



**New York City Council
Committee on Health**
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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

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