald's is pleased to share its own work to increase families' access to balanced options. Over the years, and listening to consumers, McDonald's USA evolved the Happy Meal. Starting in 2012, we automatically included Apple Slices in every Happy Meal. Since then, we've continued to add new offerings and make changes to several menu items.

In 2013, McDonald's joined forces with the Alliance for a Healthier Generation on a set of commitments to increase families' access to fruit, vegetables, low-fat dairy and water in 20 major markets by 2020. The Alliance for a Healthier Generation works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, balanced habits. While not yet completed, many McDonald's markets are ahead of schedule in their progress on those commitments. The first of those commitments was to feature only water, milk and juice on Happy Meal menu boards and ads directed to children. As such, soda was removed from the Happy Meal section of U.S. menu boards in 2013 and we subsequently saw positive shifts in consumer behavior, and the number of Happy Meals served with water, milk, or juice has since increased by 14 percentage points. As of November 2017, and for the first time, more than half of Happy Meals served in the U.S. included water, milk or juice as the beverage of choice rather than soda and other beverages.

In 2016, McDonald's USA announced its popular Chicken McNuggets, and a Happy Meal entrée choice, contained no artificial preservatives. McDonald's USA's Chicken McNuggets contain no artificial colors, no artificial flavors and made with 100% white chicken.

In December 2017, McDonald's USA completed the transition to Honest Kids Appley Ever After organic juice drink, which has less calories and half the total sugar than the prior 100% apple juice served in the U.S. This apple juice drink consists of 100% juice and water (diluted) and other ingredients. (Honest Kids Appley Ever After Organic Juice Drink – 35 calories, 8g sugar; Prior apple juice – 80 calories, 19g sugar).

On our continued journey, and as a part of our commitment to families, in February 2018, McDonald's announced five new Global Happy Meal Goals with the Alliance for a Healthier Generation, including a goal establishing Global Happy Meal Nutrition Criteria.

In September 2018, McDonald's USA announced its seven classic burgers, including the hamburger—an entrée option in the Happy Meal, have no artificial preservatives, no artificial flavors and no added colors from artificial sources. The pickle contains an artificial preservative, and customers are able to skip it if they prefer.

Bottled water was added to U.S. Happy Meal menu boards as a beverage option in the fall of 2018. McDonald's USA also offers a 1% low fat milk jug. As we announced in 2018, our chocolate milk will be reformulated and will return to the Happy Meal menu once that is complete.

Contact: Joshua Bocian at Joshua.Bocian@us.mcd.com or 917-434-5349



Testimony on Int. 1326

Keith Stephenson, Director of State and Local Gov't Affairs, National Restaurant Association
New York City Council Committee on Health
February 25, 2019

Chair Mark Levine, and other esteemed members of the Committee on Health, thank you for the opportunity to testify today. My name is Keith Stephenson and I am the National Restaurant Association's Director of State and Local Government Affairs. The National Restaurant Association is the leading business association for the restaurant and foodservice industry nationwide, representing more than 15.1 million employees - nearly 10 percent of the nation's workforce - with one million locations across the country. The restaurant industry employs nearly 685,000 New Yorkers at over 50,000 establishments. We join our partners from the New York State Restaurant Association in opposition to Int. 1326, and ask you to oppose this legislation.

The National Restaurant Association supported the Affordable Care Act provision, which requires chain restaurants and similar retail food establishments with 20 or more locations to post calorie information and make available to consumers additional nutritional information, including information on sugar. This legislation ensured that consumers are presented with information in a single, uniform way and have one consistent standard to evaluate the nutritional values of their food.

In taking this action, Congress recognized that the former patchwork of state and local requirements were confusing to consumers, inefficient, and costly to industry.¹ While we remain committed to menu labeling, we firmly believe that posting warning labels on restaurant menus is not an effective strategy for a variety of reasons.

Added Sugar Warnings Will be Confusing to Customers:

Mandating that restaurants provide a warning icon and written notice regarding added sugar on menus and menu boards will be confusing to customers. When combined with existing requirements regarding calories and sodium, passage of this legislation would simply result in menus becoming more cluttered, distracting customers from the information intended to educate them.

Added Sugar Warnings will be Overly Burdensome to Restaurants:

Mandating that restaurants provide a warning icon and written notice regarding added sugar on menus and menu boards will be overly burdensome to restaurateurs. Restaurants operate on extremely thin profit margins of around 4 percent.² Requiring operators to reprint menus, alter

¹ See, e.g., 155 Cong. Rec. E587 (daily ed. Mar. 9, 2009) (statement of Rep. Jim Matheson).

² : National Restaurant Association and Deloitte & Touche, Restaurant Operations Report, 2016.

menu boards and educate staff would add to the financial burden created by continuous government overregulation without the intended effect of educating consumers. As the national representative for the restaurant industry, we supported providing information about calories to consumers and additional information upon request.

Instead of constantly asking small business owners to change their menus, menu boards and staff training procedures, the restaurant industry supports taking a more comprehensive approach that provides consumers with all of the information they need to make educated decisions, including information about allergens. We suggest allowing restaurants to provide this information upon request or through digital disclosure online, which would be readily available to all customers and easily updated as needed.

Added Sugar Information is not Readily Available for Warning Labels:

At this time, packaged food companies are working to meet the new requirements of the Nutrition Facts Panel (NFP) as required by FDA and for the first time are required to disclose added sugar content. In cases where restaurants have asked suppliers for this specific information, they have been told added sugar information will not be available until the NFP deadline of January 1, 2020 (large entities) or January 1, 2021 (small entities), when added sugar disclosure is required for packaged food companies by the FDA.

Therefore, if this warning label requirement were to move forward, a longer compliance time would be necessary because brands do not yet have this information from their suppliers. Once it is available, restaurants will need time to review and incorporate this information into their dietary analysis before being able to disclose and print warning labels.

Focusing on Added Sugars in Warning Labels is Arbitrary and Capricious:

Finally, focusing on added sugars is arbitrary and capricious. While we understand the intent of the bill is to alert consumers about sugar in menu items where they may not expect to find it, it creates the impression that any added sugar contributes to negative health outcomes and that naturally occurring sugar in any amount, even excess, is healthy. Every consumer has unique and complex dietary needs, and added sugar may not be cause for concern for many customers, who will nonetheless be alarmed by the warning.

In conclusion, thank you for allowing me the opportunity to offer this testimony. We welcome the opportunity to work with Chair Levine and other members of the Council to promote effective measures to improve public health. The National Restaurant Association and New York State Restaurant Association urge you to consider our suggestions and work with our subject matter experts and the small business owners who operate restaurants every day. Doing so will allow our customers to be educated in a way that allows them to make informed decisions about their dietary needs and health.

We look forward to continuing this conversation.



**New York City Council
Committee on Health**
February 26, 2019

Y. Claire Wang, MD, ScD
Vice President for Research, Evaluation and Policy
The New York Academy of Medicine

On behalf of the New York Academy of Medicine, thank you for the opportunity to testify on the proposed initiative No. 1064-A, which seeks to amend the administrative code of the city of New York in relation to nutritional standards for beverages included in meals aimed at children. My name is Dr. Claire Wang and I am the Vice President for Research, Evaluation and Policy at the New York Academy of Medicine. I also hold adjunct professorship at Columbia University Mailman School of Public Health.

