

TESTIMONY REGARDING H.B. 7314

An Act Concerning a Tax on Certain Sweetened Beverages

April 11, 2017

To: Finance, Revenue and Bonding Committee Members of the Connecticut General Assembly

I submit this testimony in my position as the President and Chief Executive Officer of the Children's Fund of Connecticut, a public charitable foundation, and its subsidiary, the Child Health and Development Institute of Connecticut (CHDI). Together the Children's Fund and CHDI work to improve the health, mental health and early care systems for children in Connecticut.

Obesity prevention in young children has been one of our key areas of investment. Some of our research and recommendations about this issue can be found in our policy brief, [*Ensuring Young Children Grow Up at a Healthy Weight: Policy Opportunities to Prevent Obesity*](#) and in our Issue Brief, [*Ensuring Children Grow Up at a Healthy Weight: How Connecticut Can Catch Up to Other States*](#).

As you know, children who are overweight or obese often suffer from serious and costly physical and emotional health problems, which likely will continue throughout their lives. Experts agree that preventing childhood obesity requires action in a child's earliest years—from ages birth to two because it is very difficult to reverse if children are obese by 5 years of age.¹ Ensuring that very young children get the best nutrition possible, limiting sugary drink consumption and providing them ample time to be physically active can set them on a path to a healthy weight for life, and bring down the steep healthcare costs we pay for obesity treatment in CT.

Research highlights the fact that racial and ethnic minorities and those families who are poor are at higher risk of being overweight or obese.² These trends are linked to social, environmental and economic disparities. In Connecticut, 15.3% of 2-4 year old's from low-income families are obese.³ Children from these vulnerable populations often face a barrage of junk food and beverage marketing which encourages consumption of sugary drinks—the largest source of added sugar in the diets of young children. Unhealthy products are heavily marketed to children, especially black and Latino children, often using celebrities and sports stars.⁴ More than half of toddlers consume one or more servings of sweetened beverages per day.⁵ For every additional daily serving of sugar sweetened beverages, a child's risk of becoming obese increases by 60%.⁶ Science clearly shows that consuming too much sugar contributes to obesity, type 2 diabetes, tooth decay, and even heart disease.⁷ Lowering sugary drink consumption in early childhood is an important step toward preventing childhood obesity and ensuring that children grow up at a healthy weight.

While sugary drink taxes are new to the United States, in Mexico, a sugary drink tax was implemented in 2014 as a step toward reversing the twin epidemics of diabetes and obesity. A 2017 study examining the changes in purchases of taxed and untaxed beverages over the first two years of the tax found a 5.5% decline in sugary drink purchases in 2014 and a 9.7% decline in 2015.⁸ Berkeley, CA also passed a sugary drink tax in 2014 and early data has shown that the consumption of sugary drinks fell by 21%, while water consumption increased by 63%.⁹ In addition, Philadelphia has recently implemented a soda tax that has partially helped fund their Pre-K and other projects to revitalize public spaces.¹⁰

Connecticut's children are our most important resource. We must use every opportunity to prevent childhood obesity from compromising their long-term health and well-being so that they can realize their full potential. We hope the committee will consider how important reducing sugary drink consumption is to our state and the health of our children.

Sincerely,
Judith Meyers, Ph.D.
President and CEO
Children's Fund of Connecticut
Child Health and Development Institute of Connecticut, Inc.

¹ CHDI Impact: *Preventing Childhood Obesity: Maternal-Child Life Course Approach*. (2014).

<http://www.chdi.org/index.php/publications/reports/impact-reports/preventing-childhood-obesity-maternalchild-life-course-approach>.

² Kloter A, Peng, J, Phipps, K and Ferraro, L (2012). Overweight and obesity among kindergarten and third grade children in Connecticut: 2010- 2011. Connecticut Department of Public Health, Community Health and Prevention Section, Hartford, CT.

³ The State of Obesity. Trust for America's Health and the Robert Wood Johnson Foundation. URL <http://stateofobesity.org/states/ct> Accessed February 7, 2017

⁴ Baby Food Facts, UCONN Rudd Center, retrieved from: http://www.uconnruddcenter.org/files/Pdfs/BabyFoodFACTS_FINAL.pdf

⁵ Institute of Medicine, Early Childhood Obesity Prevention Policies. Washington DC: The National Academies Press. 2011.

⁶ Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*. 2001;357:505-8.

⁷ Malik VS, Pan A, Willett WC, Hu FB. Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *Am J Clin Nutr*. 2013; 98(4): 1084–1102; Malik VS, Hu FB. Sweeteners and risk of obesity and type 2 diabetes: The role of sugar-sweetened beverages. *Curr Diab Rep*, 2012; 12 (2): 195-203.

⁸ <http://content.healthaffairs.org/content/36/3/564>

⁹ Jennifer Falbe, Hannah R. Thompson, Christina M. Becker, Nadia Rojas, Charles E. McCulloch, and Kristine A. Madsen. Impact of the Berkeley Excise Tax on Sugar-Sweetened Beverage Consumption. *American Journal of Public Health*: October 2016, Vol. 106, No. 10, pp. 1865-1871. doi: 10.2105/AJPH.2016.303362; accessed at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303362> on 10/6/2016

¹⁰ <http://www.phillymag.com/business/2017/02/23/philly-soda-tax-january-revenue/>