



Independent Democratic Conference

**CHILDHOOD OBESITY: MITIGATION
AND PREVENTION IN THE STATE OF
NEW YORK**

September 2013

Introduction

The threat of obesity persists across New York State and it is critical that action be taken to reverse this growth. In the past legislative session, Majority Coalition Leader Senator Jeffrey Klein and the Independent Democratic Conference (IDC) introduced three pieces of legislation promoting a healthy living and diet. All three overwhelmingly passed the Senate and Assembly, and now await Governor Andrew Cuomo's signature to become law.

The first bill, S. 2438, aims to increase the availability of fresh fruits and vegetables to New York's underserved areas. The second, S. 2439, expands wellness education programs that combat childhood obesity and programs sponsored by health insurers and HMOs to promote healthy living amongst their subscribers. The Community Gardens Act, S. 2372, seeks to increase the presence of community gardens throughout the state to provide all New Yorkers with affordable, healthy food.

The IDC urges Governor Cuomo to sign these bills into law. If adopted, these laws will help New Yorkers develop healthier habits and lose weight through access to more fresh food and wellness programs. This report both demonstrates why legislative action is needed to address obesity and elaborates on just how the IDC's legislative package addressing obesity is critical to doing so.

The Obesity Epidemic

The rise in obesity rates is a crisis facing the entire nation, and one from which New York State is not immune.¹

Indeed, it has reached such proportions that obesity possesses the same, if not more, of a public health threat than smoking.² Obesity-related illness will soon become the top avoidable cause of death in the United States, surpassing diseases related to tobacco use.³ This epidemic comes at a large, and increasing, financial cost as well.

In its 2010 report, the White House Task Force on Childhood Obesity found that each year obese adults

“...incur an estimated \$1,429 more in medical expenses than their normal-weight peers. Overall, medical spending on adults that was attributed to obesity

¹ White House Task Force on Childhood Obesity Report to the President, *Solving the Problem of Childhood Obesity within a Generation*, May, 2010. Available at

http://www.letsmove.gov/pdf/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf.

² Charles H. Hennekens and Felicita Andreotti, “Leading Avoidable Cause of Premature Deaths Worldwide: Case for Obesity,” *The American Journal of Medicine* 26.2, February 2013,

<http://download.journals.elsevierhealth.com/pdfs/journals/0002-9343/PIIS0002934312005475.pdf>.

³ Press Release, *Obesity Now Poses As Great a Threat to Quality of Life As Smoking*, AM. JRNL. PREVENTIVE MED., January 2010, available at

http://www.ajpmonline.org/webfiles/images/journals/AMEPRE/AJPM_PR_Obesity_vs_Smoking.pdf; see also Rob Stein, *Obesity Passing Smoking as Top Avoidable Cause of Death*, WASHINGTON POST, March 10, 2004.

[conditions] topped approximately \$40 billion in 1998, and by 2008, increased to an estimated \$147 billion. Excess weight is also costly during childhood, estimated at \$3 billion per year in direct medical costs.”⁴

The costs are just as staggering for New York State. In 2012 alone, obesity-related costs rose to an estimated tally of \$11.8 billion.⁵ Of that total, over \$4.3 billion came from taxpayer-funded Medicaid. Furthermore, overweight and obesity-related costs for New York’s children stood at \$327 million.⁶ Such costs are only projected to rise; placing an added burden on the state’s welfare and economy.

As stated above, national obesity-related costs translate to roughly \$150 billion annually.⁷ National projections estimate that costs will increase to \$344 billion per year by 2018.⁸ Should this total be reached, it would account for 21% of the nation’s direct health care spending. In New York, the same projections predict obesity-related costs to reach \$19.8 billion that same year.

In New York, the population under the categories of “obese” and “overweight” reached epidemic proportions over the past decade.⁹ In 2012, nearly a quarter (23.6%) of adult New Yorkers were obese, and just over three-fifths (60.6%) were overweight or obese.¹⁰ Since 1995, both categories grew by roughly 10%. As seen in the chart on the following page, despite the recent downward trend in obesity, New York largely mirrors the growth experienced by the nation at large.

⁴ *White House Task Force, supra* note 1, at 3.

