

Testimony
of
Ashwin Vasan, M.D, PhD
Commissioner
New York City Department of Health and Mental Hygiene
before the
New York City Council Committee on Health
on
Intro 687,675, and Pre-considered 2913

February 1, 2022
City Hall
New York, NY

Good morning Chair Schulman and members of the Committee. I am Dr. Ashwin Vasan, Commissioner of Health. I am joined today by Dr. Michelle Morse, Chief Medical Officer and Deputy Commissioner for the Center for Health Equity and Community Wellness, as well Dr. Duncan Maru and Elizabeth Solomon. Thank you for the opportunity to testify today on our efforts to address diabetes in New York City.

The mission of the Health Department is to improve and protect the health of all New Yorkers and to promote health equity, in doing so. We are slowly leaving behind a time of pandemic emergency that has seen an unprecedented loss of life expectancy and increases in premature death. Citywide life expectancy in New York City has dropped by nearly 5 years, from 82.6 years in 2019 to 78 years in 2020. This drop is even more dramatic for Black and Latino New Yorkers. While COVID-19 has been a major driver of this loss of life, it does not explain the whole picture. Rising rates of chronic disease and the effects of untended chronic illnesses, has also taken a major toll. Which is why, as the City enters a new “post-COVID” or “living with COVID” era, it is crucial we highlight our collective work on issues like diabetes and other chronic illnesses that has, understandably, fallen behind our pandemic-related efforts, but remains a leading cause of death for New Yorkers.

Diet-related diseases - including type 2 diabetes and heart disease - are significant health problems in New York City. Between 2002-2020, adult prevalence of diabetes in New York City increased by over 50% with little change in the average level of blood sugar control in the population. Notably, there is a high concentration of adults with A1C levels over 9% in neighborhoods with high poverty and high densities of people of color such as Flatbush, East Harlem, Washington Heights/Inwood, and the South Bronx. There is no possibility of addressing the overall burden of diabetes and its complications for New Yorkers, without combatting inequities.

Type 2 diabetes is associated with a variety of factors including social and structural factors such as poverty, and behavioral factors, like smoking which can cause a 30- 40% increased risk of type 2 diabetes compared to people who do not smoke. Diabetes prevention requires a comprehensive approach. One that acknowledges and works to address needs of all New Yorkers, but that specifically combats structural inequities that explain why Black and Latino New Yorkers face the disproportionate burden of disease, and that shifts food environments and policies to better support healthy choices. In addition, programs that focus resources and reinvestment in spaces, places, and neighborhoods experiencing unfair impacts are crucial. In this effort, we are guided by the 2021 Board of Health’s Resolution Declaring Racism a Public Health Crisis that that requires the Health Department to take a series of actions to improve racial equity across the city.

Diet-related diseases are of even greater concern given the COVID-19 pandemic. Diet-related health conditions, such as diabetes and heart disease, can increase the risk of severe illness from COVID-19, demonstrating how chronic diseases can exacerbate other illnesses and underscores the importance of accessible healthy food and built environments. Many New

Yorkers, including communities with lower household incomes, especially Black, Latino, and immigrant communities, are disproportionately impacted and burdened by both COVID-19 and chronic diseases such as diabetes.

It is a top priority for the Administration and the Health Department to reduce the burden of diabetes and other chronic diseases among New Yorkers. Healthy eating is important for chronic disease prevention overall, and specifically for diabetes prevention, management, and remission. The Health Department promotes balanced eating patterns – diets predominantly made up of whole and minimally processed foods and full of plants, such as fruits, vegetables, whole grains, beans, nuts and seeds.

New Yorkers face significant challenges when trying to make healthy dietary choices. Foods high in salt and sugar are widely available, less expensive, offered in large portions, and are heavily promoted and marketed, particularly towards communities that bare a disproportionate burden of diet-related diseases. Health Department studies have found an increased density of advertisements for unhealthy foods in neighborhoods with higher proportions of Black residents, and street-level sugary drink ads are also disproportionately displayed in specific neighborhoods, especially those with higher percentages of Black residents.

A holistic approach, including addressing social determinants of health, like income and wealth, is critical to improving inequities in health outcomes. A 2021 USDA study shows cost is the largest single barrier to healthy eating for communities with low incomes. In the face of this landscape, we have many strategies to increase availability, access, and awareness of healthy food, promote active living, and decrease consumption of foods high in salt and sugar.

In 2021, we distributed over 1 million Health Bucks coupons worth more than \$2 million dollars in fresh fruits and vegetables, helping to put fresh-locally-grown produce into the hands of thousands of low-income New Yorkers. We are launching Groceries to Go, which provides eligible participants with credits to spend on groceries through an online platform that links them to hundreds of local grocers. We plan to provide a 50% discount on fresh fruits and vegetables for all participants to encourage purchases of fresh produce.

The Health Department has also produced media campaigns that call attention to the aggressive marketing practices of the food industry, highlight the importance of family support in making healthy lifestyle changes, and call attention to the harms of sugary drinks and the benefits of choosing fruits and vegetables. To counter the over proliferation of junk food marketing in our neighborhoods, the Mayor signed Executive Order 9, which requires that food advertisements on city property — to the extent practicable — feature healthy food; ensuring that city property can no longer be used to advertise unhealthy foods. And coming later this spring the Health Department will launch a citywide media campaign focused on promoting a plant-forward diet.

As the Mayor said in last week's State of the City address "You can't have Whole Foods in Park Slope and junk food in Brownsville." The Department's strategies are aimed at addressing multiple aspects of the food system, from production to consumption, with initiatives that target food ingredients before it gets to grocery shelves, the healthfulness of food served by City agencies, as well as consumer information, resources, and skills.

Our comprehensive approach to diabetes prevention and management also includes targeted programming, surveillance efforts and health systems improvements. The Health Department works with both clinical and community-based partners to increase the availability of the National Diabetes Prevention Program (NDPP) in neighborhoods with high rates of obesity and chronic disease in the city. Over the past four years, we have worked with 55 organizations to add over 90 NDPP workshops throughout the city and host eight cohorts of Diabetes Self-Management Education and Support (DSMES) workshops, focusing on communities with the worst public health outcomes. Health + Hospitals Lifestyle Medicine programming is another example of providing people living with chronic disease – like diabetes – with the tools to make healthy lifestyle changes, including providing them access to plant-based diet resources.

Considering the expansive impact of COVID-19 on people living with chronic disease and diabetes, the Health Department has led the community-based arm of the Public Health Corps since the summer of 2021. Public Health Corps advances COVID-19 prevention and education, and screening for chronic disease – including type 2 diabetes - in priority neighborhoods across 75 zip codes. Public Health Corps has funded more than 90 community-based organization partners. From July 2021 through December 2022, over 600,000 New Yorkers were linked to health or social services.

Regarding surveillance, since 2006 we have monitored glycemic control in New York City, which helps us to identify populations and neighborhoods with poor glycemic control for targeted interventions, for example, our NDPP program.

The health system plays an important role in raising awareness for prevention and treatment of diabetes and in referrals to expand access to resources like NDPP and DSMES. Access to quality healthcare should be available to all New Yorkers. Yet, social, economic, and geographic factors can often be barriers to receiving health services. Lack of access to healthcare is both a public policy issue and a moral one. We work together with other city agencies such as Health + Hospitals, community-based organizations and community healthcare providers such as federally qualified health centers (FQHCs) to identify and respond to the barriers that prevent access to healthcare to ensure that all New Yorkers can receive the care that they need.

And we recognize that health insurance provides a vital pathway to care and financial protection, particularly for more specialized care. As such, we work to enroll New Yorkers into coverage through the New York State of Health Marketplace and provide enrollment assistance with both paper and web-based portal applications and renewals.

I would now like to turn to the bills under consideration today.

Pre-considered 2913 requires the Department to develop and implement a citywide type 2 diabetes reduction plan. As previously noted, recent data shows that, between 2002-2020, adult prevalence of diabetes in NYC increased by over 50%. Tackling diabetes will require addressing unequal exposure to heavily marketed and unhealthy, processed foods as well as providing people with resources and information to eat healthier, and move more. We share the Chair's goal is addressing this critical chronic disease, which impacts the quality of life of so many New Yorkers. As our testimony reflects, the Health Department is dedicated to preventing and addressing diabetes in NYC, we support the intent of this bill, and we look forward to working with the Chair and Council.

Intro 687 requires certain food service establishments to post a warning statement and icon for menu items that contain high amounts of added sugars, expanding upon Local Law 33 which carries a similar requirement for pre-packaged foods. Intake of added sugars is associated with increased risk of excess weight, type 2 diabetes, hypertension, stroke, heart disease and cavities. Sugary drinks are the leading contributor to added sugars in the American diet – a pattern that holds true for adults and youth. We thank the Council for raising this important topic and highlighting the impact added sugars can have on our health. We share your goal on helping New Yorkers make informed decisions about their food and beverage consumption and we look forward to working with you further on this bill.

Finally, Intro 675 requires development of a telemedicine accessibility plan for the primary care services and patient navigation program covered under Local Law 107. These services are provided via Health + Hospitals' NYC Cares program. We are reviewing the bill closely with our colleagues at Health + Hospitals and will be in contact with Council to discuss further.

Combatting diabetes is a priority for this Mayor and this Administration. And it is a priority for me, as Health Commissioner and as someone who has multiple type 1 and type 2 diabetics in his family across the world. I see firsthand the impact of social and economic drivers and access to care on the outcomes within my own relatives. I have uncles and cousins in India facing blindness, nerve damage, and kidney failure due to poor nutrition, the rising impact of fast and processed foods, and lack of access to high quality care. While here in the US, I have multiple relatives able to manage their diabetes because of the same kind of access and supports and systems change that the City promotes. When we talk about inequities, I see this every day in the people I love the most, and it's my commitment, with Dr Morse and so many others, to lead our work to combat these the undue burden of diabetes and diet-related illness.

Thank you all for the opportunity to testify and I am happy to answer questions.

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February 1, 2023

Hon. Adrienne Adams
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Hon. Keith Powers
Majority Leader, NYC Council
250 Broadway, Suite 1833
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Hon. Lynn Schulman
Chair, NYC Council Health Com.
250 Broadway Suite 1866
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Dear Speaker Adams, Majority Leader Powers & Chair Schulman:

The NYS American Academy of Pediatrics, Chapters 2 & 3, representing over 1,700 pediatricians in the five boroughs of New York City, strongly support Council bill INT 687, and urge you to pass it as soon as possible to help New Yorkers make more informed dietary choices for the health of themselves and their families.

INT. 687 requires warning labels on chain restaurant menu items that contain more than an entire day's worth (50g) of added sugars and will provide transparent, accurate information to parents, other adult caretakers, and children and youth.¹

In their practices, our members see the multiple, often devastating, health impacts of sugar-sweetened beverage (SSB) consumption on children and youth.

Foremost among these are pediatric overweight/obesity and related conditions including hypertension, dyslipidemia, prediabetes, type 2 diabetes, nonalcoholic fatty liver disease and polycystic ovarian syndrome,² as well as obstructive sleep apnea.³

Also significant, especially in the context of the COVID pandemic, are the potential mental health comorbidities of pediatric obesity, including depression and anxiety.⁴

Moreover, SSB consumption and its consequences are a health equity issue, with marketing for sugar-sweetened beverages disproportionately targeting African American and Hispanic youths.⁵

Because of these and other structural inequalities, overweight and obesity disproportionately affect communities of color, particularly Hispanic and non-Hispanic Black youth.⁶ Furthermore, obesity prevalence is independently associated with poverty.⁷

These disproportionate outcomes can be clearly seen in NYC DOHMH data, which show that Black non-Latino (18.9%) and Latino (17.1%) public high school students are far more likely to consume one or more servings of soda per day than their white non-Latino (10.9%) peers.⁸ Youth from those populations are also nearly twice as likely to be overweight or obese.⁹

There are long-term implications for these conditions, with multiple studies establishing a relationship between adolescent obesity and adult severe obesity, dyslipidemia, hypertension, and type 2 diabetes.¹⁰

New York City has a well-earned reputation for public health innovation, especially in defense of its most vulnerable residents.

In that tradition, it's time for the New York City Council to take decisive action to stem the tide of pediatric obesity by enacting Int. 687 and ensuring added sugars warning labels are required on chain restaurant menu items which contain more than a day's worth (50g) of added sugars, including fountain drinks.

Sincerely,



Robert Lee, DO, FAAP
President, NYS AAP - Chapter 2



Jesse Hackell, MD, FAAP
President, NYS AAP - Chapter 3

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The New York City Council Committee on Health

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Committee Members: Joann Ariola, Charles Barron, Oswald Feliz, Crystal Hudson, Mercedes Narcisse, Marjorie Velázquez, and Kalman Yeger

February 1, 2022

Testimony of Bronx Borough President Vanessa L. Gibson

Re: Diabetes Oversight, Int 0675-2022, Int 0687-2022, T2023-2913

Good morning **Chair Schulman** and the members of the City Council Committee on Health, I am Bronx Borough President Vanessa L. Gibson. Thank you for convening this hearing today on the very important issue of diabetes in our city. And thank you for the opportunity to speak on how we can formulate a plan to collectively address this public health crisis.

The Bronx is the epicenter of this epidemic, with some of the highest rates of diabetes across our city. In Bronx neighborhoods such as Mott Haven, Hunts Point, Tremont, and Morrisania, more than twenty percent of the population has been diagnosed with diabetes. And that number does not account for individuals who are unaware they are living with the condition.

Diabetes is a diet-related disease. Research shows that food insecurity is higher among people with diabetes and that the limited availability of healthy food affects long-term diabetes management. Diabetes

disproportionately affects people of color and low-income communities that lack access to quality healthcare. People afflicted with diabetes often have additional underlying health conditions such as hypertension, obesity, and heart disease. These chronic health conditions put our residents at high risk and significantly diminish their quality of life.

Food insecurity has been a longstanding challenge for many Bronxites, but the situation was certainly exacerbated during the COVID-19 pandemic. Due to the economic downturn, shortages of goods, and soaring prices, the lack of access to healthy food has worsened. However, fast-food chains remain readily accessible.

My office regularly meets with Bronx Health REACH and other health and food providers regarding nutrition and food access initiatives in our borough. Our goal is to apply an evidence-based approach to understand the food landscape in The Bronx and high-need neighborhoods requiring more intervention.

My office is mapping community gardens and healthy food access points across the borough to share with the public. We look forward to establishing hyperlocal fresh food connections, helping small food retailers sell healthy options, and expanding food security and nutrition research.

Health outcome data on diabetes surveillance was missing in the 2021-22 Robert Wood Johnson County Health Rankings, an indicator of pandemic

related constraints. The DOHMH and State DOH funding projections for FY2023 lack any funding allocation for surveillance of diabetes, hypertension, and other preventable chronic illnesses. In 2023, public health leaders *must* refocus efforts on the prevention and effective management of diabetes, the most pervasive chronic illness and challenge for population health.

As outlined in my Strategic Policy Statement, my team is preparing to launch a boroughwide Diabetes Taskforce – a coalition of Bronx stakeholders and experts, community-based organizations, social service agencies, and healthcare and insurance providers. Collectively, this taskforce will drive change with a Bronx Plan, by developing strategies for improved nutrition education, outreach, funding, diabetes screening, and culturally competent care to improve long-term health. Healthy living starts with healthy choices, and that begins with New Yorkers understanding what they are consuming.

Today, I am proud to join with my colleagues in the City Council in support of Int 687 on the agenda, which would require chain restaurants to post labels when a food item has a high sugar content. We must empower our residents to make the food choices that are best for themselves and their families, and this can only be done by letting them know what is in the food they eat.

Bronx residents would benefit from more telehealth service options. This is why I support Int 675, which would require DOHMH to create a telemedicine accessibility plan. Additionally, I support the creation of a citywide diabetes reduction plan that will help spotlight neighborhoods with high-risk populations.

Thank you to **Chair Schulman** and the New York City Council Committee on Health for prioritizing this issue that plagues our communities. Diabetes is a preventable illness and together we can improve health outcomes and end this epidemic.

My name is Ed Chinery, I'm a priest serving at Church of the Ascension, an Episcopal parish in lower Manhattan where one of our major outreach efforts is a food pantry. Food Bank NYC, it's worth mentioning, does not allow for the distribution of sugary drinks, but they've really increased our program's capacity to offer fresh produce – we now distribute tripled what we did five years ago.

My housing is on the Lower East Side – Henry Street - where I recently asked the manager of the local deli why there was absolutely no zero-sugar soft drinks in stock. He laughed out loud and said, “This is the ‘hood bruh...!” and looked at me like I was from Mars. His response was so automatic and I'm guessing so was the thinking behind it. I continue to struggle with that – how automatic it was – the social injustice behind it – the harm being automatically done to the people I live among.

That's why I'm here. That and because of the leadership of the Episcopal Church in this country and our Building Beloved Community Initiative – a program that comprehensively organizes powerful positive action in response to systemic injustice, especially as concerns race and economics – inextricably linked as they are. Chief among the issues we focus on, are pernicious health disparities, such as the pervasive culture of ill-health The Sweet Truth Bill seeks to address. And it's why we in faith community strive to work side-by-side with secular, community-based organizations, to both identify and actively INTERRUPT the historically unnoticed harm that's simply been accepted as a fact of life for far too long.

This is what accountability looks like.

This is what we feel represents real partnership for healthier communities.

It's hard to express how excited we are that this hearing has shown how more partnerships are being energized – how this wants to happen. Today has shown me how much the passing of this bill helps.

Thank you so much for your time and efforts.



Coalition For Asian American
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**New York City Council
Committee on Health
February 1, 2023**

**Testimony of Medha Ghosh, MPH, Policy Coordinator
Coalition for Asian American Children and Families (CACF)**

Good afternoon, my name is Medha Ghosh, and I am the Senior Policy Coordinator for Health at the Coalition for Asian American Children and Families, otherwise known as CACF. Thank you very much to Chair Schulman for holding this hearing and providing this opportunity to testify.

Founded in 1986, CACF is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian American Pacific Islander (AAPI) population comprises nearly 18% of New York City. Many in our diverse communities face high levels of poverty, overcrowding, uninsurance, and linguistic isolation. Yet, the needs of the AAPI community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized AAPI New Yorkers. Working with over 70 member and partner organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

As the COVID-19 pandemic continues to rage on, adequate access to telehealth services is critical for the wellbeing of New Yorkers. This includes the central need for quality remote interpretation and translation for our Limited English Proficient (LEP) community.

Nearly 19 million people reside in the New York City metropolitan area, and over 800 different languages are spoken. Because of New York's linguistic diversity, it is incredibly important to ensure language access. Language barriers are a huge obstacle faced by many folks in immigrant communities, and especially in the AAPI community. In New York City, the AAPI community has the highest rate of linguistic isolation of any group, as 46% have limited English proficiency (LEP), meaning that they speak English less than very well, according to a recent report from the New York City Department of Health and Mental Hygiene. Moreover, more than 2 in 3 Asian seniors in NYC are LEP, and approximately 49% of all immigrants in NYC are LEP.

Language barriers can prevent folks from accessing vital services like healthcare. Despite there being 76 language access policies targeting healthcare settings in New York, we have found that many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. A lack of linguistically accessible services in healthcare settings can have grave consequences: 52% of adverse events that occurred to LEP patients in US hospitals



Coalition For Asian American
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were likely the result of communication errors, and nearly half of these events involved some form of physical harm.

In response to this, CACF's campaign, "Lost in Translation" aims to ensure that New Yorkers have equitable access to linguistically and culturally responsive healthcare services. Over the past two years, CACF conducted quantitative and qualitative research to identify the key barriers that LEP New Yorkers face in healthcare settings and identify corresponding recommendations.

Our research has found that many LEP patients encounter difficulties utilizing technology to access telemedicine services and remote interpretation. In addition, when attempting to use telehealth services, LEP patients experience long wait times to connect to remote interpreters, who tend to not have medical language training.

As language access in telehealth services is a critical issue faced by many New Yorkers, CACF is in support of Council Member Hudson's Intro Bill 675 that would require the department of health and mental hygiene to create a telemedicine accessibility plan to improve the availability and accessibility of portable monitoring devices and telehealth devices for populations that could be better served by telemedicine services. We hope that language accessibility is prioritized in the telemedicine accessibility through increasing availability of remote interpreters and ensuring that clear instructions to utilize technology in patients' preferred language are provided for appointments.

Overall, we see a need for more intentional collaboration between the City and community-based organizations to better identify language access gaps in our communities and to find and implement solutions that will have a direct positive impact on the wellbeing of our communities.

Thank you very much for your time.

**New York City Council Committee on Health
Oversight – NYC’s Efforts to Address the Growing Diabetes Epidemic**

Testimony of EmblemHealth

February 1, 2023

My name is Erin Reddan and I am a Regional Manager at EmblemHealth Neighborhood Care, overseeing our Duane Street and Brooklyn Heights locations. On behalf of EmblemHealth and the thousands of New Yorkers we employ and cover, I would like to thank Chair Schulman and the members of the Committee on Health for holding this hearing and for providing the opportunity to speak on the growing diabetes epidemic which is disproportionately impacting Black, Latino, and Asian New Yorkers, and low-income communities.

The EmblemHealth family of companies provides insurance plans, primary and specialty care, and wellness solutions. As one of the nation’s largest community-based non-profit health insurers, we have over 80 years of local experience, and proudly serve more than two million New Yorkers. We operate 13 EmblemHealth Neighborhood Care centers where we provide free in-person and virtual support, access to community resources, and culturally competent programming to all community members. Many of our Neighborhood Care centers are co-located with our partner medical practice, AdvantageCare Physicians (ACPNY), which provides primary and specialty care at over 30 offices in the New York area to over 500,000 patients a year, including at 11 offices in designated Medically Underserved Areas.

