

**Statement by Tina Zuk**  
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The American Heart Association supports requiring healthy beverages – water, 100% fruit juice and milk to be the default beverages in restaurant kids’ meals. This clearly makes the healthy choice the easy choice as the nutritious drinks would be listed first for parent and kids to choose from.

- One state, California, and 13 communities have passed similar ordinances. All ordinances have passed with the support of city officials and residents.<sup>i</sup>
- This makes sense because it addresses the largest source of daily calories in the diets of American children -- sugary drinks.
- Sugary drinks provide nearly half of children’s added sugars intake and do not typically provide any positive nutritional value. And despite their calorie content, they are not filling.<sup>ii</sup>
- Each extra serving of a sugar sweetened beverage consumed a day increases a child’s chance of becoming obese by 60 percent.
- The American Heart Association recommends no more than 6 teaspoons of added sugar a day for children over the age of 2. People living in the U.S. consume an average of 10 teaspoons of added sugar just from just sugary drinks alone every day.
- While the AHA recommends no more than one 8-oz. serving of sugary drinks a week for children, nearly two-thirds of our country’s kids consume at least one sugary drink every day. That’s about ten times the recommended amount.<sup>iii</sup>
- On average, Americans consume 42.7 grams of sugar through beverages daily. This corresponds to approximately 34 pounds of added sugar annually.<sup>iv</sup>
- Despite the health risks associated with soda and other sugary drink consumption, the majority (74%) of the top restaurant chains’ default beverage with a kids’ meal is a sugary drink.<sup>v</sup>
- Defaults are the option people automatically receive if they do not choose something else. Changing the default from unhealthy options to healthier ones is an effective way to improve the nutritional quality of children’s meals.
- Evidence from a wide range of fields (including retirement plans, organ donation, and food/nutrition) shows that people tend to stick with defaults and that setting beneficial defaults has high rates of acceptability.<sup>vi</sup>

- When Walt Disney theme parks switched to healthier beverage defaults, parents stuck with the healthier option 66% of the time, even though trips to theme parks are typically special occasions and more indulgent options were available.<sup>vii</sup>
- Children who drink sugary drinks have greater odds of being at an unhealthy weight than those who consume little or no sugary drinks.<sup>viii, ix</sup>

This legislation is important because it helps to reduce one of the biggest culprits in the obesity epidemic and change the current norms that sugary drinks should be offered up first to our kids.

It would also ultimately help to reduce health care spending, 21% of which is spent on treating obesity.<sup>x</sup>

More than 60 Vermont organizations and 30 restaurants supported going even further and setting nutrition standards for the entire kids' meal. All of them supported having healthy beverages be the default.

<sup>i</sup> See, e.g., Voices for Healthy Kids Action Center, Stockton, CA Passes "Healthy-by-Default" Kids' Meal Beverage Ordinance June 16, 2016, <https://www.voicesactioncenter.org/Inside-Track-June-17-16-c> (quoting Stockton Vice Mayor Christina Fugazi); Veronica Rocha, "City of Davis Sours on Sweet Drinks for Kids' Meals in Restaurants," Los Angeles Times May 28, 2015, <http://www.latimes.com/local/lanow/la-me-ln-davis-sweet-drinks-kids-meals-20150528-story.html>.

<sup>ii</sup> Johnson, RK, et al. Dietary sugars intake and cardiovascular health, a scientific statement from the American Heart Association. *Circulation*. 2009.120(11), 1011-1020.

<sup>iii</sup> Rosinger, A. et al. Sugar Sweetened Beverage Consumption Among U.S. Youth, 2011-2014. NCHS Data Brief. No 271, January 2017.

<sup>iv</sup> 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.

<sup>v</sup> 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, July 2017.

<sup>vi</sup> Wootan M. "Children's Meals in Restaurants: Families Need More Help to Make Healthy Choices." *Childhood Obesity* February 2012, vol. 8(1), pp. 31-33.

<sup>vii</sup> Peters J, Beck J, Lande J, Pan Z, Cardel M, Ayoob K, Hill J. "Using Healthy Defaults in Walt Disney World Restaurants to Improve Nutrition." *The Behavioral Science of Eating* 2016, vol. 1, pp. 92-103.

<sup>viii</sup> Morenga LT, Mallard S, and Mann J. Dietary Sugars and Body Weight: Systematic Review and Meta-Analyses of Randomised Controlled Trials and Cohort Studies. *BMJ* 2013. Available at <http://www.bmj.com/content/bmj/346/bmj.e7492.full.pdf>.

<sup>ix</sup> De Ruyter JC, Olthof MR, Seifell JC, Katan MB. A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. *New England Journal of Medicine* 2012, vol 367(15), pp. 1397-1406.

<sup>x</sup> Wang CY, et al. 2011. "Health and Economic Burden of the Projected Obesity Trends in the USA and the UK." *Lancet* 378: 815-825.