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**Food Policy in New York State**  
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Chairman Duane, thank you for holding today's hearing on food policy in New York State. As president and CEO of the New York State Health Foundation (NYSHHealth), I am so pleased that the Committee is exploring this important issue and the links among food policies, obesity rates and health outcomes.

NYSHHealth is a private, statewide foundation dedicated to improving the health of all New Yorkers through efforts to expand health insurance coverage, contain health care costs, increase access to high-quality services, and address public and community health challenges. The Foundation concentrates its initiatives in three strategic priority areas, including reversing the diabetes epidemic. In June 2008, NYSHHealth launched a \$35 million statewide Diabetes Campaign to advance the prevention and management of diabetes by improving clinical care, mobilizing communities, and promoting policies that sustain improvements in diabetes care and prevention.

If we are to reverse the diabetes epidemic in New York State, we must address the related problem of obesity. About a quarter of the State's adults are considered obese and another 37% are overweight. It is estimated that 70% of adults who are obese and 40% who are overweight will eventually develop Type 2 Diabetes. The implication of these numbers is frightening especially when one considers the human toll and financial costs of this debilitating disease.

### **The Problem**

When we talk about obesity, we think about the energy balance: the relationship between the calories we burn and the calories we take in. Obesity is the result of both physical inactivity and increased calorie consumption.

On the "energy burned" side of the equation, fewer than half of adults in New York meet recommendations for 30 minutes a day of physical activity. A range of individual and environmental factors can make it more difficult for us to be physically active: a lack of safe places to walk and play outdoors, increased use of technology, and a culture of sedentary behavior.

On the “energy in” side of the equation, the built environment can also limit access to healthy foods, particularly in low-income communities where fresh, affordable produce is often unavailable. New Yorkers on average are consuming hundreds of more calories per day than they did just a few decades ago, and only about 27% of adult New Yorkers consume five or more servings of fruits and vegetables a day. In several low-income New York communities, the average fruit and vegetable intake is zero. In neighborhoods where there are no supermarkets, where corner stores don’t offer fresh fruits and vegetables, where fast-food restaurants abound and the most affordable, available food is nutritionally deficient and high in calories, fat and salt, it’s unsurprising that calorie consumption, and obesity rates, are so high.

### **Promising Solutions**

The risk of obesity can be reduced through policies that increase opportunities for healthy eating and physical activity. As we consider ways to do that, we need to remember that obesity is not only an individual condition but also a social condition. Evidence has shown that small changes in individual behavior have minor effects on lasting obesity prevention or reduction. As a result, educational programs or social marketing alone that seek to effect changes in obesity and weight gain at the individual level are rarely successful. In contrast, environmental changes that reduce barriers to healthy lifestyles can prevent and reduce obesity.

The impact of the three policies the Committee is exploring today—menu labeling, banning trans fats, and taxing sugar-sweetened beverages—has been mixed in terms of effectiveness on weight loss, but all three are necessary to create a new culture that addresses the fundamental causes of obesity. While no single policy or public health program can reverse decades of rising obesity rates, these policy approaches improve the environment to enable individuals to make better, more informed choices about the foods they eat, begin to reverse the cultural norms that have led to overconsumption of high caloric and fatty foods, and begin a path to improved health outcomes.

This strategy of comprehensive investment in policy, programs, and the built environment is growing in both understanding and support. In 2008, the Institute of Medicine’s Standing Committee on Childhood Obesity identified local government actions necessary for addressing obesity prevention. It identified the 12 most promising action steps—including menu labeling in chain restaurants and tax strategies to discourage consumption of beverages with minimal nutritional value. In addition to these action steps to enable individuals to make healthier choices, the IOM also emphasizes strategies to increase access to healthier options and increase physical activity such as attracting supermarkets and grocery stores to underserved neighborhoods, building and maintaining parks and playgrounds that are safe and attractive for playing, and making streets safer and more secure. Only through the combination of comprehensive, complementary public policy and environmental redesign can we make healthier decisions and live healthier lifestyles.

