



NY FOOD 2025

GOAL 3

Reducing Promotion and Ubiquity of Unhealthy Food in Community, Institutional, and Retail Settings to Reduce the Staggering Burden of Diet-Related Disease in NYC



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NEW YORK FOOD 2025 GOAL 3

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[New York Food 2025](#) is a collaborative effort by the Hunter College NYC Food Policy Center, The Laurie M. Tisch Center for Food, Education & Policy, and The CUNY Urban Food Policy Institute to examine the effects of the pandemic on New York City's food policies and programs and propose specific policy measures the NYC Mayor and City Council can consider and implement to build a stronger, healthier, more just, and sustainable food system in New York City. This policy brief is one part of a 7-part series of policy briefs and recommendations and builds on our group's earlier report, [New York Food 20/20: Vision, Research, and Recommendations During COVID-19 and Beyond](#), on the impact of the pandemic on New York City's food system and food workforce.

Background

An expansive body of evidence documents that food and beverages high in calories, unhealthy fats, salt, and sugar are a major cause of premature death and preventable illnesses from diet-related diseases.^{1,2,3} In New York City (NYC), the nation, and globally, consumption of highly processed food is replacing tobacco as the leading preventable cause of illness and deaths.^{4,5} Of equal concern, the diseases associated with unhealthy diets – diabetes, some cancers, high blood pressure, and heart disease -- play a major role in driving worse health outcomes in the city's Black

and Latinx populations compared to whites.^{6,7} While increasing access to healthy foods (See Brief 2 on Improving Healthy Food Access) is key, developing public policies and programs that reduce the promotion and ubiquity of unhealthy food in NYC is equally important. By pursuing these two goals vigorously in the next four years, NYC has the potential to improve the health and extend the lives of current and subsequent generations of city residents.

One contributor to the burden of nutritional ill health is the ubiquity - and ubiquitous marketing - of unhealthy foods and beverages in the city, and the persistence of poverty and low wages that force many New Yorkers to choose these cheaper unhealthy foods over healthier options. The supply, marketing and promotion, and low costs reinforce cues to consume these products and expand consumer demand and therefore opportunities to purchase them. A recent study that quantified the availability of such products in retail settings found that 85% of food retailers and 21% of non-food retailers in NYC sold processed foods and/or sugary beverages,⁸ a trend also true nationally.⁹ Beyond the retail setting, New York residents obtain food from a variety of institutional (e.g., schools, hospitals, workplaces) and community (e.g., food pantries, soup kitchens, non-profit organizations) settings. Though less well documented, the nutritional quality of foods served in these settings is often not regulated and may be limited in variety and balance, thereby further contributing to environments that encourage unhealthy diets.^{10,11,12} Recent national studies show that about 57% of calories consumed in the United States come from these mostly unhealthy, highly-processed foods, labeled by some researchers as ultra-processed foods.¹³

The pervasive marketing of these products also contributes to increased consumption through heightened awareness, brand loyalty, and perception of appeal.¹⁴ This is true especially among children and young people, adding to their growing future disease burden.^{15,16,17,18,19} Because Black, Latinx, and low

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In the next four years, the Mayor and City Council should take measures to reduce the promotion and ubiquity of unhealthy food in all community, institutional, and retail settings.

income communities are most frequently the targets of predatory food and beverage marketing, white, wealthier communities are somewhat protected against pervasive unhealthy food and beverage marketing and availability contributing to systemic health inequities that threaten the health and well-being of these populations.^{20,21,22,23} Substantial research documents the presence of unhealthy food and beverage marketing in outdoor, retail and social media environments,^{24,25} ensuring that most New York residents are exposed to messages promoting unhealthy food consumption many times a day. Unhealthy food advertising on city subways, busses and their stations expose the more than 2 million people who use them daily²⁶ to an additional barrage of marketing. Finally, in the last decade marketing of unhealthy food on Facebook, Instagram, and other platforms has made it increasingly difficult for parents to protect children from aggressive unhealthy food marketing.³⁰