EmblemHealth strongly supports the package of introductions under consideration today, and we thank the members of the Committee on Health and others on the City Council for your tireless work to ensure our City has the resources we need to address the diabetes epidemic.

According to data from the Centers for Disease Control (CDC) more than one in ten individuals across the US have diabetes, and of those individuals 23% are undiagnosed. More than one in three adults across the US have prediabetes and nearly 50% of adults over the age of 65 have prediabetes. With diabetes impacting so many individuals and families in our communities, we know it is critical to provide as much education, support, and treatment as possible to those impacted, especially to those who are most vulnerable.

EmblemHealth was honored to be joined and supported by Chair Schulman at our recent educational webinar on managing and preventing diabetes. This webinar provided education to community members about diabetes risk factors, the importance of screenings and healthy lifestyles, and ways for family members to support loved ones with diabetes, with expert panelists from EmblemHealth, ACPNY, and JDRF, the leading global type 1 diabetes research and advocacy organization. This was the second of our ongoing series of public health education webinars, enabling us to reach more members, patients, and community members and connect them to the resources we are providing every day in their neighborhoods.

At ACPNY and Neighborhood Care we serve many of the individuals and communities who are at heightened risk for diabetes, and we are committed to providing holistic care as

diabetes management and prevention requires a combination of a healthy diet, proper exercise, and routine visits with doctors. Our staff represent and reflect the communities they serve, and we provide culturally and linguistically competent care.

At Neighborhood Care we provide nutrition classes such as Plant-Based Eating 101, fitness and wellness classes such as Tai Chi and Meditation, and connection to healthy food through free farmer's markets and assistance with accessing SNAP benefits. We provide diabetes specific programming for prevention and self-management, which I have helped facilitate since 2013 and have seen countless community members successfully lower their A1C and blood pressure levels.

In addition to addressing diabetes in the community, as a health plan, we address it for members through comprehensive care management and our quality improvement programs. In 2023, EmblemHealth will be introducing a provider equity incentive for Diabetes A1C Control (HEDIS) to incentivize a reduction in racial disparities for African American/Black members. Our accredited A1Chieve Program for diabetes helps members with Type 1, Type 2, and gestational diabetes to manage their condition, with support provided by registered dietitians and nurses who are certified diabetes care and education specialists.

Given the high rates of diabetes and prediabetes, as well as the high rates of individuals with diabetes who are undiagnosed, it is important that individuals and communities have clear education and information to understand how to prevent or reverse prediabetes, as well as how to manage the condition. Community providers and organizations, like ACPNY and EmblemHealth Neighborhood Care, are trusted sources of information and understand the unique and diverse communities we serve.

Combatting the diabetes epidemic requires a coordinated effort among public and private stakeholders to ensure all communities, especially the most vulnerable, have access to education, screenings, and support. EmblemHealth hopes to be a constructive partner and resource to the City Council to accomplish these goals.

Thank you for your time and we look forward to continuing to work together to keep New York City healthy.



**Testimony from GMHC for New York City Council Health Committee Hearing:
Oversight – NYC’s Efforts to Address the Growing Diabetes Epidemic
February 1, 2023**

GMHC, founded in 1982 as Gay Men’s Health Crisis, the world’s first HIV and AIDS services organization, is grateful for the opportunity to testify in support of the Council’s initiative to address the growing diabetes epidemic in New York City, particularly among those living with HIV and AIDS. This includes our support for: Int 0675-2022 (Hudson) Aging In Place Package - Requiring the department of health and mental hygiene to create a telemedicine accessibility plan; and Int 0687-2022 (Powers) Requiring added sugar notifications for menu items in chain restaurants.

Outside of the HIV and AIDS services system and medical community, there is a lack of awareness of the intersection of HIV and diabetes. In fact, people living with HIV (PLWH) are more likely to have type 2 diabetes than people without HIV.¹ Among the reasons are that PLWH are living longer, which contributes to the development of comorbidities, and because they also have unique risk factors.²

A study published in 2010 found that diabetes prevalence was 3.8% higher in adults living with HIV in the U.S. compared to that of the general population.³ Risk factors for diabetes in PLWH include if they previously were prescribed older generation protease inhibitors and nucleoside reverse transcriptase inhibitors, as well as lipodystrophy, and hepatitis C co-infection.⁴ Compared to individuals without HIV, an increased risk of diabetes has been noted with weight gain and/or chronic inflammation⁵ after PLWH begin taking some types of current antiretroviral therapies.⁶

Type 2 diabetes among New Yorkers living with HIV and AIDS is a life-threatening comorbidity that needs to be further evaluated. For example:

- It increases the high risk they already have for cardiovascular disease;
- There are HIV-specific considerations that increase risk, such as the interactions of anti-retroviral therapies (ART) with diabetes medications, as well as other medications used to treat or prevent cardiovascular disease;⁷

¹ HIVinfo.nih.gov. HIV and Diabetes. [Updated 2021 August 8]. Available from: <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-diabetes#:~:text=People%20with%20HIV%20are%20more,and%20being%20overweight%20or%20obese>

² Sarkar S, Brown TT. Diabetes in People Living with HIV. [Updated 2019 Aug 27]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK545886/>

³ <https://drc.bmj.com/content/5/1/e000304>

⁴ Sarkar S, Brown TT.

⁵ Hayes, R. Type 2 diabetes and HIV. [Updated 2021, January]. Available from: <https://www.aidsmap.com/about-hiv/type-2-diabetes-and-hiv>

⁶ Sarkar S, Brown TT.

⁷ Sarkar, S., Brown, T.T. Diabetes in People with HIV. *Curr Diab Rep* **21**, 13 (2021). <https://doi.org/10.1007/s11892-021-01382-8>

- A diabetes study published by NYC DOHMH in 2007 found that of the 1,602 deaths due to HIV in 2002, 33, or 2%, included diabetes as an underlying cause. These data are over 20 years old and likely under-reported the impact of diabetes at that time.⁸

As the Council develops its plan to comprehensively address diabetes, GMHC respectfully urges it to:

- Ensure that information about the prevalence of diabetes among New Yorkers living with HIV is comprehensively collected and assessed, while ensuring patient confidentiality;
- Ensure that diabetes education and screening is a funded component of care for the many community-based services providers on the front lines of supporting low-income New Yorkers at high risk. For example, funding for diabetes education and screening can be a fundamental part of:
 - HIV testing clinic protocols;
 - Expanded meals and nutritional support and education;
 - Culturally relevant public education and awareness campaigns created and facilitated by the community-based organizations that have established trust among communities living with and affected by HIV and AIDS.

GMHC looks forward to continued partnership with the Council, NYC DOHMH, and other community-based organizations to help prevent and treat type 2 diabetes among PLWH.

⁸ Kim M, Berger D, Matte T. *Diabetes in New York City: Public Health Burden and Disparities*. New York: New York City Department of Health and Mental Hygiene, 2006. Available from: https://www1.nyc.gov/assets/doh/downloads/pdf/epi/diabetes_chart_book.pdf

Testimony for New York City Council Health Committee – Wednesday, February 1, 2023

Thank you for today's hearing.

I am Chris Norwood, Executive Director of Health People.

What we have in New York City is a diabetes-related amputation rate rising at twice the National average. We have one million people with diabetes half of whom are destined to vision loss including blindness for at least 4%. What is so distressing to see is that the two peer educators who just testified slashed their blood sugar but it was too late to save them from terrible vision problems. The eyes are the first injury point in diabetes and people must learn to control their blood sugar soon after diagnosis not to have that early unseen injury turn into debilitating vision problems over the years. But that early intervention---especially readily available self-management education right in communities, still isn't available.

For the Council to FINALLY recognize the importance of diabetes is crucial. And the administration has made important steps, including the Lifestyle Medicine program and reforming food served at major institutions like the schools and hospitals.

But we have begged and begged both the Council and the administration to assure that communities themselves can deliver real self-care education---namely the Diabetes Self-Management Program (DSMP), which not only lowers blood sugar, but slashed emergency visits, hospitalizations, and complications---to the extent that it reduces new cases of kidney disease by 90%. No kidney disease, no dialysis!

I deeply hope this hearing will end the city's utter refusal to enable communities to fight diabetes themselves and especially refusal to support the peer education programs that enable people to start to believe in their own power to achieve better health.

Community groups, including Health People and the National Black Leadership Commission on Health have also been working with the Health Department for months on the city's first Diabetes Working Group and I am sure that report will help provide a foundation for the Council's work.

I can tell you though that the members of that group---clinicians and community members alike---have constantly called for peer education programs to be at the forefront of fighting diabetes.

Finally, sugar! I want to thank the advocates for their work and we definitely support the Sweet Truth bill, But there is also a major action which has not been mentioned. Ten percent of New York City SNAP funds---billions of dollars---are used to purchase soda and sugary drinks. The city itself---hopefully with the state---can ask for a federal waiver to remove sugary drinks from its SNAP purchases. The city must do so. As long as we are paying billions in what is called a nutrition program to knowingly make our children sick, everything else is empty.

Thank you again and thank you peer educators!

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HUNTER COLLEGE NEW YORK CITY FOOD POLICY CENTER

Testimony and Statement of Charles Platkin, Ph.D., J.D., M.P.H., Distinguished Lecturer, Hunter College, CUNY; Executive Director, Hunter College New York City Food Policy Center and Annette Nielsen, MA, Acting Executive Director, Hunter College New York City Food Policy Center

Title of Hearing: NYC's Efforts to Address the Growing Diabetes Epidemic, Introduction of Legislation Int. 687 and Int. 675

February 1, 2023

Thank you to Chairperson Schulman and the members of the Committee on Health for the opportunity to submit written testimony regarding NYC's efforts to address the growing diabetes epidemic and two pieces of legislation, [Int. 687](#) – a local law in relation to requiring added sugar notifications for menu items in chain restaurants, and [Int. 675](#) – a local law in relation to requiring the Department of Health and Mental Hygiene to create a telemedicine accessibility plan.

We are providing this testimony on behalf of the [Hunter College New York City Food Policy Center](#), of which we serve as executive director and acting executive director. The Center was created in 2012 to develop collaborative, innovative and evidence-based solutions to prevent diet-related diseases, promote healthy eating and reduce food insecurity in New York City and other urban centers. We work with policy makers, community organizations, advocates and the public to create healthier, more sustainable food environments.

Diabetes Facts and Data

Diabetes, a chronic disease marked by heightened blood glucose levels, affects more than 37 million Americans — more than ten percent of the United States population.¹ In New York City, nearly one million residents have diabetes.^{2,3}

¹ Diabetes and Diabetes Prevention. New York State Department of Health. <https://www.health.ny.gov/diseases/conditions/diabetes/>. Accessed January 31, 2023.

² Diabetes. NYC Health. <https://www.nyc.gov/site/doh/health/health-topics/diabetes.page>. Accessed January 31, 2023.

³ Diabetes by Community District. NYC DATA2GO.

https://www.data2go.nyc/map/?id=107*36047015900*diabetes_cd!undefined!ns*!other_pop_cd_506~ahdi_puma_1~sch_enrol_cd_12~age_pyramid_male_85_plus_cd_20~median_household_income_puma_397~median_personal_earnings_puma_400~dis_y_per_c_puma_102~poverty_ceo_cd_417~unemployment_cd_408~pre_k_cd_107!air_qual_cd~ahdi_puma*family_homeless_cd_245#10/40.8278/-73.9586. Accessed January 31, 2023.

Diabetes disproportionately affects New York City's communities of color.^{4,5,6,7,8} The Bronx has the highest rate of diabetes among adults of the five boroughs, with 12 percent of adults having diagnosed diabetes.⁹ This includes majority Black and brown communities such as Belmont, East Tremont, Hunts Point, and Melrose, all of which have more than 20 percent of residents with diagnosed diabetes.¹⁰ These communities are also disproportionately represented in the number of avoidable diabetes-related hospitalizations.¹¹ Furthermore, many of these marginalized communities are not receiving the educational resources they need for residents to understand the impact of their dietary choices on the development and outcomes of these diseases.¹²

This epidemic results in high costs, both in money and in lives. Diabetes is the sixth leading cause of death for adults in New York City.¹³ Furthermore, it is often comorbid with other chronic and life-threatening conditions, such as hypertension and heart disease.¹⁴ Individuals with diabetes are also at greater risk of poor outcome from COVID-19.¹⁵ Financially, the cost of diabetes is enormous — according to the American Diabetes Association, “Diagnosed diabetes costs an estimated \$21 billion in New York [State] each year,”¹⁶ which includes both direct medical expenses and indirect loss of productivity costs.

⁴ Arasteh K. Prevalence of Comorbidities and Risks Associated with COVID-19 Among Black and Hispanic Populations in New York City: an Examination of the 2018 New York City Community Health Survey. *J Racial Ethn Health Disparities*. 2021;8:863-869. doi:[10.1007/s40615-020-00844-1](https://doi.org/10.1007/s40615-020-00844-1)

⁵ Kaplan SA, Calman NS, Golub M, Ruddock C, Billings J. Racial and Ethnic Disparities in Health: A View from the South Bronx. Johns Hopkins University Press. 2006;17(1):116-127. doi:[10.1353/hpu.2006.0026](https://doi.org/10.1353/hpu.2006.0026)

⁶ Freudenberg N. Preventing Type 2 Diabetes Among Young People in New York City. Scholas Strategy Network. August 21, 2022. <https://scholars.org/contribution/preventing-type-2-diabetes-among-young-people>.

⁷ Arasteh K. Hypertension, diabetes and poverty among Latinx immigrants in New York City: implications for COVID-19. *Int J Migr Health Soc Care*. 2021;17(2):208-241. doi:[10.1108/IJMHS-09-2020-0088](https://doi.org/10.1108/IJMHS-09-2020-0088)

⁸ Diabetes by Community District. NYC DATA2GO.

https://www.data2go.nyc/map/?id=107*36047015900*diabetes_cd!undefined!ns*!other_pop_cd_506~ahdi_puma_1~sch_enrol_cd_12~age_pyramid_male_85_plus_cd_20~median_household_income_puma_397~median_personal_earnings_puma_400~dis_y_per_c_puma_102~poverty_ceo_cd_417~unemployment_cd_408~pre_k_cd_107!air_qual_cd~ahdi_puma*family_homeless_cd_245#10/40.8278/-73.9586. Accessed January 31, 2023.

⁹ Diabetes by Community District. NYC DATA2GO.

https://www.data2go.nyc/map/?id=107*36047015900*diabetes_cd!undefined!ns*!other_pop_cd_506~ahdi_puma_1~sch_enrol_cd_12~age_pyramid_male_85_plus_cd_20~median_household_income_puma_397~median_personal_earnings_puma_400~dis_y_per_c_puma_102~poverty_ceo_cd_417~unemployment_cd_408~pre_k_cd_107!air_qual_cd~ahdi_puma*family_homeless_cd_245#10/40.8278/-73.9586. Accessed January 31, 2023.

¹⁰ Diabetes by Community District. NYC DATA2GO.

https://www.data2go.nyc/map/?id=107*36047015900*diabetes_cd!undefined!ns*!other_pop_cd_506~ahdi_puma_1~sch_enrol_cd_12~age_pyramid_male_85_plus_cd_20~median_household_income_puma_397~median_personal_earnings_puma_400~dis_y_per_c_puma_102~poverty_ceo_cd_417~unemployment_cd_408~pre_k_cd_107!air_qual_cd~ahdi_puma*family_homeless_cd_245#10/40.8278/-73.9586. Accessed January 31, 2023.

¹¹ Diabetes by Community District. NYC DATA2GO.

https://www.data2go.nyc/map/?id=107*36047015900*diabetes_cd!undefined!ns*!other_pop_cd_506~ahdi_puma_1~sch_enrol_cd_12~age_pyramid_male_85_plus_cd_20~median_household_income_puma_397~median_personal_earnings_puma_400~dis_y_per_c_puma_102~poverty_ceo_cd_417~unemployment_cd_408~pre_k_cd_107!air_qual_cd~ahdi_puma*family_homeless_cd_245#10/40.8278/-73.9586. Accessed January 31, 2023.

¹² Butz L. Making Progress on Added Sugar: Nutrition Policy After The Pandemic. Hunter College NYC Food Policy Center Food Policy For Breakfast Panel Discussion. May 18, 2021.

<https://www.nycfoodpolicy.org/making-progress-on-added-sugar-nutrition-policy-after-the-pandemic/>.

¹³ 10 Leading Causes of Death, New York City, 2017-2019, Highlighting Injury Annual Average Count (Age-Specific Rate per 100,000). NYC Health. <https://www1.nyc.gov/assets/doh/downloads/pdf/ip/ip-death-all-rank.pdf>. Accessed January 31, 2023.

¹⁴ Recent Top 15 Comorbid Conditions among Patients with Type 2 Diabetes Mellitus – A Large National Medical Records Review Study. American Diabetes Association. 2006.

<https://professional.diabetes.org/abstract/recent-top-15-comorbid-conditions-among-patients-type-2-diabetes-mellitusmdasha-large>. Accessed January 31, 2023.

¹⁵ Singh AK, Gupta R, Ghosh A, Misra A. Diabetes in COVID-19: Prevalence, pathophysiology, prognosis and practical considerations. *Diabetes Metab Syndr*. 2020;14(4):303-310. doi:[10.1016/j.dsx.2020.04.004](https://doi.org/10.1016/j.dsx.2020.04.004)

¹⁶ The Burden of Diabetes in New York. American Diabetes Association. October 2021.

https://diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_New%20York_rev.pdf.

The Health Impact of Added Sugars

The American Heart Association defines added sugars as “sugars and syrups put in foods during preparation or processing, or added at the table.”¹⁷ The top sources of added sugar in the American diet come from soft drinks, fruit drinks, flavored yogurts, cereals, cookies, cakes, candy and most processed foods.¹⁸ Added sugars contribute calories but no essential nutrients to one’s diet.¹⁹ The 2020-2025 Dietary Guidelines for Americans, released by the US Department of Agriculture and the US Department of Health and Human Services, recommend eating no more than 50 grams (12 teaspoons) of added sugar per day for a 2,000 calorie diet²⁰ and the American Heart Association recommends no more than six percent of calories come from added sugar each day, which amounts to 30 grams (~7 teaspoons) of sugar for a 2,000 calorie diet.²¹ Yet American consumption of added sugar far exceeds these recommendations with adults consuming an average of 77 grams (17 teaspoons) of added sugars per day and children consuming 81 grams (19.5 teaspoons) of added sugars per day.²²

The deleterious effects of excess sugar on health is clear and well documented.^{23,24,25,26,27,28,29,30} Elevated sugar consumption contributes to weight gain, which can have adverse health effects and increase the risk of high blood pressure, high cholesterol and type 2 diabetes. Overconsumption of added sugar not only contributes to the aforementioned health risks, but also increases the risk for cardiovascular disease-related death. In fact, according to a study published in *JAMA Internal Medicine*, people who consumed 17 to 21 percent of daily calories from added sugar had a 38 percent higher risk of dying from cardiovascular disease than those who consumed 8 percent of daily calories from added sugar.³¹

¹⁷ “Added Sugars.” *About Heart Attacks*, 2018, <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/added-sugars>.

¹⁸ Popkin BM, Hawkes C. Sweetening of the global diet, particularly beverages: patterns, trends, and policy responses. *Lancet Diabetes Endocrinol*. 2016;4(2):174-186. doi:[10.1016/S2213-8587\(15\)00419-2](https://doi.org/10.1016/S2213-8587(15)00419-2)

¹⁹ “Cut Down on Added Sugars.” *Dietary Guidelines for Americans*. Health.gov.

https://health.gov/dietaryguidelines/2015/resources/DGA_Cut-Down-On-Added-Sugars.pdf.

²⁰ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

²¹ Added Sugars. American Heart Association. <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/added-sugars>. Accessed January 31, 2023.

²² How much sugar is too much? American Heart Association.

<https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/how-much-sugar-is-too-much>. Accessed January 31, 2022.

²³ Prada M, Saraiva M, Garrido MV, Sério A, Teixeira A, Lopes D, Silva DA, Rodrigues DL. Perceived Associations between Excessive Sugar Intake and Health Conditions. *Nutrients*. 2022;14(3):640. doi:[10.3390/nu14030640](https://doi.org/10.3390/nu14030640)

²⁴ Freeman CR, Zehra A, Ramirez V, Weirs C, Volkow ND, Wang G. Impact of sugar on the body, brain, and behavior. *Front Biosci (Landmark Ed)*. 2018;23(12):2255-2266. doi:[10.2741/4704](https://doi.org/10.2741/4704)

²⁵ Wang YC, Coxson P, Shen Y, Goldman L, Bibbins-Domingo K. A Penny-Per-Ounce Tax On Sugar-Sweetened Beverages Would Cut Health And Cost Burdens Of Diabetes. *Health Aff*. 2012;31(1). doi:[10.1377/hlthaff.2011.0410](https://doi.org/10.1377/hlthaff.2011.0410)

²⁶ Bleich SN, Vercammen KA. The negative impact of sugar-sweetened beverages on children’s health: an update of the literature. *BMC Obes*. 2018;5:6. doi:[10.1186/s40608-017-0178-9](https://doi.org/10.1186/s40608-017-0178-9)

²⁷ Know Your Limit for Added Sugars. Centers for Disease Control and Prevention.

https://www.cdc.gov/healthyweight/healthy_eating/sugar.html. Accessed January 31, 2023.

