

**Testimony of the Center for Science in the Public Interest
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before the
New York City Committee on Health & Subcommittee on COVID Recovery and Resiliency
on
Oversight - COVID-19: Looking Ahead
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On behalf of the Center for Science in the Public Interest, thank you for the opportunity to provide testimony to support the recovery and rebuilding efforts in New York City in the wake of COVID.

As of today, New York city has lost almost 40,000 people to COVID-19¹ with thousands left suffering from long term illness and other complications. We know that chronic disease has played an important role in these outcomes and that adults with chronic conditions including diabetes, heart disease or stroke, overweight or obesity, and cancer, are more likely to get severely ill or die from COVID-19² with one study estimating that almost 2 out of 3 COVID-19 hospitalizations in the United States were attributable to diabetes, obesity, hypertension, and heart failure.³

Reducing the burden of chronic disease should remain a critical focus as we attempt to rebuild and prepare for future pandemics. As the city's leadership looks to heal and rebuild communities in the wake of such devastating loss and suffering, it is important to consider one of the largest influences on chronic disease- nutrition and the built food environment.

Access to healthy food should be attainable for all New Yorkers, regardless of income, race, or education, and yet too many people still struggle to eat healthfully because of barriers in the food environment⁴, barriers that the pandemic has only worsened.^{5,6} Neighborhood food environments play a major role in shaping dietary behaviors, especially those environments with a high density of fast-food chains.

Having greater access to fast food restaurants contributes to poor diet quality⁷ and New York City has over 2,000 chain restaurants⁸, many of which are concentrated in Black and Latino neighborhoods. These restaurants consistently offer unhealthy foods and drinks that are saturated with added sugars and sodium, making it nearly impossible for consumers to eat these foods while also maintaining a healthy diet. To compound that, chain restaurants spend billions of dollars to aggressively market to marginalized communities, especially to children and teens. In 2019, chains such as McDonald's, Domino's, and Taco Bell, spent over \$1.5 billion on TV ads to target Black and Hispanic kids and teens, and almost all these fast-food ads promoted full-calorie, adult-sized, regular menu items, not kids' meals.⁹

Meanwhile, diabetes and obesity rates are increasing at an alarming rate — not only among adults, but also among children. New York City experienced a 356% increase in diabetes-related deaths during the first wave of COVID-19, the largest increase in any urban area in the nation.¹⁰ These numbers are just added on to an existing crisis: one New York City resident was already dying every 90 minutes from diabetes-related causes prior to the pandemic.¹¹

Added sugars play a big role in that crisis. Unlike naturally occurring sugars found in fruits and veggies, added sugars are concentrated sugars added to processed foods and drinks to make them more palatable, providing empty calories without the filling fiber or beneficial nutrients that come from whole, unprocessed foods.

There is strong and consistent evidence that shows the intake of added sugars from foods and/or sugary drinks is associated with excess body weight in children and adults.¹² Sugary drinks also contribute to type 2 diabetes and heart disease—in part because they lead to weight gain¹³.

Most recently, the city council took a major step on the path to rebuilding a healthier New York with the passage of [INT-1326B](#), also known as The Sweet Truth Act, a bill that requires chain restaurants (those with 15 or more locations nationally) in New York City to post added sugars warning icons on prepackaged food or drink items that contain more than an entire day's worth of added sugars (50 grams). No other U.S. jurisdiction to date has successfully implemented warnings for foods and drinks that are high in added sugars.

While we celebrate this historic victory, in its current form the bill tells only part of the truth about the sugar-laden offerings at chain restaurants, because it fails to cover fountain drinks and other non-prepackaged items that are prepared on site. That means if the bill goes into effect in its current form, a New Yorker walking into a restaurant chain like Subway would see warnings on the 20-ounce bottled soda, but not on the fountain sodas, which could contain as much or more added sugars. And we know from a recent [report](#) released by the Center for Science in the Public Interest (CSPI) that most “small” fountain drinks sold at the top fast-food chains contain more than a day's worth of added sugars, leaving some of the biggest offenders without a warning.

That is why warnings under the Sweet Truth Act must be extended to cover all high-added sugars items served in chain restaurants, including fountain drinks. Expanding this policy before it goes into effect remains an urgent priority, with no time to waste implementing half measures.

As communities across the city seek to rebuild and recover from the pandemic, the food industry should be held accountable and rise to the challenge by providing consumers with all the information they need to stay healthy.

Thank you for the opportunity to testify on this important issue. We look forward to supporting New York city in its rebuilding efforts and applaud the steps that the city has taken to put progressive public health initiatives in place.

For questions or more information, please contact Dr. DeAnna Nara at dnara@cspinet.org.

¹ <https://www1.nyc.gov/site/doh/covid/covid-19-data-totals.page>

² Centers for Disease Control and Prevention. People with Certain Medical Conditions. COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

³ Hearn M, et al. Coronavirus Disease 2019 Hospitalizations Attributable to Cardiometabolic Conditions in the United States: A Comparative Risk Assessment Analysis. *J Am Heart Assoc.* 2021;10:e019259.

⁴ Centers for Disease Control and Prevention. Healthy Food Environments. February 2, 2021. <https://www.cdc.gov/nutrition/healthy-food-environments/index.html>.

⁵ Nagata JM, et al. Perspective: The Convergence of Coronavirus Disease 2019 (COVID-19) and Food Insecurity in the United States. *Adv Nutr.* 2021; 12:287-290.

⁶ Parekh N, et al. Health behaviours during the coronavirus disease 2019 pandemic: implications for obesity. *Public Health Nutr.* 2020;23(17):3121-3125.

⁷ Rummo, P. E., et al. (2017). 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*, 71(12), 1185–1190. <https://doi.org/10.1136/jech-2017-209158>

⁸ https://nycfuture.org/pdf/CUF_StateoftheChains_2020_final.pdf

⁹ <https://media.ruddcenter.uconn.edu/PDFs/FACTS2021.pdf>

¹⁰ Woolf SH, et al. Excess Deaths From COVID-19 and Other Causes, March-April 2020. *JAMA.* 2020;324(5):510–513. doi:10.1001/jama.2020.11787

¹¹ <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief28.pdf>

¹² de Ruyter JC, et al. A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. *N Engl J Med.* 2012;367(15):1397–406.

¹³ Malik VS, et al. Sugar-sweetened beverages and cardiometabolic health: An update of the evidence. *Nutrients* 2019;11(8):1840