

**Testimony  
of  
Michelle Morse, M.D, MPH  
Acting Health Commissioner  
New York City Department of Health and Mental Hygiene  
before the  
New York City Council Committee on Health  
on  
The Inaugural Year of HealthyNYC**

**December 2, 2024  
City Hall  
New York, NY**

Good morning, Chair Schulman and members of the Committee. I am Dr. Michelle Morse, Acting Health Commissioner and Chief Medical Officer at the New York City Department of Health and Mental Hygiene. I am joined today by Gretchen Van Wye, Assistant Commissioner in the Bureau of Vital Statistics; Carolyn Olson, Assistant Commissioner in the Bureau of Environmental Surveillance and Policy; and Elizabeth Solomon, Executive Director, Nutrition Policy and Programs. Thank you all for the opportunity to testify today on HealthyNYC, our campaign for healthier, longer lives.

In November 2023, we launched HealthyNYC *not* as a singular Health Department initiative, but as an overarching framework for how New York City should approach public health. Every piece of our work at the Health Department—and work beyond this agency—is in pursuit of a larger, shared goal.

The increase in life expectancy you see between 2021 and 2022 largely reflects the impact of controlling the COVID-19 pandemic. Our citywide emergency response proved that public health works when there are significant investments and a whole of government response, and HealthyNYC builds on that success. This *is* public health at work!

We've set out to raise the life expectancy of our city to its highest-ever level: 83 years by 2030. To achieve that overarching goal, HealthyNYC sets ambitious targets to address the greatest drivers of premature death, including chronic and diet-related diseases, screenable cancers, overdose, suicide, maternal mortality, violence, and COVID-19.

As Acting Commissioner and a practicing physician at H+H Kings County, I have seen first-hand how these drivers impact New Yorkers—they degrade our health and shorten out lifespans. We are excited to discuss our activities over the last year with you, including the release of our latest datasets, which we announced at our recent HealthyNYC Symposium.

I also want to express my gratitude to Speaker Adams, Chair Schulman, and all the members of the City Council who voted to make HealthyNYC a local law. From its inception, HealthyNYC was designed to be an evolving project. By codifying this work, you all helped ensure that we continue to reevaluate our goals and approaches in accordance with the latest data. You also helped preserve HealthyNYC as a permanent part of the architecture of this city, regardless of changes in administrations and commissioners alike. We appreciate your commitment to this endeavor. Thank you for working with us to accomplish this goal.

By adopting the goal of raising our city's life expectancy, we've committed ourselves to improving a critical measure of our society's progress.

We are part of a field that has dramatically remade human history. Public health has proven its value time and again. Through improvements in sanitation, water infrastructure, and vaccinations, we've been able to extend life expectancy in our city and our country by several decades over the course of history.

It's time to take another leap forward.

We're coming off the heels of a pandemic that took years off our lives—in New York City in particular, life expectancy dropped by nearly five years in 2020. We needed to recover the years we lost and extend life expectancy, which had stagnated for nearly a decade before the pandemic.

The New York City Health Department is the oldest and largest Health Department in the country. We have a staff of more than 7,000 people, and we possess both deep public health expertise *and* a clear

commitment to racial equity. The latter has been notably absent from major public health advancements over the course of our history.

For instance, reliable access to clean drinking water helped dramatically increase national life expectancy. But access to that water was not—and still is not—shared equitably. Most places you look—in education, housing, and beyond—outcomes across our society are stratified by race and wealth.

*This time*, as we set out to improve life expectancy, we've resolved to interrupt a long, historical pattern of indifference toward racial inequities and unfair access to life-saving interventions.

That commitment to health equity undergirds HealthyNYC. We are determined to drive our resources toward communities with the most unfair health outcomes—in other words, communities who have experienced disinvestment and who stand to benefit from this work the most.

To that end, we've structured our work around three distinct pillars. The first is our public campaign, which aims to educate New Yorkers about our work and the resources available to them. The second is our commitment to bring together experts and stakeholders from often-siloed sectors—be that public and private, community and government, or public health and clinical care. The last pillar is our recognition that none of this work matters unless we change the way we focus our resources. We're working to ensure that public health interventions with proven success continue to make an impact.

The foundation that unifies all three of these pillars is *equity*. We're determined to create and implement targeted health interventions that address the centuries of disinvestment responsible for inequitable health outcomes.

In our first year, we've made remarkable progress.

We launched our HealthyNYC partner program to bring in a diverse set of stakeholders from clinical care, academia, and the private sector. HealthyNYC partners formally join our cause for healthier, longer lives. They help publicize our campaign, contribute to one or more of our goals in their own work, and lend their resources to these efforts.

We also developed seven strategy maps to align with each of our HealthyNYC goals. Our strategy maps identify the most effective health interventions for each mortality driver and name the stakeholders—including healthcare systems, policymakers, and community-based organizations—that are best positioned to carry out those interventions. They serve as a guide for both the Health Department and our broader network of partners as we continue to work towards our goals.

The strategy maps complement topic-specific plans and reports that the Health Department has issued in recent years that outline strategies and recommendations. Those include Care, Community Action: A Mental Health Plan for NYC, released in 2023; the Maternal Mortality Review Committee's report on Pregnancy-Associated Mortality in New York for the years 2016-2020, which was released in September of this year; and a forthcoming report on chronic disease that we plan to issue in early 2025.

Lastly, we've announced our partnership with the Institute for Healthcare Improvement to launch three Improvement Collaboratives over the next two years. These Improvement Collaboratives focus on behavioral health, preventative health, and maternal mortality. Each one will bring together relevant stakeholders to create and implement a path forward for better health outcomes in their area of focus.

While we are currently in the planning stages of this work, these Collaboratives will launch in the spring of 2025.

As we continue to refine our work and launch new programs, we need a clear picture of health in New York City in as close to real time as possible. That leads me to the reason we're all here today: the release of our 2022 data.

I'd like to preface these data by clarifying that this is our most recent set of numbers from 2022, and we launched HealthyNYC in November of 2023.

We can't attribute these numbers—for better or worse—to this campaign just yet. But what they offer instead is a clearer picture of the state of our city. They provide us with crucial guidance and insight on how we might refine our focus moving forward.

There are a few trends I'd like to highlight today.

The first is our overall progress toward higher life expectancy. We are on track to meet or exceed our goal of raising New Yorkers' life expectancy to at least 83 years by 2030.

Life expectancy at birth in 2022 rose to 81.5 years. That's up by almost a year from 80.7 in 2021—but it's still about a year below the pre-pandemic level in 2019. As a city, we're moving in the right direction—but even as we gain back some of the time we lost in the pandemic, we've maintained the pre-existing inequities in lifespan.

Black communities die younger than their white, Hispanic, and Asian neighbors. These data reveal that despite citywide gains, Black New Yorkers are dying more than five years earlier than white New Yorkers.

I also want to acknowledge that New York City is home to the largest urban population of people identifying as Natives, First Nations, and Indigenous peoples of the Americas in the United States. That group constitutes about 118,000 people, which is 1.3 percent of our city's population. They are not reflected in HealthyNYC due to the size of the population and the smaller number of deaths, which make one-year statistical estimates unreliable.

Now, I'd like to parse out what's driving both the increase in life expectancy and the persistence of racial inequity.

Let's start with the good news: we're gaining back years largely because COVID-19-related mortality has dropped so dramatically in recent years. From 2021 to 2022, we saw a 48 percent decrease in the COVID-19 death rate. We're well on our way to surpass our goal of a 60 percent decrease by 2030. That drop is in and of itself an enormous victory. But what stands out to me is that overall numbers have declined *and* the gaps between racial groups have narrowed significantly.

At the height of the pandemic, there was massive racial inequity in COVID-19-related deaths. In 2020, Black and Hispanic New Yorkers were dying at twice the rate of white New Yorkers. In 2022, COVID-19 mortality was 1.2 times higher among Black residents than their white and Hispanic counterparts. While health outcomes are still not equitable, that's a meaningful improvement. Racial inequity in COVID-19 deaths is now significantly less than it is among our other major mortality drivers.

COVID-19 is our proof point that we can make meaningful and rapid change when we have the political will to take a cross-sector approach to public health and can invest the resources needed in priority communities—all part of operationalizing equity.

There are other areas, however, that are slower to progress. We did not see a statistically significant change—citywide or in terms of racial inequities—in the death rates for heart- and diabetes-related diseases, which remain the leading cause of death in our city. We will continue to monitor these numbers closely and prioritize our health interventions in that arena.

Our 2022 data also revealed some areas where death rates are climbing.

Overdose deaths more than doubled from 2019 to 2022—and that uptick has been especially steep for Black and Hispanic New Yorkers. To me, what puts the gravity of this trend into perspective is just how much overdoses have climbed the ranks. In the last decade or so, they have become a leading cause of death in New York City.

In 2010, overdoses were the 10<sup>th</sup> leading cause of death in New York. In 2020, they were the sixth. And in 2022, they ranked *fourth*. We are facing a crisis that has dramatically worsened in recent years, especially among Black and Hispanic communities.

The increased isolation imposed by the pandemic and the influx of often-undetected fentanyl in the drug supply have had devastating effects across our city. More than 80 percent of fatal overdoses involved fentanyl in 2022.

The racial inequities in these deaths are a clear consequence of long-term community disinvestment and structural racism. While our overdose prevention efforts are citywide, they focus on the communities with the highest need. We are working to make naloxone and fentanyl test strips widely available, strengthen our harm reduction programs, and partner with community-based organizations in high-need areas to support the full continuum of care.

Perhaps the most important thing these data can show us are the pain points of our city's health. The numbers illuminate the issues and communities we owe our care, our attention, and our resources. It's up to us to listen and act.

As we enter the second year of HealthyNYC, our charge is clear. While we work to give all New Yorkers more time, we can't lose sight of the reality that we're facing deep inequities in longevity—who lives, and who dies. There is no more valuable currency than time, and in turn, there is no greater injustice.

HealthyNYC is working just as it was intended to: the data we're collecting offers insight for how we can better tailor our work to the needs of the city we all serve. I am so proud of this work—particularly the gains in life expectancy we made as a result of our whole of government response to the COVID-19 pandemic—and I believe wholeheartedly in our potential.

We owe it to New York—and to Black New Yorkers in particular—to do everything we can to give them more time with the people they love. We look forward to working with Council as we continue this work. Thank you for your ongoing partnership.

I will now turn to the legislation attached to this hearing.

First, I'll address Int. 641, which relates to nutritional standards and beverage options for children's meals served in food establishments. The Health Department consistently supports efforts to promote healthy

eating and we appreciate the intent of this bill. As this bill is currently written, restaurants would not be able to comply with the terms of the proposed legislation and the Health Department would be unable to enforce it. We look forward to continuing the conversation with the Council on this legislation.

I would also like to address Int. 1047, which relates to establishing a sleep apnea screening pilot program and public education and outreach campaign. The Health Department does not provide care that requires specialized, repeat visits to clinical healthcare facilities and is therefore unable to stand up this type of programming. Our colleagues at H+H have submitted written testimony on their sleep apnea program.

Thank you for the opportunity to testify today. I'm happy to answer any questions.



**New York City Council Hearing**

**Committee on Health**

**Written Testimony**

**NYC Health + Hospitals**

**December 2, 2024**

NYC Health + Hospital (H+H) recognizes the ways in which difficulty sleeping is disruptive to well-being, that is why it operates sleep lab facilities at 5 of its hospitals. These labs deliver high-quality, comprehensive sleep disorder care integrated with social supports to help New Yorkers get the sleep they need. For patients seeking treatment at one of H+H's sleep disorder labs, services include onsite sleep monitoring, use of sleep technology, recording of breathing, brainwaves, and movement, a sleep score, diagnosis, and treatment options. Patients are assessed for risk factors such as obesity, large neck circumference, narrow airways, chronic nasal congestion, and smoking. Patients evaluated through this Sleep Medicine program are assessed across the full spectrum of sleep disorders by board certified Sleep Medicine physicians and residents/fellows in the clinic. Providers not only support patients through diagnosis and treatment but also assist with any technical or medical concerns related to their care. The clinic serves all patients, regardless of insurance status or ability to pay.





December 2, 2024

Dear Chair Schulman and Members of the Council Committee on Health,

On behalf of the American Heart Association, thank you for the opportunity to provide testimony on the oversight of Healthy NYC and our support of INT-0641.

Childhood obesity in the United States remains high, and recent findings show that nearly 40% of New York City public school children in grades K-8 are overweight or obese. According to Health Department data, the rate of obesity among Black students is about 65% greater than among White students. Among Latino students, the rate is 97% greater than among White students.<sup>1</sup>

85% of U.S. households eat out on average about five times a week.<sup>2</sup> When kids and teens eat out, they consume more calories than when they eat non-restaurant food.<sup>3</sup> Studies also show that restaurants can offer a healthier kids' menu without losing revenue.<sup>4</sup>

INT-0641 would set nutrition standards for at least 2 children's meals at city restaurants. These nutrition standards limit sodium, calories, sugar, and saturated and trans fats. This bill would also remove flavored milk as a beverage that can be offered with a children's meal at a restaurant and would reduce the serving size of juice offered with a children's meal.