⁵ Office of the State Comptroller, Thomas P. DiNapoli, *Soaring Health Care Costs Highlight Need to Address Childhood Obesity*, Oct., 2012, http://www.osc.state.ny.us/reports/obesity_and_child_obesity_10_23_12.pdf

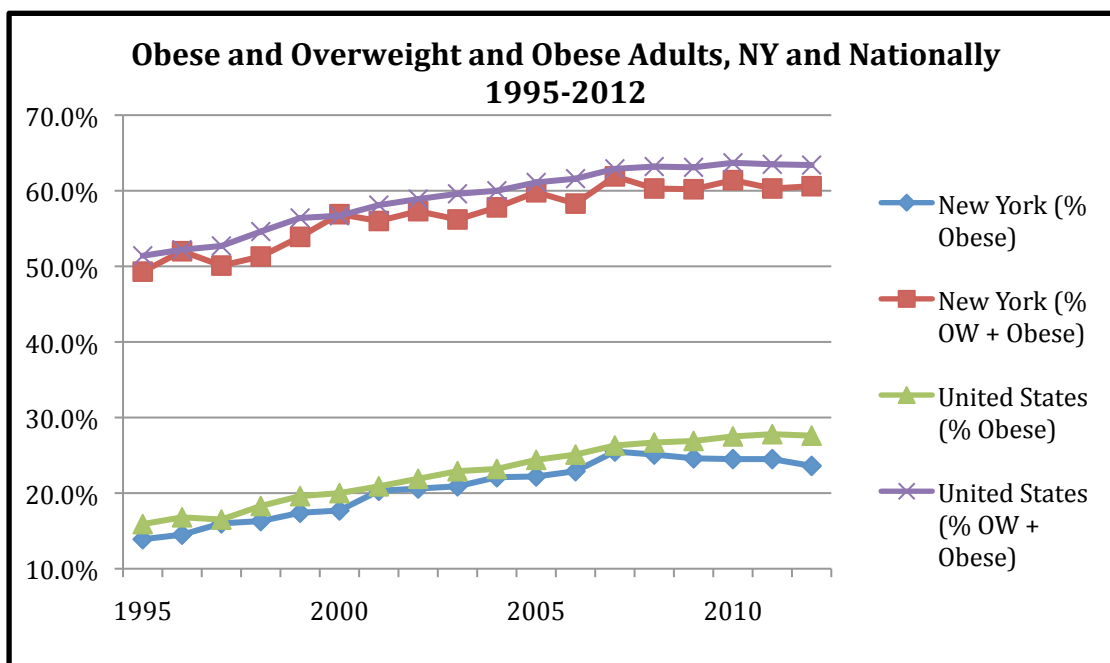
⁶ *Id.*, p. 6.

⁷ Office of the State Comptroller, Thomas P. DiNapoli, *Soaring Health Care Costs Highlight Need to Address Childhood Obesity*, Oct., 2012, http://www.osc.state.ny.us/reports/obesity_and_child_obesity_10_23_12.pdf

⁸ Kenneth E. Thorpe, *The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses*, Report from United Health Foundation, The American Public Health Association and Partnership for Prevention, November 2009, <http://www.nccor.org/downloads/CostofObesityReport-FINAL.pdf>.

⁹ See Centers for Disease Control and Prevention, *Overweight and Obesity, U.S. Obesity Trends*. Available at <http://www.cdc.gov/obesity/data/trends.html>.

¹⁰ Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Prevalence and Trends Data*, <http://apps.nccd.cdc.gov/brfss/>.



Source: Behavior Risk Factor Surveillance System, <http://apps.nccd.cdc.gov/gisbrfss/map.aspx>.

Sadly, even with such a high percentage of overweight adults, New York is one of the “slimmest” states in the country. Last year, the state ranked 47th and 44th in the country in percentage of obese adults, and overweight or obese adults, respectively. (Note: see chart on page 17).

Unfortunately, New York can take no comfort in the fact that it ranks toward the bottom nationally regarding obesity. Individual counties throughout the State are experiencing astronomically high rates. Over the two year period from 2008 through 2009, the prevalence of overweight or obese conditions in adults 18 and older exceeded 70% of the population in four counties, and 65% in 21 counties.¹¹ (Note: see chart on page 19) Wayne County has the highest rate in New York during that period with 71.7% of its population overweight or obese. The Bronx ranked as the most overweight county in New York City with a rate of 68%.

Recent findings anticipate that the number of obese New Yorkers will grow even higher in the coming years.¹² In the report *F for Fat*, released by the Trust for America’s Health and Robert Wood Johnson Foundation last year, the state’s obesity rate is projected to reach 50.9% by 2030 if trends are not reversed. If this occurs, the medical costs associated with obesity will rise 14.8% from their current amount.

¹¹ New York State Department of Health, *Obesity Statistics by County 2008-2009*, <http://www.health.ny.gov/statistics/prevention/obesity/>.

¹² Trust for America’s Health and Robert Wood Johnson Foundation, *F as in Fat: How Obesity Threatens America’s Future 2012*, September 2012, <http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf>.

Obesity Looms Large Among Children and Adolescents

This projected increase is largely due to the growth in childhood obesity. The New York State Comptroller reports that over the past 30 years, children ages 2 to 5 and 12 to 19 have seen their obesity rate triple.¹³ For children ages 6 to 11, the rate quadrupled. In fact, contrary to the lower prevalence of obesity among adults, New York's children are more likely to be obese or overweight compared to their national peers.

