

Sugar-sweetened beverages initiatives can help fight childhood obesity.

America is in the midst of an obesity epidemic that is affecting the lives of both children and adults. Each year, the U.S. spends an estimated \$190 billion on obesity-related conditions, or 21% of all U.S. health care costs.¹ Among children, 23.9 million (or 31.8%) are overweight, and of these, 12.7 million are obese.²

Initiatives aimed at reducing sugar-sweetened beverage (SSB) consumption, including taxes on these types of products, could be an important strategy to improve nutrition and raise funds for obesity prevention efforts. Below are some facts about sugar-sweetened beverages and the impact they have on American kids.

- Sugar-sweetened beverages—which include soda, sports drinks, sweetened waters and teas, energy drinks, and fruit drinks—have been identified as the primary source of added sugars in Americans' diets.³
- Consumption of SSBs has increased 500% in the past fifty years and is now the single largest category of caloric intake in children, surpassing milk in the late 1990s.⁴
- Recently, a comprehensive, systematic review of 160 studies looked at the effect of price on food demand and consumption in the U.S. Food eaten away from home, sugary drinks, juice, and meats were the most responsive to price changes.⁵
- One study showed that a rise in price in away-from-home foods and soda was associated with lower caloric intake, healthier weight, and decreased risk for diabetes.⁶ Other studies suggest that a 10% price increase would decrease consumption of these foods and beverages by 8-10%.⁷
- Funding for obesity prevention programs could be obtained from a small tax on SSBs. In one year, a national one-cent per-ounce tax on a 20 ounce bottle could bring in approximately **\$13 billion** in tax revenue.⁸

Americans deserve to live in communities where healthier beverages are promoted as the better option. Sugar-sweetened beverages initiatives can help make the difference.

¹ Cawley J and Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *J Health Econ* 31.1 (2012): 219-230.

² Go AS, Mozaffarian D, Roger VL, et al. Heart Disease and Stroke Statistics—2013 Update: A Report from the American Heart Association. *Circulation* 127 (2013): e6-e245.

³ Reedy J and Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. *J Am Diet Assoc* 110.10 (2010): 1477-1484.

⁴ Block G. Foods contributing to energy intake in the US: Data from NHANES III and NHANES 1999–2000. *J Food Comp Anal* 17 (2004): 439-47.

⁵ Andreyeva T, et al. The Impact of Food Prices on Consumption: A Systematic Review of Research on the Price Elasticity of Demand for Food. *Am J Public Health* 100.2 (2010): 216-222.

⁶ Duffey KJ, Gordon-Larsen P, et al. Food Price and Diet and Health Outcomes 20 Years of the CARDIA Study. *Archives of Internal Medicine* 170.5 (2010): 420-426.

⁷ Finkelstein EA, et al. Implications of a sugar-sweetened beverage (SSB) tax when substitutions to non-beverage items are considered. *J Health Econ* 32.1 (2012): 219-239.

⁸ Yale Rudd Center for Food Policy & Obesity. Revenue calculator for sugar-sweetened beverage taxes. Available online at: <http://www.yaleruddcenter.org/sodatax.aspx>.

{ THIS IS THE ONLY FOUNTAIN DRINK HE NEEDS. }

SOURCES