REVERSING OBESITY IN NEW YORK CITY

An Action Plan for Reducing the Promotion and Accessibility of Unhealthy Food

City University of New York Campaign against Diabetes
Public Health Association of New York City
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Who Is This Report For?

This report is intended for New York City policy makers, advocates, and health professionals as well as anyone who cares about the health of New Yorkers. Its goal is to educate and spark debate on food policy choices for New York.

Who We Are

This report was prepared by the City University of New York Campaign Against Diabetes and the Public Health Association of New York City. The authors are:

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Increasing rates of obesity threaten New York City’s future. Recent surveys show that 56% of NYC adults and more than 40% of elementary school children are overweight or obese. Obesity worsens a variety of New York’s most serious health problems including heart disease, stroke, asthma, depression, and diabetes. Current patterns of obesity and diabetes place a higher and unfair burden on the poor and on Blacks and Latinos, widening the gaps in health among these groups. If these trends continue, our children and grandchildren may have shorter life spans than we do, reversing more than 100 years of public health progress.

Changing this future requires action to make it easier for New Yorkers to find healthy affordable food, to move more and find safe and affordable places to exercise, and to reduce the promotion and convenience of unhealthy food.

NYC is taking many positive steps in the first two areas, but reducing the promotion of unhealthy food has been more difficult. This report shows how and why unhealthy food is promoted and suggests some actions that the city, nonprofit groups, and residents can take to reduce the promotion and availability of unhealthy food. We use the term “unhealthy food” to describe products high in sugar, fat, or sodium (salt) and with few other essential nutrients. This includes packaged convenience foods, fast foods, soft drinks, and sweet and salty snacks. These foods make it easy to eat many more calories than we need, causing weight gain.

New Yorkers, especially those living in poor areas, confront a food environment that encourages unhealthy eating habits. Consider the following:

- NYC has thousands of fast food restaurants and take-out shops, promoting the purchase of unhealthy food in every neighborhood.
- Calorie-for-calorie, unhealthy foods cost less than healthy ones. Since unhealthy food is cheaper, low-income families are often forced to choose items that can lead to health problems over time.
- For many unhealthy products, portion sizes have grown. Food vendors sell these large portions for pennies more than the small size, leaving customers feeling as if they just got a deal.
- In a survey of 10 countries, the U.S. had the highest number of TV ads for sweet and fatty foods for every 20 hours of children’s TV. Studies show that children are more likely to request the foods they have seen advertised on TV and that these foods are more likely to be purchased.

Even though we know that eating food high in sugar, fat, and sodium increases our risk of disease, many people continue to choose unhealthy food because it is convenient, tastes good, and costs less. In many cases, these desirable characteristics of unhealthy food are the direct consequence of food industry marketing, product design, and pricing practices. If NYC and the nation are to be successful in reversing the epidemics of obesity and diabetes that threaten our city, we will need to challenge the food industry’s right to pursue profit at the expense of public health.

One way the food industry protects its prerogatives is to make arguments that discourage public action. For example, industry trade groups argue that “individuals are responsible for what they eat and it’s unfair to expect the food industry to deprive people of what they want;” that “in a free market, it’s better for industry to regulate itself than for government to impose rules,” and “that no food by itself causes obesity. If we eat responsibly, there’s no reason to change our diet.” To change the status quo, advocates of healthier food policies must challenge common arguments against action and encourage a public dialogue on health, individual and corporate responsibility, and the appropriate role for government.
While the promotion of unhealthy food is a massive enterprise with a powerful influence on our political, economic, and social systems, every individual and organization has the potential to take action to reduce the scope and impact of this pervasive manipulation. Some actions for New York City to consider are:

**Create local healthy food zones.**
Healthy food zones in schools, churches, health centers, and other neighborhood institutions would not sell, advertise, or promote unhealthy products. These zones would provoke dialogue on the role of promotion of unhealthy food in our current patterns of health and disease.

**Use zoning laws to reduce density of unhealthy food outlets.**
The density of fast food outlets is associated with rates of obesity and recently some cities are using zoning laws to limit the number of fast food establishments in neighborhoods with high rates of obesity.

**Strengthen oversight of deceptive health claims in food advertising.**
As people become more concerned about obesity, many food companies seek to sell their products based on health or weight loss claims, even when the scientific foundation for such claims does not exist. To improve health, it is as important to stop unhealthy and misleading messages as it is to give out correct information. Local, state, and federal government can play a role in protecting the public against such messages.

**Discourage racial/ethnic targeting of unhealthy food advertisements.**
Racially and ethnically targeted food industry practices contribute to the inequities in health and obesity among Blacks, Latinos, and Whites and set back efforts to achieve national health goals of reducing health disparities.

**Tax unhealthy food such as sweetened soda and other beverages.**
Taxes have been shown to reduce use of unhealthy products and save taxpayer dollars. To ensure that these taxes don’t unfairly burden the poor, their revenues should be used to subsidize healthy food and support nutrition education in communities with less access to healthy foods.

**Support counter-advertising campaigns against unhealthy foods.**
Nutrition advocates can encourage state and local health departments to sponsor or fund counter-advertising campaigns that encourage people to resist manipulation by the food industry. Advocates can also lobby for the use of free airtime to “inoculate” children against deceptive or misleading food advertising.

**Restrict advertising and promotion of unhealthy food.**
While restrictions on food advertising will face stiff legal opposition, several European countries have shown that it is possible to reduce children’s exposure to food advertising.

No single step will solve the multiple and complex health problems that result from the ubiquitous availability and promotion of unhealthy food. Doing nothing, however, or refusing to acknowledge the consequences of the promotion of unhealthy food will allow these practices to continue, magnifying their role in the creation of obesity, diabetes, and other chronic health conditions. To reduce the increasing rates of obesity and the related problems facing NYC, we’ll need to confront the continual promotion of unhealthy food. In order to create a healthy food environment—one where healthy foods and messages that support health are more common and easier to choose than unhealthy messages and foods—we need to act now.
THE IMPORTANCE OF REDUCING THE PROMOTION OF UNHEALTHY FOOD

In recent years, obesity and diabetes have increased significantly both in New York City and nationally. Almost 60% of adult city residents are overweight or obese and between 2002 and 2004 alone, according to a recent Department of Health and Mental Hygiene report, New York City adults gained a collective 10 million pounds. Some experts warn that if present trends continue, our children and grandchildren are expected to have shorter life spans than we will—a reversal of more than a century of public health progress. In addition, current patterns of obesity and diabetes impose a higher burden on the poor and on Blacks and Latinos than on the better off and Whites, thus increasing New York’s already unacceptably large health inequalities among these groups.