²⁸ Fernandes T, Faria A, Loureiro H. Sources of Free and Added Sugars and Their Nutritional Impact in Diabetic Patients.

Diabetology. 2022;3(4):634-638. doi:[10.3390/diabetology3040049](https://doi.org/10.3390/diabetology3040049)

²⁹ Basu S, Yoffe P, Hills N, Lustig RH. The Relationship of Sugar to Population-Level Diabetes Prevalence: An Econometric Analysis of Repeated Cross-Sectional Data. *PLoS ONE*. 2013;8(2):e57873. doi:[10.1371/journal.pone.0057873](https://doi.org/10.1371/journal.pone.0057873)

³⁰ Lean MEJ, Morenga LT. Sugar and Type 2 diabetes. *Br Med Bull*. 2016;120(1):43-53. doi:[10.1093/bmb/dw037](https://doi.org/10.1093/bmb/dw037)

³¹ Ndumele CE, Matsushita K, Lazo M, Bello N, Blumenthal RS, Gerstenblith G, Nambi V, Ballantyne CM, Solomon SD, Selvin E, Folsom AR, Coresh J. Obesity and Subtypes of Incident Cardiovascular Disease. *J Am Heart Assoc*. 2016;5(8):e003921. doi:[10.1161/JAHA.116.003921](https://doi.org/10.1161/JAHA.116.003921)

Minimizing the consumption of added sugars is a significant public health priority and is particularly salient for the estimated 1 million New York City residents with type 2 diabetes. The excess consumption of added sugar among people with diagnosed diabetes or prediabetes can result in elevated blood glucose levels (hyperglycemia) and other significant health complications, such as increased risk of heart attack, stroke, blindness, kidney failure, diabetic coma, nerve damage, and amputations.^{32,33,34} Furthermore, many patients face barriers in accessing diabetes care, such as mobility issues and lack of financial resources.^{35,36}

Added Sugar in Restaurant Items

Americans eat out more than ever and it is estimated over one-third of calories are consumed away from home.³⁷ Restaurant meals and beverages can be a significant source of added sugars, yet there is often a lack of awareness regarding the amount contained in common menu items at most chain restaurants. When surveyed in April 2021, New Yorkers were only able to correctly identify fewer than half the foods and beverages on a McDonald's menu that contained more than 50 grams (12 teaspoons) of added sugars.³⁸ It is estimated that the average fast-food combo meal contains 68 grams (~16 teaspoons) of total added sugar and many items served by chain restaurants far exceed the FDA daily recommendation for consumption.³⁹ For example, an order of large baked beans at KFC contains 61 (~15 teaspoons) grams of sugar, a small Coca-Cola from Wendy's contains 66 grams (~16 teaspoons) of sugar, and an order of french toast with bacon from the Cheesecake Factory contains 115 grams (~28 teaspoons) of sugar.^{40,41,42} Added sugar menu labeling is supported by a vast majority of New Yorkers⁴³ and will help people make more informed decisions about how much sugar they are putting in their bodies.

Without clear, easy-to-use added sugar content information at the point of ordering, it's difficult to make informed and healthy choices. Studies have demonstrated that health warning labels prominently placed on packages, or at the point of purchase for sugary products, can impact

³² Diabetes. NYC Health. <https://www.nyc.gov/site/doh/health/health-topics/diabetes.page>. Accessed January 31, 2023.

³³ DiNicolantonio JJ, O'Keefe JH, Bhutani J. Added sugars drive chronic kidney disease and its consequences : a comprehensive review. *J Ins Resis*. 2016;1(1):a3. doi:[10.4102/jir.v1i1.3](https://doi.org/10.4102/jir.v1i1.3)

³⁴ Diabetic coma. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/diabetic-coma/symptoms-causes/syc-20371475>. Accessed February 1, 2023.

³⁵ Zgibor JC, Songer TJ. External Barriers to Diabetes Care: Addressing Personal and Health Systems Issues. *Diabetes Spectr*. 2001;14(1):23-28. doi:[10.2337/diaspect.14.1.23](https://doi.org/10.2337/diaspect.14.1.23)

³⁶ Nam S, Chesla C, Stotts NA, Kroon L, Janson SL. Barriers to diabetes management: patient and provider factors. *Diabetes Res Clin Pract*. 2011;93(1):1-9. doi:[10.1016/j.diabres.2011.02.002](https://doi.org/10.1016/j.diabres.2011.02.002)

³⁷ Calories on the Menu. US Food & Drug Administration. Updated February 25, 2022. <https://www.fda.gov/food/nutrition-education-resources-materials/calories-menu>.

³⁸ New Yorkers Support Added Sugar Warnings on Chain Restaurant Menus. Center for Science in the Public Interest. July 8, 2021. https://www.cspinet.org/sites/default/files/attachment/New%20York%20Poll_FINAL.pdf

³⁹ USDA, FDA urged to help Americans limit added sugars in schools, restaurants in 2 petitions. Center for Science in the Public Interest. Updated February 1, 2022.

<https://www.cspinet.org/press-release/usda-fda-urged-help-americans-limit-added-sugars-schools-restaurants-2-petitions>.

⁴⁰ Johnson H, Nazario M. Surprising fast-food items that contain a shocking amount of hidden sugar. Business Insider. January 26, 2016. <https://www.businessinsider.com/sugar-in-fast-food-2016-1>.

⁴¹ Tarantino O. 35 Most Sugary Restaurant Meals on the Planet. Eat This, Not That! December 14, 2020. <https://www.eatthis.com/sugar-in-restaurant-food/>.

⁴² Maldonado J. The Restaurant Drinks With More Sugar Than 4 Donuts. Eat This, Not That! July 7, 2020. <https://www.eatthis.com/restaurant-drinks-most-sugar/>.

⁴³ New Yorkers Support Added Sugar Warnings on Chain Restaurant Menus. Center for Science in the Public Interest. July 8, 2021. https://www.cspinet.org/sites/default/files/attachment/New%20York%20Poll_FINAL.pdf

consumer behavior. A 2021 systematic review and meta-analysis published in the American Journal of Preventive Medicine demonstrated that sugar-sweetened beverage warning labels were effective in dissuading consumers from choosing them.⁴⁴

It is also important to highlight that many of the chain restaurants that would be impacted by this legislation are disproportionately concentrated in low-income and minority neighborhoods. These businesses contribute to the higher burden of diabetes and diet-related disease in these marginalized communities. “Food Swamp” is a term often used to describe neighborhoods where fast-food chains and ultraprocessed foods inundate healthful alternatives. A study published in 2017 in the *International Journal of Environmental Research and Public Health* found that “the presence of a food swamp is a stronger predictor of obesity rates than the absence of full-service grocery stores.”⁴⁵ In another study published in 2019 in the *Journal of the Endocrine Society*, researchers estimated that adult type 2 diabetes is 2.5 times more prevalent in NYC communities characterized as food swamps compared to areas without fast food.⁴⁶ It is important that residents have clear information about restaurant food items that exceed the daily recommendation for added sugar and can exacerbate diet-related chronic diseases, such as diabetes.

Addressing the Epidemic of Diet-Related Diseases

New York City has long been a leader in promoting healthy eating among its residents and has launched many initiatives aimed at addressing the epidemic of diet-related chronic diseases. These include updating the NYC Food Standards to require that meals and snacks served at city agencies contain less than 10 percent of calories from added sugars and eliminating sugary beverages from vending machines, the expansion of the Lifestyle Medicine program to more NYC public hospitals, and the expansion of plant-based meals as the primary meal option for patients at all NYC public hospitals.

Int. 687 is not without precedent — In 2006, New York City became an innovator and a leader in combating obesity and diet-related diseases by requiring calorie menu labeling and posting in chain restaurants. The initiative (Regulation 81.50), passed by New York City Board of Health, was the first of its kind in the United States; the rest of the country followed suit less than four years later, and the policy has become a national standard.⁴⁷ Furthermore, in 2015, New York became the first city to pass a sodium warning bill that requires chain restaurants to put a salt shaker icon next to menu items that contain more than the daily recommended intake of sodium (Regulation 81.49).⁴⁸

⁴⁴ An R, Liu J, Liu R, Barker AR, Figueroa RB, McBride TD. Impact of Sugar-Sweetened Beverage Warning Labels on Consumer Behaviors: A Systematic Review and Meta-Analysis. *Am J Prev Med.* 2021;60(1):115-126. doi:[10.1016/j.amepre.2020.07.003](https://doi.org/10.1016/j.amepre.2020.07.003)

⁴⁵ Cooksey-Stowers K, Schwartz MB, Brownell KD. Food Swamps Predict Obesity Rates Better Than Food Deserts in the United States. *Int J Environ Res Public Health.* 2017;14(11):1366. doi:[10.3390/ijerph14111366](https://doi.org/10.3390/ijerph14111366)

⁴⁶ Lee DC, Gallagher MP, Gopalan A, Osorio M, Vinson AJ, Wall SP, Ravenell JE, Sevick MA, Elbel B. Identifying Geographic Disparities in Diabetes Prevalence Among Adults and Children Using Emergency Claims Data. *J Endocr Soc.* 2018;2(5):460-470. doi:[10.1210/je.2018-00001](https://doi.org/10.1210/je.2018-00001)

⁴⁷ Bernell B. The history and impact of the New York City menu labeling law. *Food Drug Law J.* 2010;65(4):839-72.

⁴⁸ New Sodium (Salt) Warning Rule: What Food Service Establishments Need to Know. NYC Health. <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/sodium-warning-rule.pdf>.

In 2019, The New York City Council passed the Sweet Truth Act, which requires chain restaurants to include high sugar warning labels on prepackaged items. This Act was supported by the Hunter College NYC Food Policy Center as per written testimony from Dr. Platkin on February 27, 2019.⁴⁹ The passing of Int. 687 would be an important enhancement to that legislation that requires added sugars warning icons on NYC chain restaurant menu boards and signs for **all** menu items containing more than an entire days' worth of added sugars. The expansion of this warning label to all menu items is a critical step in ensuring that people have the information they need to make more informed decisions about how much sugar they are putting in their bodies and is supported by the vast majority of New Yorkers.

Int. 675, which would “require the Department of Health and Mental Hygiene to create a telemedicine accessibility plan to improve the availability and accessibility of portable monitoring devices and telehealth devices for populations that could be better served by telemedicine services,” is a major step toward making diabetes care more accessible, possibly preventing both exorbitant medical expenses and unnecessary suffering as a result of the disease. The COVID-19 pandemic highlighted the mobility needs of many diabetes patients, who are more at risk of poor outcome from COVID-19.^{50,51} Telemedicine can help both physicians and patients manage diabetes care with services such as remote monitoring of glucose levels, virtual education about managing diabetes, and consultation regarding lifestyle changes.^{52,53} Research has shown that access to these types of services can improve diabetes outcomes.^{54,55,56,57}

Recommendations

We at the Hunter College New York City Food Policy Center support [Int. 687](#) and [Int. 675](#) and stand ready to help in any way we can to address the growing epidemic of diabetes and diet-related diseases in New York City. Additional recommendations to promote education and increase access to healthy and affordable foods to prevent and treat diet-related chronic diseases are listed below:

⁴⁹ Int 1326, a Local Law requiring added sugar notifications on menu boards and signs, February 27, 2019. (Testimony of Charles Platkin, JD, PhD, MPH, Executive Director, Hunter College NYC Food Policy Center).

⁵⁰ Ghosh A, Gupta R, Misra A. Telemedicine for diabetes care in India during COVID19 pandemic and national lockdown period: Guidelines for physicians. *Diabetes Metab Syndr.* 2020;14(4):273-276. doi:[10.1016/j.dsx.2020.04.001](https://doi.org/10.1016/j.dsx.2020.04.001)

⁵¹ Singh AK, Gupta R, Ghosh A, Misra A. Diabetes in COVID-19: Prevalence, pathophysiology, prognosis and practical considerations. *Diabetes Metab Syndr.* 2020;14(4):303-310. doi:[10.1016/j.dsx.2020.04.004](https://doi.org/10.1016/j.dsx.2020.04.004)

⁵² Ghosh A, Gupta R, Misra A. Telemedicine for diabetes care in India during COVID19 pandemic and national lockdown period: Guidelines for physicians. *Diabetes Metab Syndr.* 2020;14(4):273-276. doi:[10.1016/j.dsx.2020.04.001](https://doi.org/10.1016/j.dsx.2020.04.001)

⁵³ Aberer F, Hochfellner DA, Mader JK. Application of Telemedicine in Diabetes Care: The Time is Now. *Diabetes Ther.* 2021;12:629-639. doi:[10.1007/s13300-020-00996-7](https://doi.org/10.1007/s13300-020-00996-7)

⁵⁴ Timpel P, Oswald S, Schwarz PEH, Harst L. Mapping the Evidence on the Effectiveness of Telemedicine Interventions in Diabetes, Dyslipidemia, and Hypertension: An Umbrella Review of Systematic Reviews and Meta-Analyses. *J Med Internet Res.* 2020;22(3):e16791 doi:[10.2196/16791](https://doi.org/10.2196/16791)

⁵⁵ Eberle C, Stichling S. Clinical Improvements by Telemedicine Interventions Managing Type 1 and Type 2 Diabetes: Systematic Meta-review. *J Med Internet Res.* 2021;23(2):e23244 doi:[10.2196/23244](https://doi.org/10.2196/23244)

⁵⁶ Aberer F, Hochfellner DA, Mader JK. Application of Telemedicine in Diabetes Care: The Time is Now. *Diabetes Ther.* 2021;12:629-639. doi:[10.1007/s13300-020-00996-7](https://doi.org/10.1007/s13300-020-00996-7)

⁵⁷ Siriwardena LS, Wickramasinghe WA, Perera KL, Marasinghe RB, Katulanda P, Hewapathirana R. A review of telemedicine interventions in diabetes care. *J Telemed Telecare.* 2012;18(3):164-168. doi:[10.1258/jtt.2012.SFT110](https://doi.org/10.1258/jtt.2012.SFT110)

- **Enhance and advance public awareness of the role of food in relation to the prevention and treatment of diet-related chronic diseases.** Public schools should integrate courses into their core programming about basic food, nutrition and agriculture. Healthcare settings and community organizations should provide individuals, caregivers, and family members of those diagnosed with a disease with evidence-based research about the role that diet and nutrition can play in health and disease.
- **Mandate ongoing education and training about nutrition and the role of diet in the prevention and treatment of disease within educational curricula for physicians and other health care providers.**
- **Hospitals should be a model for advancing food as medicine and integrating dietary evidence for the prevention and treatment of disease into institutional practices and programs.** Whole-food, plant-forward scratch cooking should be prioritized in all hospital kitchens. Ultra-processed foods, unhealthy fats, and high fructose corn syrup must be banned completely from hospital cafeterias. Hospitals should provide a variety of different meal options for the diverse cultural backgrounds of patients
- **Expand city-wide incentive programs for fruits and vegetables to more NYC residents.** Nutrition incentive programs increase the purchasing power of low-income residents for fruits and vegetables in retail settings. The City should continue to support programs such as Health Bucks and Get the Good Stuff that provide nutrition incentives to SNAP recipients. In addition, the City should create a program to provide nutrition incentives to low-income households that are ineligible for SNAP (including undocumented immigrants and residents whose income is beyond the threshold of the program but struggle to meet dietary needs) and support their acceptance at a variety of retail food businesses including supermarkets, bodegas, and convenience stores.
- **Monitor the nutritional profile of the Emergency Food Program (EFP).** Require the monitoring and reporting of nutritional quality of food distributed across the emergency food network in NYC. The nutritional quality of food distributed across the EFP network is a critical metric that should be incorporated into the annual Food Metrics report released by the Mayor's Office for Food Policy. The City should create a position within the Emergency Food Assistance Program for a dedicated full time staff person to oversee targeted technical assistance and resource allocation to EFPs to improve the nutritional quality of food distribution.
- **Improve the nutritional quality and cultural appropriateness of food provided by food assistance programs.** The City should allocate additional funding for emergency food providers to distribute fresh produce and accommodate the wide range of cultural and dietary needs of community members.

- **Expand and increase access to the Supplemental Nutrition Assistance Program (SNAP).** Increase the bonus amounts provided by nutrition incentive programs so that SNAP participants can purchase more fresh, whole foods. Expand SNAP pilots that allow recipients to purchase prepared meals with an emphasis on nutrition as opposed to cost per meal. Provide equipment to retailers to allow them to accept SNAP, eWIC, and other healthy food incentives electronically. Facilitate the expansion of food purchases made with SNAP online and wirelessly.

February 1, 2023

Hon. Adrienne E. Adams
Speaker, NYC Council
New York City Hall
New York, NY 10007

Hon. Keith Powers
Majority Leader, NYC Council
250 Broadway, Suite 1833
New York, NY 10007

Hon. Lynn Schulman
Chair, NYC Council Health
Committee
250 Broadway Suite 1866
New York, NY 10007

Re: Int. 687-2022: The Sweet Truth Act - notification of added sugar in restaurant menu items

Dear Speaker Adams, Majority Leader Powers & Chair Schulman:

Our organizations have a shared mission: to work with our communities and policymakers to create a healthier, more sustainable, and equitable food system in New York City. To that end, we write to you today with the request for your support on Int. 687-2022, a bill correcting the dire exclusions of the Sweet Truth Act passed into Local Law 33 in 2022. This bill applies to all food and drinks in chain restaurants, not just prepackaged items as the 2022 law restricts. New York City has been and will continue to be a leader in public health with the passage of this bill.

As you know, this bill requires that warning labels be placed on food and drinks in chain restaurants that contain 100% or more of recommended daily values for added sugar. To be clear, this is a high threshold, we are not asking for warning labels on food and drink items with only 50% or even 25% of a day's worth of added sugars. We are simply asking that the **public be made aware** when choosing a single item that contains an entire day's worth of added sugars. Shamefully egregious amounts of added sugars have become the default for many chain restaurant items and the public deserves transparency when making choices for themselves and their families. This bill would not only give people the power of knowledge, it may encourage restaurants and food manufacturers to decrease the amount of added sugars in their products.

The COVID-19 pandemic shed a harsh light on the myriad dangers of diet-related diseases, many of which are associated with consumption of excessive amounts of added sugar, likely contributing to the fact that nearly 1 million NYC residents have type 2 diabetes. While there is no silver bullet to address the epidemic of diet-related diseases, these warning labels would be an important tool in the toolbox for public health. The city can further help its constituents make healthful choices by passing this bill.

Research continues to mount about the positive effect of warning labels on sugar-sweetened beverages and other items. However, the 2022 law contained an illogical carve-out that drastically diluted its effectiveness. This law only applies to "pre-packaged" items, thus leaving out all made to order items and - most concerning - it excludes fountain sodas. As The Center for

Science in the Public Interest recently [reported](#), **the standard drink size** included with combo meals **at most fast-food restaurants contains more than an entire day's worth of added sugars**. If left as is, the dilution of the 2022 law will not only impair its effectiveness for New Yorkers, it will adversely impact the ability of cities across the country to implement similar policies when researchers, such as ourselves, evaluate these policies and find their impact is minimal. This bill must be passed to include all food and drinks in chain restaurants, especially fountain sodas.

It is also important to note that New York City has over two thousand chain restaurants, many of which are concentrated in Black and Latino neighborhoods. **It is an issue of public health and equity** to ensure that every consumer is empowered to make informed decisions about the food that they put into their bodies to protect their own health and the health of their children.

Please reach out to any of us for information about the latest research on the ability of added-sugar warning labels to improve public health.

The time for correcting the Sweet Truth Act is now.

Sincerely,



Jen Cadenhead, PhD, RDN
Laurie M. Tisch Center for
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Hon. Lynn Schulman
Chair, NYC Council
250 Broadway Suite 1866
New York, NY 10007

Dear Speaker Adams, Majority Leader Powers & Chair Schulman:

We, the undersigned, call on the New York City Council to require added sugar warning icons on chain restaurant menu signs and boards for all items containing more than a day's worth (50 grams, or 12.5 teaspoons) of added sugars.

BECAUSE, added sugars in the diets of New Yorkers are a major factor for often deadly and expensive-to-treat conditions like type 2 diabetes, heart disease, liver disease, overweight/obesity, and certain cancers.

BECAUSE, these diseases and conditions are on the rise in NYC, especially in Black and Latino communities.

BECAUSE, many of these diseases and conditions are among the biggest underlying factors for hospitalization and death from COVID-19.

BECAUSE, too many items served by chain restaurants in NYC feature 50 grams (12.5 teaspoons) or more of added sugars in a single serving. That's a day's worth of added sugar, according to FDA standards.

BECAUSE, New York consumers and families deserve to have complete information in order to make healthy choices.

BECAUSE, 85% of New York City residents support requiring warnings on chain restaurant menu items with more than a day's worth of added sugar, per a poll conducted in 2021.