*Menu Labeling*

New York City was the first city in the country to require calorie-labeling on menu boards in chain restaurants; three other New York counties have subsequently adopted the requirement.

The New York City Department of Health and Mental Hygiene found that patrons choose healthier options when presented with visible calorie information. Statistically significant reductions in calorie consumption were observed at McDonald's, Au Bon Pain, KFC and Starbucks. Customers who both saw and used the calorie information consumed an average of 106 fewer calories than those who did not. New York City's health department claims that menu labeling will reduce the number of obese New Yorkers by 150,000 over the next five years and prevent 30,000 cases of diabetes.

Additionally, a research synthesis published by the Robert Wood Johnson Foundation's Healthy Eating Research Initiative found that most consumers would like to see nutrition information in the places where they go out to eat, but the majority of restaurants do not provide consumers with this information at the point of purchase. Most consumers underestimate the number of calories and fat in 'away-from-home foods' and tend to make greater errors when menu items are high in calories or when they are ordering from establishments that promote themselves or their menu items as healthy.

Finally, Stanford University researchers released data just this month indicating that, when calorie content was posted, the average calories per Starbucks transaction fell by 6%. For those individuals who consume more than 250 calories per transaction, there is a 26% decrease in calories per transaction, suggesting that menu labeling is a particularly effective strategy for affecting behavior of those who can benefit the most.

*Banning trans fats*

Artificial trans fats have no nutritional value, have great potential for harm, and can easily be replaced by natural fats and oils without compromising food taste, price, or availability. Trans fats have been known to increase the "bad" LDL cholesterol and decrease the "good" HDL cholesterol. They also increase inflammation in the body, a potent risk factor for cardiovascular disease and diabetes.

The presence of trans fats in our food contributes to an environment of cheap but nutritionally deficient food. In an effort to improve the food environment, it is important to reduce the presence of these unhealthful items.

*Taxing sugar-sweetened beverages*

In September 2009, I wrote a letter to the *Daily News* outlining the potential benefits of a tax on sodas and sports drinks.

In 2004, adolescents in the United States consumed an average of 300 calories per day from sugar-sweetened beverage intake, accounting for 13% of their total caloric intake. On average, 7% of total calories in an average American's diet are derived from soft drinks, which provide zero nutritional benefit. The evidence suggests increased consumption of sugar-sweetened beverages has a direct cause on weight gain, especially in children and adolescents. Because of its association with weight gain, increased sugar sweetened beverage consumption has been linked to higher rates of type 2 diabetes among adults. Healthy weight adults have a 20 percent lifetime risk of diabetes, but for those who are overweight or obese, the risk rises to 40 percent or 70 percent respectively.

Similar to an increased tax on cigarettes, a soda tax would likely lead to reduction on the demand for the unhealthy product, and would have fiscal benefits, as well. Earlier this year, Governor David Paterson was forced to abandon a proposed 18 percent tax on sodas as a result of industry pressure. According to the Rudd Center at Yale University, an even lower tax would provide a source of revenue: a penny per ounce tax on sugar-sweetened beverages would generate nearly \$937 million in funds for New York State in 2010. For equity reasons, the revenue from these new taxes should help the people who are paying the taxes. This could be done by earmarking the funds for initiatives to prevent and reduce obesity, such as efforts to increase availability of fresh fruits, vegetables, improve access to safe and accessible places for physical activity, and develop complementary educational campaigns to promote healthy eating and an active lifestyle.

The tax also promotes awareness of the dangers of the consumption of sugar-sweetened beverages, obesity, and diabetes. Additional research by the Rudd Center suggests that for every 10% increase in price, there would be a decreased consumption of sugar sweetened beverages by 8%. This tax has the potential to increase the demand for healthier alternatives to sugar-sweetened beverages and reduce consumption while raising revenue for New York State.

The three policies the Committee is exploring today are an important first step toward positive environmental change to reduce the obesity epidemic in New York State.

Thank you again for your attention to this important issue. I hope you will look to the New York State Health Foundation as a resource as you continue to explore programs and policies to improve the state of New York's health.