Changing this future—helping more people achieve and maintain healthy weights—requires action in three broad areas:

1. Make it easier for all residents to find healthy affordable food, especially in poor neighborhoods.
2. Make it easier for all residents to move more and to find safe and affordable places to exercise, walk, and engage in other forms of daily physical activity.
3. Reduce the promotion and accessibility of unhealthy food.

Fortunately, as shown in Box 1, New York City is taking many positive steps in the first two areas. The third change, however, is more difficult. In this report, we explain the role that the promotion of unhealthy food plays in the epidemics of obesity and diabetes, analyze why it has been increasing and suggest some specific actions that city government, nonprofit groups, and residents can take to reduce the promotion and accessibility of unhealthy food.

Box 1. Recent New York City Initiatives

<table>
<thead>
<tr>
<th>Make Healthy Food More Available</th>
<th>Make Physical Activity Safer, More Affordable, and More Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Green Carts program—1,000 new fruit and vegetable carts in low-income neighborhoods</td>
<td>• Bike lanes on more city streets</td>
</tr>
<tr>
<td>• Healthy Bodegas—a Health Department effort that encourages 1,000 bodegas to carry 1% milk, and over 400 bodegas to stock and promote fresh fruit and vegetables</td>
<td>• Schoolyard playgrounds to make recreation more accessible</td>
</tr>
<tr>
<td>• The Office of the Food Policy Coordinator established to convene a Food Policy Taskforce and organize the efforts of City agencies to improve access to healthy food</td>
<td>• Public plazas with increased opportunities for physical activity</td>
</tr>
<tr>
<td>• More farmers markets that accept EBT/Food Stamps in low-income neighborhoods, such as East and Central Harlem, South Bronx, and North and Central Brooklyn</td>
<td>• Physical activity programs like SPARK, Shape Up New York, and Step Out New York City that promote exercise in child care centers, city parks, community centers, and housing sites</td>
</tr>
<tr>
<td>• Nutrition standards, such as reducing salt and increasing fiber, for all meals, snacks, and beverages served by City agencies</td>
<td>• Campaigns to encourage stair use in city buildings via visual prompts near entryways and elevator banks</td>
</tr>
<tr>
<td></td>
<td>• Street closings on selected Manhattan and Brooklyn streets to encourage people to walk and bike more</td>
</tr>
</tbody>
</table>
How to recognize an unhealthy food and an unhealthy diet

Unhealthy food is hard to define, mainly because individual foods and beverages are consumed as part of an overall diet. However, research consistently shows that a diet with lots of fresh fruits and vegetables, whole grains, lean meats and poultry, and low- and non-fat dairy products helps prevent chronic diseases such as heart disease, cancer, and diabetes. Not only is this dietary pattern high in vitamins, minerals, and other important nutrients, but it is also minimally processed. Processing—which allows us to purchase food that is convenient, shelf-stable, and often times cheaper—frequently increases the amount of fat, sugar, or sodium (salt) in the product, all of which contribute to New York City’s major health problems.

In this report, the term “unhealthy food” is used to describe food high in sugar, fat, or sodium and with few other essential nutrients. It includes packaged convenience food, fast food, soft drinks, and sweet and savory snacks (candy, cookies, chips, etc). Most unhealthy food is highly processed and often has many ingredients, few of which contribute to health.

In considering the role of diet on health, it’s important to look at both the quality of the food we eat and the quantity. Filling up with “empty” calories—food high in sugar or fat but low in other essential nutrients—can result in nutritional deficiencies, while taking in more calories than we need, whatever the source, leads to weight gain and weight-related health problems. Thus, persuading people to eat more calories than they need contributes to overweight and obesity. The public health goal then is to discourage the promotion of unhealthy food so as to reduce the number of people eating too much of the wrong kinds of food.

The pervasive promotion of unhealthy food

Unhealthy food promotion includes advertising, marketing, special events, pricing incentives, patterns of retail distribution, and other policies and practices that encourage people to consume more unhealthy food and drinks. Many times, the promotion of unhealthy food is right in front of us, yet we do not see it.

The promotion of unhealthy food is sophisticated, pervasive, and widespread. And it has far reaching consequences. Why is it important? Imagine a group of people trying to stop using crack or heroin. Put these well-intentioned but vulnerable individuals in an environment where they are bombarded with messages to smoke or shoot up; where heroin or crack is available in every household, street corner, convenience store, and workplace; and where these drugs are priced so that anyone can afford them. This environment would make it nearly impossible for individuals to “just say no.” Yet this situation is similar to what is happening with unhealthy food. New Yorkers, especially those living in low-income neighborhoods, frequently confront a food environment that encourages unhealthy dietary habits. If we really want to reverse our current epidemics of obesity and diabetes, we’ll need to change this food environment.
Reversing Obesity in New York City

How our environment compels us to eat more

In New York City, as elsewhere in the nation, the promotion of unhealthy food is everywhere. Consider the following:

- New York City is home to several thousand fast food restaurants and take-out shops, making these establishments readily available in every neighborhood. In addition, fast food outlets are more common in poor neighborhoods than wealthy ones. For example, there are 24 fast-food establishments (defined as national or local restaurant chains without wait-staff service) per 100,000 residents in East and Central Harlem compared with 8 per 100,000 residents on the wealthier Upper East Side. These establishments sell high fat, calorie-rich food at lower prices, making it easier for families with limited means to choose eateries that will contribute to obesity and diabetes.

- In 2003, New York City entered into a five-year vending and marketing agreement with Snapple, in a deal that guaranteed the city $106 million in cash and $60 million in marketing and promotional value. In exchange, among other things, the city made Snapple the exclusive provider of water and fruit juices via vending machines in the city’s 1,200 schools. Snapple’s goal is to increase New York City youths’ brand loyalty to their many varieties of sugary juice drinks, iced teas, and enhanced waters.

- Children are inundated with television ads for unhealthy food. According to a 2007 national study by the Kaiser Family Foundation, children see several thousand food ads every year and more than 70% of these ads are for unhealthy products such as candy and snacks, high sugar cereals, or fast food. The table below shows the exposure by age.