In 2012, New York was among the top 20 states in regards to overweight or obesity prevalence in children aged 10 to 17.¹⁴ According to the National Survey of Children's Health, 14.5% of New York's children are obese, and 32.4% overweight or obese. Disturbingly, the latter figure is greater than the national rate of 31.1%.

Children in New York City especially bear the brunt of the prevalence of childhood obesity due partially to poor diets and a lack of outdoor space to pursue physical activity.¹⁵ While certain targeted programs have helped reduce obesity in the Downstate region, adolescents there still demonstrate greater rates of obesity than the rest of the state.

2011 Overweight Prevalence and Obesity in High School Students (Grades 9-12)

	Overweight	Obese	Overweight or Obese
NYS (EXCLUDING NYC)	14.9%	11.2%	26.1%
NYC	15.5%	11.6%	27.1%
- Bronx	16.9%	14.8%	31.7%
- Brooklyn	16.4%	12.8%	29.2%
- Manhattan	15.1%	10.1%	25.2%
- Queens	13.8%	9.0%	22.8%
- Staten Island	15.5%	13.2%	28.7%
United States	15.2%	13.0%	28.2%

Source: 2011 Youth Risk Behavior Survey, <http://www.cdc.gov/healthyyouth/yrbs/index.htm>.

The chart above demonstrates that four out of five of New York City's boroughs exhibited higher rates of overweight and obese populations than evidenced in the rest of the state. Nearly a third of students in the Bronx (31.7%) and Brooklyn (29.2%) were overweight or obese. Staten Island closely followed with a rate of 28.7%. These boroughs not only surpassed upstate New York's rate of 26.1%, but also the United States (28.2%).

¹³ Office of the State Comptroller, Thomas P. DiNapoli, *Preventing and Reducing Childhood Obesity in New York*, October 2008, <http://www.osc.state.ny.us/reports/health/childhoodobesity.pdf>, 1.

¹⁴ The Data Resource Center for Child and Adolescent Health, *National Survey of Children's Health*, <http://www.childhealthdata.org/browse/survey>.

¹⁵ Arielle Concilio, Sydney Lake and Gabrielle Milner, *Lack of Resources and Outdoor Space lead to High Rate of Obesity in Bronx*, DAILY NEWS, August 18, 2008.

Recent reports from the New York State Department of Health (NYSDOH) showcased the breadth of obesity's impact on children in upstate New York as well.¹⁶ Over the years 2010 to 2012, statistics show that close to half of students in some districts were overweight or obese. In the Watervliet School District, 50.9% of students were overweight or obese. In the State's capital, Albany, the rate of overweight or obese students reached 40.8%. These figures are alarming, and clearly demonstrate that action must be taken to curb these rates statewide.

This is critical because the rising rate of obesity is leading to higher incidences of life-threatening medical conditions. As stated in the White House Task Force report, "[o]besity is estimated to cause 112,000 deaths per year in the United States, and one third of all children born in 2000 are expected to develop diabetes during their lifetime. The current generation may even be on track to have a shorter lifespan than their parents."¹⁷ The high obesity prevalence among children, and the severe adverse health and economic consequences to our future generations demands further actions in New York to combat this problem.

High-Risk Communities

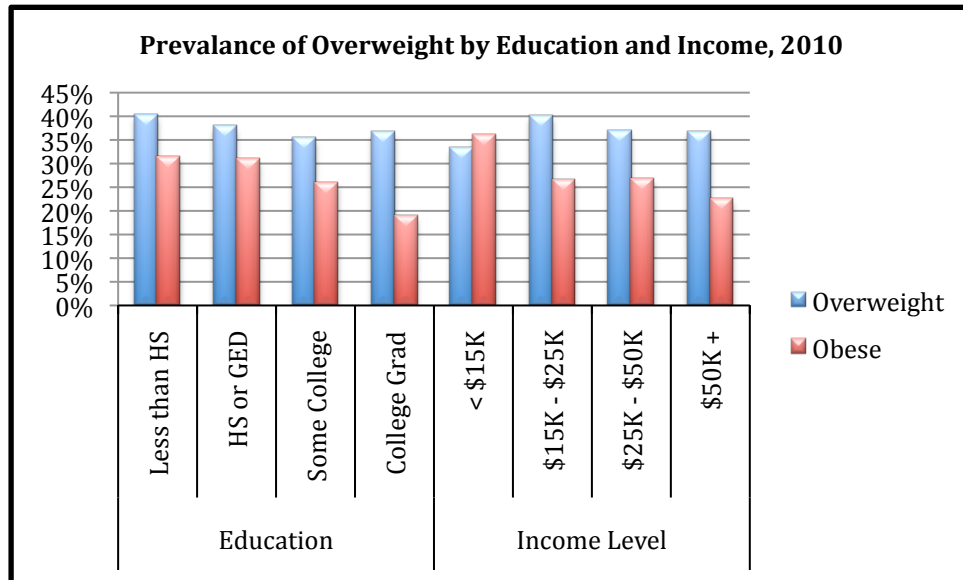
New York is a large state with people from diverse ethnic, cultural and socioeconomic backgrounds. New Yorkers take pride in this diversity, but individuals with low income and education levels often do not have the resources to combat obesity.¹⁸ As a result, lower-income individuals tend to exhibit higher rates of obesity.