INT-0641 has an overwhelming amount of support from New Yorkers, including a supermajority of the New York City Council. A poll commissioned by the Center for Science in the Public Interest (CSPI), highlighted that 84% of New Yorkers are supportive of a policy that would set a requirement for 2 children's meals to meet nutrition standards<sup>5</sup>. There are

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<sup>1</sup> NYC Department of Health. (2019, February 06). Retrieved from Department of Health : <https://www.nyc.gov/site/doh/about/press/pr2019/pediatric-obesity-outreach-campaign.page#:~:text=overweight%20and%20obesity.-,Nearly%2040%20percent%20of%20New%20York%20City%20public%20school%20children,greater%20than%20among%20White%20students.>

<sup>2</sup> Todd JE, Scharadin B; U.S. Department of Agriculture, Economic Research Service. Where Households Get Food in a Typical Week: Findings from USDA's FoodAps. Published July 2016. <https://www.ers.usda.gov/webdocs/publications/80542/eib-156.pdf?v=42663>. Accessed July 30, 2018.

<sup>3</sup> Powell LM, Nguyen BT. Fast-food and full-service restaurant consumption among children and adolescents: effect on energy, beverage, and nutrient intake. *JAMA Pediatr.* 2013; 167(1):14-20, doi: 10.1001/jamapediatrics.2013.417.

<sup>4</sup> Anzman-Frasca S, Mueller MP, Lynskey VM, Harellick L, Economos CD. Orders of healthier children's items remain high more than two years after menu changes at a regional restaurant chain. *Health Aff.* 2015; 34(11):1885-92, doi: 10.1377/hlthaff.2015.0651.

<sup>5</sup> <https://www.cspinet.org/sites/default/files/2024-05/NYC%20Polling%20Factsheet%202024.pdf>  
*Center for Science in the Public Interest*. (2024). Retrieved from <https://www.cspinet.org/sites/default/files/2024-05/NYC%20Polling%20Factsheet%202024.pdf>



also over 110 organizations representing public health, neighborhood non-profits, restaurants, and faith-based organizations who have signed-on to support INT-0641. The American Heart Association is proud to join with the majority of City Council and thousands of New Yorkers who are in support of INT-0641 to ensure that the healthier choice can be made easier when families are eating out at restaurants.

In addition to our support for INT-0641, we are a proud Healthy NYC partner. As you have heard, Healthy NYC is the City's vision for how to improve life expectancy and create a healthier city for all. Together we can ensure all New Yorkers are able to realize their full health potential, regardless of who they are, where they are from, and where they live.

Overall deaths from cardiometabolic conditions, including cardiovascular disease and diabetes-related disease, have stayed level at about 21,000 per year after a sharp rise in 2020 to 26,088. There is also a disparity in these deaths among race and ethnicity in NYC when data are shown separately across groups, with Black New Yorkers having the highest rate of deaths related to heart disease and diabetes<sup>6</sup>.

The American Heart Association is committed to our collaborative work with the Department of Health & Mental Hygiene (DOHMH). Since the launch of Healthy NYC, we have worked closely with community and clinical partners to help achieve the initiative's goal to improve life expectancy. We look forward to the action steps identified by Healthy NYC to increase access to healthy foods, reduce sugar and sodium in our food, and reduce tobacco and vaping use.

On behalf of the American Heart Association, thank you to Chair Schulman and the Committee on Health for the opportunity to testify today. The American Heart Association looks forward to working with the DOHMH to meet the goals of Healthy NYC and continues to be supportive of INT-0641.

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<sup>6</sup>Healthy NYC. (n.d.). Retrieved from <https://www.nyc.gov/assets/doh/downloads/pdf/about/healthynyc.pdf>



## Regarding Intro 641

Good morning. My name is Kathleen Irwin, and I am the NYC Government Affairs Manager for the New York State Restaurant Association (NYSRA). We are a trade association representing food and beverage establishments in New York City and State. We are the largest hospitality trade association in the State, and we have advocated on behalf of our members for over 85 years. Our association represents both independent restaurants and larger restaurant groups alike.

We recognize that restaurants make up an important part of the food landscape in New York City, and as such, have become a frontier for many of the nutrition-based proposals that City Council has developed in recent years. We have calorie listings, sodium warning labels, and most recently, added sugar warning labels, to name a few. Intro 641 builds upon Local Law 75 of 2019, which restricted the beverages that could be advertised as default beverages with children's meals. Due to the relatively broad selection of approved beverages, and the fact that any beverage could be substituted upon request, NYSRA did not oppose Local Law 75 of 2019 during its legislative process. For the same reason – particularly the ability to substitute other beverages upon request – NYSRA does not take issue with the provision of Intro 641 that would further restrict default beverages in children's meals.

Importantly, Local Law 75 of 2019 did not require the children's menu at restaurants to bundle food and beverage; it simply required that when drinks *are* part of a children's meal, only certain beverages can be defaults. **I want to highlight this difference between what kinds of item *can* be defaults in a children's combo meal – as Local Law 75 of 2019 did – and the city requiring any restaurant with a children's menu to serve nutritionally-specific combo children's meals– as Intro 641 appears to do.** The parameters of Intro 641 that govern what will qualify for restaurants' two "healthy" children's menu listings assume that combo children's meals are part of the restaurant's offerings. These two healthy offerings must both:

Contain servings of at least 2 of the following, at least 1 of which shall comply with subparagraph (a) or (b):

(a) At least one half cup of fruit, or a serving of fruit juice that complies with paragraph 3 of subdivision b of this section; (b) At least one half cup of vegetables; (c) At least one half cup of nonfat or low-fat yogurt or a beverage that complies with paragraph 2 of subdivision b of this section; (d) At least 1 ounce of meat, meat alternative, or other protein, including poultry, seafood, eggs, pulses, soy products, nuts and seeds; or (e) A whole grain product that contains at least 8 grams of whole grains and also: (1) Lists whole grain as the first ingredient; (2) Contains at least 50 percent whole grains by weight of the product; or (3) Contains at least 50 percent whole grains by weight of the grains.

While some restaurants do structure their children's menu with combo meals, many others list individual food items only. The definition of children's meal includes both of these scenarios: "Children's meal. The term "children's meal" means a food or combination of food items listed on a menu or menu board and intended for consumption by children to which the presumption described in subdivision [e] g attaches." However, the requirements of the healthy offerings go farther, and even if a restaurant has a children's menu with no combo meals – ie. not bundled with drinks or sides, but each menu item listed separately – they would very likely have to introduce combo meals to comply with the parameters of the two healthy offerings. This is meaningful especially for small, independent restaurants, which would be covered by this legislation, and for whom menu changes are burdensome and costly.

Furthermore, by requiring any food service establishment with a children's menu to provide two healthy food options, the city would unintentionally impact establishments that are regulated by DOHMH letter grading but do not serve the kind of food this Intro requires at all: dessert shops, ice cream parlors, etc. often offer "kiddie" or "junior" options, which would definitionally mean they have a children's menu. Surely these establishments should not be expected to offer healthy children's dinners as well?

**The issue with the second provision of Intro 641 is that it is a mandate to serve specific foods that is both too proscriptive in form and too broad in coverage.** We understand the intention to help children and families notice and understand which options are healthiest for them. Perhaps, to that end, when children's meals meet the parameters for "healthy" options, the city could introduce a well-recognized indicator for those healthy choices. When restaurants choose to offer these combo meals, they would be able to proudly display an indicator that the meals are healthy. But restaurants should not be forced to re-work the entire structure of their children's menu – or stray wildly from their niche food offering – to comply with Intro 641 as written.

We know that healthy eating, especially for children, is very important to this Council, and we hope that the logistical and practical issues raised today can be resolved before a final version of Intro 641 is passed. Thank you for taking our feedback into consideration, and as always we intend to be a partner to the Council in reaching healthy eating goals in a way that makes sense for restaurants.

Respectfully Submitted,

Kathleen Reilly Irwin

NYC Government Affairs Manager

New York State Restaurant Association

401 New Karner Road

Albany, New York 12205

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**December 2, 2024**

**Testimony of Sandra Jaquez  
President**

**New York State Latino Restaurant Bar & Lounge Association (NYSLRBLA)**

*Before the*

**New York City Council Committee on Health**

*Regarding*

**Int 641 - Children's Menu Nutrition Standards**

Thank you, Chair Schulman and members of the Committee, for the opportunity to provide testimony. My name is Sandra Jaquez, and I am the President of the New York State Latino Restaurant Bar & Lounge Association (NYSLRBLA). Our association represents hundreds of small, Hispanic- and minority-owned restaurants and nightlife establishments across New York City.

We appreciate the Council's commitment to promoting healthier dietary options for children. However, we are concerned that Int 641, as currently written, would impose significant financial and operational burdens on small businesses, particularly those in underserved and diverse communities.

This legislation requires children's menus to include at least two meals meeting new nutrition standards, limits flavored milk, and restricts juice portion sizes. While well-intentioned, these mandates create challenges for small, independently owned restaurants. Unlike large chains with robust menu development teams, our members—mostly family-owned businesses—lack the resources to frequently revise menus or monitor compliance with complex requirements.

For many, implementing these changes would be costly and logistically difficult, potentially forcing them to eliminate children's menus altogether. This could reduce affordable dining options for families, making it harder for them to enjoy meals out with their children.

At a time when small businesses are already navigating significant financial and regulatory pressures, Int 641 adds another layer of complexity. We respectfully urge the Council to carefully weigh the impact of this legislation on small, local establishments and consider alternative approaches that balance public health goals with the sustainability of small businesses.

Thank you for the opportunity to share our perspective. We hope to collaborate on solutions that support both healthier outcomes for children and the viability of small businesses in our city.



# Obras de Fe y Justicia de la Altagracia

Altagracia Faith and Justice Works  
439 W. 204<sup>th</sup> Street  
New York, NY 10034

December 2, 2024

New York City Council  
36 Chambers St  
New York, NY 10007-1214 ·  
Re: Testimony for Hearing on Int 641

Good morning,

My name is Tiffany Lee and I am here today to encourage **your support of Int.641, which would improve nutrition standards for Kids' Meals at Restaurants in New York City.** I am Executive Director of Altagracia Faith and Justice Works, a nonprofit organization in Northern Manhattan dedicated to putting faith into action, and promoting social justice. We organize social justice ministry teams that address a variety of issues, including food justice (and support mutual aid efforts at the Community Fridge on 205<sup>th</sup> Street). We also run a Youth Service-learning Program called "Global Thinking, Local Action, Universal Impact (or GLU)." In this program students serve in local soup kitchens, food pantries, and at the Community Fridge on 205<sup>th</sup> Street. They also hear from guest speakers and participate in workshops about disparities in food access, learning tools to organize and advocate for food justice. They learn about disparities in not only accessing *any* food, but accessing nutritious food that meets dietary standards, especially for developing children. While the highly palatable, less nutritious foods are very familiar to them, our students are often shocked to learn about the potential harm these foods and drinks can cause children as well as adults long-term. They are further shocked and outraged at the extent of these disparities and the correlation between the prevalence of "fast food" establishments in their neighborhoods (foods which are high in sodium, fat, and added sugars), and the greater incidence of diet-related diseases (i.e. obesity, diabetes, high blood pressure, and heart disease, etc.) in these same Black and Latino neighborhoods.<sup>1</sup> Type 2 diabetes is growing problem, with kids as young as 10 being diagnosed with what used to be considered an adult-onset disease. The National Institute of Health (NIH) recently launched a study to address the "dramatic rise in youth diagnosed with type 2 diabetes over the past two decades, a trend that is expected to continue."<sup>2</sup>

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<sup>1</sup> "Does proximity to fast food cause childhood obesity? Evidence from public housing" Han, Schwartz, and Elbel. September 2020. *Science Direct*. Volume 84.

<https://www.sciencedirect.com/science/article/abs/pii/S0166046220302507>

<sup>2</sup> "NIH launches large study to tackle type 2 diabetes in young people" National Institute of Health (NIH) 9 October 2024. <https://www.nih.gov/news-events/news-releases/nih-launches-large-study-tackle-type-2-diabetes-young-people>

Teens and families in our city's fast-paced environment are often pressed for time, seeking quick, affordable, tasty options for their children and families and it is difficult to find healthy options on kids' menus. Furthermore, in a New York City-wide poll, respondents showed strong support for policies to increase availability of healthy items on restaurant kids' menus. (See attached memo "New Yorkers Support Healthy Kids' Meals Legislation"). Additionally, our Youth Leaders in the GLU Youth Service-learning Program surveyed community members ranging from kids themselves, to teens, parents, and grandparents who purchase kids' meals for their children and grandchildren, and the survey results were also consistent with this desire for healthier options to be made available at restaurants.

Our youth leaders have been very active and vocal on this topic and would have been here today if their class schedules allowed, but they will be submitting additional written testimony for your consideration.

Your support of Int. 641 would be an important step in acknowledging the structural issues impeding food justice and would help to create a more equitable food environment with healthier options for families and children.

In partnership with the Interfaith Public Health Network and the Center for Science in the Public Interest, other community-based organizations, and inspired by the leadership of our Youth Leaders, we urge you to pass Intro 641 to make a difference for children and families in NYC and to be an example for other cities around the country.

We thank you for your time and consideration and would welcome any follow up questions or communication and I will be submitting my full written testimony as well. I can be reached at [tlee@altagraciaworks.org](mailto:tlee@altagraciaworks.org) or (212)569-3000.

Sincerely,

Tiffany

Tiffany Lee  
Executive Director  
Altagracia Faith and Justice Works/Obras de Fe y Justicia de la Altagracia  
439 W. 204<sup>th</sup> Street  
New York, NY 10034  
212-569-3000  
[tlee@altagraciaworks.org](mailto:tlee@altagraciaworks.org)  
[AltagraciaFaithJusticeWorks@gmail.com](mailto:AltagraciaFaithJusticeWorks@gmail.com)





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244 Madison Avenue  
Suite 305  
New York, NY 10016  
(212) 643-6570  
www.bcaglobal.org

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Thank you, Chair Schulman, and members of the Council Committee on Health, for the opportunity to submit this letter of testimony.

