

**HEALTH COMMISSION
RESOLUTION 14-2**

**IN SUPPORT OF DECREASING SUGARY BEVERAGE CONSUMPTION IN THE CITY AND COUNTY
OF SAN FRANCISCO**

WHEREAS, Since 1980, obesity among children and adolescents has tripled nationwide^{1,2}. As recently as 2010, nearly a third of children and adolescents in San Francisco were obese or overweight³; and two thirds African American and Latino adults are overweight/obese;⁴ and

WHEREAS, Sugary beverages represent 50% of added sugar in the American diet⁵ and, on average, 11 percent of daily calories consumed by children in the U.S. A recent survey found that California teenagers are consuming more sugary beverages; and

WHEREAS, Beverages sweetened with naturally-derived caloric sweeteners such as sucrose (table sugar) or high fructose corn syrup contain “empty calories” – because they add calories but little to no vitamins or minerals-- as defined by the US Department of Agriculture⁶ and are generally described as “sugary beverages”; and

WHEREAS, Sugary beverages, though they can contain hundreds of calories in a serving, do not signal “fullness” to the brain. Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this “sugar rush” over time leads to fat deposits that cause diabetes, cardiovascular disease and other serious health problems;^{7, 8} and

WHEREAS, Every additional sugary beverage consumed daily increases a child’s risk for obesity by 60 percent;⁹ One or two sugary beverages per day increases the risk of Type II diabetes by 26 percent;¹⁰ and

¹ Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *Journal of the American Medical Association* 2012;307(5):483-490.

² National Center for Health Statistics. Health, United States, 2011: With Special Features on Socioeconomic Status and Health. Hyattsville, MD; U.S. Department of Health and Human Services; 2012.

³ Overweight and obesity among children by California city, 2010, California Center for Public Health Advocacy (http://publichealthadvocacy.org/research_overweight2010.html)

⁴ Community Health Information Survey, 2011.

⁵ Center for Science in the Public Interest, 2012.

⁶ <http://www.choosemyplate.gov/weight-management-calories/calories/empty-calories.html>

⁷ Nseir, Nasser and Assy, “Soft drinks consumption and nonalcoholic fatty liver disease” *World J Gastroenterol.* 2010 June 7; 16(21): 2579–2588

⁸ Pan A, Hu FB. Effects of carbohydrates on satiety: differences between liquid and solid food. *Curr Opin Clin Nutr Metab Care.* 2011;14:385-90

⁹ Relationship between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis.” *Lancet*, 2001. 357:505-508.

¹⁰ Malik VS, Popkin BM, Bray GA, Despres JP, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care.* 2010;33:2477-83

WHEREAS, One in three children born today will develop Type II diabetes in their lifetime if sugary beverage consumption does not decline¹¹; researchers estimate that for Latino and African American children, the rates are as high as one in two;¹² and

WHEREAS, 7% of San Franciscans are diagnosed with diabetes.¹³ And it is estimated that the City and County of San Francisco pays \$87,221,078 for direct and indirect diabetes care costs of which \$4,230,222 is attributable to sugary drinks.¹⁴

WHEREAS, Metabolic syndrome is the clinical condition of increased visceral fat, liver insulin resistance, and hyperinsulinemia that results in obesity, Type 2 diabetes, and other cardiovascular disease risk factors (hypertension, stroke, and dyslipidemias).^{14a}

WHEREAS, Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. Diabetes hospitalizations are more than triple in low income communities as compared with higher income areas.¹⁵ According to Head Start of San Francisco, 18 percent of 3-4 year olds enrolled in its programs are obese. Overall, 37 percent of African American children and 40 percent of Latino children in San Francisco are obese;¹⁶ WHEREAS, Low and high cost estimates of \$48.1 million to \$61.8 million represent costs incurred by San Franciscans with obesity and diabetes that are attributable to SSB consumption.¹⁷

WHEREAS, The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans and the Population Health Division of SFDPH focuses on assurance of healthy places and healthy people;

THEREFORE BE IT RESOLVED, That the San Francisco Health Commission is concerned about the overweight/obesity and diabetes epidemics and related disparities in San Francisco, and be it

FURTHER RESOLVED, That the San Francisco Health Commission supports efforts to decrease consumption of sugary beverages, and bring about a corresponding increase in the overall health of San Franciscans; and be it

¹¹ Ibid.

¹² Narayan K, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF. Lifetime Risk for Diabetes Mellitus in the United States. *JAMA*. 2003;290(14):1884-1890. doi:10.1001/jama.290.14.1884.

¹³ Community Health Needs Assessment, 2010.

¹⁴ San Francisco Budget Legislative and Analysts Study of Health and Financial Impacts Caused by Consumption of Sugar Sweetened Beverages, December 2013.

Source: Bremer AA, Mietus-Snyder M, Lustig RH. Toward a unifying hypothesis of metabolic syndrome. *Pediatrics*. 2012 Mar;129(3):557-70. doi: 10.1542/peds.2011-2912.

¹⁵ Health Matters in San Francisco, 2007 -2009.

¹⁶ Children Now, California County Fact Book 2007

¹⁷ San Francisco Budget Legislative and Analysts Study of Health and Financial Impacts Caused by Consumption of Sugar Sweetened Beverages, December 2013.

FURTHER RESOLVED that the San Francisco Health Commission supports innovative solutions to decrease consumption of sugary beverages, including evidence based practices that supplement/compliment currently available services/programs designed to address obesity-related issues.

FURTHER RESOLVED that the San Francisco Health Commission supports a study of how new revenue can be used to address obesity-related issues, including specific programming, implementation planning, outcome objectives and evaluation.

I hereby certify that at the San Francisco Health Commission at its meeting of January 7, 2014 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary