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Appendix A

**Findings for Model Legislation Requiring a Safety Warning for**

**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 Legislation Requiring a Safety Warning for Sugar-Sweetened Beverages*. Every state should tailor the legislative findings to its own state profile (including state 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.

#### Overview: The Obesity Epidemic, Chronic Disease, and the Role of Sugar-Sweetened Beverages

The Legislature finds that in the United States, 36 percent of adults are overweight[[1]](#endnote-1) and an additional 34 percent are obese[[2]](#endnote-2). One-third of U.S. children and adolescents ages two to 19 years are overweight or obese.[[3]](#endnote-3)

The Legislature further finds that rates of obesity and overweight have dramatically increased in all age groups over the past 30 years, particularly among youth. For example:

* Since 1980, the rate of obesity and overweight has more than doubled for preschoolers and more than tripled for children and adolescents ages two to 19 years.[[4]](#endnote-4),[[5]](#endnote-5)
* Although recent data suggest that childhood obesity rates may have leveled off nationally and have even declined in some areas of the country,[[6]](#endnote-6) current obesity rates are still very high.
* Adult obesity rates soared from 1990 to 2010[[7]](#endnote-7) and continue to rise, albeit at a slower rate.[[8]](#endnote-8)

The Legislature further finds that low-income people and people of color are disproportionately obese and overweight. For example:

* The rate of obese and overweight African-American and Latino adults is significantly higher than the overall U.S. adult population.[[9]](#endnote-9) Fifty percent of African-American women and 45 percent of Mexican-American women are obese, compared with only 36 percent of white women.[[10]](#endnote-10)
* 24 percent of African-American children and adolescents and 21 percent of Latino children and adolescents are obese, compared with only 14 percent of white children.[[11]](#endnote-11)
* Although variation in obesity rates across income is complex, obesity rates generally decline among both adults and children as income increases.[[12]](#endnote-12),[[13]](#endnote-13)

The Legislature further finds that the rise of obesity and overweight rates over the last three decades corresponds to increases in calorie consumption. On average, American adults consume as much as 570 more calories per day than they did 30 years ago–an increase of more than 30 percent.[[14]](#endnote-14) Children are also consuming more calories: on average, they consume about 108 more calories per day, which is an increase of approximately six percent over the past 30 years.[[15]](#endnote-15)

The Legislature further finds that this increased calorie consumption has not been offset by increases in physical activity. Less than half of adults[[16]](#endnote-16) and less than one-third of adolescents[[17]](#endnote-17) in the United States meet the recommended physical activity guidelines of 150 minutes per week and one hour per day, respectively.[[18]](#endnote-18)

The Legislature further finds that many of these additional calories are coming from sugar-sweetened beverages.[[19]](#endnote-19) Sugar-sweetened beverages (“SSBs”) are beverages that contain added caloric sweeteners of any kind, and include sweetened fruit juices, fruit drinks,[[20]](#endnote-20) carbonated sodas, sports drinks, energy drinks, and flavored milks.[[21]](#endnote-21) From 1977 to 2001, calorie intake from SSBs for all age groups increased 135 percent.[[22]](#endnote-22) Though SSB consumption has decreased in recent years, particularly among children and adolescents,[[23]](#endnote-23) consumption rates remain high.

#### SSB Consumption and Caloric Intake

The Legislature further finds that 50 percent of Americans over age two drink SSBs every day.[[24]](#endnote-24) Children and adolescents consume more SSBs than any other age group: 70 percent of boys ages two to 19 years and 60 percent of girls ages two to 19 years drink SSBs on any given day.[[25]](#endnote-25) This finding is consistent with other studies; one study found that 63 percent of high school students consume at least one SSB daily,[[26]](#endnote-26) and another determined that 81 percent of the children surveyed (ages six to 11) consumed at least one SSB on the surveyed day.[[27]](#endnote-27)