Admirable Christ Ministries
African Immigrants' Commission of NY & CT, Inc.
African Life Center
Al-Iman Grill & Bakery
Altagracia Faith and Justice Works

Anu Church
Association des Sénégalais d'Amérique
Bae Chiropractic P.C.
Bayside United Methodist Church
Bell Hair Studio
Benny's Auto Driving School
Besfren Beauty
Bethany United Methodist Church Hunger Program
Bronx Deliverance Center of Faith Church
Brooklyn Emerge
Buddhist Tzu Chi Foundation NE Region
Capuchin Franciscan Friars of Our Lady of Sorrows Church
Capuchin Franciscan Friars of the Parish of Holy Cross - St. John the Baptist
Capuchin Franciscan Friars of the Parish of St. Michael & St. Malachy
Capuchin Franciscans Friars of the Church of the Good Shepherd
Center for Science in the Public Interest
Chinese UMC
Christian Federation
Church Alive Development Corp.
Church of God of Prophecy - the Bronx Church
Church of Pentecost
Church of the Ascension
Church of the Holy Spirit
Church of the Pilgrim Holiness, Inc
City Harvest
Cloud Books Accountant
Coalición Mexicana
Cohen's Fashion Optical
Community Food Advocates
Community United Methodist Church, Jackson Heights
Cosmos Department Store
Coway
Cross Flavor Hope
CUNY Urban Food Policy Institute
Dahira Mama Dierra Association
Damayan Migrant Workers Association
Darou Salam Islamic Community, Inc
Decoria Interior
Deep Dale Florist
Deli Grocery
Easter Memorial COGIC
Eat-2Live Consulting Services
Eco Group INC
El Cordero de Dios, Inc.
Electronic Land
Elim Home Care Agency
Elpis Worship, Praise & Ministry (WPM)
Evergreen Beauty Salon
Evergreen Cosmetics
Expo Computer Wireless
Faith in New York
Famous Travel & Holidays Inc
First Presbyterian Church of Williamsburg

Flocks Presbyterian Church NY
Flowers & Flour
Fordham Gospel Mission for God and All People, Inc.
Fort Schuyler Presbyterian Church
French Optical Fashion
FRESCH Bronx Health Initiative
Friends Accounting & Tax Services
Garden of Prayer Cathedral COGIC
Gazelle Collection
GB Tax Inc
Golden Leaf Community Development Center
Good Shepherd Baptist Church, Inc.
Good Shepherd Church, Roosevelt Island, NY
Grace and Truth Church
Gurdwara Baba Makhan Shah Lobana
HaKnesiah Presbyterian Church
Happy Laundromat
Harden Memorial CME
Haydn Physical Therapy
Healthy Food America
Hispanic-American Consulting
Holy Name/Gregory the Great Roman Catholic Church
Human Solidarity for Social Services (H3S) Inc.
Iglesia Cantar de los Cantares
Iglesia Metodista Libre
Iglesia Ministerio De Integracion Familiar Cristiano
Iglesia Siervos de Jesuchristo
India Home
Institute for Family Health
Islamic Circle of North America (ICNA)
Islamic Cultural Center
Islamic Relief USA
ISmile Dental PLLC
Iveli's Beauty Salon
Izaan Solutions Inc.
JEI Learning Center
JHB II Housing Development Fund Corporation
JOA Pharmacy
Joy Global Express Inc
J&S Beauty Salon & Barber Shop
KCS Flushing Older Adult Center
KGC, Inc.
Kim and Choi Associates
King of Glory Tabernacle
Konia Islamic Books
Korean American Christian Missionary foundation
Korean American Sanctuary Church Network
Korean Community Services of Metro NY
KS Podiatry PC
Kumon Elmhurst
La Nacional
Latino Community Services
Latino Hope Solution

Lord Praise Church
Loretto at the UN
Loring Place Holiness Church
Love, Power, & Grace Inc.
Luz Unisex Salon
Maria Del Carmen Beauty Salon
The Mary Mitchell Family and Youth Center
MAS New York BKSI
Masjid Ibahdou Ar-Raman
Masjid Sadiki
Masjid Taqwa
Masjid ur-Ramah
Methodist Federation for Social Action - New York Chapter
Millo New York
Ministerio Pom de Vida
MinKwon Center for Community Action
Missionary Hope
Moduna Pharmacy
Mt. Zion Christian Methodist Episcopal (CME) Church
Muslim American Society of NY
Muslim American Society of Staten Island
Muslim Community Network
My Hope Pharmacy
Nazim IT Consultancy
Nepal-Bangladesh Driving School
New Brighton Community SDA Church
New Covenant Life Christian Center
New Generation Apostolic Church
New Life Korean Church NY
New Life Presbyterian Church in NY
The New York Annual Conference of the United Methodist Church
New York Noah Christian Book and Gift Shop
New York Woori Church
NY Saomang Church
NYC Franciscan Justice Circle
ODS Photography LLC
Painting Karma
Pakistani American Youth Organization
PATHHSEO, Inc.
Peace Presbyterian Church of New York
Phoneggebi
Pisgah Gospel Ministries
Plant Powered Metro New York
Power of Faith Christian Church
Red Rabbit
Resurrection and Life Pentecostal Church of America
RiseBoro Community Partnership
R.J. Mini-Market
Rolly Kimbab Restaurant
Russell Christian Methodist Episcopal (CME) Church
Sadaqah USA
Sadhana: Coalition of Progressive Hindus
Safe Zone Cross Culture Youth Inc

Saint Augustine - Our Lady of Victory Roman Catholic Church
Sankhos Community of America
Satgur Accounting
Shamsun Creation
Si Seung Hee Hair Salon
Sikh Cultural Society Inc.
Soaring Eagles Community Outreach, Inc.
Solomon Silvercare
Song Food Court
Spanish University SDA Church
St Paul World Mission
St. Helena's Roman Catholic Church
St. James' Episcopal Church
St. Paul & St. Andrew United Methodist Church
St. Paul AME Church
St. Stephen's United Methodist Church, Bronx, NY
Staten Island Interfaith Leadership
Staten Island Medical Missionaries
Sunamganj Zila Somity USA Inc
Syndicate Church
Talitha Koum Mission Church NY
Taveras Hardware
Teens for Food Justice
The Council of Korean Churches of Greater NY
The Gambian Youth Organization
The Greater Allen A.M.E. Cathedral of NY
The Lord's Table Mission
The Siloam Reformed Church
Torch Mission Presbyterian Church
Toromonte Consulting
Tremont United Methodist Church
Trinity Episcopal Church of Morrisania
True Gospel Tabernacle
Union United Methodist Church
Unique Gifts By La'Vida
United Shalom Presbyterian Church
United Sikhs
Universe City NYC
Uri L'Tzedek: the Orthodox Social Justice movement
Vanderveer Park UMC
Victory Baptist Church
Well Watered Garden Church
Williams Institutional CME Church
Winners Barbershop
Woori Pharmacy
World Class Multiservices
Yeshiva University Wurzweiler School of Social Work Care Cafe
Young Muslims, Inc.
Yujin Hair Village
Yun Hair Box
Yuong Sang Presbyterian Church
165 Deli



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Dear Speaker Adams, Majority Leader Powers & Chair Schulman:

On behalf of the Center for Science in the Public Interest, thank you for the opportunity to provide testimony in strong support of Council bill **INT-687-2022**, legislation that requires warning labels on chain restaurant menu items that contain more than an entire day's worth (50g) of added sugars.

As of today, New York city has lost over 44,000 people to COVID-19ⁱ with thousands left suffering from long term illness and other complications. We know that chronic disease has played an important role in these outcomes and that adults with chronic conditions including diabetes, heart disease or stroke, overweight or obesity, and cancer, are more likely to get severely ill or die from COVID-19ⁱⁱ with one study estimating that almost 2 out of 3 COVID-19 hospitalizations in the United States were attributable to diabetes, obesity, hypertension, and heart failure.ⁱⁱⁱ

Reducing the burden of chronic disease should remain a critical focus as we attempt to rebuild and prepare for future pandemics. As the city's leadership looks to heal and rebuild communities in the wake of such devastating loss and suffering, it is important to consider one of the largest influences on chronic disease- nutrition and the built food environment.

Access to healthy food should be attainable for all New Yorkers, regardless of income, race, or education, and yet too many people still struggle to eat healthfully because of barriers in the food environment^{iv}, barriers that the pandemic has only worsened.^{v,vi} Neighborhood food environments play a major role in shaping dietary behaviors, especially those environments with a high density of fast-food chains.

Having greater access to fast food restaurants contributes to poor diet quality^{vii} and New York City has over 2,000 chain restaurants^{viii}, many of which are concentrated in Black and Latino neighborhoods. These restaurants consistently offer unhealthy foods and drinks that are saturated with added sugars and sodium, making it nearly impossible for consumers to eat these foods while also maintaining a healthy diet. To compound that, chain restaurants spend billions of dollars to aggressively market to marginalized communities, especially to children and teens. In 2019, chains such as McDonald's, Domino's, and Taco Bell, spent over \$1.5 billion on TV ads to target Black and Hispanic kids and teens, and almost all these fast-food ads promoted full-calorie, adult-sized, regular menu items, not kids' meals.^{ix}

Meanwhile, diabetes and obesity rates are increasing at an alarming rate — not only among adults, but also among children. New York City experienced a 356% increase in diabetes-related deaths during the first wave of COVID-19, the largest increase in any urban area in the nation.^x These numbers are just added on to an existing crisis: one New York City resident was already dying every 90 minutes from diabetes-related causes prior to the pandemic.^{xi}

Added sugars play a big role in that crisis. Unlike naturally occurring sugars found in fruits and veggies, added sugars are concentrated sugars added to processed foods and drinks to make them more palatable,

providing empty calories without the filling fiber or beneficial nutrients that come from whole, unprocessed foods.

There is strong and consistent evidence that shows the intake of added sugars from foods and/or sugary drinks is associated with excess body weight in children and adults.^{xii} Sugary drinks also contribute to type 2 diabetes and heart disease—in part because they lead to weight gain^{xiii}.

Most recently, the city council took a major step on the path to rebuilding a healthier New York with the passage of INT-1326B, also known as The Sweet Truth Act, a bill that requires chain restaurants (those with 15 or more locations nationally) in New York City to post added sugars warning icons on prepackaged food or drink items that contain more than an entire day's worth of added sugars (50 grams). No other U.S. jurisdiction to date has successfully implemented warnings for foods and drinks that are high in added sugars.

While we celebrate this historic victory, in its current form the bill tells only part of the truth about the sugar-laden offerings at chain restaurants, because it fails to cover fountain drinks and other non-prepackaged items that are prepared on site. That means if the bill goes into effect in its current form, a New Yorker walking into a restaurant chain like Subway would see warnings on the 20-ounce bottled soda, but not on the fountain sodas, which could contain as much or more added sugars. And we know from a recent report released by the Center for Science in the Public Interest (CSPI) that most “small” [fountain drinks sold at the top fast-food chains contain more than a day's worth of added sugars](#), leaving some of the biggest offenders without a warning (see Appendix 1).

That is why warnings under the Sweet Truth Act must be extended to cover all high-added sugars items served in chain restaurants, including fountain drinks. Expanding this policy before it goes into effect remains an urgent priority, with no time to waste implementing half measures. The food industry should be held accountable and rise to the challenge by providing consumers with all the information they need to stay healthy.

Communities across the city support measures that will help them rebuild and recover from the pandemic. [Roughly 85% of New York City residents](#) (and 78% statewide) support **added sugars warnings** on chain restaurant menus, according to a recent poll by Center for Science in the Public Interest (see Appendix 2).

Thank you for the opportunity to testify on this important issue. We look forward to supporting New York city in its rebuilding efforts and applaud the steps that the city has taken to put progressive public health initiatives in place.

For questions or more information, please contact Dr. DeAnna Nara at dnara@cspinet.org.



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- ⁱ <https://www1.nyc.gov/site/doh/covid/covid-19-data-totals.page>
- ⁱⁱ Centers for Disease Control and Prevention. People with Certain Medical Conditions. COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.
- ⁱⁱⁱ Hearn M, et al. Coronavirus Disease 2019 Hospitalizations Attributable to Cardiometabolic Conditions in the United States: A Comparative Risk Assessment Analysis. *J Am Heart Assoc.* 2021;10:e019259.
- ^{iv} Centers for Disease Control and Prevention. Healthy Food Environments. February 2, 2021. <https://www.cdc.gov/nutrition/healthy-food-environments/index.html>.
- ^v Nagata JM, et al. Perspective: The Convergence of Coronavirus Disease 2019 (COVID-19) and Food Insecurity in the United States. *Adv Nutr.* 2021; 12:287-290.
- ^{vi} Parekh N, et al. Health behaviours during the coronavirus disease 2019 pandemic: implications for obesity. *Public Health Nutr.* 2020;23(17):3121-3125.
- ^{vii} Rummo, P. E., et al. (2017). Understanding bias in relationships between the food environment and diet quality: the Coronary Artery Risk Development in Young Adults (CARDIA) study. *Journal of epidemiology and community health*, 71(12), 1185–1190. <https://doi.org/10.1136/jech-2017-209158>
- ^{viii} https://nycfuture.org/pdf/CUF_StateoftheChains_2020_final.pdf
- ^{ix} <https://media.ruddcenter.uconn.edu/PDFs/FACTS2021.pdf>
- ^x Woolf SH, et al. Excess Deaths From COVID-19 and Other Causes, March-April 2020. *JAMA.* 2020;324(5):510–513. doi:10.1001/jama.2020.11787 11
- ^{xi} <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief28.pdf>
- ^{xii} de Ruyter JC, et al. A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. *N Engl J Med.* 2012;367(15):1397–406.
- ^{xiii} Malik VS, et al. Sugar-sweetened beverages and cardiometabolic health: An update of the evidence. *Nutrients* 2019;11(8):1840

Sweet Excess

Largest Restaurant Chains Consistently Serve Up Drinks with More than a Day's Worth of Added Sugars

A Restaurant Menu Survey

As the U.S. looks toward the end of the COVID-19 pandemic, Americans are starting to return to restaurants, offering an opportunity for a fresh look at the restaurant food environment.

Polls show that health-conscious consumers are seeking to cut back on added sugars, especially those found in sugary drinks like full-calorie soda.ⁱ Sugary drinks contribute to type 2 diabetes and heart diseaseⁱⁱ—in part by leading to weight gainⁱⁱⁱ—and are linked to a higher risk of dental cavities.^{iv}

Warning icons, like the sodium icons now required on restaurant menus in New York City and Philadelphia, are a powerful policy tool to inform consumers and encourage the food industry to present healthier choices.

State and local jurisdictions are currently considering laws that would require such icons on restaurant items with high levels of added sugars. One such proposal in New York City, Int. 1326, would require a warning icon on menu items that exceed the 50 gram “Daily Value” for added sugars, a recommended limit set by the Food and Drug Administration (FDA) for a 2,000-calorie diet.^{iv}

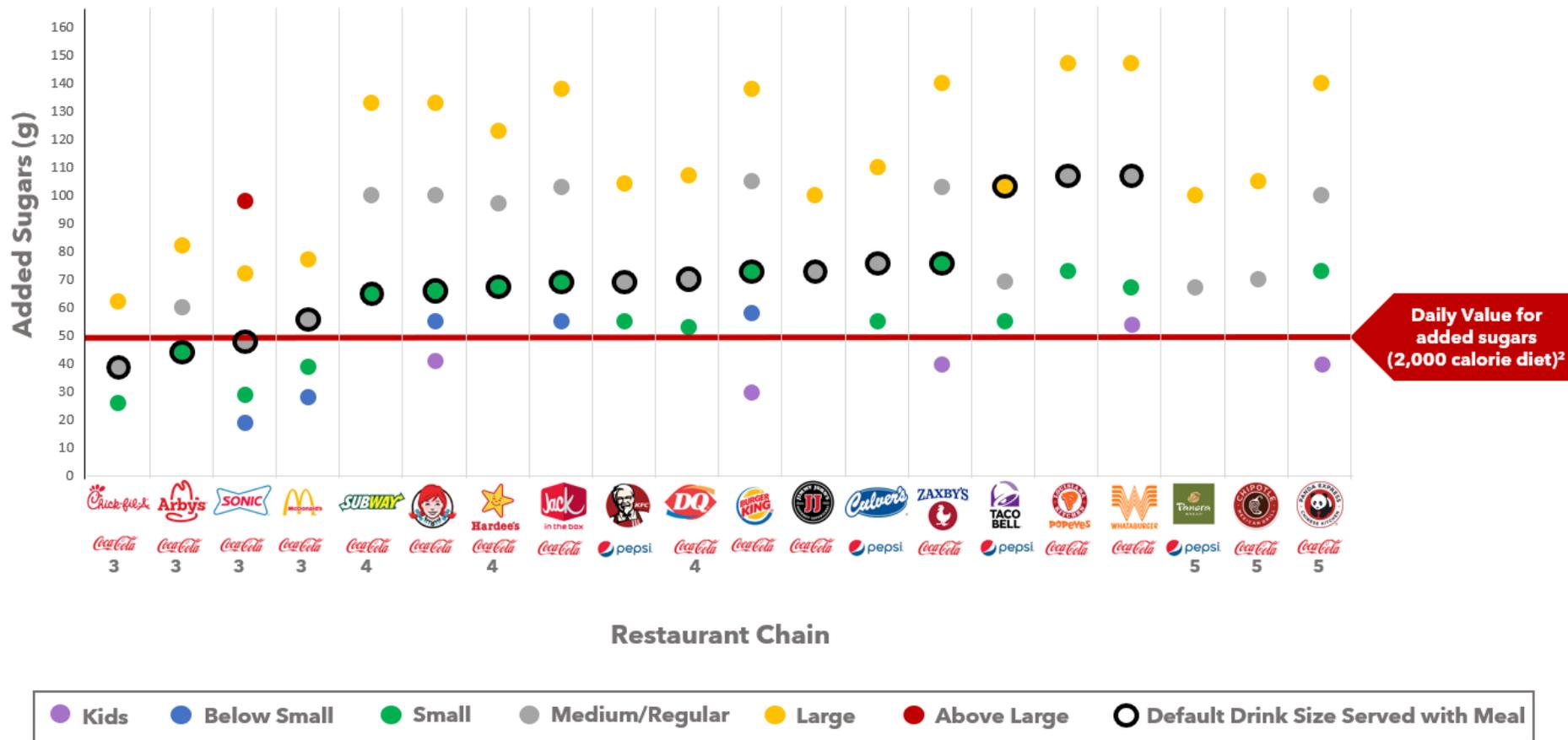
Fountain drinks are a major source of added sugars in restaurant meals. To see which chain restaurant drinks exceed the Daily Value for added sugars, the Center for Science in the Public Interest (CSPI) assessed the amounts of added sugars in full-calorie cola fountain drinks across the top 20 chains, by revenue.

Our survey, conducted in March 2021, found that the largest chains consistently serve up drinks with more than a day’s worth of added sugars, indicating a strong need for added sugars icons to inform consumers and encourage chains to reduce the added sugars sold in drinks (full survey methods in Appendix).

Key Findings

- Most fast-food chains we surveyed exceed the Daily Value for added sugars for all sizes except “kid’s,” packing more than a day and a half worth of added sugars in to a single “medium” or “regular” cola, and two days’ worth into a “large.”
- Even “small” drinks can exceed the Daily Value: of the 17 chains offering a “small” fountain cola, 13 supply more than the Daily Value for added sugars.
- The “default” drink size included with combination meals contains more than the Daily Value for 14 of the 17 chains that include drinks with combination meals.
- The amount of added sugars in the same size cola (e.g. “small”) varies by as much as threefold from chain to chain.

Added Sugars¹ (g) in Full-Calorie Cola Fountain Drinks at Top 20 Chain Restaurants



- ¹ Converted from total sugars reported by chain; most chains assume 0% ice fill / 100% drink fill line
- ² 2,000 calorie Daily Value is for adults and children ages 4+
- ³ Chains assume 1/3 to full cup ice fill (See Appendix, Table 2)
- ⁴ No nutrition information reported by chain; CSPI estimate assumes 0% ice fill / 100% drink fill line
- ⁵ No default drink served with meal

Most Chains Exceed the Daily Value for Added Sugars for All Sizes Except Kid's

Added sugars in full-calorie cola fountain drinks across all 20 major chains are presented in Figure 1. The median, or midpoint, amount of sugar for each size across these same chains is reported in Table 1.

All of the chains in our study offered either Pepsi or Coca-Cola, and none offered both.

Our survey found that the median fountain cola exceeded the Daily Value for all sizes except “kid’s” size.

For “medium” or “regular” drinks, which were sold by all chains, the median was 75 grams, or 150 percent of the Daily Value for added sugars. Eighteen of 20 exceeded the Daily Value for added sugars.

For “large” sized drinks, also sold by all chains, the median was 109 grams of added sugars. All 20 exceeded the Daily Value for added sugars.

That means most of the fast-food chains we surveyed pack more than a day and a half worth of added sugars in to a single “medium” or “regular” cola, and two days’ worth into a “large.”

Size	Median, grams	%DV	Exceeding DV/Total
Kid's*	40g	80%	1/5
Below Small*	53g	106%	3/5
Small*	65g	130%	13/17
Medium/Regular	75g	150%	18/20
Large	109g	218%	20/20
Default*	70g	140%	14/17

* Only one chain offered a size above large (Sonic: 98g of sugar), not represented in the Table.

Even “Small” Sized Drinks Can Exceed the Daily Value for Added Sugars

Most “small” beverages can hold enough cola to exceed the Daily Value. Among the 17 chains offering a “small” cola fountain drink, 13 supply more than the Daily Value for added sugars.

While most major chains (15/20) do not market soda using “kid’s” sizes, the five chains that do so contain extreme amounts of added sugars:

- The smallest “kid’s” size, sold by Burger King, contains 30 grams of added sugars, or 60 percent of the Daily Value.
- The largest, sold by Whataburger, contains 54 grams of added sugars, or more than the 50 gram Daily Value.

