

Testimony

Hearing on New York State Food and Nutrition Policy

**New York State Assembly Task Force on Food, Farm, and Nutrition
Policy**

Chair, Assemblyman Felix W. Ortiz

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**25 Roosevelt Hearing Room C
Legislative Office Building, Second Floor
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Introductions

Good afternoon. I wish to thank the task force for this opportunity to provide testimony in this hearing on New York State's food and nutrition policy.

Background

I am Charmaine Ruddock, the Project Director of Bronx Health REACH, a coalition of 40 community and faith based organizations in the southwest Bronx led by the Institute for Urban Family Health. Our focus is the elimination of racial and ethnic disparities in health outcomes. Much of our work in the community has focused on diabetes, which disproportionately impacts Bronx residents for a number of reasons, including access to health information, access to healthy lifestyle choices and access to health care. In a 2002 community health survey done by the New York City Department of Health, 27 % of the population of the South Bronx was obese and almost 14% had diabetes.

The work of the Coalition has involved multiple focus groups with community residents to determine the obstacles they encounter in getting good health care. The findings were used to develop community-based initiatives on nutrition, fitness, and diabetes education among others. Specifically, there is a Grocer/Bodega Outreach and Education initiative; a Faith-based Culinary initiative; a Restaurant Outreach program; and, after-school and school-based nutrition education programs. Finally, recognizing that an integral component to effecting the needed change would be through legislative and regulatory changes, the Coalition developed a legislative agenda to address the barriers to good health that people experience.

The Coalition's community activities around nutrition and fitness have revealed that there needs to be a coordinated and concerted public policy effort that would involve the following:

1. ***School based interventions***, including:
 - Eliminating junk food (candy, high fat snacks and high sugar drinks) from vending machines.
 - Establishing and enforcing nutritional standards for school meals.
 - Banning unhealthy snacks for classroom events
 - Incorporating a nutrition curricula in schools and after-school programs in which children are taught to read food labels, the how-to of constructing healthy meals and the consequences of obesity on their health.

Bronx Health REACH has successfully run an after-school nutrition program at MARC after school program for more than 70 children. However, to replicate this in other schools has been problematic because of a lack of resources. Also, though our Healthy Hearts

program successfully mounted a 1% or less milk campaign, it was done in only three (3) schools. Again, lack of funding made it impossible to do it in greater numbers. It is important to note here, that while this hearing is specifically focused on food and nutrition, any school-based intervention must include a renewed emphasis on physical education in school at every level.

2. **Advertising snacks and other foods to children** - Bronx Health REACH advocates for legislative bans on the advertising of unhealthy snacks, candy and soda from children focused television programming.
3. **Obesity Treatment Programs** - Provide Government support through Medicaid and Medicare reimbursement policies for evidenced based obesity treatment and prevention programs that produce long term results
4. **Requiring restaurants to list the nutrition content of their food on their menus** – First affected will be the franchised chains but eventually it should be the standard for all restaurants. Ruby Tuesdays – a chain of about 600 restaurants nationally already does this and so does TGI Fridays. When you see that a slab of ribs meal is 1450 calories, 90 grams of fat and 75 grams of carbohydrates – the effect of that menu choice with its nutrition information printed below the picture is one that then becomes much less appealing. Bronx Health REACH through its Healthy Hearts program has been working with six neighborhood restaurants to modify menu items and to include and promote more healthy dishes on their menu.
5. **Raising the necessary funds to mount an effective public health nutrition education campaign** – Impose a tax on high fat, high sugar food as a means of discouraging their purchase. Use the funds received from the tax to fund anti-obesity campaigns. In 1998, the food industry spent \$22 billion on advertising. McDonalds alone spent \$1 billion. In that same year, the National Cancer Institute spent only \$1million on its 5-a-day campaign to increase fruit and vegetable consumption.

Closing

In conclusion, let me say that we have a long struggle ahead of us. Racial and ethnic health disparities will widen and worsen with the increasing obesity epidemic. Communities of color with the fewest resources will be the hardest hit. While there are multiple efforts underway (many successful), in the affected communities to combat this epidemic, for the most part, they are very small, isolated, and gravely underfunded. A coordinated, comprehensive and overarching State food and nutrition policy with resources is vitally necessary. It should be one informed by, responsive to and, respectful of the community.

