

#1

about DOH proposed amendment to Article 48

Jose V. Torres [jvtorres@stjohndivine.org]

Sent: Tuesday, July 03, 2012 6:21 PM

To: Resolution Comments

To whom it may concern,

Such a resolution is very unclear and raises a host of questions that service providers will need to monitor and answer.

While city subsidized camps may have to adhere to city policy or jeopardize their funding, why should a private camp have to adhere to a consumption policy made by the city. Parents make a financial decision to get whatever service a camp provides including the sale and or availability of sugary beverages among many other things. It is their choice. The issue for camps should be about providing other alternatives as well. It is not a camps role to suddenly change a camper drinking behavior in a few weeks. That education is up to the family. If parents are aware, why can't they make the choice to allow use of these Sugary drinks in addition to other drinking alternative?

Here are a few questions that come to mind without much thought:

What does "sugary drinks" mean. Absolutely no sugar.

Would this prohibit orange juice that is not concentrated to be given.

What about Gatorade or other sports drinks that help keep camper hydrated ?

What about beverages that are in small 6 oz. 8oz. containers but contain sugar?

Would we prohibit children from bringing their own sugary drinks to camp?

Can they purchase a sugary drink at a concession stand while on a trip.

Does this mean that snow cones, ice cream, ice pops. Italian ices, etc. are prohibited?

If a drink is frozen is that a beverage or and ice pop?

With all the hoops camps have to jump through for licensing, do we really need this?

Jose V. Torres, MS

Executive Director

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212.316.7530

From: ()
Subject: DOHMH - Comment on Proposed Rule

Below is the result of your feedback form. It was submitted by
() on Wednesday, July 4, 2012 at 10:18:25

This form resides at
http://www.nyc.gov/html/nycrules/html/proposed/comment_form.shtml?agency=DOHMH&rule=Article%2048-Summer%20Day%20Camps

Office: DOHMH

Rule: Article 48-Summer Day
Camps

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Opinion on Proposed Rule: Against

Comment: The proposed revision to Article 48 section 48.01 (Camp Nutritional Requirements) should not be adopted. While its intent is positive, its implementation will be counter-productive. Our camps already teach and promote positive nutrition and provide extensive opportunities for children to be physically active in a safe environment. Both of these elements are particularly important in communities with large proportions of poor and low-income Hispanic and African-American children. Forcing camps to police what children drink, the food and beverages they bring from home, and their access to vending machines will make camp less appealing to families. Any potential camper who is "turned-off" from camp will instead spend the summer in a less safe and stimulating environment that is likely to contain even more unhealthy food and much less physical activity. Moreover children will find ways to get around these regulations. NYC should focus its attention on providing more funding for subsidized camping and school-year after school programs. Thank you.

From: ()
Subject: DOHMH - Comment on Proposed Rule

Below is the result of your feedback form. It was submitted by
() on Sunday, July 8, 2012 at 16:43:52

This form resides at
http://www.nyc.gov/html/nycrules/html/proposed/comment_form.shtml?agency=DOHMH&rule=Article%2048-Summer%20Day%20Camps

Office: DOHMH

Rule: Article 48-Summer Day
Camps

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Opinion on Proposed Rule: For

Comment: We all know summer day
camps are SUPPOSEDLY for the ACTUAL benefit and enjoyment of our
city and nations children. SO MAKE SURE IT ALL IS ACTUALLY, NOT
SUPPOSEDLY, SO, i.e., make it happen. Thank you.



To: Rena Bryant, Office of the Secretary to the Board
Department of Health and Mental Hygiene, Board of Health

Via Email: RESOLUTIONCOMMENTS@HEALTH.NYC.GOV

From: Comments in Support from the American Cancer Society

Re: Proposed Amendment of Article 48 of the Health Code relating to
nutritional requirements at children's summer camps.

Date: July 25, 2012

More than two-thirds of Americans are overweight or obeseⁱ. The dramatic increase in obesity levels in this country is of serious concern to the American Cancer Society. Obesity, poor nutrition and lack of physical activity are second only to tobacco use as major risk factors for cancerⁱⁱ. Furthermore, obesity is responsible for about 14% of all cancer deaths in men and 20% in women. If we don't take steps to curb this epidemic, it could replace smoking as the leading cause of cancer.