While we compared all beverages to the 50-gram Daily Value established for adults and children aged 4 and up based on a 2,000-calorie diet, the amounts are even higher relative to the Daily Value for kids aged 1 to 3 years. That Daily Value is 25 grams of added sugar based on a 1,000- calorie diet. All of the “kid’s” sized drinks exceeded a full day’s worth of added sugars based on the 25 gram Daily Value for 1- to 3-year-olds.

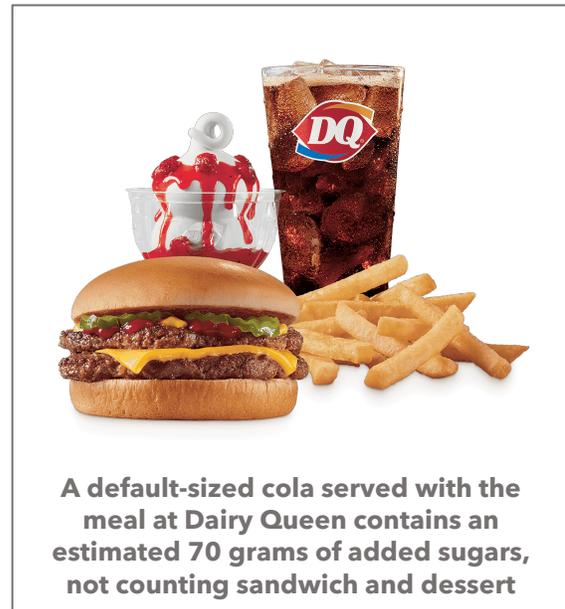
Fast-Food Chains Sell Extreme Amounts of Added Sugars in the Drinks with Meals

Many of the leading fast-food chains offer a combination meal that includes a drink. Consumers have the option to take the default drink size or can opt to upsize or downsize for a different price.

Among chains that offer such “default” beverages with their combination meal, 14 of 17 exceed the Daily Value for added sugars. The median default meal beverage cup size supplies 70 grams of added sugars, or 140 percent of the Daily Value.

These amounts are just the added sugars from the drink; other items in the meal, like sauces and desserts, often provide additional added sugars.

For example, the Dairy Queen’s default meal cola contains an estimated^{vi} 70 grams of added sugars, the median amount among the top 17 chains offering drinks with meals. Yet this drink is just one part of a “meal deal” that includes an entrée (0 to 16 grams of sugar), fries (0 to 1 grams of sugar), and a small sundae (28 to 41 grams of sugar), which contribute an additional 28 to 58 grams of sugars to the meal.^{vii}



A default-sized cola served with the meal at Dairy Queen contains an estimated 70 grams of added sugars, not counting sandwich and dessert

The Amount of Added Sugars in the Same Size Cola Varies from Chain to Chain

Basing one’s drink selection on size (small, medium or large) can be misleading because the amount of added sugars in the same size cola varies widely from chain to chain. For a “small,” the range is 26g-76g across the top 17 chains with this size, a threefold difference. For a “medium,” the range was 39g-107g (a difference of 2.7 times); and for a “large,” the range was 62g-147g (a difference of 2.3 times).

Some of this variation is due to the amount of ice that the chains include in their nutrition calculations. Most chains (16 of the sample in the survey) include no ice. Four chains include between one-third and a full container of ice (*See Table 2, Appendix*). Ice displaces half its volume in soda, so a chain can reduce the amount of added sugars it reports by 50 percent if it assumes a full cup of ice in its nutrition calculations.

Values that have been adjusted for ice fill also may not reflect what customers actually get in the store because the ice used can vary from location to location. For example, Chick-fil-A’s online nutrition information assumes either $\frac{3}{4}$ or the full container is filled with ice, depending on the size. But when we contacted a local Chick-fil-A franchisee in Washington, DC to ask how much ice they use when pouring sodas, the staff reported that they filled only half the cup with ice.

Added Sugars in Cola are Similar to Other Full-Calorie Sodas Sold in Major Chains

While our survey focused on full-calorie colas, other full-calorie sodas sold at major chains contain similar levels of added sugars. A 12-ounce Coca-Cola sold at retail has 39 grams of added sugars, and a Pepsi 41 grams, compared with 37g in Sierra Mist, 38g in Sprite and 7-Up, 40g in Dr. Pepper, 44g in Fanta Orange, and 46g in Mountain Dew.

Recommendations for Communities, Restaurants, and Consumers

Americans returning to restaurants this summer have a chance to take a fresh look at the restaurant food environment. While many of us are seeking to cut down on added sugars, most fast-food chains continue to ensure that even its smallest sizes hold more than a day's worth of added sugars in a single serving of full-calorie soda.

Communities, restaurants, and individuals can all take actions now to support healthier choices in restaurants, including providing drinks with lower added sugars. To reduce added sugars from fountain drinks:

Communities Should...

Support laws to curb the marketing of extreme sugary drinks in chain restaurant meals, including state and local policies requiring warning icons on menus that show when a drink has excessive added sugars.

Restaurants Should...

Reduce added sugars in full-calorie soda orders by offering smaller standard cup sizes for fountain drinks. Also make sure free clean drinking water is available to customers from a tap or water cooler and promote water or other low- or no-calorie options like flavored seltzers or diet soda with combination meals.

Consumers Should...

Swap full-calorie drinks for low- or no-calorie options like water, flavored seltzer, or diet soda. Carrying a refillable water bottle is another way to drink healthier, generate less packaging waste, and save money on the meal if the restaurant charges for water. If ordering a full-calorie drink, order the smallest available size, add plenty of ice, and do not feel obligated to finish it.

For more information, please contact the Center for Science in the Public Interest at policy@cspinet.org.

July 8, 2021

Appendix: Methods

Added Sugars Calculations (Figure 1, Table 1)

We used “Ranked: The 50 Most Popular Fast-Food Chains in America”^{viii} to identify the top 20 fast food chains by revenue among those offering fountain drinks. Five of the top chains by revenue, Starbucks, Dunkin’, Domino’s, Pizza Hut, and Little Caesars, were not included in our set of 20 because they do not serve fountain drinks. These were replaced by the next five that served fountain drinks.

We identified the cola beverage offered at each chain using the chain’s national website. All the chains in the study offered either Pepsi Cola or Coca-Cola as their cola beverage, and none offered both.

We took the total sugar reported in the chain’s nutrition facts and converted that directly to added sugars because all of the sugars in full-calorie Pepsi Cola or Coca-Cola are from added sugars.

While all chains are required by federal law to report the total sugar for fountain drinks,^{ix} we found that two chains, Dairy Queen and Hardee’s, did not provide their nutrition information online, and Subway offered nutrition information only for its 20-ounce size. These chains also did not provide the information on request when we contacted the corporate offices and multiple individual locations by telephone.

Therefore, we estimated added sugars for these three chains based on cup size in ounces and the sugar per ounce for Coca-Cola (all three chains sold Coca-Cola), assuming a standard sugar-to-volume ratio for “legacy fountain” Coca-Cola (default 4.5 Bag In Box (BIB) ratio, a measure used to describe the ratio between syrup and final volume) and a zero percent ice fill (the most common way the other chains calculated ice fill).

Estimated Ice Fill Calculations (Table 2)

Four chains reported added sugars that were substantially below what would be expected for zero percent ice fill. For these, we assessed the extent of ice fill by calculating the amount of ice fill that would be necessary to yield the nutritional information provided for each cup volume. The results appear in Table 2, rounded to the nearest standard household measure ($\frac{1}{4}$, $\frac{1}{3}$, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$ or full container).

	Below Small	Small	Medium	Large	Above Large
McDonald’s	$\frac{2}{3}$	$\frac{1}{2}$	$\frac{1}{3}$	$\frac{1}{2}$	-
Sonic	Full	$\frac{3}{4}$	$\frac{2}{3}$	$\frac{2}{3}$	$\frac{2}{3}$
Arby’s	-	$\frac{3}{4}$	$\frac{3}{4}$	$\frac{3}{4}$	$\frac{3}{4}$
Chick-fil-A	-	Full	Full	$\frac{3}{4}$	-

* Assumes 100% drink fill line, rounded these to nearest standard fraction ($\frac{1}{4}$, $\frac{1}{3}$, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$ or full container).

ⁱ International Food Information Council. 2020 Food & Health Survey. June 2020. <https://foodinsight.org/wp-content/uploads/2020/06/IFIC-Food-and-Health-Survey-2020.pdf>.

ⁱⁱ Malik VS, Hu FB. Sugar-sweetened beverages and cardiometabolic health: An update of the evidence. *Nutrients* 2019;11(8):1840.

ⁱⁱⁱ Ruyter JC, Olthof MR, Seidell JC, Katan MB, A Trial of Sugar-Sweetened Beverages and Body Weight in Children. *N Engl J Med* 2012; 367:1397-1406.

^{iv} Valenzuela MJ, Waterhouse B, Aggarwal VR, Bloor K, Doran T. Effect of sugar-sweetened beverages on oral health: a systematic review and meta-analysis. *Eur J Public Health* 2020;31(1):122-129.

^v 21 C.F.R. § 101.9.

^{vi} Dairy Queen does not report nutrition information for fountain drinks, CSPI estimated added sugars for Dairy Queen based on cup size assuming a 0 percent ice fill and 100% drink fill line.

^{vii} Dairy Queen sundaes include non-fat milk and whey, sources of natural sugar, as well as sugar and corn syrup, sources of added sugars. See, e.g. <https://www.dairyqueen.com/en-us/menu/hot-fudge-sundae/>.

^{viii} Visual Capitalist. Ranked: The 50 Most Popular Fast Food Chains in America. September 28, 2020. <https://www.visualcapitalist.com/top-50-fast-food-chains-ranked/>.

^{ix} Food and Drug Administration. A Labeling Guide for Restaurants and Retail Establishments Selling Away-From-Home Foods - Part II (Menu Labeling Requirements in Accordance with 21 CFR 101.11): Guidance for Industry. April 2016.

New Yorkers Support Added Sugar Warnings on Chain Restaurant Menu

Statewide Survey Shows More than Three-Quarters of New Yorkers Support Warnings on Chain Restaurant Menu Items with More than a Day's Worth of Added Sugars

New Yorkers returning to restaurants after the pandemic are eager to know which chain restaurant menu items have more than a day's worth of added sugars, according to a new survey published by Center for Science in the Public Interest (CSPI).

The survey, fielded April 6 to 11, 2021 by Caravan/Engine Insights, found that more than three-quarters of New York state residents (78 percent) support government-required warnings, like the triangles below, on chain restaurant menu items with more than a day's worth of added sugars, with consistently high support across demographic groups.



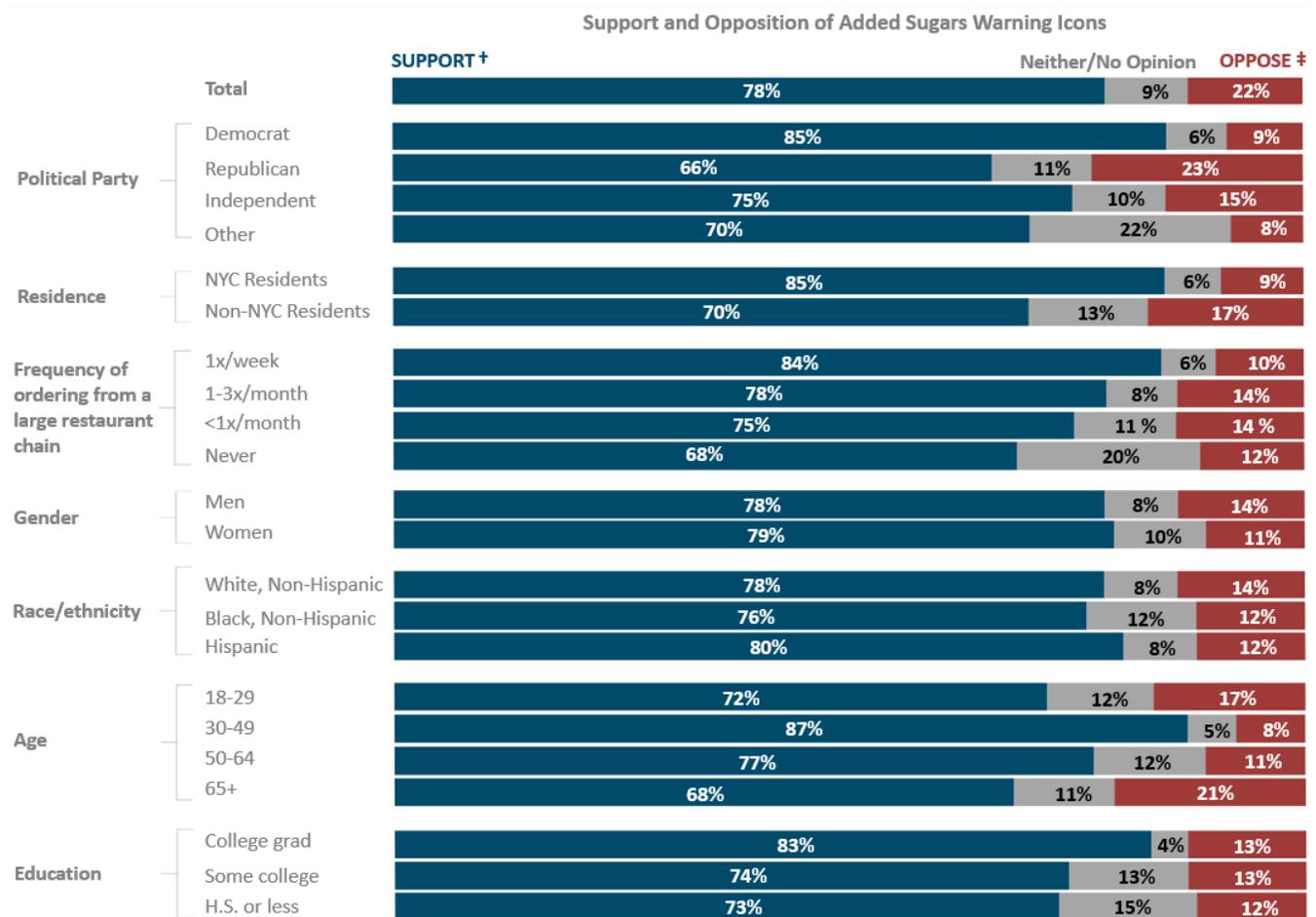
Question: Which of these best describes how you feel about the state of New York requiring a warning icon, like the triangle below, that will appear next to food and beverage menu items that have more than a day's worth of added sugars at large restaurant chains (for example, McDonald's, Starbucks, Applebee's, etc.)? "Support" includes respondents who answered "Somewhat support" or "Strongly support."

In New York City, where sodium (salt) warning icons are already required on restaurant menus, the City Council is considering a bill sponsored by Councilmember Mark Levine (Int. 1326), that would require similar warning icons for added sugars. Support for the warnings is even higher among New York City residents (85 percent) than in other parts of the state.

New Yorkers responding to the survey also struggled to correctly identify menu items with more than 50 grams of added sugars, the Daily Value set by the Food and Drug Administration (FDA) for a 2,000-calorie diet. On average, New Yorkers correctly identified only 49% of McDonald's menu items with more than a day's worth of added sugars.

Support for Menu Warnings is Consistently High Across Demographic Groups

Support for menu warnings is consistently high across demographic groups, with more than three quarters saying they either “support” or “strongly support” the policy across gender and racial/ethnic groups. All age groups also support the policy by a clear majority, with adults aged 30-49 showing the highest support (87 percent) and adults 65 and older showing the lowest (68 percent).



‡ “Oppose” includes responses of “strongly oppose” and “somewhat oppose”

† “Support” includes responses of “strongly support” and “somewhat support”

Across political parties, the strongest support is among Democrats (85 percent) followed by Independent/Other (75 percent). Yet even among Republicans, the group with the lowest support, two thirds (66 percent) still support the government requiring added sugar warnings on chain restaurant menus.

Support for sugar warnings is even higher in New York City, which became the first city in the United States to adopt sodium warnings on chain restaurant menus in 2015. Among city

residents, 85 percent support requiring icons for added sugars, compared to 70 percent among state residents living outside the city.

Frequent customers of restaurant chains are also more likely to show support for the policy than those who order from chains less often. New Yorkers who order from restaurant chains more than 1 time a week express the highest level of support (84 percent), while those who never eat at chains expressed the lowest (68 percent).

New Yorkers Struggle to Correctly Identify High-Sugar Items on Restaurant Menus

The survey also found that New Yorkers struggle when asked to identify which menu items have more than a day's worth of added sugars. The Daily Value for added sugars is 50 grams per day based on a standard 2,000-calorie diet, or about 12 teaspoons of added sugars per day.

When asked to select which food and drink items among 6 McDonald's menu items contained more than a day's worth of added sugars (>50 grams), respondents identified only 49% of the items correctly on average, or about half.



For more information, please contact the Center for Science in the Public Interest at policy@cspinet.org.

Appendix

Survey Methodology:

This Caravan survey was conducted by Engine Insights using a sample of 1,006 residents in New York 18 years of age and older. Respondents were selected from a dataset of participants who have volunteered to participate in Engine Insights online surveys and polls. Participants were targeted to be representative of the U.S. Census for New York State by gender, age, income, and race/ethnicity at the state level.

The survey was fielded on April 6-11, 2021. Survey respondents were presented with an online survey that included questions related to support for menu icons and questions testing the participant's ability to correctly identify items high in added sugars.

The Margin of Error for this sample size (1,006) is +/- 3.09% at the 95% confidence level.

Script of Survey Questions

1. On average, how often do you order food or beverages from a large restaurant chain (for example, McDonald's, Starbucks, Applebee's, etc.)? [Select one answer]
 - Never
 - Less than 1 time per month
 - 1-3 times per month
 - At least 1 time per week
2. Which of these best describes how you feel about the state of New York requiring a warning icon, like the triangle below, that will appear next to food and beverage menu items that have more than a day's worth of added sugars at large restaurant chains (for example, McDonald's, Starbucks, Applebee's, etc.)? [Select one answer]
 - Strongly support
 - Somewhat support
 - Somewhat oppose
 - Strongly oppose
 - Neither/no opinion

COCA-COLA



Item exceeds the total daily recommended limit for added sugars (50g) based on a 2,000-calorie diet. The U.S. Dietary Guidelines advises limiting added sugars.

3. Added sugars are sugars that are added to foods and drinks during processing. Nutrition experts recommend limiting consumption of added sugars to 50 grams per day based on a standard 2,000-calorie diet. That equals about 12 teaspoons of added sugars per day.

Based on your own understanding and without checking another source, look at the McDonald's menu items below and select any that have 50 grams or more of added sugar (you may select multiple items). [Select as many as apply]

- Baked Apple Pie (<50g)
- Vanilla cone (<50g)
- Extra Value Meal / Combo meal with medium Sprite (>50g)
- Large Diet Coke (<50g)
- Chocolate Chip Cookie (<50g)
- Medium Fanta (>50g)
- None of the above

Sweet Truth: Know the Truth About Added Sugars

What are Added Sugars?

- Added sugars include sugars that are added to foods and beverages when they are processed. They include foods packaged as sweeteners (table sugar), syrups and honey, and sugars from concentrated fruit or vegetable juices. They do not include naturally occurring sugars that are found in milk, fruits, and vegetables.¹
- The Daily Value for added sugars established by the Food and Drug Administration is 50 grams per day based on a 2,000-calorie daily diet.²
- Americans get most of our added sugars from sugary drinks (drinks sweetened with added sugars, like soda, sports drinks, energy drinks, flavored milk, sweetened coffee, and juice drinks), along with along with desserts and sweet snacks.³

Fast Food Chains Sell Excessive Added Sugars in NYC Communities

- Fast-food restaurants in New York City are concentrated in Black and Latino communities.^{4,5}
- A standard 20oz. Coca-Cola has 65g of sugar,⁶ which is equivalent to drinking 16 teaspoons of sugar in one beverage.
- Most soda fountain drinks served by fast-food restaurant chains contain more than a day's worth of added sugars: even most "small" drinks contain at least a full day's worth (50 grams), most "medium" or "regular" drinks contain at least 1 ½ days' worth, and most "large" contain 2 days' worth.⁷

Added Sugars & Our Health

- Sugary drinks contribute to type 2 diabetes and heart disease⁸—in part by leading to weight gain⁹—and are linked to a higher risk of dental cavities.¹⁰
- Consuming one or more 12-oz can of soda per day significantly increases the risk of dying from heart disease.¹¹
- Healthy eating patterns that are low in added sugars are associated with a reduced risk of cardiovascular disease, type 2 diabetes, certain types of cancers.¹²

Diabetes Rates in New York City

- In 2019 the overall prevalence of diagnosed diabetes was 12.4%, with prevalence rates highest in the Bronx (16%), followed by Brooklyn (12%), Manhattan (10%), Queens (13%), and Staten Island (12%).¹³
- A 2013 report by the NYC Department of Health and Mental Hygiene revealed that diabetes-related mortality varied across the city, with a nine-fold difference in age-adjusted death rates between the lowest community district (Murray Hill, Manhattan), and the highest (Brownsville, Brooklyn).¹⁴
- The report also found that of the 10 community districts with the highest rates of diabetes-related deaths, four were in Brooklyn, five were in the Bronx, and one was in Manhattan.¹⁵

Chronic Disease & COVID-19

- Having type 2 diabetes, heart disease, or high blood pressure (hypertension) can make it more likely a person will get severely ill from COVID-19.¹⁶
- New York City experienced a 356% increase in diabetes-related deaths during the first wave of COVID-19, the largest increase in any urban area in the nation.¹⁷

Warning Icons are An Effective Tool to Reduce Added Sugars Consumption

- Research from randomized controlled trials has shown that warnings on sugary drinks can significantly reduce sugary drink purchases.¹⁸
- Sugary drink consumption dropped by nearly 25 percent in the 18 months after the country of Chile adopted “high in sugar” nutrient warnings on food and drink packaging nationwide.¹⁹

New Yorkers Support Added Sugar Warnings on Chain Restaurant Menus

- More than one in every six New York City resident supports requiring warning icons on food and drink items with more than a day’s worth of added sugars.²⁰

Bill INT 687, which we call the “Sweet Truth Act,” sponsored by New York City Majority Leader Powers & Councilmember Schulman, would require warning icons on chain restaurant menus for items that exceed 50 grams of added sugars, or an entire day’s worth.



