



Reversing the Epidemic: The New York City Obesity Task Force Plan to Prevent and Control Obesity

May 31, 2012

Introduction

In December 2011, Mayor Bloomberg announced a significant victory in the battle against obesity: after years of aggressive efforts to improve nutrition and expand physical activity opportunities for all New Yorkers, New York City experienced a small but statistically significant drop in rates of childhood obesity. Bucking national trends, rates of obesity for NYC kindergartners through eighth graders decreased 5.5 percent from 2006 to 2011, with the sharpest declines – 10 percent – seen among children ages 5 to 6 years old.



Mayor Bloomberg makes announcement about New York City child obesity rates with Deputy Mayor Gibbs, Health Commissioner Farley and Schools Chancellor Walcott December 15, 2011
(Photo Credit: Kristen Artz)

The data on obesity rates remained bleak for adults, however, and although the decline in rates for children was better news, there are still 40 percent who are overweight or obese, a rate higher than the national average. With evidence that targeted local efforts could have an impact on obesity, Mayor Bloomberg charged Deputy Mayor of Health & Human Services Linda Gibbs and Deputy Mayor of Operations Cas Holloway with significantly strengthening the City's anti-obesity efforts by convening a multi-agency Obesity Task Force that would recommend innovative, aggressive solutions to address the obesity challenge in New York City. The Obesity Task Force was convened in January 2012 and conducted its work over the following several months. Commissioners from eleven City agencies and representatives from the Mayor's Office participated:

- *Linda Gibbs*, Deputy Mayor for Health and Human Services, *co-chair*
- *Caswell Holloway*, Deputy Mayor for Operations, *co-chair*
- *Alan Aviles*, President, Health and Hospitals Corporation
- *Adrian Benepe*, Commissioner, Department of Parks and Recreation
- *David Bragdon*, Director, Office of Long Term Planning and Sustainability
- *Amanda Burden*, Commissioner, Department of City Planning
- *David Burney*, FAIA, Commissioner, Department of Design and Construction
- *Robert Doar*, Commissioner, Human Resources Administration

- *Dr. Thomas Farley*, Commissioner, Department of Health and Mental Hygiene
- *Kim Kessler*, Food Policy Coordinator
- *Robert LiMandri*, Commissioner, Department of Buildings
- *John Rhea*, Chairman, NYC Housing Authority
- *Janette Sadik-Khan*, Commissioner, Department of Transportation
- *Carter Strickland*, Commissioner, Department of Environmental Protection
- *Dennis Walcott*, Chancellor, Department of Education

Many of the agencies represented on the Task Force had not previously had a programmatic focus on public health or obesity, but each was engaged in activities that could improve the health of New Yorkers by improving the food environment; making tap water more accessible; making public spaces more amenable to physical activity or active transportation; promoting building design that encouraged physical activity; or marshaling resources to identify and best treat children at risk of obesity-related diseases.

The Task Force identified four key goals to guide its work:

- Reduce obesity
- Address disparities between communities
- Reduce preventable health conditions
- Create strategies to lower health care spending and lost productivity

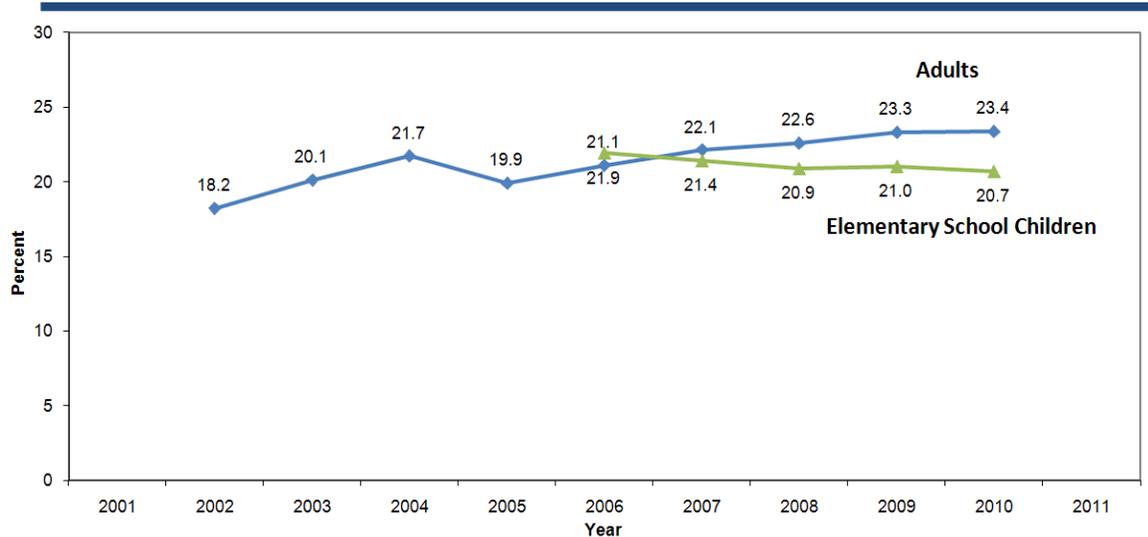
Three workgroups – Food Environment, Physical Activity/Physical Design, and City Practices -- were convened on multiple occasions to generate and vet innovative ideas. In addition, outside stakeholders were consulted informally and in structured roundtables to brainstorm and refine proposals.

The following outlines the findings and recommendations of the Task Force.

Finding: Obesity is one of our most serious and rapidly growing health problems

New York City – like the rest of the nation – is experiencing an obesity crisis. Obesity is among the most rapidly growing serious health problems we face as Americans. In the early 1960s it affected only 13 percent of Americans; by 2007-2008 one-third (34 percent) were obese.ⁱ It is also a leading cause of preventable death, second only to tobacco, and kills 5,800 New York City residents per year. Being overweight or obese is now the norm in our city: 58 percent of adults – or a total of 3,437,000 people – are overweight or obese. And the obesity epidemic strikes hardest in communities already suffering from health and economic disparities, particularly our black, Latino and low-income communities where the rate of overweight and obesity reaches 70 percent in some neighborhoods.

Trends in Youth and Adult Obesity: NYC 2001-2011



Source: NYC Community Health Survey (CHS) 2002-2010, Youth Risk Behavior Survey (YRBS) 2001-2011, NYC FITNESSGRAM 2006-2010.