Established in 1847, the Academy is dedicated to ensuring everyone has the opportunity to live a healthy life. Through original research, policy, and program initiatives, we seek to provide the evidence base to address the structural and cultural barriers to good health and drive progress toward health equity. This work, and our one-of-a-kind public programming, is supported by our world class historical medical library and our Fellows program, a unique network of more than 2,000 experts elected by their peers from across the professions affecting health.

At the Academy, we believe that every child should have equal opportunity to thrive and be healthy. To achieve this vision, we know that it requires more than high-quality health care. We know that it requires teachers, parents, businesses, and entire communities to work together to ensure that the environment in which our children learn, play, and grow are safe and supportive of their health. As part of this vision, the Academy has had a long history of working on multi-sectoral approaches to promote healthy eating and active living in communities.¹



For children and adolescents in the United States, obesity remains a significant threat to their lifelong health and wellbeing, potentially resulting in the first generation in history to have a shorter lifespan than their parents.^{2,3} A significant contributor to childhood obesity and poor dietary quality is the over consumption of sugary beverages. Consuming these sugary beverages has also been linked to numerous other conditions including dental decay, diabetes, heart diseases, stroke, and certain cancers. As a category, sugary beverages are the largest contributor of added sugar in the diets of US children and adults.^{4,5} Based on an abundance of evidence, the American Heart Association recommends that children should not consume more than 6 teaspoons of added sugar per day, and no more than one 8-ounce sugar-sweetened beverage per week.⁶

The science is unequivocal on the link between sugary drinks, obesity and diabetes. In New York City alone, close to 2,000 deaths every year are directly attributable to diabetes. A 12-oz serving of regular soda, typical for the beverage option offered as part of a kid’s meal, can contain 150 kilocalories and 39 grams of sugar— more than 9 teaspoons of sugar. An average 8-year old would need to walk 70 minutes, or the distance between City Hall and Time Square, to “walk the calories off.”⁷

We applaud the many efforts championed by the NYC Department of Health and Mental Hygiene over the past decade aimed at reducing sugary drink consumption among New Yorkers, especially children. In 2015, 36% of New York children 6 to 12 years of age consumed one or more sugary drinks on any given day. While this represents a significant reduction from just five years prior, our work has only just started. Thanks to partnerships across numerous public, private, and academic organizations, we now have policies in place to ensure sugary drinks are not served to children in schools and in child care centers. We have also seen media campaigns and education programs to make sugary beverages less ubiquitous and healthy beverage options more accessible.



It may not be obvious, but reducing sugary beverage intake is a priority for achieving health equity. While these beverages contain absolutely no nutrients, they are heavily marketed to children in low income neighborhoods and communities of color.⁸ Mirroring the trend at the national level, consumption of sugary beverages is highest among those New Yorkers who are most at risk for diabetes and obesity—those with low household incomes, living in low-income neighborhoods, and who are Blacks or Hispanic. Despite data showing overall declines among New York City children ages 6 to 12, sugary drink consumption

remains highest among Black and Latino children.⁹ Among New York City high school students, 31.6% of students in South Bronx schools consume one or more soda per day, compared to 22.5% of students in higher-income neighborhoods.

The proposed local law No. 1064-A aims to require food service establishments in New York City to offer water, milk or 100% fruit or vegetable juice as a default beverage in a children's meal. Focusing on healthy drinks as the default for children's meal in food service establishments is especially critical for younger children who are still forming their taste preferences and establishing their dietary norms. Healthy beverage default alone will not eliminate childhood obesity, but it is a step in the right direction to protect our children and teens by building a healthier food environment.



Healthy Kids' Meals is now a statewide policy in California, and similar initiatives are being considered by municipalities around the country. Because the proposed law does not prohibit a food service establishment from serving sugary beverages at the request of its customers, it will not infringe on personal choice. Moreover, many national and international chain restaurants already have removed sugary beverages from their children's menu as the default. McDonald's Happy Meal, for example, allows the choice of 1% low fat milk, apple juice, or water. Wendy's, Burger King, and several other fast food restaurants have similar options. Implementation of a health drink policy has been achieved across many settings and its burden is minimal and reasonable.

New York City leads the country in many public health initiatives to protect its residents' health. We were the first in the nation to remove trans-fats from restaurant menus, and the first to post caloric content in chain restaurants—now both federal policies. We believe the proposed action for requiring healthy drinks as the default in children's meals is a sensible policy and can have meaningful impact on shaping a healthy eating environment for our children. In addition, such an initiative may strengthen market incentives for the food service industry to develop healthier menu options for children. For these reasons, The New York Academy of Medicine fully supports the bill, and again we thank you for the opportunity to testify on this important issue.

For more information, please contact Claire Wang, MD, ScD at cwang@nyam.org

Literature Cited

- ¹ Fisher E, Griffin K. Interventions for Healthy Eating and Active Urban Living: A Guide for Improving Community Health. The New York Academy of Medicine. 2016. Available at: <https://www.nyam.org/publications/publication/interventions-healthy-eating-and-active-urban-living-guide-improving-community-health/>
- ² Skinner AC, Ravanbakht SN, Skelton JA, Perrin EM, Armstrong SC. Prevalence of obesity and severe obesity in US children, 1999–2016. *Pediatrics*. 2018 Mar 1;141(3):e20173459.
- ³ Daniels, Stephen R. "The Consequences of Childhood Overweight and Obesity." *The Future of Children*, vol. 16 no. 1, 2006, pp. 47-67. Project MUSE, doi:10.1353/foc.2006.0004
- ⁴ Bailey R, Fulgoni V, Cowan A, Gaine P. Sources of added sugars in young children, adolescents, and adults with low and high intakes of added sugars. *Nutrients*. 2018;10(1):102.
- ⁵ Kit BK, Fakhouri TH, Park S, Nielsen SJ, Ogden CL. Trends in sugar-sweetened beverage consumption among youth and adults in the United States: 1999–2010. *The American journal of clinical nutrition*. 2013 May 15;98(1):180-8.
- ⁶ Vos MB, Kaar JL, Welsh JA, Van Horn LV, Feig DI, Anderson CA, Patel MJ, Cruz Munos J, Krebs NF, Xanthakos SA, Johnson RK. Added sugars and cardiovascular disease risk in children: a scientific statement from the American Heart Association. *Circulation*. 2017 May 9;135(19):e1017-34.
- ⁷ Wang YC, Hsiao A, Orleans CT, Gortmaker SL. The caloric calculator: average caloric impact of childhood obesity interventions. *American journal of preventive medicine*. 2013 Aug 1;45(2):e3-13.
- ⁸ Powell LM, Wada R, Kumanyika SK. Racial/ethnic and income disparities in child and adolescent exposure to food and beverage television ads across the US media markets. *Health & place*. 2014 Sep 1;29:124-31.
- ⁹ Mendez MA, Miles DR, Poti JM, Sotres-Alvarez D, Popkin BM. Persistent disparities over time in the distribution of sugar-sweetened beverage intake among children in the United States. *The American journal of clinical nutrition*. 2018 Dec 7;109(1):79-89.



