Model Ordinance Regulating Sales of Sugar-Sweetened Beverages

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Appendix A: Findings

COMMENT: There is a large and growing body of research and evidence linking sugar-sweetened beverages (SSBs) and obesity, overweight, and chronic disease. These findings include some general data about SSBs and obesity/chronic disease, as well as some research specific to the policy options include in the *Model Ordinance Regulating Sales of Sugar-Sweetened Beverages*. Every jurisdiction should tailor the legislative findings to its own community profile (including local data) and should include all relevant information supporting its chosen strategy. The information contained in these findings does not represent the entire universe of information on the health effects of sugary drinks.

WHEREAS, obesity is common and costly. About one-third of U.S. adults (35.7 percent)[1] and approximately 17 percent (12.5 million) of children and adolescents aged 2 to 19 years old are obese.[2] Childhood obesity has more than tripled in the past 30 years, and obese children are at least twice as likely as non-obese children to become obese adults.[3, 4] Thirteen states currently have an adult obesity rate above 30 percent, 41 states have rates of at least 25 percent, and every state has a rate above 20 percent.[5] In [*year*], [*insert local obese population percentage here*] of the adult residents in the [*City/County*] of [_____] and [*insert local obese population percentage here*] of children in the [*City/County*] of [_____] are obese.

COMMENT: *See http://healthyamericans.org/states/ and http://apps.nccd.cdc.gov/brfss/* for state-specific data on overweight and obesity. *See www.countyhealthrankings.org/* for county-specific data on overweight and obesity. *See http://apps.nccd.cdc.gov/BRFSS-SMART/index.asp* for data on select metropolitan areas.

WHEREAS, obesity increases the risk of serious health conditions, such as hypertension, type 2 diabetes, coronary heart disease, stroke, sleep apnea, respiratory problems, and some types of cancer (endometrial, breast, prostate, and colon).[6]

WHEREAS, obesity-related health conditions have serious economic costs. Overweight and obesity may account for $147 billion in annual health care costs nationally, or 9 percent of all medical spending.[7] In the United States roughly one-half of these costs may be paid by Medicare and Medicaid, meaning that taxpayers foot the bill for much of the costs of obesity.[8] Medicare and Medicaid spending would be 8.5 percent and 11.8 percent lower, respectively, in the absence of obesity-related spending.[9] Obesity-related annual medical expenditures in the [*city/county*] are estimated at [*insert city/county's cost of obesity here*].[10]

WHEREAS, [*City/County*] of [_____] has invested considerable resources to combat childhood obesity. [*Briefly summarize policy and programmatic efforts of city/county to combat obesity.*]

WHEREAS, over the past several decades, total calorie intake has increased by about 250 to

300 calories per day. Almost 50 percent of the increase in calories is attributable to sugar-sweetened beverages (SSBs).[11] The weight of epidemiologic and experimental evidence reveals that consuming a greater amount of SSBs is associated with weight gain and obesity.[12]

WHEREAS, over the past several decades, SSB portion sizes have increased dramatically. A published study examining American beverage consumption trends and causes concluded that average portion sizes for SSBs has increased from 13.6 ounces to 21 ounces between 1977 and 1996.[13] Portion sizes for most packaged and restaurant foods, including SSBs, have increased dramatically over the past several decades, and in some cases, a single serving of an SSB is up to ten times larger than a single serving of Coke when it was first introduced.[14] SSBs are the single largest source of added sugars in the American diet;[15] one 20-ounce SSB contains almost 17 teaspoons of sugar.[16] The American Heart Association recommends that a person eating a 2,200-calorie diet should eat no more than nine teaspoons of refined sugar in a day,[17] and more recently that a person eating a 2,000-calorie diet consume no more than 450 calories of SSBs per week.[18] As of 2002, the average American consumed nearly 50 gallons of soda and other SSBs each year.[19]

WHEREAS, consumption of calories derived from SSBs ingested during meals doubled between 1977 and 1996.[20] Serving a larger portion size of beverages results in increased beverage consumption; for SSBs, this results in substantially increased caloric intake at meals.[21] Moreover, increasing the portion size of any food often leads to higher consumption levels, and therefore greater consumption of calories.[22]

WHEREAS, increasing food prices creates a financial incentive for consumers to avoid unhealthy foods, and both individual consumers and population groups decrease purchases of discretionary foods as prices are increased.[23] Strategies to lower the relative price of healthy foods have proven effective when targeted at altering the type of food that consumers purchase.[24, 25] Public health research suggests that a 10 percent increase in SSB prices will lead to an 8 percent to 10 percent reduction in SSB purchases.[26]

WHEREAS, the U.S. food industry frequently uses “value” marketing – a technique used to increase profits by encouraging the consumer to spend a little extra money to purchase larger portion sizes while leaving the consumer with the feeling that s/he has “gotten a deal.”[27] However, the actual effect of value marketing on consumers is a substantial increase in caloric and saturated fat intake.[28] Large-sized packages, containers, and restaurant portions imply that it is more appropriate, typical, reasonable, and normal to consume more food and beverages than smaller packages, containers, and restaurant portions would instead suggest.[29]

WHEREAS, proportional pricing, where the price of goods is based on the quantity sold, leads overweight and obese fast food patrons to exercise portion control by selecting and consuming

more reasonable portions of unhealthy food and beverages.[30]

WHEREAS, as of August 2008, 93 percent of children's meals at the 25 largest chain restaurants failed to meet a set of nutrition standards developed by a panel of nutrition experts and based in large part on key recommendations from the *Dietary Guidelines for Americans*. On average, children consume nearly twice as many calories from a restaurant meal (770) as they do from a home-cooked meal (420).[31]

NOW THEREFORE, [*municipal legislators (e.g., city council)*] intend, by adopting this Model Ordinance Regulating Sales of Sugar-Sweetened Beverages, to diminish the human and economic costs of obesity in the [*City/County*] of [_____]. This Act is intended to reduce the demand for, and discourage excessive consumption of, SSBs.

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[8] *Id*.

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