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Serving Hawaii

# Testimony on SB 2778, SD1, "Making an Appropriation for Early Childhood Health"

The American Heart Association supports the intent of SB 2778, SD1, but would like to recommend amendments.

As the bill states, obesity has become one of the leading health issues for our state. If left unchecked, it holds the potential to cripple Hawaii's health care system and Hawaii's businesses that largely cover employee healthcare costs.

Obesity, however, is not just a childhood epidemic. To effectively check the skyrocketing obesity rates, the AHA feels the issue must be addressed comprehensively. That means working to reduce obesity in adults, as well as children. It also means going beyond simple attempts to educate the public about the risk factors leading to obesity, and enacting strong policy efforts to encourage a move towards living healthier lifestyles. The AHA recommends that the bill expand the focus of the proposed task force to address obesity as a societal issue, not just a children's issue. Only then will efforts to address childhood obesity be effectively addressed.

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"Building healthier lives, free of cardiovascular diseases and stroke."

As the bill mentions, sugar-sweetened beverages, while not the only cause of obesity in Hawaii's adults and children, are one of the leading dietary factors. They represent approximately 15 percent of the calories consumed on average, the single largest contributor of calorie intake, and most sugar-sweetened beverages contain little or no nutritional value. While candy (6%) and grain or dairy-based desserts (19%) combine to represent 25% of added sugars in the U.S. diet, sugar sweetened beverages represent 50% of added sugars in our diet. Thus, any discussion of reducing obesity must begin with policies that discourage overconsumption of those beverages.

Why target sugar-sweetened beverages? Several comprehensive studies have recently linked the consumption of one sugar-sweetened beverage daily to 15-20% increased risk for heart disease for men and women. Reducing energy intake by only 100 calories per day (roughly 1 can of sugar-sweetened beverage) could prevent weight gain in over 90% of the population. The increased tax revenue generated by a sugar-sweetened beverage tax could be used to expand obesity prevention on a more comprehensive scale, such as to add qualified physical education instructors and classroom time back into Hawaii's elementary and middle schools where both PE class time and quality PE instructors have largely disappeared.

Our concern is that the beverage industry's involvement in the proposed task force will result in efforts to detract attention away from addressing overconsumption of calories to a focus only on physical activity, or burning of calories. That would be a recipe for

failure. To burn off just one can of sugar-sweetened soda it would take about 20 minutes of hard running, and that amount of exercise would not compensate for any other calories consumed through meals. To be truly effective, any campaign to reduce obesity needs to be comprehensive and address both reductions in calorie consumption and increased physical activity.

The AHA suggests that safeguards be added to the bill to insure that the beverage industry's (or its partners') involvement in the proposed task force doesn't result in watered down efforts. The beverage industry is quick to try to put the responsibility of reducing childhood consumption of its products on parents. What it fails to highlight, however, is that soft drinks remain legally available to children, and are often cheaper than healthier options, including bottled water. Parents cannot watch over their children every moment of the day. Marketers spend close to \$500 million dollars a year to reach children and adolescents with messages about sugary drinks, more than they spend on any other category (Pepsi's new CEO recently vowed to invest \$500 million in 2012 to boost business and plans to refocus efforts on sales of sugary sodas). To ask representatives of that industry to participate in reducing youth consumption of their products would be naïve. The industry's tactic will be to attempt to focus efforts on only addressing physical activity, not on reducing caloric consumption. That must be avoided to insure that an effective campaign to address the obesity epidemic is achieved.

Hawaii's obesity epidemic must be addressed comprehensively through a combination of public education and strong, progressive policy aimed at encouraging the public toward living healthier. The future of our public's health and all Hawaii businesses' economic health (not just the beverage industry's) depends on it.

Respectfully submitted,

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