The Legislature further finds that 25 percent of Americans consume at least 200 calories from SSBs each day.[[28]](#endnote-28) African-Americans and Mexican-Americans consume more SSB calories than whites for both sexes and most age groups.[[29]](#endnote-29) Adolescents and young adults consume more calories from SSBs each day than any other age group.[[30]](#endnote-30) African-American children and adolescents are more likely to consume 500 or more calories a day from fruit drink SSBs than white children and adolescents.[[31]](#endnote-31) Low-income children are more likely to consume 500 or more calories a day from all SSBs than high-income children.[[32]](#endnote-32)

The Legislature further finds that fruit drinks and non-diet carbonated soft drinks are the most common SSBs consumed by children and adolescents.[[33]](#endnote-33)

#### Where SSBs Are Purchased

The Legislature further finds that 52 percent of SSB calories are consumed inside the home.[[34]](#endnote-34) Ninety-two percent of these SSBs are purchased in stores.[[35]](#endnote-35)

The Legislature further finds that 48 percent of SSB calories are consumed outside the home.[[36]](#endnote-36) Of these beverages, 43 percent are purchased in stores, 35 percent are purchased in restaurants and fast food outlets, and 20 percent are purchased at places like vending machines, street vendors, and cafeterias.[[37]](#endnote-37)

The Legislature further finds that children and adolescents consume 40 percent of their SSB and 100% fruit juice calories outside the home.[[38]](#endnote-38) Adolescents who live close to food retailers are more likely to purchase and consume SSBs on a daily basis.[[39]](#endnote-39) This association holds true for a variety of retailers, including convenience stores, grocery stores, restaurants, and fast food outlets.[[40]](#endnote-40)

The Legislature further finds that adolescents often make SSB purchases before and after school, both alone and while with friends.[[41]](#endnote-41) One study showed that SSBs accounted for 88 percent of all beverage purchases among fourth through sixth grade students who shop at corner stores before and after school.[[42]](#endnote-42)

The Legislature further finds that SSBs are sold by a wide variety of retail establishments—not just by food outlets. Twenty percent of retail stores whose primary merchandise is not food sell SSBs, often within arm’s reach of the cash register.[[43]](#endnote-43),[[44]](#endnote-44)

#### SSB Marketing

The Legislature further finds that in 2013, beverage companies spent $866 million to advertise sugary drinks across all media outlets.[[45]](#endnote-45) Much of this spending is directed at youth: beverage companies spent $395 million in youth-directed expenditures (ages 2 to 17) in 2009, 97 percent of which were teen-directed (ages 12 to17).[[46]](#endnote-46) Of the youth-focused expenditures, beverage companies spent 2.4 times as much on media promoting full-sugar versus diet soda to youth, and twice as much to promote full-sugar versus diet fruit drinks, flavored water, and iced tea.[[47]](#endnote-47)

The Legislature further finds that the beverage industry specifically targets communities of color with its marketing efforts. In 2006, beverage companies spent $28.6 million on marketing campaigns specifically targeting African-American and Hispanic youth (ages 2 to 17).[[48]](#endnote-48)

African-American children and teens saw 80 to 90 percent more television advertisements for sugary drinks than their white peers in 2010. In addition, Hispanic preschoolers (ages 2 to 5) saw 79 percent more ads for Coca-Cola and 54 percent more ads for Powerade on Spanish-language television exclusively than the average preschooler saw on English-language television.[[49]](#endnote-49)

#### SSBs, Obesity, and Adverse Health Outcomes

The Legislature further finds that there is a large body of evidence showing that SSB consumption is associated with long-term weight gain and increased obesity rates among children as young as two years, adolescents, and adults.[[50]](#endnote-50),[[51]](#endnote-51),[[52]](#endnote-52),[[53]](#endnote-53),[[54]](#endnote-54)