Tell your Elected Officials to require Added Sugars Warning Icons at Chain Restaurants in your Community Today



#SweetTruth <https://www.cspinet.org/nyc-sweet-truth>

For more information, please contact the Center for Science in the Public Interest at policy@cspinet.org.

¹ Center for Food Safety and Applied Nutrition. (2020, March). Added sugars on the new nutrition facts label. U.S. Food and Drug Administration. <https://www.fda.gov/food/new-nutrition-facts-label/added-sugars-new-nutrition-facts-label>.

² *Ibid.*, 1.

³ U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

⁴ Kwate, N. O., Yau, C. Y., Loh, J. M., & Williams, D. (2009). Inequality in obesogenic environments: fast food density in New York City. *Health & place*, 15(1), 364–373.

⁵ Galvez MP, Morland K, Raines C, Kobil J, Siskind J, Godbold J, Brenner B. Race and food store availability in an inner-city neighbourhood. *Public Health Nutr.* 2008 Jun;11(6):624-31. doi: 10.1017/S1368980007001097. Epub 2007 Oct 15. PMID: 17935646.

⁶ The Coca-Cola Company. (n.d.). How much sugar is in Coca-Cola? The Coca-Cola Company. <https://www.coca-colacompany.com/faqs/how-much-sugar-is-in-coca-cola>.

⁷ Center for Science in the Public Interest. Sweet Excess: Largest Restaurant Chains Consistently Serve Up Drinks with More than a Day's Worth of Added Sugars; A Restaurant Menu Survey. Published July 2021.

⁸ Malik VS, Hu FB. Sugar-sweetened beverages and cardiometabolic health: An update of the evidence. *Nutrients*

⁹ de Ruyter, J. C., Olthof, M. R., Seidell, J. C., & Katan, M. B. (2012). A trial of sugar-free or sugar-sweetened beverages and body weight in children. *The New England journal of medicine*, 367(15), 1397–1406.

¹⁰ Moynihan, P. J., & Kelly, S. A. (2014). Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. *Journal of dental research*, 93(1), 8–18.

¹¹ Yang, Q., Zhang, Z., Gregg, E. W., Flanders, W. D., Merritt, R., & Hu, F. B. (2014). Added sugar intake and cardiovascular diseases mortality among US adults. *JAMA internal medicine*, 174(4), 516–524.

¹² U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov)

¹³ New York City Department of Health and Mental Hygiene. Community Health Survey 2019; public use dataset accessed on July 28, 2021.

¹⁴ New York City Department of Health and Mental Hygiene. (2013, June). Diabetes-related Mortality in New York City.

<https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief28.pdf>.

¹⁵ *Ibid.*, 2.

¹⁶ Yang, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., Ji, R., Wang, H., Wang, Y., & Zhou, Y. (2020). Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: a systematic review and meta-analysis. *International journal of infectious diseases: IJID : official publication of the International Society for Infectious Diseases*, 94, 91–95. <https://doi.org/10.1016/j.ijid.2020.03.017>

¹⁷ Woolf SH, Chapman DA, Sabo RT, Weinberger DM, Hill L. Excess Deaths From COVID-19 and Other Causes, March-April 2020. *JAMA*. 2020;324(5):510–513. doi:10.1001/jama.2020.11787

¹⁸ Grummon AH & Hall MG. Sugary drink warnings: A meta-analysis of experimental studies. *PLoS Med.* 2020;17(5):e1003120.

¹⁹ Taillie, L. S., Reyes, M., Colchero, M. A., Popkin, B., & Corvalán, C. (2020). An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study. *PLoS medicine*, 17(2), e1003015.

²⁰ Center for Science in the Public Interest. (2021, July 8). New Yorkers Support Added Sugar Warnings on Chain Restaurant Menus.

Good afternoon Chair Shulman and other esteemed members of the New York City Council Committee on Health,

My name is Wali Ullah and I'm the Community Education Coordinator for Muslim Community Network, a nonpartisan civil society organization that works to empower, provide, and advocate for Muslims across NYC through direct/social services, civic engagement, and community educational programming. Along with other members of the Interfaith Public Health Network coalition, Muslim Community Network would also like to express their support for Intro 687, which proposes to amend the city administrative code to require the addition and clear, transparent display of sugar and sodium notifications for menu items in chain restaurants, otherwise classified by the NYC health code as any restaurant franchise with 15 or more operational establishments. The bill would also standardize a 90-day reporting process on the amount of sugar & sodium present in each menu item.

Aside from some of the obvious public health and consumer benefits of the bill, which will positively benefit health-conscious and vulnerable New Yorkers alike, it will also have a positively pronounced effect on South Asian New Yorkers, many of whom practice non-Christian faiths and disproportionately suffer from diabetes and hypertension more than any other ethnic or racial group. According to a [2021 medical survey](#) conducted among >90,000 South Asian patients at NYU Langone:

- the age-adjusted diabetes burden for South Asian New Yorkers is **10.7%**
- the age-adjusted hypertension burden for South Asian New Yorkers is **20.9%**
- **46.2%** of South Asian New Yorkers with diabetes also had comorbid hypertension

With inflation and access to cheap, healthy food continuing to pose an issue for New Yorkers and [more than 20%](#) of people with diabetes nationwide remaining undiagnosed, the city has a duty to ensure that New Yorkers know what's in their food, no matter where it comes from and who prepares it for them. Allowing New Yorkers to make better informed choices about consuming foods with high levels of natural or added sugars and sodium content will encourage hypertension and diabetes patients— many of whom are BIPOC, low-income, and disproportionately rely on outdoor dining— to take more proactive measures to protect their health and well-being. Regardless, the Muslim Community Network will continue to educate our Muslim and interfaith community members on the importance of good public health policy such as Intro 687, and would also encourage that such information be made available in commonly spoken non-English languages such as Spanish, Chinese, Arabic, Hindi, Urdu, or Bangla, upon request.

Thank you for your time, and as a lifelong resident of the Bronx, which routinely ranks among one of the unhealthiest counties in New York State, I'd also like to thank all Bronx sponsors for the bill, including but not limited to Bronx Borough President Gibson and Councilmembers Feliz and Velasquez, who both serve on the Health committee.



February 1, 2023

Hon. Keith Powers
Majority Leader
New York City Council
211 East 43rd Street, Suite 1205
New York, NY 10017

Re: INT-687-2022 - requiring added sugar notifications for menu items in chain restaurants

Dear Majority Leader Powers:

I am writing on behalf of NATO, Theatre Owners of New York State, Inc., a not-for-profit trade association representing movie theatres. While we appreciate the good intentions behind INT-687-2022, we believe a more comprehensive approach that provides both daily sugar intake information, and a full list of all nutritional information and ingredients, can better help address the public health crises of diabetes and obesity through even greater transparency. At the same time, we believe that this more comprehensive approach will help struggling City food service establishments comply with City Council menu-related mandates and avoid costly fines. Therefore, we are respectfully suggesting amendments to INT-687-2022 to ensure that it facilitates even greater transparency, and helps all consumers make more informed decisions at the point of sale.

City movie theatres want all audience members to feel safe and welcome as they return to the cinema. While the pandemic continues to financially harm many businesses, it acutely impacted the movie theatre industry. Movie theatres were ordered closed in New York for fifty weeks at the start of the pandemic, and despite a few well-known superhero or action releases, the box office continues to suffer because of the accelerated adoption of several at home streaming options. Moreover, the quantity of new releases is down 35%, and an estimated 8-10% of the audience may never return. Compared with the pre-pandemic 2019, which itself was a down year, the 2022 nation-wide box office was down 40%. With less content, and more at-home competition, there are less patrons. Consequently, individual theatres see less revenue from advertising and concessions. In 2019, City audiences spent \$325 million at nearby bars, restaurants, and retail when seeing a film, and if they continue to stay home, so do those dollars.

Simply put, movie theatres cannot afford another reason for patrons to stay home. Accordingly, we want to avoid any added confusion for patrons who may choose to purchase concessions, and any additional City fees and fines. We also do not want to continue to add icons that could clutter the menus. In 2015, sodium warning icons were required. Last year, the Council passed a sugar warning icon for prepackaged foods. Now, we are discussing broadening the adoption of that sugar warning icon to cover all foods. But, what comes next? Separate icons for each of the eight major allergens? Sustainability icons? Fair-trade certification? While each of these may contain laudable public policy goals, we do question the saliency of continually adding government-mandated messaging on restaurant menus. With limited space, at a certain point the menu becomes

cluttered, confusing, and may compound the financial recovery of the City’s theatres and restaurants.

So, instead of yet another icon, we are proposing a comprehensive and transparent alternative that will provide one sign at the point of sale to encompass all nutrition and ingredient information. This proposal would amend the [menu-labeling language](#) mandated by the Affordable Care Act. Those provisions largely stemmed from the City’s calorie count requirement that started in 2008, and which the City later amended to conform with the federal standard in 2015. The current City and federal law require covered establishments to provide additional nutritional information, including nutrient contents and ingredients, and to post a statement about the daily recommended dietary intake of 2,000 calories. This current posting requirement states: “2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutrition information available upon request.”

We are respectfully suggesting amending this existing sign, by adding specific daily sugar-intake nutritional information at the point of sale, as well as information about allergens. We believe that such information is more actionable and meaningful to educate consumers, and that the use of just one existing sign will not cause cluttering and confusion on the menu board. In addition, we believe that INT-687-2022 should also mandate the inclusion of a Quick Response Code (“QR”) on the sign that will direct patrons to a website with full nutrition information for every menu item, as well as a printed version at the point of purchase for patrons without access to a cellular phone. A QR Code would eliminate the need for the burdensome reporting requirement contemplated by INT-687-2022, which would require each covered establishments to report the list of menu items every ninety days. This nutritional information from the QR Code would then become easily accessible and transparent at the point of sale for patrons on the already existing sign. Doing so would follow the widely adopted [SmartLabel](#) example, which currently covers over 100,000 food, beverage, and consumer products. SmartLabel minimizes costly packaging or graphics changes, and despite space constraints on many small packages, enables further nutritional information to be shared and updated in real-time with customers. Similarly, for space constrained menu boards, a QR code at the point of sale could provide readily accessible and actionable information for theatre patrons.

Therefore, we suggest inserting the following language:

2,000 calories a day is used for general nutrition advice, **with calories from added sugars for women not to exceed 100 per day (6 teaspoons or 25g), and for men 150 per day (9 teaspoons or 36g)**, but calorie needs vary. Additional nutrition **and allergen** information available upon request. 

The suggested language above regarding sugar quantities comes from the [American Heart Association](#) (“AHA”). It should be noted, however, the AHA language is more stringent than the United States Food and Drug Administration’s (“FDA”) “[Dietary Guidelines for Americans](#)”, which recommends limiting calories from added sugars to less than 10 percent of total calories per



day. For example, for a 2,000-calorie daily diet, that would be 200 calories or 50 grams of added sugar per day. Last year, the FDA released the new nutrition facts information labeling requirements to include added sugars on prepackaged foods to help consumers make more informed choices. These new nutrition facts labels are already printed on all the labels for the prepackaged candy sold in movie theatres, including total and added sugars.

Adding the AHA language to the existing sign will inform customers how much sugar is recommended in both grams and teaspoons, and how that fits overall with their daily caloric intake. We believe that information is more actionable for New Yorkers than adding another icon to the menu. Furthermore, the additional information available upon request through the QR Code for each menu item would include: total calories, total fat, saturated fat, trans fat, cholesterol, sodium, total carbohydrates, fiber, sugars, and protein. This additional information can further help educate New Yorkers about their dietary intake and nutrition.

Moreover, the inclusion of allergen information would identify every menu item that includes nuts, tree nuts, sesame, fish, shellfish, wheat, soy, eggs, or dairy. Over 10% of the population has a food allergy, and adults are the fastest growing population with food allergies. The City Council introduced numerous allergen related pieces of legislation over the years, and with this suggestion, New York City could become a national leader on allergens and menu labeling. Simply put, adding a few words to the already existing sign will go much farther than cluttering a menu board with more icons. Also, it would provide New Yorkers with more transparency through more readily understandable information.

Enclosed, please find these suggested revisions in a red-line version of INT-687-2022. We look forward to an opportunity to discuss this with you at your earliest convenience. Thank you for your time.

Sincerely,

Robert Sunshine
Executive Director
Enclosure

CC:

Chair Lynn Schulman
Council Member Velazquez
Council Member Feliz
Council Member Ariola
Council Member Hudson
Council Member Barron
Council Member Yeger
Council Member Narcisse



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Suggested Amendments to INT-687-2022 (Sugar Warning Icon)

Int. No. 687

By Council Members Powers, Schulman, Narcisse, Ung, Brooks-Powers, Ayala, Hudson, Brewer, Abreu, De La Rosa, Velázquez, Bottcher, Menin, Holden, Restler, Gutiérrez, Brannan, Riley Lee, Gennaro, Louis, Nurse, Joseph, Sanchez, Williams, Marte, Cabán, Krishnan, Hanks, Barron, Fariás, Avilés, Richardson Jordan, Dinowitz, Feliz, Salamanca and Won (in conjunction with the Bronx and Brooklyn Borough Presidents) (by request of Manhattan Borough President)

A Local Law to amend the administrative code of the city of New York, in relation to requiring added sugar notifications for menu items in chain restaurants

Be it enacted by the Council as follows:

Section 1. Section 17-199.18 of the administrative code of the city of New York, as added by local law number 33 for the year 2022, is amended to read as follows:

§ 17-199.18 Added sugar notifications. a. Definitions. For the purposes of this section, the following terms have the following meanings:

Added sugars. The term “added sugars” has the same meaning as used in title 21, section 101.9 (c)(6)(iii) of the code of federal regulations, or any successor regulations.

Chain menu developer. The term “chain menu developer” means the person that owns and licenses the brand name under which the covered establishment does business, or any other person responsible for determining the formula or recipe for items displayed on the menu of a covered establishment.

Covered establishment. The term “covered establishment” means any food service establishment inspected pursuant to the restaurant grading program established pursuant to subdivision a of section 81.51 of the New York city health code that is part of a chain with 15 or



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more locations in New York City doing business under the same name and offering for sale substantially the same food items.

Food service establishment. The term “food service establishment” has the same meaning as in section 81.03 of the New York city health code.

Menu or menu board. The term “menu or menu board” has the same meaning as in section 81.49 of the New York city health code.

Menu item. The term “menu item” means any food item, including a prepackaged food item, listed on a menu or menu board.

Prepackaged food item. The term “prepackaged food item” means a food item that is packaged by the manufacturer and required to have a nutrition facts label pursuant to title 21, part 101 of the code of federal regulations, or any successor regulations.

Prepackaged item on display. The term “prepackaged item on display” means a prepackaged food item that is visible to the customer before the customer makes a selection.

Quick Response Code. The term “Quick Response Code” means a type of barcode that can be read easily by a digital device, such as a cellular phone, and which stores information as a series of pixels in a square-shaped grid.

a. Covered establishments must have written nutritional information on the premises in the manner provided for in 21 CFR 101.11(b)(2)(ii).

b. All menus and menu boards must prominently state in a clear and conspicuous manner: “Additional nutritional information available upon request.”

Deleted: Daily value. The term “daily value” means the daily reference value established in title 21, section 101.9 (c)(9) of the code of federal regulations, or any successor regulations.

Deleted: Icon. The term “icon” means a graphic or illustrated image, with or without accompanying text.



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-
- c. The information must be made available to any customer who requests it in either an electronic or printed format.
 - d. The written nutritional information provided for in 21 CFR 101.11(b)(2)(ii) shall also include daily added sugar intake information in terms of calories, grams, and teaspoons, as recommended by the Department.
 - e. The daily added sugar intake information recommended by the Department shall be added in a clear and conspicuous manner to the language “Additional nutritional information available upon request.”
 - f. The written nutritional information provided for in 21 CFR 101.11(b)(2)(ii) shall include allergen information, as recommended by the Department.
 - g. The allergen information recommended by the Department shall be added in a clear and conspicuous manner to the language “Additional nutritional information available upon request.”
 - h. The Department shall provide, at no cost to the covered establishment, a printed sign with the inclusion of the daily added sugar intake and allergen information to the written nutritional information provided for in 21 CFR 101.11(b)(2)(ii).
 - i. The Department shall provide, at no cost to the covered establishment, a printed quick response code, which shall be affixed to the written nutritional information provided for in 21 CFR 101.11(b)(2)(ii).
 - j. The quick response code shall connect to a website that provides the nutritional information for the menu items offered for sale by the covered establishment.



~~d.~~ **k.** Any covered establishment that violates any of the provisions of this section shall be

liable for a civil penalty of not less than \$~~100~~ nor more than \$~~300~~ for a violation thereof.

e. 1. No later than three months after the department issues the rule required by subdivision b of this section, the department shall conduct public outreach to educate covered establishments about the requirements of this local law.

§ 2. This local law takes effect on the same date that local law number 33 for the year 2022 takes effect.

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b. Warning statement. [The] ~~No later than one year after the effective date of the local law that last amended this subdivision, the department shall issue a rule designating an icon to be displayed in a clear and conspicuous manner [on] (i) on menus or menu boards adjacent to the [listed prepackaged food items] menu items and (ii) on or near prepackaged [food] items on display, that exceed a specified level of added sugars, including, but not limited to, 100 percent or more of the daily value for added sugars, as determined by the federal food and drug administration, or exceed another amount specified in rules of the department. Such rule shall also provide a factual warning statement about high added sugars intake.~~

e. No later than one year after the department issues the rule required pursuant to subdivision b of this section, a covered establishment that offers one or more [prepackaged food] menu items or prepackaged items on display that qualify for an icon pursuant to subdivision b shall, in accordance with rules promulgated by the department:

1. Post a clearly visible icon on or near the prepackaged item on display;
2. Post a clearly visible icon on the menu or menu board next to the [prepackaged food] menu item wherever such item appears on the menu; and
3. Post the factual warning statement required pursuant to subdivision b of this section prominently and conspicuously at the point of purchase for such items and, for self-serve items dispensed directly to the consumer, at the dispensing point.

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Deleted: f. Nothing in this local law prohibits the department from requiring an icon or warning statement regarding additional foods, ingredients, or nutrients of concern.

g. Reporting Requirement. Once every 90 days, the chain menu developer shall report to the department the amount of added sugars and sodium in each menu item offered for sale in a covered establishment, or that no changes to the menu information have been made since the last report.



In regards to Intro 687

Good afternoon. My name is Kathleen Reilly, and I am the NYC Government Affairs Manager for the New York State Restaurant Association. 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 80 years.

We are here today to express our concerns with Intro 687, which would expand the sugar warning label requirements on chain restaurants to apply not only to prepackaged goods, but to all menu items. We understand the intention of the legislation to better educate New Yorkers about the foods and beverages they are consuming, but we do not feel that Intro 687 is the best way to accomplish this goal.

First of all, the ability for chain restaurants to calculate the added sugar in menu items that are not pre-packaged is limited, and that is because added sugar labeling requirements for the component ingredients of these food items are not fully implemented by the FDA. A reporting requirement to DOHMH every 90 days is onerous and burdensome to operators, particularly franchisees. We are concerned about menu board overcrowding, and implementing warning labels in cases where a variety of food options are available under one menu listing – for instance, “fountain drink,” which could cover anything from water, to iced tea, to diet soda, to regular soda.

We are also concerned that the language of Intro 687 does not commit to an added sugar threshold, but rather leaves that most significant decision to rulemaking. We strongly feel that any added sugar legislation should be considered with a fixed threshold in place, and we recommend that threshold be based on a per-serving basis, so that larger menu items obviously meant to be shared or consumed in multiple sittings not be unfairly marked – for instance, a full ice cream cake.

As an alternative to Intro 687, we urge the Council to consider a more holistic route that could offer comprehensive nutritional information to consumers. For instance, if chain restaurants provided a QR code linked to all available nutritional information and FDA guidance about sugar intake, that would be both more educational to consumers and less onerous for operators. We also believe that any citywide improvements in nutritional choices will require comprehensive education and public health campaigns before labeling mandates on businesses can be meaningful.

Finally, we continue to advocate for New York City to focus on education-based enforcement rather than punitive fines. Therefore, should Intro 687 go into effect, the public outreach period to covered establishments should be in place for at least a year, during which time violations should be issued as warnings, and after which time, a cure period should be in place for first violations.

Thank you for taking the time to consider our feedback today, and we look forward to being a partner on this issue moving forward.