As the chart on the following page indicates, 40% of individuals who had not completed college were overweight and 31% were obese. The chart also indicates that 19% of college graduates are obese. In terms of income, individuals earning more than \$50,000 exhibited lower overweight (37%) and obesity rates (23%) than their peers. Earners of less than \$15,000 had the highest rate of obesity in 2010 at rate of 36%.

¹⁶ Scott Waldman, "State Reports Obesity Rates in Area School Districts," *Times Union*, July 16, 2013, <http://www.timesunion.com/local/article/State-reports-obesity-rates-in-area-school-4667336.php>.

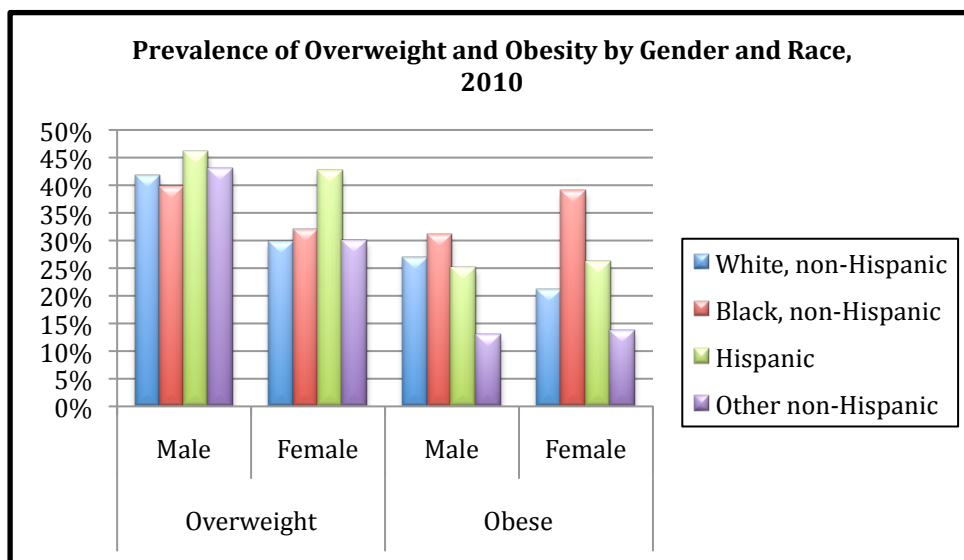
¹⁷ *White House Task Force*, *supra* note 1, at 3.

¹⁸ New York State Department of Health, *Adult Overweight and Obesity in New York State: 2000-2010*, www.health.ny.gov/prevention/obesity/statistics_and_impact/docs/2000-2010_adult_obesity.pdf.



Source: New York State Department of Health, *Adult Overweight and Obesity in New York State: 2000-2010*.

Minority groups in New York have also exhibited high rates of obesity. The following chart illustrates overweight and obesity rates across demographic groups in New York. Both Hispanic males and Hispanic females represent the group with the highest rates of overweight adults in New York, with rates of 46% and 43%, respectively. White New Yorkers have the lowest rates of overweight and obese populations at nearly 42% and 30% respectively. African-American women have the highest rate of obesity in the state with 39% in 2010, surpassing Caucasian women (21%) and Hispanic women (26%) by well over 10 percentage points.



Source: New York State Department of Health, *Adult Overweight and Obesity in New York State: 2000-2010*.

Poor Diet and Low Levels of Physical Activity Lead to Obesity

Many variables, from genetics to one's environment can impact obesity rates. Among non-genetic reasons, exposure to risk factors early in life, including the prenatal period, have been shown to predict obesity conditions later in life. Poor diet and lack of adequate physical activity are two well-known environmental contributors to higher incidences of obesity.

Low-income neighborhoods are especially susceptible to these conditions. These areas often lack full-service grocery stores, have a greater density of fast food restaurants and serve residents who often cannot afford healthy foods.¹⁹ In addition, fewer open spaces exist in these areas making it difficult for individuals to stay physically active.