My name is Alex Askew. I am the founder and CEO of BCAGlobal whose mission is to empower BIPOC individuals in the food system, including the food service industry, through a framework of mindfulness, sustainability, social justice, and food sovereignty and help forge meaningful connections to further our vision of a beloved community. My background includes an early start in 14 after receiving my first job offer as a personal chef through a high school vocational work program and after 6 years of working in a variety of restaurants in and out of New York City decided to attend the Culinary Institute of America and graduated in 1989.

My experience covers many areas in the culinary/foodservice which include consulting in areas of menu development, R&D, startup operations, systems and controls, training, food manufacturing, business planning, concept development, healthcare and food systems.

In 2017 BCAGlobal created a comprehensive health equity program, “Mindful Eating for the Beloved Community” gathering National attention for bringing Food, Race, and Social Justice to the forefront while focusing on training chefs of color as Health Equity Ambassadors to produce healthy and whole communities.

With over 35 years in the restaurant and hospitality field I have a deep understanding of the food service (restaurants, chain restaurants, and institutional) industry from a food systems and community health equity perspective.

I believe INT 0641 is important to implement for both chain and non-chain restaurants in NYC in order to address health disparities. With a collective and collaborative spirit and necessary technical assistance I believe we can make health centric to the child and youth community in restaurants in NYC.

We need to keep working with restaurants on the policy and implementation to require them to sell healthy options, ensuring that long term coaching support is provided as needed, especially to non-chain restaurants, to support implementation of the policy. Providing healthy food options for children in restaurants is critical for several reasons not only to make the future brighter but also better prepares tomorrow's college and workforce bound youth of today. Children require balanced diets rich in nutrients to support their growth and cognitive development. Offering nutritious options in restaurants helps promote these dietary needs. In addition, early exposure to healthy eating patterns helps children develop lifelong preferences for wholesome food. Restaurants play a significant role by normalizing these choices in a setting that kids find enjoyable.

From a health equity perspective with rising childhood obesity rates, providing healthy meals in restaurants can help mitigate health issues linked to poor dietary habits, such as diabetes and heart disease. Looking at the larger picture, parents often face challenges in ensuring balanced meals when dining out. Restaurants that offer healthy children's menus simplify this task and cater to health-conscious families. From an educational view, restaurants can serve as platforms for teaching children about nutrition, offering engaging options like interactive meals or educational information on their menus and by prioritizing children's health, restaurants demonstrate corporate social responsibility, fostering goodwill among patrons and contributing to the community's overall well-being.

Encouraging restaurants to provide appealing, nutritious meals for children benefits both individual health outcomes and broader public health objectives. I strongly encourage and endorse the spirit of this bill to make New York City and its Children First in community health.

Sincerely,

[Alex Askew](#)

Chef Alex Askew  
BCA Global President / CEO  
244 Madison Ave, Suite 305,  
New York, NY, 10016  
212-643-6570 office  
[alex@bcaglobal.org](mailto:alex@bcaglobal.org)

The Center for Science in the Public Interest (CSPI) strongly supports Bill 0641-2024, which would establish nutrition standards for restaurant kids' meals. CSPI is your food and health watchdog and has long worked to achieve our vision of a healthy population with a reduced impact and burden of preventable disease, and an equitable food system that makes healthy, sustainable food accessible for all.

A 2020 study found that 20.9 percent of children in New York City K-8 public schools had obesity.<sup>1</sup> Bill 0641 will support the health of New York City's children by making sure healthy food options are available on kids' menus in restaurants. This builds upon the City's previous work to support children's health in restaurants by requiring kids' meals be served with a healthy default beverage.

This policy has overwhelming support from New York City residents. A survey conducted in April of this year found that 86 percent of caregivers of children ages 13 and younger support a policy requiring two kids' meals to meet nutrient standards.<sup>2</sup>

Restaurants play an important role in the diets of U.S. families. U.S. households with children consume food away from home between four and five times a week on average.<sup>3</sup> Caregivers frequently order kids' meals for their children when dining at restaurants. In one study, 64 percent of caregivers with children under age six who purchased food for their child reported ordering a kids' meal during their most recent restaurant visit.<sup>4</sup>

Meanwhile, restaurant kids' menus do not currently support children's health. Kids' menu items at chain restaurants are frequently high in total fat, saturated fat, and sodium compared to recommended limits.<sup>5</sup> The 2020-2025 Dietary Guidelines for Americans recommends that children reduce intake of added sugars, saturated fat, and sodium,<sup>6</sup> as overconsumption of foods high in these nutrients can increase risk for diet-related disease. For example, it is important to offer unflavored non-fat or low-fat milk instead of flavored milk or 2% or whole milk because of the extra added sugar and saturated fat found in these options.

The restaurant industry has made some progress in improving the nutrition of kids' meals. For example, the National Restaurant Association's voluntary Kids LiveWell program requires participating restaurants to serve two kids' meals and two kids' sides that meet nutrition standards, as well as healthy default beverages.<sup>7</sup> However, even with this progress, further action is necessary. One study found that 71.9 percent of kids' meals combinations at the top 50 restaurant chains in the US failed to meet expert nutrition standards.<sup>8</sup>

Not happy with the slow progress from the restaurant industry, advocates have turned to public policy to improve restaurant kids' meals in their communities. Three counties in

Maryland have passed legislation requiring restaurants with children’s menus to serve a kids’ meal that meets nutrition standards.<sup>9</sup>

We urge New York City to join this growing movement and continue its work to improve the nutrition and overall health of children. By passing this legislation, you can increase the availability of healthy foods at restaurants, encourage children to form healthy eating habits, and support caregivers’ efforts to feed their children well. Thank you for your support.

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<sup>1</sup> Argenio KL, et al. Increasing disparities in obesity and severe obesity prevalence among public elementary and middle school students in New York City, school years 2011–12 through 2019–20

<sup>2</sup> New Yorkers Support Healthy Kids’ Meals Legislation. May 2024. Center for Science in the Public Interest. Available at <https://www.cspinet.org/resource/new-yorkers-support-healthy-kids-meals-legislation>.

<sup>3</sup> Saksena M, et al. America’s Eating Habits: Food Away from Home. U.S. Department of Agriculture Economic Research Service. 2018. Available at <https://www.ers.usda.gov/webdocs/publications/90228/eib-196.pdf?v=5649>

<sup>4</sup> Harris JL, et al. Parents’ Reports of Fast Food Purchases for Their Children: Have They Improved?. UConn Rudd Center for Food Policy & Obesity. 2018. Available at [https://media.ruddcenter.uconn.edu/PDFs/272-10%20%20Healthier%20Kids%20Meals%20Parent%20Survey%20Report\\_Release\\_8\\_31\\_18.pdf](https://media.ruddcenter.uconn.edu/PDFs/272-10%20%20Healthier%20Kids%20Meals%20Parent%20Survey%20Report_Release_8_31_18.pdf)

<sup>5</sup> Deierlein AL, Peat K, and Claudio L. Comparison of the nutrient content of children’s menu items at US restaurant chains, 2010–2014. Nutrition Journal. 2015;14:80

<sup>6</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. December 2020. Available at [dietaryguidelines.org](https://www.dietaryguidelines.gov)

<sup>7</sup> National Restaurant Association. Updates to Kids LiveWell. 2021. Available at <https://restaurant.org/getmedia/8bbc70ec-aa58-411d-8f57-d0bf794917cd/kids-livewell-whitepaper.pdf>

<sup>8</sup> Marx K, Hill A, Ribakove S. Sweet Drinks, Sour Consequences: Many Chains Still Pushing Soda to Kids. Center for Science in the Public Interest. 2022. Available at [https://www.cspinet.org/sites/default/files/2022-12/CSPI\\_KidsBeverageReport\\_2022\\_2.pdf](https://www.cspinet.org/sites/default/files/2022-12/CSPI_KidsBeverageReport_2022_2.pdf)

<sup>9</sup> Center for Science in the Public Interest. State and Local Restaurant Kids’ Meal Policies. June 2022. Available at [https://www.cspinet.org/sites/default/files/2022-06/CSPI\\_chart\\_local\\_km\\_policies\\_June\\_2022.pdf](https://www.cspinet.org/sites/default/files/2022-06/CSPI_chart_local_km_policies_June_2022.pdf)



Dear esteemed members of the Council,

My name is Eloísa Trinidad, and I am the Executive Director at Chilis on Wheels. I write to you today to passionately advocate for Intro 0641, which establishes vital nutrition standards and beverage options for children's meals served in food service establishments throughout New York City.

Chilis on Wheels makes healthy, plant-based food accessible to communities in need through direct food relief, policy, education, and mentorship. We serve communities in the five boroughs and work on policy at the city, state, and federal levels to transform our food system to a more just, equitable, and sustainable one for all Beings. All our services are free to the community, and we take a comprehensive approach to food education and food sovereignty that focuses on justice from farm to fork and addressing the historical wrongs our communities face due to the impacts of Western colonization and systemic policies that further marginalize and harm them.

Since our beginnings, we have included and centered children's and youth voices in our advocacy. We also distribute organic fresh produce and groceries at school sites in the South Bronx and Brownsville, which are some of the most impoverished areas in New York City. The students in our programs learn about the food system itself and how to advocate for themselves and their communities at every point of it. Children and youth have been critical to our policy wins at every level, including our most recent wins in the USDA National School Lunch Program. Our children and youth are taking action, and we must support their efforts further by passing bills like Intro 0641.

Too often, our children's voices are not heard, and their suffering is not seen. While working on the ground, I often hear the heartbreaking stories directly from the children who lack access to consistent, healthy food. I see their desperation and sadness at every food distribution and mentorship workshop. Children are now dealing with anxiety and depression because they are experiencing food-related chronic diseases and fear their younger siblings will face the same. The lack of access to healthy food extends beyond the physical, impacts our children mentally and emotionally, and interferes with their academics and development.

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As a liberation activist and food activist of over 20 years, I continue to be deeply concerned about the impact of nutrition on children's growth and development. Implementing concrete nutrition standards is essential for ensuring that our children receive meals that satisfy their hunger and provide the key nutrients necessary for their physical and cognitive advancement. Our children represent the future, and it's our responsibility to prioritize their health. The reality of childhood chronic diseases and associated health challenges is alarming. By enforcing robust nutrition standards, we can effectively combat these issues, help foster healthier eating habits from a young age, and protect the planet our children will inhabit.

I want to emphasize the need for improved beverage options outlined in this legislation. By curbing sugary drink consumption and providing healthier alternatives—such as water, plant-based milk, and 100% fruit juice—we can influence children to make better choices. The consequences of excessive sugar intake and flavored cow's milk on children's health are profound, contributing to obesity, diabetes, and other significant health concerns.

Furthermore, food service establishments play a crucial role in shaping children's food preferences. By establishing strong nutrition standards, we can create an environment where healthy choices are both available and attractive. This transformation will have a lasting impact on children's eating habits, leading to a healthier future generation.

By passing Bill 0641, New York City is taking a meaningful step toward fostering a healthier community and equipping our children to make informed dietary choices that are better for them, the planet, and all Beings. Let's unite in our commitment to ensure that our city's youngest residents have access to nutritious food that promotes their overall health and well-being. Let's continue our commitment to health equity and sustainability, ensuring all children have access to healthy meals and inherit a livable planet regardless of background or circumstances. I urge you to support Bill 641 wholeheartedly.

Thank you for your attention and consideration,

**Eloisa Trinidad**

Executive Director: [Chilis on Wheels](#)

Co-creator: [Plant Powered Youth Steering Committee](#)

Email: [eloisa@chilisonwheels.org](mailto:eloisa@chilisonwheels.org)

“New York City residents support policy efforts to increase the availability of healthier kids’ meal options at restaurants, according to a new survey commissioned by the Center for Science in the Public Interest. These policies include nutrient standards for restaurant kids meals, requirements for the inclusion of healthy foods in restaurant kids’ meals, and requirements that restaurants serve healthy beverages with kids’ meals by default.”

Hello, I’m Ed Chinery, Associate Rector at Church of the Ascension here in Greenwich Village where I also serve as Executive Director of Ascension Outreach, Inc, our in-house 501c3. The main focus of our outreach non-prof, at present, is a client-choice food pantry where we serve close to 1000 individuals each month, the vast majority of whom self-identify as mono-lingual in Chinese. I share this because in the almost twelve years I’ve been with this organization; we’ve found ourselves learning a great deal about the importance of providing healthier food choices. In response to the preferences of our visitor population, we’ve entirely eliminated canned vegetables, fruit and protein inventory and, since 2018, have been offering exclusively frozen protein, tofu, and only fresh produce. Because ours is an emergency food program, we receive expressions of gratitude from some of our seniors regarding how much better they’ve fared during and after medical procedures – not only having more comfort in recovery because of the food itself, but feeling more at ease overall. Some folks love to share news about how they’re progressing, and we just love it. We’ve done a bit of research about these end-user benefits, and find there’s a great deal of literature regarding better nutrition and positive health outcomes overall. So we’re convinced that if this is the case with senior citizens, then overall benefits must be very compelling as regards children and healthier food intake.

An enormous amount of support exists in this regard, especially in terms of school meal programs. And if that is indeed the case, improving on the varieties of foods available to children for each and every meal can’t help but improve not only lives during childhood, but will have far-reaching implications that make positive impact on how public health resources are utilized. Healthier children make healthier adults, and healthier adults require less medical care – and far less uncompensated medical care. The Centers for Disease Control, The National Institute of Health and The Office of Disease Prevention and Health Promotion all offer powerful support for the rationale behind the legislation at hand today.

