

TO: Long Beach City Council  
FROM: Social Justice Learning Institute  
DATE: September 9, 2016  
RE: Implementing a Healthy Beverage Ordinance in Long Beach

**Introduction:**

The costs of obesity are staggering: Americans spend an estimated \$190.2 billion dollars on obesity-related medical expenses each year—that is nearly 21 percent of the nation’s annual healthcare expenditure.<sup>1</sup> Yet, despite skyrocketing obesity rates in the U.S., preventative measures in this country still struggle to keep up. Consequently, obesity is now an epidemic—more than two-thirds of all American adults, and one-third of all American children are overweight or obese.<sup>2</sup>

Researchers have identified the “big two”<sup>3</sup>—poor diet and lack of physical exercise—as the primary causes of the growing obesity epidemic. While there are a variety of additional ‘sub-factors’ that further influence the “big two”, this memorandum aims to address just one—sugar-sweetened beverage (SSBs) consumption—as a major contributing factor to high obesity rates. Despite ample research linking overconsumption of sugar-sweetened beverages to rapid weight gain,<sup>4</sup> Americans continue to put their health at risk when they habitually consume sodas and other sugary beverages in excess amounts.

Currently, sugary drinks oversaturate beverage markets and account for roughly 11 percent of the average adolescent American’s daily caloric intake.<sup>5</sup> This memorandum recommends substituting SSBs in restaurant kids’ meals for healthy alternatives like water, milk and 100 percent fruit juices. Such efforts have the potential to discourage over-consumption of sugary beverages that contribute to excess weight gain and encourage a new generation of young Americans to practice dietary habits that are conducive to good health.

## **Background:**

Obesity rates have more than doubled within the past 35 years. The average American is now 25 pounds heavier than he/she was in 1960 and today, 12 states—compared to one state just four years ago—have obesity rates exceeding 30 percent.<sup>6</sup> Excess body weight poses a significant threat to health, as overweight and obese Americans are at greater risk of developing type-2 diabetes, heart disease, hypertension, certain cancers and other diet-related chronic illnesses. Researchers estimate that on average 300,000 Americans die each year from obesity-related illnesses that are 100 percent preventable.<sup>7</sup>

While obesity rates have risen steadily across the country, low-income communities of color tend to be the most impacted:

- 78.8 percent of black adults and 76.7 percent of Latino adults are overweight or obese, compared to 66.7 percent of white adults<sup>8</sup>
- 35.1 percent of black children and 38.9 percent of Latino children are overweight compared to 28.5 percent of white children<sup>9,10</sup>
- Four out of five black women are overweight or obese—the highest rate of any U.S. demographic<sup>11</sup>
- Latino male youth have the highest childhood obesity rates of all adolescent gender-ethnic demographics<sup>12</sup>

Consistent with high obesity rates in communities of color are equally high levels of SSB consumption. African-Americans and Latinos are shown to consume more sugar-sweetened beverages than their white counterparts, contributing to an excess of 450 calories each week.<sup>13</sup> Ultimately, food deserts<sup>14</sup> and other environmental factors limiting access to healthful foods in communities of color are responsible for massive disparities in health. An over-abundance of fast

food restaurants, corner stores, and street vendors means sugar-sweetened beverages are often the affordable, and most easily accessible, options available.

Despite the numerous health risks associated with overconsumption of sodas and other sugar-sweetened beverages, the soft drink industry continues to utilize aggressive multi million-dollar marketing campaigns targeting America's most vulnerable populations. Consequently, it is most pressing that policy intervene to protect those who cannot protect themselves. Likewise, because many Americans develop their dietary habits in adolescence, it is crucial that we begin by addressing SSB consumption among children, the largest—and most vulnerable—consumers of sugar-sweetened beverages.

### **Long Beach, CA**

With upwards of 500,000 residents, the city of Long Beach is the 7th largest in California and the 36<sup>th</sup> largest in the U.S. Like many metropolitan hubs, Long Beach is both ethnically and economically diverse, yet many of the city's major working-class communities of color live in underserved areas lacking safe public parks, grocery stores, and other amenities that are crucial to living healthy lifestyles. Further exacerbating the issue is a high concentration of fast food restaurants offering the customary burgers, fries, and a sugary soft drink. While most restaurant chains have begun taking steps to remove unhealthy drinks from kids' menus, in particular, one-fifth of all Long Beach restaurants still serve and promote sugar-sweetened beverages to children; nearly all of these restaurants are fast food/counter service establishments.

Additionally, the presence of self-service fountain drink machines make it particularly difficult for parents to regulate their children's drinking habits. While fountain machines allow for the customer to choose his or her beverage of choice, they are also notorious for offering an endless array of soda options and only a small, and nearly undetectable, lever for dispensing

water. Thus, when a customer is given an empty cup and then prompted to choose his or her own drink, it becomes evident how a number of external factors can influence an individual to opt for the over-abundant, and unhealthy, beverage option.

### **Research Methodology: Community Surveys**

In partnership with Public Health Advocates, the Social Justice Learning Institute (SJLI) has dedicated its efforts to advocating for a healthier Long Beach. After recognizing the pressing need for community-based data, SJLI conducted a series of restaurant surveys throughout the summer of 2016. Targeting a sample size of 70 restaurants representative of the various neighborhoods in Long Beach, the survey solicited responses from restaurant managers regarding menu items, day-to-day policies and pricing methods. Acknowledging the clear distinctions between fast food and sit-down service restaurants, the following data has been synthesized accordingly and demonstrates the affinity for fast-food restaurants to be the primary restaurant type to offer kids' combo meals with an accompanied drink (Figure 1 & 2).

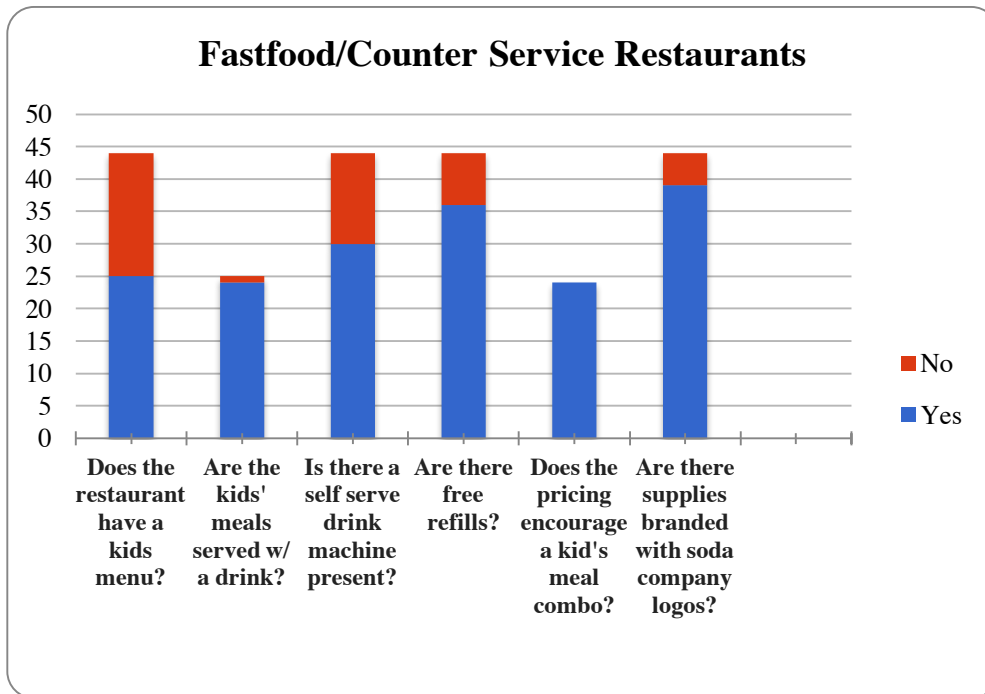


Figure 1

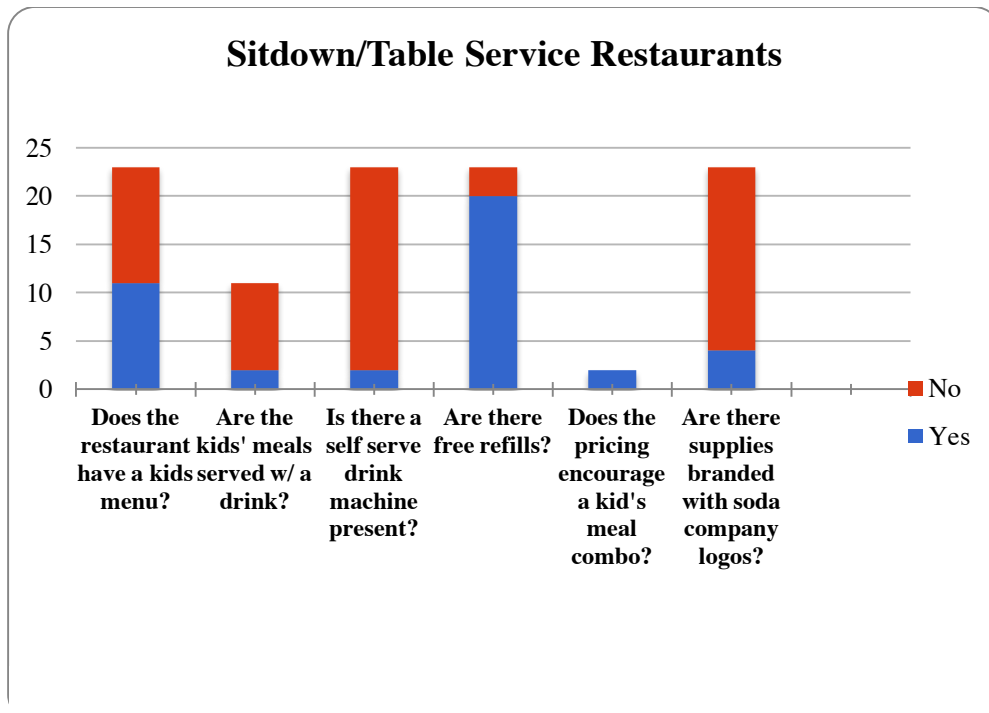


Figure 2

Restaurant managers were then asked if they would be willing to support a healthy drink ordinance if one were to be implemented in the near future. Responses to this final question were generally mixed as many managers remarked that they were unable to speak on behalf of restaurant owners and/or their corporate entities. While a majority of managers did conform support of a healthy drink ordinance, results did vary slightly depending on restaurant service. Surveyors found that many managers were occupied with the day-to-day duties of managing a restaurant and, as a result, were unable/unwilling to provide a response at that point in time.

**Fast Food/Counter Service:  
Will you support the Healthy Beverages in Children's  
Meals Ordinance?**

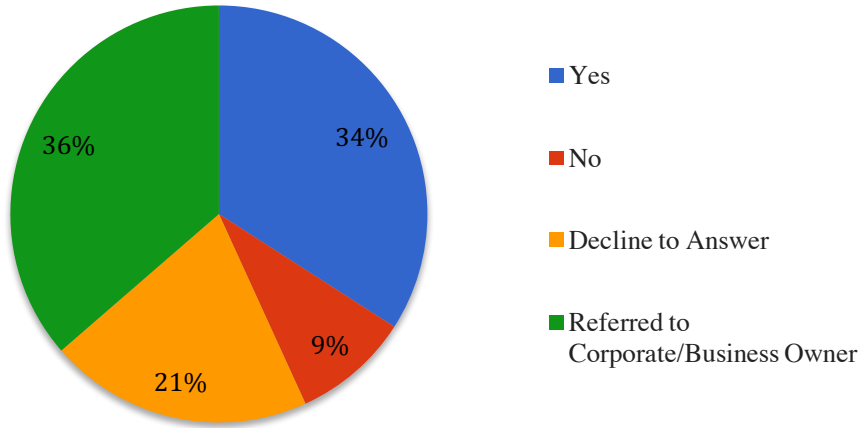


Figure 3

**Sitdown/Table Service:  
Will you support the Healthy Beverages in Children's  
Meals Ordinance?**

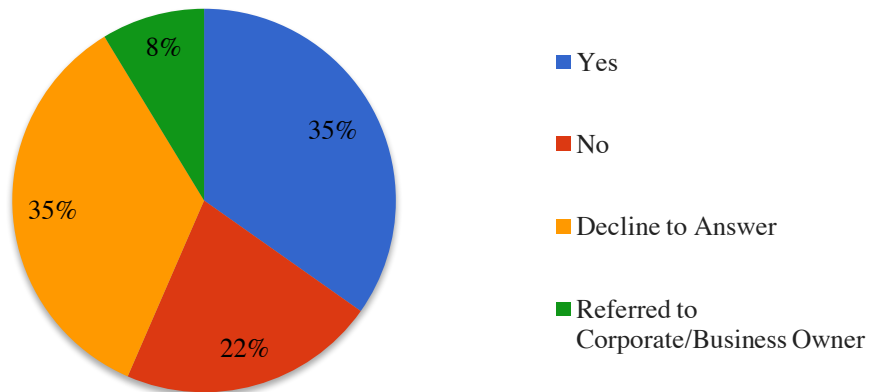


Figure 4

The data demonstrates that a majority of restaurant managers would support the implementation of an ordinance intended to increase healthy beverage options in kids' meals. However, future surveys might target restaurant owners rather than managers, specifically those at small mom-and-pop restaurants as opposed to nationwide restaurant chains and franchises. The data did hint at a tendency for smaller, family-owned restaurants to serve soda in kids' meals.

### **Policy Recommendation**

The United States Department of Agriculture reports that Americans consume the most amounts of daily calories (roughly 20 percent<sup>15</sup>) while dining away from the home—about 35 percent of which can be attributed to sugar sweetened beverages alone.<sup>16</sup> Consequently, when sodas and other SSBs are the default, or preselected, drink option in restaurant meals it encourages consumption of these unhealthy beverages in excess. This memorandum recommends curbing SSB consumption among children by:

- Removing sodas and sugary beverages from kid-friendly menu listings
- Requiring restaurants to offer water, milk and 100 percent fruit juice in all kids' meals

Because sodas are one of the largest contributors to childhood obesity, a healthy beverage ordinance encourages Americans' to make choices that are conducive to good health. While sodas and other SSBs can still be ordered upon request, studies show that when offered a choice, parents will choose to give their children the healthier beverage option.<sup>17</sup>

### **Conclusion and Future Implications**

While the holistic impact of a default drink ordinance is long term and therefore must be observed gradually over a number of years, we can still draw much insight from similar policy



efforts in cities across the U.S. Just three years after the implementation of San-Francisco's city-wide ordinance restricting the use of toys and other incentives in kids' meals, the Centers for Disease Control and Prevention reported that the ordinance had a generally positive impact on San Francisco restaurants, and that "more healthful default menu options can have a rapid and positive impact on the healthfulness of food and beverage purchases."<sup>18</sup> Ultimately, such policy efforts encouraged restaurants to take additional steps to create healthier menu options for their customers. Similarly, a default drink ordinance in Long Beach has the potential to encourage restaurants to do much the same and alter their menus to suit their more health-conscious consumers.