Obesity statistics are even more startling among NYC’s youth, despite recent progress. Among NYC children ages 6-11 years, 21.3 percent are obese versus 19.6 percent nationally.ⁱⁱ Even more are overweight and on a path to obesity once they are adults. The obesity epidemic, if left unchecked, threatens to reverse the enormous progress made in health and life expectancy in recent decades.ⁱⁱⁱ If obesity rates continue to grow, this generation of children may live shorter lives than their parents.

Obesity is not a cosmetic problem. Epidemic obesity has led to massive increases in prevalence of Type II diabetes, which can result in blindness, hypertension, and amputations. One in three adult New Yorkers now either has diabetes or a condition known as pre-diabetes. Obesity also

increases cancer, heart disease, arthritis, depression, asthma and a host of other problems. Severe obesity leads many to immobility and depression. In NYC as of 2007, there were 2,600 hospitalizations for amputations related to diabetes and 1,400 people who end up on dialysis due to diabetes.^{iv} In addition, applying national estimates to the NYC population, over 100,000 adults have diabetic retinopathy (eye disease) which if untreated, can lead to blindness.^v

Finding: Obesity has a disproportionate impact on low-income and minority communities

The toll of obesity and resulting diabetes is striking New Yorkers unequally. For example, residents of Bedford Stuyvesant or East New York are four times more likely than a resident of the Upper East Side to die of diabetes. Black New Yorkers are almost three times more likely, and Hispanics twice as likely as whites to die from diabetes.^{vi} Obesity is also more common among those with mental illness.

Finding: Obesity is expensive

Obesity is costly for society, government in general, and NYC specifically. Obesity cost the nation \$147 billion in 2006 in direct medical costs. Estimates suggest that annual medical expenditures would be between 7-11 percent lower in the absence of obesity. Moreover, a substantial fraction of obesity costs are financed by the public sector via Medicaid and Medicare, which affects both the federal and state budgets. These fractions range from 25 to 64 percent.^{vii} Worker productivity is also affected: higher rates of death among obese employees costs roughly \$44 billion annually nationwide; loss of productivity due to disability among active workers (\$39 billion); and loss of productivity due to total disability (\$65 billion) from overweight and obesity add to that toll.^{viii}

In 2006, in New York State alone, all insurers spent about \$11.1 billion to address obesity, including \$2.7 billion spent by Medicare and \$4 billion by Medicaid. For NYS Medicaid, 11 percent of 2006 expenditures were attributable to obesity.^{ix} This translates to about \$2.7 billion in Medicaid expenses for NYC residents for obesity.

Finding: Obesity is an environmental disease

People's genes have not changed over these last decades, but our food and physical activity environments certainly have. Sugary drinks are the leading items associated with excess intake of calories in adults.^x Sugary drinks, along with other junk food, are now ubiquitous, calorie dense, cheap, served in large portion sizes and aggressively promoted. Sugary drinks and junk food in particular are everywhere, even in places like newspaper stands, pharmacies, gas stations, bookstores and hardware stores.^{xi} In 2006, 44 companies spent \$1.6 billion to promote food and beverages just to children and teens alone.^{xii} No doubt because of the ubiquity of these products and their promotion in our society, average caloric intake increased by 200-300 calories per day over the past 30 years,^{xiii} and sugary drinks were the single largest contributor to this increase.^{xiv}

Physical activity levels are also largely environmentally determined. Physical inactivity also contributes to obesity, high blood pressure and high blood glucose. Countries with infrastructures that facilitate high rates of walking, bicycling and use of public transportation have lower levels of obesity. In fact, NYC has relatively high levels of public transportation and low levels of car use; nonetheless, even here many sources of activity have been designed out of our environment. Fewer people engage in manual work, staircases have been replaced by elevators and escalators, walking by vehicles, and leisure activities are increasingly electronic. Cities were increasingly designed to make room for cars rather than people over the 20th century and that trend is only beginning to be reversed.

Reversing Obesity Trends in New York City – First Generation Efforts

For over ten years, NYC has led the nation in its efforts to combat obesity, especially among children. There have been numerous policies, programs, and initiatives implemented that directly and indirectly address the obesity epidemic. Examples include:

- **Calorie Counts:** NYC requires chain restaurants that hold NYC Department of Health and Mental Hygiene (DOHMH) permits to post calorie information prominently on menu boards and menus.
- **Meal and Vending Standards:** NYC established nutritional standards for every City agency that purchases or serves meals to clients to improve the health of the 1.1 million students that attend City schools; patients in City hospitals and nursing homes; clients such as those served by homeless shelters, day cares and senior centers; and inmates in City jails. The City also established standards for City vending machines, reducing the availability of high calorie snacks and sugar sweetened beverages in City facilities.
- **Green Carts:** NYC made available 1000 green carts permits to sell raw fruits and vegetables only: 350 permits for Brooklyn, 350 for the Bronx, 150 for Manhattan, 100 for Queens, and 50 for Staten Island. This initiative, with the support of the Laurie M. Tisch Illumination Fund, funds micro-loans and technical assistance for Green Cart operators, as well as branding, marketing, and outreach to encourage residents of the Green Cart areas to purchase fresh produce from the carts.
- **Health Bucks:** Worth \$2 each, Health Bucks are developed and distributed by NYC DOHMH District Public Health Offices and can be used to purchase fresh fruits and vegetables at participating farmers markets. Farmers' markets that accept food stamps will give one Health Buck coupon to each customer for every \$5 spent using food stamps.
- **Move-to-Improve:** Offered through the New York City Departments of Health and Education, this is a comprehensive and engaging way to help teachers integrate physical activity into all areas of classroom academics. This initiative is funded in part by the Centers for Disease Control and Prevention – Communities Putting Prevention to Work grant and

City Council Funding.

- **Active Design Guidelines:** Developed by a partnership of the NYC Departments of Design and Construction, Health and Mental Hygiene, Transportation, City Planning, and Office of Management and Budget. This initiative provides architects and urban designers with a manual of strategies for creating healthier buildings, streets, and urban spaces, based on the latest academic research and best practices in the field.
- **Urban Cycling:** NYC has re-imagined the urban streetscape to promote safe bicycling for recreation and commuting, The DOT has completed the City's ambitious goal of building 250 bike-lane miles in all five boroughs in just three years.

