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Good morning. My name is Robin Vitale, Senior Director of Advocacy for the American Heart Association / American Stroke Association. The American Heart Association / American Stroke Association is the largest volunteer organization in the world dedicated to the building of healthier lives, free from heart disease and stroke – the number one and number three causes of death nationally.

I would like to thank Senator Duane and Members of the Senate Standing Committee on Health for providing the American Heart Association the opportunity to testify today regarding food policy changes and the impact on public health and cardiovascular disease.

Some of you may be aware that earlier this week, the American Heart Association launched a brand new initiative, as part of our 2020 impact goal, that ultimately defines ideal cardiovascular health, using seven easy-to-understand measures.[i] This new definition, focusing on health factors and lifestyle behaviors, evolved from when the association found that nearly 4 in 10 American adults (39 %) think they have ideal heart health; yet 54% of those said a health professional had told them they had a risk factor for heart disease and/or needed to make a lifestyle change to improve their heart health. This includes nearly 67% who identified themselves as being overweight or obese.

Obesity is of particular concern with respect to cardiovascular disease, as it leads to:

- high blood pressure
- high cholesterol (raises blood cholesterol and triglyceride levels; and lowers HDL cholesterol, also known as the "good cholesterol") and
- diabetes

All are major risk factors for heart disease, New York and the nation's No. 1 killer. Even when none of these adverse effects are present, obesity *by itself* increases the risk of heart disease. Even more disturbing are findings that blood pressure in children and adolescents is increasing. Obese children between the ages of 5 and 10 are more than twice as likely as their peers to have at least one serious risk factor for cardiovascular disease, and one quarter of obese children will have at least two of these risk factors.[ii] For the first time in history, today's children are predicted to have a shorter life expectancy than their parents. And I'm sure that most New York State residents don't realize that each 1 centimeter increase in waist circumference raises the likelihood of high blood pressure by 10 percent.

Fortunately, we know that obesity and the risk of associated diseases such as heart disease can be both prevented and treated through healthy eating and physical activity. As our nation addresses an increasingly dire obesity epidemic, the American Heart Association emphasizes the importance of diet and physical activity in achieving and maintaining a healthy lifestyle, thereby reducing cardiovascular risks. For these reasons, the American Heart Association advocates for policy changes to encourage healthier eating habits.

Calorie Labeling:
The American Heart Association supports legislation to give New York residents calorie information on menus and menu boards at the point-of-purchase. This type of legislation will allow consumers to make more informed choices about the food they purchase in restaurants. This policy is one element of a comprehensive approach to addressing the obesity epidemic and its associated rise in risk levels for cardiovascular diseases. To-date, calorie labeling measures have passed in New York City, Westchester, Nassau, Suffolk, Ulster and Albany Counties.

Rationale and Evidence for Calorie Labeling Legislation

- Study showed calorie information on restaurant menus reduced the total amount of calories people consumed for their meal. The impact on food choices was even greater when the calorie information was combined with a statement regarding daily caloric intake. (*American Journal of Preventive Medicine 12/09*)
- In NYC, fast food customers who saw calorie information displayed purchased **52 fewer calories** than those who didn't see the information. *(Aug 2008, Vol 98, No. 8, Amer. Journal of Public Health)*
- Mandated menu labeling at fast food and other large chain restaurants could reduce population weight gain, even with only modest changes in consumer behavior. *(May 2008 Health Impact Assessment, County of Los Angeles)*
- High awareness of the NYC calorie labeling policy (80%); 84% have been surprised by the calorie counts (the calories are higher than expected); 75% think the nutrition information on menus has made an impact on their ordering (*Technomics survey on the effectiveness of the NYC Calorie Labeling (CL) regulation)*

Artificial Trans Fats:
The American Heart Association has long recognized that the consumption of artificial trans fats is a health risk to the American people and encourages their removal from packaged goods and foods prepared in restaurants and bakeries. In 2006, the association issued its Diet and Lifestyle Recommendations, which advises people to limit their consumption of trans fats to no more than one percent of daily caloric intake. That means if you need 2,000 calories a day, no more than 20 of those calories should come from *trans* fats. That's less than 2 grams of *trans* fats a day. Given the amount of naturally occurring *trans* fats you probably eat every day in an average diet, this leaves virtually no room at all for industrially manufactured *trans* fats. Approximately eighty percent of *trans* fat in the diet is from artificial, industrially-produced partially- hydrogenated vegetable oils

Dietary intake of *trans* fat raises the risk of heart disease by raising LDL ("the bad") cholesterol and lowering HDL ("the good") cholesterol.

Trans fats (or *trans* fatty acids) are created in an industrial process that adds hydrogen to liquid vegetable oils make them more solid. Another name for *trans* fats is "partially hydrogenated oils.

