



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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**Testimony in SUPPORT of SCR114
ENCOURAGING FOOD SERVICE FACILITIES IN THE STATE THAT OFFER A
CHILDREN'S MENU OF MEAL OPTIONS, OR A MEAL THAT IS REPRESENTED
AS A CHILDREN'S MEAL, TO SERVE CHILDREN'S MEALS WITH HIGHER
NUTRITIONAL QUALITY AND INCLUDE ONLY BOTTLED WATER OR LOW-
FAT MILK AS THE DEFAULT BEVERAGE IN THE MEAL OR MENU OPTION.**

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SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Hearing Date: April 7, 2015 Room Number: 229

Fiscal Implications: None.

Department Testimony: The Department supports Senate Concurrent Resolution (SCR114) which encourages food service facilities to offer healthy beverage options and provide higher nutritional quality in children's menu or meal options. The concept of this resolution is based on national recommendations for reducing the consumption of sugar sweetened beverages (SSBs). The Division of Physical Activity, Nutrition and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC) recommends decreasing the consumption of SSBs as one of six evidence-based strategies for preventing and reducing overweight and obesity. The 2010 *Dietary Guidelines for Americans* also recommends reducing the intake of SSBs as a method to control calorie intake and managing body weight. The Institute of Medicine (IOM) likewise supports increasing the availability of lower-calorie and healthier food and beverage options for children in restaurants as a strategy.

Today in Hawaii, more than one in two adults (BRFSS 2012; 56%) and over one in four high school students (YRBS 2013; 28.2%) are overweight or obese. The rate of adults with diabetes in Hawaii is 8.4% and an additional 12.9% have been diagnosed with pre-diabetes (2013 BRFSS). Hawaii spends an estimated \$470 million annually on obesity-related medical costs, and \$770 million on diabetes-related medical costs. SSBs have been identified by numerous scientific studies as a major contributor to our costly obesity epidemic.

Between 1977 and 2001, calorie intake from SSBs increased 135% for all age groups.¹ While overall SSB consumption has decreased in recent years, particularly among children and adolescents,² consumption rates remain high. On any given day, roughly half of the American population over two of age drinks at least one SSB, and 25% consume at least 200 calories from SSBs.³ A typical 20-ounce soda contains 15 to 18 teaspoons of sugar and about 240 calories.⁴ In comparison, the American Heart Association guidelines for daily added sugars is 5 teaspoons (100 calories) for an average woman, and 9 teaspoons for an average man.⁵ There is also a strong correlation between weight and soda consumption. In children, each 12 ounce soft drink consumed daily, increases their odds of becoming obese by 60%.⁶ Research has found that a small, persistent energy imbalance of as little as 50 calories per day can result in up to a 5-pound weight gain over the course of a year.⁷ A meta-analysis of 88 cross-sectional and prospective studies found a higher intake of soft drinks was associated with higher body weight, greater energy intake, lower intake of other nutrients, and worse health outcomes.⁸ In a national study of children 2-18 years of age, 6 in 10 didn't eat enough fruit in 2007-2010, and 9 in 10 didn't eat

¹ 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.

² 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.

³ Ogden CL, Kit BK, Carroll MD, et al. *Consumption of Sugar Drinks in the United States, 2005-2008*. National Center for Health Statistics Data Brief, No. 71, 2011, p. 5. Available at: www.cdc.gov/nchs/data/databriefs/db71.htm.

⁴ US Department of Agriculture. Nutrient data for 14400, Carbonated beverage, cola, contains caffeine. National Nutrient Database for Standard Reference, Release 24. 2012. Accessed June 21, 2012, <http://ndb.nal.usda.gov/ndb/foods/show/4337>

⁵ Johnson, RK, Appel, LJ, Brands, M., Howard, BV, Lefevre, M., Lustig, RH, Sacks, F, Steffen LM, Wylie-Rosett, J. "Dietary Sugars Intake and Cardiovascular Health," *Circulation*, August 24, 2009, 1011-1020.

⁶ Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*. 2001; 357:505-8.

⁷ Kumanyika SK, Obarzanek E, Stettler N, et al. "Population-Based Prevention of Obesity: The Need for Comprehensive Promotion of Healthful Eating, Physical Activity, and Energy Balance: A Scientific Statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention (formerly the Expert Panel on Population and Prevention Science)." *Circulation*, 118: 428-464, 2008. Available at: <http://circ.ahajournals.org/cgi/content/full/118/4/428>.

⁸ Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health*. 2007; 97: 667-675.

1 enough vegetables. In 2009-2010 white potatoes made up about 1/3 of the vegetables consumed,
2 and 2/3 were eaten as French fries and chips.⁹

3 Americans including children consume about one-third of their calories outside of
4 home.¹⁰ Requiring retail food establishments to prohibit the sale of SSBs as a part of a children's
5 meal would encourage families to choose a healthier option when eating outside the home.
6 Children consume, on average, almost twice as many calories from a restaurant meal (770) as
7 they do from a meal cooked at home (420).¹¹ Adding SSBs to these meals adds calories and
8 sugar that may contribute to obesity and health problems. As of August 2008, 93% of children's
9 meals at the 25 largest chain restaurants failed to meet a set of nutrition standards developed by a
10 panel of nutrition experts and based in large part on key recommendation from the *Dietary*
11 *Guidelines for Americans*.¹² In *Children's Food Environment State Indicator Report, 2011*, the
12 CDC recommends increasing access to quality and affordable healthy foods and beverages as a
13 way to improve the food environment for children. Ensuring healthy options are the default
14 option in children's meals is one policy in a comprehensive strategy to reduce the consumption
15 of added sugars to reduce the prevalence of obesity in Hawaii.

16 Thank you for the opportunity to provide testimony.

⁹ Centers for Disease Control and Prevention. "Progress on children eating more fruit, not vegetables." CDC Vital Signs. August 2014.

¹⁰ Economic Research Service. 2004. *Diet Quality and Food Consumption: Daily food consumption at different locations: All individuals age 2 and older*.

¹¹ Zoumas-Morse C, Rock CL, Sobo EJ, et al. "Children's Patterns of Macronutrient Intake and Associations with Restaurant and Home Eating." *Journal of the American Dietetic Association*, 101(8): 923-925, 2001.

¹² Wootan MG, Batada A, and Marchlewicz E. *Kids' Meals: Obesity on the Menu*. Washington, DC: Center for Science in the Public Interest, 2008. Available at: <http://cspinet.org/new/pdf/kidsmeals-report.pdf>.