And so I’m happy to offer my own gratitude, as well as that of the communities I represent regarding today’s endeavors, and all the related initiatives being advanced by The Interfaith Public Health Network and all its allies!

Testimony for NYC Council Oversight Hearing Pertaining to HealthyNYC  
December 2, 2024

Good morning, Chairperson Schulman and members of the City Council Committee on Health.

Thank you for the opportunity today to contribute to your oversight of the city's HealthyNYC initiative.

My name is Bernard O'Brien and I am here today to present the testimony of Professor Sean Haley at the CUNY Graduate School of Public Health and Health Policy. Professor Haley send his regrets that he is unable to attend this morning's hearing.

The CUNY School of Public Health, in coordination with the NY State Department of Health, Office of Addiction Services and Support, New York State Association of County Health Officials and NYC's Department of Health and Mental Hygiene has been working to create an Alcohol Policy Prevention Framework for the State of New York. The overarching goal is to reduce excessive drinking and related harms in our city and state.

Despite their contribution to morbidity and mortality, the harms associated with alcohol consumption (including 7 forms of cancer) often fly under the radar in discussions of public health policy.

Importantly, alcohol use had increased for the two decades before the pandemic and there was a doubling of alcohol related mortality across the United States.

We would ask you to consider the following points:

- According to the Centers for Disease Control and Prevention, there are now over 8,000 deaths attributable to alcohol in NY State each year.
- Of these, more than 2,000 deaths among city residents in 2021 were attributed to alcohol, with hundreds of such deaths stemming from liver disease, alcohol-related psychiatric disorders, accidents and alcohol poisonings. Numerous homicides, suicides, and occurrences of child maltreatment were also linked to alcohol consumption.
- NYC DOHMH also reports that alcohol consumption leads to far more hospital emergency room visits than ANY other substances. For example, in 2020 the roughly 104,000 emergency room visits attributed to alcohol consumption exceeded the combined number of such visits linked to opioids, cocaine, cannabis, and other substances. These visits and associated costs are largely preventable.



- Binge drinking (5 drinks on one occasion for men /4 for women) in the last 30 days is reported by an average of nearly 20% of adults in New York State. Bronx, Richmond and Queens counties report binge drinking below the statewide average, but both Kings and Manhattan counties report rates above the statewide average.
- The NY State average heavy drinking rate (defined as more than 14 drinks per week for men, 7 for women) for New York State is 5.5%. Manhattan county reports a higher rate than the statewide average.
- Adjusted for inflation, CDC reports that excessive drinking in New York State imposes \$23.5 billion annually in economic costs, or roughly \$1,200 in preventable costs per taxpayer. Many of these costs in NYC are absorbed by Health and Hospitals.
- Alcohol-related harms disproportionately impact under-resourced communities even as many of these communities have lower drinking rates. These harms include a higher prevalence of alcohol-related diseases including heart disease and hypertension, as well as short-term health effects like injury and violence. The higher rates of harm among under-resourced communities may be explained by disproportionately greater exposure to alcohol marketing and alcohol environments, and the collective impact of stress, and historical discrimination, as well as inadequate access to substance use disorder treatment programs.

The CUNY Graduate School of Public Health, with support from the New York State Public Health Association and a working group of health professionals, sponsored the first New York State Alcohol Policy Summit in April 2024. The working group is in the process of delivering six (6) regional alcohol education meetings across NY State, all of which will be completed by the end of this calendar year. The goal of both the summit and the regional meetings has been to create a regionally informed alcohol policy framework to formulate specific alcohol prevention policy recommendations to be finalized at the second New York State Alcohol Policy Summit scheduled for January 14, 2025.

As you are likely aware, localities in New York State are preempted from passing laws that differ from the State's alcohol control policies, including the ability to remove problematic licenses in areas that are adversely impacted. Since the pandemic, the NY State legislature passed, and the Governor signed nearly a dozen changes to NY state law that increase alcohol availability despite considerable evidence that greater availability is associated with increased harms.

*For example, policy makers in Albany recently expanded the hours of operation for liquor and wine stores on Sundays, extended to-go alcohol sales through 2030, and allowed the sale of liquor in movie theaters. In addition, there is currently a matching bill in the Assembly and the Senate that would allow wine sales in grocery stores, without any additional requirements related to hours of sale, license density, or advertising restrictions given proximity to schools, other alcohol outlets, etc.*

Our recommendations, once finalized, are likely to include:

- Increase alcohol taxes to discourage excessive consumption by shifting alcohol prices upward. It should be noted that the combined federal and New York State alcohol taxes on a standard serving of beer and wine are some of the lowest in the nation. It is also noteworthy that New York City's local alcohol tax has not been adjusted for inflation since 1980. The NYC Independent Budget Office reports that adjusting the city's tax on beer and liquor for inflation and extending the tax to include wine could generate for the city over \$30 million annually.
- Reduce alcohol advertising seen by youth
- Mandate alcohol server training

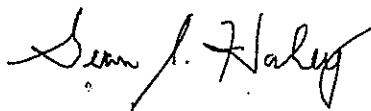
To realize these evidence-based policy goals, it is expected that our framework will also recommend the following:

- Place a moratorium on changes to NY state laws that increase alcohol availability until impacts can be measured.
- Create an alcohol program at the New York State DOH akin to the state's tobacco program that would include surveillance, monitoring of alcohol advertising targeting children, the development of counter advertising, and other proven strategies.
- Create a NY State Public Health and Alcohol Commission (like one established by the State Liquor Authority to reduce longstanding health regulations) to assess the impact of recent changes to NY's alcohol laws on health (including state level pre-emption) and to assess the health impact and costs of alcohol availability on NY residents.

Considering mounting evidence that asserts that there is no safe amount of alcohol consumption given its relationship to several cancers, chronic conditions and injuries, we ask that the Council add alcohol as a standalone category within the Healthy NYC plan and report.

The CUNY SPH working group looks forward to providing policy makers in New York City and State with a detailed list of the forthcoming evidence-informed recommendations on January 14th.

Once again, I thank you very much for the opportunity to present these comments today.



Sean J. Haley Ph.D., MPH  
 Associate Professor  
 Department of Health Policy and Management  
[Sean.Haley@sph.cuny.edu](mailto:Sean.Haley@sph.cuny.edu)

# Darou Salam Islamic Community, Inc

646-209-3030



347-759-3245

TAX ID: **45-5345092**

*In the Name of Allah, the Beneficent, the Merciful*

**Testimony of Imam Cheikh Ndao  
New York City Council Committee on Health  
December 2, 2024**

Greetings to everyone. First, let me express my special gratitude to Chair Schulman for the opportunity to speak here to add my own contribution.

My name is Imam Cheikh Ndao and my religious group is from Darou Salam Islamic Community in Melrose neighborhood of the Bronx. I am speaking today in strong support of Intro 641 initiative, a proposed bill that requires an improved nutritional standards for “kids’ meals” at the restaurants in New York City.

As you have heard from others today, the Bronx is the county with many of the worst health outcomes in New York State. In fact, the South Bronx neighborhoods we serve at Darou Salam are among the most at risk of health problems, with higher rates of obesity and hypertension, and the lowest rates of self-reported good health in the entire city.

They also struggle with high rates of poverty and other social insecurities. What’s more, many of my community members are of West African heritage, and some of them recent arrivals. I hear from them that their children are drawn to fast food and junk food campaigns, exposing them to a path of poorer health and reduced quality of life.

Fortunately, our Islamic faith teaches on halal, or permissible foods. It goes further to teach about foods that are “Tayyib”, a word that means “pure, good, clean, wholesome” Referencing the Holy Qur’an (Surahs 7:160 and 5:88).

These foods would include the fruits, vegetables, and whole grain products required by Intro 641 to be offered in at least two kids’ meals for restaurants that serve kids’ meals.

That is the reason for our strong support for Council Member Riley’s leadership, and the advocacy of the Health Committee to see this bill through to passage.

As we say in Wolof - Jërejëf - thank you for this opportunity.

Imam Cheikh Tidiane Ndao  
President

**CHEIKH TIDIANE NDAO**



**Testimony before the NY City Council Committee on Health  
In Support of Int. 641-2024  
December 2, 2024**

Thank you, Chair Schulman, and members of the Council Health Committee, for the opportunity to testify here today.

My name is Kelly Moltzen, and I am a Registered Dietitian and founding co-convener of the Interfaith Public Health Network, or IPHN. IPHN builds bridges between faith communities and public health experts to promote a holistic public health awareness, cultivate partnerships to transform public health, and advocate for systems and policies that support health and well-being for all. I helped to launch IPHN after years of striving to achieve health equity in the Bronx, and have coordinated efforts to increase access to and consumption of healthy foods in schools, bodegas, restaurants, and other community settings.

Toward that end, IPHN has been proud to help coordinate the community advocacy response for Intro 641 with our colleagues at the Center for Science in the Public Interest and the American Heart Association.

The sad reality is that children born today are expected to have shorter lifetimes than their parents. This goes against the trajectory of human history, is unnatural, and flies against wisdom cultivated over millennia that enabled human beings to extend their lifetimes by accessing nutritious food. Diet-related diseases such as obesity are affecting our city's children, particularly youth of color, at alarming rates, with 20% of children in NYC having obesity and double that number having overweight or obesity, with higher rates in marginalized neighborhoods across the five boroughs. The nutrition standards which would be required by Intro 641 can begin to reverse this trend - and work towards health equity - by providing more fresh, healthy options for kids' meals in NYC restaurants.

Moreover, implementation of the bill will be a critical part of the process of achieving this goal. IPHN is committed to working with our partners to support the Department of Health and Mental Hygiene in establishing an implementation plan that works for NYC restaurants.

We appreciate your time and consideration of this important request to pass Intro 641 to increase nutritious options in kids' meals in NYC restaurants.



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**New York City Council Fiscal Year 2025  
Committee on Health  
December 2, 2024**

**Testimony of Emily Li, Project Coordinator**

**The Korean Community Services of Metropolitan New York, Inc. (KCS)**

Good afternoon. I'm Emily Li, a Project Coordinator at Korean Community Services. Since 1973, KCS has served Korean immigrants, other Asian American and Pacific Islanders (AAPIs), and Hispanic & Latino communities by providing a vast range of services including healthcare navigation, disease prevention and management, and food and nutrition services.

As someone who works closely with Asian Americans and other people of color impacted by diet-related diseases, I want to focus my testimony here on the hidden epidemic of metabolic dysfunction-associated steatotic liver disease, or MASLD.\*

More and more children and youth are affected by MASLD, which shares common metabolic risk factors with obesity, diabetes, and cardiovascular disease. In fact, 1 in 10 children in the U.S. and more than 30% of people worldwide have this condition. While it can occur in children from any racial and ethnic groups, it's more prevalent among Hispanic and Asian American children. If left untreated, MASLD can progress to serious conditions like fibrosis, cirrhosis, and even liver cancer.

What's especially challenging is that most people with the condition are asymptomatic, and it can develop over many years unnoticed. And screening for MASLD and related conditions is not as common or convenient as screening for high blood pressure or glucose levels.

Much of my daily work in Flushing addresses Hepatitis B infection and its disproportionate impact on the Asian American community. It's critically important that we prevent liver disease and its often irreversible damage with better community education, improved screening, and policies that address underlying risk factors, including diet-related conditions.

Intro 641 is a good example of a policy that can modify the NYC food environment to guide families to healthier choices for their children, helping to reduce the risk factors for MASLD and other conditions.

Thank you.

\*previously called non-alcoholic fatty liver disease (NAFLD)

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**From:** [Greaves-Peters, Natalie](#)  
**To:** [Testimony](#)  
**Subject:** [EXTERNAL] Testimony in Support of INT-0641: Healthy Kids Meals in Restaurants  
**Date:** Wednesday, December 4, 2024 3:05:54 PM

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Good day, Council Members.

My name is Dr. Natalie Greaves-Peters, and I am a researcher with the Laurie M Tisch Center for Food, Education & Policy. I am also a Registered Dietitian Nutritionist with a PhD in Behavioral Nutrition and the parent of a 7-year-old daughter who loves great food. I am here today to express my strong support for INT-0641, a critical step toward ensuring healthier kids' meals in restaurants across our city.

When dining out with my daughter, we avoid kids' menus - not because of cost, but because they are almost always the same predictable options: chicken nuggets, fries, pizza, and sugary drinks. These meals are not only repetitive but also lack the fruits, vegetables, and whole grains that children need to nourish their bodies. As a result, we order from the regular menu, only to face oversized portions that are inappropriate for children.

This is not just my family's experience. Research shows that children consume nearly twice as many calories at restaurants compared to meals at home, with most kids' meals being high in calories, salt, and fat. Parents like me are left with limited, unhealthy choices when dining out.

By supporting INT-0641, the Council can make a real difference. This legislation would ensure that restaurants offer healthier kids' meal options that include fruits, vegetables, and whole grains, providing families with choices that promote growth, health, and well-being. It is a necessary step to empower parents and shift the culture around eating out.

As both a nutrition professional and a parent, I urge you to vote in favor of INT-0641 to help make healthy eating the default for NYC's children. Thank you for your leadership and for the opportunity to testify.