For instance, 73% of New York adults consume less than five fruits or vegetables a day.²⁰ Half of the same population (48.5%) does not engage in the recommended 150 minutes of aerobic physical activity per week.²¹ It is particularly difficult to maintain a healthy lifestyle in the Bronx. Among adult residents, 30.8% engaged in no physical activity in the past month, and only 6.3% ate five or more fruits or vegetables per day.²² These rates represented the worst of all New York's counties.

The problem is just as prevalent in New York's children and adolescents. Three-quarters (74.4%) of high school students consume less than three servings of fruit or all-natural fruit juice a day.²³ Most startling, a mere 24.6% of children ages 6 to 17 engage in at least 20 minutes of vigorous physical activity every day.²⁴ Contrast this with the fact that 53% of these children spend more than one hour on "screen time" (defined as watching TV, or playing a video game) on an average school day, and it is clear physical activity is not being prioritized.

New Yorkers can, and should, eat healthier and increase their physical activity. Obesity is entirely reversible. Individuals contain the ability to make lasting progress in their lives. To combat the sustained rates of obesity, action must be taken now.

¹⁹ Food Research and Action Center, "Why Low-Income and Food Insecure People are Vulnerable to Overweight and Obesity," <http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/>.

²⁰ Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Prevalence and Trends Data*, <http://apps.nccd.cdc.gov/brfss/>.

²¹ It is recommended that adults ages 18 to 64 engage in at least 150 minutes of moderate-intensity aerobic activity and two days of muscle strengthening activities per week. It is recommended that children engage in an hour or more of physical activity per day. Centers for Disease Control and Prevention, *How Much Physical Activity Do Adults Need?*, <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>.

²² New York State Department of Health, *Obesity Statistics by County 2008-2009*, <http://www.health.ny.gov/statistics/prevention/obesity/>.

²³ Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance System*, <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>.

²⁴ The Data Resource Center for Child and Adolescent Health, *National Survey of Children's Health*, <http://www.childhealthdata.org/browse/survey>.

Current New York State Programs

New York has taken a progressive stance on combating the growing problem of obesity, but more should be done on both the state and local levels. There are a number of existing programs that provide a sound foundation for further development designed to combat obesity, especially for New York's youth.

Existing private and public programs and initiatives include, but are not limited to:²⁵

- As a demonstration program, the Education Law requires Body Mass Index (BMI) and weight status reports for children in Kindergarten, 2nd, 4th, 7th, and 10th grades to be included in physical exams in certain targeted school districts;
- Some areas of the State, including New York City; Albany; Schenectady; Suffolk; Ulster; and Westchester counties, require various types of nutritional information (such as calorie counts) is made available in restaurants;
- *Eat Well, Play Hard* programs through the Department of Health and Education to decrease television time, improve physical activity and promote healthy eating;²⁶
- Several *Healthy Eating and Active Living by Design* programs, as supported by the Robert Wood Johnson Foundation;²⁷
- Programs operated through hospitals such as the *B'N Fit Program* of the Children's Hospital at Montefiore provide comprehensive weight loss strategies for children ages twelve to twenty-one; there are also Family Weight Management Programs through Jacobi Medical Center;²⁸ and
- Cornell Cooperative Extension University hosts a website called *NutritionWorks* which is an interactive site for healthcare practitioners to keep up with the latest in nutrition developments and also provides continuing education credit.²⁹

Additionally, the New York State Departments of Education, Public Health, and Agriculture and Markets have developed programs designed to help adults with their weight issues. When possible, helping adults to be better role models is also an effective way of teaching children to make healthy lifestyle choices.

To that end, there are private ventures that set good templates for possible state guidelines. For instance, companies such as *Medi-Fit* help tailor programs, similar to the medical home program model, which could bring a new paradigm to primary care by combining physicians, dieticians,

²⁵ For a fairly comprehensive list, please see the Department of Health's *NYS Strategic Plan for Overweight and Obesity Prevention*, available at http://www.health.state.ny.us/prevention/obesity/strategic_plan/docs/strategic_plan.pdf, specifically pages 104-25.

²⁶ Department of Health, *Eat Well Play Hard*. Available at http://www.health.state.ny.us/prevention/nutrition/resources/eat_well_play_hard/.

²⁷ Active Living by Design. Available at <http://www.activelivingbydesign.org/>.

²⁸ Montefiore Hospital, *The Mission of B'N Fit*, on file with author (program is directed by Dr. Jessica Rieder); see also Jacobi Medical Center, *Children's Health*, Available at <http://www.nyc.gov/html/hhc/jacobi/html/services/children.shtml>.