Reversing Obesity Trends in New York City – The Next Wave

The Obesity Task Force analyzed data showing the impact of many of these initiatives and in some cases recommended expanded City commitments to existing successful programs. Other initiatives involve bold new approaches – including reducing consumption of sugar sweetened beverages through a maximum drink size; developing a public-private partnership to promote Active Design throughout New York City and eventually nationwide; bringing large scale urban agriculture to unused spaces at our public housing developments. Brief descriptions of all the recommended initiatives are provided below.

Goals and Indicators by 2016

With implementation of the following bold initiatives over a five-year period, we expect meaningful reductions in obesity rates and improved behaviors among New Yorkers.

Reduce the Prevalence of Obesity:

- Reduce the percent of NYC adults who are obese by 10% (23.4% to 21.1%)
- Reduce the percent of children (K-8th grade) who are obese by 15% (20.7% to 17.6%)

Reduce the percent of adult New Yorkers who:

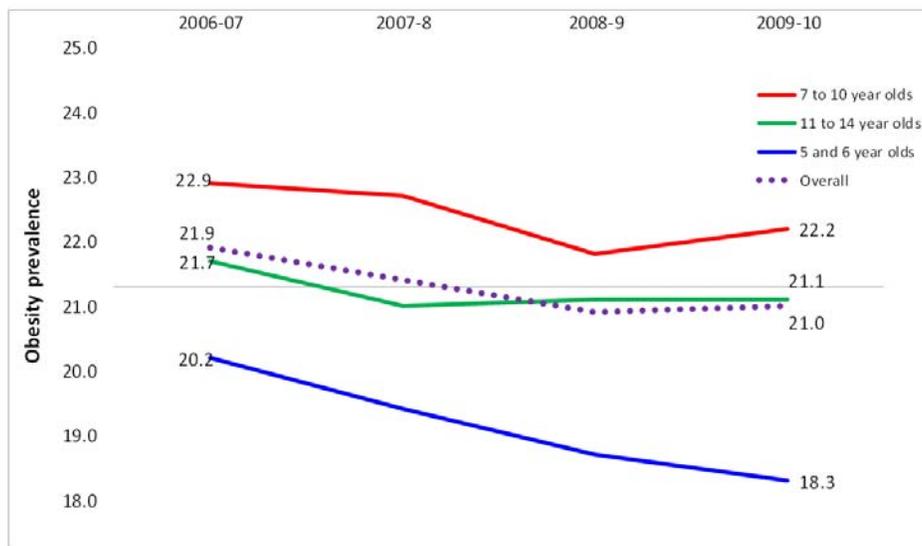
- Consume one or more sugary drinks per day by 30% (30.3% to 21.2%)
- Consumed no servings of fruits and vegetables in the previous day by 30% (11.6% to 8.1%)
- Reported no physical activity in the past 30 days by 15% (27.3% to 23.3%)

A. Initiatives - Prevent Obesity in Children

Two out of every five NYC elementary school children remain overweight or obese and the health consequences are dire, ranging from hypertension to Type II diabetes. Obese children and adolescents also are more likely to become obese adults. Even while young, they are more likely to develop obesity-related conditions such as high cholesterol, high blood pressure, and Type II diabetes.

There are indications that the City's efforts to combat childhood obesity are starting to have an impact. From 2006–2007 to 2010–2011, the prevalence of obesity among New York City public elementary and middle school students decreased by 5.5 percent, from 21.9 to 20.7 percent. Decreases in obesity prevalence were most notable among children aged 5–6 years and were greater among white and Asian/Pacific Islander children than among Hispanic and black children. Among children aged 5-6 years, the reductions were greater in communities with low poverty rates than in poor communities. The obesity rate among 5- year olds decreased 16.7 percent (from 16.8% to 14.0%) in low poverty areas, compared with a decrease of 2.7 percent (from 22.2% to 21.6%) in very high poverty areas. Among children in all age groups, the greatest reductions were among white children (12.5%, from 17.6% to 15.4%) and Asian/Pacific Islander children (7.6%, from 14.5% to 13.4%).^{xv} While these declines are important the overall rates of obesity and overweight among NYC children remain high, particularly for children of color.

Obesity Prevalence in Elementary Schools



Source: NYC Fitnessgram data, 2006-2010.

1 - Promote and expand the Department of Education's nutrition and wellness efforts

Comprehensive nutrition and wellness approaches have been shown to be effective in reducing the incidence of overweight in school children. While NYC schools have adopted many

significant changes to improve students' access to, and knowledge of, healthy foods and behaviors, there remains an opportunity to further integrate these efforts and encourage schools to create and support healthy environments.

The Department of Education (DOE) will extend the reach of its current initiatives by (1) increasing the School Wellness Council Grant program, which allocates \$2,500 to schools that develop Wellness Councils and activities to an additional 75 schools per year, (2) creating DOE staff "Wellness Coordinators" to provide technical assistance and implementation support to schools seeking to enhance their environments, and (3) linking health and nutrition education to the school environment, particularly in the school cafeteria. Through these efforts, students' health will be promoted by providing the education, skills, social support and environmental reinforcement needed to help children adopt long-term, healthy eating behaviors.

2 – Install water jets to establish students' preference for water

Approximately one-third of added sugar in the US diet comes from carbonated beverages, and 9 percent from fruit drinks. Because behaviors are established at an early age, encouraging children to drink water can play an important role in addressing childhood obesity. Water jets, which make cold, fresh tap water easily available to students, have been installed in more than 300 city school cafeterias. Because environmental changes in schools are a core strategy for helping students learn about healthy behaviors, the City will embark on a significant expansion in water jets installation with the aim of adding more than 700 new water jets in schools and reaching the vast majority of City students.

3 - Expand the school gardens initiative to teach students about the origin and taste of healthy food

Nationwide, it is reported that children do not consume the recommended amounts of fruits and vegetables, and this is especially true for minority children. School gardens are a positive way to educate children about farming, foods, and healthy eating habits at a formative age. Numerous studies have also shown that school gardens and related activities have been linked to increased fruit and vegetable consumption in children.

Through a joint initiative of GrowNYC, the Mayor's Fund, and city and state government partners, the citywide school garden's initiative, Grow to Learn was launched in 2010. There are approximately 200 registered school gardens in the City today, but because of growing interest, the Grow to Learn program has found many more schools applying for its mini-grant program than can currently be accommodated. By expanding the citywide school gardens initiative by 50 additional grants per year, New York City will make substantial strides toward the goal of a well-utilized garden at every school.