Sincerely,  
Natalie



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[Program in Nutrition](#)



Natalie Greaves-Peters, PhD, RDN  
Postdoctoral Senior Research  
Associate  
[nhg2114@tc.columbia.edu](mailto:nhg2114@tc.columbia.edu)



**Good afternoon Chair Schumann and esteemed members of the Health Committee with us virtually,**

**My name is Husein Yatabarry, and I am the Executive Director of the Muslim Community Network. I was born in Harlem and raised in the Bronx, and like so many of us, I grew up eating from restaurant kids' menus that offered the same sugary drinks and salty, processed foods that are still in front of children today. Back then, we were still learning about the impact of these meals on long-term health. But in 2024, we know exactly how these excessive sugars and sodium contribute to chronic illnesses like diabetes and heart disease, especially for low-income Black and brown New Yorkers.**

**As a person of faith, I approach this issue with a deep commitment to the values of care and moderation that are central to Islam. We are taught to avoid excess and to prioritize what sustains us, not just in the moment, but over the long term. Intro 641 reflects that same value of moderation by ensuring that at least two children's meals on every menu meet basic nutrition standards, removing flavored milk, and reducing juice portions. These aren't extreme measures; they're common-sense steps to protect our children's futures.**

**For families like mine growing up in the Bronx, these healthier choices weren't available, and we're now seeing the consequences play out in our communities. The chronic illnesses so many face are not just personal struggles—they're systemic issues that reflect years of inequity in the food options marketed to us. Intro 641 is about changing that narrative and making sure that the next generation has the sustenance to thrive.**

**This legislation doesn't take choices away; I think like the mom said to my right, it makes the healthy choice easier. It gives parents the ability to make decisions that align with their values of care and responsibility, while holding restaurants accountable for offering balanced options.**

**Chair Schumann, I urge you, members of the committee and the entirety of the council to support Intro 641 and help us ensure that every child in New York City—regardless of their zip code—has access to a healthier future. Shoutout IPHN and CSPI for bringing us on to this initiative. Thank you.**



Testimony before the New York City Council Committee on Health  
Comment on Bill 0641-2024,  
Nutrition standards and beverage options for children’s meals served in food service  
establishments  
December 2, 2024

Thank you for the opportunity to testify at today’s hearing regarding the proposed legislation, Introduction 0641-2024, “*Nutrition standards and beverage options for children’s meals served in food service establishments.*” My name is Dr. Pasquale Rummo, and I am an Associate Professor in the Department of Population Health at NYU Grossman School of Medicine. I conduct scientific research that informs policies and public health programs seeking to support healthy dietary behaviors and prevent nutrition-related diseases. One of my areas of focus is evaluating how policies mandating changes to restaurants menus impact food purchasing behaviors. I support the goal of this legislation to require meals on restaurant’s children’s menus meet expert nutrition standards, remove flavored milk as a beverage that can be offered with a children’s meal at a restaurant, and reduce the serving size of juice offered with a children’s meal in a restaurant.

***Unhealthy options in restaurants drive unhealthy food and beverage consumption among children.*** Foods sold in fast food restaurants are often low in fiber and high in sodium, unhealthy fats, and refined carbohydrates.<sup>1,2</sup> Current evidence indicates that the majority of children’s meals contain excess calories, excess sodium, and excess saturated fat, relative to expert nutrition recommendations; and most children’s meals include a sugary drink.<sup>3,4</sup> Children who eat fast food consume more calories, fat, carbohydrates, added sugars, and sugary beverages per day than children who do not; and children who eat fast food also have lower consumption of fiber, milk, fruits and vegetables.<sup>5,6</sup> This is concerning because fast food comprises ~14% of children’ daily energy intake and one in three kids eating fast food on any given day in the U.S.

***Existing policy options for addressing restaurant food intake among children are inadequate.***

Several jurisdictions in the U.S. have passed and enacted healthy kids' meal policies, including a healthy default beverage law in New York City in 2019.<sup>7</sup> Previous work has shown that the nutrition standards specified in these laws have not met expert nutrition standards for children's beverages and meals, typically because restaurants allow the wrong types of beverages (e.g., flavored milk) and the wrong sizes of beverages (e.g., 100% juice size larger than 6 fl. oz).<sup>8</sup> This is a problem because flavored milk products often include added sugars, added sodium, artificial colors, and artificial flavors; and high consumption of 100% juice in sizes greater than 6 fluid ounces per day, which contributes to poor health in children,<sup>9</sup> including excess weight gain.<sup>10</sup> Therefore, nutrition experts have called for more healthy kids' meals policies to remove unflavored milk from children's menus and to mandate smaller size thresholds of juice products in children's meals, which may also encourage industry to modify products to align with policy requirements. These changes are also feasible, given how previous research suggests that reducing added sugar fat, and saturated fat in children's meals is possible with realistic modifications to existing menu options.<sup>11</sup> In addition, recent evidence indicates that compliance with healthy default beverage laws in New York City, Los Angeles, Baltimore, Wilmington, and Illinois is low, with little to no changes in the types of compliant beverages offered by default with children's meals – suggesting that new policies and/or modifications of existing policies may be required to change menus and support health eating among children in restaurant settings.<sup>12-14</sup>

***My team's experimental research shows that Bill 0641-2024 is promising.*** In one of my online choice experiments, we instructed parents and caregivers to order dinner for their youngest child (2–6 years) from two restaurant menus (McDonald's, Chili's).<sup>15</sup> We randomized parents and caregivers to three conditions: standard menus; healthy beverages on children's menus (water, milk, or 100% juice), with unhealthy beverages available as substitutions; or healthy beverages on children's menus, with no option for unhealthy beverage substitutions. We found that parents with no option to order unhealthy beverages as a substitution ordered significantly fewer calories from full-calorie soda and marginally fewer calories from all unhealthy beverages for their children from the Chili's menu, but no differences for the McDonald's menu. Our findings show

that parents ordered other unhealthy beverages for their children in lieu of soda (e.g., sweet tea, lemonade), which suggests that the success of these policies depends on how each policy classifies a beverage as “unhealthy”. If the approach to classification undermines the intended goals of such policies (e.g., classifying flavored milk as healthy), consumers may not behave as expected – as indicated by our results.<sup>15</sup>

In another of my experiments, parents and caregivers with lower income navigated an online supermarket in its standard version or a version with nudges, including a product placement nudge (i.e. placing healthy beverages in prominent positions) and a swap nudge (i.e. offering a swap of water, plain milk and/or 100% fruit juice upon selection of sugary drinks); and we found that nudges led parents and caregivers to purchase ~1300 fewer calories from sugary drinks, including fewer grams of added sugar from all beverages; parents also substituted sugary drinks with a larger volume of unsweetened milk and unsweetened water products, and a *lower* volume of 100% fruit juice products.<sup>16</sup> These shifts in purchase behaviors support optimal development of young children, and suggest that parents are willing to purchase healthy beverages for their children in response to thoughtful policy design.

### ***Summary***

In sum, I support the proposed legislation for the following reasons:

1. The majority of children’s meals contain excess calories, excess sodium, and excess saturated fat, relative to expert nutrition recommendations, which is a problem because fast food comprises ~14% of children’ daily energy intake and one in three kids is eating fast food on any given day in the U.S.
2. Existing policy options for addressing restaurant food intake among children are inadequate because a) nutrition standards specified in these laws do not meet expert nutrition standards for children’s beverages and meals, and b) compliance with healthy default beverage laws in in the U.S. is low, suggesting that new policies and/or modifications of existing policies may be required.
3. My experimental research shows that a) restrictions on products like flavored milk could contribute to parents and caregivers purchasing more healthy items/meals for children

from restaurants, in a way that existing legislation does not support, and b) parents and caregivers are likely to support such legislation.

Thank you again for the opportunity to provide testimony.

Sincerely,

A handwritten signature in cursive script that reads "Pasquale E. Rummo".

Pasquale E. Rummo

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**From:** [Enrica Sacca](#)  
**To:** [Testimony](#)  
**Subject:** [EXTERNAL] Nutrition standards and beverage options for children's meals served in food service establishments.  
(Int 0641-2024)  
**Date:** Wednesday, December 4, 2024 12:15:51 PM

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Dear Council Members,

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarmingly, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

*I support this bill because I was someone who suffered from severe gastrointestinal issues since childhood and learned to reverse my illness as an adult through evidence-based Whole Food Plant-Based nutrition, I strongly urge you to prioritize healthy food options for children in food service establishments. The escalating health crisis demands immediate action to ensure that every child has access to restaurant meals grounded in healthy, evidence-based nutrition—a fundamental right that supports their long-term health and well-being. Please pass*

*Int. 0641-2024 to ensure healthier options for our city's children.*

Thank you,

Enrica Sacca

Enrica Sacca, Queens Borough Organizer  
Plant Powered Metro New York

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c: 

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Submitted by: Lianna Levine Reisner, [lianna@ppmny.org](mailto:lianna@ppmny.org), [REDACTED]

Plant Powered Metro New York

December 2, 2024 - UPDATED

**City Council Committee on Health Hearing:  
HealthyNYC, Nutrition Standards for Children’s Meals, and Sleep Apnea Prevention**

My name is Lianna Levine Reisner, and I am a co-founder and the Network Director of Plant Powered Metro New York, a nonprofit organization whose mission is to make sure every New Yorker knows that whole food, plant-based nutrition can prevent, treat, and even reverse many chronic diseases, including high blood pressure, diabetes, and cardiovascular disease. Plant-based nutrition can also dramatically improve our quality of life even in the absence of illness.

We have proudly signed up to be a HealthyNYC Champion because we offer programming that has already proven its value in reducing New Yorkers’ blood pressure, cholesterol, triglycerides, weight, and so many other markers of health, including measures of depression and anxiety. The HealthyNYC plan is laudable in naming quantifiable goals to increase life expectancy. I would like to point out that reducing deaths from infectious diseases; pregnancy-associated deaths; prevalence of mental health conditions; and chronic diseases including asthma and many screenable cancers *must* involve a significant change in how we view and mold our food system. The truth is that we can’t make substantial changes to these issues with incremental food system adjustments — we need to go all in. The answer to these health problems goes far beyond the essential task of ensuring that food insecure New Yorkers are provided access to fruits and vegetables. Most Americans and indeed most New Yorkers across socioeconomic brackets eat plenty of meat, dairy, eggs, salt, and sweeteners while failing to consume enough nutrient-dense, fiber-rich, whole plant foods. As you provide oversight to the Health Department, please make it clear that food-based solutions must be ambitious and far-reaching — that we must confront the elephant in the room that the norm of eating animal-based and processed foods is creating these epidemics.

Regarding intro 641, the intent of the bill is good, and I urge you to consider these ways to improve upon the nutrition standards articulated in the bill: Earlier this fall, the US Dietary Guidelines’ Advisory Committee made a draft of its recommendations for the 2025-2030 Guidelines, which for the first time encourages a shift to nutrient-dense, plant-based meals — an idea that could be incorporated into this bill as a way of providing positive guidance. The Committee also advises that grains served are “mostly whole grains” rather than “at least 50% whole grains.” A third recommendation is to change the order of protein subgroups to first recommend beans, peas, and lentils — because plant proteins are associated with health, whereas we continue to be advised to reduce our intake of red and processed meat — like the hamburgers and hot dogs found on kids’ menus. But the nutrition standards in the bill don’t differentiate “meat” from “meat alternatives”, nor do they recommend plant proteins. Another point of note is that children’s daily sodium intake should not exceed 1,200-1,500 mg<sup>1</sup>, so setting an upper limit for a single meal at 700 mg is far too high. As the federal committee is poised to do, I believe we can do more to set higher standards locally for vulnerable children who are at the whims of our food system.

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<sup>1</sup> Dietary Intake of Sodium by Children: Why It Matters, 2020:  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7002818/>

In addition, as a parent myself, I'd like to point out a major implementation challenge that may negate the positive intent: mandating *some* healthy meals but not all is likely to result in kids (and parents) choosing what they're familiar with from the legacy menu: pizza, hot dogs, mac and cheese, grilled cheese, and the like. I have learned from parenting three children who eat a healthy plant-based diet that if we want children to eat well, we must give them only healthy options. *We* create the rules and structure to ensure their well-being.

Finally, sleep apnea is a condition highly associated with obesity and metabolic syndrome.<sup>2</sup> Screening for sleep apnea is important, but screening is secondary prevention — a bandaid, not a cure. Primary prevention is critical, as we know that eating nutrient-dense, plant-based meals, and getting regular physical activity and better sleep can prevent sleep apnea through better weight management and other mechanisms. On an interventional level these lifestyle changes can also reverse sleep apnea. We strongly recommend that a city pilot program widens the lens to offer more than just home sleep apnea tests but also incentives to participate in lifestyle change initiatives like Plant Powered Metro New York's 21-Day Jumpstart program. As a participant in our Jumpstart, Rhotochia AtkinsJones from Brooklyn is one of a number of New Yorkers who transitioned to a whole food, plant-based diet and reversed sleep apnea. Let's use the moment of a public education and outreach campaign to talk about what causes this problem *and what we can do about it*. Everyone has the right to know that there are alternatives within reach through lifestyle change.

Thank you for considering these important issues.

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<sup>2</sup> Obstructive Sleep Apnea and Obesity: Implications for Public Health, 2018:  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5836788/>

Good Afternoon, distinguished members of the NYC City Council,

My name is Rebecca Johnson. I am a chef, nutrition educator, and Partnerships Manager at Plant Powered Metro New York. For over 10 years, I worked in NYC public schools as a chef and nutrition educator, giving me daily opportunities to talk with kids about food in cafeterias and classrooms.

When kids learn about how the food and beverages marketed to them impact their health, they're often outraged. They've asked me, "Why" aren't healthier options available instead of junk food, and "Why" aren't adults doing more about the problem?