Respectfully Submitted,

Kathleen Reilly

NYC Government Affairs Manager

New York State Restaurant Association

401 New Karner Road

Albany, New York 12205

Submitted by: Lianna Levine Reisner
Plant Powered Metro New York
February 1, 2023

**City Council Committee on Health Hearing:
NYC's Efforts to Address the Growing Diabetes Epidemic**

My name is Lianna Levine Reisner, and I am a co-founder and the President and Network Director of Plant Powered Metro New York. Our mission is to make sure every New Yorker knows that whole food, plant-based nutrition can prevent, treat, and even reverse type 2 diabetes, among countless other chronic diseases. Time and again, we witness our community members, like our mayor, adopting a satisfying, flavorful, budget-friendly and nutritionally adequate plant-based diet, and their hemoglobin A1c can drop out of the diabetic and prediabetic ranges to normal levels. We support local residents in making sustainable changes through a variety of educational programs, especially our Plant Powered Jumpstarts which have supported 700 people from diverse backgrounds in both English and Spanish.

My message today is that healthy plant foods are the true cure for diabetes. There are three key nutritional principles that bring about diabetes prevention *and reversal*, which must be considered holistically in all city policies: First, we must naturally reduce the fat in our diets by dramatically reducing if not eliminating animal foods *and* processed foods where saturated fat is concentrated. Dietary fat prevents insulin from doing its job in the first place. Second, we have to recognize that our food system is flooded with processed foods that spike blood sugar, even those we don't acknowledge as unhealthy like white flour bagels and breads. Healthy carbs like whole grains and fruit are not the culprits. Third, we need to eat the rainbow, including green leafy vegetables, to maximize the nutrient density in our foods. Plant-based nutrition addresses the root cause of all forms of diabetes, including in children, and it can simultaneously improve the many health conditions that are comorbid with it.

While we support efforts to expand access to telemedicine and to offer transparency on sugar content, there is a wider need for everyone — residents, healthcare professionals, and policymakers alike — to understand diabetes holistically. **Please make legislative and funding priorities that create a healthier food environment city-wide, putting wholesome plants first.** And our diverse residents need to be educated on how to eat differently, through the kinds of motivational and evidence-based education that we do through Plant Powered Metro. While mainstream diabetes prevention programs do help, most do not go far enough in teaching about the dangers of animal foods in our diets. We hope to be a partner to the Council's Health Committee in bringing greater awareness and action on these issues.



Changing The Paradigm Of Diabetes Prevention Among Asian Americans

This outreach initiative will focus on changing the paradigm of diabetes prevention among Asian Americans. Many Southeast Asian Americans develop diabetes and pre-diabetes at lower body mass indexes. The initiative aims to test the scientific premise that exercise, rather than weight loss, is the dominant mechanism through which diabetes is prevented in the Asian group.

Findings from this initiative may help challenge Medicare's diabetes prevention reimbursement policies, which requires providers to demonstrate that their patients engage in at least 150 minutes of exercise per week, and can sustain an average weight loss of five to seven percent across one year. These current guidelines disincentivize participation among many Southeast Asian Americans because they do not have much weight to lose to start with, and further adds to the burden of diabetes in this underserved and understudied population.

Additionally, this initiative will expand the approach to diabetes prevention from an individual behavior change orientation towards broader social determinants of health orientation in response to growing recognition that factors beyond the individual play important roles in affecting health outcomes.

Diabetes Testimony, Elaine Perlman
ElaineSPerlman@gmail.com

In the past 3 years, I have become an expert on something that I used to know nearly nothing about. Kidneys. But now I am far more kidney savvy. Why?

Because my son at age 19 gave his kidney to a stranger, a 21 year old young man who lives on the Lower East Side. & 6 months later, I gave away my kidney at NYU and launched a kidney chain so 4 people could get lifesaving kidneys.

Since then, I resigned from my job as a professor and program director at Columbia University and am now the director of Waitlist Zero, an advocate with the NKF, a mentor with the NKDO and a mentor with Plant Powered Metro New York. So now it's all kidneys all the time.

So what's the #1 reason for kidney failure? Diabetes, the subject of today's conversation.

40% of Americans have prediabetes or diabetes.

& 1 in 3 adults with diabetes have Chronic Kidney Disease. Every day, 170 people with diabetes begin treatment for kidney failure.

My father had diabetes and other family members have prediabetes. My father was a physician. But doctors don't learn about nutrition in medical school.

Several years ago, I taught about healthy plant based eating to second through fifth graders in public schools in Crown Heights, Harlem and the South Bronx with the Coalition for Healthy School. I saw that students were bringing in bags of marshmallows and sugary beverages. Their teeth are rotting. And so are their kidneys.

What can we do to stop this avalanche of kidney failure caused by diabetes?

We can consider developing a workshop for teachers on being food role models for their students. I was asked to make a video by the NYC school food office to encourage school cafeteria aides to help young people make healthier food choices, and I could help with that project.

If you think about it, it makes sense for teachers to be food role models. Teachers don't curse in front of students. Instead, we clean up our language and use high level vocabulary words. In the same vein, teachers should be required to learn about being a good food role model for young people.

We know how to solve the diabetes crisis. By eating only plants and cutting way down on sugar, oil and salt, we can reverse diabetes.

We could not save my Dad. But we need to educate all New Yorkers that our food is either harming or healing us. Let's consider putting city funding into programs that improve people's access to healthy plant-based foods, for both produce and healthy staples, and help increase nutritional literacy for educators. Please pass the Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to develop and implement a citywide diabetes reduction plan." Let's be the leader in eliminating diabetes. Thank you for listening.

Diabetes Testimony, City Council, Original

In the past 3 years, I have become an expert on something that I used to know nearly nothing about. What am I talking about? Kidneys. I knew they were shaped by that bean that shows up in my chili. I thought they were little vacuum bags picking up the dirt from our blood and tossing that into the garbage also known as our urine.

But now I am far more kidney saavy. Why?

My son at age 19 gave his kidney to a stranger, a 21 year old young man who lives on the Lower East Side. 6 months later, I gave away my kidney at NYU and launched a kidney chain so 4 people could get lifesaving kidneys.

So what's the #1 reason for kidney failure? Diabetes, the subject of today's conversation.

1 in 3 adults with diabetes has Chronic Kidney Disease. Every 24 hours, 170 people with diabetes begin treatment for kidney failure.

1/3rd of all Americans have diabetes and pre-diabetes. & in my family, who has diabetes? My father and my younger sister. My father was a physician. He injected insulin and his diabetes eventually became pancreatic cancer. When my Dad wasn't practicing medicine, he was drinking diet soda and eating Oreos. Dad believed that food was not related to disease because doctors don't learn about the impact of good nutrition on preventing and reversing chronic disease. His diet was loaded with sugar, oil and salt. Doctors don't learn about nutrition in medical school. Guess who else doesn't learn about nutrition? Teachers! I have been a teacher for 33 years. was a professor at Teachers College and the Program Director of the Peace Corps Fellow Program for the last six years. No teacher is required to learn about nutrition. So what do teachers do? They eat unhealthy foods in front of students. They serve unhealthy foods at class parties.

Several years ago, I taught about healthy eating to second through fifth graders in Crown Heights, Harlem and the South BRonx with the Coalition for Healthy School. I saw that students bring bags of marshmallows to school and drink sugary beverages. Their teeth are rotting. And so are their kidneys. Students told me about siblings who were teenagers with type 2 diabetes.

What can we do to stop this avalanche of kidney failure caused by diabetes?

We can think about requiring NYC teachers to take a workshop on being food role models for their students. I would be happy to volunteer to help create that workshop. I was asked to make a video by the NYC school food office to encourage school lunch aides to encourage young people to make healthier food choices.

If you think about it, it makes sense for teachers to be food role models. for the Office of Teachers don't curse in front of students. We clean up our language and use high level vocabulary words. In the same vein teachers should be required to learn about being a good food role model for young people. We know how to solve the diabetes crisis. Our own Mayor Eric Adams cured his diabetes in 2 months from eating only chickpeas, lentils, bean, greens, vegetables, fruits and whole grains. His own mother was healed by eating only plants after 7 years of injecting insulin.

We could not save my Dad. My sister has been unwilling to change her diet. But there are many who may be willing to understand that what we eat is either harming or healing us. Let's consider putting city funding into programs that improve people's access to healthy plant-based foods (not just

produce but also the healthy staples), and help increase nutritional literacy through evidence-based education and dietary change support.

Thank you for listening.

- Support healthcare spending in the city that prioritizes lifestyle medicine, with nutrition as a primary driver.
- Work together with PPMNY and local clinicians espousing Lifestyle Medicine to build widespread awareness and acceptance of the role of plant-based nutrition in healing diabetes.
- Spend money on diabetes programs and services with health equity in mind, supporting people who have been traditionally marginalized.
- Work on structural issues that make healthy food less available or obviously available, and that reduce the presence of unhealthy food and animal foods in our city.
- [What else do you suggest?]

Good afternoon!

Thank you, Committee on Health Chair Schulman and your committee members for the opportunity to testify.

My name is Kelebohile Nkhereanye. I am a board member for Brooklyn Community Board 5, food justice activist, ENY organizer for Plant Powered Metro New York and a street vendor.

I am here to testify as a black woman with many intersections because the impact of diabetes is personal, my family members are suffering from diabetes and other diet related diseases. I understand there is data and resources which explain why diabetes is a health challenge.

However, there is no equity in providing preventative education which works best for black people who say, "I have sugar". They do not understand the relationship between food and medicines their doctors are prescribing, they cannot afford to travel out of their zip codes to buy healthy food that is culturally appropriate, and there is a lack of information which shows the importance of using green spaces for physical activities, another option for fighting diabetes.

I am hopeful the Committee on Health members will think about the needs of people of color who have many intersecting identities and listen to their needs instead of only using data. They need holistic interventions, improved relationships with the medical system, and community-based interventions.

I trust members of the Committee on Health will support the bills we are discussing today and remember we are all affected. Please, fund the organizations that are doing the work to improve our health outcomes, green spaces, sanitation, and environment to improve our quality of health like other zip codes.

Thank you for the opportunity to testify.

From: Robert Pezzolesi <rsp@iphnetwork.org>
Sent: Saturday, February 4, 2023 9:27 AM
To: Testimony
Subject: [EXTERNAL] Testimony in support of Int. 687
Attachments: Berman_Int687_2.1.23.pdf; Buchanan_Int687_2.1.23.pdf; Lopez_Int687_2.1.23.pdf; Kim_Int687_2.1.23.pdf; Drame_Int687_2.1.23.pdf; Moltzen_Int687_2.1.23.pdf; Oliver_Int687_2.1.23.pdf; Nayan_Int687_2.1.23.pdf; Rummo_Int687_2.1.23.pdf; Sirbu_Int687_2.1.23.pdf; UNITED SIKHS - Testimony in support of Int. No.687.pdf; Tzu Chi Testimony in support of Intro 687_01.pdf; Vargas_Int687_2.1.23.pdf

Attached please find testimony for 13 individuals in support of Int. 687. All of them registered for and testified at the 2/1/23 Committee on Health hearing.

I have been given permission by all to submit on their behalf.

Thank you.

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All the best,



Robert S. Pezzolesi, MPH
Convener

Pronouns: he, his, him

P: +1 315.263.9522

W: www.iphnetwork.org

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Association des Sénégalais d'Amérique, ASA, Inc.

209 W 116th Street, New York, NY 10026

Tel: (212) 932-0900 – Fax: (212) 932-0880

Email: general@asa-website.org / www.asa-website.org

Wed, Feb 01@ 10 :00 AM Committee on Health

Comments in support of Int. N° 687

Good morning/afternoon, Chair Schulman and members of the Council Health Committee.

My name is Mamadou Drame and I am the recently elected President of the Association of Senegalese in American, ASA, Inc (l'Association des Sénégalais d'Amérique, ASA, Inc.)

We work to unite and improve the lives of all Senegalese in the United States regardless of their political, religious, and philosophical beliefs or affiliations. This work has included the protection of civil rights for Senegalese and all African immigrants, and the pursuit of opportunities for increased economic stability and growth as communities and individually.

Our activities have included charitable and social assistance, general and mental healthcare educational services to African immigrants, provide healthy lifestyles education.

We, of course, have been very active in providing services and advocacy for the recent wave of Senegalese migrants, those who came from the southern border and who face real health issues.

I speak before you today in strong support of the **Sweet Truth bill, Intro 687**.

Although we do not have exact statistics, we know that Senegalese and other West African people in New York City are struggling with high rates of diabetes and related health problems, especially as they acculturate to American diets higher in fast and junk foods. We have heard from some of our members that recent immigrants assume that if an item is served in an American restaurant, then it must be healthy.

That is why we have worked in close concert with the Gambian Youth Organization, the Interfaith Public Health Network, and the Center for Science in the Public Interest to advocate for this measure.

Senegalese and other West African people need more guidance on how to avoid menu items with high amounts of added sugar, like sugar-sweetened beverages. The menu icons are very helpful in this regard, particularly for our members that are just learning English.

Once this bill passes, we would welcome the opportunity to educate our communities about how to identify the menu icons and to utilize other diabetes prevention tools.

Thank you for your time and consideration.

Mamadou Drame

President of The Association of Senegalese in America, ASA, Inc

Testimony in support of the Sweet Truth Bill, Int 687

Good Afternoon,

My name is Rabbi Yonah Berman. I live in the Bronx, where I serve as Dean of Rabbinic Initiatives at YCT Rabbinical School in Riverdale.

I thank Bronx Borough President Gibson and my Council Member, Eric Dinowitz for their support of Bill 687 and for their advocacy for so many causes that affect our District and the City of New York.

I am here as a supporter of the Interfaith Public Health Network and the good work it does for our community, and as the spouse of a pediatrician who works hard and advocates every day for the health and well-being of vulnerable members of our society.

And I am here in support of the Sweet Truth Bill, 687, as both an Orthodox rabbi and as an educator.

As a rabbi, I take very seriously Judaism's focus on caring for one's health. Throughout our sacred texts, there is an undeniable thread of tradition encouraging each individual and all of society to put into place measures for personal protection and communal safety. Bill 687 helps our city and its residents to take steps in the direction of increasing public health by focusing on products that are particularly harmful to individuals and the communities they comprise.

I also deeply value education. My grandmother, an Assistant Public School Principal in Bedford Stuyvesant Brooklyn some 50 years ago, dedicated her career to bringing learning and knowledge to her students. She imparted in our family the value of education, which brings people varied opportunities for growth, for bettering quality of life, and for allowing people

to be in a position to make healthy dietary choices. I too am an educator and have seen the impact that learning had on the choices people make.

The Sweet Truth Bill is at its core an opportunity to educate those who may not be aware of the content of the foods they are consuming, allowing them to better understand their choices and to better appreciate the ramifications of those choices for their health and the health of their loved ones.

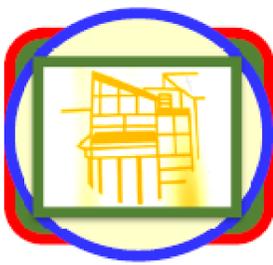
To paraphrase Rabbi Aaron Lichtenstein:

“We are given the task of trying to change the historical scene within which we find ourselves. Let us see to it that the world we leave behind be a little bit better, closer to the fulfillment of a great spiritual and historical vision than it was when he entered it.”

What a gift- to promote healthier choices through a bill such as this.

I encourage you to support its passing and implementation, with the knowledge that doing so is in line with the most sacred values of so many faith traditions. It is an opportunity to help create a New York City that is more health aware- and indeed that is healthier - for generations to come.

Thank you.



Mary Mitchell Family and Youth Center

2007 Mapes Avenue, Bronx NY 10460

(718) 583-1765 Fax: 718-583-1064 themarymittelfyc.org

Testimony for Sweet Truth Bill Hearing

Hello, My name is Rashaun Buchanan and I am the Youth Empowerment and Food Justice Coordinator at the Mary Mitchell Family and Youth Center. I am currently a part of the Americorps program and my role is to support the various programs at our center that focus on fighting food insecurity and injustice in the Bronx. So I used to be the coordinator of the Food Justice Club which is a group of young adults that work with the youth in our afterschool program and teach them how to live healthier lifestyles. In the past we have done activities where we would ask the youth what their favorite drinks were and then we would measure out the actual sugar that they are drinking. The kids were shocked to see the results but after reflecting on the lesson, some were not willing to stop drinking some of these drinks. We understand that these sugar drinks taste good but we had to explain to them that you can still have these drinks but just drink them in moderation. We have also taught them that with some of their drinks it is not always about how much sugar is in it but the kind of sugar as well. Some drinks have 100% fruit juice which will contain natural sugar and you can always tell how much it is by the nutrition label. However most companies add additional sugar on top of the original when it is completely unnecessary. With no sugar warning labels it is easy to ignore the consequences of what you are putting in your body. Therefore with the Int No. 687 bill the kids who are buying soft drinks from chain restaurants can make better decisions with the knowledge that they gain and help encourage their friends and family to do the same.

Sincerely,

Rashaun Buchanan
Food Justice and Youth Empowerment Coordinator



Date: 02/01/2023 10:30AM

Name: Requiring added sugar notifications for menu items in chain restaurants

Prime Sponsor: CM Keith Powers

Testimony by Sara Kim (Korean Community Services; skim@kcsny.org)

My name is Sara Kim, the program director for the Public Health and Research Center at Korean Community Services (KCS). Thank you, chairperson Shulman and the health committee for this opportunity to speak about the impact that the Sweet Truth Act will have on improving health within our communities.

Since 2017, I have been serving as a lifestyle coach leading CDC-developed national diabetes prevention program. I work with immigrants with pre-diabetes to encourage them to make healthy dietary choices and raise health literacy. Each workshop takes about a year, and this year, KCS will be conducting our 20th workshop.

During this time, I found that most of the class participants were unable to understand simple nutritional labels on food and drinks. Part of the problem lies in their limited English proficiency and lack of nutrition knowledge. But cultural components also play a role as many Koreans view carbonated drinks as a digestion aid. After heavy meals, many Korean adults would drink soda to relieve digestion, which promotes unnecessary overconsumption of sugary drinks.

Thank you, Councilmembers, for passing the Sweet Truth Act. But I also urge the Council to extend Intro No. 687, the Sweet Truth Act, to cover all fountain drinks sold in chain restaurants. Moreover, I hope that more work can be done to add images or icons to nutritional labels to help more New Yorkers understand nutritional information to make better-informed health decisions to promote healthy lifestyles and reduce health-related problems in NYC.

HEADQUARTERS
(ADULT DAYCARE
EDUCATION | HR
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SERVICES)

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Bayside, NY 11361
Phone: 718-939-6137

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TESTIMONY

I am Sister Martha López and I have been in 14 different countries serving as a missionary to the poorest and most vulnerable in society. My last mission was in Uganda, serving one million two hundred thousand refugees from South Sudan. Now I am in our beautiful New York being the SERVANT to hundreds and hundreds of new immigrants that are coming to the city. I work with the Mexican Coalition, an organization that provides a wide variety of services to Mexican Americans and other Latinos, including legal services, English language teaching, and health services such as nutritional counseling, enrollment with SNAP, and diabetes prevention, among other services.

As we have heard today, type 2 diabetes and related chronic diseases have had a devastating impact on the Latino communities we serve. We know that each culture has its own history and its own traditions, some of which include dietary and other lifestyle habits that make them more susceptible to prediabetes and diabetes. Hispanics have up to double the risk of developing complications associated with diabetes such as kidney, circulatory and visual problems. Being close every day to a considerable number of Latinos, I can say that we need better eating habits to get less sick. The truth is that eating healthy is very expensive for us. Even so, we need to be warned, we need to be given information about nutrition, we need to be educated to be aware of what we eat, and we need to be told the truth.

This requires decisive action, which is why we fully support the Intro. 687, the Sweet Truth bill. This bill will help consumers identify foods and beverages with very high levels of added sugars. These warnings will be especially useful for us low-English proficient members of the community.

Please help us, the Latino people, who are certainly the most marginalized and cornered in this country, to stay healthy to continue contributing and giving our best, for this beautiful country that one day opened its doors to us, giving us many and different opportunities. Let's take care of the precious gift of life, the gift of health, and the gift of well-being well understood. Life is so short and so beautiful, that it is worth living it in the best possible way. That's why we want... THE SWEET TRUTH!

I humbly ask that God bless us and bless our health. Thank you for the opportunity to give my testimony.

SISTER MARTHA LOPEZ.





Thank you, Chair Schulman, and members of the Council Committee on Health.

My name is Kelly Moltzen, and I am here in my role as a founding co-convener of the Interfaith Public Health Network, or IPHN. IPHN works at the intersection of faith and public health, believing that our faith traditions, at their best, can inform, inspire, and motivate people of faith toward effective public health policy and practice.

I have also worked to improve health equity in the Bronx for the past 13 years, especially through efforts to increase access to healthy foods, and ensure that consumers can make informed food and beverage choices. As a Registered Dietitian, I am aware of *what* foods and beverages a healthy diet consists of; as a public health professional and professed Secular Franciscan, I am aware of *why it is important* for public health policy to ensure the healthy choice can be the easy choice for consumers to make.

We at IPHN have been proud to help coordinate the community advocacy response for the Sweet Truth campaign with our colleagues at the Center for Science in the Public Interest. As you've heard today, this is an issue of deep concern across faith-based and other community organizations across the five boroughs.

It's clear that we are beyond the point where the issue of added sugars in the diets of New Yorkers can be minimized or trivialized.

High amounts of added sugars are not only a major driver of type 2 diabetes, but also cardiovascular disease, which is the leading cause of premature death among Black New Yorkers. Furthermore, added sugar consumption plays a large role in what has been called the "hidden epidemic" of Non-Alcoholic Fatty Liver Disease, which the NIH estimates affects 24% of all American adults.

This is also a matter of equity and justice, since these diseases and conditions disproportionately impact our underserved and overburdened neighborhoods.

