Soda Wars: Update from the Field

JIM KRIEGER, MD, MPH
ACTION FOR HEALTHY FOOD
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We are winning!

The drop in soda consumption represents the single largest change in the American diet in the last decade. *NY Times, October 2, 2015*
Beverage norms are changing

But consumption still at historic highs

Availability **triple** what it was 60 years ago

Calories of sugary drinks sold per capita per day, 2014
Even the youngest children consume too much

31% of toddlers age 12-23 months consume sugary drinks on any given day.
Sugary drinks cause chronic diseases

2 sodas/day for just 2 weeks:

↑ LDL cholesterol & triglycerides by 20%

2 sodas/day for 6 months:

↑ Visceral fat, fatty liver disease

1 soda/day:

↑ Risk of overweight/obesity by 55% (children)

↑ Risk of diabetes by 26%

↑ Risk of dying from heart disease by almost 1/3

↑ Risk of stroke by 22%
Reminder - why focus on sugary drinks?

- Primary source of added sugar in U.S. diet
- Major source of added calories fueling the obesity epidemic
- Consumption higher among low income and minority populations
- Cause obesity, diabetes, dental decay, liver, and heart disease
- Do not affect appetite
- Heavily marketed (and youth and minorities targeted)
- No nutritional benefits

46% of added sugar in our diets comes from sugary drinks.
What do we do about it?
State & local strategies

- Limit marketing & sales to kids
- Cap portion sizes
- Require display of health information
- Increase awareness
- Increase access to fresh drinking water
- Change procurement policies
- Pass taxes
- Restrict sugary drink purchases using SNAP benefits
- Implement childcare/afterschool nutrition standards
- Ban beverage industry sponsorships by schools and government
Sugary drink tax

- Taxes are reducing consumption and raising revenue.

MEXICO

6% decrease in consumption

BERKELEY

Raising $1.5 million per year

- Reduce consumption 20-24% at a penny per ounce
- Reduce disease
  - Diabetes: 3.4% decrease in new cases over 10 years
  - Obesity:
    - 1% decrease (adults)
    - 1.4% decrease (children)
- Increase awareness about adverse health effects
- Generate revenue to support obesity and chronic disease prevention
- Reduce national health care costs by $23 billion over 10 years
How to use tax revenue

- Promote healthy eating
  - School food
  - Improve food quality
  - Universal breakfast
  - Support public awareness campaigns
  - Sustain foundation program investments

- Public Health funding

- Medicaid funding

- General Fund
People support a tax

California 2013 67%

Illinois 2013 66%

Seattle, WA 2013 63%
Tax implemented in Berkeley, March 2015

- Penny per ounce
- Tax is showing up on shelf price
- Raising $1.5 million per year
- Supporting chronic disease prevention

**Berkeley Soda Tax**
- 76% yes
- 24% no

**San Francisco Soda Tax**
- 55% yes
- 45% no
Where will the next tax happen?

- Sugary drink excise tax efforts in the US since 2009
- **Current activity:** CA and IL
- In the running for 2016:
  - State: HI, CT, and others
  - Local: San Francisco and several cities and counties across US
Include health information at point of purchase

Consumers lack information on the health effects of sugary drinks.

- Require health warnings on sugary drinks
  - Past: OR & CA
  - 2016: CA, HI, NY, and others

- Post health information signs on shelves where sugary drinks are sold
  - Boston
Kids meals

A third of all US children and adolescents aged 2–19 consume fast food on a given day.

- Ban soda as default beverage option or ban completely
- Nutritional standards for kids meals
- Some chains are removing soda
  - Applebee’s
  - IHOP
  - Dairy Queen
  - Burger King
  - Wendy’s
  - Subway
  - Chipotle
  - Panera
Kids meals: Local efforts

- **City of Davis, CA** – Removes soda as default beverage in children’s meals

- **Santa Clara County, CA** - Sets nutritional standards for restaurant food that comes with toys or other incentive items

- **San Francisco County, CA** - Prohibits restaurants giving away free toys / incentive items with children’s meals that exceed nutrition standards

- **Attempts**: CA; MA; MI; MS; NE; NY, TX

- **2016/2017**: a few states and cities (mostly cities in 2016; mostly states in 2017)
SNAP demonstration projects

Sugary drinks account for 58% of refreshment beverage purchases made by SNAP households.