At Plant Powered Metro New York, we're addressing these concerns through our Plant Powered Plates Program, which promotes healthier meals in restaurants. While some chain restaurants are beginning to offer healthier plant-based options and no sugary drinks, measures like Int. No. 641-2024 set a critical precedent. Food service establishments must meet higher standards to protect the health and well-being of their customers, especially children.

Recommending water and non-dairy, sugar-free beverages as default options for kids' meals is a step in the right direction. Science supports this approach: when fruit is eaten whole, the natural sugars enter the bloodstream slowly, providing sustained energy. In contrast, straight fruit juice causes blood sugar spikes, contributing to health issues like childhood diabetes. And studies have suggested that fat accumulation from meat products aggravates insulin resistance which, in turn, contributes to type 2 diabetes while whole grains, legumes, vegetables, and fruits which are low fat promote health.

School menus have already evolved, allowing principals to remove flavored milk while food service teams are increasing plant-based options. Restaurants, however, have not widely caught up. It's time to hold them accountable for supporting the health and well-being of New York City's children and families.

I commend the Council for considering this amendment to children's meal standards. Cities like Louisville, Kentucky, with their "Healthy Drinks in Kids' Meals Ordinance," have taken this bold step, and now it's NYC's turn to lead.

Thank you for your time and leadership on this crucial issue.

Elaine Perlman, 12/2/24

Hello! My name is Elaine Perlman. I am a kidney donor and the Executive Director of Waitlist Zero, working hard to end the kidney shortage that kills 25 Americans every day by passing two federal bills, the End Kidney Deaths Act and the Honor Our Living Donors Act. I am also a proud mentor with Plant Powered Metro New York. We aim to prevent and reverse chronic diseases.

Today I am speaking about the harms of ingesting two things that remain on your healthy food menu, fruit juice and yogurt.

Many fruit juices and yogurts are sweetened with high fructose corn syrup. In a recent study of 50 different brands of foods containing HFCS, 30% of all the foods contained measurable levels of the heavy metal mercury, a known neurotoxin and cardiac toxin, while 60% of the dairy products in the study contained mercury. In 1776, Americans ate 4 pounds of sugar a year. Now it's 160 pounds per person per year. Sugar is a leading cause of heart disease, the annual killer of 700,000 Americans. High dietary sugar intake leads to increased triglycerides. What are triglycerides? Picture a sticky, globby, fatty substance that blocks our arteries. This globby fat turns our arteries from flexible pipes with clean, pink walls to arteries that are hardened, inflexible and low functioning. So please skip the fruit juice and instead drink the cocktail that makes our bodies sing with happiness, that oxygen hydrogen cocktail, water!

And how about yogurt? Some people mistakenly believe that cow's milk yogurt is a healthy food. Yes, yogurt has healthy probiotics. We can get probiotics from fermented foods or nondairy yogurt.

What is bad about dairy yogurt? It naturally contains up to 1-5% trans fats. Other yogurt additives may include food coloring made from crushed bugs and butterfat which is even more addictive than yogurt.

What if fruit is added to yogurt? The milk proteins block the fruit's vitamins, minerals and plant chemicals from getting into our cells. The absorption of the fruits' nutrients are actually blocked by dairy.

Sweetened fruit juice and yogurt are killers that harm our cells. Please cut fruit juice and yogurt from the children's menus.

Afua Opoku

Freshman at New York University's Stern School of Business

Mon, Dec 2 @ 10:00 AM - Committee of Health

Nutrition standards and beverage options for children's meals served in food service establishments. (Int 0641-2024)

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarming, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because I support Int. 0641-2024 because high blood pressure runs in my family, making me especially aware of the long-term health consequences of poor dietary habits, such as excessive fast food consumption. I have seen the effects of eating fast food on the metabolism of children, seeing it in myself where frequent consumption impacted my energy levels and overall health. The prevalence of fast food in our communities, often as the most accessible and affordable option, exacerbates these risks. This bill is an essential step in making healthier food choices more accessible to all, especially to families like mine, who are working to manage hereditary health conditions.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you,

Afua O.

My name is Amber Perez. I am a freshman at The City College of New York. For the past two years, I have been an intern at Altagracia Faith and Justice Works, a non-profit organization focusing on social justice. This past year we have forged ties with the Interfaith Public Health Network (IPHN) and the Center for Science in the Public Interest (CSPI), a group that is working on this bill (Int 0641-2024). Today, the food we consume at well-known restaurants are too high in saturated fats and sodium. In the long run, this is detrimental to our health and can lead to obesity, diabetes, and heartburn. This matters to me as I am young myself. I know many families, including my own, who often have no other options available to us than fast food. Everyday, a great number of students and others my age will order food from the various restaurants nearby their schools. Consuming Dunkin Donuts for breakfast, then McDonald's for lunch, and Chick Fil A after school is not healthy for us in the long run, but it is the reality for many.

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarmingly, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because fast food or outside food should be nutritious. Everyone deserves the opportunity to have fresh fruit, sodium-low options, less added sugar, and just meals that won't hurt them in the long run.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you.

Submit Testimony: <https://council.nyc.gov/testify/>

## Nutrition standards and beverage options for children's meals served in food service establishments. (Int 0641-2024)

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarmingly, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

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Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because I care about the children's health and the health of our planet. There is an overwhelming amount of evidence that consumption of meat, dairy, eggs, and processed foods are detrimental to human and planetary health in a multitude of ways. Access to proper nutrition is fundamental for children's development and well being. Our children are our future and we need to, as a city, take care of them and help nurture them to be successful leaders of tomorrow. Many families lack time, kitchen space, or access to healthy ingredients, so rely on eating at fast food and chain restaurants.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you.

Benjahmin Koenigsberg

December 2<sup>nd</sup>, 2024

Thank you, Chair Schulman, and members of the Council Committee on Health, for the opportunity to testify here today.

My name is Carolina Espinosa. For the past 9 years I have been an employee of a local non-profit called BronxWorks, where our mission is to help individuals and families improve their economic and social well-being. From toddlers to seniors, we feed, shelter, teach, and support our neighbors to build a stronger Bronx community. Currently, I am the Program Director for the SNAP-Ed Nutrition Education and Obesity Prevention Program at BronxWorks, and I am also a licensed Registered Dietitian Nutritionist. My work at BronxWorks is to lead a team of Nutrition Educators, many of whom are Bronx Natives, to go out into the Bronx community and implement evidenced based nutrition interventions with different age groups from youth, young adults, parents and caregivers, and older adults. We also work on food environment strategies, specifically Healthy Retail, to help make the healthy choice the easy choice for community members in the stores where they shop.

Our SNAP-Ed Nutrition Education program provides afterschool youth with nutrition education and physical activity programming daily throughout the school year. Part of the curricula is to learn about food marketing and food labeling to make healthy informed decisions. For the adult population, we cover a range of nutrition topics and conduct grocery store tours led by a Nutritionist to show community members how to shop for healthy options and stay within budget.

Through our work with SNAP-Ed and the Healthy Retail program these past 9 years, we are aware of how prevalent unhealthy food marketing is in Bronx communities. Access to affordable healthy foods is in competition with foods in stores and restaurants that are designed to be attractive, and easy to eat. Policies that align with the work we do on SNAP-Ed and support healthy choices in food establishments, such as restaurants, will have a greater impact on improved health outcomes.

As an expert in the field of nutritional sciences and community health, I urge you to support this important bill that will help increase the number of healthy options for kids' meals in restaurants. Thank you for your time.



Children are often subject to unhealthy food options in restaurants. One-third of U.S. children and adolescents consume fast food and sugary drinks daily. Diseases such as obesity and type 2 diabetes run rampant through communities with youth, especially those with youth of color.

Int. 0641-2024 would require NYC restaurants to have at least two children's meals and beverages on their kids menu that meet certain nutritional standards by adding more whole grains, fruits, vegetables, and legumes to the menu. 84% of NYC residents have come forward supporting the bill. NYC children would have healthier meal options advertised to them in restaurants - encouraging a healthier lifestyle.

Families all over NYC and other areas in the U.S experience food insecurity and are unable to always access healthy, fresh food. Int. 0641-2024 would help these families, who often resort to fast food restaurants, be able to offer their children a healthy meal in lieu of a meal that would affect their health negatively.

As a teenager living in the Bronx, I know directly how difficult it is to find healthy meals and ingredients that aren't costly or hours away. My family has had to rely on unhealthy meals from a fast food restaurant that is harmful to our health - especially when I was a child. Growing up, the only healthy thing I saw in fast food restaurants was a packet of apples from McDonalds. That's it. Children need to have the opportunity to have a healthy meal before a harmful one. Quickly accessible unhealthy meals have become normalized in our society. The reliance on harmful meals begins at a young age. Int. 0641-2024 would be a step towards preventing that.

Please pass Int. 0641-2024 to ensure our city's children have healthier meal options, to ensure they have the opportunity of a healthy, prosperous life.

Thank you,  
Draimely Gonzalez

Hello, City Council Members. My name is Emily Giron, I live in Hell's Kitchen, and I am a student at Beacon High School. I support the Nutrition standards and beverage options for children's meals served in food service establishments, Int 0641-2024, because not only have unhealthy meal options negatively impacted the health of my community and family, but it has also impacted my motivation to lead a healthy lifestyle. I come from a low-income family. We often have to resort to buying from fast-food restaurants because they are more affordable. This lifestyle has impacted my younger siblings' health, leading them to have high levels of sugar and cholesterol. I urge you to vote in favor of this bill because many low-income families struggle with this exact issue. Most importantly a disproportionate number of young kids struggle with various health issues such as diabetes and obesity, this number impacts Black and Latino communities the most. Furthermore, kids' meals in fast food restaurants contain unhealthy levels of sugar, sodium, and fats. That is why it is important to include kids' meals that meet the children's nutrition standards. I urge you to support this bill. Thank you for your time.

**From:** [Gail](#)  
**To:** [Testimony](#)  
**Subject:** [EXTERNAL] Nutrition standards and beverage options for children's meals served in food service establishments. (Int 0641-2024)  
**Date:** Thursday, December 5, 2024 1:02:24 AM

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To The Honorable City Council,

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarmingly, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With

many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because it is imperative we improve the health of our next generation.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you.

Sincerely,

Gail Wallach

George T. Nierenberg  
george@gtncreative.com  
(917) 226-9564

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Members of the New York City Council,

I am here to express my strong support for bill No. 1047 directing the city's health department to implement a screening pilot program for sleep apnea.

- I lost my marriage.
- My job.
- And almost killed my grandchildren and daughter while driving.

If I had been diagnosed and successfully treated for sleep apnea this wouldn't have happened to me.

I discovered that I could apply my career experience as a successful documentary filmmaker to make others understand the suffering of untreated sleep apnea and the opportunity that diagnosis offered for my well-being, my family, my career, and my contribution to society.

My film, **OUT OF BREATH** shares potent impactful scenes of the real-world impact of sleep apnea from four diverse individuals and their families. The same people that the NY City Council represents.

- White and black.
- Young and old.
- Married and single.
- Straight and gay.

I heard from dozens of parents, spouses, and friends who had no idea that ...

- the exhaustion,
- the living in a fog,
- the constant fatigue,

- the irritability,
- the lack of focus,
- and even the frightening near-misses behind the wheel,

were all symptoms of something that could be treated.

These are real stories of people who felt like they were failing in life, but the truth was, that they were fighting a battle that no one could see.

This program is so important. It's not just a piece of legislation – it's a lifeline.

It's a chance to change the course of the lives of people in NYC.

## ADDITIONAL INFORMATION

### About OUT OF BREATH

OUT OF BREATH shines the spotlight on the human cost paid by people living with sleep apnea and their loved ones. Yet, for all the darkness they face there is also light at the end of the tunnel as their hope, courage, and perseverance bring them closer to the promise of successful treatment. Filming themselves over 2 years, OUT OF BREATH follows the lives of Victor, Danielle, Billy, and Kayln. Through their eyes, we see how sleep apnea transcends gender, race, and socioeconomic status.

Award-winning documentary filmmaker George T. Nierenberg—himself a lifelong sufferer of sleep apnea—has crafted a documentary that is riveting, moving, and dramatic. It's a celebration of the human spirit and a rallying cry to raise public awareness about a danger we may unknowingly go to sleep with every night.

**View the trailer and find more information about OUT OF BREATH  
visit: [SleepApneaFilm.com](http://SleepApneaFilm.com)**

## APNEA FACTS and HEALTH

- 80% of women with hypertension have sleep apnea
- Sleep Apnea disproportionately affects African, Asian and LatinX
- Sleep apnea increases depressive symptoms in women who have never been depressed before
- Untreated sleep apnea is a significant predictor of
  - > stroke
  - > heart attack
  - > metabolic disorders and obesity,
  - > adult onset diabetes
  - > early cognitive decline and dementia
  - > motor vehicle accidents
- Over 1 billion people across the globe are estimated to have sleep apnea
- 80% go undiagnosed

## Recent Findings

JUNE, 2024

### **Obstructive Sleep Apnea and Its Cardiac Implications in the United States: An Age-Stratified Analysis Between Young and Older Adults**

<https://www.ahajournals.org/doi/full/10.1161/JAHA.123.033810>

AUGUST 1, 2024

### **Obstructive Sleep Apnea May Increase Risk for Kidney, Bladder Cancer**

<https://www.renalandurologynews.com/news/obstructive-sleep-apnea-may-increase-risk-for-kidney-bladder-cancer/>

AUGUST 30, 2024

### **Apnea on the Rise, Cardiovascular Conditions Must be Monitored**

<https://www.medcentral.com/cardiology/with-sleep-apnea-on-the-rise-cardiovascular-conditions-must-be-monitored>



Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarming, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

Growing up in Fordham, an area mainly known for its cultural community and surrounded by numerous fast food enterprises, is why I support this bill. As a child, I only ever witnessed the opening of more fast food restaurants than supermarkets in the neighborhood. Not many families in my neighborhood could afford to cook, so they frequently ended up eating fast food on most days of the week. Many of us grew up budgeting money in terms of how long the money could be stretched throughout the week, this led us to develop the behavior of buying fast-food because of how cheap it was. Though this option might have been better for our pockets it most certainly was not good for our health. Gradually we noticed that most of us were either overweight, had diabetes, or had other health issues. Some of us were not granted the knowledge or economic standpoint to stop consuming unhealthy fast food. The fact is that it was never our fault for only being able to afford unhealthy options, but it was really the restaurants and the guideline requirements given to them failure to hold them accountable to educate its consumers on what they are selling and provide its customers with healthier options.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you.