4 - Install salad bars in all New York City schools

Increasing exposure and familiarity with fresh fruits and vegetables are factors that influence the development of food preferences. The DOE, with the support of the Mayor's Fund and other partners, has installed more than 800 salad bars in City schools through the NYC School Salad Bar Initiative. To maximize the reach of this important initiative, the City will install salad bars in all schools city-wide, to ensure that all New York City schoolchildren have access to fresh vegetables on a daily basis.

5 - Improve nutrition at City-licensed children's camps

Nutrition standards have been implemented and improved in schools and City licensed day care centers, but currently there are no nutrition standards in City licensed children's camps where many children eat one to two meals during the summer months. The DOHMH will propose to amend the New York City Health Code to create nutrition guidelines for the approximately 1,000 City permitted children's camps, which provide more than 165,000 camp slots for children each summer. Proposed changes will focus on avoiding sugary drinks, an important factor in fighting the obesity epidemic.

6 - Increase physical activity for elementary children through Move-To-Improve

Despite the importance of physical activity, only 49 percent of boys and 35 percent of girls in the United States ages 6 – 11 years old meet the CDC guidelines of 60 minutes of physical activity per day. Worse, few NYC elementary schools can even meet the State mandate for 120 minutes of physical activity per week.

In response, the DOHMH and DOE developed Move-To-Improve (MTI), a groundbreaking, evidence-based program that trains kindergarten through 5th grade classroom teachers on ways to integrate physical education into their daily academic schedules. MTI has been shown to increase classroom-based physical activity threefold. Expanding the program's capacity to reach most public school classroom teachers will significantly increase the number of students who receive daily physical education and help them to develop a lifetime of healthy behaviors.



Source: Move-to-Improve Program. Courtesy of NYC DOHMH.

7 - Add playground attendants who lead free physical activity programs in City parks

Among population-based interventions that are known to be effective, promoting physical activity among children shows strong evidence of success.

In an effort to reduce childhood obesity and encourage more physical activity among NYC children, the NYC Parks Department (DPR) will extend *Kids in Motion* (an outgrowth of Parks' successful Playground Associate program), which is an innovative fitness and sports program designed to encourage play and outdoor activity.

By hiring playground attendants to administer the *Kids in Motion* program, DPR will expand sports and fitness activities at select playgrounds across NYC with a special emphasis on neighborhoods with high rates of obesity and chronic disease: South Bronx, East and Central Harlem, and Central Brooklyn.

8 - Share play spaces across programs such as Head Start and Shape Up NYC

New Yorkers take pride in the abundance of beautiful parks scattered throughout the City that provide venues for play and exercise. While in some areas these sites are numerous, in others there are New Yorkers living farther than a 10-minute walk to a park or playground, making it difficult to provide spaces for recreational activities. The City, through an interagency working group, will conduct a needs assessment to identify both space shortfalls and new potential space-sharing opportunities for daycares, after school programs, and senior centers, among other programs; and create partnerships between agencies and private entities to leverage any

appropriate shared spaces or partner to renovate those in poor repair. These initiatives will increase play and exercise opportunities across City programs.

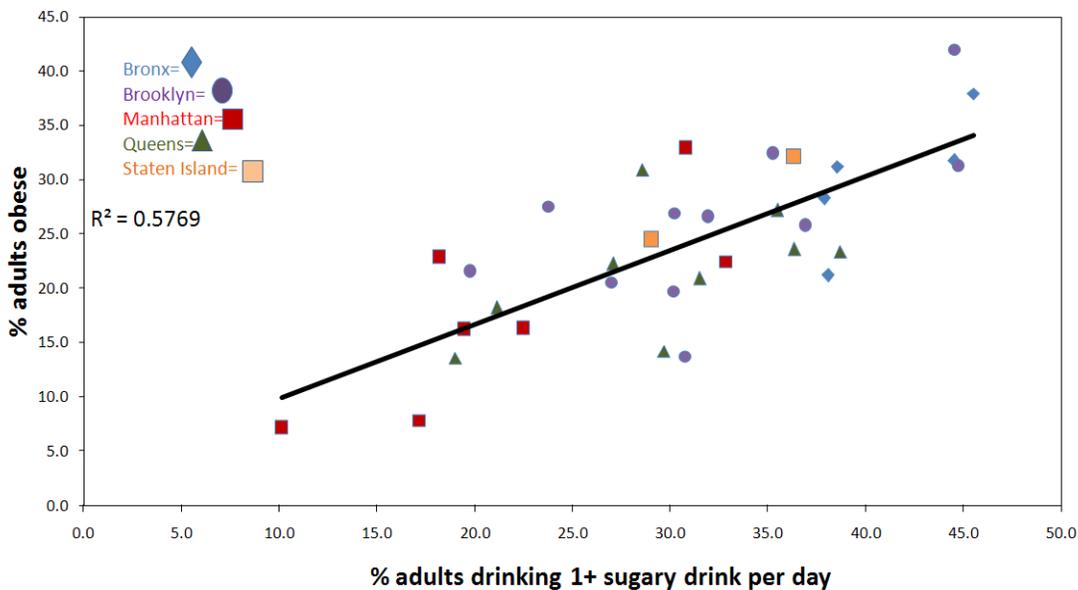
9 - Increase active transportation initiatives in schools

In New York City, a majority of students walk or take public transit to school, but tens of thousands use school buses to travel short distances. NYC Department of Transportation’s (DOT) “We’re Walking Here” program, which will be expanded to 200 schools, will provide curriculum support on the benefits of active transportation as well as route planning resources. Additionally, drop off points near safe walking corridors will be established in neighborhoods where students are not walking based on safety concerns or because their parents need to drive them to get to their jobs.

B. Initiatives - Encourage Healthy Eating

Americans consume about 200-300 more calories per day than 30 years ago,^{xvi} with the largest single increase due to sugar-sweetened drinks. Nearly half of added sugar we consume is from sugar-sweetened drinks.^{xvii} There also has been a significant increase in portion sizes over the past several decades. The promotion of healthy eating includes decreasing the consumption of foods and beverages that are high in calories and nutrient poor and increasing the consumption of foods and beverages that are low in calories and nutrient rich.