²⁹ Cornell NutritionWorks, <http://www.nutritionworks.cornell.edu/home/index.cfm>.

and exercise instructors into one facility to help meet Healthcare Effectiveness Data and Information Set (HEDIS) standards for individuals.³⁰

Policy Recommendations

While existing programs have laid the groundwork for reducing obesity in New York State, the Independent Democratic Conference has developed a legislative action plan that will help mitigate and treat obese and overweight populations. The overall theme of the following policy recommendations is to create and enhance programs that confront obesity in New York head on.

1) S. 2438: Expanding Access to Healthy Foods

This piece of legislation amends various sections of the Agriculture & Markets Law (AML) to enhance the Department of Agriculture & Markets' ability (Ag & Markets) to confront obesity through more explicit coordination with other agencies. This bill passed both the Senate and Assembly overwhelmingly last session, but is awaiting review and signature from Governor Cuomo to become law.

As highlighted above, too many New Yorkers simply do not have access to fresh foods and open space needed to establish a healthy lifestyle. This legislation harnesses the Department of Agriculture & Markets unique powers in promoting fresh food to reduce obesity in a number of ways.

A) Includes Combating Obesity Within the Department's Purpose

Amends §3 of the Agriculture and Markets Law to include the objective of decreasing obesity within the Department's declaration of policy and purpose. Ag & Market's chief mission in New York is to promote and grow the agriculture industry, ensuring that such products can be safely consumed.

Ag & Markets is given a number of tools to promote New York food products and expand demand both in New York and elsewhere. Similarly, Ag & Markets works to encourage New Yorkers to eat according to sound dietary principles.

These objectives are extremely important, and our legislation does nothing to take away from these goals. Instead, the legislation merely amends this section to shift the focus of Ag & Markets to explicitly include combating obesity.

B) Increasing Cooperation between Ag & Markets and other entities in encouraging the production and consumption of fresh, locally produced fruits and vegetables.

Through its Farm-to-School Program, Ag & Markets connects schools with local food producers.³¹ This is accomplished by working with school districts and educational

³⁰ Medi-Fit Partners Inc., <http://www.medfitpartners.com/>.

³¹ New York State Department of Agriculture & Markets, *Farm to School Program*, <http://www.agriculture.ny.gov/f2s/>.

institutions interested in bringing locally grown foods into their cafeterias. Essentially, the program brings together area farmers and schools to help students eat healthier. Senator Klein's legislation uses Ag & Markets' experience in encouraging the consumption of healthy foods to benefit other programs with similar aims.

The New York State Department of Health (DOH)'s Childhood Obesity Prevention Program³² develops campaigns promoting the consumption of low-calorie foods, establishes school and community-based obesity prevention education and physical activity programs, and develops training programs for health professionals to learn how to educate children on obesity.

This legislation would empower Ag & Markets to cooperate with DOH in implementing a program that encourages the consumption of healthy foods in elementary and secondary schools.

In addition, the bill empowers Ag & Markets to work with federal, state or municipal agencies in expanding community gardens to combat obesity. Currently, Ag & Markets' Office of Community Gardens may only assist groups in the identification of vacant public land for use as a community garden upon their request.³³ This legislation will allow Ag & Markets to reach out to areas of the state in need of a community garden, and establish one with local partners.

C) High-Risk Areas

Over the past decade, the "buy local" phenomenon has spread throughout the country. One of the primary reasons for this is the increase of direct marketing between farmers and consumers. From 2002 to 2007, direct market sales in New York skyrocketed 57% to \$362 million.³⁴ Farmers have adapted to the marketplace, and now sell directly to individuals, restaurants, and stores.

One of Ag & Markets' responsibilities is expanding this direct marketing³⁵ by helping farmers build relationships with wholesale buyers, retail stores, consumers and non-profit organizations. Ag & Markets may also hold conferences, seminars, or workshops to promote direct marketing and offer education and technical assistance to farmers interested in direct marketing.

While one of the program's focal points is to encourage direct marketing in areas with poor consumer access to reasonably priced, high quality farm products, current law says nothing about utilizing direct marketing in the fight against obesity. S. 2438 changes this by directing

³² New York State Public Health Law Title 8 – Childhood Obesity Prevention Program.

³³ [New York State Agriculture and Markets Law §31-h\(2\)\(a\) – Office of Community Gardens; Powers; Duties.](#)

³⁴ "Direct Marketing Survey 2009," *National Agricultural Statistics Service and New York State Department of Agriculture and Markets Division of Statistics*, October 2010, <http://cce.cornell.edu/FeatureStories/Documents/DirectMarketingPublication2009.pdf>.

³⁵ New York State Agriculture and Markets Law Article 23 - Direct Marketing.

Ag & Markets to encourage expansion in areas with a high incidence of childhood obesity. Ag & Markets will now refocus its direct marketing efforts in these areas.