NYU

**COLLEGE OF GLOBAL
PUBLIC HEALTH**

Jennifer L. Pomeranz, JD, MPH
Assistant Professor
Department of Public Health Policy
and Management

College of Global Public Health
715 Broadway
New York, NY 10003
Email: jlp284@nyu.edu

Committee on Health
New York City Council
250 Broadway, 16th floor
New York, NY 10007

February 25, 2019

Re: Proposed Int. No. 1064-A: Nutritional standards for beverages included in meals aimed at children.

Thank you for the opportunity to submit testimony on Proposed Int. No. 1064-A.

I am an Assistant Professor at New York University's College of Global Public Health and an expert on food law and policy for public health.¹ I am also a member of the New York City Department of Health and Mental Hygiene (Department of Health) Advisory Council and a member of the New York City Food Service Establishment Advisory Board, having been appointed by the mayor to both positions in 2016.

Summary of Position

I applaud the City Council Members and the Committee on Health's interest in improving the food environment especially for children in New York City. Many cities and the state of California have enacted healthy default standards and the evidence seems to support healthy defaults for drinks,^{2,3} which is the focus of the proposal. ***However, the evidence does not support the definition of healthy beverages in the proposed legislation and thus I urge you to amend the definition.*** Specifically, the default beverage should not include flavored milk/milk substitute but rather should include plain unflavored and unsweetened milk/milk substitute of any milk fat percentage. Only through an evidence-based definition of the healthy default beverage, can this bill actually help improve children's health. In addition, I urge the council to include an evaluation component, especially as related to juice.

Default Beverage Definition

The bill defines the default— and therefore “healthy” beverage— as including the following:

1. Water, sparkling water or flavored water, with no added natural or artificial sweeteners;
2. Flavored or unflavored nonfat or one percent fat dairy milk or non-dairy beverage that is nutritionally equivalent to fluid milk in a serving size of eight ounces or less; or

3. One hundred percent fruit or vegetable juice, or fruit or vegetable juice combined with water or carbonated water, or fruit and vegetable juice combined with water or carbonated water, with no added natural or artificial sweeteners, in a serving size of eight ounces or less.

The Milk/Milk Substitute Definition is Not Evidence-Based

My testimony will focus on the definition's inclusion of: "flavored or unflavored nonfat or one percent fat dairy milk or non-dairy beverage that is nutritionally equivalent to fluid milk" in the definition of healthy because it is not evidence-based. I will refer to the other two parts below.

The Problem with Flavored Milk/Milk Substitute

Americans of all ages consume too much added sugar. The Dietary Guidelines for Americans defines sugar-sweetened beverage as "liquids that are sweetened with various forms of added sugars."⁴ Flavored milk falls within this definition. The American Heart Association (AHA) recommends that children should drink *no more than one 8-ounce sugar-sweetened beverage per week*.⁵ AHA also recommends that children should not consume more than 6 teaspoons of added sugar per day.^a An 8 ounce carton of flavored milk typically has 4 teaspoons of added sugar (but can have more) and that would be more than half of children's added sugar for the day in a drink that is supposed to be a default healthy option. Given that children have access to foods and beverages with added sugar throughout the day—every day, designating flavored milk as a healthy default runs contrary to these recommendations.

Flavored milk should not be included in the definition of healthy default. In addition to loads of added sugar, flavored milk often also contains added sodium, artificial colors, flavors, and sweeteners, which are all ingredients of concern for parents.⁶ Federal nutrition programs, including the Child and Adult Care Food Program (CACFP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) do not reimburse for flavored milk for children less than 5 years old. This is because it is not inherently nutritious. WIC regulations define "supplemental foods" to include those "foods containing nutrients determined by nutritional research to be lacking in the diets of ... children and foods that promote the health of the population served by the program authorized by this section, as indicated by relevant *nutrition science, public health concerns*, and cultural eating patterns."⁷

Flavored milk is more similar to a sugary beverage than a healthy alternative. Flavored milk should be treated similar to the other beverages the healthy default definition excludes: sugar-sweetened fruit drinks and sugar-sweetened water.⁸ The definition of healthy default should not include sweetened or flavored milk, but it should include plain whole or 2% milk.

Plain Whole or 2% Milk Is Healthy

In general, dairy product consumption is associated with a decreased risk of obesity and this association may be of public health significance.⁹ However, there seems to be differences based on fat content that are contrary to the definition in the bill. Studies suggest that over time, "children who habitually drink *low-fat milk gain more weight*, and those who drink whole-fat

^a Similarly, the World Health Organization suggests that we should be consuming no more than 5% of our daily calories in added sugar.

milk gain less weight.”^{10, 11} For adults, longitudinal studies suggest that dairy fat from whole-fat milk has potential benefits for diabetes and does not increase the risk of obesity, diabetes, or cardiovascular disease. People who switch to low-fat dairy products might be compensating by increasing consumption of carbohydrates and in particular added sugar when in the form of flavored milk.

The days of suggesting low-fat diets and low-fat milk are behind us. As noted by leading nutrition experts: “Traditional dietary recommendations on dairy derive mostly from theoretical considerations about isolated nutrients ... rather than empiric evidence on actual mechanistic and clinical effects of milk.”¹²

New York City Should Follow California and Connecticut, *NOT* Industry

In addition to not being evidence-based, the milk-related definition actually aligns with the position of the American Beverage Association and statements by Burger King and Wendy’s related to what they are willing to do voluntarily.¹³ It is also substantially weaker than California’s law enacted in 2018¹⁴ and Connecticut’s bill proposed just last month.¹⁵ Can we feel good about our law if other states are doing better and the restaurant industry is already voluntarily offering to meet our definition of “healthy”?

Connecticut’s bill defined healthy beverage similar to California’s law,¹⁶ to only include “water, sparkling water, flavored water with no added sweeteners, unflavored milk or a nondairy milk alternative.”¹⁷ This is an actually evidence-based definition. At the hearing for Connecticut’s bill to prohibit the inclusion of unhealthy beverages as defaults on children’s menus, the American Beverage Association’s testimony actually argued for the New York City definition.¹⁸ Shouldn’t New York City— which is known as the public health capital of the country— do better for our children than to follow recommendations by the sugary beverage industry? Why might they support this definition? For one, perhaps because research suggests that early exposure to sweetened drinks predicts a preference for sweetened drinks later in life. This means that sugary beverages may “reinforce children’s preferences for sweet beverages” and help create a social norm that drinks need to contain added sugar to be suitable for children.¹⁹

The American Beverage Association also argued that flavored milk should be included because it is included in the National School Lunch program and Smart Snacks in Schools. However, the offering of flavored milk in schools is at least partially due to the fact that these programs are administered by the United States Department of Agriculture (USDA). The USDA’s primary role and obligation is to support and promote American agriculture.²⁰ Therefore, the inclusion of flavored milk in school food programs meets one of the actual goals of the program: which is to increase dairy consumption.²¹ This is not a goal of the healthy default standard.

