

An Act for Healthy Kids, Healthy Futures (H.2468/S.1571)

H.2468/S.1571 would improve the health of Massachusetts youth by making changes in schools and chain restaurants to improve the quality of foods available to kids and protect them from harmful marketing practices that contribute to overconsumption of unhealthy foods.

The Problem

Eating a balanced diet is essential to ensure optimal health and growth for kids and teens, yet many struggle to achieve this.

- Adolescents, in particular, have the lowest diet quality of any age group¹ and overconsumption of added sugars is a major contributor to low diet quality among youth.²
- Sugar-sweetened beverages are the top source of added sugars in children's diets³ and are associated with weight gain,⁴ dental decay,⁵ and increased risk factors for cardiovascular disease.⁶
- The foods and drinks available at grocery stores, restaurants, and in schools play an important role in shaping youth diets and are often loaded with added sugar, sodium, and saturated fat. Children and teens are also frequently exposed to food and beverage advertising, which affects their preferences and choices.⁷

How will MA H.2468/S.1571 protect youth?

At Chain Restaurants

Require added sugar warning icons on menus

- Warning icons would appear next to menu items with 50 grams of added sugars or more, equal to an entire day's worth
- New York City recently passed a similar policy⁸ (see Figure 1*)



Figure 1. Added sugar warning icon required on menus in New York City

Require kids' meals to meet nutrition standards:

- Contain no more than 550 calories, 700 milligrams of sodium, 15 grams of added sugars, 10% of calories from saturated fat, and 0 grams of trans fat
- Contain at least 2 servings of fruit (not including juice or spreads), non-fried vegetables, whole grains, lean protein, or low- or non-fat milk, dairy, or cheese
- Beverages must be water (no added sweeteners or flavors), unflavored low- or non-fat dairy or non-dairy milk, or 100% juice with a maximum size of 6 ounces

In Schools

Reduce unhealthy beverage advertising

Prohibit unhealthy beverage advertisements on school property, including buildings, athletic fields, signs, scoreboards, buses, vending machines, uniforms, etc.

Stop the use of sugary drinks as rewards

Prohibit schools from participating in incentive programs that reward kids with free or discounted sugary drinks for reaching academic goals or reward schools for selling sugary drinks

Improve media literacy education

Encourage schools to teach media literacy skills in grades 3-12, including skills for evaluating advertisements for food, beverages, drugs, and alcohol

*Photo: NYC Health, nyc.gov/health/addedsugar

Why do we need to improve child nutrition and address unhealthy food marketing?

Chronic disease rates are high

In Massachusetts, 37% of adults reported having one or more chronic health conditions in 2021 and the state spends over \$41 billion on chronic disease-related costs annually.⁹ Many chronic diseases, including heart disease¹⁰ and type 2 diabetes¹¹ (which is on the rise among U.S. youth)¹² are linked to poor dietary habits, which often begin in childhood.¹

Excess added sugar intake contributes to chronic disease

The 2020-2025 Dietary Guidelines for Americans recommend limiting added sugars to less than 10% of total calories (about 9-14 teaspoons per day, depending on age group and sex),¹ but on average U.S. youth consume over 40% more added sugar per day than recommended.¹³ Sugar-sweetened beverages account for 24% of added sugar intake in the American diet.¹ In childhood, excess added sugar consumption from sugar-sweetened beverages is associated with weight gain,⁴ dental decay,⁵ and an increase in risk factors for cardiovascular disease.⁶ In adulthood it is additionally associated with an increased risk of type 2 diabetes¹⁴ and cardiovascular disease.¹⁵

Restaurant foods, in particular, contain excess added sugars

Fast food and other restaurant foods play an important role in people's diets: 37% of U.S. adults consume fast food on a given day.¹⁶ Unfortunately, restaurant meals are often loaded with added sugars. An average default fast food combo meal contains 68 grams of sugar.¹⁷ A typical child-sized full-calorie fountain soda has 40 grams of added sugar,¹⁸ whereas children under 14 years old are recommended to consume no more than 25 to 45 grams of added sugar in an entire day.¹ A large full-calorie fountain cola typically contains around 109 grams of added sugars (more than twice the recommended daily limit for most adults).¹⁸

Unhealthy food marketing is everywhere and poses particular risks for children

Children are constantly exposed to unhealthy food and beverage ads through television, online, and even in schools.⁷ In 2018, 23% of all advertisements that aired during children's television programming were for (mostly unhealthy) food or beverages.¹⁹ A 2019 study found that 72% of children and adolescents reported exposure to food or beverage marketing on various social media apps.²⁰ Even school-based online learning platforms feature ads from companies like Kellogg's and McDonalds.²¹ Children under age 8 are especially vulnerable to these ads, as they cannot understand their persuasive intent.²² When kids are exposed to marketing, they are more likely to request the marketed product.²²

Co-sponsor H.2468/S.1571 to protect Massachusetts youth from unhealthy food marketing and help set them up for a healthy future!

For more information, contact policy@cspinet.org.