## **Testimony in Support of Bill Int. #0641-2024**

Chairpersons, Members of the Committee, and Honorable Representatives,

Good morning, my name is Ji Yoo, and I am a master's student at CUNY School of Public Health. I am here to testify in support of Bill Int. #0641-2024, which aims to improve the nutritional quality of children's meals at restaurants. This bill is an essential step toward addressing the growing public health crisis of childhood obesity and promoting healthier eating habits for our children.

Unhealthy restaurant meals are a significant threat to children's health. According to the National Institutes of Health, about 19% of children in the United States are obese, and this trend has been linked to the rise in fast food and restaurant meals that are high in calories, sugars, and saturated fats. Research shows that meals at restaurants frequently exceed the daily recommended calorie intake, with children averaging more than 1,000 calories per meal when eating out, much of which comes from unhealthy ingredients.

Bill Int. #0641-2024 is a crucial response to this. Requiring at least two meals on every children's menu to meet certain nutrition standards will make sure that healthier options are available for children when they dine out. These meals would be designed to limit saturated fats, sodium, and added sugars, which are significant contributors to childhood obesity and related health problems. A study from the CDC shows that 1 in 5 children consumes an excessive amount of added sugars, often through sugary drinks and unhealthy menu options.

The bill also addresses the issue of flavored milk and large juice portions, both major sources of added sugars. The American Academy of Pediatrics recommends limiting sugary drinks for children, and large servings of juice can contain excessive sugar—up to 30 grams per serving, far exceeding the recommended daily intake for kids.

The food we give our children today shapes their health for the future. I urge you to support Bill Int. #0641-2024 to create a healthier food environment for our children.

Thank you for your time and consideration.

Sincerely,

Ji Yoo Lee

Public Testimony on Int. No. 641  
By Kathleen Cruz, Queens Youth Advocate

My name is Kathleen Cruz, and I am a high school student from Queens. As a young person growing up in Queens, I know firsthand how important access to healthy food is. Many kids in my community, including some of my closest friends, rely on fast food or quick-service meals because of busy family schedules or limited financial resources. Unfortunately, these meals often come with sugary drinks and unhealthy options that contribute to long-term health issues like high blood pressure, diabetes, and heart disease. This bill is a critical step toward making sure that healthier choices are the default choices, giving kids and families a chance to make better decisions for their health without extra effort or cost.

I especially appreciate the emphasis on balanced nutrition in children's meals. By requiring meals to include at least two servings of healthy food like fruits, vegetables, or whole grains and limiting things like sodium, added sugars, and trans fats, this law makes it easier for kids to grow up strong and healthy. It's not about taking away choice but about leveling the playing field so that healthier options are always available and encouraged.

This bill is also about equity. In many Queens neighborhoods, especially those with diverse immigrant communities, healthy food isn't always affordable or easy to find. When fast food is one of the only options, ensuring it meets basic nutritional standards can help families like mine make healthier choices.

Some people might argue that parents should just teach their kids to make better choices. But as a teen, I know how powerful marketing can be. When you see soda or sugary drinks on the menu as the first option, it's tempting, especially for younger kids. By making water, milk, or 100% juice the default, this law helps us choose what's better for us without the pressure of flashy ads or unhealthy habits.

I also think the "cure period" for first-time violations is a fair way to ensure businesses can adjust to the changes without facing harsh penalties right away. This shows that the City Council is serious about improving health while being considerate of small businesses that need time to adapt.

In conclusion, I urge you to pass Int. No. 641. It's a step forward for the health of all children in New York City, especially in underserved neighborhoods like mine. With this law, we can build a healthier future for the next generation of New Yorkers.

Thank you

Keiara

Hello, and good afternoon. Before I get started, I would like to thank the city council for having us here.

My name is Keiara King. I'm a senior attending the High School for Law, Advocacy, and Community Justice on the MLK Campus and I'm an intern for Teens for Food Justice.

In 2023, I became an intern for Teens for Food Justice, a non-profit organization that aims to eliminate food insecurity and promote youth-led activities with the Hydroponic farming system. We helped to work on the Intro 641 bill, which intends to promote healthy eating habits and lifestyles in children.

I am here today to urge the council to pass the Intro 641 bill.

It is a known fact that consuming unhealthy and processed foods can pose significant health risks. I think about my grandmother, who, despite facing diabetic limitations, still prioritizes the importance of eating healthy and maintaining good health.

This bill requires restaurants to have 2 healthy kids' meals that meet expert nutrition standards that put limits on such as salt and sugar. Excess Salt and Sugar are the leading causes of such health risks and diseases. Meals that contain too much salt can contribute to water retention, stroke, kidney diseases, and an overall negative impact on cardiovascular health. Sugar also impacts raising blood pressure and cholesterol levels, increasing the risk of obesity, cardiovascular diseases, and diabetes.

An excess amount of salt and sugar can be detrimental to our overall health and well-being. By passing this bill, we are taking a crucial step in combating harmful health practices and improving public health. Not only will this bill promote healthier eating habits but it will also reduce the immense burden on our health-care system.

Thank you for your time

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarming, one-third of U.S. children and adolescents consume fast food and sugary drinks daily, significantly contributing to these health issues. A recent study found that 71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards.

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with 84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children.

Over three-quarters of respondents in each of the five boroughs were supportive of this policy. Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because I went to public school and I think every child has a right to healthy food there.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you.

**Monica Bartley**  
**Testimony to the Committee on Health of the NYC Council**  
**December 2, 2024**

My name is Monica Bartley. I am a Deaconess in the United Methodist Church, an active participant in United Women in Faith, and a member of Bethany United Methodist Church in Crown Heights, Brooklyn.

As a Deaconess, I have made a lifetime commitment to alleviate suffering and facilitate the development of full human potential.

And that is why I speak to you today in support of Intro 641.

It is clear that our children's health is being jeopardized by the lack of healthier meal options in many restaurants. This is particularly concerning for our communities of color, where families often face economic and geographic barriers to healthy eating. Many parents work multiple jobs and simply do not have the time or financial resources to prepare nutritious meals at home. As a result, fast food has become a convenient, yet unhealthy, option for many families.

Intro 641 is a meaningful step towards changing this. By requiring NYC restaurants to offer at least two default children's meals that meet certain nutritional standards, incorporating more fruits, vegetables, legumes, and whole grains—this bill will make healthier choices more accessible to families.

This past June the New York Annual Conference of the United Methodist Church - representing over 400 member churches across New York City, Long Island, and beyond - overwhelmingly approved a resolution supporting Intro 641.

In that spirit, I urge this committee to vote to approve this legislation as soon as possible to protect and improve the health of our children and youth.

Thank you for your thoughtful consideration and action.

**Subject: Testimony in Support of INT-0641 – Healthy Kids’ Meals**

Dear Chairperson and Members of the Committee on Health,

Thank you for the opportunity to speak today in support of INT-0641. My name is Nayerra Zahran, and I’m a pre-dental student deeply passionate about preventive health and nutrition, especially as it relates to oral health.

As someone preparing to join the dental profession, I’ve learned that what we eat doesn’t just impact our overall health—it directly affects our teeth and gums. Diets high in sugar and processed foods contribute to cavities, gum disease, and even tooth loss over time. This is particularly concerning for children, as poor oral health during childhood can lead to long-term dental and systemic health issues.

Currently, many children’s meals at restaurants are loaded with sugars and unhealthy fats, creating a perfect storm for tooth decay and obesity. Unfortunately, these options become the default for families. It’s heartbreaking to see children begin life with preventable oral health problems simply because healthy options weren’t accessible or promoted.

This bill has the potential to change that by setting nutrition standards for kids’ meals. It ensures that children have access to meals that promote their overall and dental health without compromising taste or convenience. We already know that healthier options won’t hurt a restaurant’s bottom line, and they could save families from unnecessary dental treatments and healthcare costs in the long run.

As someone working toward a future in dentistry, I urge you to pass this bill to set children on a healthier path—one with fewer cavities, fewer fillings, and more smiles. It’s a straightforward step toward a healthier New York, and I’m excited to see us lead the way.

Thank you for your time and for your commitment to our children’s health.

Thank you,  
Nayerra Zahran



Silvia Saberín, MPH. MS.  
Ozone Park, NY 11417

**Testimony for the Meeting of the NYC Council Committee on Health  
December 2, 2024**

My name is Silvia Saberín, and I live in Ozone Park, Queens. I am a Bangladeshi community public health advocate, and a consultant and volunteer with IPHN.

From October 2022 to June 2024, I worked for the American Heart Association, where I served as the Project Coordinator on the National Hypertension Control Initiative.

It is those experiences which lead me today to offer my strong support of Intro 641, requiring better nutrition standards for restaurant kids' meals in NYC.

As you've heard today, hypertension, or high blood pressure, is a very serious concern and driver of premature mortality, including deaths from heart disease and stroke.

Like type 2 diabetes, hypertension was once considered an adult-onset problem. Sadly, it is now far too common among young people. In fact, the CDC has reported that 1 in 25 American youth aged 12 to 19 have hypertension, with 1 in 10 having elevated blood pressure. (1)

Youth with higher BP levels in childhood are more likely to have persistent hypertension as an adult. Furthermore, the prevalence of high blood pressure is higher among Hispanic and non-Hispanic Black children, compared with non-Hispanic white children (2) – making this a health equity issue.

To reverse these trends, we will need to do a much better job of preventing risk factors, especially child and youth overweight and obesity. This must include encouraging healthier restaurant offerings, not only to mitigate child and youth overweight and obesity, but to steer young people away from high sodium diets.

Intro 641 can assist in that regard by giving families healthier choices when they dine out, including limits on total sodium.

Thank you for your time and attention.

(1) Centers for Disease and Prevention (2024). "About high blood pressure in kids and teens." [fact sheet]. <https://www.cdc.gov/high-blood-pressure/about/about-high-blood-pressure-in-kids-and-teens.html>

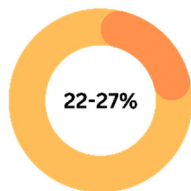
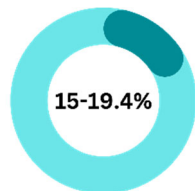
(2) Flynn, J. T., Kaelber, D. C., Baker-Smith, C. M., Blowey, D., Carroll, A. E., Daniels, S. R., et al. (2017). Clinical practice guideline for screening and management of high blood pressure children and adolescents. *Pediatrics*, 140(3). <https://publications.aap.org/pediatrics/article/140/3/e20171904/38358>

Int. 0640-2024

Issue: Amendment of 2019 Children beverage laws enacted in 2021 by the NYC Council to afford an expansion of child menu healthy options on the menus of establishments.<sup>1</sup>

Purpose: Is to promote healthier habits amongst the children of New York City and effect the rise of childhood obesity.

Facts: New York City has particularly suffered from this epidemic of childhood obesity. Recent studies of NYC children show that 15-19.4% of children are overweight, and an additional 22-27% of children are obese.<sup>2</sup>



A study analysis of the childhood obesity rate in NYC public schools documented thirty-one percent of Hispanic children, 23% of Black children, 16% of White children, and 14% of Asian children were obese.<sup>3</sup>

Solutions: Legislation alone will not affect childhood obesity in New York City. The New York City Department of Health has Pediatric Obesity Kit.<sup>4</sup> All stakeholders, parents, educators, pediatricians must work together to combat childhood obesity. The councilman, Kevin C. Riley can use New Yorkers support in passing this bill.

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<sup>1</sup> *Int 0641-2024*, (2024) (testimony of Kevin C. Riley).

<https://nyc.legistar.com/LegislationDetail.aspx?ID=6566074&GUID=612607AA-0088-4DB1-BC7C-099DCA3A362F>

<sup>2</sup> Obesity. (2020, January 29). Columbia University Mailman School of Public Health.

<https://www.publichealth.columbia.edu/research/centers/columbia-center-childrens-environmental-health/our-research/health-effects/obesity#:~:text=New%20York%20City%20has%20particularly%20suffered%20from%20this>

<sup>3</sup> Thorpe, L., List, D., Marx, T., May, L., Ma, S., Helgerson, T., & Frieden. (2004). 1496 | Addressing Childhood Obesity | Peer Reviewed | Thorpe et al. Public Health. *American Journal of Public Health*, 94(9), 1496–1500.

[https://www.health.ny.gov/prevention/obesity/statistics\\_and\\_impact/docs/obesity\\_in\\_new\\_york\\_city\\_elementary\\_student](https://www.health.ny.gov/prevention/obesity/statistics_and_impact/docs/obesity_in_new_york_city_elementary_student)

<sup>4</sup> *Pediatric Obesity Action Kit - NYC Health*. (2024). Nyc.gov.