<table>
<thead>
<tr>
<th>AGE</th>
<th>Number of Food Ads Seen per Day</th>
<th>Number of Food Ads Seen per Year</th>
<th>Hr:Min of Foods Ads Seen per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-7</td>
<td>12</td>
<td>4,427</td>
<td>29:31</td>
</tr>
<tr>
<td>8-12</td>
<td>21</td>
<td>7,609</td>
<td>50:48</td>
</tr>
<tr>
<td>13-17</td>
<td>17</td>
<td>6,098</td>
<td>40:50</td>
</tr>
</tbody>
</table>

Source: Reference 5

- Increasingly, food is available in more settings—movie theaters, workplaces, vending machines, convenience stores, dollar stores, pharmacies, shopping malls, city parks, schools, city agencies, and elsewhere. These establishments sell packaged food high in calories, sugar, sodium, and fat. This expansion of food marketing makes it easy to find unhealthy food and more likely that people will snack on food that contributes to obesity.
In supermarkets, foods with limited nutritional value are estimated to occupy 33% of all shelf space. Supermarkets are set up to encourage the purchase of more profitable food that is often unhealthy. Candies and sweetened cereals are strategically placed at toddler height to encourage nagging; super-sized sodas are piled at aisle ends, making them easy to see and grab; impulse food is placed near cash registers to tempt last minute purchasers; and dairy food, what consumers most frequently buy, are often in the back corner of the supermarket, forcing consumers to walk through the entire store. In fact, these strategies aren’t new—food companies have been paying supermarkets “slotting fees” for years to encourage stores to position their new and highly marketable products in desirable locations. But they do work: changing location of products can increase sales as much as fivefold, giving food producers and retail managers a big influence on what consumers buy.

Calorie-for-calorie, unhealthy foods cost less than healthier ones. As we’ll explain, federal policies often encourage a subsidy for unhealthy food. Also, between 2004 and 2006, the average price of high-calorie food—such as fats, sweets, and snacks—decreased by 1.8%, while the average price of low-calorie food—mainly fruits and vegetables—increased by 19.5%. Thus, not only is unhealthy food cheaper, it is the most economical choice for low-income households. In turn, the price disparities between healthy and unhealthy food exacerbate health inequities in New York City and elsewhere. As one resident of an inner city Los Angeles neighborhood put it, “All the good food is kind of outside the community.”

For many unhealthy foods, portion size options have grown. Consider McDonald’s: in 1955, the only available hamburger patty weighed 1.6 ounces. In 2006, the 1.6-ounce patty was still available along with several larger portions, including an 8-ounce patty—five times larger than the original. Food retailers often rely on “value” marketing by selling these large portions for pennies more than the small size, leaving customers feeling as if they just got a deal. For example, a 2002 study by the National Alliance for Nutrition and Activity found that a 64-ounce “Double Gulp” Coke at 7-Eleven cost just 37 cents more (42% more money) than the 16-ounce “Gulp,” however provided an additional 450 calories (300% more calories). Ordering a medium unbuttered popcorn at a movie theater instead of a small costs 71 extra cents (23% more money), but buys 500 extra calories (125% more calories). Unfortunately, studies show that the more food we are served, the more we eat. By appealing to the “more is cheaper” mentality, food marketers add to their profits and our waistlines.

As a result of these practices, unhealthy food is everywhere. It’s easier to find, cheaper to buy, larger in size, and more heavily advertised and promoted than healthy food. Is it a surprise that we tend to choose the unhealthy options that are right in front of us?
THE LINK BETWEEN UNHEALTHY FOOD CONSUMPTION AND HEALTH

As public health professionals and researchers, we believe that over-consumption of unhealthy food is a driving force of the obesity epidemic. While many other factors contribute to the increases in obesity—including poverty, lack of access to healthy food, lack of physical activity, inadequate health care, lack of nutrition education, and limited health literacy, among others—reducing the consumption of unhealthy food can make an important contribution to reversing one of the most serious threats to health and to inequities in health. While we wholeheartedly support the research and activities launched in the city and across the nation to make healthier food and opportunities for physical activity more available, the purpose of this report is to highlight the need for and the potential of a powerful strategic policy and educational campaign to balance the current commercial crusade to promote unhealthy food. We outline below selected evidence illustrating the links between the consumption of unhealthy food and health.

At the simplest level, weight gain results from taking in more calories than our bodies burn. Research shows that over the past few decades, Americans have significantly increased their food and calorie consumption. According to the US Department of Agriculture, the number of pounds of food an average American eats in a week increased by 11% between 1970 and 2006. Between 1971 and 2000, men increased their average daily intake by 168 calories, while women increased their daily intake by 335 calories.(12) Many of these added calories have come from sodas and other sweetened beverages(13), as well as from the increased consumption(14) and portion sizes(10) of processed and fast food. In fact, people living in neighborhoods with a higher density of fast food restaurants tend to weigh more than those living in neighborhoods with fewer fast food restaurants.(15)

Public health researchers define overweight and obesity for adults by using weight and height to calculate a number called the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat. An adult who has a BMI between 25 and 29.9 is considered overweight while a BMI of 30 or higher is considered obese. For example, a person who is 5’7” and weighs 160 pounds has a BMI in the overweight range, while a person with the same height weighing 200 pounds is classified as obese. For children and teens, BMI is calculated using the child’s height and weight and then compared to BMIs of other children of the same age and gender, expressed as the BMI percentile for age and gender. A growing body of research links unhealthy food to a dizzying list of health conditions for both children and adults, as shown in Box 2.(16)
### Box 2. Health and Social Problems for Which Obesity Increases Risk or Complications

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Increases Risk for Adults</th>
<th>Increases Risk for Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular diseases, diabetes, and related conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary heart disease (CHD)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CHD risk factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic syndrome</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Hypertension</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left ventricular hypertrophy</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Inflammation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypercoagulability</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Autonomic nervous system dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Deep venous thrombosis</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pulmonary disease</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Obstructive sleep apnea</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Other outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absenteeism from work</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Cancer (including breast [postmenopausal], kidney, endometrial, esophageal, colorectal, and prostate)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Disability, physical</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fertility and pregnancy complications</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gallstones/cholecystitis</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gastroesophageal reflux disease</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Healthcare costs</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Impaired quality of life</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Liver (spectrum of nonalcoholic fatty liver disease)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mortality</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Neurological problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity-related glomerulopathy</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Orthopedic problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proteineuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological disorders (e.g., depression, aggressive behaviors)</td>
<td>✓</td>
<td>✓ (Depression)</td>
</tr>
<tr>
<td>Surgical complications</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

*Modified from Reference 16*
In summary, overweight and obesity impose a substantial health burden on the people of New York City and the nation. As overweight and obesity become more concentrated in low income and Black and Latino communities, this burden will worsen existing inequities in health among these groups. In addition, obesity imposes a substantial economic burden on the city. As just one example, the New York City Department of Health and Mental Hygiene estimated in 2007 that the total annual cost of diabetes (an increasingly common outcome of obesity) in the city was $6.5 billion.(17) Health Commissioner Tom Frieden observed, “Diabetes is not only hurting our health, it’s hurting our wallets. The cost of treating diabetes is an unsustainable burden on our health system and economy. But even worse, behind these statistics are tragic individual stories that challenge our city and our health system to respond.”(17)

Failing to contain this epidemic now means that our children and grandchildren will also inherit a financial burden to pay for the health care, lost productivity, and other costs that obesity imposes on our society. Since the promotion of unhealthy food encourages the consumption of unhealthy food, it plays an important role in contributing to increases in overweight, obesity, diabetes, and other health problems.