- Policy – SNAP benefits cannot be used to purchase sugary drinks (and healthy food incentives could be added)
- Senators Harkin and Coburn requested USDA allow demonstration projects in two states
- Requested waivers: New York/NYC and MN
- Bills considered: CA, FL, ID, IL, IN, ME, MS, MO, NE, NY, PA, SC, TX, VT, WV, and WI
Limit portion sizes

Larger portion sizes lead to greater consumption.
- Limit portion sizes of drinks served in restaurants
- Limit portion sizes of bottled SSBs sold in stores
NYC portion size regulation

Proposed Health Code Amendment to Reduce Beverage Portion Sizes

- Maximum size of sugary drinks\(^1\) **16 ounces** at Food Service Establishments
  - Applies to drinks served in *restaurant cups*\(^2\) and *manufacturer-packaged products*
  - Applies to soda, sports drinks, “energy” drinks, sweetened teas and coffees, sweetened “fruit drinks”, “vitamin water” if >25 calories/8 oz
  - Excludes diet beverages, unsweetened coffee and teas, alcoholic beverages, dairy drinks (>50% dairy), >70% fruit & vegetable juice without added sweetener

- Maximum size of *self-service cups*\(^3\) **16 ounces** at Food Service Establishments
  - Limit would apply to all beverages for enforcement

- Customers who want more than 16 ounces can purchase more than one portion

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1. A “sugary drink” is defined as: a carbonated or non-carbonated beverage that is sweetened with sugar or another caloric sweetener and has 275 calories per 8 oz.  
2. A “restaurant cup” is defined as a cup that is filled with a beverage by the Food Service Establishment.  
3. A “self-service” cup is defined as a cup provided by a Food Service Establishment that is filled with a beverage by the customer.
Checkout aisles

60% of checkout beverage offerings are soda and other sugary drinks.

- Limit presence of sugary drinks (and other less healthy foods) in checkout aisles

Availibility of Healthy and Unhealthy Items at the Check-out by Type of Store (adjusted percentage)

Bridging the Gap: Availability of Healthy Food Products at Check-out Nationwide, 2010–2012
Access to drinking water - schools

- The policy (Healthy, Hunger-Free Kids Act):
  - Schools in the National School Lunch & Breakfast Programs must make free water available during meals

- The reality:
  - US: only 9% of districts require free drinking water in cafeterias
  - King County: only 4% of water fountains/sources met quality standards for flow, temperature, and appearance

- What is needed:
  - Language about quality drinking water access in district wellness policies
  - Funding for water stations
    (WA: $5M in 2015-2017 capital budget for healthy kids-healthy schools grants)
Access to drinking water - buildings

- Strengthen building codes that affect the availability of drinking water
- WA: State Building Code Council considering requirement that a percentage of currently required fountains include filling stations
Organization policy solutions

Institutional Policies

- Government
  - Cities
  - State
- Business
- Schools & Early Learning
- Community
  - Aquarium
  - Faith
  - CBOs
- Healthcare
  - Hospitals
  - Health Centers
- Public Housing
Government

- Vending
- Cafeterias
- Government programs:
  - Parks and Recreation Sites
  - Child care and before/after school programs
- Government contracts
New York City

No sugary drinks in:

- Group daycare facilities
- Licensed day camps
- Publicly funded meals in:
  - Schools
  - City hospitals
  - Correctional facilities
  - Senior centers
  - Daycare centers
  - Afterschool programs
  - Day programs for the mentally ill
Washington Executive Order

- All state food venues, including vending machines, cafeterias, on-site retail establishments, and meetings or events meet healthy nutrition guidelines based on the 2010 Dietary Guidelines for Americans
  - By December 31, 2016, each agency’s policy fully implemented
  - New vending contracts: 50% foods must be healthy
  - 31 state agencies have adopted policy
  - 9 cafeterias implementing guidelines
Healthy procurement strategies

*County of Los Angeles Board Motion:*
Passed March 22, 2011

- Instructs county departments to consult with Public Health prior to the release of RFPs for county food services contracts that involve the purchase, distribution, and/or sale of food and beverages in County facilities and programs
- Ensures that dietary requirements promote healthy nutrition and comply with previously adopted Board policies
- Since passage, a food procurement advisory group was formed to guide policy development and implementation
Schools

NO SUGARY DRINKS AT SCHOOL

- USDA bans full sugar drinks during class hours for elementary and middle schools
- Allows drinks with <40 cal/8 oz in high schools
- Eliminated from cafeterias
- Permitted off hours, special events, trips, and fundraisers

Work remains:
- Assure implementation
- Seek total elimination from schools
- Address in-school marketing

NO “POURING RIGHTS”

“After listening carefully to the concerns and information I received from our students, faculty, and staff, I have decided not to move forward with the process of establishing a partnership with a beverage company.” - SF State president Les Wong
Schools:
Restrictions on the sale of sugary drinks

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New York City
Child care

- 70 percent of 2- to 5-year-olds consume a sugary drink on a typical day
- 10 percent of childcare sites in CA serve flavored or sweetened milk
- Availability can be reduced through:
  - Distributing nutrition information
  - Licensing and regulation
  - Offering technical assistance to implement healthy practices and policies
Child care: King County

