

# Policy Unsweetened:

## Tackling Sugar-Sweetened Beverages

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Grantmakers' interest in supporting healthy eating policies has grown over the past two decades and been rewarded with considerable progress. Nonetheless, the next phase of policy work brings new challenges, opportunities, and questions. To explore these issues, Grantmakers In Health (GIH) convened *Tackling Difficult-to-Crack Healthy Eating Policies*, a strategic conversation for funders, practitioners, and experts in Sacramento, California.

The conversation covered several policy areas, including consumption of sugar-sweetened beverages, nutrition in child care settings, and incentivizing healthy eating. This article focuses specifically on sugar-sweetened beverage policies, covering themes that arose throughout the meeting.

### WHY SUGAR-SWEETENED BEVERAGE POLICY?

Growing evidence suggests that excess sugar consumption—especially of sugar-sweetened beverages like sodas, fruit juices, sports drinks, energy drinks, and some coffee and tea drinks—is a leading driver of overweight and obesity in the United States. On average, these beverages constitute 46 percent of Americans' sugar consumption, making them a major source of “empty” calories. This is especially true for low-income and ethnic minority populations, whose consumption levels are even higher. The issue is compounded by the threefold availability of these drinks over the past 60 years (Krieger 2015).

Evidence that calories from sugars, specifically fructose, are more metabolically problematic than calories from other nutrients adds to concerns about these beverages. Fructose is a highly active metabolic agent that, independent of its calorie content, contributes to abnormal metabolic functioning, resulting in weight gain, insulin resistance, and pancreatic beta cell dysfunction. These effects are serious risk factors for many chronic conditions, including hypertension, coronary artery inflammation, and increases in lipid levels (Krieger 2015). Sugar-sweetened beverages are thus an important policy entry point for tackling obesity and chronic disease.

### POLICY OPTIONS

Several state and local options to reduce the intake of sugar-sweetened beverages were discussed in the meeting. They are a sample of a larger range of possibilities that includes policies to

*If we want to improve the health of our communities, one of the most important things we can do is change and reset completely the American diet... what has contributed the largest amount to the current chronic disease epidemic [is] excess sugar consumption, and the leading culprit ... is sugary drinks.*

– Jim Krieger, Action for Healthy Food

regulate foods sold on government properties or purchased with public funds and grants, as well as early-childhood nutritional policies that help influence taste and eating preferences.

- **Taxes.** Taxes raise the costs of sodas—typically at the rate of a penny per ounce—and diminish the cost difference between them and more expensive, healthier beverages. A tax could also make healthier options like water cheaper, and thus more appealing. Economic simulations suggest that soda taxes could reduce consumption of sugar-sweetened drinks by 20 percent or more, thereby reducing new cases of type 2 diabetes by 3.4 percent, and obesity rates by up to 1.5 percent. Soda taxes also raise public awareness of healthy-eating issues, and the funds they generate can be used to implement and sustain public health programs that further reduce obesity and chronic disease rates (Krieger 2015).

Supporting evidence about the effectiveness of soda taxes is expected from Mexico, which has a national tax on sugar-sweetened beverages, and Berkeley, California, which recently instituted a soda tax. In Mexico, data show that consumption is rapidly declining since the law's passage in 2013; thus far, it is reduced 6 percent overall and 10 percent among low-income populations. In Berkeley, early data indicate a similar decline. The recently passed tax is also expected to generate more than \$1.5 million to support obesity-related programming (Krieger 2015; Tramutola 2015).

- **Warning Labels.** Health warning labels on food packaging, vending machines, soda fountains, and other points of sale are of interest as a strategy for raising public awareness about the health impacts of consuming unhealthy products, and helping consumers make healthier choices (Roberto et al. 2016).
- **Commercial Kids' Meals.** Almost a third of all children consume fast food daily, making commercial kids' meals an

important source of their overall caloric intake. While some restaurant chains have made voluntary changes to their children's menu, these changes do not have the weight of policy behind them. Recent policy efforts, such as legislation passed in Davis, California, have focused on requiring healthier beverages, like low-fat milk and water, to be the default beverage in kids' meals. Other efforts have focused on establishing standards for the entire nutritional content of kids' meals (Krieger 2015).

- **Checkout Aisles.** Large amounts (43 percent) of the sugar-sweetened drinks, gum, and candy sold in supermarkets come from checkout aisles (Krieger 2015). Regulating aisle sales could significantly reduce purchase and consumption.
- **Supplemental Nutrition Assistance Program (SNAP) Benefits.** SNAP (formerly known as food stamps) benefits can be used to purchase food at grocery stores, convenience stores, and some farmers' markets and co-op food programs. Stores that accept SNAP often promote the sale of sodas and other unhealthy food and beverage products, and almost \$2 billion in SNAP funds are spent on soda annually. The U.S. Department of Agriculture is considering the use of disincentives to change SNAP beneficiaries' purchasing habits (Krieger 2015).