THE PROMOTION OF UNHEALTHY FOOD IN THE UNITED STATES

Diabetes, obesity, and its related problems have many root causes. Lack of opportunities for physical activity, inadequate nutrition and nutrition education in our schools, a health care system that leaves many people without access to care and without preventive services, and perhaps emotional distress related to poverty and racism that leads to over consumption of fatty food, among others, all contribute to negative health outcomes. In this report, however, we argue that the promotion of unhealthy food is pervasive, widespread, and frequently overlooked, making it an important target for change. A walk down any city street, an hour watching children’s television, or a trip to any supermarket or convenience store reveals the multiple ways unhealthy food is promoted. In this section, we make the case for why we should add to our intervention plans strategies to decrease the promotion of unhealthy food in our communities as a key part of our efforts to reduce obesity and related chronic diseases like diabetes and heart disease.

The United States tops the world in promoting unhealthy food

As Americans, we are targeted daily by ads, promotions, and deals that encourage us to overeat those food that can cause high cholesterol, high blood pressure, obesity, diabetes, and heart disease. In a survey of 10 countries, the U.S. ranked first with the highest number of television ads for sweet and fatty food for every 20 hours of children’s television. This study also found that the more commercials shown on a nation’s children’s television, the higher the rate of overweight children, with the U.S. again at the top of the list.(18) In the U.S., youth see on average 27 food ads every day.(19) These sound bites add up: for example, one study found that 8–12 year olds see an average of more than 50 hours of television commercials promoting food each year and that none of the
almost 8,000 ads are for fruits and vegetables. Most children spend far more time watching food commercials for food high in fat, sodium, and calories than they do learning about nutrition in school.

**Unhealthy food is promoted more than healthy food**

Not only is food high in fat, sugar, and sodium heavily promoted, but efforts to raise awareness about healthy eating are dwarfed in comparison. Total spending by the food, beverage, and restaurant industries to promote their products is estimated to be $33 billion per year and more than two-thirds of that money goes to food with little or no nutritional value like candy, salty snacks, soft drinks, and alcohol. For example, the money spent by PepsiCo to promote Lay’s potato chips and Doritos alone was $33.4 million in one year. Compare that to the budget to promote the 5 A Day Campaign, a federal program that encourages fruits and vegetables: only $9.55 million, less than a third of what is spent marketing Lay’s and Doritos and an amount hundreds of times smaller than the total amount spent promoting unhealthy food. With so little funding, it is nearly impossible to promote healthy food like fruits and vegetables, especially compared to the increasing number of ads encouraging people to overeat food high in sugar, sodium, and fat. With a playing field so tilted in favor of big food companies, it’s not surprising that the public health message to eat less and better gets drowned out by the food industry’s appeals to eat more chips, candy, and other unhealthy food.

**The promotion of unhealthy food has been increasing**

More people are exposed to more marketing than ever before. Spending on all marketing to children was at least $15 billion in 2004, mostly on television; in 1983 total expenditures for television advertising to children were only $100 million. Food companies and industry groups have expanded their marketing strategies beyond television commercials to include games, fundraisers, contests, websites, incentive programs, school lesson plans, and even educational books that teach math and reading while at the same time promoting cookies and candy.

Some recent efforts have been made to reduce the promotion of high fat and sugar food in public schools, but in most schools the status quo of the past 30 years remains: unhealthy food in vending machines, fundraisers that require children to sell candy, and school contracts with food companies selling food or beverages of poor nutritional quality.

**The marketing of unhealthy food works**

Marketing works—otherwise why else would companies continue to create new kinds of soda, candy, fast food, and alcohol or develop ingenious and appealing new ways to package, distribute, and price their products and spend billions of dollars every year pushing them? Television, billboards, magazine ads, Internet games, contests, fundraisers, and other promotions help to influence individual purchasing patterns and result in the consumption of more products,
especially the unhealthiest food. Studies show that children are more likely to request the food they have seen advertised on television and that these foods are more likely to be purchased. After reviewing the evidence, the Institute of Medicine concluded that advertising does change kids’ food choices and is also associated with being overweight.

The health claims in food advertising often distort nutritional evidence to increase sales
To benefit from growing public concern about nutrition and obesity, food companies are increasingly making health claims in their ads. Unfortunately the U.S. system for monitoring these claims has been eroded. A few years ago, for example, KFC ran an ad campaign with the message “fried chicken can, in fact, be part of a healthy, balanced diet.” In one ad, a wife asks her husband if he remembers that they had talked about eating better. After he grimaces, she triumphantly produces a bucket of fried chicken and declares, “well, it starts today.” A Michelob Ultra beer television ad urged viewers to “Lose the Carbs. Not the Taste” and posted billboards showing an athletic-looking woman in a sports bra doing stomach crunches. And in a recent study of food specifically targeted to children in Canada, 62% of the items identified as food of poor nutritional quality made one or more nutritional claims on the front of the package. The legal rationale for protecting commercial speech is that it helps consumers make more informed choices, but this argument loses force if food companies provide deceptive information.

Unhealthy food promotion disproportionately targets low-income communities and communities of color
The food industry has found new target audiences that were once largely ignored by marketers. Black, Latino, and other communities of color now constitute niche markets, and some of the unhealthiest products are specifically promoted to these communities. One study found significantly more food and beverage ads on Black-oriented television programming compared to other channels, less than 10% of which included healthy eating and exercise messages. Another found that television ads seen by Black adolescents promoted significantly more food high in sugar, fat, or sodium compared to those seen by White teens. Finally, a comparison of magazine ads revealed that food products advertised to African American women differ than those advertised to the general female population. For example, fast food ads made up 13% of Essence magazine’s consumption ads, but only 1% of the ads in Cosmopolitan.