That calls for a robust and coordinated response from all levels of government, as well as our faith partners and other stakeholders, to make progress on achieving the goals set forward in NYC's 10-year food policy plan, Food Forward NYC. These include: Evaluating options to limit exposure to unhealthy food and food marketing; partnering with the non-governmental sector to maximize community participation in food policy decision-making; and partnering with the private and civic sectors on food education campaigns around sustainability and nutrition. I hope you would agree with me that passing Int. No. 687 would be making strides towards achieving the City's ambitious food policy goals.

Toward that end, we call on the Council to honor the community will and pass this legislation.

Thank you for your time and consideration of this important request.



Commitment to Improve the Quality of Life

February 1st, 2023

To: Committee on Health, The New York City Council
From: India Home Inc.

Re: support for Intro. 687- Law to amend the administrative code of the city of New York, in relation to requiring added sugar notifications for menu items in chain restaurants.

Thank you for providing us with this opportunity to speak in front of the City Council Committee on Health to express our support for Intro. 687, also known as the Sweet Truth bill.

I am here today on behalf of India Home, a non-profit organization founded by healthcare professionals dedicated to serving South Asian older adults in New York.

India Home leads the city's largest and most secular senior center programs aimed at empowering and improving the quality of life of diverse South Asian and Indo-Caribbean immigrant seniors residing across Queens and beyond. Since our inception, we have touched the lives of over 5,000 older adults through our holistic and culturally competent programs such as congregate meals, senior center services, case management, mental health services, advocacy, and educational and recreational activities.

We also successfully delivered a robust and multitargeted COVID19 Relief & Recovery program at the onset of this unprecedented global pandemic and, with the hard work of our passionate staff and volunteers, we were able to provide essential services to over 2,000 vulnerable seniors in high risk communities through home-delivered meals and groceries, virtual programs, wellness check-up calls, virtual case management, and COVID-19 Test & Trace outreach.

You have heard a lot of testimony about the impacts of type 2 diabetes. I want to use my time to address two aspects of this epidemic which are of particular interest to us.

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Commitment to Improve the Quality of Life

First, the senior population we serve at India Home will benefit greatly from this bill. Aging is a known risk factor for diabetes, and the elderly population in NYC is growing, with the senior population in Queens expected to increase 38% by 2030, according to projections by the NY Health Foundation. Since many seniors are on fixed incomes, and some have impaired cognitive processing abilities, we need to give them tools to help them navigate their food environments, specifically addressing nutrients of concern, like added sugars. Nutrient warning icons are an accessible and widely supported tool that helps individuals identify foods with excessive amounts of added sugars and provide a pictorial element that makes them accessible to low literacy and non-English speaking consumers, ultimately providing more equitable access to information. This bill will meet the needs of our Seniors, many of whom are not fluent in English.

Secondly, research has consistently found that people of South Asian descent are at increased risk for developing type 2 diabetes and cardiovascular disease, even at a lower body mass index when compared to other ancestral groups. This vulnerability implies the need to be especially aware about nutrition.

We have regularly testified in front of the Committee on Health, and we've been on the forefront of advocating for regulations favoring the health and wellbeing of seniors. With that being said, I am here today to advocate and support the Sweet Truth Bill - law to amend the administrative code of the city of New York, in relation to requiring added sugar notifications for menu items in chain restaurants.

The need is urgent and the time to act is now!

Thank you for your time and cooperation.

Vasundhara D. Kalasapudi, M.D.
Executive Director

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Testimony to NYC Council Committee on Health

In Support of Intro. No. 687

Rev. Dr. Teresa Oliver

My name is the Reverend Doctor Teresa Oliver, and I am speaking to you today not only as a retired pastor and faith leader but also as a New Yorker battling pre-diabetes.

In 2021, I was told by my physician that my A1C levels were high and that I was at risk for type 2 diabetes if I didn't bring those numbers down. Since that time, I have worked hard to do just that, by exercising more regularly, and modifying my diet with the help of a nutritionist. This hasn't been easy, and I'm sure many of you can identify with this struggle.

That is why I am proud to part of the community effort to advocate for the Sweet Truth bill, Intro 687. When eating at chain restaurants, it's difficult to know to which foods have high amounts of added sugars – even when calorie counts are present.

This is an issue of special concern in my community, since Black New Yorkers have the highest rates of premature death from diabetes, and predominantly African American neighborhoods in the city tend to have the highest concentration of fast food and other chain restaurants.

I have spent years advocating for health equity, both through my ministry at Mt. Zion Christian Methodist Episcopal Church in the Soundview neighborhood of the Bronx, and with the Bronx Health REACH coalition.

My faith tells me that – yes, we can do this! Today, I call on the Health Committee to pass the Sweet Truth Act as a step toward freedom from the epidemic of type 2 diabetes that our city faces.

Testimony before the New York City Council Committee on Health

In Support of Int. 0687-2022 regarding A Local Law to amend the administrative code of the city of New York, in relation to requiring added sugar notifications for menu items in chain restaurants

February 3, 2023

Thank you for the opportunity to testify at today's hearing regarding nutritional standards for beverages included in meals aimed at children. 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 improve healthy food choices and prevent nutrition-related diseases. One of my areas of focus is nutrition labeling and its impact on food purchasing behaviors, so I'd like to share research findings relevant to this proposed legislation.

The consensus among experts is that policy action is needed to create meaningful population-wide decreases in consumption of added sugar.^{1,2} A promising and increasingly popular policy approach to decreasing consumption of added sugar is adding warning labels on food and beverages. In the U.S., this policy has focused on sugar-sweetened beverages (SSBs). These are drinks with added sugars (e.g., soda, sports drinks), and their consumption is strongly associated with obesity and type 2 diabetes³⁻⁵. Intake of SSBs has increased dramatically in the last several decades,^{6,7} and they now represent the largest source of added sugars in the American diet.⁸ SSBs are consumed at least once per day by 50% of adults and 61% of youth.^{9,10} Although

soda consumption in the U.S. has recently declined modestly,¹¹ consumption of other SSBs like sports drinks has increased,⁶ and today's overall level of SSB consumption remains high.¹⁰ Further, communities with a majority of low-income and racial/ethnic minority persons have the highest SSB consumption rates.¹² There are a variety of factors that contribute to overconsumption of SSBs, including low cost, widespread availability, and large portion sizes.^{7,13-15} Many people also falsely believe that certain SSBs like sports drinks are healthy.¹⁵

Although SSB consumption is an important target of public health interventions, it is only one of many products that contribute to unhealthy diets.¹⁶ Indeed, one in three U.S. youths consume more than 15% of total calories from added sugars, with higher intake among non-Hispanic Black and non-Hispanic White youth;¹⁷ and 30% of adults consume more than 15% of daily calories from added sugars, with higher intake among adults with less than a college education and adults living in lower-income households.¹⁸ For these reasons, it is important to consider policy approaches to reduce the consumption of *all* foods high in added sugars, not just SSBs. Other countries like Chile have already applied warning labels to a range of foods and beverages.

Prior research on the effectiveness of food and beverage warning labels.

Mandatory and voluntary front-of-package or shelf-tag nutrition labeling systems have been implemented in over 20 countries.¹⁹ A number of experimental studies have evaluated the effects of applying warnings to unhealthy foods and beverages, and meta-analyses of these experiments find that warnings reduce purchases of labeled products, including SSBs, snack foods, and alcohol.²⁰⁻²² These experimental studies provide strong causal evidence about warnings' effects.

Real-world studies of consumer purchase behavior in response to nutrition warnings also indicate that warnings reduce purchases of unhealthy products. One quasi-experiment examined beverage sales in a hospital cafeteria during periods when SSBs displayed calorie labels, text-only health warnings, or pictorial health warnings with graphic images. The pictorial warnings (but not text-only warnings) reduced purchases of SSBs compared to calorie labels.²³ Two quasi-experiments in Chile found 23-37% reductions in calories, sugar, and sodium purchased from labeled products in the 18 months after Chile implemented their nutrient warnings.^{24,25} One quasi-experiment also found that university students' self-reported consumption of SSBs declined by 19% two months after health warnings were placed on beverage dispensers in a dining hall, compared to a 5% reduction in two comparison dining halls that did not display warnings.²⁶ None of these real-world nutrition warnings were limited to pre-packaged food items, and one would expect that their impact would be smaller if they were only applied to a subset of products, as the current NYC law does.

The proposed legislation and its potential impact.

In January 2023, my team and I conducted a study to characterize the purchases of adults shopping in chain restaurants in NYC that would be eligible for the added sugar warning label under the proposed legislation. We only focused on sugary drinks, which are wholly comprised of added sugars, since restaurants do not report the added sugar in their products. Over 100 adults submitted receipts to our team after making purchases at these restaurants and we found that no adults purchased a pre-packaged sugary drink, whereas 77% of adults purchased a fountain beverage (i.e., non-pre-packaged drink) – and about 55% of fountain drinks had over 50

grams of added sugar. This means 100% of items with over 50 grams of added sugar would not have been labeled using the criteria of current law. Our findings are conservative because we only focused on sugary drinks, and, without knowing the added sugar content of restaurant items, that are not pre-packaged, we cannot know which other items would have qualified. This limits our ability to do research that could evaluate the importance of the proposed legislation, and, more importantly, hinders the enforcement of a policy that does not mandate up-to-date reporting by eligible restaurant chains.

For all of these reasons, I urge the Committee to advance this legislation to include foods other than pre-packaged items, as it has the potential to meaningfully reduce added sugar intake among NYC residents.

Thank you again for the opportunity to provide testimony.

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Testimony - Dr. Laura Sirbu - 2/1/2023 - In support of Sweet Truth Bill Int. 687

Good morning members of the Committee on Health. My name is Dr. Laura Sirbu and I am a board certified internal medicine physician and Preventive Medicine fellow in NYC.

When I practiced primary care in the Melrose section of the Bronx, I cared for people with diabetes every single day—the rate of diabetes there is twice that of the City and the country. One of my patients with diabetes, Sandra, was a monolingual Spanish-speaking woman in her mid-50s from Central America. She was determined to get her sugar levels under control, but was navigating a new food environment that she found frustrating and confusing because nutrition facts are often hidden. Her neighborhood in the Bronx was dotted with fast food restaurants and when she purchased her favorite beverages there was no nutrition label to allow her to employ the healthy eating strategies we were working on together. I could sense Sandra's frustration and helplessness when, after working hard to make adjustments to her diet in the setting of what was available to her, her sugar levels wouldn't decrease.

From my perspective as her primary care doctor, it was heartbreaking to feel that my medical recommendation would be to increase the dose of diabetes medications after months of her trying lifestyle changes, when in reality the true source of her high sugar levels was the availability and access to healthy food choices in her neighborhood.

The Sweet Truth Bill would give people this information upfront so that it would be clear whether a purchase is a healthy choice for them, regardless of their mother tongue. It's important to note that many countries around the world, including Mexico, Uruguay, and Chile, already have mandatory labeling for food, and so immigrants from these countries and elsewhere would be able to appreciate food labels with a similar intent in the United States.

The amount of sugar in food and beverages is not visible nor discernable for many New Yorkers – and that includes immigrants, some of whom have come to the US with Limited English P

roficiency and other barriers to health literacy. It's not fair nor just to keep this information hidden, especially for people living with diabetes. Adding a warning icon via the The Sweet Truth Bill would make this information more accessible and empower New Yorkers like Sandra to achieve their nutrition, health, and well-being goals and turn the tide on our ever-worsening diabetes epidemic.

Thank you very much for your time and attention.



Buddhist Tzu Chi Foundation

佛教慈濟基金會美國總會

Testimony in Support of Intro. 687

Committee on Health, The New York City Council

February 1, 2023

Chair Shulman and Health Committee Members:

Thank you for the opportunity to speak today.

My name is Lillian Kuo, and I serve as the Senior Volunteer for the Buddhist Tzu Chi Foundation Northeast, with offices in Flushing, Queens.

The Buddhist Tzu Chi Foundation is an international humanitarian organization, active across five continents, and 128 countries. Our mission includes providing disaster relief, including food, clothing, shelter, and direct financial assistance; delivering free medical and dental care; facilitating one of the world's largest bone marrow donor registries; and promoting environmental protection.

We have a strong focus on promoting healthy eating, including encouraging plant-based diets and reducing intake of sugar, sodium, and unhealthy fats.

In fact, one of our signature programs is a 21-day challenge where we encourage participants to eat healthy plant-based foods, avoid sugary beverages, drink plenty of water, and exercise regularly.

We have seen dramatic results for participants in this program, including sharp reductions in cholesterol numbers. Because of our commitment to healthy diets and community well-being, we strongly support Intro. 687.

This measure reflects the Buddhist value of mindfulness. By requiring warning labels for chain restaurant items with very high amounts of added sugars, this bill will assist New York City consumers to be mindful and intentional about what they are eating.

For these reasons, we urge the Committee to approve this bill.

Thank you for your time and attention today. We at the Buddhist Tzu Chi Foundation look forward to continued conversation with the Council as we promote compassion through action, charity, and social service.



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Testimony in support of Int. No. 687
Date: February 1, 2023

My name is Inderjeet Singh and I serve as the Community Relations Officer for UNITED SIKHS.

UNITED SIKHS is a U.N. affiliated, international, non-profit, non-governmental, humanitarian relief, education, human development, and advocacy organization that aims to empower those in need, especially disadvantaged and minority communities around the world.

Our faith fuels our commitment to aid and advocate for the spiritual, social, and economic empowerment of these communities.

It is for these reasons that we strongly support Intro. 687, also known as the Sweet Truth bill.

We know that sugary beverages and foods with high amounts of added sugars contribute to many serious health problems, including type 2 diabetes, heart disease, liver disease, several forms of cancer, and tooth decay. We also know that underserved and underprivileged neighborhoods in New York City tend to have more of the chain restaurants that serve and aggressively market these foods and beverages.

As you may know, we worked extensively during the height of the COVID pandemic to help communities ravaged by that disease. Those efforts have included promoting and facilitating COVID vaccination, etc. As members of the Health Committee are no doubt aware, many of the biggest underlying risk factors for hospitalization and death from COVID include obesity, type 2 diabetes, heart disease, and other conditions made worse by high consumption of added sugars. Clearly, the issue of dietary added sugars is no trivial matter.

So, we are very encouraged that this bill has gathered so many council sponsors and look forward to its passage and implementation, for the benefit of all New Yorkers. Thank you, Chair Schulman, for your leadership on this issue.

Sweet Truth Act

Ileana Vargas-Rodriguez, MD, MS I am an Associate Professor of Pediatrics at CHONY-Presbyterian at Columbia University Medical Center and I specialize in Pediatric Endocrinology.

When I started my career, I thought I was going to spend the bulk of my time taking care of children with autoimmune Type 1 diabetes (juvenile onset diabetes). But in the early 2000's paralleling the rising rates of weight gain we started seeing children and adolescents, especially those with severe obesity with type 2 diabetes (adult-onset diabetes). For the past 25 years I have been working in our community, focusing on the clinical care of pediatric patients with diabetes and my main goal has been to try to prevent type 2 diabetes in our children.

I am not an alarmist, but what I am witnessing these past several years is quite concerning. The rates of children developing type 2 has more than doubled, we are seeing approximately 1-3 new patients with new onset Type 2 Diabetes weekly (remember this was called adult-onset diabetes and should be zero children having this disease). On my last on call this past weekend- we had a new onset 10-year male and 15-year female, one was diagnosed during their routine physical exam and noted to have a BS of >400 mg/dl and the other came in with severe elevated BS to our ICU with heart inflammation due to carrying excess weight and type 2 diabetes.

The Sweet Truth Bill must pass, to make us aware how certain drinks and foods that are promoted to ALL of us are quite unhealthy. It will allow us to make our own decisions for ourselves, but most importantly for our children and families. Most of us know sugared sweetened beverages are not great for us, but when I show both doctors in training and my patients the sugar tubes of how much sugar is really in a can of soda or juice their eyes widened up! They say wow, I had no idea! This bill will help our community improve nutrition literacy, but most importantly it can promote self-care and wellness.

From the questions asked: I added that Metformin comes unfortunately in liquid form and it is FDA approved in children 10 and older.

Also AAP and ADA have recommendations for screening for prediabetes and diabetes in children who are 10 and older who carry excess weight, were born to mothers who had gestational diabetes and or have strong family history of type 2 diabetes, are of ethnic minorities, have signs of Insulin Resistance and other conditions associated with diabetes such as PCOS (Polycystic Ovarian Syndrome), Metabolic syndrome.

Ileana Vargas, MD, MS
Culinary Medicine Specialist
Associate Professor of Pediatrics
Pediatric Endocrinology, Diabetes and Metabolism
Naomi Berrie Diabetes Center
Columbia University Medical Center

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

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Name: KELEBONILE NICHERETANYE

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

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Name: Sister Martha Lopez (PLEASE PRINT)

Address: _____

I represent: _____

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Name: Elaine Perlman (PLEASE PRINT)

Address: W 109

I represent: self

Address: _____

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Date: 02/01/2023

Name: Rashaun Buchanan (PLEASE PRINT)

Address: W 182nd Street

I represent: Mary Mitchell Family and Youth Center

Address: 2007 Mapes Ave

**THE COUNCIL
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in favor in opposition

Date: 2/1/2023

Name: Ashwin Vasoo, Commissioner of Health (PLEASE PRINT)

Address: NYC Health Dept

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

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in favor in opposition

Date: _____

Name: KELEBOHICE NKHERA NYE (PLEASE PRINT)

Address: 10th St NYC 10009

I represent: SELF

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: 2/1/2023

(PLEASE PRINT)

Name: Duncan Mary Assistant Commissioner

Address: Bureau of Environment & Health Systems

I represent: NYC Health Dept

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: 2/1/2023

(PLEASE PRINT)

Name: Michelle Morse, Chief Medical Officer

Address: Deputy Commissioner, Center for Health Equity

I represent: NYC Health Dept

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: 2/1/2023

(PLEASE PRINT)

Name: Elizabeth Salmon

Address: NYC Health Dept Executive Director

I represent: Nutrition Policies & Programs

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. 687 Res. No. _____
 in favor in opposition

Date: 2/1/23

(PLEASE PRINT)

Name: Rabbi Yonah Berman

Address: Hudson Manor Terr

I represent: Bronx NY

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: 02/01/23

(PLEASE PRINT)

Name: Pasquale Rummo

Address: 180 Madison Ave, New York, NY 10016

I represent: NYU Langone Health

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 687 Res. No. _____
 in favor in opposition

Date: 02/01/2023

(PLEASE PRINT)

Name: Wali Ullah

Address: W.V. Featon Avenue

I represent: Muslim Community Network

Address: 450 Lexington Ave

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: 02/01/2023

(PLEASE PRINT)

Name: GOURAB DAS NAYAN

Address: _____

I represent: Indian Home Inc.

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: 02/01/2023

(PLEASE PRINT)

Name: SERGIO VILLAVICENCIO

Address: MORRISON AVE

I represent: PLANT POWERED METRO NEW YORK

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: 2/1/23

(PLEASE PRINT)

Name: Lillian B. C. Kao

Address: Great Neck NY 11042

I represent: Buddhist Tzu Chi Foundation

Address: 137-77 Northern Blvd Flushing, N.Y.

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 687 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Verabelle Bahtista

Address: E 140th St

I represent: teens for food justice

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0687 Res. No. _____

in favor in opposition

Date: 2/1/2023

(PLEASE PRINT)

Name: Eman Faris

Address: W 157th St.

I represent: CUM Urban Food Policy Institute

Address: 55 W 125th St.

**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: 02/01/2023

(PLEASE PRINT)

Name: Melanie Saenz Flores

Address: _____

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. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 687 Res. No. _____

in favor in opposition

Date: 2/11/2003

(PLEASE PRINT)

Name: MAMADOU DRAME

Address: W 131st ST, NEW YORK, NY 10032

I represent: ASSOCIATION OF SENEGALESE IN AMERICA, INC

Address: 209 W 116th ST, NEW YORK, NY 10026

**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: Maria L. Roig

Address: _____

I represent: _____

Address: 29 mlroig@gmail.com

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: 02/01/23

(PLEASE PRINT)

Name: Sister Martha Lopez

Address: E. 19 St.

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 687 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sara Kim

Address: 32nd Ave. Bayside

I represent: KCS

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: 2/1/23

(PLEASE PRINT)

Name: Lianna Levine Reiser

Address: W 90th 10024

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. 687 Res. No. _____

in favor in opposition

Date: 2/1/2023

(PLEASE PRINT)

Name: LAURA SIRBU

Address: E 93rd ST NY NY 10028

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: 02/01/23

(PLEASE PRINT)

Name: Esther Greeman

Address: _____

I represent: Plant Powered Metro NY

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 687 Res. No. _____

in favor in opposition

Date: 2/1/2023

(PLEASE PRINT)

Name: Rev. Dr. Theresa G. Oliver

Address: Commonwealth Ave

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. _____ Res. No. _____

in favor in opposition

Date: 2/1/2003

(PLEASE PRINT)

Name: Elaine Perlman

Address: W 109 Street NYC 10025

I represent: self

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: 2/1/03

(PLEASE PRINT)

Name: Rev. Edwin Chinery

Address: Henry St.

I represent: Church of the Ascension

Address: 54 Ave + 10th St.

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: Erin Reddon

Address: 55 Water Street, NY, NY 10041

I represent: Imbiant Health

Address: 55 Water Street, NY, NY 10041

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: 1 Febr 2023

(PLEASE PRINT)

Name: Lillie Rosenthal

Address: CENTRAL PARK SOUTH

I represent: _____

Address: _____

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