School Data Also Supports Dropping Flavored Milk

If we were to rely on studies from the school setting, these would also suggest New York City should remove flavored milk in the definition of healthy default. Studies in the school and home setting “demonstrate that offering flavored milk can increase overall milk consumption among children and adolescents” but the majority of these studies “also suggest that flavored milk may contribute to the intake of a greater number of overall calories.”²² Further, if increasing milk

consumption was a goal, evaluation of the impact of also offering 100% juice is necessary. In a longitudinal study of kindergarten through grade 8 students, after the removal of flavored milk, 51.5% of students selected plain milk (and consumed 4 ounces) after one year, and at two years, 72% of students selected the plain milk and consumed 3.4 ounces per carton. Importantly, on the days when 100% fruit juice was also offered, there was a 16% decrease in milk selection.²³

In addition, in New York City, there is a campaign by the Health Department's Center for Health Equity which leads the Healthy Schools Initiative urging school principals to drop flavored milk due to the high added sugar content of the products.²⁴ For the city's children even slight reductions in added sugar intake could have a positive effect on weight.²⁵

Additional Issues

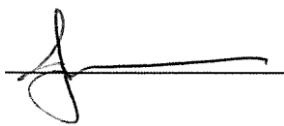
The first part of this definition, water with no added sweetener, is evidence-based. The third-part of this definition, which includes 100% fruit juice, raises some questions given high sugar content. The American Association of Pediatrics recommends no fruit juice for children under 1 year old; 4 ounces daily for children age 1-3 years; 4 to 6 ounces daily for children age 4-6 years; and no more than 8 ounces per day for older children.²⁶ A Comprehensive Review concluded that "moderate intake of 100% juice (e.g., up to one serving/day) appears reasonable; higher intake may not be prudent due to links to long-term weight gain."²⁷ Evaluation of the amount of fruit juice consumed by New York City children at home and outside the house, and how this changes with the healthy default inclusion of 100% fruit juice is thus necessary. If the evidence suggests that fruit juice consumption is a problem for New York City children, the Council should be brave enough to amend the definition to reflect this new evidence. Regardless, an evaluation component should be included in the law and funding provided to the Department of Health to implement and evaluate the overall policy.

Summary of Position

Flavored/sweetened milk should not be included in a definition of healthy default beverages. The Committee on Health should reject the current definition of healthy default beverage and change it to include plain whole or 2% milk. In addition, an evaluation component should be built into the law which includes a specific focus on the 100% juice inclusion.

In summary, I would like to note the irony that the default healthy beverage includes sugar-sweetened drinks while the other three bills being heard today all focus on addressing added sugar and diabetes? Clearly added sugar has been determined to be a public health issue in the diets of New Yorkers by the City Council Members. A "Healthy Happy Meals" law should follow suit.

Sincerely,

A handwritten signature in black ink, consisting of a stylized initial 'A' followed by a horizontal line extending to the right.

References

- ¹ Pomeranz J. Food Law for Public Health. Oxford University Press, New York. 2016. See also my published peer-reviewed work in MyBibliography: <http://www.ncbi.nlm.nih.gov/sites/myncbi/1FSCfD66p16QB/bibliography/48271438/public/?sort=date&direction=ascending>
- ² Peters et al. Using Healthy Defaults in Walt Disney World Restaurants to Improve Nutritional Choices. *J Assoc Consum Res.* 2016 Jan; 1(1): 92–103. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6223634/>
- ³ Harris JL et al. Parents' Reports of Fast-Food Purchases for Their Children: Have They Improved? 2018. http://uconnruddcenter.org/files/272-10%20%20Healthier%20Kids%20Meals%20Parent%20Survey%20Report_Release_8_31_18.pdf
- ⁴ Dietary Guidelines for Americans 2015-2020. Appendix 6. <https://health.gov/dietaryguidelines/2015/guidelines/appendix-6/#s>
- ⁵ Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. *Circulation.* 2017;135(19). <http://circ.ahajournals.org/content/early/2016/08/22/CIR.0000000000000439>
- ⁶ Schwartz MB, Henderson KE, Read M, Cornelius T. Student Acceptance of Plain Milk Increases Significantly 2 Years after Flavored Milk Is Removed from School Cafeterias: An Observational Study. *J Acad Nutr Diet.* 2017 <http://uconnruddcenter.org/files/Pdfs/Student%20Acceptance%20of%20Plain%20Milk%20study.pdf>
- ⁷ 42 U.S.C. 1786
- ⁸ See also, Alaska's Department of Health and Social Service's Division of Public Health explains: "Sugar is in more than just soda. A lot of sugar is added to powdered mixes, sports and energy drinks, vitamin drinks, sweetened coffee and tea, chocolate and other flavored milk, and sweetened fruit-flavored drinks." <http://dhss.alaska.gov/dph/playeveryday/pages/Cutting-Back-on-Sugary-Drinks-Improves-Health.aspx>
- ⁹ Wang W1, Wu Y1, Zhang D2. Association of dairy products consumption with risk of obesity in children and adults: a meta-analysis of mainly cross-sectional studies. *Ann Epidemiol.* 2016 Dec;26(12):870-882.e2. <https://www.ncbi.nlm.nih.gov/pubmed/27756684>
- ¹⁰ Mozaffarian D. Dietary and Policy Priorities for Cardiovascular Disease, Diabetes, and Obesity – A Comprehensive Review. *Circulation.* 2016 Jan 12; 133(2): 187–225.
- ¹¹ Mozaffarian D, Wu JHY. Flavonoids, Dairy Foods, and Cardiovascular and Metabolic Health: A Review of Emerging Biologic Pathways. *Circ Res.* 2018 Jan 19; 122(2): 369–384. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5781235/>
- ¹² Mozaffarian D, Wu JHY. Flavonoids, Dairy Foods, and Cardiovascular and Metabolic Health: A Review of Emerging Biologic Pathways. *Circ Res.* 2018 Jan 19; 122(2): 369–384. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5781235/>
- ¹³ Harris JL et al. Parents' Reports of Fast-Food Purchases for Their Children: Have They Improved? 2018. http://uconnruddcenter.org/files/272-10%20%20Healthier%20Kids%20Meals%20Parent%20Survey%20Report_Release_8_31_18.pdf
- ¹⁴ Cal Health & Saf Code §§ 114379-114379.60 (effective January 1, 2019).
- ¹⁵ Connecticut H.B. No. 7006 – An Act Prohibiting the Inclusion of Certain Beverages on Children's Menus (January 2019). <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-07006-R00-HB.PDF>
- ¹⁶ Cal Health & Saf Code § 114379.20.
- ¹⁷ Connecticut H.B. No. 7006 – An Act Prohibiting the Inclusion of Certain Beverages on Children's Menus (January 2019). <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-07006-R00-HB.PDF>
- ¹⁸ Written Testimony by the American Beverage Association Before the Connecticut Committee on Children
H.B. 7006 - An Act Prohibiting the Inclusion of Certain Beverages on Children's Menus. February 7, 2019 <https://www.cga.ct.gov/2019/KIDdata/Tmy/2019HB-07006-R000207-American%20Beverage%20Association-TMY.PDF>
- ¹⁹ Schwartz MB, Henderson KE, Read M, Cornelius T. Student Acceptance of Plain Milk Increases Significantly 2 Years after Flavored Milk Is Removed from School Cafeterias: An Observational Study. *J Acad Nutr Diet.* 2017 <http://uconnruddcenter.org/files/Pdfs/Student%20Acceptance%20of%20Plain%20Milk%20study.pdf>
- ²⁰ USDA. About the U.S. Department of Agriculture. <https://www.usda.gov/our-agency/about-usda>

