The Role of Government in Preventing Excess Calorie Consumption
The Example of New York City

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A mericans consume many more calories than needed, and the excess is leading to diabetes, cardiovascular disease, and premature mortality. Since the 1970s, caloric intake has increased by some 200 to 600 calories per person per day. Although it is unclear how important changes in physical activity are to the surge in obesity prevalence, it is quite clear that this increase in calorie consumption is the major cause of the obesity epidemic—an epidemic that each year is responsible for the deaths of more than 100,000 Americans and accounts for nearly $150 billion in health care costs.

As the obesity epidemic has mounted during the last few decades, Americans’ genes have not changed, but the “food environment” has changed markedly. Food has become increasingly ubiquitous, convenient, calorie-dense, offered in large portion sizes, and heavily marketed. Many foods contribute to excess calorie intake, but sugary drinks have drawn particular blame because of the near-tripling of consumption since the 1970s and their association in epidemiologic studies with obesity, weight gain, diabetes, and markers of cardiovascular disease. The size of sugary drinks sold has ballooned from a standard 6.5- or 8-ounce size in the 1960s to 20, 32, and even 64 ounces today. A single 20-ounce bottle delivers 250 calories of sugar, about twice the amount recommended by the American Heart Association for an entire day. The increase in portion sizes of these beverages is important because studies consistently show that when people are offered larger portions they simply consume more without recognizing it and without compensating for the increased consumption by decreasing intake later.

The portion studies highlight a larger issue: the effectiveness of marketing of food. Food companies heavily market high-profit products, not just with billions of dollars in advertising, but also with convenient packaging, promotional pricing, and placement that facilitates impulse purchases. These food manufacturers would not continue to spend so much money on this marketing if it were not successful. In part the marketing of food is successful because humans evolved through many more periods of food shortage than excess. Humans are biologically driven to store calories when they become available and are limited in their ability to refuse food. The placement of calorie-dense, ready-to-consume, inexpensive food and beverages at arm’s reach inevitably leads to the consumption of additional calories.

How should government address the health problems caused by this successful marketing of food? To do nothing is to invite even higher rates of obesity, diabetes, and related mortality.

One option is to encourage food companies to voluntarily alter their products or marketing to reduce health risks. Food companies understand how customers respond to their products and marketing better than anyone and could make many changes that would promote health. Food companies have indeed been responding to the obesity crisis by marketing products that have lower calorie contents by substitution (as with “diet” beverages) and more recently by offering smaller portions. However, as publicly traded companies responsive to the interests of their shareholders, food companies cannot make decisions that will lower profits, and larger portion sizes are more profitable because most costs of delivering food items to consumers are fixed. For example, PepsiCo’s attempt to emphasize healthier products was recently rejected by analysts and investors, a reminder of the limits of voluntary industry action to promote health.

The balanced and most effective approach is for governments to regulate food products that harm the most people, simultaneously encourage food companies to voluntarily produce and market healthful products, and then provide information to consumers in ways that facilitate their choosing healthful products.

That is what has been done in New York City. Trans fat is an artificial food ingredient that was dangerous and easily replaceable, so its use by restaurants has been prohibited by the New York City Board of Health. At the same time, the New York City Department of Health and Mental Hygiene has been working with food companies to voluntarily reduce the high levels of sodium in food. Chain restaurants are now required by the city’s Board of Health to post calorie counts on menus and menu boards so consumers can choose lower-calorie items. These actions followed similar steps to address smoking—steps that have led to a...
35% decline in smoking since 2002, which in turn has contributed to a life expectancy at birth that is 2.4 years greater in New York City than in the United States as a whole.\(^8\)

How has this approach been applied to what many believe is the greatest single contributor to the obesity epidemic, sugary drinks? New York City supported a 1-cent-per-ounce excise tax on sugary drinks to lessen the industry's financial incentive to market large portion sizes and to encourage consumers to choose smaller portions and switch to low-calorie beverages. The city also supported a change in policy on the Supplemental Nutrition Assistance Program that would have prohibited the use of program benefits to purchase sugary drinks, arguing that government should not subsidize the purchase of a product known to be particularly unhealthful. In addition, the city’s health department proposed a cap on the portion size of sugary drinks served at restaurants.

Although the food industry opponents of the sugary drink portion rule portray it as a limit on consumer choices, in fact the portion cap regulates a specific marketing practice. The sale of huge portions is driven by the food industry, not by consumer demand. Under the rule, restaurants could not sell sugary drinks in portions larger than 16 ounces (containing about 200 calories), but customers could purchase as many portions as they want. The rule would actually create additional choices for consumers of smaller beverage portions, because in many locations portions of 16 ounces or less are unavailable. At the same time, the portion-size studies strongly suggest that, with a smaller default portion size, most consumers will consume fewer calories. This change will not by itself reverse the obesity epidemic, but it can have a substantial effect on it.

Public health has a long history of successfully regulating harmful practices and substances to protect the health of populations. In New York City, tens of thousands of restaurant inspections are conducted each year, enforcing rules such as those mandating the temperature at which food can be stored, all to prevent foodborne infectious diseases. The federal government mandates safety features, such as seat belts, in automobiles. Governments at all levels prohibit the use of lead in paint. None of the health problems prevented by these actions kill nearly as many people each year as obesity does. Although the idea of government action to prevent obesity by regulating portion size is new, this action is easily justifiable, is manageable by the dynamic food industry, and will be effective in preventing needless deaths.

**Conflict of Interest Disclosures:** The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

**REFERENCES**