WHY DO WE KEEP EATING UNHEALTHY FOOD?
We know that eating food high in sugar, fat, and sodium increases our risk of obesity, diabetes, and heart disease, yet these products are still advertised and we still eat them. Why?

• Food of poor nutritional quality is convenient. Pre-prepared, processed, and pre-packaged food, such as carry-out and fast food, instant noodles, canned soups, and frozen “TV dinners,” often take less time to prepare than a meal using the original ingredients—even though the processed food may be much higher
in calories, fat, sodium, or sugar. As more women work and more families live in single parent households, these conveniences may be increasingly important.

• Many of these kinds of foods taste good. Added sugar, fat, and sodium make processed food appealing and satisfying to eat. Some researchers argue that people are biologically programmed to like these kinds of food because humans evolved to stoke up on fats and sugars in order to survive times of famine. Other biological characteristics that contribute to overeating are physiological responses that cause the sight of food to make us feel hungry, limited capacity to recognize or regulate impulses, and the tendency to eat to reduce stress. All these traits were useful in times of famine, but in an environment saturated with food they have become toxic.

• Unhealthy foods are relatively inexpensive, making them more accessible than many healthier options. Historically, federal agricultural policies have encouraged the over-production of commodity crops—corn, soybeans, wheat, and rice, among others—through financial supports, often keeping the price of these products below the market value. As a result, food companies can purchase these commodities at artificially low prices and use them as ingredients in processed food items to increase profit. For example, high fructose corn syrup (a sweetener) and hydrogenated soybean oil (a fat) are common in processed and packaged food and beverages. Generally, similar subsidies have not been available for healthier fruits and vegetables. As a result, these products have been relatively more expensive.

WHAT THE OTHER SIDE HAS TO SAY: THE ARGUMENTS AGAINST REDUCING THE PROMOTION OF UNHEALTHY FOOD

Food industry lobbying has been successful in attempts to curtail stronger public oversight of our food system. In part, the promotion of unhealthy food continues because the food industry and its allies actively oppose any control efforts. By becoming familiar with the arguments that defenders of the status quo make, those seeking change can consider appropriate responses. The goal here is to prepare advocates of healthier food policies to respond to common arguments against reducing the promotion of unhealthy food and to encourage a public dialogue on health, individual and corporate responsibility, and the appropriate role for government.

ARGUMENT 1: Individuals are responsible for what they eat and it’s unfair to expect the food industry to deprive people of what they want.

In this view, individuals choose what to put in their mouths and therefore have primary responsibility for controlling their appetite. Since food companies are only responding to what consumers demand, they should not be penalized for promoting unhealthy food.
Response: Of course individuals have responsibility for their food choices and public policies should encourage people to make healthier choices. But no one ever walked into a restaurant to demand a plate of trans fat, nor did consumers ever ask Pepsi Cola to make blue soda, nor did any toddler ask her mom for Quaker Oats’ Cap’n Crunch’s Oops! Choco Donuts® cereal before seeing it on the shelf or on television. These products were invented, produced, and marketed by food companies and only then did consumers request them and stores carry them. We choose what to put in our mouths but it is food companies’ decisions on what to produce, put in stores and restaurants, and advertise that create the options available to us. The choices that food companies make shape our health, but it is taxpayers who have to pick up the increased health care bills for diet-related chronic diseases. It is in our interest, therefore, to advocate for food and agricultural policies that promote health.

ARGUMENT 2: Americans don’t want a nanny state and it’s wrong for government to tell people what to eat and not to eat.

Response: Americans rightly cherish their freedom, but the biggest influence on what to eat is not government but rather the food industry. McDonalds spends more than $1 billion a year to entice children and their parents to fill up on high-fat Happy Meals that contribute to the nation’s obesity and diabetes epidemics. For hundreds of hours during their most formative years, children watch ads encouraging them to eat unhealthy food. In the very places where children spend most of their time — going to school, watching television, or visiting stores or restaurants — parents are continuously undermined by the food industry. We need to ask ourselves, “Who do we trust more to look after our children’s well-being: corporate executives with a financial bottom line or public health officials?”

ARGUMENT 3: In a free market, it’s better for industry to regulate itself than for government to impose rules.

Response: As one columnist put it, public health advocates “want to turn the individual problem of obesity into a …societal problem by forcing all of society to pay for the victimless actions of a few” and use “more of your tax money to deal with other people’s bad personal decisions.”(36) Another author hailed the “freedom to choose what I eat and what I don’t eat” and claimed that government intervention on food was “an egregious undermining of freedom.”(37)

Response: At a press conference hailing a decision by 11 national food companies to voluntarily restrict some types of food advertising to children, Federal Trade Commission Chair Deborah Platt Majoras, a former corporate lawyer, asserted that “industry action can bring change more quickly and effectively than government regulation of speech.”(38) In this view, self-regulation is always better than government regulation, both because it’s more efficient and more in harmony with free market ideology.
Response: Unfortunately, independent studies show that industry is usually not capable of changing its behavior on its own. For example, a recent study commissioned by the World Health Organization to assess how well Kraft Food and McDonald’s had fulfilled their voluntary promises to market food to children more responsibly concluded that food companies “cannot—and will not—stop making and marketing nutritionally questionable food products to children” and recommended that government set “firm, enforceable limits on all forms of food and beverage marketing to children.”(39) This is because corporations are legally obligated to make money for their shareholders.(40) Thus, even if a food company or fast food chain wants to introduce healthier options or decrease marketing to certain sectors of society, they will not legally be able to do so if such actions do not lead to a profit. When industry does act to improve nutritional quality, it’s usually because of public pressure and a fear that bad publicity will lead to lost revenues. Thus, the best way to induce voluntary change is to press for mandatory standards for responsible conduct.

ARGUMENT 4: Food companies have the same rights to free speech as anyone else. It’s wrong to restrict what they can say in the marketplace.

Recent court decisions give corporations expanded free speech protection, extending rights previously reserved for individuals to corporations, and protections offered only for political speech to commercial speech. Based on these decisions, the food industry claims First Amendment protection for its ads. As one advertising industry executive said in response to a Center for Science in Public Interest (CSPI) proposal to establish standards for food advertising to children, “I am rather stunned that CSPI—or any organization for that matter—would suggest restricting or modifying the free speech of perfectly legal enterprises as an approach to solve a problem...(T)rampling on the First Amendment whether through government controls or unsupported self-regulatory edicts should not even be on anyone’s radar screen—as a way to solve problems.”(41)

Response: Only relatively recently have free speech protections been applied to commercial speech. Changing court decisions reflect current politics, where business interests dominate the federal court system. As one food researcher noted, “requiring fast food companies to provide nutrition information is not an infringement on anybody’s freedom to eat what they want, but rather a reasonable way to get corporations to be more truthful about their products.”(42) Even if the courts accept First Amendment protection for commercial speech, many institutions, including government agencies and others, can set advertising standards for their own premises (e.g., ban tobacco ads) and can sponsor counter-advertising campaigns against unhealthy products.
ARGUMENT 5: Obesity is not caused by eating too much, but rather by exercising too little. It’s better to focus on physical activity than overeating.