²¹ Robison P. Mulvany L. Big Dairy Is About to Flood America's School Lunches With Milk. Bloomberg BusinessWeek. January 9, 2019. <https://www.bloomberg.com/news/features/2019-01-09/big-dairy-is-about-to-flood-america-s-school-lunches-with-milk>

²² Patel et al. The association of flavored milk consumption with milk and energy intake, and obesity: A systematic review. Preventive Medicine. 2018; 111: 151-162. <https://www.sciencedirect-com.proxy.library.nyu.edu/science/article/pii/S0091743518300689>

²³ Schwartz MB, Henderson KE, Read M, Cornelius T. Student Acceptance of Plain Milk Increases Significantly 2 Years after Flavored Milk Is Removed from School Cafeterias: An Observational Study. J Acad Nutr Diet. 2017
<http://uconnruddcenter.org/files/Pdfs/Student%20Acceptance%20of%20Plain%20Milk%20study.pdf>

²⁴ Health Department's Center for Health Equity. Healthy Schools Initiative. Choose Plain Milk. <https://www1.nyc.gov/assets/doh/downloads/pdf/dpho/chocolate-milk-guide.pdf>

²⁵ Patel et al. The association of flavored milk consumption with milk and energy intake, and obesity: A systematic review. Preventive Medicine. 2018; 111: 151-162.

<https://www.sciencedirect-com.proxy.library.nyu.edu/science/article/pii/S0091743518300689>

²⁶ AAP. American Academy of Pediatrics Recommends No Fruit Juice For Children Under 1 Year. May 22, 2017. <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Recommends-No-Fruit-Juice-For-Children-Under-1-Year.aspx>

²⁷ Mozaffarian D. Dietary and Policy Priorities for Cardiovascular Disease, Diabetes, and Obesity – A Comprehensive Review. Circulation. 2016 Jan 12; 133(2): 187–225.

City Council
Committee on Health
Testimony of Brooklyn Borough President Eric L. Adams
Monday, February 25, 2019

Thank you Chair Levine and the City Council Committee on Health for the opportunity to submit written testimony on a series of measures that would improve the health outcomes of our constituents through improved health education and agency transparency.

I support the committee's work on increasing transparency in labeling, creating measures to further inform the public about the health risks of added sugar in restaurant foods, and trying to reduce children's consumption of sugar-sweetened drinks. These are all important initiatives to help the public understand what is in the food and drinks that they consume, why reduction of added sugars is important, and how everyday choices affect people with diabetes or prediabetes. I stand with each of you in your work to make New York City residents healthier and more well-informed about their nutrition choices. I thank you for your partnership, as I have worked to advance a forward leaning public health agenda in Brooklyn and beyond.

As many of you know, I was diagnosed about three years ago with Type 2 diabetes. Diabetes was said to run in my family. I consulted some of the best doctors across the city and they told me that I would live with the condition for the rest of my life. This did not sit well with me and I began studying the medical literature on reversing Type 2 diabetes and I learned about the power of a whole-food, plant-based diet. Within months, my diabetes was no longer diagnosable; I was able to reverse my disease with a diet of fruits, legumes, nuts, seeds, and vegetables. My diet excludes added sugars and animal products.

I support Intro 1361, the bill requiring the New York City Department of Health and Mental Hygiene (DOHMH) to report twice a year on the rate of diabetes-related health problems including the number of lower-limb amputations, diabetes related blindness, dialysis rates, diabetes-related depression, and anxiety rates, the number of cases of End Stage Renal Disease, and updates from the New York A1C Registry. This bill would also require DOHMH to compile a comprehensive report by 2020 and submit recommendations and a plan to reduce the occurrence of diabetes-related health problems.

It is important that these recommendations and plan include diet as a key tool to mitigate diabetes-related health problems. From my story to the stories of many of my constituents who have approached me once hearing about my journey, we know that diet plays an important role in disease reversal. If we want to take diabetes reduction seriously, we must look at what plant-based nutrition can do and how we can go beyond diabetes management and move more toward cases of diabetes reversal, as well as prevention.

Furthermore, I look forward to working with this committee as it seeks to tackle the issue of added sugars, but the story does not end with added sugar. A significant body of peer-reviewed scientific literature demonstrates that reducing or eliminating added sugar is a step along the way to additional dietary changes that entail reducing consumption of foods laden with cholesterol and saturated fat, especially animal products such as dairy, beef, chicken, eggs, and turkey, which are the primary sources of cholesterol and fat in the standard American diet.

Let us work together to do this and then continue to do more in the nutrition space in the future. Sugar is just one chapter among many in the story of helping New Yorkers be healthier and better informed.



HUNTER COLLEGE NEW YORK CITY FOOD POLICY CENTER

Testimony to the New York City Council: New York City Council Committee on Health

Testimony of Charles Platkin, Ph.D., J.D., M.P.H., Distinguished Lecturer, Hunter College, CUNY; Executive Director, Hunter College New York City Food Policy Center

Title of hearing: Requiring added sugar notifications on menu boards and signs. Int 1326 of 2019

February 27, 2019

Testimony

Good afternoon, and thank you to Council Speaker Corey Johnson and the members of the Committee on Health for the opportunity to submit written testimony regarding the proposed Local Law to require added sugar notifications on menu boards and signs.

I congratulate Council Member Levine for his work and for the innovative thinking that went into proposing this bill, which seeks to better the health of New York City residents. I would urge this committee and the City Council to support this important legislation.

I am providing this testimony on behalf of the Hunter College New York City Food Policy Center, of which I am the executive director. The Center was created in 2012 to develop collaborative, innovative and evidence-based solutions to preventing diet-related diseases, promoting healthy eating and food security in New York City and other urban centers. The Center works with policy makers, community organizations, advocates and the public to create healthier, more sustainable food environments.

Local food policy initiatives to improve health have demonstrated positive results.^{1 2} Efforts such as menu labeling laws,¹ soda taxes² and warning labels work by deterring individuals from over-consuming unhealthy fat, sodium and sugar. Local governments are making significant

¹ Block, P., Roberto, CA., Potential Benefits of Calorie Labeling in Restaurants. JAMA. 2014 Sep 3; 312(9): 887–888. doi: [10.1001/jama.2014.9239](https://doi.org/10.1001/jama.2014.9239)

²Lee, M. et al, Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax. AM. J. PUB. HEALTH (2019).

progress in supporting healthier diets,³ however, more needs to be done at the local level to reduce diet-related diseases caused by unhealthy fats, sodium and sugar.⁴

Restaurant meals are generally less healthy than meals prepared at home. Statistics from the 2011-2012 National Health and Nutrition Examination Survey indicate that one-third of children and adolescents consumed fast food each day, and that they consumed on average 12.4 percent of their daily calories from fast-food restaurants.⁵ The amount of added sugar in kids' meals at fast food restaurants varies widely; many of these meals contain more than the recommended daily intake of sugar.⁶

Accordingly, the Center fully supports requiring added sugar notifications on menu boards and signs.

Facts and Data

- Americans consume more than the 6 teaspoons of added sugar per day for women and 9 teaspoons for men recommended by the American Heart Association.⁷
- The average American consumes 17 teaspoons of added sugar everyday.⁵
- On average, Americans consume 57 pounds of added sugar per person, per year.⁵
- Added sugars are abundant--68 percent of all processed foods contain added sugar.⁸
- Added sugars contribute to obesity⁹--approximately 40 percent of Americans are obese.¹⁰
- Diet-related diseases are among the leading causes of death in the United States, and added sugars increase the risk of death from cardiovascular disease.¹¹

³ Gostin, L., Tackling Obesity and Disease: The Culprit Is Sugar; the Response Is Legal Regulation, 48 HASTINGS CTR. REP. 5, 5-7 (2018).

