Testimony

of

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before the

New York City Council Committee on Health

on

Intro 5, Intro 1064-A, Intro 1326 and Intro 1361

February 25, 2019
250 Broadway, 16th Floor
New York City
Good afternoon Chair Levine and members of the Committee. I am Kim Kessler, Assistant Commissioner for the Bureau of Chronic Disease Prevention and Tobacco Control at the New York City Department of Health and Mental Hygiene. I am joined by Sarah Shih, Assistant Commissioner of the Primary Care Information Project. On behalf of Commissioner Barbot, thank you for the opportunity to testify today on the proposed legislation, which would require healthy drink options for children’s meals, create a warning for foods in restaurants that are high in added sugar, require restaurants to post signage about the risks of sugars and other carbohydrates, and require the Department to report data about New Yorkers with diabetes.

The mission of the Health Department is to improve and protect the health of all New York City residents and promote health equity. Obesity and other diet-related diseases – including type 2 diabetes and heart disease – are significant health problems in New York City, and disproportionately affect Black, Latino and poor New Yorkers. New York City has implemented numerous programs, policies, and initiatives to improve the health of New Yorkers, yet unacceptable inequities, avoidable and unjust differences in health outcomes, remain. In New York City in 2017, over 34 percent of Black adults and 33 percent of Latino adults were obese, compared to 19 percent of white adults. Fifteen percent of Black adults and 16 percent of Latino adults had diabetes, compared to 7 percent of white adults. And diabetes rates are increasing in New York City and across the country; since 2002 adult prevalence of diabetes in New York City has increased by over 40 percent.

Continued efforts to address these chronic conditions are needed, and pursuing these efforts is a top priority for the Department. Diet is a key risk factor for poor health outcomes yet New Yorkers face a difficult environment when trying to make healthy choices – foods high in salt and sugar are widely available, heavily promoted, and often offered in large portions. In the face of this landscape, we have many strategies to increase availability, access, and awareness of healthy food, promote active living, and decrease consumption of foods high in salt and sugar. For example, in 2017 we distributed over $1 million worth of fruit and vegetables via Health Bucks, helping to put fresh-locally-grown produce into the hands of thousands of low-income New Yorkers. The Health Department also provides nutrition education in many settings across the city – including child care centers – through programs like ‘Eat Well, Play Hard’, which alone has reached over 85,000 children, parents, and staff since its inception in 2008. We have also produced media campaigns that call attention to the aggressive marketing practices of the food industry,
highlight the importance of family support in making healthy lifestyle changes, and urge New Yorkers to make healthy choices like avoiding sugary drinks and choosing fruits and vegetables more often. The Department’s strategies are aimed at addressing multiple aspects of the food system, from production to consumption, with initiatives that target food industry practices as well as individual behaviors.

The Department’s actions that reduce the prevalence and impact of diabetes are similarly comprehensive. We focus on prevention and address diabetes, obesity and related chronic disease at many stages, from Baby-Friendly Hospitals and breastfeeding empowerment programs to nutrition standards in community- and faith-based organizations, childcare centers and public schools to discouraging the consumption of sugary drinks across the population. We also work with both clinical and community-based partners to increase the availability of National Diabetes Prevention Program (NDPP) in the neighborhoods with high rates of obesity and chronic disease in the City. The Health Department has added over 140 NDPP workshops over the past 4 years, focusing on communities with the worst public health outcomes.

Reducing consumption of sugary drinks is a top priority of the Department and relevant to the bills we are discussing today. Not only are sugary drinks heavily marketed to youth, low-income neighborhoods and communities of color, they are also linked to serious health risks including weight gain, heart disease and type 2 diabetes. Actions that reduce sugary drink consumption also create opportunities to address racial and ethnic health inequities in these diet-related diseases.

I thank the Council for recognizing these issues, and Chair Levine and Councilmembers Kallos, Espinal, Ayala, Rose and Barron for sponsoring these pieces of legislation.

**Intros 5, 1064-A, 1326 and 1361**

I would now like to turn to the bills under consideration today. Intro 1064-A would remove sugary drinks as the default beverage option for children’s meals offered at certain food service establishments. Improving beverage options in children’s meals is important, and we always recommend water and unflavored, unsweetened milk or milk alternatives as the best beverage options for your health. The Administration supports this bill. This will shift norms about these beverages and creates an opportunity to reduce sugary drink consumption among youth. This is especially important since just one sugary drink serving can
contain more calories from added sugars than a child’s recommend daily limit. Of note, sugary drink consumption is especially concerning in our youngest New Yorkers. In 2015, nearly a quarter of New York City children ages 0-5 consumed one or more sugary drinks daily and, within this same age range, Black and Latino children were significantly more likely to drink sugary drinks daily than white children. These differences in consumption are mirrored in our adult populations and demonstrate it is never too early to send strong messages about the importance of avoiding sugary drinks. We would like to propose some edits for enforcement purposes, and recommend limiting flavored milk to 130 calories, which aligns with the NYC Food Standards. We look forward to working with Council to make this important change in the food environment for children.

Intro 1326 would require certain food service establishments to post a warning label and icon for menu items that contain more than 12 grams of added sugars. We thank the Council for raising this important topic and highlighting the impact added sugars can have on our health. Sugary drinks are the largest single source of added sugar in our diets, and nearly half of added sugar consumed by children and teens comes from these beverages. We look forward to speaking further with Council about the feasibility of implementing this policy.

Intro 5 would require certain food service establishments to display an informational poster about the risks of excessive sugar and other carbohydrate intake for diabetic and pre-diabetic individuals. We appreciate the intent of this bill to address this disease on a population level by providing information to consumers, and we agree that restaurants are an important place for approaches to address public health, including through health warnings. For people living with diabetes and pre-diabetes, diet is a key component of the individualized care plan. However, because there is no one-size-fits-all dietary recommendation for all people with diabetes and pre-diabetes, crafting a poster that provides sufficiently tailored information on a complex topic could present challenges. We also note that experts recommend that nutrition labels be simple and easy to understand, requiring no specific or sophisticated nutritional knowledge; however, the proposed signage may not provide actionable information to consumers as it does not link health messaging to specific menu items. We look forward to discussing this bill further.

Intro 1361 would require the Department to report on a variety of diabetes-related health problems, disaggregated by various demographics and issue recommendations for reducing the public health impact of diabetes. The Administration supports this bill; we understand the
importance of being able to track progress in order to understand the factors associated with these complications and develop policies and programs to move the needle in the right direction. The Department has access to a variety of data sources, including our own robust A1C Registry, Vital Statistics data and Community Health Survey results, as well as the State Health Department’s Statewide Planning and Research Cooperative System (or SPARCS) data set and the United States Renal Data System. While the available data does not cover all of the indicators requested in the bill, we look forward to working with Council to develop a report based on available data that provides a comprehensive picture of diabetes and its health impacts in New York City.

Thank you for the opportunity to testify. We are happy to answer questions.