One goal of public policy is to make it easier for people to eat healthier foods such as fruits, vegetables, whole grain, and lower-fat dairy products. A parallel goal should be to reduce both the availability (e.g. physical access to) and commercial promotion (e.g. predatory marketing) of unhealthy food and beverages in places where individuals live, work, play, and travel daily. The NYC Food Standards for Meals and Snacks apply to “approximately 230 million meals and snacks per year that are served in places such as schools, senior centers, homeless shelters, childcare centers, after school programs, correctional facilities, public hospitals and parks.”³¹ However, NYC employs more than 325,000 individuals³² who eat in nearby restaurants and stores not cov-

ered by these Standards. Additionally, the Standards do not apply to foods served in community food settings such as emergency food providers (e.g., food pantries and soup kitchens), nor are they mandated in other large institutional venues such as higher education facilities or non-public hospitals.

The impact of the COVID-19 pandemic on NYC’s food system adds increasing urgency to this goal. Economic disruptions, food supply chain challenges, and heightened food insecurity throughout the pandemic fostered an increased reliance on institutional and emergency food programs, community based food pantries and soup kitchens.³³ At the height of the pandemic (April-June 2020), NYC’s Get-Food program was distributing more than 1 million meals per day to the homes of hungry New Yorkers. By August 2021, the program still served approximately 26,000 people per week, a vital service for locked down or homebound clients.³⁴ But the nutritional quality and cultural appropriateness of food provided by NYC emergency food and institutional food programs during the COVID-19 pandemic raised concerns from clients and nutritionists who noted the heavy reliance on packaged, processed, and often unhealthy foods.³³

Many factors including increased rates of food insecurity,³⁵ rapidly expanding programs,³³ staffing challenges,³⁶ limited infrastructure, distribution supply chain challenges,³⁷ and food safety concerns.³⁸ contributed to the challenges that EFPs encountered in providing high quality nutritious meals to NYC residents consistently over the course of the pandemic. By December 2021, although the need for hot meals has declined since the peak of the pan-

demographic, demand for groceries has continued to grow.³⁹ Ensuring that the public programs established to meet this demand rely less on unhealthy products and more on healthy ones can improve the nutritional quality of the daily diets of hundreds of thousands of NYC residents.

Similar Policies and Practices

Several city and state initiatives as well as recent developments in other countries provide a strong foundation and evidence base for the development of policies and programs to reduce the promotion and availability of unhealthy food and beverages in New York.

The NYC Food Standards for Meals and Snacks, first enacted in 2008 and updated twice since, “require City agencies to serve only healthier beverages such as skim or 1 percent milk and water, eliminate deep frying, include two servings of fruits and vegetables in every lunch and dinner, and lower salt content and increase the amount of fiber in meals served”³¹ thereby ensuring that foods served are nutrient dense, contribute to healthful consumption, and do not contribute to the hyper-availability of unhealthy food in NYC. Though established for City agencies, they are recommended for use in other settings such as faith-based environments, private businesses, universities, and non-profit and community organizations. Additional evidence-based standards have also been developed for vending machines, meetings and events, and commissaries within City agencies.

Additionally, chain restaurants (any establishment with more than 15 locations in the U.S. under the same name) in NYC are subject to labeling rules that require them to post calorie information, to have additional nutrition information available on site for all customers who request it, and to show which food items offered contain more than the recommended daily limits of

sodium and sugar by placement of warning icons on menus, menu boards, and item tags.^{40,41,42} While this policy does not explicitly reduce the availability of unhealthy foods, it encourages consumer knowledge about the nutrient quality of foods available in chain retail settings, creates an incentive for restaurants to reformulate their meals so that they can avoid displaying warning icons, and aims to counteract marketing of unhealthy food in public retail settings.

At the national level, a 2016 USDA decision limited unhealthy food and beverage marketing in schools, stating that only products that meet the Smart Snacks standards may be marketed on school campuses.⁴³ Notably, in response, many food manufacturers have altered the formulation of some products to meet Smart Snacks requirements and build brand loyalty in these settings, while continuing to sell less healthy versions of the same brands in retail settings.