⁴ Roache, S., Platkin, C., Gostin, L, and Kaplan, C. Big Food and Soda Versus Public Health: Industry Litigation Against Local Government Regulations to Promote Healthy Diets, 45 Fordham Urb. L.J. 1051 (2018). Available at: <https://ir.lawnet.fordham.edu/ulj/vol45/iss4/4/>.

⁵ NHANES 2011-2012 Dietary Data. Centers for Disease Control and Prevention. Retrieved from: <https://wwwn.cdc.gov/nchs/nhanes/search/datapage.aspx?Component=Dietary&CycleBeginYear=2011>

⁶ Scourboutakos MJ, Semnani-Azad Z, L'Abbé MR. Added sugars in kids' meals from chain restaurants. *Prev Med Rep.* 2014 Dec 1;3:391-3. Doi: 10.1016/j.pmedr.2014.11.003. eCollection 2016 Jun.

⁷ "How Much Is Too Much?" *SugarScience.* 8 Dec. 2018,

<http://sugarscience.ucsf.edu/the-growing-concern-of-overconsumption.html#.XG3ElpNKi8U>.

⁸ Popkin, Barry M, and Corinna Hawkes. "Sweetening of the Global Diet, Particularly Beverages: Patterns, Trends, and Policy Responses." *The Lancet Diabetes & Endocrinology*, vol. 4, no. 2, 1 Feb. 2016, pp. 174-186., [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(15\)00419-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(15)00419-2/fulltext).

⁹ Dinicolantonio, James J, and Amy Berger. "Added Sugars Drive Nutrient and Energy Deficit in Obesity: a New Paradigm." *Open Heart*, vol. 3, no. 2, 2 Aug. 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975866/>.

¹⁰ "Adult Obesity Facts | Overweight & Obesity | CDC." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, <https://www.cdc.gov/obesity/data/adult.html>.

¹¹ Harvard Health Publishing. "The Sweet Danger of Sugar." *Harvard Health Blog*, 2017. Harvard Health Publishing, <https://www.health.harvard.edu/heart-health/the-sweet-danger-of-sugar>.

- The amount of added sugars in kids' meals at fast food chain restaurants is the equivalent of the WHO's proposed daily sugar recommendation.¹²
- Fifty percent of meals exceeded the WHO's proposed daily sugar recommendation.¹³

The American Heart Association defines added sugars as “sugars and syrups put in foods during preparation or processing, or added at the table.”¹⁴ The top sources of added sugar in the American diet come from soft drinks, fruit drinks, flavored yogurts, cereals, cookies, cakes, candy and most processed foods.⁸ Added sugars contribute calories but no essential nutrients to one's diet.¹⁵

Elevated sugar consumption contributes to weight gain, which can have adverse health effects and increase the risk of high blood pressure, high cholesterol and type 2 diabetes.¹⁶ Overconsumption of added sugar not only contributes to the aforementioned health risks, but also increases the risk for cardiovascular disease-related death. In fact, according to a study published in *JAMA Internal Medicine*, people who consumed 17 to 21 percent of daily calories from added sugar had a 38 percent higher risk of dying from cardiovascular disease than those who consumed 8 percent of daily calories from added sugar.¹⁷

The new bill requiring added sugar notifications to menu boards and signs can aid consumers in making more informed decisions about their added sugar consumption and overall nutrition. This type of policy innovation is similar to the law passed in New York City in 2006 to ban trans fats, which are associated with an elevated risk for cardiovascular disease, in restaurants. As a result of this policy, New York City has witnessed a decrease in trans fatty acid (TFA) levels in the blood of New York City residents by 57 percent in the decade between 2004 and 2014. Individuals who ate out four times a week or more saw an even larger decrease in TFA levels of about 62 percent.¹⁸

¹² Scourboutakos MJ, Semnani-Azad Z, L'Abbé MR. Added sugars in kids' meals from chain restaurants. *Prev Med Rep*. 2014 Dec 1;3:391-3. Doi: 10.1016/j.pmedr.2014.11.003. eCollection 2016 Jun.

¹³ Scourboutakos MJ, Semnani-Azad Z, L'Abbé MR. Added sugars in kids' meals from chain restaurants. *Prev Med Rep*. 2014 Dec 1;3:391-3. Doi: 10.1016/j.pmedr.2014.11.003. eCollection 2016 Jun.

¹⁴ “Added Sugars.” *About Heart Attacks*, 2018, <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/added-sugars>.

¹⁵ “Cut Down on Added Sugars.” *Dietary Guidelines for Americans*, Health.gov, https://health.gov/dietaryguidelines/2015/resources/DGA_Cut-Down-On-Added-Sugars.pdf.

¹⁶ Ndumele, Chiadi E., et al. “Obesity and Subtypes of Incident Cardiovascular Disease.” *Journal of the American Heart Association*, vol. 5, no. 8, 8 July 2016, <https://www.ahajournals.org/doi/full/10.1161/jaha.116.003921>.

¹⁷ Yang, Quanhe, et al. “Added Sugar Intake and Cardiovascular Diseases Mortality Among US Adults.” *JAMA Internal Medicine*, vol. 174, no. 4, 1 Apr. 2014, pp. 516-524., <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1819573>.

¹⁸ Wright, M et al. Impact of a Municipal Policy Restricting Trans Fatty Acid Use in New York City Restaurants on Serum Trans Fatty Acid Levels in Adults. *American Journal of Public Health*. 2019. Retrieved from: <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304930>

Additionally, in 2006 New York City became an innovator and a leader in combating obesity and diet-related diseases by requiring calorie menu labeling and posting in chain restaurants. The initiative (Regulation 81.50), passed by New York City Board of Health, was the first of its kind in the United States; the rest of the country followed suit less than four years later, and the policy has become a national standard.¹⁹

While New York City would be the first city in the United States to implement such a policy, there are examples around the globe of countries increasing consumer awareness of added sugars. In 2015, for example, Chile adopted a nutritional labeling system that requires a black ‘warning sign’ to be added to packaged food that exceeds the Ministry of Health’s recommend limits on added sugar, sodium, saturated fat and calories.²⁰ Other countries including Australia and New Zealand are expected to implement similar policies this year.²¹

The National Salt and Sugar Reduction Initiative, a partnership of approximately 100 local, state, and national health organizations, spearheaded by the New York City Health Department, sets voluntary targets for food and beverage companies concerning the reduction of salt and sugar. In 2015, under this initiative, New York became the first city to pass a sodium warning bill that requires chain restaurants to put a salt shaker icon next to menu items that contain more than the daily recommended intake of sodium. By 2017, 9 out of 10 restaurants were in compliance with the sodium warning bill.²² Following suit, in 2018, Philadelphia became the second city in the United States to initiate a sodium warning policy.²³

Sodium warning policies are just one example of the low-cost educational campaigns across the United States to increase knowledge and awareness among consumers. In accordance with the Affordable Care Act, calorie counts are required to be displayed in chain restaurants and in supermarkets, convenience stores and movie theatres serving prepared food.²⁴ These types of

¹⁹ Bernell, B. The History and Impact of the New York City Menu Labeling Law. *Food Drug Law J.* 2010;65(4):839-72. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/24479249>

²⁰ Ramirez, Nelson. “New Nutritional Labeling Regulation.” *Gain Report*, Global Agricultural Information Network, 22 April, 2015, https://gain.fas.usda.gov/Recent%20GAIN%20Publications/New%20Nutritional%20Labeling%20Regulation_Santiago_Chile_4-22-2015.pdf.