- Distributing information about nutrition, physical activity, and screen time
- Offering technical assistance to implement healthy practices and policies
- Advocating with State Department of Early Learning regarding licensing regulations and training
Child care: state and federal

- State:
  - CA, CT, and FL considered bills limiting beverages to low-fat milk, 100% fruit juice (1 serving), water
  - Adopting CACFP into state regulations or Quality Rating and Improvement System (QRIS) in 2016 (if new rules are good)

- Federal: new CACFP rules proposed:
  - No juice for children less than 12 months
  - Fruit juice applied to only one fruit serving requirement
  - Only unflavored whole milk to children under two and limits for older children
  - Alignment with school lunch nutritional standards (which are better)
Hospitals

- In 2006, 99% of hospital cafeterias sold soda
- Partnership for a Healthier America: 150 hospitals now serve healthier drinks
- Healthier Hospitals: 500 hospitals ($20 billion in purchasing power) committed to healthier foods
- In King County, 9 hospitals pledged to increase healthy beverage purchases by 20%
Increasing awareness of sugary drinks

You do so much to protect them.
But, maybe you never realized how much these could hurt them.

After all, your kids are sweet enough already.
Visit www.sugarsmarts.com

ACTION FOR HEALTHY FOOD
Communications campaigns
Synergy between policy and communications

Changes in public opinion, awareness and norms

Media Attention

Adoption of sugary drink policies

Political Climate
California lawmaker proposes adding health warning labels to sodas

SACRAMENTO — Citing studies linking soda to obesity, a state lawmaker and medical experts proposed a first-in-the-nation bill Thursday that sugary drinks sold in California carry health warning labels similar to those on cigarette packs.

The label would read: "STATE OF CALIFORNIA SAFETY WARNING: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay."

But health experts say the use of liquid sugar gives soda unique qualities for contributing to diabetes.

Drinking just one soda a day increases an adult's likelihood of being overweight by 27% and a child's by 55%, according to a World Health Organization-commissioned study published last year in the British Medical Journal.

Nearly half of African American and Latino children born after 2000 will develop Type 2 diabetes, said Darcel Lee, a physician who is executive director of the California Black Health Network. "This is a public health outrage," she said.
Working with industry

• Promote healthier beverages:
  › Endcaps and displays
  › Shelf location
  › Checkout aisles
  › Advertising

• Price healthier beverages lower
• Lower sugar content

UK

○ Tesco decreasing the sugar content of house brand soft drinks
○ Pledged to pull all kids juice drinks with added sugar from shelves

Boston

○ Chains pledge to reduce promotion and marketing of sugary drinks
All of these efforts are making a difference.
Obesity concerns may reduce demand for some of our products.

There is growing concern among consumers, public health professionals and government agencies about the health problems associated with obesity. In addition, some researchers, health advocates and dietary guidelines are suggesting that consumption of sugar-sweetened beverages, including those sweetened with HFCS or other nutritive sweeteners, is a primary cause of increased obesity rates and are encouraging consumers to reduce or eliminate consumption of such products. Increasing public concern about obesity; possible new or increased taxes on sugar-sweetened beverages by government entities to reduce consumption or to raise revenue; additional governmental regulations concerning the marketing, labeling, packaging or sale of our sugar-sweetened beverages; and negative publicity resulting from actual or threatened legal actions against us or other companies in our industry relating to the marketing, labeling or sale of sugar-sweetened beverages may reduce demand for or increase the cost of our sugar-sweetened beverages, which could adversely affect our profitability.

If we do not anticipate and address evolving consumer preferences, our business could suffer.

Consumer preferences are evolving rapidly as a result of, among other things, health and nutrition considerations, especially the perceived undesirability of artificial ingredients and obesity concerns; shifting consumer demographics, including aging populations; changes in consumer tastes and needs; changes in consumer lifestyles; and competitive product and pricing pressures. If we do not successfully anticipate these changing consumer preferences or fail to address them by timely developing new products or product extensions through innovation, our share of sales, volume growth and overall financial results could be negatively affected.
Americans are drinking more than twice as much soda as they did 30 years ago.

That didn’t happen by chance. Beverage companies and retailers use every trick in the book to get us to buy more. They recruit the biggest names in sports and entertainment to entice us and our kids. They increase standard portion sizes. They sell at rock-bottom prices, with super specials that can make soda even cheaper than bottled water. And they make an ever-growing selection of sugary drinks available everywhere we turn.

Why does this matter? Because overwhelming scientific evidence links these sugary drinks to both obesity and diabetes.

Isn’t it time we Kick The Can?

— KickTheCan.Info —
Read the book

ACTION FOR HEALTHY FOOD
What should we be doing here in Washington?