Sugary Drink Consumption and Obesity Prevalence NYC Neighborhoods, 2010



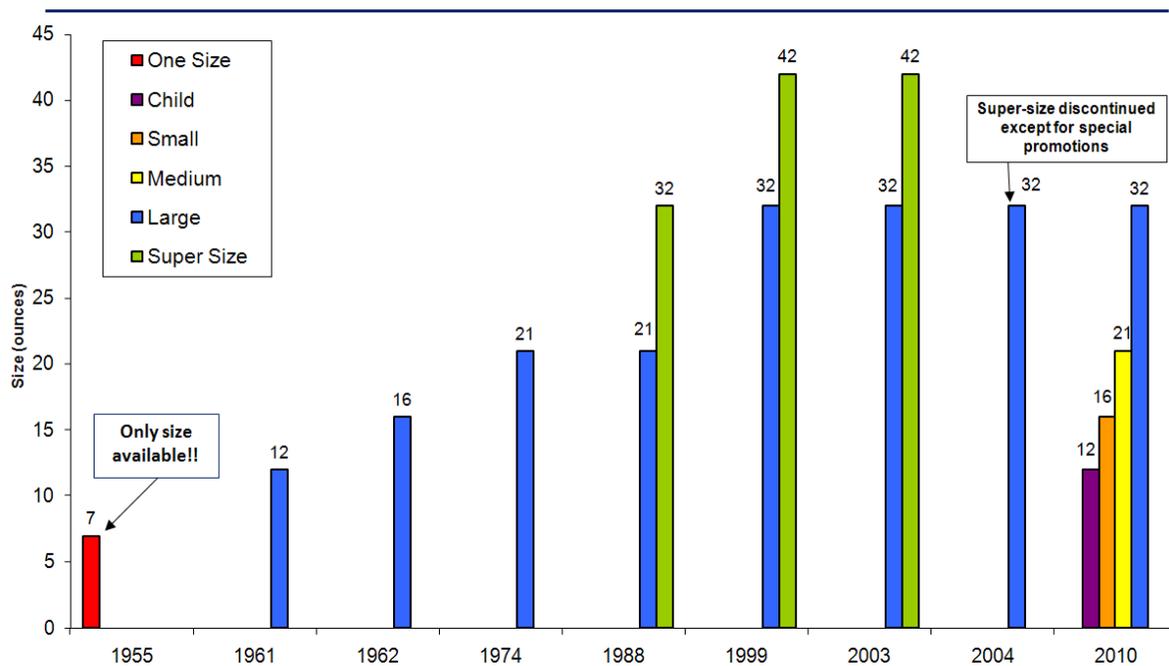
Source: CHS 2010 data.

Fortunately, New Yorkers are making some strides towards healthier eating. For example, between 2007 and 2010, the percentage of adults who reported on the DOHMH’s annual telephone survey that they drank one or more sugary drinks a day fell from 36 percent to 30 percent – and in high-poverty neighborhoods, the percentage of adults who drank one or more sugary drinks per day decreased from 44 percent in 2007 to 36 percent in 2010. Also, the percentage of adults who said that they ate no fruits or vegetables in the previous day fell from 14 percent in 2004 to 12 percent in 2010. Eating more fruits and vegetables is one way to protect against many chronic conditions, such as heart disease and Type II diabetes.

However, obesity and other chronic conditions persist in NYC and exert a disproportionate burden on certain communities and populations. For example, in 2010, even though overall sugary drink consumption declined sugary drink consumption in high-need neighborhoods like the South Bronx ranged between 32 and 45 percent, compared to 28 percent in other neighborhoods. Similarly, in that same year, 15 percent of New Yorkers in low-income neighborhoods reported eating no fruits or vegetables in the previous day, compared to 8 percent in high-income NYC neighborhoods. NYC must do more.

Exploding Beverage Sizes:

McDonald’s Drinks Have Grown **457%** Since 1955

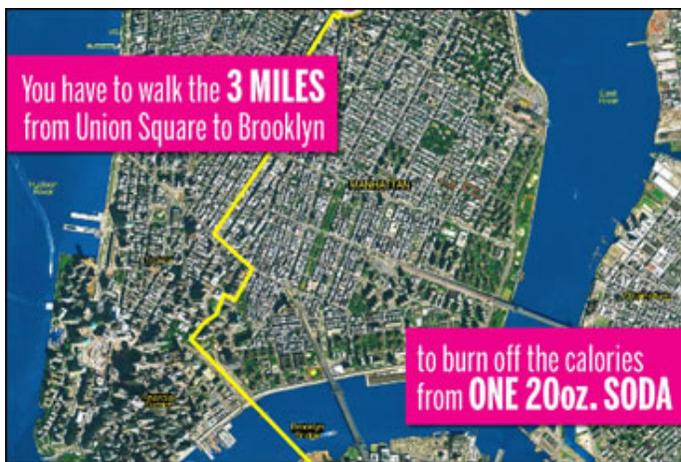


Source: Young L. The Portion Teller Plan: The No-Diet Reality Guide to Eating, Cheating, and Losing Weight Permanently. New York: Morgan Road Books, 2005. Print ; McDonald’s Website, retrieved November 10, 2010: <http://nutrition.mcdonalds.com/getnutrition/nutritionfacts.pdf>

10 - Establish a maximum size for sugary drinks in food service establishments (FSEs)

Sugary drink portion sizes have exploded over recent years. The original Coca-Cola bottle size was 6.5 fluid ounces, significantly smaller than the vast majority of sizes for sale today.^{xviii} Cup sizes for fountain drinks have also grown significantly over the past fifty years. McDonald's has increased drink sizes 457 percent since 1955, from 7 fluid ounces to 32 fluid ounces.^{xix, xx} These oversized drinks lead us to drink more and take in more calories, but do not help us feel more full.^{xxi, xxii} Setting a maximum size for sugary drinks offered and sold in restaurants and other Food Service Establishments is a way we can change the default and help reacquaint New Yorkers with "human size" portions to reduce excessive consumption of sugary drinks.

11 - Public education campaigns



Source: NYC DOHMH Subway Map 2011.

