

New York City Food and Fitness Partnership Testimony on New York State Food Policy

The New York City Food and Fitness Partnership seeks to engage communities in making the healthy choice the easy choice by creating equitable access to healthy, quality, affordable foods and opportunities for active living, starting in the neighborhoods of highest need. Today we testify in support of changes in New York States laws that will help to achieve this vision. Specifically, we present our views on proposals for New York State laws to:

- (1) Require chain restaurants to post the caloric value of all items on their menus;
- (2) Prohibit restaurants from utilizing any artificial trans fats in the preparation or cooking of any food item and from serving any food containing artificial trans fats; and
- (3) Impose a tax on sweetened sodas and sports drinks.

Our main criteria for evaluating these proposals are:

- Do they make healthier food choices easier for all New Yorkers?
- Do they help to reduce the health inequities that currently burden low income and Black and Latino New Yorkers?
- Do they impose unfair costs on low income and Black and Latino New Yorkers?

Rationale for Criteria

One goal of health policy should be to make healthy choices easy choices. Currently, New Yorkers who want to eat healthy foods, especially low income and Black and Latino New Yorkers, face several obstacles. First, low income communities have more fast food restaurants and fewer super markets than better off communities.¹ Second, all New Yorkers experience a barrage of food advertising that seeks to convince them to buy food products high in calories, sugar, salt and fat and few advertisements for healthier food. Often these advertisements for unhealthy food target children and low income and Black and Latino communities.² Third, many New Yorkers lack nutrition literacy and most schools do not provide comprehensive nutrition education to all children.³ Thus, even individuals and families who want to make healthy choices face a variety of obstacles.

Public policy should also reduce the burden of health inequities. One study of New York City school children found that 31% of Latino children, 23% of Black children and 16% of White children were obese.⁴ Childhood obesity elevates the risk for diabetes and many other health conditions. Between 1990 and 2003, the death rate from diabetes in New York City rose by 71%.⁵ Black New Yorkers die from diabetes at three times the rate of white New Yorkers.⁵ Heart disease, the number one killer in New York City and State, also discriminates by income and race/ethnicity. According to the US Centers for Prevention and Disease Control, death rates for heart disease are substantially higher in Brooklyn, Bronx, Queens and Staten Island than in the rest of the nation. Low income and Black and Latino New Yorkers have higher death rates from heart disease than better off and white New Yorkers. Many factors contribute to these inequities in cardiovascular disease but diet plays an important role. Thus, assisting low income

and Black and Latino New Yorkers to choose healthier foods can play an important role in reducing these disparities.

Finally, public policies should not impose undue burdens on the most disadvantaged sectors of society.

Require chain restaurants to post the caloric value of all items on their menus

About 1/3 of the average American's calories are consumed outside the home and food consumed in restaurants is generally higher in fat and calories food eaten at home. Since many New Yorkers want to lose weight or make healthier choices, helping consumers to make informed choices could lead customers to select and consume healthier products. In addition to promoting healthier individual choices, mandatory menu labeling and caloric information encourages chain restaurants to market and develop healthier products and to reduce portion sizes. This impact of calorie labeling on the business practices of chain restaurants may be as important as the direct effect on consumer choices.

This proposal meets our first criterion of helping to make healthier choices easier by providing all customers at the point of purchase with the information they need to choose lower calorie products. While the evidence on the impact of calorie labeling is not yet conclusive, in part because mandatory calorie labeling has only recently begun, some evidence suggests it can lead customers to choose healthier products.⁶ The evidence on the impact on disparities is not yet clear. One study showed that middle-income customers were more receptive to calorie labeling than poor customers.⁷ However, since chain restaurants are often the main away-from-home-food outlets in low income neighborhoods, calorie labeling will bring special benefits to these communities. A successful calorie labeling program should be combined with public education to help residents understand the role of calories in health and disease. Finally, calorie labeling does not impose any undue burden on disadvantaged people.

Prohibit restaurants from utilizing any artificial trans fats

Trans fat increases Low Density Lipoprotein ("bad") Cholesterol (LDL), which in turn increases risk for coronary heart disease. Limiting trans fat consumption reduces risk for coronary heart disease. Currently only about one-quarter of people with high cholesterol levels have managed to control their high cholesterol. Past efforts to control high cholesterol has focused on medical treatment and patient education.⁸ New York City recently approached the problem through a more systemic way by requiring changes in restaurant food composition. In 2006, the NYCDOHMH began the process of restricting artificial trans fat. By November, 2008 trans fat use in restaurants decreased from 50 % in 2006 to 2%.⁹ Since rates of heart disease are highest in Blacks and other low income groups, restricting trans fat would especially help these populations. Since no New Yorker ever ordered trans fat from a restaurant, banning its use would not change customers' ability to choose the products they wanted. By eliminating an

artificial additive that has no known nutritional value, New York State will join the growing roster of cities and states that have banned artificial trans fat in commercial food production.

Impose a tax on sweetened sodas and sports drinks.

In the past decade, a growing body of research has demonstrated that sugar-sweetened beverages have played an important role in rising rates of excess weight gain, obesity, diabetes and heart disease.¹⁰ In light of this evidence, public health researchers and others have proposed sugar beverage taxes to decrease soda consumption and increase tax revenue.¹¹

Reducing consumption of sugar sweetened beverages would most benefit those at highest risk of obesity, diabetes and heart disease. Survey data shows that low income and Black New Yorkers consume more sugar-sweetened beverages than better off and white New Yorkers¹². Some opponents of a tax on sugar-sweetened beverages argue that such a tax would impose an unfair burden on low income residents. Supporters respond that obesity, diabetes and heart disease impose far costlier and more disproportionate burdens.

Some proponents of a sugar-sweetened beverage tax propose dedicating a portion of the revenues from the tax to subsidies of healthy food and/or nutrition education, both as ways of reducing any disproportionate impact. A 2008 New York State poll showed that 52% of New York State residents supported a soda tax while 72% stated they would support a soda tax if its revenues were used for obesity prevention and reduction efforts.¹⁰ One estimate found that a penny an ounce state excise tax on sweetened beverages would generate about \$1.2 billion in tax revenue annually.¹⁰

Conclusion

A few decades from now, scholars public health officials and citizens will ask, “When New York and the nation faced an epidemic of food-related diseases, what did public officials do to reverse these problems? When evidence showed that the children and grandchildren of those living in the first decade of the 21st century faced shorter life spans than their parents and grandparents¹³, what actions did New York City and State take to protect the health of current and future residents?”

Sadly, there is no single action New York State legislators can take to undo decades of inaction. Fortunately, however, there are a number of concrete and practical steps that public officials can take that together with other policy reforms will begin to reverse the increases in food-related diseases that now threaten New York. By requiring chain restaurants to post the caloric value of all items on their menus, by prohibiting restaurants from utilizing any artificial trans fats, and by imposing a tax on sweetened sodas and sports drinks, New York State legislators and the Governor can take concrete action to reverse increases in food-related illnesses. Special interests will of course oppose these changes, arguing as the tobacco, alcohol and other industries have done before them that the evidence for these reform is not conclusive and that it’s really a matter of individual responsibility, not government action. By standing up for health and children now, New York legislators will be able to answer their children and grandchildren who ask, What did you do to stop the most serious epidemic of the 21st century?

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