D) Authorizes Cooperative Extension Services to Combat Obesity in New York

New York State's Cooperative Extension System, administered by Cornell University, provides expertise and resources on a range of issues to New York's residents to enhance public knowledge³⁶ on issues related to: Agriculture and Food Systems; Children, Youth, and Families; Community and Economic Vitality; Environment and Natural Resources; and Nutrition and Health.

There are a total of 55 county associations, as well as offices in New York City, which tie Cornell's expertise to the unique needs of local communities. One example of the system's work in the recent past has been with food hubs.³⁷ Food Hubs are organizations and businesses that connect farmers to consumers by offering storage, processing, distribution, and marketing services. Cornell has been instrumental with the growth of food hubs by connecting educators and researchers who can adopt and spread best practices in this field.

S. 2438 authorizes Cooperative Extension Services to establish a local or statewide program specialist that focuses on adult and childhood obesity, asthma, or chronic respiratory illness prevention. Cooperative Extension Services currently offers programs designed to help New Yorkers adopt healthy eating and activity habits. These include the *Eat Smart New York* and *Eat Well Play Hard* programs.³⁸

S.2438 will expand the program's focus on these areas. Obesity and asthma are inarguably linked.³⁹ Giving a statewide specialist in this area the primary task of working on obesity issues will help communities attain valuable information on how to overcome or manage their respiratory illnesses in order to manage their conditions and live a fuller, healthier life.

2) S. 2439: Increasing Obesity Awareness and Physical Fitness

As with S.2438, S. 2439 overwhelmingly passed the Legislature and is now awaiting the Governor's signature. While S.2438 will work to expand access to healthy foods throughout the state, S. 2439 seeks to better inform New Yorkers, particularly children, of how their lifestyle choices impact their health.

Without the knowledge to inform their decisions, people frequently look no further than what brings immediate satisfaction. This bill aims to correct this information gap for both children and adults by empowering the Department of Health will be empowered to train and give materials

³⁶ Cornell University Cooperative Extension, <http://cce.cornell.edu/Pages/Default.aspx>.

³⁷ Cornell University Cooperative Extension, "Welcome to Cornell Cooperative Extension," <http://cce.cornell.edu/learnAbout/Pages/DirectorMsg.aspx>.

³⁸ Cornell University, *Cornell University Economic Impact on New York State*, February 2007, <http://landgrant.cornell.edu/assets/pdfs/partseven.pdf>.

³⁹ Anne Harding, "Obesity and Asthma are Linked: Study," *Reuters*, May 31, 2010, <http://www.reuters.com/article/2010/05/31/us-obesity-asthma-idUSTRE64U31W20100531>.

on obesity to educators. In addition, under this legislation, insurance companies will be encouraged to strengthen their wellness programs to target obese and overweight adults.

A) Expands Department of Health’s ‘Health Care and Wellness Education and Outreach Program’ to Include Obesity

Currently, DOH operates the Health Care and Wellness Education and Outreach Program.⁴⁰ Patients and health care providers may receive educational training or materials on any health care matter the Commissioner of Health deems appropriate, along with a variety of other issues delineated in the law. These include many forms of cancer, preventative services, lymphatic disease, organ and tissue donation and pregnancy.

DOH creates informational materials to be used in a number of media outlets. It also creates public service announcements and establishes toll-free hotlines or websites where individuals can learn more on their own.

The Department of Health also operates the Childhood Obesity Prevention Program.⁴¹ This program targets children and adolescents, highlighting the importance of consuming low-calorie, wholesome foods. DOH furthermore works with schools to develop Body Mass Index (BMI) screening programs for children ages 2 through 18. The program also allows DOH to establish school-based childhood obesity prevention and physical activity programs to encourage children to be physically active.

The Public Health Law does not, however, explicitly state that obesity must be amongst the health conditions covered in their program.

The IDC’s legislation would direct DOH to expand its education and outreach program to include obesity. With this, DOH would create educational materials that focus on the short and long-term health risks of obesity. Any information produced would also direct people to the Department of Health’s website, or other sites with information on obesity.

B) Empower Department of Health to Provide Wellness Outreach and Materials to Educators

S.2439 would also update the Health Care and Wellness Education and Outreach Program by including educators among those who receive materials and training. By giving primary and secondary educators the tools and training they need, we can help teachers educate children on how they can develop healthy habits.

C) Amends Insurance Law to Expand Wellness Programs

Health insurance companies in New York may establish and offer wellness programs to their subscribers.⁴² These are programs “designed to promote health and prevent disease that may

⁴⁰ New York State Public Health Law §207 – Health Care and Wellness Education and Outreach Program.

⁴¹ [New York State Public Health Law Title 8.](#)

⁴² New York State Insurance Law §3239 – Wellness Programs.

contain rewards and incentives for participation”. Wellness programs may include the following

1. Smoking Cessation Programs;
2. Weight Management Programs;
3. Stress Management Programs;
4. Worker Injury Prevention Programs;
5. Nutrition Education Programs; and
6. Health or Fitness Incentive Programs.