## CHALLENGES AND OPPORTUNITIES

Today, funders and policymakers have an opportunity to pursue changes in sugar-sweetened beverage policy. The gradual decline in soda sales and growth in lower-calorie options opens up a business case for change, and high-profile ballot initiative campaigns have drawn attention to the issue. Meanwhile, nationwide polling indicates growing public support (Krieger 2015; Tramutola 2015).

Funder participation in sugar-sweetened beverage policy is not without challenges. To begin with, industry opposition is significant. Campaigns will garner significant public attention, which requires a great deal of planning and forethought from funders, grantees, advocates, and the community, and early engagement of potential allies.

## RECOMMENDATIONS FOR FUNDERS

Funders interested in increasing access to healthy food, whether through sugar-sweetened beverage policy or other avenues, can benefit from the experience of those already involved in this work. Recommendations generated by both the Sacramento strategy session and previous GIH work on policy advocacy include the following:

- **Be Creative.** Policy advocacy grantmaking can take many forms and approaches. It's not necessary to be in the middle of a campaign to be effective. For example, funders can

organize meetings about healthy beverages and foods. Coupled with planning grants, especially in infrastructure-strapped low-income and ethnic minority communities, this strategy can bring key stakeholders and policymakers together to develop coordinated and broadly supported public policy strategies and campaigns. Funders can also support awareness building or institutional policy changes that lay the groundwork for large-scale policy adoption (Salinsky 2012).

- **Be Brave.** Even policy options that lack strong evidence or have the potential to be controversial can have significant benefits that justify investment. Funders must make their own calculations about the risk-reward while remembering that taking risks is how the field often finds what works. This also means being brave enough to share the lessons from both successes and failures (Salinsky 2015).
- **Be Patient.** Improving the American diet is a social change movement that will take many years. Policy is just one important component.
- **Trustees Are Critical.** It is important that foundation program staff work with trustees to raise their comfort level about policy advocacy, and for trustees to approach policy-related investments with an open mind. As community leaders, trustees can inspire confidence that leads to change (GIH 2005).
- **Communications Are Key.** To be successful, policy advocacy should be linked to the communications efforts and strategies of the foundation and partner organizations. Public awareness campaigns, issue messaging—e.g., “Us versus Big Soda”—and other communications strategies not only prepare the community for eventual new policy questions and options but also raise demand for change (Tramutola 2015). Communication across disciplines and across different policy efforts is also important, and presents an opportunity for funders to open up channels. Funders can use communications to convene local and regional advocates to explore policy options and strategies (Salinsky 2012).
- **Grow the Community.** For real and sustainable change in the food environment, funders should consider mapping their strategy over the long term rather than around a single policy issue or point in time. Grantmakers can also invest in the capacity of communities to effectively advocate for policy change, especially in low-income and ethnic minority areas.
- **Loss Is Not a Failure.** A policy that falls short legislatively is not a failure. The process of highlighting the issue raises it in the public eye, can spur conversation in the community, and can generate learnings and momentum that lay the groundwork for follow-up efforts. Thus, when funding policy advocacy, the process can be as important as the outcome.

**SOURCES**

Grantmakers In Health (GIH). *Funding Health Advocacy*. Washington, DC: Grantmakers In Health, February 2005. [http://www.gih.org/files/usrdoc/IssueBrief21\\_Funding\\_Advocacy.pdf](http://www.gih.org/files/usrdoc/IssueBrief21_Funding_Advocacy.pdf)

Krieger, Jim. Action for Healthy Food. “Sugar-Sweetened Beverage Policies.” Presentation at the Grantmakers In Health “Tackling Difficult-to-Crack Healthy Eating Policies” meeting, Sacramento, California, September 30, 2015.

National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN). *Model Healthy Checkout Aisle Ordinance*. Oakland, CA: ChangeLab Solutions, July 2015. <http://www.changelabsolutions.org/publications/healthy-checkout-aisle-ord>.

Roberto, Christina A., Diandra Wong, Aviva Musicus, and David Hammond. “The Influence of Sugar-Sweetened Beverage Health Warning Labels on Parents’ Choices.” *Pediatrics*. 137, no. 2 (2016). <http://pediatrics.aappublications.org/content/early/2016/01/13/peds.2015-3185>.

Salinsky, Eileen. “Health Advocacy: Yes, No, Maybe So?” Issue Focus, *GIH Bulletin*, August 20, 2012. [http://www.gih.org/files/FileDownloads/Issue\\_Focus\\_Health\\_Advocacy\\_8-20-12.pdf](http://www.gih.org/files/FileDownloads/Issue_Focus_Health_Advocacy_8-20-12.pdf).

Salinsky, Eileen. “Beyond Grantmaking: Health Foundations as Policy Change Agents.” Washington, DC: Grantmakers In Health, March 2015.

Tramutola, Larry. Tramutola Advisors. “Sugar-Sweetened Beverage Policies.” Presentation at the Grantmakers In Health “Tackling Difficult-to-Crack Healthy Eating Policies” meeting, Sacramento, California, September 30, 2015.