Additionally, childhood obesity rates are rising. Between years 1976-1980 and 1999-2002 the prevalence of obesity among children 6 to 11 years of age more than doubled and in adolescents 12 to 19 years tripled, with increases in obesity prevalence across race, ethnicity and gender groupsⁱⁱⁱ. While obesity levels among youth overall have leveled off over the past few years, rates are still exceedingly high^{iv}. This is alarming as the increased prevalence of obesity in children and adolescents may increase incidence of cancer in the future. Because evidence shows that obesity in children is the good predictor of obesity in adults, efforts to establish a healthy body weight should begin in childhood^v.

The American Cancer Society publishes Guidelines on Nutrition and Physical Activity for Cancer Prevention^{vi}, developed by a national panel of experts in cancer research, prevention, epidemiology, public health, and policy. They represent the most current scientific evidence related to dietary and activity patterns and cancer risk. The 2012 Guidelines include the following recommendation for community action. "Public, private, and community organizations should work collaboratively at national, state, and local levels to implement policy environmental changes that:

- Increase access to affordable, healthy foods in communities, worksites, and schools, and decrease access to and marketing of foods and beverages of low nutritional value, particularly to youth.
- Provide safe, enjoyable, and accessible environments for physical activity in schools and worksites, and for transportation and recreation in communities."

We are therefore pleased to support the proposed amendment of Article 48 of the NYC health code, to establish nutritional requirements for children's camps. It makes good policy sense to ensure NYC children are afforded the same healthy food choices throughout the year, by aligning the nutrition standards for beverages at NYC camps with the nutrition standards for beverages and foods served or sold at other city childcare settings including early child care centers and school provided meals. As well, the proposed nutritional requirements to prohibit service of sugary drinks, non 100% juice, and higher fat and flavored milk; require potable water; and prohibit access to vending machines are consistent with the American Cancer Society's guidelines for consuming a healthy diet.

Enacting evidence based nutrition standards in camps and aligning those standards with other childcare settings is an important strategy to help NYC address youth obesity trends, and will help prevent us from losing a generation of kids to poor nutrition and increased cancer risk.

ⁱAmerican Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2012*. Atlanta, GA: American Cancer Society 2012.

ⁱⁱAmerican Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2012*. Atlanta, GA: American Cancer Society 2012.

ⁱⁱⁱ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2012*. Atlanta, GA: American Cancer Society 2012.

^{iv} <http://www.cdc.gov/nchs/data/databriefs/db82.pdf>

^v American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta, GA: American Cancer Society; 2012.

^{vi} Kushi KH, Doyle C, McCullough M, et al. American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Reducing the Risk of Cancer with Healthy Food Choices and Physical Activity. *CA Cancer J Clin* 2012;62:30–67.



Heart Disease and Stroke. You're the Cure.

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Testimony

**In Support of
Department of Health and Mental Hygiene
Board of Health**

Notice of Intention to Amend Article 48 of the New York City Health Code

**Submitted by:
American Heart Association / American Stroke Association**

Dr. Judith Wylie-Rosett, member of the American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity and Metabolism & Professor / Head, Health Promotion and Nutrition Research, Department of Epidemiology and Population Health, Albert Einstein College of Medicine of Yeshiva University and Montefiore Medical Center

Good afternoon. My name is Dr. Judy Wylie-Rosett and in addition to serving as the Head of the Health Promotion and Nutrition Research at Albert Einstein College of Medicine I am also a member of the American Heart Association's Nutrition Committee, part of the Council on Nutrition, Physical Activity and Metabolism. I am pleased to represent the American Heart Association /American Stroke Association at this hearing in front of the Board of Health. As I am sure you are aware, the American Heart Association is the largest volunteer-led, science-based organization dedicated to building healthier lives, free of cardiovascular diseases and stroke. As a result of this mission, the organization is greatly concerned about the effort to reduce the rates of obesity in New York City and across the country.

Our nation is facing an epidemic of obesity that threatens our long-term health and vitality. Between 60 and 70% of all Americans are labeled obese or overweight.¹ Maintaining excessive weight puts our population at risk for a multitude of health concerns including high blood pressure, diabetes, heart disease, and stroke. Consequently, as cardiovascular diseases, including heart disease and stroke remain our nation's number one source of death and disability, the American Heart Association maintains support of a comprehensive, evidence-based plan to address the multi-factorial obesity epidemic. Americans are eating larger portion sizes of high calorie, less nutrient dense foods, and are eating away from home more often. Nearly 50% of U.S. adults and 65% of adolescents do not currently get the recommended amount of physical activity each day,^{2,3} and the average American child spends over 5 hours per day watching television, on a computer or playing video games each day.⁴

The American Heart Association has a robust state and federal policy agenda to address the obesity epidemic and our 2020 goals around cardiovascular health. As part of this agenda, the American Heart Association will focus on the burden of sugar-sweetened beverage consumption and the impact they have on increased calorie consumption.