S. 2439 would encourage insurance companies to offer coordinated weight management, nutrition, stress management, and physical fitness programs. When it comes to obesity, each of these issues often plays a part. To make wellness programs more effective in reducing obesity it would be best to tackle them in one, complete program.

Currently, insurance companies offer a waiver or reduction in copayments, coinsurance and deductibles for preventive services; or gift cards encouraging patients to purchase products or services promoting good health. Participants can also receive full or partial reimbursement for taking part in smoking cessation or weight management programs. However, compensation is not allowed for programs that may better or more holistically address the issues surrounding obesity.

Enacting this bill into law would mean an expansion of programs able to offer rewards for participation. Insurance companies would be able to provide full or partial reimbursement for the cost of participating in stress management, health, or fitness programs. These actions will increase the opportunities for insured New Yorkers to participate in Wellness Programs that combat the high incidence of obesity.

3) S. 2372: Community Gardens Act

Access to fresh produce at a young age helps children develop healthy eating habits. Expanding the use of community gardens can help to increase the supply and decrease the cost of local fruits and vegetables. The act of growing produce in a community garden is not just a form of exercise itself, but helps individuals develop a more holistic relationship with the food that they eat by growing it themselves. The Community Gardens Act, S. 2372, amends the Agriculture and Markets Law to help facilitate the utilization and spread of community gardens.

A) Facilitate Cooperation Between All Community Garden Groups

S.2372 would empower the Office of Community Gardens to encourage contact and the sharing of resources amongst community garden groups, school garden programs and local voluntary food assistance programs (i.e. soup kitchens). These groups do not currently interact in this capacity. Further interaction between shareholders in community gardens will allow these groups to make use of surplus community garden food. In addition, increased communication will be encouraged between community garden groups, the New York Kids

Week Program and individual farm-to-school programs. Such cooperation will increase the number of successful community gardens.

Finally, the Office of Community Gardens would streamline the process of establishing a community garden by developing a single application for groups requesting a State agency or municipality for the use of certain vacant lands for community gardens. This will standardize the process of creating community gardens by establishing a single way of doing so.

B) Establish a Community Gardens Task Force

If adopted, this law would give the Commissioner of Agriculture & Markets the ability to convene a Community Gardens Task Force. Doing so would bring together the most knowledgeable minds on community gardens from relevant state agencies, local communities and private parties.

The goals of the Task Force would include:

1. Encouraging the establishment and expansion of community gardens;
2. Encouraging cooperation between the activities and operations of community gardens and donation of food to local voluntary food assistance programs; and
3. Increasing the benefits that community gardens provide to the local community they are located in.

In considering how to expand the size and number of community gardens, the Task Force could encourage further use of conservation easements to establish or protect community gardens, create mechanisms to better transfer development rights to community gardens, and increase the donation of land for these purposes. The Task Force would also be asked to consider model zoning codes, land use laws and other policies to expand community gardens.

Conclusion

The incidence of childhood obesity is a growing concern for health and economic reasons. The policy proposals here, embodied in the legislation above, attempt to better integrate current programs and laws related to combating obesity.

Legislation outlined in this report would call on:

1. [S.2438]: The Department of Agriculture and Markets and Office of Community Gardens to increase the availability and affordability of locally produced fresh produce to areas of the state with high rates of obesity. This Department of Agriculture and Markets would also be charged with working with the Department of Health to help implement DOH's Childhood Obesity Program and to work with the State Education Department to develop marketing campaigns to promote the consumption of healthful food in schools and in high-risk communities.
2. [S.2439]: The Department of Health to better inform educators on the incidence, prevention and treatment of obesity among children and adolescents by providing

targeted trainings, programs and materials. Additionally, it would call on the Department of Financial Services to expand wellness education programs that combat obesity, while increasing access to these programs for insured patients; and

3. [S.2372]: The Department of Agriculture & Markets and the Office of Community Gardens to work with local organizations on establishing more community gardens throughout New York State. Furthermore, this legislation would streamline the process of establishing a community garden by developing a single application for groups looking to use vacant land to establish community gardens. Finally, S.2372 would give the Commissioner of Agriculture & Markets the ability to convene a Community Gardens Task Force, bringing together the most knowledgeable minds on community gardens from relevant state agencies, local communities and private parties.

These bills address the obesity crisis in New York in a multifaceted way. Going forward, it remains important that New York integrate similar measures whenever possible, and act in tandem with Federal and Local governments, as well as private parties such as healthcare providers. With continued cooperation and attention to this issue, New York can be a leader in addressing this national issue.