A Healthy CUNY Policy Brief:
The Rationale for Improving Campus Food Environments
in order to Improve the Health of the CUNY Community

CUNY Campaign for Healthy Food (CUNY CHeF)
The Problem

The CUNY Healthy Food (CHeF) initiative has recently endorsed several recommendations designed to improve campus food environments, services and policies in order to enhance the health and well-being of CUNY students, faculty and staff. CHeF is a component of Healthy CUNY, a comprehensive multi-faceted approach to make CUNY the healthiest urban public university in the United States. Healthy CUNY is sponsored by the City University of New York School of Public Health and the CUNY Chancellor’s Office.

In this policy brief, we provide a rationale for action and for the specific recommendations on CUNY food environments endorsed by the CHeF Advisory Board, a group of CUNY administrators, faculty and students appointed by the Executive Vice Chancellor for Academic Affairs and the Vice-Chancellor for Student Services. (Its members are listed in an appendix). CUNY CHeF has been supported by the US Centers for Disease Control and Prevention via the New York City Department of Health and Mental Hygiene (DOHMH).

In the last three decades, the United States and New York City have experienced dramatic increases in diet-related health problems. A few statistics illustrate the magnitude of threat:

- Today, more than half (57 percent) of the adults in New York City are overweight or obese.¹
- Adult obesity rates range from 30.6 percent in the Bronx to 15 percent in Manhattan.²
- In the United States, obesity rates have doubled in the last 20 years. Most recent data show that 20.7 percent of New York City children are obese. In addition, about 20 percent of children are overweight, suggesting that 2 of 5 NYC children exceed the weight recommended by health authorities. A recent report showed a slight decline in child obesity rates since 2006, a promising development that city health officials believe supports further efforts³ to create healthier food environments in New York City.
- Young adults also report high rates of overweight and obesity. Surveys of a sample of CUNY students show that about 37 percent of CUNY students are obese (16 percent) or overweight (21 percent),⁴ about the same proportion as in this age range in New York City. Healthy CUNY focus groups with faculty and staff on several campuses indicate that concerns about weight are the most prevalent health concerns of these constituencies.

Former NYC Health Commissioner now CDC Director Tom Freiden has observed that “diabetes follows obesity like night follows day.” Sadly, this observation holds true in New York City. According to the Department of Health, 9.7 percent of city residents have been diagnosed with diabetes, a rate 17 percent higher than the national rate. The rate of diabetes in the city has increased 13 percent since 2002. In NYC, the prevalence of diabetes differs strikingly across
racial and ethnic groups: 13.2 percent for blacks, 12.9 percent for Hispanics, 11.3 percent for Asian/Pacific Islanders, and 6.4 percent for whites. Disparities also exist by income level: prevalence is 16.3 percent among individuals with the lowest household incomes, compared with 4.0 percent in individuals in the households with the highest incomes, making diabetes an important contributor to health disparities. These data show the importance of diabetes to institutions such as CUNY that serve high proportion of Black, Latino and low income city residents. An estimated 200,000 New Yorkers are unaware that they have diabetes. Alarmingly, according to the city health department, about 23 percent of adult New Yorkers, or approximately 1.4 million people, have prediabetes, a condition that puts individuals at higher risk of developing the disease.

Researchers have estimated that if recent increases in obesity and diabetes persist in the United States, our children and grandchildren will have shorter life spans than the current generation, reversing more than a century of public health progress. 

Diet is also implicated in several other leading causes of death in New York City, including heart disease, the number one killer in all demographic groups, stroke and certain kinds of cancer. As New York City continues its success in reducing rates of tobacco use, diet will become the leading preventable cause of death.

These data show that diet-related health conditions impose a burden on the current and future health of New Yorkers that can be measured in human suffering, family disruption, lost productivity and rising health care expenditures. In New York City, as around the world, failure to take action to reverse the epidemics of diet-related diseases condemns this and future generations to needless pain, preventable illnesses, premature death and avoidable health care costs. While no single institution can take responsibility for undoing the changes in food environments that have created these problems, every responsible institution has to consider how it can contribute to creating food policies and programs that support rather than undermine health and human and economic development.

The Role of CUNY

What does this have to do with CUNY? After all, students come to our institutions having already established many eating habits and leave our institution for a lifetime of eating elsewhere. Why does diet in the young adult years matter? How can CUNY make a difference in the complex factors that contribute what people do and do not eat? Why should a university whose primary mission is education concern itself with diet and nutrition?

Several values inform the Healthy CUNY approach to creating healthier food environments at CUNY. First, we believe that as a public university and a national leader in public higher education, CUNY has the opportunity and responsibility to set an example for how a university can best promote the health of its students, faculty and staff. One of the strongest research findings is that better health leads to higher educational achievement which in turn leads to better lifetime health. CUNY is an educational institution, not a health care provider, but given the strong reciprocal relationships between health and academic achievement, it is in CUNY’s
interest to improve the health of its students and to reduce problems that might interfere with academic success.