In recent years, many food companies and their supporters have argued that it’s not eating too much that causes obesity but exercising too little. Pepsi Cola sponsors a Get Active/Stay Active campaign. PepsiCo lobbyist Galen Reser told a reporter, “There’s an inactivity epidemic. That’s really what’s changed. Kids are spending four to six hours a day in front of screens.”(43) Last year, Jim McCarthy, president of the Snack Food Association, the makers of processed snacks, went to Capitol Hill to lobby for a physical education mandate as part of No Child Left Behind.(43)

Response: Many Americans are too inactive and moving more will help people maintain or lose weight. But most independent scientists agree that increased food consumption and food industry-initiated changes in the American diet have played a key role in the growth of obesity and diabetes.(16,26) Limiting our policy response to efforts that encourage more physical activity without taking on the promotion of unhealthy food is a simple way out for food corporations and a politically easy move for elected officials frequently tied to industry. By removing food from the equation, the food industry can make the argument that their practices don’t actually matter.

ARGUMENT 6: No food by itself causes obesity. If we eat responsibly, there’s no reason to change our diet.

The food industry argues that there is no such thing as a “bad food” and that every food can fit into a balanced healthy lifestyle. In an editorial in Advertising Age, Bob Liodice, former CEO of the Association of National Advertisers argued the best way to encourage good childhood nutrition is to promote healthy, well-balanced diets, rather than attempting to characterize some products as good foods and others as bad foods.(44) Any food can be responsibly consumed by everyone, including kids, asserts Richard Martin, spokesman for the Grocery Manufacturers Association.(45)

Response: While it may be true that eating one Whopper (670 calories, 39 grams of fat) won’t damage your health irreparably, the food industry promotes unhealthy food as a way of life and overeating as desirable and common. Eating too many calories can cause significant weight gain and increase the rates of negative health outcomes. A recent New York City study found that 1.66 million adults (27% of the city’s population) drank one or more cans of sugar-sweetened soda every day. Women who drank one or more sodas a day had BMIs 1.8 units higher than women who drank less than one a day,(46) suggesting that sweetened sodas do play an important role in pushing many people into the overweight or obese categories.
ARGUMENT 7: Even if schools restrict access to unhealthy food, kids will find these products elsewhere.

Administrators in cash-strapped school districts all over the country have accepted soda company (e.g., “pouring rights”) contracts and sponsorships from food and beverage companies. Such contracts allow these companies to market their products to kids and serve as a source of revenue for schools, especially low-income districts. In 2003, the New York City Mayor’s Office and its Department of Education entered into a five-year exclusive contract with Snapple to sell water and sweetened beverages in schools.

Response: Emerging evidence shows that school food policies can help children avoid obesity. A recent study evaluated a school health program to prevent overweight and obesity among 9-12 year olds that included, among other things, the removal of sweetened sodas and other unhealthy snacks and drinks from school vending machines. Compared to students in five similar schools without this intervention, students in the schools that didn’t sell unhealthy snacks had a 50% reduction in the incidence of overweight.(47)

Schools should not be commercial stomping grounds. Children and their parents should be able to trust that school is a safe and healthy place for learning. Promoting fast food and soda undermines that trust by making schools partners with those who profit by harming our children. As one parent who led the effort to cancel Coca Cola’s exclusive contract with the Seattle public schools observed, “a world class educational system does not ask its children to consume high sugar, high fat food in order to re-furbish its ping pong tables nor ask them to slake their thirst with caffeinated sugary drinks in order to play sports after school.”(48)

ARGUMENT 8: Food insecurity and hunger are still big problems among New Yorkers. Reducing access to any food could make the poorest New Yorkers even more vulnerable to not getting enough to eat.

More than one million people, one in six New Yorkers, live in a food insecure household. In recent years, the demand for emergency food has increased in the city.(49) Any reductions in the availability or affordability of food will affect poor New Yorkers most, asking them to bear yet another unfair burden of our inequitable society.

Response: Public policies should not force the city’s poor to choose between hunger and obesity. In fact, any effective food policy changes in New York City must reduce both hunger and obesity, as these problems have become increasingly intertwined.(50) Insufficient income and food stamp benefits often force food choices based on economics rather than nutrition and health, and may encourage some people to overeat when they have money and go hungry when it runs out. As obesity becomes concentrated in low-income neighborhoods,
its adverse health impact will inequitably burden the poorest city residents. Finding ways to simultaneously reduce the promotion of unhealthy food and the prevalence of hunger can benefit all New Yorkers. The wealthiest city in the world should not force its poorest residents to choose between hunger and obesity, or to cycle between the two.

MOVING IN THE RIGHT DIRECTION: SUCCESSFUL FIRST STEPS IN COMBATING THE PROMOTION OF UNHEALTHY FOOD

In recent years, New York City has recognized that making healthy food and opportunities for safe physical activity more available requires changing individuals, policies, and institutions. Reducing the promotion of unhealthy food will also require substantial changes at many levels. Fortunately, New York City has already taken some steps in the right direction. For example, New York City’s decision to remove trans fats from restaurant food will help to reduce heart disease.(51,52) Other cities, states, and nations offer valuable lessons for additional approaches, many of which could prove useful in New York. While each of the actions described below has limitations, together these small but positive and progressive steps are moving us in the right direction and providing a firm foundation for future action.

New requirements for restaurant chains to display the calorie content of food on all menu boards and menus

Since people tend to underestimate the number of calories they eat, the New York City Board of Health voted in January 2008 to require the city’s chain restaurants to clearly display calorie information on menus and menu boards. As of May 5, 2008, this regulation is enforceable at any New York City chain restaurant (including fast food restaurants) that has 15 or more outlets in the U.S.(53) In addition, an educational “Read ’em before you eat ’em,” campaign was launched in October 2008 to help New Yorkers make the most of the new calorie labeling regulation. The New York City Department of Health and Mental Hygiene “estimates that this regulation could reduce the number of people who suffer from obesity by 150,000 over the next five years, preventing more than 30,000 cases of diabetes.”(54).