The Legislature further finds that SSB consumption among adults is associated with an increased risk of chronic diseases such as diabetes,[[55]](#endnote-55),[[56]](#endnote-56),[[57]](#endnote-57),[[58]](#endnote-58),[[59]](#endnote-59) metabolic syndrome,[[60]](#endnote-60) and heart disease.[[61]](#endnote-61),[[62]](#endnote-62) Studies show that increasing consumption of SSBs in otherwise healthy adults increases their risk factors for cardiovascular disease and diabetes in as little as two weeks.[[63]](#endnote-63)

The Legislature further finds that SSB consumption among children is associated with dental caries,[[64]](#endnote-64),[[65]](#endnote-65) asthma,[[66]](#endnote-66) decreased milk consumption,[[67]](#endnote-67),[[68]](#endnote-68),[[69]](#endnote-69) and inadequate intake of nutrients, including calcium, iron, folate, magnesium, and vitamin A.[[70]](#endnote-70),[[71]](#endnote-71),[[72]](#endnote-72),[[73]](#endnote-73) Soda consumption in particular is associated with lower bone mineral density[[74]](#endnote-74) and a higher risk of bone fracture among girls.[[75]](#endnote-75),[[76]](#endnote-76) Among youth with type-1 diabetes, increased SSB intake is associated with an increased risk of cardiovascular disease risk factors.[[77]](#endnote-77)

The Legislature further finds that, conversely, reductions in SSB consumption are significantly associated with weight loss.[[78]](#endnote-78),[[79]](#endnote-79) For example, there is strong evidence showing that children and adolescents who reduce their SSB intake experience significant decreases in weight gain and fat deposits, which reduces their risk of developing diabetes.[[80]](#endnote-80)

The Legislature further finds that a small number of published studies have reported no statistically significant association between SSB consumption and adverse health outcomes. For example, a meta-analysis of 12 studies found no significant association between SSB consumption and weight gain among children and adolescents.[[81]](#endnote-81) Another study found no relationship between BMI and consumption of soda sold in vending machines in schools.[[82]](#endnote-82) Two studies reported no negative association between SSB consumption and calcium intake.[[83]](#endnote-83),[[84]](#endnote-84) Much of the published research reporting no adverse effect of SSB consumption on nutrition and health – including the studies cited herein—is funded by the beverage industry. Studies examining the effect of funding source on reported findings has found potential biases in conclusions reached.[[85]](#endnote-85) For example, one systematic literature review found that studies funded by the food industry were five times more likely to find no association between SSB consumption and weight gain or obesity.[[86]](#endnote-86)

The Legislature further finds that the 2010 Dietary Guidelines for Americans, which is published every five years, recommends limiting consumption of food and beverages with added sugars.[[87]](#endnote-87) The American Heart Association has recommended that Americans should not consume more than 450 calories from SSBs per week, which is the equivalent of less than three 12-ounce cans of carbonated cola.[[88]](#endnote-88)

#### Public Awareness of the Health Impacts of Consuming SSBs

The Legislature further finds that most Americans know that both sugar consumption and SSB consumption lead to negative health outcomes,[[89]](#endnote-89),[[90]](#endnote-90),[[91]](#endnote-91) but that the extent of this knowledge varies greatly. Research shows that although 91 percent of those surveyed know that frequent SSB consumption leads to obesity, only 44 percent realize that obesity can cause diseases, like cancer.[[92]](#endnote-92)

The Legislature further finds that awareness of SSB health impacts varies across different populations. Research shows that women tend to be more aware of their sugar intake and have more nutritional knowledge about SSBs than men do.[[93]](#endnote-93),[[94]](#endnote-94) Studies have found that young adults believe liquid calories “don’t count”[[95]](#endnote-95) or that they are impervious to weight gain and other negative health outcomes associated with SSB consumption.[[96]](#endnote-96)

The Legislature further finds that there are disparities in knowledge about sugar consumption and SSB health effects: research shows that older adults, low-income populations, and those with lower educational status have trouble understanding nutritional labels, identifying calorie content, and calculating daily value.[[97]](#endnote-97)

