

Testimony
of
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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

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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 Care 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.