References

1. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*.; 2020. DietaryGuidelines.gov
2. Leung CW, DiMatteo SG, Gosliner WA, Ritchie LD. Sugar-Sweetened Beverage and Water Intake in Relation to Diet Quality in U.S. Children. *Am J Prev Med*. 2018;54(3):394-402. doi:10.1016/j.amepre.2017.11.005
3. Bowman S, Clemens J, Friday J, Schroeder N, LaComb R. *Added Sugars in American Children's Diet: What We Eat in America, NHANES 2015-2016*. U.S. Department of Agriculture, Agricultural Research Service; 2019. Accessed October 1, 2024. https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/DBrief/26_Sources%20of%20Added%20Sugars%20in%20Children's%20Diet_1516.pdf
4. Nguyen M, Jarvis SE, Tinajero MG, et al. Sugar-sweetened beverage consumption and weight gain in children and adults: a systematic review and meta-analysis of prospective cohort studies and randomized controlled trials. *Am J Clin Nutr*. 2023;117(1):160-174. doi:10.1016/j.ajcnut.2022.11.008
5. Moynihan PJ, Kelly S a. M. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. *J Dent Res*. 2014;93(1):8-18. doi:10.1177/0022034513508954
6. Vos MB, Kaar JL, Welsh JA, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. *Circulation*. 2017;135(19):e1017-e1034. doi:10.1161/CIR.0000000000000439
7. Center for Science in the Public Interest. Fact sheet: food marketing to kids. May 9, 2024. Accessed October 3, 2024. <https://www.cspinet.org/resource/fact-sheet-food-marketing-kids>
8. NYC Health Department. New Added Sugars Warning Rule: What Chain Restaurants Need To Know. NYC Health. 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/cdp/added-sugars-warning-rule.pdf>
9. Commonwealth of Massachusetts. SHIP - Chronic Disease. Mass.gov. 2024. Accessed October 3, 2024. <https://www.mass.gov/info-details/ship-chronic-disease>
10. Barbaresko J, Rienks J, Nöthlings U. Lifestyle Indices and Cardiovascular Disease Risk: A Meta-analysis. *Am J Prev Med*. 2018;55(4):555-564. doi:10.1016/j.amepre.2018.04.046
11. Bellou V, Belbasis L, Tzoulaki I, Evangelou E. Risk factors for type 2 diabetes mellitus: An exposure-wide umbrella review of meta-analyses. *PLOS ONE*. 2018;13(3):e0194127. doi:10.1371/journal.pone.0194127
12. Wagenknecht LE, Lawrence JM, Isom S, et al. Trends in Incidence of Youth-Onset Type 1 and Type 2 Diabetes, 2002–2018: Results from the US Population-Based SEARCH for Diabetes in Youth Study. *Lancet Diabetes Endocrinol*. 2023;11(4):242-250. doi:10.1016/S2213-8587(23)00025-6
13. What We Eat in America, NHANES 2017-March 2020 Prepandemic, individuals 2 years and over (excluding breast-fed children), day 1. Available: www.ars.usda.gov/nea/bhnrc/fsrg.
14. Neuenschwander M, Ballon A, Weber KS, et al. Role of diet in type 2 diabetes incidence: umbrella review of meta-analyses of prospective observational studies. *BMJ*. 2019;366:l2368. doi:10.1136/bmj.l2368
15. Narain A, Kwok CS, Mamas MA. Soft drinks and sweetened beverages and the risk of cardiovascular disease and mortality: a systematic review and meta-analysis. *Int J Clin Pract*. 2016;70(10):791-805. doi:10.1111/ijcp.12841
16. Fryar C, Hughes J, Herrick K, Ahluwalia N. *Fast Food Consumption Among Adults in the United States, 2013–2016*. Center for Disease Control and Prevention National Center for Health Statistics; 2018. <https://www.cdc.gov/nchs/data/databriefs/db322-h.pdf>
17. Vercammen KA, Frelief JM, Moran AJ, et al. Calorie and Nutrient Profile of Combination Meals at U.S. Fast Food and Fast Casual Restaurants. *Am J Prev Med*. 2019;57(3):e77-e85. doi:10.1016/j.amepre.2019.04.008
18. Center for Science in the Public Interest. Sweet Excess: a restaurant menu survey. July 2021. Accessed October 3, 2024. <https://www.cspinet.org/resource/sweet-excess>
19. Reat A, Wootan MG. *Changing the Channels: How Big Media Helps Big Food Target Kids (and What to Do about It)*. Center for Science in the Public Interest; 2019. https://www.cspinet.org/sites/default/files/media/documents/resource/CSPI_Changing_Channels_Report_2019.pdf
20. Potvin Kent M, Pauzé E, Roy EA, de Billy N, Czoli C. Children and adolescents' exposure to food and beverage marketing in social media apps. *Pediatr Obes*. 2019;14(6):e12508. doi:10.1111/ijpo.12508
21. Emond JA, Fleming-Milici F, McCarthy J, et al. Unhealthy Food Marketing on Commercial Educational Websites: Remote Learning and Gaps in Regulation. *Am J Prev Med*. 2021;60(4):587-591. doi:10.1016/j.amepre.2020.10.008
22. De Jans S, Van de Sompel D, Hudders L, Cauberghe V. Advertising targeting young children: an overview of 10 years of research (2006–2016). *Int J Advert*. 2019;38(2):173-206. doi:10.1080/02650487.2017.1411056

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