²¹ “Labelling of Added Sugar.” *Department of Health | Discussion of the Four Key Health Issues*, 14 Jan. 2019, <http://www.health.gov.au/internet/main/publishing.nsf/Content/mc17-019936-labelling-of-added-sugar>.

²² NYC, Workers’ Compensation Board, <https://www1.nyc.gov/site/doh/about/press/pr2017/calorie-label-rules.page>

²³ “Philadelphia City Council Passes Sodium Warning for Chain-Restaurant Menus.” *Trans Fat | Center for Science in the Public Interest*, 21 June 2018, <https://cspinet.org/news/philadelphia-city-council-passes-sodium-warning-chain-restaurant-menus-20180621>.

²⁴ Tavernise, Sabrina and Stephanie Strom. “F.D.A to Require Calorie Count, Even for Popcorn at the Movies.” 24 Nov., 2014, https://www.nytimes.com/2014/11/25/us/fda-to-announce-sweeping-calorie-rules-for-restaurants.html?_r=0.

interventions have become increasingly important at a time when Americans are consuming a third of their calories away from home.²⁵ Studies are still being conducted to measure the effectiveness of calorie count interventions, but preliminary research has shown a reduction in calorie intake when calorie counts are displayed on menus in certain types of restaurants and cafeterias,²⁶ particularly in low-income neighborhoods.²⁷ As such, this type of educational intervention is one important step in the effort to increase knowledge and awareness among consumers.

We at the Hunter College New York City Food Policy Center stand ready to help in any way we can to inform our residents and improve the health of individuals across New York City by providing healthy options while eating out. The Center and the City University of New York recognize that obesity, diabetes and cardiovascular disease are serious and concerning issues throughout New York City and beyond. We are eager to work towards helping consumers make more informed decisions about their nutrition.

For more information about the Hunter College NYC Food Policy Center, visit our website at www.nycfoodpolicy.org or email Dr. Charles Platkin at info@nycfoodpolicy.org.

We thank the City Council and the Speaker's office for their support of our Center. Thank you again for the opportunity to provide written testimony.

²⁵ "Americans Eating a Third of Calories Away from Home." *American Institute for Cancer Research*, 13 July 2016, http://www.aicr.org/cancer-research-update/2016/07_13/cru_americans-eating-third-of-calories-Away-from-home.html.

²⁶ Bleich, Sara N., et al. "A Systematic Review of Calorie Labeling and Modified Calorie Labeling Interventions: Impact on Consumer and Restaurant Behavior." *Obesity*, vol. 25, no. 12, 17 Oct. 2017, pp. 2018-2044., <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752125/>.

²⁷ Platkin, C., et al. "The effect of menu labeling with calories and exercise equivalents on food selection and consumption" *BMC Obesity* 2014.1:21. <https://doi.org/10.1186/s40608-014-0021-5>



**Testimony regarding Introduction 1064-A
Before the New York City Council Committee on Health
February 25, 2019**

As the city works to implement regulations on beverage options in children's meals, McDonald's is pleased to share its own work to increase families' access to balanced options. Over the years, and listening to consumers, McDonald's USA evolved the Happy Meal. Starting in 2012, we automatically included Apple Slices in every Happy Meal. Since then, we've continued to add new offerings and make changes to several menu items.

In 2013, McDonald's joined forces with the Alliance for a Healthier Generation on a set of commitments to increase families' access to fruit, vegetables, low-fat dairy and water in 20 major markets by 2020. The Alliance for a Healthier Generation works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, balanced habits. While not yet completed, many McDonald's markets are ahead of schedule in their progress on those commitments. The first of those commitments was to feature only water, milk and juice on Happy Meal menu boards and ads directed to children. As such, soda was removed from the Happy Meal section of U.S. menu boards in 2013 and we subsequently saw positive shifts in consumer behavior, and the number of Happy Meals served with water, milk, or juice has since increased by 14 percentage points. As of November 2017, and for the first time, more than half of Happy Meals served in the U.S. included water, milk or juice as the beverage of choice rather than soda and other beverages.

In 2016, McDonald's USA announced its popular Chicken McNuggets, and a Happy Meal entrée choice, contained no artificial preservatives. McDonald's USA's Chicken McNuggets contain no artificial colors, no artificial flavors and made with 100% white chicken.

In December 2017, McDonald's USA completed the transition to Honest Kids Appley Ever After organic juice drink, which has less calories and half the total sugar than the prior 100% apple juice served in the U.S. This apple juice drink consists of 100% juice and water (diluted) and other ingredients. (Honest Kids Appley Ever After Organic Juice Drink – 35 calories, 8g sugar; Prior apple juice – 80 calories, 19g sugar).

On our continued journey, and as a part of our commitment to families, in February 2018, McDonald's announced five new Global Happy Meal Goals with the Alliance for a Healthier Generation, including a goal establishing Global Happy Meal Nutrition Criteria.

In September 2018, McDonald's USA announced its seven classic burgers, including the hamburger—an entrée option in the Happy Meal, have no artificial preservatives, no artificial flavors and no added colors from artificial sources. The pickle contains an artificial preservative, and customers are able to skip it if they prefer.

Bottled water was added to U.S. Happy Meal menu boards as a beverage option in the fall of 2018. McDonald's USA also offers a 1% low fat milk jug. As we announced in 2018, our chocolate milk will be reformulated and will return to the Happy Meal menu once that is complete.

Contact: Joshua Bocian at Joshua.Bocian@us.mcd.com or 917-434-5349

MCDONALD'S COMMITMENT TO FAMILIES:

Global Happy Meal Goals

In 2013, McDonald's joined forces with the Alliance for a Healthier Generation on a set of commitments to increase families' access to fruit, vegetables, low-fat dairy and water in 20 major markets by 2020. While not yet completed, many markets are ahead of schedule in their progress on those commitments. We are now furthering our work together and setting five new Global Happy Meal Goals through 2022.

1 Offer Balanced Meals

Ensure 50 percent or more of Happy Meal Bundle Offerings listed on menus (includes restaurant menu boards, and primary ordering screen of kiosks and owned mobile ordering applications) in each market meet McDonald's Global Happy Meal Nutrition Criteria of less than or equal to:

- ≤ 600 calories
- ≤ 10 percent of calories from saturated fat
- ≤ 650mg sodium
- ≤ 10 percent of calories from added sugar

Qualifying Happy Meal bundles must meet all of the above criteria.

2 Simplify Ingredients

Remove artificial flavors and added colors from artificial sources from all Happy Meal Bundle Offerings. Reduce artificial preservatives in Happy Meal Bundle Offerings where feasible without sacrificing the safety, taste, quality or value of our food.

3 Be Transparent with Happy Meal Nutrition Information

Make nutrition information available for Happy Meal Bundle Offerings on McDonald's owned websites and mobile apps used for ordering where they exist.