#### Requiring a Warning Statement to Educate Consumers

The Legislature further finds that health warnings increase knowledge of health risks and reduce consumption of products such as tobacco, alcohol, and unhealthy food. Evidence also suggests that signs and labels at point of purchase impacts buying behavior. For example:

* Prominent health warnings on the face of cigarette packages can increase health knowledge and perceptions of risk, promote smoking cessation among both youth and adults, and discourage non-smokers from wanting to smoke.[[98]](#endnote-98),[[99]](#endnote-99)
* Research shows that pregnant women who drink minimally drink less alcohol after seeing a warning label.[[100]](#endnote-100)
* Studies show that point of purchase signs, posters, and shelf tags that encourage healthier food options result in increased sales of healthy food.[[101]](#endnote-101),[[102]](#endnote-102),[[103]](#endnote-103)

The Legislature further finds that there is already evidence that point of purchase health warnings impact SSB purchases; research shows that African-American adolescents are significantly less likely to purchase SSBs after exposure to signs about caloric information.[[104]](#endnote-104)

The Legislature further finds that if consumers are provided with an effective way to understand the amount of sugar in a SSB (e.g., with sugar cubes as a visual representation rather than sugar just listed in grams) they find SSBs less appealing and are less likely to choose to drink a SSB.[[105]](#endnote-105)