Naturally, calls from the opposition insist that such measures are outside the scope of local jurisdictions, and that they further constitute the governments' transition into an authoritarian 'nanny-state'. In reality, implementing an ordinance that would require restaurants to offer healthy beverages in kids' meals is far more concerned with expanding options rather than limiting them. The simple fact of the matter is much of Long Beach suffers from inaccessibility-- a variety of external factors work to constrain residents' ability to make healthy and well-informed dietary decisions. Rather, when there is an overabundance of unhealthy beverage options offered at restaurants, for example, the choice is being inadvertently made for them. Thus, implementing policy that alters the default beverages in kids' meals will work to end a dangerous cycle of childhood obesity currently afflicting the nation, and more importantly, empower millions of young Americans to make dietary choices that will ultimately benefit their health.

## Endnotes

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<sup>3</sup> McAllister, E. J., Dhurandhar, N. V., Keith, S. W., Aronne, L. J., Barger, J., Baskin, M., ... Allison, D. B. (2009). Ten putative contributors to the obesity epidemic. *Critical Reviews in Food Science and Nutrition*, 49(10), 868–913. <http://doi.org/10.1080/10408390903372599>

<sup>4</sup> Malik, Vasanti, Matthias Schulze, and Frank Hu. (2005) Sugar-sweetened beverages, weight gain, and diabetes. *JAMA*, 293(4): 422-243.

<sup>5</sup> Wang YC, Bleich SN, Gortmaker SL. (2008) Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. *Pediatrics*.;121(6):e1604-1614.

<sup>6</sup> Trust for America's Health. (2011) F as in fat: how obesity threatens America's future. Retrieved from Trust for America's Health Website: <http://healthyamericans.org/report/88/>

<sup>7</sup> Flegal, K. M., Williamson, D. F., Pamuk, E. R., & Rosenberg, H. M. (2004). Estimating deaths attributable to obesity in the United States. *American Journal of Public Health*, 94(9), 1486–1489.

<sup>8</sup> National Institute of Diabetes and Digestive and Kidney Diseases (2012). Overweight and obesity statistics. Retrieved from the National Institute of Diabetes and Digestive Kidney Diseases website: <https://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx>

<sup>9</sup> The State of Obesity. (2014) Obesity prevention in black communities. Retrieved from the State of Obesity website: <http://stateofobesity.org/disparities/blacks/>

<sup>10</sup> The State of Obesity. (2014) Obesity prevention in Latino communities. Retrieved from the State of Obesity website: <http://stateofobesity.org/disparities/latinos/>

<sup>11</sup> Centers for Disease Control and Prevention National Center for Health Services (2015) Health, United States, 2015. Retrieved from the US Department of Health and Human Services website: <https://www.cdc.gov/nceh/ehs/>.

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<sup>12</sup> Stovitz, S. D., Schwimmer, J. B., Martinez, H., & Story, M. T. (2008). Pediatric obesity: the unique issues in Latino-American male youth. *American Journal of Preventive Medicine*, 34(2): 153–160. doi:10.1016/j.amepre.2007.09.034

<sup>13</sup> Center for Global Policy Solutions. (2015). Sugar drinks in communities of color: recent research and policy options to reduce consumption, 2-20. Retrieved from the Leadership for Healthy Communities Website: [www.leadershipforhealthycommunities.org](http://www.leadershipforhealthycommunities.org).

<sup>14</sup> Center for Global Policy Solutions. Sugar drinks in communities of color: recent research and policy options to reduce consumption, 2. Retrieved from Center for Global Policy Solutions Website:

[www.leadershipforhealthycommunities.org/wp.../03/LHC\\_SugaryDrinks\\_Final.pdf](http://www.leadershipforhealthycommunities.org/wp.../03/LHC_SugaryDrinks_Final.pdf)

<sup>15</sup> United States Department of Agriculture. (2010) The Diets of America's Children. Economic Research Service. Retrieved from the United States Department of Agriculture Website: [www.ers.usda.gov/media/933277/aer746a.pdf](http://www.ers.usda.gov/media/933277/aer746a.pdf)

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