4 Market Responsibly

All Happy Meal Bundles advertised to children will meet McDonald's Global Happy Meal Nutrition Criteria (as stated in Goal #1) and will continue to meet existing applicable local/regional advertising pledges with respect to marketing to children.

5 Leverage Innovative Marketing to Help Increase Purchase of Foods and Beverages that Contain Recommended Food Groups in Happy Meals

Use innovative marketing to help serve more foods and beverages containing fruit, vegetables, low-fat dairy, whole grains, lean protein and/or water within Happy Meals.



By the end of 2022, we aim to achieve these goals in all markets globally with measurement and reporting of progress among 20 major markets representing nearly 85 percent of McDonald's System's global sales. The 20 major markets are: U.S., Canada, Brazil, Argentina, U.K., France, Germany, Austria, Spain, Netherlands, Italy, Poland, Sweden, Switzerland, Russia, Hong Kong, China, Japan, Taiwan, and Australia. We will work with the Alliance for a Healthier Generation, along with an independent third party to develop an approach to measure and publicly report progress every two years. This is similar to the verification process that was established with the Alliance for a Healthier Generation surrounding the 2013 commitments.

MCDONALD'S COMMITMENT TO FAMILIES

U.S. Impact

As of June 2018, 100 percent of the meal combinations offered on Happy Meal menu boards in the U.S. are 600 calories or under. Additionally, 100 percent of those meal combinations are compliant with the new nutrition criteria for calories, added sugar, and saturated fat, and 78 percent compliant with the sodium criteria.

McDonald's USA has accelerated its actions in 2018 and made the following changes to the Happy Meal menu:

- Listing only the following entrée choices: Hamburger, 4-piece and 6-piece Chicken McNuggets. The Cheeseburger is only available at a customer's request.
- Replacing the small French fries with kids-sized fries in the 6-piece Chicken McNugget meal, which decreases the calories and sodium in the fries serving by half.
- Reformulating chocolate milk to reduce the amount of added sugar. During this period, chocolate milk is no longer listed on the Happy Meal menu, but is available at a customer's request.
- Later this year, bottled water will be added as a beverage choice on Happy Meal menu boards.
- In December 2017, McDonald's USA transitioned to serving Honest Kids Appley Ever After Organic Juice Drink as a beverage choice in our Happy Meals, which has 45 fewer calories and half the total sugar than the prior 100 percent apple juice served in the U.S.

While several of the Happy Meal combinations available on U.S. menu boards met the new nutrition criteria prior to these menu changes, the overall Happy Meal menu updates have resulted in average reductions of **20 percent fewer calories, 50 percent less added sugar, 13 percent less saturated fat and/or 17 percent less sodium** across Happy Meals depending on the customer's specific meal selections. These reductions reflect the average nutrition data of U.S. Happy Meal offerings on the menu in 2017 compared to those in June 2018.



We have seen how changes to what is presented on the menu boards can have an impact. When soda was removed from the Happy Meal section of U.S. menu boards, we saw positive shifts in consumer behavior and **the number of Happy Meals including water, milk, or juice as the beverage choice has resulted in a 14 percentage point increase.** In December 2013, customers chose water, milk or juice as their beverage choice in 38 percent of Happy Meals and that number increased to 52 percent in December 2017. For the first time, more than half of Happy Meals ordered in the U.S. have included water, milk or juice as their beverage of choice.

A Note about McDonald's: It is important to note that our global System consists of both Company-owned and franchised restaurants. The franchised restaurants are operated by conventional Franchisees, developmental licensees (i.e., a Franchisee that operates most or all of the McDonald's-branded restaurants in a specific market) or pursuant to other licensing arrangements, and make up the majority of McDonald's-branded restaurants around the world. Our Franchisees make independent decisions for their own business organizations, subject to their obligations under the operative franchise or other license agreements and core standards required for the McDonald's brand. McDonald's does not prescribe all business requirements for our Franchisees, but rather we work in collaboration with them to raise awareness and provide tools and opportunities to assist them as part of the brand's food journey. We also work with Franchisees to mutually set objectives and targets and to help monitor their related progress. As a result, while we will encourage Franchisees to participate in the important goals outlined in this document, we cannot guarantee their compliance. However, we can drive change in our Company-owned restaurants so much of this work will start with Company-owned restaurants, with a plan to demonstrate success and expand measurement, and that will ultimately help to support independent Franchisees that choose to join us on this journey.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064 Res. No. _____

in favor in opposition

Date: 02-25-19

(PLEASE PRINT)

Name: Miguel Graham

Address: _____

I represent: Teens for Food Justice

Address: 33 W. 60th St.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064-A Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Jennifer Pomeranz

Address: 715 Broadway, New York NY 10003

I represent: myself Assistant Professor

Address: College of Global Public Health NYU

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064A Res. No. _____

in favor in opposition

Date: 2/25/2019

(PLEASE PRINT)

Name: Claire Wang

Address: ~~NY~~ see below

I represent: NY Academy of Medicine

Address: 1216 Fifth Avenue, NY, NY 10029

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064A + 1326 Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Robin Vitale

Address: 10 East 40th Street, 11th Floor

I represent: American Heart Association

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064A Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: CLARISA Alayelo

Address: 55 BRUCKNER BLVD BX NY 10454 #2B

I represent: Self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064-A Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Dr. Pasquale Rummo

Address: 550 1st Avenue

I represent: NYU Langone Health and NYU School

Address: _____ of medicine

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1326, 1064A Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Melissa Olson

Address: 60 Madison Ave. 5th floor New York

I represent: Community Healthcare Network

Address: 60 Madison Ave 5th fl New York

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064A Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Pamela Barry

Address: 138 W. 25th St, 5th fl, Stob NYC 10001

I represent: TRIED AND TRUE NUTRITION, INC (co-founder)

Address: 86 KENNETH AVE HUNTINGTON, NY 11743

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Kim Kessler

Address: 42-09 28th Street, Queens NY

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Kim Kessler

Address: DOHMH

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sarah Shin

Address: DOHMH

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Minister John Williams

Address: 2307 Bedford Ave Brooklyn NY 11226

I represent: New Creation Community Health Empowerment

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1326+0005 Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: Matt Geller

Address: _____

I represent: NATO, Theatre Owners of NYS, Inc

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1361 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rev John Williams

Address: New Creation Community Health

I represent: Empowerment

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1361 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Chris Nowroz

Address: _____

I represent: Heal the People

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1361 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Anna Flatau MP

Address: _____

I represent: Montefiore Medical Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Michael & Rose Davoli

Address: _____

I represent: American Cancer Society

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1064 Res. No. _____

in favor in opposition

Date: 2/25/2014

(PLEASE PRINT)

Name: Vonessa Salcedo

Address: _____

I represent: Union Community Health Center

Address: 260 East 188th Bronx, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1361-2019 Res. No. _____

in favor in opposition

Date: 2/25/19

(PLEASE PRINT)

Name: ANNA FLATTAU

Address: 3544 Jerome Avenue, Bronx, NY

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 02/25/19

(PLEASE PRINT)

Name: Dr. Joshua Delgado

Address: _____

I represent: Teens for food justice

Address: 33 W. 60th St.

Please complete this card and return to the Sergeant-at-Arms