## Testimony of Hillary Caron Center for Science in the Public Interest

## Before the Vermont State Senate Committee on Health and Welfare Hearing on S. 70 – An act relating to the nutritional requirements for children's meals February 1, 2018

Thank you, Chairwoman Ayer and members of the Committee, for the opportunity to provide testimony. The Center for Science in the Public Interest (CSPI) strongly supports S. 70, which will promote the health of Vermont's children by ensuring that restaurant children's meals do not undermine children's diets and parents' efforts to feed their children well.

CSPI is a nonprofit organization supported by our more than 500,000 members, including over 2,000 members in Vermont. Since 1971, we have worked to make it easier for people to eat healthfully so they can avoid heart disease, high blood pressure, cancer, diabetes, and other dietand obesity-related diseases. CSPI has led successful efforts to secure Nutrition Facts labels on packaged foods, improve school food, ensure calories are labeled on menus at chain restaurants, and remove trans fat from the food supply.

Nationally, one-third of children and adolescents are overweight or obese.<sup>1</sup> While prevalence is somewhat lower in Vermont, still a quarter of Vermont children are overweight or obese.<sup>2</sup> These children are more likely to be overweight or obese in adulthood, increasing their risk of heart disease, stroke, cancer, and diabetes.<sup>3,4</sup> Children with obesity are also at risk for social and emotional health consequences stemming from stigmatization and social discrimination, which can negatively impact academic success and social development.<sup>3</sup>

Children and teens, on average, consume one-quarter of their calories from restaurants and other food-service establishments.<sup>5</sup> Eating out by children is associated with higher consumption of calories, soda and other sugary drinks, saturated fat, and total sugars and with lower diet quality compared to meals at home.<sup>6,7</sup> Researchers have estimated that eating fast food is associated with children eating 126 more calories a day, and eating at a full-service restaurant increases children's calorie intake by 160 calories a day, on average.<sup>6</sup> Soda and other sugary beverages are often sold as part of restaurant children's meals, adding unnecessary calories with little or no nutritional benefit.<sup>8</sup> Designating particular foods and beverages as children's menu items or bundling them together as children's meals is a powerful form of marketing that helps to establish food norms for children, affecting their preferences and lifelong eating patterns.<sup>9</sup>

S. 70 will help make the healthier choice—meals with less salt and saturated fat, and with more whole grains, fruits, and vegetables—easier for parents to make. It will also make the default beverage water, milk, or 100% juice instead of a soda or other sugary drink. The nutrition guidelines in S. 70 reflect standards developed by a group of 38 national experts in nutrition and public health, pulled together by the nonprofit RAND Corporation. They are based on the best available science, while also considering feasibility and acceptability. In fact, they are nearly identical to the standards developed by the National Restaurant Association for their Kids LiveWell program, which more than 155 restaurant brands have adopted.

CSPI and other members of the Food Marketing Workgroup have been working to encourage restaurants to improve the nutritional quality of their children's meals. As a first step, several of the largest national restaurant chains have voluntarily removed sugary drinks from their children's menus. Since 2013, McDonald's, Wendy's, Burger King, Dairy Queen, IHOP, Jack in the Box, and Applebee's have taken soda and other sugary drinks off their children's menus. Subway and Panera also do not promote sugary drinks to children.

Other voluntary efforts have driven modest change. The National Restaurant Association's Kids LiveWell program, which is designed to encourage healthy options on restaurant children's menus, addresses the whole meal, but participating restaurants are required only to offer one meal combination and one side dish that meet the standards. Overall, Harvard researchers found there was no significant decline in calories, sodium, or saturated fat in children's entrees, sides, or desserts from 2012 to 2015 among restaurants participating in Kids LiveWell. CSPI conducted an analysis of the nutritional quality of children's meals at the largest restaurant chains in 2008 and again in 2012. While the overall percentage of meals that met expert nutrition standards increased since 2008, from 1 percent to 3 percent, 97 percent of possible meal combinations were still unhealthy. 12

Some states and localities frustrated with the slow pace of change are turning to public policy to improve restaurant children's meals in their own communities. The cities of Davis, Stockton, Perris, Berkeley, Cathedral City, Long Beach, and Daly City and Santa Clara County in California, and the city of Lafayette in Colorado, have all adopted ordinances providing for healthy default beverages in restaurant children's meals. Similar policies have been introduced or are being considered in other jurisdictions nationwide.

We urge Vermont to join this growing movement. Given the large and problematic role restaurant children's meals often play in children's diets, S. 70 will support child nutrition, help children to form lifelong healthy eating habits, and support the efforts of parents to feed their children well. Please let me know if I can provide any additional information.

<sup>1.</sup> Fryar CD, Carroll MD, Ogden CL. *Prevalence of Overweight and Obesity Among Children and Adolescents Aged 2-19 Years: United States, 1963-1965 Through 2013-2014.* Hyattsville, M.D.: National Center for Health Statistics; 2016.

Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved 1/30/18 from www.childhealthdata.org. CAHMI: www.cahmi.org.

<sup>3.</sup> Sahoo K, Sahoo B, Choudhury AK, Sofi NY, Kumar R, Bhadoria AS. Childhood obesity: causes and consequences. *Journal of Family Medicine and Primary Care*. 2015;4(2):187-192.

<sup>4.</sup> Kelsey MM, Zaepfel A, Bjornstad P, Nadeau KJ. Age-related consequences of childhood obesity. *Gerontology*. 2014;60(3):222-228.

<sup>5.</sup> Lin B, Morrison RM. Food and Nutrient Intake Data: Taking a Look at the Nutritional Quality of Foods Eaten at Home and Away from Home. *Amber Waves*. 2012;10(2):1-2. Available at: <a href="https://www.ers.usda.gov/amber-waves/2012/june/data-feature-food-and-nutrient-intake-data/">https://www.ers.usda.gov/amber-waves/2012/june/data-feature-food-and-nutrient-intake-data/</a>.

<sup>6.</sup> Powell LM, Nguyen BT. Fast-Food and Full-Service Restaurant Consumption Among Children and Adolescents. *JAMA Pediatrics*. 2013;167(1):14-20.

- 7. Mancino L, Todd JE, Guthrie J, Lin BH. *How Food Away from Home Affects Children's Diet Quality*. Washington, D.C.: USDA Economic Research Service; 2010.
- 8. Ribakove S, Almy J, Wootan MG. Soda on the Menu: Improvements Seen but More Change Needed for Beverages on Restaurant Children's Menus. Washington, D.C.: Center for Science in the Public Interest; 2017.
- 9. Institute of Medicine of the National Academies. *Food Marketing to Children and Youth: Threat or Opportunity?* Washington, D.C.: National Academies Press, 2006.
- 10. Cohen D, Bhatia R, Story M, et al. *Performance Standards for Restaurants: A New Approach to Addressing the Obesity Epidemic*. Santa Monica, C.A.: RAND Corporation; 2013.
- 11. Moran AJ, Block JP, Goshev SG, Bleich SN, Roberto CA. Trends in Nutrient Content of Children's Menu Items in U.S. Chain Restaurants. *American Journal of Preventative Medicine*. 2017;52(3):284-291.
- 12. Batada A, Wootan MG. *Kids' Meals II: Obesity and Poor Nutrition on the Menu*. Washington, D.C.: Center for Science in the Public Interest, 2013. Note that this research was conducted before the RAND standards were established and used nutrition standards with a lower calorie recommendation (430 calories).