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2. Ogden CL and Carroll MD. “Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1960–1962 Through 2007–2008.” *Centers for Disease Control and Prevention, National Center for Health Statistics.* 2010. Available at: [*www.cdc.gov/NCHS/data/hestat/obesity\_adult\_07\_08/obesity\_adult\_07\_08.pdf*](http://www.cdc.gov/NCHS/data/hestat/obesity_adult_07_08/obesity_adult_07_08.pdf)*.* [↑](#endnote-ref-2)
3. Ogden CL, Carroll MD, Kit BK, et al. “Prevalence of Obesity and Trends in Body Mass Index Among US Children and Adolescents, 1999-2010.” *Journal of the American Medical Association*, 307(5): 483-490, 2012. Available at: [*http://jama.jamanetwork.com/article.aspx?articleid=1104932*](http://jama.jamanetwork.com/article.aspx?articleid=1104932)*.*  [↑](#endnote-ref-3)
4. Ogden CL, Flegal KM, Carroll MD, et al. “Prevalence and Trends in Overweight Among US Children and Adolescents, 1999–2000.” *Journal of the American Medical Association*, 288(14): 1728–1732, 1731, 2002. Available at: [*http://jama.jamanetwork.com/article.aspx?articleid=195387*](http://jama.jamanetwork.com/article.aspx?articleid=195387)*.* [↑](#endnote-ref-4)
5. Ogden CL and Carroll MD. *Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963–1965 Through 2007–2008*. Maryland: National Center for Health Statistics, 2010, p. 5. Available at: [*www.cdc.gov/nchs/data/hestat/obesity\_child\_07\_08/obesity\_child\_07\_08.pdf*](http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf)*.*  [↑](#endnote-ref-5)
6. Ogden et al., *supra* note 3, at 483. *See also* Sekhobo J, Edmunds L, Whaley S, et al. “Obesity Prevalence Among Low-Income, Preschool-Aged Children — New York City and Los Angeles County, 2003–2011.” Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 62(2): 17-22, 20, 2013. Available at: [*www.cdc.gov/mmwr/preview/mmwrhtml/mm6202a1.htm*](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6202a1.htm)*.*  [↑](#endnote-ref-6)
7. Center for Disease Control and Prevention. *Adult Obesity Facts.* Available at: *www.cdc.gov/obesity/data/adult.html* [↑](#endnote-ref-7)
8. Flegal et al., *supra* note 1, at 496. [↑](#endnote-ref-8)
9. Flegal et al., *supra* note 1. [↑](#endnote-ref-9)
10. Ogden CL and Carroll MD, *supra* note 2. [↑](#endnote-ref-10)
11. Ogden et al., *supra* note 3. [↑](#endnote-ref-11)
12. Braveman PA, Cubbin C, Egerter S, et al. “Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us.” *American Journal of Public Health* 100(S1): S186-S196, 2010. Available at: [*http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.166082*](http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.166082)*..*  [↑](#endnote-ref-12)
13. Wang Y and Beydoun MA. “The Obesity Epidemic in the United States—Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis.” *Epidemiologic Reviews* 29(1): 6-28, 2007. Available at: [*http://epirev.oxfordjournals.org/content/29/1/6.full.pdf+html*](http://epirev.oxfordjournals.org/content/29/1/6.full.pdf%2Bhtml)*.* [↑](#endnote-ref-13)
14. Duffey KJ and Popkin BM. “Energy Density, Portion Size, and Eating Occasions: Contributions to Increased Energy Intake in the United States, 1977-2006.” *PLoS Medicine*, 8(6): e1001050, 2011. Available at: [*www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001050*](http://www.plosmedicine.org/article/info%3Adoi/10.1371/journal.pmed.1001050). *See also* Finkelstein EA, Ruhm CJ, and Kosal KM. “Economic Causes and Consequences of Obesity.” *Annual Review of Public Health*, 26: 239-257, 2005. Available at: [*http://libres.uncg.edu/ir/uncg/f/c\_ruhm\_economic\_2005.pdf*](http://libres.uncg.edu/ir/uncg/f/c_ruhm_economic_2005.pdf). [↑](#endnote-ref-14)
15. Duffey KJ and Popkin BM. “Causes of Increased Energy Intake Among Children in the U.S., 1977-2010.” American Journal of Preventive Medicine, 44(2): e1-e8, e3, 2013. Available at: [*www.ajpmonline.org/article/S0749-3797%2812%2900792-1/abstract*](http://www.ajpmonline.org/article/S0749-3797%2812%2900792-1/abstract). *See also* Nielsen SJ, Siega-Riz AM, and Popkin BM. “Trends in Energy Intake in U.S. Between 1977 and 1996: Similar Shifts Seen Across Age Groups.” *Obesity Research*, 10(5): 370-378, 372-373, 2002. Available at: [*http://onlinelibrary.wiley.com/doi/10.1038/oby.2002.51/full*](http://onlinelibrary.wiley.com/doi/10.1038/oby.2002.51/full). *See also* Ervin RB and Ogden CL. *Trends in Intake of Energy and Macronutrients in Children and Adolescents from 1999-2000 Through 2009-2010*. National Center for Health Statistics Data Brief, No. 113, 2013, p.1-2. Available at: [*www.cdc.gov/nchs/data/databriefs/db113.pdf*](http://www.cdc.gov/nchs/data/databriefs/db113.pdf)*.* [↑](#endnote-ref-15)