Reductions in the distribution of unhealthy food products in city schools

As part of the Child Nutrition Act of 2004, all school districts participating in one or more federally funded school meal programs are required to develop and implement a local wellness policy. The minimum requirements for these policies are fairly broad, charging each school district to set goals and implement activities based on the individual needs of the district.(55) New York City, with the largest school district in the country, has included in its wellness policy nutritional standards that exceed the current, yet outdated, federal standards. For school meals, this means limiting trans fats, restricting the amount of high fructose corn syrup with the goal of eliminating corn syrup from all products, and offering only low fat and fat-free milk. All other beverages sold or served outside of the school meal programs are restricted to:
• Unsweetened, unflavored water
• 100% juice
• Unflavored low-fat milk, unflavored and flavored fat-free milk, and soy milk (soy milk must meet certain nutritional requirements)
• Decaffeinated coffee, tea, and hot chocolate (high schools only)

A list of the snack foods meeting the New York City school district’s nutritional requirements can be found at: http://www.opt-osfns.org/osfns/nutrition/snacklist.aspx.

Establishment of voluntary industry standards to promote healthier food

On a national level, many food companies and supermarkets are voluntarily adhering to—or creating their own—nutritional standards. For example, several food and beverage companies have agreed to implement school food and beverage guidelines developed by the Alliance for a Healthier Generation, a partnership between the American Heart Association and the William J. Clinton Foundation that seeks to fight childhood obesity.\(^{(56)}\) In 2006, the Alliance reached an agreement with Cadbury Schweppes, Coca-Cola, PepsiCo, and the American Beverage Association (the trade organization representing non-alcoholic beverages) to adhere to the School Beverage Guidelines that set standards for elementary, middle, and high schools. The guidelines state, for example, that at least 50% of non-milk beverages must be water and calorie-free or low-calorie options. These guidelines apply to all beverages sold during the regular and extended school day, but not to school-related events.

In 2006, the Alliance also established guidelines for competitive school food—food served and sold outside the school lunch and breakfast programs. The Snack Food Association (the trade organization for the snack food industry), along with the Campbell Soup Company, The Dannon Company, Kraft Foods, Masterfoods USA, and PepsiCo, have agreed to comply with the guidelines, which seek to lower the calorie, sugar, saturated fat, and sodium content of food items. The guidelines apply to food sold or served during the regular and extended school day, but not to fundraising activities that take place off school grounds or school-related events. A chart with these guidelines can be found at: http://www.healthiergeneration.org/companies.aspx?id=1574.

Creation of simple food rating systems

Supermarkets are developing new food rating systems. For example, Wegmans supermarkets, a Northeast chain, created “Wegmans Wellness Keys,” a series of colorful dots used on Wegmans-brand products to alert customers of nutrition information. Dots include low fat, fat free, lean, low-calorie, sugar free, low sodium, and heart healthy. Each dot is defined and follows U.S. government regulations.\(^{(57)}\) Hannaford Brothers, a New England grocery chain, has implemented a food rating system called, “Guiding Stars.” Developed by a team of nutrition scientists from leading universities, the Guiding Star system rates food from zero to three stars—the more stars, the healthier the food. After one year, Hannaford has reported that packaged goods and frozen dinners
with stars are selling at much faster rates than those without stars. In fact, sales of certain unstarred food, such as whole milk and fatty cuts of chicken and ground beef, have actually declined. (58)

Another rating system, called the Overall Nutrition Quality Index (ONQI), has been developed by researchers at the Yale Prevention Research Center. This system evaluates food on a scale of 1-100, with 100 being the healthiest. In 2008, the ONQI will be available in several independent grocers, including Wegmans, IGA, Hy-Vee, and Food City. (59)

Restrictions in television advertising to children

In the U.S., advertising during television programs targeted at children less than 12 years old is restricted to 10.5 minutes per hour on weekends and 12 minutes per hour during weekdays. In contrast, Belgium prohibits all advertising to children during children's television programs, as well as during the five minutes before and after they air. Italy prohibits ads during cartoons, and cartoon characters cannot be used in ads before or after the programs in which they appear. Most drastically, Norway, Sweden, and Quebec, Canada have banned all television advertising to children under the age of 12 (13 in Quebec). (60)

Among countries that do allow television advertising to children, many have implemented specific regulations for food. In Malaysia, all food and beverage ads must show the need for a balanced diet. Denmark and Finland forbid ads for chocolates, candy, soft drinks, and snacks from indicating or implying that the product can replace regular food or meals. All food advertising in Thailand requires approval from the government. (60) And the United Kingdom is the first to ban all advertising of food high in fat, sodium, or sugar to children under the age of 16. (61)

Advocacy Strategies that Counteract the Promotion of Unhealthy Food

While the promotion of unhealthy food is a massive enterprise with a powerful influence on our political, economic, and social systems, every individual and organization has the potential to take action to reduce the scope and impact of the pervasive promotion of unhealthy food in our city and nation today. We invite readers to consider these proposals and suggest others.

Vote with your fork

As nutritionist Marion Nestle advises, we can “vote with our forks” (20) by refusing to buy and consume unhealthy food, thus encouraging food producers to offer healthier products. While individual action is necessary and crucial, to compete effectively with the food industry’s efforts it must be coupled with larger systemic changes.

Create local healthy food zones

Neighborhood institutions such as schools, childcare centers, churches, and health centers can also take action by creating healthy food zones within their setting. Healthy food zones would not sell, advertise, or promote unhealthy products. They would also launch campaigns to inform their constituents about the role of the food
industry in promoting unhealthy food and strengthen skills in analyzing and resisting deceptive or manipulative marketing. Healthy food zones would reduce access to unhealthy food and provoke dialogue on the role of promotion of unhealthy food in our current patterns of health and disease. Just as restricting tobacco use, advertising, and sales has contributed to a reduction in tobacco use, creating and expanding healthy food zones can help lower obesity rates by reducing the ubiquity of unhealthy food.

Use zoning laws to reduce density of unhealthy food outlets
Zoning laws have traditionally been used to improve living and health conditions in cities and towns. Recently some cities have explored using zoning laws to limit the density of fast food establishments in low-income neighborhoods with high rates of obesity. Evidence that the density of fast food outlets is associated with rates of obesity provides a public health rationale for such action. Many municipalities already use zoning laws to restrict the number of alcohol outlets. Limits on density of certain kinds of food outlets face legal and logistical jurisdictional challenges, but only by analyzing and confronting these obstacles will viable policies emerge.

