

January 22nd, 2010

**New York State Senate Standing Committee on Health
Food Policy Meeting**

To the members of the State Senate Standing Committee on Health:

Thank you for the opportunity to address the New York State Standing Committee on Health today. We believe strongly in the mission of working to reverse the obesity epidemic and appreciate the chance to share our expertise and unique educational perspective with you. As members of the Strategic Alliance For Health, we would like to applaud NYS Senator Thomas Duane and the NYS Senate Standing Committee on Health for convening a public hearing on food policy in New York State.

While the social, economic and political implications of the obesity and overweight epidemic have been well documented, the New York City school system has yet to implement a coordinated and comprehensive program to address the unique health and wellness needs of public high school students. As representatives of partnered non-profit organizations called FoodFight and Hip4Kids, we come before the panel today to testify that the policy approaches under discussion for adoption by the New York State Senate, while significant in the battle to raise awareness of diet and its link to obesity, are not and should not be seen as a substitute for a well-designed and adequately resourced nutrition and wellness curriculum. The majority of students graduating from New York City public high schools have had no regular exposure to a health curriculum. The few health classes that are taught are often out of touch with the needs of the populations they serve and frequently gloss over nutrition and its related topics in the interests of covering issues such as teenage pregnancy, drug and alcohol abuse and anti-smoking initiatives. Other efforts, such as removing soda and candy from vending machines and offering "healthier" options in school cafeterias are temporary and extrinsic solutions that will not begin to reverse the obesity and overweight epidemic unless they are combined with a serious and radical change in students' overall eating and buying habits.

We, along with the community of health care providers, public health professionals, nutritionists and academic researchers, contend that the obesity epidemic – specifically among children and teens – is largely a result of the dependence on fast food, processed food and sugar sweetened beverages as a main source of nutrition. Research indicates that 62% of what many adolescents eat can be classified as high calorie, nutritionally deficient processed food. Therefore, an important goal of any comprehensive public health policy must be to find ways to persuade young people to eat healthier food while at the same time discouraging the promotion of unhealthy food. Unhealthy food promotion is widespread and includes advertising, marketing, pricing incentives, patterns of retail distribution, and other policies and practices that encourage consumption of nutritionally unsound food and drink. New Yorkers, along with other

New York State residents – particularly those living in low-income neighborhoods – are immersed in food environments that encourages unhealthy dietary habits. For example, fast food outlets are more common in poor neighborhoods than in wealthy ones. There are 24 fast-food establishments per 100,000 residents in East and Central Harlem compared with 8 per 100,000 residents on the wealthier Upper East Side. These fast food establishments sell high fat, calorie dense food at lower prices, making it more likely for families with limited means to choose food vendors that contribute to diabetes and obesity. Poorer neighborhoods are also faced with a lack of access to affordable fresh fruit and vegetables.

To compound the problem the food and beverage industry in the U.S. spends **10 to 12 billion dollars a year**, more than **1 million an hour**, every hour, on youth targeted marketing alone. According to a 2007 national study by the Kaiser Family Foundation, children see several thousands of food ads every year and more than 70% of these ads are for unhealthy products. The fast food and processed food industry specifically targets youth in their advertisements, and teens from low and moderate income backgrounds are susceptible because fast food is cheap, easily accessible and perceived to be a socially accepted behavioral norm. To begin to see a shift in eating and buying habits, students must be armed with the tools they need to resist the inexorable pressures applied by the food and advertising industries. They must also be given the skills to shop for and prepare simple, inexpensive and nutritionally sound food as well as be given easier access to fresh, competitively priced produce.

Nutrition education, in the few schools where it exists, has been largely ineffective because it fails to address the varied influences on eating, buying and food preparation behaviors. Requiring students to memorize the food pyramid and “eat their vegetables” implies that individual eating patterns are at the root of the obesity problem. Clearly, as the examples above illustrate, unhealthy food is easier to buy, cheaper to buy and more heavily advertised and promoted than healthy food. Obesity is not simply a problem of individual lack of will or as the processed food purveyors tell us – an issue of individual responsibility. Many factors, including but not limited to the overabundance of ubiquitously marketed processed food, converge to contribute to the epidemic. FoodFight and Hip4Kids, supported by a wide array of research findings, believe that nutrition programming must be grounded in social-ecological theory, which recognizes the nested relationships among the individual, social, institutional and political spheres of influence on consumer and dietary behaviors.

FoodFight and Hip4Kids also contend that New York City public high school students should be exposed to critical concepts of food politics, which include a more nuanced and sophisticated understanding of their roles as consumers in a complex and politically charged food system. The production, distribution and marketing of food, is subject to a host of interconnected political and legislative forces that do not have an equitable impact on all individuals. Although, a nationwide problem, poor nutrition coupled with an over-reliance on

junk food and increasingly sedentary lifestyles, has taken a disproportionate toll on African-American and Latino communities. **40% – 53% of African American and Latino children born in 2000 are expected to develop Type 2 diabetes in their lifetimes** (U.S. Dept. of Health and Human Services, 2005). Last year the government spent over **\$270 billion dollars** to address health care needs stemming from treatment of diabetes and diabetes related illnesses. The costs associated with treating such illnesses have an alarming impact on current and future Medicaid and Medicare expenses. Additionally, poor nutrition – the leading trigger for diabetes, obesity and related illnesses – is also correlated to low academic performance. Doctors and nutritionists contend that inadequate consumption of key food groups deprives children of essential nutrients necessary for optimal cognitive function. Extensive research further demonstrates a clear correlation between poor diet, inactivity and decreased academic performance (Journal of School Health 2008). Therefore, nutritional injustice should be treated as a form of educational and social injustice. The NYS Senate Standing Committee on Health should consider holding future public hearings on food policy in communities that have been disproportionately affected by obesity, diabetes and cardiovascular disease.

As long-time educators, we understand that there are significant budget, time and logistical constraints that act as deterrents against developing, funding and supporting a citywide nutrition education program. Teachers and principals are already overwhelmed with high-stakes testing requirements, a global lack of resources, over-crowding and a host of other socio-economic challenges. However, continued failure to act will result in a generation of students who may begin to close the achievement gap but will not live long enough or remain healthy enough to enjoy the fruits of their labor.

Respectfully Yours,

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