Many restaurants and fast-food outlets use *trans f*ats to deep-fry foods because oils with trans fats can be used many times in commercial fryers. *Trans* fats can be found in many foods – but especially in fried foods like French fries and doughnuts, and baked goods including pastries, pie crusts, biscuits, pizza dough, cookies, crackers, and stick margarines and shortenings.

The reduction of *trans* fat should be considered within the context of an overall healthy lifestyle including regular physical activity, moderate portion sizes, low intakes of saturated fat, cholesterol, sodium, and added sugars and higher intakes of nutrient-rich foods. *Trans* fat reduction in the food supply should not lead to unintended consequences such as replacement with greater intakes of saturated fats and cholesterol

The American Heart Association supports efforts to reduce trans fats in packaged foods, baked goods and restaurant meals, provided healthy alternatives and practical guidance are taken into consideration. We feel that such efforts are most likely to achieve their intended goal if they incorporate a comprehensive "phased in approach" to eliminating the use of artificial trans fats. Providing education and guidance to restaurants and bakeries regarding alternative oils and fats that can meet the frying and baking needs and how to incorporate them into their food preparation processes (e.g. specific recipes, different oil temperatures, appropriate schedules for frying oil changes) will prevent the substitution of unhealthy alternatives.

To address our concerns, the American Heart Association recommends a sufficient timeframe for phase-in, regulatory safeguards that provide policymakers flexibility in implementation and strong programmatic efforts to assist the restaurant industry concurrent with the regulations.

The American Heart Association supports legislation to reduce trans fat consumption and enact calorie labeling laws, however we would like to commend our New York City government for establishing itself as a pioneer in both of these initiatives. If not for the vision and early dedication of our city government, it is quite possible that we would not be witnessing the growing momentum around these vital public health initiatives. We certainly look forward the city's continued efforts to improve upon these food policies.

Sugar Sweetened Beverage Tax:
In August 2009, the American Heart Association released a scientific statement which provides specific guidance on limiting the consumption of added sugars and provides information about the relationship between excess sugar intake and metabolic abnormalities, adverse health conditions and shortfalls in essential nutrients. The statement, published in *Circulation: Journal of the American Heart Association,* for the first time, provides the association's recommendations on specific levels and limits on the consumption of added sugars. "Added sugars" are sugars and syrups added to foods during processing or preparation and sugars and syrups added at the table. High intake of added sugars, as opposed to naturally occurring sugars, is implicated in the rise in obesity. It's also associated with increased risks for high blood pressure, high triglyceride levels, other risk factors for heart disease and stroke, and inflammation (a marker for heart disease), Consuming foods and beverages with excessive amounts of added sugars can displace more nutritious foods and beverages.

Most women should consume no more than 100 calories (about 25 grams) of added sugars per day. Most men should consume no more than 150 calories (about 37.5 grams) each day. That's about six teaspoons of added sugar a day for women and nine for men. In contrast, the statement cites a report from the 2001–04 National Health and Nutrition Examination Survey (NHANES) that showed the average intake of added sugars for all Americans was 22.2 teaspoons per day (355 calories).

Soft drinks and other sugar-sweetened beverages are the number one source of added sugars in Americans' diet. One 12-ounce can of regular soda contains about 130 calories and eight teaspoons of sugar.

In addition, the statement recommends that no more than half of a person's daily discretionary calorie allowance should come from added sugars. Discretionary calories refer to the number of calories "left over" after a person eats the recommended types and amounts of foods to meet nutrient requirements, such as fruit, vegetables, low-fat dairy products, high-fiber whole grains, lean meat, poultry and fish. Added sugars, alcoholic beverages and solid fats — including saturated fat and trans fat — are typically considered discretionary calories that are to be included after individual daily nutrient requirements are met.

Should New York State enact a sugar sweetened beverage tax, it is essential that robust evaluation should be part such measure. This is necessary in order to determine the efficacy of taxation policy on consumption trends, public health, the alternative choices consumers would make if they move away from sugar-sweetened beverages, the impact of these policies on disparate populations, and whether there are any unforeseen unintended consequences. In addition, if a sugar sweetened beverage tax is put into place, the state must look at the amount of revenue it is directing to obesity prevention programs. The state's Healthy Heart Program, dedicated to helping communities and schools eat healthier and be more active, currently receives less than $1m in funding despite the fact that obesity costs to the state have risen to $7.6B annually.

Thank you again for providing us the opportunity to testify today. I would be happy to answer any questions.

Submitted by:
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[i] Lloyd-Jones, et al "Defining and Setting National Goals for Cardiovascular Health Promotion and Disease Reduction. The American Heart Association's Strategic Impact Goal Through 2020 and Beyond" <http://circ.ahajournals.org/cgi/content/abstract/CIRCULATIONAHA.109.192703v1>

[ii] New York State Department of Health. "Strategic Plan for Overweight and Obesity Prevention: New York State," <http://www.health.state.ny.us/prevention/obesity/strategic_plan/ob_diseases.htm>.