NYC has been a leader in developing hard-hitting media messages that communicate the risks of supersize portions and excessive consumption of sugary drinks. These straightforward messages can get people talking about the downsides of excess sugar and calories and contribute to shifting norms around healthy eating. About half of people who see the campaigns also say they are less likely to drink sugary drinks. And even though the prevalence of sugary drink consumption has decreased, in part due to the educational efforts of the City, sugary drink consumption is still too high. The City will continue to develop eye-catching media campaigns to help the public understand the health implications of overconsumption of large portions and sugary drinks.

12 – Healthy Hospital Initiative standards

The Healthy Hospital Food Initiative is a new effort by the New York City DOHMH to help prevent chronic disease by creating a healthier food environment in New York City hospitals. New York City has more than sixty hospitals, through whose doors walk millions of patients, employees, and visitors each year. Hospitals' focus on prevention and health promotion make providing healthy food a natural priority. Hospitals throughout the city will be invited to adopt the New York City Healthy Hospital Initiative Standards for settings including vending and cafeterias, which give employees, patients, and visitors better access to healthy food and beverages. New York City's Health and Hospitals Corporation has already adopted a majority of these standards, improving the nutrition of meals provided and beverages dispensed in vending machines at 15 facilities across the City.

13 - Healthy food pantries and soup kitchens

Many emergency food providers aim to help their customers make healthy food choices while meeting the needs of hungry New Yorkers. Although food purchased and provided through the City's Emergency Food Assistance Program (EFAP) adheres to nutritional standards, there are no guidelines for donated food received by pantry providers. The NYC DOHMH will develop best nutrition practices for the City's nearly 500 EFAP pantries, which last year served an average of 800,000 New Yorkers monthly. An education component for those frequenting these programs will also be provided to help them better understand health concerns about obesity and how to access, store, and cook healthier food.

14 - Urban agriculture at New York City Housing Authority developments

The New York City Housing Authority (NYCHA) is the largest public housing authority in North America, with developments throughout the five boroughs. NYCHA's Garden and Greening Unit manages the largest running public gardening program in the nation and has supported residents in developing more than 600 community based garden plots. Building on this tradition, NYCHA will create 5 new, much larger-scale urban agriculture sites. Studies have linked urban agriculture to increased health by establishing better dietary choices through healthy food access, nutrition education, and heightened physical activity.

NYCHA will seek to partner with nonprofit organizations to develop five one-acre farm sites and provide programming, including a job training component. Sites may result in farmers markets, education programming for youth, or activities for seniors, depending on the projects' focus and development.

15 - Create new community garden sites

Many NYC residents live in areas with limited access to healthy food options and with higher rates of diet related disease. Urban agriculture and gardening can enhance the health and quality of life, improve access to healthy and fresh food, and connect residents to where their food comes from. 15 municipal sites suitable for urban agriculture projects will be identified in the South Bronx, East and Central Harlem, and North and Central Brooklyn, to target areas most in need. These sites will be made available through GreenThumb, a program administered by the NYC Parks and Recreation Department, and established to support urban gardeners and farmers.

16 - Expanding healthy food access in the retail environment

Despite the City's leadership in developing model programs to increase retail availability of healthy food, there are continuing disparities in eating behaviors across the City. We will strengthen and expand the city's retail access initiatives by supporting existing effective programs and launching new initiatives targeting specific neighborhoods in need. The Food Retail Expansion to Support Health Initiative (FRESH) gives zoning incentives to build

supermarkets in areas of need; these incentives would be expanded to more communities. Our Green Carts program has resulted in almost 500 produce vendors in underserved neighborhoods, yet the inability of most Green Carts to accept food stamps limits the reach of the program. The City will provide funding for approximately 100 vendors to obtain Electronic Benefit Transfer machines, making it possible for more food stamp users to make healthy purchases. We will also increase our Health Bucks program - which incentivizes the use of SNAP dollars at farmers markets, helping both nearby farmers and food stamp users – by 50 percent, ensuring more City residents can buy the freshest seasonal produce. Finally, a new initiative, “Shop Healthy NYC” is a community based approach to improving the food environment. The goal of the initiative is to encourage retailers to take specific steps such as offering lower calorie and lower sodium items, fresh produce, and healthy meal options. The City will provide targeted, intensive outreach and technical assistance to hundreds of community groups and retailers in specific high need neighborhoods, in the process creating lasting food retail change.

17 - Access to NYC tap water

New York City’s tap water is world renowned for its high quality and purity. By making tap water more accessible and available in public spaces, the City can promote a healthful, sustainable, and free alternative to sugar sweetened beverages. Not only is replacing caloric beverages with non-caloric beverages like water an effective weight loss strategy, but active New Yorkers – walkers, runners and bicyclists – also benefit from greater access to drinking water. We will promote and expand NYC tap water consumption in public spaces by working with retail partners, testing a working prototype of a redesigned “NYC Water Fountain,” and growing programs such as Water-On-the-Go. These efforts will be accompanied by an education campaign informing New Yorkers of the high quality of NYC tap water.

C. Initiatives - Promote Physical Activity



Source: NYC Department of Transportation.

Increasing physical activity is an integral part of preventing and reducing obesity. Physical inactivity is associated with increased risk for certain chronic diseases, including cardiovascular disease, diabetes, and osteoporosis. Physical inactivity also contributes to obesity, high blood pressure and high blood glucose.^{xxiii} Still, research shows that fewer than half of U.S. adults and youth reported meeting recommended levels of

physical activity. In New York City, physical inactivity contributes to one in eight deaths annually among New Yorkers aged 30 and older from cardiovascular disease (including heart

disease and stroke), cancer, and diabetes – an estimated 6,300 deaths a year. These rates are highest in poor communities in New York City. More than 25percent of New Yorkers and 32 percent of low-income residents report having no leisure-time physical activity in the last 30 days.

Changes to the built environment can make a difference. The structure of the built environment is increasingly recognized as an important facilitator—or inhibitor—of a healthy lifestyle, given that where and how individuals live determines their opportunities to be physically active.

18 - Establish a Center for Active Design

The Active Design Guidelines (ADGs) are a comprehensive, award-winning set of strategies to increase physical activity by using the design of the built environment. They can only be implemented at full scale by architects, urban planners, green building professionals, and building management professionals who are aware the guidelines exist, trained on the best way to implement them, and encouraged to do so. Therefore, realizing the full transformative potential of the ADGs requires a strong outreach and training program to inform and educate these groups and develop a core of active design experts and advocates within the City government and private sector.