Second, as an institution of higher education, CUNY can prepare students to become engaged citizens who contribute to solving the major problems facing our city and society, including reducing preventable health problems, health inequalities and the unsustainable high costs of health care. By demonstrating how a responsible institution safeguards the health of its constituencies, CUNY can fulfill its educational mission, preparing its students to play similar roles in the broader society.

Third, as a public agency, CUNY can support the goals of other city and state agencies. The NYC Department of Health and Mental Hygiene has established goals for improving the health of New Yorkers and reducing premature mortality by improving food environments. Several documents spell out the city goals. By considering how CUNY can leverage its resources to support such goals, the university contributes to more effective and efficient public services and the overall well-being of the city’s population. Since CUNY reaches almost 535,000 students, faculty and staff directly and several million more indirectly through its students’ and staff’s connection to their families, neighbors and co-workers, its potential to make a contribution to improving public health is significant. In recent years, both the national and city governments have set as goals eliminating racial/ethnic and socioeconomic disparities in health. Since diet-related chronic diseases are a leading cause of these inequalities, institutions like CUNY can demonstrate their commitment to achieving the city and national goals of achieving health equity.

Fourth, young adults in general and CUNY students in particular face some unique challenges around food. For many young adults, the college years are a time to establish independent food and physical activity habits that no longer depend on parental choices and to assume personal responsibility for their health. In addition, young adults are a primary target for fast food and beverage company marketing, exposing this population group to a barrage of messages promoting the very foods most associated with the current epidemics (See below). Recent research shows that young adulthood is a critical period in the development of chronic diseases, the major challenge facing the US health care system. If young people can develop healthier food, alcohol, tobacco and physical activity habits, for example, they are less likely to establish the lifetime habits that put them at risk of premature mortality and preventable illness from chronic diseases. Finally, many of the current food practices at CUNY and other institutions developed in a different era, before food became a major cause of preventable health problems and before the scientific evidence developed to show the harm of certain prevalent food policies and practices. Every forward looking institution has to assess its policies in light of changing circumstances and changing scientific evidence. No institution wants to maintain policies that inadvertently harm its members. By taking action on campus food policies now, CUNY can once again demonstrate national leadership in responsible higher education practices.
The Targets for Action

The diet-related health problems that New York City and the nation are facing have multiple determinants. No single action will solve problems that have developed over several decades. However, based on a review of rapidly expanding scientific information, the NYC DOHMH—and nutritional researchers more generally—have identified a few categories of food that seem most associated with rising rates of diet-related disease. These are foods that are high in sugar, salt, saturated fat and refined carbohydrates, foods that are calorie dense but nutrient poor. Specific examples include sugary beverages such as soda and sweetened tea, sweet and salty snacks with few nutrients and high fat and carbohydrate fast food and snacks. In an effort to efficiently target policy, the NYC DOHMH recommends policies that reduce the promotion and consumption of these products while encouraging policies that maintain or substitute consumption of products shown to be associated with health such as plain water, fresh fruits and vegetables, whole grain products and low fat dairy products.

Recent studies illustrate the evidence that supports these recommendations:

- Sugary beverages are the largest single source of added sugar in the American diet. Each day Americans consume on average 22 teaspoons of sugar—far surpassing the recommended 5 to 9 teaspoons per day. A 20-ounce serving of soda contains almost 17 teaspoons of sugar.\(^{18}\)
- Each additional sugary drink consumed per day, according to one study, increases the likelihood that a child will become obese by about 60 percent.\(^ {19}\)
- Data from the 2008 New York City Department of Health Community Health Survey provide further cause for concern. The survey shows that 18-24 years olds have high sugary beverage intake with 44 percent of white, 59 percent of Hispanic, 60 percent of Black and 31 percent of Asian young adults reporting drinking more than one 12 ounce can of soda per day.\(^ {20}\)
- Americans consume about 250–300 more daily calories today than they did several decades ago, and nearly half of this increase reflects greater consumption of sugary beverages.\(^ {21}\)

Researchers estimate that the increased consumption of sugar-sweetened beverages between 1990 and 2000 contributed to 130,000 new cases of diabetes, 14,000 new cases of coronary heart disease (CHD), and 50,000 additional life-years burdened by coronary heart disease over the past decade.\(^ {22}\)

Most Americans consume too much salt and most salt intake comes from processed food, not the table salt shaker. A recent study estimated that cutting salt intake by 3 grams each day (about half a teaspoon) would lower the annual number of new coronary heart disease cases by approximately 60,000, stroke by 32,000 and myocardial infarction by 54,000. Financially,
researchers estimate that the nation would save $10 billion to $24 billion each year in health care costs.\textsuperscript{23}