Science indicates a link between the consumption of sugar-sweetened beverages and being overweight or obese.⁵ Indeed, in 2009, I served as a co-author of the American Heart Association's scientific statement paper which clearly recommends a reduction in added-sugar intake to no more than 100 to 150 kcal/d for most Americans.⁶ In our review, between 2001 and 2004, the average intake for an individual in our country was 355 kcal/d, nearly 350% above the recommendation. This statement also outlined that sugar sweetened beverages are the leading source for added sugars in the American diet. Young people today consume 10-15% of their total calories from sugar-sweetened beverages.⁷

The AHA is steadfastly committed to translating credible and robust science into public policy solutions for public health agencies and elected officials. This reliance on evidence-based policy imposes some limitations on unilaterally endorsing policy positions in emerging areas for which the evidence of the effectiveness of such policies still may be evolving or insufficient. In such situations the AHA may refrain from taking a position on an issue but will support on a case-by-case basis pilot initiatives to gather more evidence of the impact or efficacy of new policy initiatives. For example, the AHA has recently supported such policy evaluation pilots in the areas of limiting sugar-sweetened beverage (SSB) purchases within the Supplemental Nutrition Assistance Program and the taxation of SSBs. The AHA strives to balance the need to support innovation in public policy with the responsibility to promote the adoption of proven, evidence-based policy solutions to combat problems such as the obesity epidemic⁸.

Given this, the AHA believes that it is important to determine whether limiting the serving size of beverages sold changes consumer behavior, lowers the consumption of SSB's and ultimately reduces the prevalence of obesity. We support the adoption of the Health Department's proposal by the NYC Board of Health as a policy demonstration project contingent upon the inclusion of a robust evaluation of the initiative to assess the health impact and determine industry response to the policy implementation. This evaluation must be conducted by a reputable and credible third party to ensure objectivity. Measured outcomes must include, at a minimum, consumer consumption trends for SSBs, changes in the prevalence of obesity, calorie intake across the population, and the impact on diet quality. Each of these measured outcomes should be stratified by age, ethnicity, and socioeconomic status. The evaluation should also include assessing FSE and the beverage industry responses and adjusted retail practices as a result of the initiative. Some of these measures would be short-term or interim and others (esp. obesity prevalence) would be longer term. Additional health outcomes to measure might include dental health and the prevalence of diabetes. The AHA is not endorsing, encouraging or supporting the widespread adoption of similar maximum size restrictions for sugary beverages in regulated food service establishments until such time as the initiative has been evaluated in NYC.

We look forward to working with the City of New York to continue their focus on this and other policy proposals addressing the obesity epidemic in our region.

¹ American Heart Association. *Heart Disease and Stroke Statistics – 2012 Update*. A Report from the American Heart Association. *Circulation*. December 16, 2011

² *The Obesity Epidemic and United States Students*. Issue brief. 2007. U.S. Department of Health and Human Services. 21 May 2009. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_obesity.pdf.

³ CDC. Behavioral Risk Factor Surveillance System. 2009.

⁴ Generation M: Media in the Lives of 8–18 Year Olds. Menlo Park, Calif.: Kaiser Family Foundation, 2005

⁵ Ludwig DS, Peterson KE, Gortmaker SL. Relationship between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet* 2001;357:505-508.

Ludwig DS, Peterson KE, Gortmaker SL. Relationship between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet* 2001;357:505-508. n, Physical Activity and Metabolism and the Council on Epidemiology and Prevention. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009; 120: 1011-1020

⁷ Wang YC, Bleich SN, Gortmaker SL. Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. *Pediatrics*. 2008. 121:e1604-e1614.

⁸ Goldstein LB, Whitsel LP, Meltzer N, Schoeberl M, Birnbaum J, Nelson S, Gardner T, Yancy CW, Gibbons RJ, Sacco RL, Hiratzka L. American Heart Association and non-profit advocacy: past, present, and future. *Circulation*. January 18, 2011.