Over 11,000 copies of the guidelines have been downloaded internationally, and they have been the subject of more than 20 articles. Design and planning professionals are seeking training in the ADGs, and real estate developers are looking for guidance. To satisfy this unmet demand for education and training, the City will establish a “Center for Active Design” (CAD), a unique public/private partnership supporting the design and development community to create an active built environment across NYC and ultimately the country.

The CAD will be a focal point for continuing research, education, and policy in this field and will serve professionals who design, define, construct, and manage the built environment, as well as educators and policy-makers. The CAD will be staffed with architects and design professionals, administrators, public health experts, researchers, and a communications team. A critical tool for addressing the challenge will be the continuing dialogue and research with and among affiliated public health professionals developing the evidence base for this work.

19 - Facilitate active stair design in buildings

In 2010 the City-led Green Codes Task Force published 111 potential changes that would “green” the City’s construction, fire, water, sewer, and zoning codes. Of these, several propose allowances to incorporate active design features in buildings.

Four proposals are focused on increasing stair use in New York City’s buildings. These code changes are projected to substantially increase stair use citywide by increasing the visibility and attractiveness of stairs in buildings:

- Promote Exit Stairway Use for Daily Access between Floors
- Increase Stairway Visibility with Glazed Doors
- Promote Stair Use Through Signage
- Increase Access with Open Stairway Doors with Fail-Safe-Hold-Open Devices

Surveys of over 1,200 City staff show that employees are twice as likely to climb stairs when a stair prompt (sign promoting stair use for health and other benefits) is present at points of decision such as elevator call areas and outside stairwells. The NYC DOHMH estimates this increased stair use would assist New Yorkers in losing 550,000 lbs per year, averting 18percent of New York City's average annual weight gains.

20 - Increase physical activity for adults and seniors by expanding the Shape Up NYC Program

Shape Up NYC is a free citywide fitness program launched in 2004 through a partnership between the NYC Parks Department and the NYC Department of Health and Mental Hygiene (DOHMH) that targets neighborhoods with high rates of obesity and obesity-related disease. The program offers more than 180 free fitness classes every week at 38 locations across the five boroughs including parks, recreation centers, public housing, health facilities, schools, and community centers.

Although Shape UP NYC has a presence in many neighborhoods, there are still areas of the city that are either not being served or where the program's visibility is low. Conversely, the popularity of the program in other neighborhoods means that the demand for classes far outstrips the supply of available fitness facilities. Through an expansion of Shape Up NYC, the NYC Parks Department will offer 100 new indoor classes and 100 new outdoor classes per week. An additional 100 weekly classes will be led by new instructors trained in the Fitness Instructor Training Program.

21 - Launch the Citi Bike Program

New York City will launch Citi Bike, one of the world's largest bike sharing systems, in July 2012. By mid-2013, the system will comprise 10,000 bicycles and 600 docking stations, serving large portions of Manhattan and Brooklyn and part of Queens. People using the bikes can return them to any station, creating an efficient network offering a huge number of possible trips. Citi Bike comes at no cost to taxpayers, because the wireless station network is highly efficient and Citi's sponsorship covers the cost of the equipment.

Citi Bike will be a quick, human-powered way to get around. Citi Bike provides cycling as an option while relieving users of any concern for bike storage or maintenance. In comparable cities, up to 50percent of bike share trips are made to get to or from transit stations. In New York, Citi Bike will extend transit's reach into areas that don't have great subway coverage, like waterfronts and former industrial neighborhoods.

D. Initiatives - Lead By Example

With more than 300,000 employees and an array of programs offered by our agencies that encourage physical activity and help prevent obesity, the City of New York stands to lead the way in the fight against obesity. The Mayor's Obesity Task Force examined a variety of ideas to make the workplace healthier for City employees that expanded upon initiatives already underway.



Source: NYC DOHMH.

Nearly four years ago New York became the first major city in the country to set nutrition standards for all foods purchased and served by City agencies with the goal of improving the health of all New Yorkers by decreasing the risk of chronic disease related to poor nutritional intake. These standards ensure that the 290 million snacks and meals served annually by City agencies and their programs are healthier than ever. Since the initial implementation of New York City Food Standards in 2008, additional standards were established for all beverage and food vending machines on City property.

Several agencies have worked as partners to address our obesity epidemic by increasing stairwell access in City buildings, promoting stairway use through new signage and campaigns, and installing indoor bike parking for City employees to encourage commuter cycling. The Active Design Guidelines and its physical-activity promoting strategies have also been integrated into many City requests-for-proposals and contracts.

All of the recommended initiatives represent the City's latest effort to combat obesity and serve as a model for private employers to follow. Increased outreach to encourage the adoption of model employer policies around food and physical activity are an important part of this effort to lead by example.

22 - Evaluate all City construction projects for active design opportunities

The structure of the built environment is increasingly recognized as an important facilitator (or inhibitor) of a healthy lifestyle, given that where and how individuals live determines their opportunities to be physically active. In 2010, the City published the Active Design Guidelines (ADGs), a set of strategies that designers, developers, and policy makers can use to increase

opportunities for physical activity in the built environment. Active design helps address obesity by encouraging and enabling people to move more actively through the City’s neighborhoods, streets, and buildings.

Although the City government designs, builds, and finances buildings and neighborhoods that are used by millions of people, active design is not routinely integrated into the design of these spaces. This amounts to a lost opportunity for the City to “make the healthy choice the easy choice” by ensuring that the buildings and spaces it owns or helps develop incorporate active design features. A new policy will be established for all requests-for-proposals, contracts, standards, and guidelines that regulate new construction and major renovation projects for the City that will require a project review of the ADGs and the incorporation of active design strategies (where appropriate).

23 - Offer wellness program to NYC employees with focus on healthy eating and fitness

Currently, the City’s health plans offer coverage for health treatment, but do not include a wellness component to encourage a healthy lifestyle and monitor key health indicators that could help City workers make more informed choices about their health. We expect that the rates of obese and overweight City workers are similar to what is found in the rest of the adult NYC population. The City therefore has a major opportunity to prevent and address the behavior risks and chronic illness associated with obesity through workplace wellness initiatives, which have been shown to improve health, reduce health care costs, and increase productivity.