In addition, a growing body of evidence shows that interventions to reduce availability of unhealthy foods or improve access to healthy food can lead to changes in diet. A report by the CDC, for example, shows that several types of interventions including making tap water more available, restricting access in educational settings, promoting access to healthier alternatives and limiting marketing have been demonstrated to contribute to reduced sugary beverage consumption.\textsuperscript{24} Two years after Boston schools banned the sale of sugar-sweetened beverages like sodas and sports drinks, local high school students were consuming significantly fewer sugary drinks while average consumption of sugary beverages did not decline among teens nationwide.\textsuperscript{25} A study in a university cafeteria showed that a 50 percent price reduction in fruits and salads led to a threefold increase in purchases of these items.\textsuperscript{26} Price reductions of lower-fat vending machine snacks in secondary schools resulted in an increase in the percentage of lower-fat snack sales and when the price for fresh fruit and baby carrots was cut by 50 percent in two high school cafeterias, sales of fresh fruit increased four-fold and sales of the carrots doubled.\textsuperscript{27} Sales returned to baseline levels with the restitution of usual prices, showing that lower prices can be a powerful motivator for healthier purchases.

While further research is needed to identify the best practices to change institutional food environments, most experts agree that enough is known to take action now. Delay ensures that the burden of preventable chronic conditions will continue to grow.

**Recommendations for Change**

Based on this evidence, CUNY CHef has recommended several changes in CUNY food policies. These recommendations seek to make healthy choices easy choices for CUNY students, faculty and staff. The recommendations do not seek to ban anyone from buying, eating or drinking anything. Rather they seek to bring about a change in food environments in which healthier choices become the default choice, an approach backed by emerging scientific consensus on its relative efficacy.\textsuperscript{28} In the coming months and years, CUNY will need to experiment to develop policies that both protect health and maintain the important discretionary revenue that food services provide the university. Healthy CUNY is committed to supporting research and demonstration projects that seek to maximize funding streams within a healthy food environment. As a responsible caring institution, CUNY can set an example by making its students’ well-being a higher priority than the very modest revenue streams that unhealthy food can generate.

CUNY Chef recommends changes in five areas, all these changes are designed to make appropriate-sized portions of healthy foods like fresh fruits and vegetables, whole grains and low-fat dairy products more available on our campuses and to reduce the promotion and availability of unhealthy foods that are high in sugar, salt, fat, processed carbohydrates and calories. The details of these changes and the recommendations for implementation are described in other documents.

1. Provide healthier food at all CUNY meetings.\textsuperscript{29}
2. Ensure that CUNY vending machines make healthier products more available and affordable and provide purchasers with the information they need to make healthier choices (e.g., calorie labeling or healthy product symbols).^50

3. Reduce the availability of sugary beverages throughout CUNY and make tap water easily and readily accessible.

4. Over time, ensure that contracts with CUNY food service vendors follow the NYC DOHMH guidelines for offering healthier food in institutional settings.^31

5. Educate all CUNY members who make decisions on food purchasing and services to make decisions informed by health as well as economic and other considerations.

By implementing these changes, CUNY will offer its students, faculty and staff healthier food environments in which healthy choices become easy choices; lifetime protection against diet-related health conditions; and the satisfaction of fulfilling our mission of contributing to a better New York.
### Members of the CUNY Healthy Food Advisory Committee

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According to the U.S. Centers for Disease Control and Prevention, overweight and obesity are labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. For adults, overweight and obesity ranges are determined 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. An adult who has a BMI of 30 or higher is considered obese. Available at: http://www.cdc.gov/obesity/defining.html


Mongiello L. The CUNY Diabetes Risk Study. Doctor of Public Health Dissertation, City University of New York Graduate Center and School of Public Health, December 2011. The survey was based on a convenience sample of 1,579 undergraduate students from Hunter, Medgar Evers and Hostos Community Colleges.


For example, the New York City Department of Health and Mental Hygiene’s Food Procurement Guidelines, Beverage Vending Machine Standards, Snack Vending Machine Standards and Nutrition Standards to Promote Healthful Eating Among Employees and Visitors.


NYC DOHMH. Take Care New York 2012. NYC DOHMH 2009,


Harris JL, Schwartz MB, Brownell KD. Fast food facts: Evaluating fast food nutrition and marketing to youth. Yale Rudd Center for Food Policy and Obesity; 2010.


29 These recommendations are described in CUNY Guidelines for Food Served at Meetings
30 These recommendations are described in CUNY Guidelines for Food and Beverages Vending Machines
31 These are described in the Healthy CUNY Modifications for CUNY Food Service Request for Proposals