

## **Testimony of Wahida Karmally, DrPH, RD, CDE, CLS on behalf of the American Diabetes Association**

Thank you Chairman Duane and members of the Senate Health Committee for the opportunity to testify today. My name is Wahida Karmally, and I'm here to briefly convey the American Diabetes Association's support for calorie labeling and the banning of trans fats. I serve as a volunteer on the Association's national board of directors, and in my professional life I am the Director of Nutrition at the Irving Institute for Clinical and Translational Research at Columbia University. Our mission includes bringing effective, efficient strategies into the community to improve the health of the American people.

The American Diabetes Association has a history of supporting calorie labeling and trans fat phase outs in New York and in other parts of the country, and would like to see these policy approaches more widely adopted. Our perspective on these issues stems from our organizational work to prevent diabetes and to prevent the complications that can result from diabetes. Sadly, our country continues to experience an increase in diabetes. While some of the increase can be equated with our changing demographic as our population ages, we are also becoming increasingly overweight and obese, heightening our risk for type 2 diabetes.

The New York City Department of Health and Mental Hygiene estimates that a stunning 1 in 8 adults in NYC now have diabetes, whether diagnosed or undiagnosed. Statewide, over one and half million people are estimated to have diagnosed or undiagnosed diabetes.

Diabetes is alarming because people with this disease are at risk for an earlier death, and a variety of serious disabling complications, including blindness, kidney failure and limb amputation. This disease takes a toll not only on people with diabetes and their friends and families, but also on our collective pocketbook with the costs incurred for ongoing care, hospitalizations, and disability related costs. The medical costs are borne by employer's health plans and by taxpayer supported health plans. So in some way, we are all affected by diabetes, and thus we all would benefit from policies that will help prevent diabetes, and help prevent medical problems and disability among people with diabetes.

The American Diabetes Association has calculated the annual cost for diabetes in New York, and has estimated the annual medical cost at \$8.6 billion and the annual indirect costs, or lost productivity, at \$4.1 billion. Together, this is a total annual cost exceeding \$12 billion.

Given that we know that overweight and obesity is a modifiable risk factor for diabetes, the Association supports a variety of policy initiatives to address overweight and obesity, including fostering better school nutrition, school PE, and menu labeling initiatives. Ultimately, weight increases when the number of calories consumed exceeds the number of calories burned. Given this dynamic, support for menu labeling initiatives makes sense in order to help people manage their caloric intake.

Calories are being consumed more frequently outside the home than in years past, and portion sizes have tended to increase. By providing caloric information for standardized offerings in chain restaurants, we provide the public with an opportunity to make a lower calorie choice, should they desire to do so. We also incentivize restaurants to offer lower calorie options and to consider changes they can make in ingredient or portion size to reduce calories in existing offerings. Research and anecdotal evidence has demonstrated that some consumers are choosing to consume fewer calories with caloric information available, and that some restaurants are reformulating their products in light of the fact that calorie information must be posted. Given other expected testimony today, I won't detail these studies, other than to say positive change is occurring, and that calorie labeling is proving to be worthwhile.

In addition to calorie labeling, the Association supports the proposal to ban trans fats in restaurants and bakeries. Trans fats have been found to lower HDL, or good cholesterol, while increasing LDL, or bad cholesterol. This dynamic diminishes cardiovascular health needlessly. For people with diabetes, cardiovascular disease is a particular concern due to the fact that people with diabetes are at 2-4 times higher risk than the general population for cardiovascular disease, which results in two-thirds of deaths among people with diabetes.

We know that trans fats can be replaced by healthier fats, while maintaining taste – frankly, people won't miss it. The fact that many chain restaurants have made this switch in the last couple of years, speaks to the ease that other chains and non-chain restaurants could also make this switch. While the Association is pleased that many restaurants have made this change, statewide legislation makes a lot of sense given that there is still room for great improvement with many restaurants.

While I'm here today to testify on behalf of the American Diabetes Association, as someone who has spent my professional life focusing on issues relating to nutrition and diabetes, I especially hope that these are issues that the members of the committee will embrace. Diabetes is taking a terrible toll on New Yorkers. Posting calories and getting rid of trans fats are easy, very low cost efforts for government to undertake. Too many people are dying, too many people are becoming disabled impacting the quality of their life, and it's costing all of us far too much.

Restaurants may groan that these steps are unreasonable, but isn't the toll that diabetes and other diseases are taking – isn't that toll unreasonable for our friends, family members, and fellow workers? Isn't the financial toll taken on ALL employers, not just restaurants, and on ALL of us collectively through taxpayer supported health care – aren't these costs high enough that we would act to help stop diabetes and to stop the complications affecting people with diabetes?

Given the time you are spending to consider these issues today, I know you appreciate the gravity of the situation. I hope you will have success in persuading your colleagues in the legislature to take action, and the American Diabetes Association will be working to support these initiatives along the way. Thank you so much for your time today.