Working with our partners in labor, we will explore how we can add a wellness program to the City’s health care plans. While the specifics of such a program must be worked out, typical features of wellness programs include health-risk assessments and screenings, weight management and exercise programs, health education—including classes or referrals to online sites for health advice—and changes in the work environment to encourage exercise and healthy eating.

24 - Adopt expanded NYC Food Standards at all City agencies to include food served at meetings, trainings, and events

The NYC Food Standards are one of the many important tools used in the City’s fight against the obesity epidemic by encouraging healthy eating. Expanding these standards to include the food and beverages provided at all City meetings, trainings, and events will not only contribute to a healthy, balanced diet, but it also will promote good health among employees.

25 - Improve and expand the identification and treatment of obese children & their families at NYC hospitals and schools

While the obesity rates of children living in New York City have decreased slightly over the past five years, there are still tens of thousands of young people who will suffer lifelong health

problems because they are overweight or obese. To prevent our children from enduring the physical and financial costs of treating their chronic diseases, the City will expand programs to counsel children and their families on behavior change as part of larger attempt to facilitate the development of healthy behaviors. The NYC Health and Hospitals Corporation is developing new pediatric obesity guidelines for its pediatricians and family physicians to screen for and diagnose obesity among children. Such guidelines should be used to counsel children and parents on change related to diet and physical activity by referring them to services within HHC facilities and resources offered by external organizations. Additionally, the NYC DOHMH will broaden its Healthy Options and Physical Activity Program in Schools that helps children in NYC public schools who are struggling with high levels of excess weight. Following a clinical assessment, school nurses educate these at-risk students and make referrals to primary care physicians and community organizations to address students' needs.

26 - Examine sidewalk and stairway design improvements to increase active lifestyles

Walking is an important form of physical activity that can easily be incorporated into people's everyday routines, helping to reduce the risk of obesity in people of multiple ages and abilities. While people cannot walk in the city without sidewalks, the overall quality of the sidewalk can drastically affect the pedestrian experience and can encourage or entice people to walk further and more often than they might normally do.

Although the city's Active Design Guidelines have been developed to promote active living where we work, live and play, the majority of new buildings still prioritize easy access to elevators and escalators, relegating stairs to less accessible locations and dedicated to emergency use only. Research shows that when stairs are easy to locate, convenient and attractive, they tend to be well-used. Furthermore, locating stairs near the entrances of buildings helps encourage physical activity and health.

Capitalizing on the evidence that links improved stairway and sidewalk design with increased levels of physical activity, the City should conduct two studies with the goal of creating a set of best practices on sidewalk and stairway design. Completing a sidewalk study will broaden our understanding of the various agencies and regulations that shape our sidewalk experience in New York City and a similar study on stair design will help developers comprehend how to make them more attractive and visible. Together, the findings will provide a resource to inform how new developments and neighborhoods are designed and built for a healthier New York.

Endnotes

- ⁱ National Health Examination Survey, 1960-62; National Health and Nutrition Examination Survey (1971-2008).
- ⁱⁱ NHANES 2007-2008
- ⁱⁱⁱ Olshansky SJ, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century, *New England Journal of medicine*, 2005; 352:1138-1145
- ^{iv} <http://www.health.ny.gov/statistics/sparcs/>.
- ^v http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- ^{vi} Raufman J, Berger M, Olson C, Kerker B. Diabetes among New York City Adults. *NYC Vital Signs* 2009, 8(5); 1-4.
- ^{vii} Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity (Silver Spring)*. 2011 Jun 16. doi: 10.1038/oby.2011.169. [Epub ahead of print]
- ^{viii} Behan DB, Cox SH. Obesity and its Relation to Mortality and Morbidity Costs. Society of Actuaries, December 2010. Based on 90% of their calculated costs for the US and Canada, as per author's discussion.
- ^{ix} Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity (Silver Spring)*. 2011 Jun 16. doi: 10.1038/oby.2011.169. [Epub ahead of print]
- ^{xi} Farley TA, Baker ET, Futrell L, Rice JC. The ubiquity of energy-dense snack foods: a national multicity study. *Am J Public Health*. 2009;100:306-311.
- ^{xii} Federal Trade Commission, Marketing Food to Children and Adolescents: A review of industry expenditures, activities and self-regulation. Washington, DC, 2008.
- ^{xiii} Trends in Intake of Energy and Macronutrients --- United States, 1971—2000. *MMWR Weekly*. 53(04);80-82. Wright JD, Wang C-Y. Trends in intake of energy and macronutrients in adults from 1999-2000 through 2007-2008. NCHS data brief, no 49. Hyattsville, MD: National Center for Health Statistics. 2010. Accessed online at <http://www.cdc.gov/nchs/data/databriefs/db49.htm#ref2> on February 12, 2011
- ^{xiv} Nielsen SJ, Popkin BM. Changes in beverage intake between 1977 and 2001. *Am J Prev Med*. 2004 Oct;27(3): 205-10.
- ^{xv} Centers for Disease Control and Prevention. "Obesity in K-8 Students – New York City, 2006-07 to 2010-11 School Years", *Morbidity and Mortality Weekly Report*, 60(49);1673-1678. December 2011.
- ^{xvi} Finkelstein EA, et al. Economic causes and consequences of obesity. *Ann Rev Pub Health*. 2005; 26:239-257.
- ^{xvii} Guthrie JF, Morton JF. Food sources of added sweeteners in the diets of Americans. *J Am Diet Assoc*. 2000;100:43-51.
- ^{xviii} Retrieved on 5/7/2012 from: <http://www.thecoca-colacompany.com/ourcompany/historybottling.html>.
- ^{xix} Young L, Nestle M. Portion sizes and obesity: Responses of fast-food companies. *J Pub Health Policy* 2007;28:238-48.

^{xx} McDonalds Nutrition Information. Retrieved on January 6, 2012 from:
<http://nutrition.mcdonalds.com/getnutrition/nutritionfacts.pdf>.

^{xxi} Wansink B, Painter JE, North J. Bottomless bowls: why visual cues of portion size may influence intake. *Obes Res* 2005;13(1):93-100.

^{xxii} Flood J, Roe L, Rolls B. The effect of increased beverage portion size on energy intake at a meal. *J Am Diet Assoc* 2006;106:1984-90.

^{xxiii} Danaei, G., Ding, E.L., Mozaffarian, D., Taylor, B., Rehm, J., Murray, C.J.L., Ezzati, M., 2009. The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Medicine* 6, 4.