In October 2021, New York State Senator Zellnor Myrie introduced the Predatory Marketing Prevention Act (S.7487). This new legislation expands “expands the definition of misleading or deceptive advertising to include unhealthy food marketed to children, and allows regulators to target food industries that advertise unhealthy foods that cause child obesity, diabetes and other harmful effects.”⁴⁴ If passed, this bill would be a positive step toward limiting predatory marketing to New York communities.

Approaches by other countries can be adapted by New York. In March 2021, the United Kingdom implemented a ban on all advertising of foods high in fat, salt, and sugar (HFSS) online and on television until after 9 pm, when children are less likely to be watching. This ban includes restaurants, which are prohibited from showing pictures of unhealthy foods online or on social media.⁴⁵ As of October 2022, restrictions on the promotion (e.g. “buy one get

one free” offers) of HFSS in retailers will be restricted, and less healthy promotions will also no longer be featured in key locations such as checkouts, store entrances, and aisle ends.)⁴⁶ The evidence that exposing children to unhealthy food advertising is associated with in-

creased consumption⁴⁷ and that children under 13 lack the cognitive skills to critically analyze food company appeals⁴⁸ encouraged the city of London in 2019 to ban on advertising food and beverages high in fat, salt, and sugar across London’s public transport system. ⁴⁹



Policy recommendations

In order to reduce the promotion and ubiquity of unhealthy food in community, institutional, and retail settings to reduce the staggering burden of diet-related disease in NYC, the Mayor and City Council should consider the following recommendations.



By the end of 2022, the Mayor and City Council should:

Regulate and restrict the promotion of unhealthy food in public facilities such as schools, public transit, public parks and public housing developments. Recent research from NYC documents pervasive and predatory marketing of unhealthy food and beverages to populations with high levels of obesity and chronic disease. Coordinating with State and federal government agencies as needed, the city should use the full scope of its legal authority in consumer protection, zoning, retail enforcement and education to limit this damaging practice. Supporting passage of the [New York State Predatory Marketing Prevention Act](#) is a first step in this effort.



Between 2022 and 2025, the Mayor and the City Council should:

Expand application of the NYC Food Standards, including technical assistance and implementation monitoring, to community, institutional, and emergency food providers to limit the service and sale of unhealthy food in these settings. This includes increasing financial resources and staff to the NYC Department of Health and Mental Hygiene that oversee current implementation of the Standards to enable expansion, enforcement, and implementation to scale. The 2021 NYC Food Metrics Report indicates 95% compliance with the Standards across City agencies in which they are

currently enforced.⁵¹ Expansion of application of these evidence-based guidelines to other settings can help to limit the availability of food and beverages that are calorie dense and nutrient poor available to hundreds of thousands of NYC residents daily.

Provide incentives to food retailers and food service establishments who do not post signs and advertisements for unhealthy food and beverages; A long standing national Healthy Food Financing Initiative, offered financial incentives in the form of grants and loans to food retailers seeking to improve access to healthy foods in areas of need.⁵² Building on this precedent, and HFFI's aim of increasing healthy food consumption and improved health outcomes among the American public, financial incentives should be extended to food retailers and food service establishments that limit or prevent the promotion and ubiquity of unhealthy food and beverages, in conjunction with current policies that expand healthy food access. Additionally, incentives should be provided to retailers who participate in technical assistance programs that support campaigns for customers to purchase healthier products.

Develop a coordinated, integrated policy agenda to achieve measurable reductions in the incidence and prevalence of diet related diseases and in racial/ethnic inequities in these conditions by 2025. Such an agenda should center on dismantling the racialized policies, programs, and structures that produce these inequities; employ a "whole-of-government" approach that includes relevant city agencies; and fully engage residents and community organizations in designing, implementing, and evaluating these initiatives. One logical starting place for this effort is the creation of a campaign for the prevention and management of Type 2 diabetes among young people in New York City, as preventing childhood diabetes has long-term health effects and morbidity reductions.

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