

Discussion: Dietary Nudges for Obesity Prevention: They Work, but Additional Policies Are Also Needed

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See “Using Healthy Defaults in Walt Disney World Restaurants to Improve Nutritional Choices” by John Peters, Jimikaye Beck, Jan Lande, Zhaoxing Pan, Michelle Cardel, Keith Ayoob, and James O. Hill, in *JACR*, vol. 1, no. 1 (2016): 92–103.

In 2006, the Walt Disney Company announced a new initiative to improve the nutritional quality of meals served to children at its theme parks. The company would be changing the default kids’ meals—the components that come without having to be ordered separately—to include low-fat milk, juice, or water rather than soft drinks, and sides such as applesauce or carrots rather than french fries. Parents who wanted sodas or fries for their children would have to ask for them, something many might not bother to do. Health groups had long advocated for this policy change (Wootan 2012).

As I commented to a reporter at the time, “going to Disney World is an excuse for eating junk food . . . Disney or its advisers must be feeling they have some responsibility” (Horovitz and Petrecca 2006). Indeed, the healthier defaults were part of a larger effort by Disney to deal with its contribution to obesity in America. After ticket prices, food is the second greatest source of revenue at Disney World. Although reducing the amount of food consumed at the parks might help create a less “obesogenic” food environment, revenues might fall. But could the default change be revenue neutral? By 2008, Disney reported that two-thirds of US customers ordering kids’ meals had accepted the default, with no loss in sales. In Hong Kong Disney parks, nearly all customers accepted the default. The report, however, did not include data on the numbers or proportions of customers ordering kids’ meals (Walt Disney Company 2008).

Disney’s more recent summary of its child-health initiatives states that it is funding investigators at the University of Colorado to conduct a more formal evaluation of use of the default options (Walt Disney Company 2015). The paper by Peters et al. (2016) in the first issue of *JACR* presents the results of that research. Their work confirms the ongoing effectiveness of the strategy. Nearly half the customers ordering kids’ meals accepted the healthy default side dishes, and two-thirds accepted the healthier bever-

ages. These choices resulted in significant reductions in the calories, fat, and sodium in purchased kids’ meals, but not sugar (Peters et al. 2016).

The authors argue that gentle nudge changes like these are preferable to more coercive policies that smack of nanny statism. Such reductions help, but are they enough to make a real difference? To answer this question, it would help to know what else the children were eating along with the drink and side dishes. Although the authors were given raw sales data, Disney did not permit them to use this information as part of the overall analysis. The company also refused to provide information about the number of children who visited the park or the number of kids’ meals sold.

These missing pieces raise red flags because this is a Disney-funded study that produced results that Disney can use to advertise itself as a company that cares about kids’ health, and to deflect attention from Disney World’s reputation as a junk-food paradise. Corporate funding of research introduces conflicts of interest and reduces the credibility of the results, not least because the biases inherent in such research are largely unconscious, unintentional, and unrecognized (Moore et al. 2005). The results of this study merit especially careful scrutiny. Taking them at face value, the default strategy worked well for the drink, but the sides are still a problem, and so are the sugars. They do not reveal much about what kids eat in a day at Walt Disney World.

Nudges like this default are an important part of strategies to counter childhood obesity. But are they enough to deal with the public health problem? To make a real difference, they need to be accompanied and supported by a range of policy approaches. Current thinking about such approaches recommends combining insights from behavioral research, economics, and public health to establish a food environment far more conducive to making the healthy choice not only the easy choice, but also the preferred choice. Doing so is likely to require multiple actions—for example,

regulation of nutrient content and marketing; incentives such as subsidies of healthier foods; disincentives such as taxes, warning labels, and nutritional rating systems for unhealthier foods; and education of adults and children (Hawkes et al. 2015). Disney's voluntary default is a small step in the direction of such policies, but many more are needed if we are to make real progress in reducing the prevalence of childhood obesity.

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Response to Marion Nestle

JOHN PETERS AND JAMES O. HILL

We read with some encouragement and also some disappointment Dr. Nestle's commentary about our article describing the positive effects of healthy defaults on kid's meal nutritional composition at Walt Disney World theme park.

On the positive side, Dr. Nestle acknowledged that healthy defaults for kids' side dishes and beverages actually worked to alter meal selection behavior resulting in lower calories, fat, and sodium. Furthermore, she noted that behavioral nudges like defaults are an important strategy for combatting childhood obesity. And, we agree with her that other strategies and policies that complement and support each other are needed to fully deal with the problem of obesity. Our paper never stated nor intimated that default nudges would single-handedly solve the childhood obesity problem. We even carefully pointed out that the work presented is relevant to the somewhat unique context of a theme park and may not be applicable to other restaurant settings. However, given that Dr. Nestle described going to Disney World as "an excuse for eating junk food," we would think the positive results of this study would have gotten even stronger words of encouragement.

We were disappointed by Dr. Nestle's assertion that Disney's decision not to allow publication of kids' park attendance numbers or raw kids' meal sales numbers (because of their proprietary nature in the competitive business of theme parks), and the fact that Disney funded the study, raises red flags about the veracity of the data presented. First of all, academic researchers are rarely ever given access to any kind of consumer data. The public health community has been advocating for years that industries should share more of their data about consumer behavior in order to inform better strategies and tactics for improving public health. Disney should be commended for being leaders in this respect. We find Dr. Nestle's comment about potential bias in the analysis because of the funding source curious, given that the findings about default acceptance rates reported in the present paper are less favorable than data reported in another reference cited by Dr. Nestle written by a prominent industry critic (Wootan 2012). While we disagree with the premise that the funding source had any influence on the study, clearly the potential for bias raised by Dr. Nestle concerning the data we reported did not favor the funding sponsor, Disney.

It is unfortunate that when the industry does share important data with public health stakeholders, the reaction from one of the most often quoted voices is one weighted by suspicion and distrust rather than a focus on the learning and encouragement to continue the work. Given this reception it is perhaps not surprising that more major companies do not share consumer information with outside parties, which likely inhibits more rapid progress in reversing childhood obesity. However, such strident anti-industry opinions are not uniform throughout the scientific and public health communities. Many investigators are willing to work with industry to apply their data and insights toward promoting healthier consumer behavior. While we be-

lieve caution and transparency are always key ingredients when working with industry, we also believe that solving the obesity problem will require finding a productive model for working together that can channel everyone's energy toward finding solutions. The Disney study is a good example of why partnering with industry can help move the field forward.

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Reply to John Peters and James O. Hill

MARION NESTLE

The response from Peters and Hill still fails to acknowledge the severity of the problems posed by Disney's sponsorship of their research—the company's failure to produce data essential for proper interpretation of study results, and the level to which sponsorship by food companies biases such interpretations. At one point, Disney boasted of the results of this research, confirming its benefit to marketing goals. The threat of industry sponsorship to research credibility has received considerable press attention in recent months, as must surely be known to these authors (see Choi 2015; O'Connor 2015). Disney's now-exposed attempt to withdraw their paper from publication (Kaplan 2016) provides further evidence for the ethical risks inherent in industry-funded research.

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