Strengthen oversight of deceptive health claims in food advertising
As people become more concerned about obesity, many food companies seek to sell their products based on health or weight loss claims, even when the scientific foundation for such claims does not exist. Federal, state, and city regulators should more aggressively enforce existing rules on deceptive food advertising, health and nutritional professional organizations should monitor food advertising and expose deceptive claims, and schools should teach children to assess the validity of food advertising messages. To improve health, it is as important to stop unhealthy and misleading messages as it is to give out correct information.

Discourage racial/ethnic targeting of unhealthy food advertisements
Racially and ethnically targeted food industry practices contribute to the inequities in health and obesity among Blacks, Latinos, and Whites and set back efforts to achieve national health goals of reducing health disparities. While banning racial targeting in ads would face legal and other challenges, we can work to create an environment where the targeting of specific groups is unethical and morally unacceptable. In the case of tobacco, African American and Latino groups have successfully mobilized against such targeting. In Philadelphia, for example, a community coalition prevented RJ Reynolds from test marketing Uptown cigarettes, a new brand targeted at Blacks.

Tax unhealthy food such as sweetened soda and other beverages
Several jurisdictions have taxed various unhealthy food products, including soda and sweetened beverages, candy, chewing gum, and snack food. One study found strong positive associations between the presence of state-level taxation on soft drinks or snack food between 1991 and 1998 and relative changes in
obesity prevalence during the same time period. Evidence suggests that in order to be effective, taxes need to be high enough to discourage consumption. To ensure that these taxes don't unfairly burden the poor, revenues should be used to support nutrition education and subsidize healthy food in communities with less access to healthy food.

**Persuade food industry to modify unhealthy products, e.g., reducing sodium in processed food**

While most research suggests that voluntary industry standards inadequately protect health, sometime voluntary action is a feasible starting point. For example, scientific evidence shows that high sodium diets contribute to heart disease, stroke, and obesity, the last by encouraging people to drink more sweetened beverages. Consumers get most of their sodium not from the salt shaker but in processed or fast food. By agreeing to reduce the sodium in their products, food makers could save thousands of lives. As the nation's largest consumer market, New York City could lead the way in negotiating new agreements to cut the sodium in processed and prepared food.

**Support counter-advertising campaigns against unhealthy food**

Evaluation of the Truth Campaign, an anti-tobacco advertising campaign directed at young people, found that its messages urging youth to resist the manipulation of the tobacco industry were more effective than other approaches, including those sponsored by the tobacco industry that labeled tobacco use as an adult activity, a strategy any parent of a teenager could predict would lead to increased tobacco use. Similarly in 1967, when the Federal Communications Commission required under its Fairness Doctrine that television stations offer free air time to tobacco control groups to counter tobacco ads, smoking declined. This drop prompted the tobacco industry to accept a ban on television advertising of cigarettes.

Applying these lessons to unhealthy food advertising, nutrition advocates can encourage state and local health departments to sponsor or fund counter-advertising campaigns that encourage people to resist manipulation by the food industry and lobby for new interpretations of the Fairness Doctrine that allow public health groups to use free air time to “inoculate” children against deceptive or misleading food advertising.

**Restrict advertising and promotion of unhealthy food**

While restrictions on food advertising will face stiff legal opposition, as we have seen, several European countries have shown that it is possible to reduce children's exposure to food advertising on television. A study by several U.S. economists recently estimated that a ban on television advertising by fast food restaurants would reduce the number of overweight children aged 3-11 by 18% and the number of overweight adolescents aged 12-18 by 14%. Another policy option, to eliminate the tax deduction now available to fast food restaurants for their advertising, would reduce the proportion of overweight children and adolescents by 5 to 7%.
Each of these suggestions to reduce the promotion and availability of unhealthy food will elicit opposition from the food industry and its supporters and also from ordinary citizens, just as opposition to controls on the tobacco industry stymied effective action for decades. Moreover, no single step will solve the multiple and complex health problems that result from the ubiquitous availability and promotion of unhealthy food. We do know, however, that doing nothing or refusing to acknowledge the role of promotion of unhealthy food condones and magnifies the food industry’s impact on the creation of obesity, diabetes, and other chronic health conditions.

This report seeks to inform effective advocacy by helping readers challenge practices that contribute to obesity, learn the arguments and counter-arguments for new approaches, suggest alternative policies, and critically analyze the success and failure of our efforts.

In the long run, we can work together to create the food system we want, one that makes healthy affordable food available to all. But to make this vision a reality, we need to identify, then advocate for tangible changes that will make it easier for many people to make healthier choices. One such essential step is to confront the continual promotion and increasing availability of unhealthy food. In order to create a healthy food environment—one where healthy food and messages are more common and easier to choose than unhealthy ones—we need to act now.
Ten Take Home Messages

1. Diabetes and other obesity-related health problems pose serious and growing health and economic threats to New York City.

2. If we fail to reverse these epidemics, our children and grandchildren will have worse health, shorter life spans, and higher medical costs than we do.

3. Diabetes and obesity pose even heavier burdens on low-income people and on Blacks and Latinos. Reversing these epidemics will especially benefit these groups.

4. Improving access to healthy food and making it easier for people to move more are necessary but not sufficient steps for reducing rates of obesity in New York City.

5. To reduce obesity, we will also need to cut down on the aggressive promotion and growing availability of unhealthy food.

6. In New York City and the nation, the promotion of unhealthy food is pervasive—on television and in other media, in schools, streets, and stores.

7. Each day, we see or hear many more messages encouraging us to eat too much of the wrong food rather than messages that help us to make healthier food choices.

8. Promotion and availability of unhealthy food, combined with our taste preferences for sweet, salty, and fatty food and changes in where and how we eat, now make it much easier to choose unhealthy diets rather than healthy ones.

9. No one has the right to create a food environment in which the easiest choices doom increasing proportions of our population to obesity, chronic illness, and premature death.

10. Together, New York City residents, elected officials, health professionals, and food advocates can begin to make healthy food choices the easier option. To do this will require taking specific steps to reduce the promotion and availability of unhealthy food.
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PHANYC is the largest and oldest independent organization of public health professionals in New York City and the local affiliate of the American Public Health Association. In October 2007, PHANYC and the CUNY Campaign released the report: Reversing the Diabetes and Obesity Epidemics in New York City, http://www.phanyc.org/pdfs/diabetes_prevention_report.pdf. This report provides additional suggestions for actions to reverse the obesity and diabetes epidemics in New York City.

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