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Pasquale E. Rummo, PhD, MPH
Assistant Professor
Department of Population Health

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

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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).

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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

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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.

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