<https://www.nyc.gov/site/doh/providers/resources/public-health-action-kits-pediatric-obesity.page#:~:text=Advertisements%20for%20junk%20foods%20and%20sugary%20drinks%20targeted%20at>

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarming, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because we live in a society and need laws in place to support this society. These sorts of things help everyone.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Thank you,

Tyler Vaughan

Hi, I'm a mom of four kids ages 5-16 years. I personally would like to advocate for Int 0641-2024 because it is very important for health of young kids been the future generation. The reason that motivated me more is that I had an injury on my spine and couldn't walk for 1 month I didn't had nobody to cook for my children. I had the necessity to order breakfast, lunch and dinner for them. Unfortunately on the restaurant that I order they didn't had much option for something healthier and the ones that did it was twice money and I don't think that was the right approach for restaurants to over charge just to eat healthier. I couldn't have that prevalage to spend alot of money since I wasn't working. I gain alot of weight and so do my kids because of restaurants not having healthier options which meant consuming more, salt, sugar, oil. After all of this, I was diagnosed pre-diabetic and two of my kids were diagnosed with high cholesterol and that is the aftermath of me not being able to cook hearty meals for my kids and rely on takeout food. Before this unfortunate event we were at a more healthier state. Please pass Int. 0641-2024 to ensure healthier options for our city's children.

As a junior in high school, I think that healthier meals can lead to students being able to be more productive and proactive in class and outside of classes. I believe healthier kids' meals can also support low-income families by providing access to nutritious foods that benefit them, without all the high sugar and high sodium. Please pass Int. 0641-2024 to ensure healthier options for our city's children.

As a 16-year-old high school student, having food that is not only healthy but also meets expert nutrition standards is essential. This is especially important for students with diverse diets, such as vegan, vegetarian, or pescatarian. Offering menu options that are both nutritious and cater to a variety of dietary needs can support students' mental and physical well-being throughout our lives.

As a 17-year-old student, I support Int. 0641-2024 because this bill will help us maintain better health through the vitamins, minerals, fats, and proteins we consume daily, and because children need to consume a balanced diet.

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Dear City Council,

Healthier meals are the structure to children development. Providing them with the vitamins they need to perform well in school and gain the knowledge is important. Studies have showed how fast food wears down one's energy. Show low performance when it is consume everyday. If we are to put our kids in school to get knowledge and prepare them for future, we need to implemented that in their meals. Educating them of health choices and the benefit that comes with eating healthy.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.



As a 15-year-old student in 10th grade, I support Int. 0641-2024 because healthier children's meals are important, especially for young kids who are still growing and need specific nutrients, such as vitamins and fiber, to stay healthy.

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

As a mother of 2 boys, I want my children to have access to meals that are both nutritious and appealing. Offering at least two healthy choice options ensures that children can make choices that support their health and development

Living in NY City, I value the diverse choices of food and have the opportunity to expose my children to different cultures through food flavors and textures. Restaurants should support the development of children and provide food that can broaden a Child's palate to help them appreciate different cultures and understand that they have a choice.

My son does not like breaded items and prefers seafood. There often are no seafood items available on a kid's menu. Typically, children's menus are limited to chicken nuggets or buttered pasta which is easy to prepare at home.

Families go out to eat for the experience but shouldn't have to suffer the additional cost to ensure their kid has options. Parents are forced to order adult sized entrees, which doubles the cost unnecessarily. Providing a balanced, appropriately portioned meal allows families to dine out together without the financial strain.

I am a high school student. This bill is important to me because fast food is often the cheapest and therefore most frequent option for many low income families. Many kids are affected by the lack of nutrition in fast food meals and suffer from the effects of not having a well rounded diet in their meals which should be a right that every kid has. Please pass Int. 0641-2024 to ensure healthier options for our city's children.

As a 16-year-old student in 11th grade, I know firsthand that this bill will benefit us by improving access to healthier foods, which means people won't be sick as often.

Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarming, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

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Please pass Int. 0641-2024 to ensure healthier options for our city's children.

As a 16-year-old student in 11th grade, I know firsthand that many students struggle to afford meals at restaurants, especially delis or other quick-service spots. Between balancing our sleep schedules, managing harsh academic workloads, and navigating long school days, students often don't have access to good, healthy, and enjoyable meals. Having good, enjoyable, and healthy meals available at all times in all NYC restaurants allows for students to be energized during class and support families who cannot afford such privileges as a fulfilling meal 3x a day.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

As a 16-year-old student in 11th grade, the nutritional value of meals is a subject I often dwell on, as through my own personal experiences I have grown to know how important of a topic it is. The effects of unhealthy meals had a drastic effect on me for a large portion of my life, as options for food varied little. My best chances for a healthy meal eventually being through other people showing enough kindness to provide leftovers or even take me to get food. And though I was a very active kid, I was overweight for most of my childhood and often had to take medicine to achieve a recommended daily minimum of vitamins. And between me and my peers, one fact which was always apparent is I had a generally better food situation. Simply by the fact that I was able to find other people outside my family to provide me with meals.

Through reflection over my upcoming I am able to observe how heavy of an influence meals had on my life, as to this day it still holds heavy influence. Though I have more access to food at home I find myself in the situation where I need to eat outside very often due to sports, and healthy meals which could help me post workout are not easily encountered or bought in Manhattan. With the change of nutritional options in New York City restaurants, I hope to see this issue of malnutrition may become less influential over people's lives. And allow children who don't have the best food situation to eat something which allows them to function and grow like they should be able to, while not making them obese.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Dear City Council,

I am a 16 year old in 11th grade in high school. As you know, chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarmingly, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because when people eat healthy they end up living longer.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

I support Int. 0641-2024. It protects against diseases and avoids giving unnecessary medication to our children. Having good health and nutrition protects them from chronic diseases such as diabetes, cancer, and heart disease. Less salt, sugar, and industrial trans fats should be consumed, as they are not good for children's health.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.



Chronic diseases such as obesity, type 2 diabetes, and cardiovascular diseases are increasingly affecting our city's children, particularly youth of color. Alarmingly, [one-third of U.S. children and adolescents consume fast food and sugary drinks daily](#), significantly contributing to these health issues. A recent study found that [71.9% of children's meal options at top chain restaurants fail to meet expert nutrition standards](#).

Int. 0641-2024 requires NYC restaurants to offer at least two default children's meals and beverages that meet certain nutritional standards by adding more fruits, vegetables, legumes, and whole grains to menus. Recent surveys indicate overwhelming community support for this bill, with [84% of NYC residents favoring the requirement for restaurants to provide healthier meals for children](#). Over three-quarters of respondents in each of the five boroughs were supportive of this policy.

Many families in these communities rely on fast food due to economic and geographical constraints. With many families working multiple jobs and not having the time and money to cook and access healthy home cooked meals, Int. 0641-2024 is a step towards addressing these health disparities.

I support this bill because it will provide good, healthy food and help everybody have better health.

Please pass Int. 0641-2024 to ensure healthier options for our city's children.

Develop healthy eating habits in children.

Facts about childhood obesity from CDC:

2017-2020- 19.7% in USA 1 out of 5 kids total 14.7 million kids from 2-20 years of age.

12.7% 2-5 years of age

20.7% 6-11 years of age

22.2% 12-20 years of age \*

\*Taken from CDC.

Fresh green vegetables and seasonal fruits.

Drink water instead of sugary drinks.

Find physical activities kids enjoy and participate daily.

Get enough sleep, 8-10 hours a night.

Limit screentime 2 hours per day.

Take self-care and stress reductions, e.g. Breath work, meditation, mindfulness, journaling and yoga.

Benefits:

helps to achieve healthy weight

Keep skin, eyes and teeth healthy.

It supports and maintains muscles and bones.

It boosts immunity and helps gastrointestinal function.

Helps to achieve better brain development.

Helps achieve healthy grow in kids.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/24

(PLEASE PRINT)

Name: Dr. Michelle Morse

Address: 4209 28th Street LIC

I represent: DOHMH

Address: 4209 28th Street LIC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Claine Periman

Address: [Redacted] NYC

I represent: Plant Powered Metro New York

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 2 DEC 24

(PLEASE PRINT)

Name: DR. NATALIE GREAVES-PETERS

Address: \_\_\_\_\_

I represent: LAURIE M. TISCH CENTER FOR FOOD

Address: EDUCATION & POLICY

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/02/2024

(PLEASE PRINT)

Name: Husein Yatabarry

Address: \_\_\_\_\_

I represent: Muslim Community Network

Address: 450 Lexington Ave, 4th Fl

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Shen'anna Sean Butler

Address: \_\_\_\_\_

I represent: FRECH Healthy Food Initiative

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/24

(PLEASE PRINT)

Name: Family Girga

Address: [redacted] W 49th St

I represent: 641

Address: 10019 432 W 49th St

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/24

(PLEASE PRINT)

Name: Rabbi Yonah Berman

Address: [redacted] Bronx NY 10463

I represent: Interfaith Public Health Network

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: December 2, 2024

(PLEASE PRINT)

Name: Sharon Brown Jeter

Address: 130-10 140 Street Suite 1

I represent: Jamaica NY 11436  
Rose of Sharon Enterprises

Address: 42 Madison Street 3F

Brooklyn NY 11238  
Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: CHEEKY T NDAO

Address: [REDACTED] BRONX, 10455

I represent: DA ROY SALAM Islamic C. Centers

Address: 677 Elton Av, BRONX, NY, 10455

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Rebecca Johnson

Address: [REDACTED]

I represent: PLANT POWERED METRO

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Elisa Trinidad

Address: 10009

I represent: Chairs on wheels

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12-2-24

(PLEASE PRINT)

Name: BENJAMIN KOENIGSBERG

Address: [REDACTED] NYC NY

I represent: MYSELF

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

25

Appearance Card

I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Sara Ribakove

Address: \_\_\_\_\_

I represent: Center for Science in the Public Interest

Address: 1250 1 Street NW Washington DC

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/12/24

(PLEASE PRINT)

Name: Heena Malik

Address: [REDACTED] NY NY 10023

I represent: Team for Food Justice

Address: [REDACTED] NY NY 10023

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/02/24

(PLEASE PRINT)

Name: Jacob Zymnick

Address: 10 East 40th Street New York, NY

I represent: American Heart Association

Address: 10 East 40th Street New York, NY

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. 2029

in favor  in opposition

Date: 12/2/24

(PLEASE PRINT)

Name: Emily Li

Address: \_\_\_\_\_

I represent: Korean Community Services (KCS)

Address: 203-02 32nd Ave Bayside, NY

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: DR. SANJIVAN PATEL

Address: \_\_\_\_\_

I represent: Ambrosia Academy Riverton

Address: President Chapter 2

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1E Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Virginia Encarnacion

Address: [redacted] Winton A

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Carolina Espinosa

Address: 60 E Tremont Ave, Bronx, NY

I represent: BronxWorks

Address: 60 E Tremont Ave, Bronx, NY

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: SILVIA SABERIN

Address: [redacted] Ocean Park

I represent: Interfaith Public Health Network

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Paula Vesluro

Address: [REDACTED] Walton Av

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: WILFORD FARRICH

Address: [REDACTED] WALTON AV BRONX NY

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: WILSA TAURAS

Address: [REDACTED] WOODHAUGH

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/24

(PLEASE PRINT)

Name: Tiffany Lee

Address: [Redacted] Bronx NY 10471

I represent: Altagracia Faith and Justice Works

Address: 439 W. 204th St New York, NY 10034

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/2024

(PLEASE PRINT)

Name: Kelly Moltzen

Address: [Redacted] NW, Washington DC 20010

I represent: Interfaith Public Health Network + Bronx Health REACH

Address: 2006 Madison Ave, New York NY 10035

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Bernard O'Brien

Address: \_\_\_\_\_

I represent: Prof. Sean Haley (CUNY School of Public Health)

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Sara Kim

Address: 203-05 33rd Ave. Bayside

I represent: Korean Community Services

Address: same as above

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1047 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/74

(PLEASE PRINT)

Name: George Nierenberg

Address: [Redacted] NY NY 10024

I represent: SELF

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Rev. Edwin Chizery

Address: [Redacted] West 114 St NY NY 10011

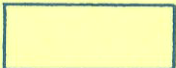
I represent: Interfaith Public Health Network

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL  
THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. 0641 Res. No. 2024

in favor  in opposition

Date: 2/2/24

(PLEASE PRINT)

Name: Tammy Switzer - Angler

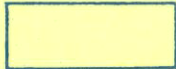
Address: [Redacted]

I represent: NYU

Address: \_\_\_\_\_

THE COUNCIL  
THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. 0641 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/2/204

(PLEASE PRINT)

Name: Pasquale Rummio

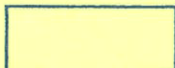
Address: 180 Madison Ave, New York, NY 10016

I represent: NYU Grossman School of Medicine

Address: 180 Madison Ave, New York, NY 10016

THE COUNCIL  
THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: MONICA BARTLEY

Address: \_\_\_\_\_

I represent: UNITED METHODIST CHURCH

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/21/24

(PLEASE PRINT)

Name: Elizabeth Colman

Address: \_\_\_\_\_

I represent: DHMH

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/21/24

(PLEASE PRINT)

Name: Fretchen Van Wye

Address: DHMH

I represent: DHMH

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 12/27/24

(PLEASE PRINT)

Name: Carolyn Olson

Address: [Redacted] LIC

I represent: DHMH

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms