

Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Public Health Committee,

My name is Jenna Lupi. I am pleased to submit this testimony on behalf of the Connecticut Public Health Association for whom I serve as Co-Chair of the Advocacy Committee. The Connecticut Public Health Association (CPHA) **supports Senate Bill 35**, an act concerning beverages with added sugars, sweeteners, and artificial sweeteners and obesity.

SB 35 would require an evaluation of the public health impact of consumption of sugar-sweetened beverages (SSBs), which is a good first step toward more decisive action. CPHA would like to point out, however, that there is already ample evidence of the impact that SSBs have on the health of children and adults. From years of excellent scientific studies, we know that sugary drinks are the leading single source of added sugar in our diets today¹ and that consumption of sugary drinks increases the risk of type 2 diabetes, dental decay, heart disease, certain cancers, and obesity.²

We are very concerned with the obesity epidemic and its impact on CT residents. Nearly one out of three (32%) of Connecticut's kindergartners and 3rd graders, and more than one out of four of our high schoolers (26%) are not at a healthy weight.³ One of every four CT adults is obese, but the rate is higher for Black (35.5%) and Latino (30.3%) adults.⁴ In 2004, it was estimated that Connecticut spends approximately \$856M a year treating adult obesity-related health conditions including diabetes and heart disease; \$246M of this has been attributed to Medicare and \$419M to Medicaid.⁵

While we acknowledge that obesity is caused by many things, we want to highlight sugary drinks' role in this epidemic:

- Adults who drink one or more sodas a day have an increased risk of being overweight or obese compared to those who do not drink soda.⁶
- For every additional serving of soda consumed by children each day, the odds of becoming obese increase by 60%.⁷ And children (as well as adults) are heavily marketed

to by the sugary drink industry: in 2013, beverage companies spent \$866M to advertise unhealthy drinks.⁸

- The American Heart Association recommends that children consume no more than 6 teaspoons of added sugars per day; women no more than 6; men no more than 9 teaspoons; and to avoid added sugars altogether for children under 2 years of age.⁹ *Yet a typical 20-oz soda contains almost 17 teaspoons of added sugar.*¹⁰

CPHA's parent organization, the American Public Health Association (APHA), has taken a clear position on the need to take measures to counteract the rates of consumption of SSBs among children. CPHA agrees with this position and would like to recommend a tax on SSBs to discourage purchasing of these drinks by adults, young adults, and children, as well as to raise funds for obesity prevention programs for children.

Legislation requiring the taxation of SSBs has been proposed around the country, and has gained traction in recent years. In 2015, Berkeley, California began taxing SSBs at the rate of one cent per fluid ounce. A study published in 2016 found that five months after the Berkeley SSB tax was implemented, SSB consumption there fell by 21% overall, while water consumption increased by 63% compared to other cities.¹¹ Since then, taxes have passed in San Francisco, Albany, and Oakland CA, along with Philadelphia, PA and Chicago, IL; states proposing taxes this year include Arkansas, Hawaii, Illinois, Massachusetts, New York, Texas, and Washington. It is noteworthy, as well, that a recent study on the effect of Mexico's tax on SSBs was associated with an approximate 9% decline in SSB purchases, while the sale of untaxed beverages such as water increased by 4%.¹²

CPHA considers obesity to be one of the greatest threats to the health of Connecticut residents. Further, CPHA recognizes the potential to greatly reduce obesity and obesity-related conditions by implementing a tax on SSBs. CPHA urges the Public Health Committee to support SB 35 and to consider expanding this bill to include a tax on sugar-sweetened beverages.

Thank you for the opportunity to submit this testimony. For additional information on CPHA's position on SB 35 or other issues related to health equity, public health infrastructure,

environmental health, or prevention, please don't hesitate to contact me at jenna.lupi@gmail.com or 203-804-3562.

¹U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Available at <https://health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>.

²American Heart Association Scientific Statement, Added Sugars and Cardiovascular Disease Risk in Children. Miriam B. Vos, Et al; August 22, 2016. Available at <http://circ.ahajournals.org/content/early/2016/08/22/CIR.0000000000000439> on 10/29/2016.

³ CT DPH Childhood Obesity in Connecticut Report, DPH Nutrition, Physical Activity & Obesity Program, November 2015. Available at http://www.ct.gov/dph/lib/dph/hems/nutrition/pdf/chob_fact_sheet_2015nov.pdf.

⁴The State of Obesity: Better Policies for a Healthier America. Trust for America's Health. September, 2016. Available at <http://healthyamericans.org/reports/stateofobesity2016/release.php?stateid=CT>.

⁵ E. A. Finkelstein, I. C. Fiebelkorn, and G. Wang. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* (12)1 (January 2004), pp. 18-24. The data are inflation adjusted estimates from Finkelstein et al 2004, using a medical care CPI for 2003-2013, which is 1.431 (based on data from the Bureau of Labor Statistics). Recent changes in Medicaid are not incorporated in this analysis; accessed at https://www.researchgate.net/publication/8903302_State-Level_Estimates_of_Annual_Medical_Expenditures_Attributable_to_Obesity on 10/5/2016.

⁶ Babey, SH, et al. Bubbling over: Soda consumption and its link to obesity in California. UCLA Center for Health Policy Research. 2009. Accessed at <https://www.ncbi.nlm.nih.gov/pubmed/19768858> on 10/5/2016.

⁷ Ludwig, D. S., Peterson, K. E., & Gortmaker, S. L. (2001). Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *The Lancet*, 357(9255), 505-508.

⁸ The Rudd Center for Food Policy and Obesity. Sugary Drink FACTS Report, November, 2014. Available at www.sugarydrinkfacts.org.

⁹ Johnson, RK, et al. Dietary sugars intake and cardiovascular health a scientific statement from the American Heart Association. *Circulation*. 2009. 120(11), 1011-1020. Available at <http://circ.ahajournals.org/content/120/11/1011>.

¹⁰ Wang, YC, et al. A penny-per-ounce tax on sugar-sweetened beverages would cut health and cost burdens of diabetes. *Health Affairs*. 2012. 31(1), 199-207. Available at <http://content.healthaffairs.org/content/31/1/199.full>.

¹¹ Jennifer Falbe, Hannah R. Thompson, Christina M. Becker, Nadia Rojas, Charles E. McCulloch, and Kristine A. Madsen. Impact of the Berkeley Excise Tax on Sugar-Sweetened Beverage Consumption. *AJPH*. October 2016 (106)10, pp. 1865-1871. doi: 10.2105/AJPH.2016.303362. Available at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303362>.

¹²Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages; observational study. January 6, 2016. Study funded by Bloomberg Philanthropies and the Robert Wood Johnson Foundation. Available at <https://www.ncbi.nlm.nih.gov/pubmed/26738745>.