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20. Fruit drinks are beverages that are fruit-flavored, but are not 100% fruit juice. These beverages may or may not contain fruit juice. [↑](#endnote-ref-20)
21. Centers for Disease Control and Prevention. *The CDC Guide to Strategies for Reducing the Consumption of Sugar-Sweetened Beverages*. 2010, p.4. Available at: [*www.cdph.ca.gov/SiteCollectionDocuments/StratstoReduce\_Sugar\_Sweetened\_Bevs.pdf*](http://www.cdph.ca.gov/SiteCollectionDocuments/StratstoReduce_Sugar_Sweetened_Bevs.pdf)*.* This is a comprehensive definition of SSBs. Research studies use a variety of different definitions. For example, some research excludes flavored milk, some research looks only at soda, and some research includes 100% fruit juice because of its naturally occurring high-sugar levels. [↑](#endnote-ref-21)
22. Nielsen SJ and Popkin BM. “Changes in Beverage Intake Between 1977 and 2001.” *American Journal of Preventive Medicine*, 27(3): 205-210, 205, 2004. Available at: [*www.cpc.unc.edu/projects/nutrans/publications/Beverage%20trends-BP-Samara%202004.pdf*](http://www.cpc.unc.edu/projects/nutrans/publications/Beverage%20trends-BP-Samara%202004.pdf)*.* [↑](#endnote-ref-22)
23. Han E and Powell LM. “Consumption Patterns of Sugar-Sweetened Beverages in the United States.” *Journal of the Academy of Nutrition and Dietetics*, 113 (1): 43-53, 2013. Available at: *www.ncbi.nlm.nih.gov/pubmed/23260723.*  [↑](#endnote-ref-23)
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25. *Id.*  [↑](#endnote-ref-25)
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27. Wang YC, Bleich SN, and Gortmaker SL. “Increasing Caloric Contribution from Sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988-2004.” *Pediatrics*, 121: e1604-1614, e1607, 2008. Available at: [*http://pediatrics.aappublications.org/content/121/6/e1604.short*](http://pediatrics.aappublications.org/content/121/6/e1604.short)*.* [↑](#endnote-ref-27)
28. Ogden CL et al.*, supra* note 24. [↑](#endnote-ref-28)
29. United States Department of Agriculture. *Materials from the Sixth Meeting of the 2010 Dietary Guidelines Advisory Committee, Additional Resources, Charts and Tables: Energy From Sugar-Sweetened Beverages*. Center for Nutrition Policy and Promotion, 2010. Available at: [*http://origin.www.cnpp.usda.gov/DGAs2010-Meeting6.htm*](http://origin.www.cnpp.usda.gov/DGAs2010-Meeting6.htm). *See also*, Kumanyika S, Grier SA, Lancaster K, et al. *Impact of Sugar-Sweetened Beverage Consumption on Black Americans’ Health*. African American Collaborative Obesity Research Network, Research Brief, 2011. Available at: [*www.aacorn.org/uploads/files/AACORNSSBBrief2011.pdf*](http://www.aacorn.org/uploads/files/AACORNSSBBrief2011.pdf); Taveras EM, Gilman, MW, Kleinman K, et al. “Racial/Ethnic Differences in Early-Life Risk Factors for Childhood Obesity.” Pediatrics, 125(4), 686-695, 691, 2010. Available at: [*http://pediatrics.aappublications.org/content/125/4/686.full.pdf+html*](http://pediatrics.aappublications.org/content/125/4/686.full.pdf%2Bhtml)*.* [↑](#endnote-ref-29)
30. Ogden CL et al., *supra* note 24. [↑](#endnote-ref-30)
31. Han E and Powell LM, *supra* note 23. [↑](#endnote-ref-31)
32. *Id.*  [↑](#endnote-ref-32)
33. Lasater G, Piernas C, and Popkin BM. “Beverage Patterns and Trends Among School-Aged Children in the US, 1989-2008.” *Nutrition Journal*, 10:103, 2011. Available at: [*www.ncbi.nlm.nih.gov/pmc/articles/PMC3196913/*](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3196913/)*.*  [↑](#endnote-ref-33)
34. Ogden CL, Kit BK, Carroll MD, et al., *supra* note 5, at p. 4. *See also*, Ervin RB and Ogden CL. *Consumption of Added Sugars Among U.S. Adults, 2005-2010*. National Center for Health Statistics Data Brief, No. 71, 2011, p. 5. Available at: [*www.cdc.gov/nchs/data/databriefs/db122.htm*](http://www.cdc.gov/nchs/data/databriefs/db122.htm)*.* [↑](#endnote-ref-34)
35. *Id.*  [↑](#endnote-ref-35)
36. *Id.*  [↑](#endnote-ref-36)
37. *Id.*  [↑](#endnote-ref-37)
38. Wang YC, Bleich SN and Gortmaker SL, *supra* note27, at e1609-e1610. [↑](#endnote-ref-38)
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