



AB 1357 (Bloom): Children & Family Health Promotion Program

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Proposal

Create a dedicated revenue source to support chronic disease prevention in California communities most impacted by diabetes, obesity, heart disease, stroke, and tooth decay. Place a 2 cent per ounce health impact fee on the distribution of drinks manufactured with added caloric sweetener (e.g. natural and refined sugar, high fructose corn syrup). Impacted drinks include but are not limited to regular soda, sports drinks, energy drinks, juice with added caloric sweetener, sweet coffee drinks, and syrups used to make such drinks.

Sugary Drinks are a Major Contributor to Chronic Disease

Health Impact

People who drink sugary drinks regularly—1 to 2 cans a day or more—have a 26% greater risk of developing type 2 diabetes.¹ Sugary drinks are uniquely harmful as people who drink large amounts of rapidly absorbable sugars don't feel as full as if they had eaten the same amount of calories from solid food. The research that sugary drinks have a direct link with type 2 diabetes is incontrovertible; the link with obesity is also certain.²⁻⁵ Sugary drinks are also a major driver of fatty liver disease,⁶ cardiovascular and heart disease, stroke,⁷ pancreatic cancer,⁸ and kidney disease.⁹ If we do nothing, researchers predict that 40% of all children, and 50% of Latino and African American children, will develop type 2 diabetes during their lifetime.¹⁰

Healthcare & Economic Productivity Costs

According to the California Department of Public Health's California Diabetes Program, 1 in 7 adults in our state have diabetes, with rapidly rising numbers.¹¹ Diabetes costs, from hospitalizations, medical care, disability payments, and time lost from work, among other things, exceed \$24 billion in California each year.¹¹ Over 13,000 Californians undergo limb amputations every year.¹² We all carry the economic burden of these preventable diseases – diabetes alone costs every man, woman, and child in our state \$700. This hidden 'tax' is passed on to consumers through higher insurance premiums.

Impact on Youth

Sugary drinks are the top calorie source in teens' diets (226 calories per day).¹³ In California, 65% of teens ages 12-17 drink at least one soda or other sugary drink every day.¹⁴ At the same time, the beverage industry spends nearly half a billion dollars a year on average in marketing to teens alone.¹⁵ Youth are a target for sugary drink advertising, especially youth in communities of color: in 2013, African American children and teens saw twice as many television ads for sugary drinks as their white peers,¹⁶ and the number of sugary drink ads on Spanish language television nearly doubled from 2008 to 2010.¹⁷ The percent of African American, Asian American, and Latino teens in California consuming these drinks increased between 2007 and 2012.¹⁴

Communities of Color are Disproportionately Impacted by Sugary Drink Related Diseases

Diabetes is one of the leading causes of death for Latinos, African Americans, Native Americans, and Asian Pacific Islanders in California.¹⁸ Over 43% of the Latinos, 40.3% Native Americans, 39.3% of African Americans and 38.7% of Asian Pacific Islanders admitted to California hospitals in 2011 had diabetes.¹⁹ In some counties the diabetes rate for Latinos admitted to hospitals is much higher (for example: Merced—49%; Yolo—48%; and Tulare and Imperial 46%).¹⁹ When compared to the state average of 31% for the total population, this is an unacceptable and unjust burden.¹⁹

Solution

A dedicated revenue source is needed to fund programs and activities that support the prevention of diabetes and related chronic diseases in communities most impacted by disease. AB 1357 will fund community, school, and clinic-

based prevention programs and activities, such as nutrition education and physical activity programs, clean water stations in schools, healthy food and drink access programs, and oral health preventative services. Those communities that have the highest rates of type 2 diabetes, as indicated by the California Health Interview Survey, will be prioritized to receive funding.

Co-Sponsors

American Heart Association
Asian Pacific Partners for Empowerment, Advocacy and Leadership
California Primary Care Association
California Rural Indian Health Board
Council of Black Nurses, Los Angeles

Latino Coalition for a Healthy California
Public Health Institute
Roots of Change
Urban League of Los Angeles
100 Black Men (Sacramento + Orange County Chapters)

Supporters

AltaMed
California Center for Public Health Advocacy (CCPHA)
California Pan Ethnic Health Network (CPEHN)
Center for Science in the Public Interest (CSPI)
Latino Health Alliance (LHA)
PDI Surgery Center, Northern California
Having Our Say! Communities of Color's Stake on Healthcare Reform:
ACCESS Women's Health Justice
ACT for Women and Girls
Asian Americans Advancing Justice - Los Angeles
Black Women for Wellness
California Immigrant Policy Center
California Latinas for Reproductive Justice
California Partnership
California Rural Legal Assistance Foundation
Cal-Islanders Humanitarian Association
Central Valley Partnership for Citizenship
Centro Binacional para el Desarrollo Indígena Oaxaqueño - Fresno
Centro Binacional para el Desarrollo Indígena Oaxaqueño – Greenfield
Centro Binacional para el Desarrollo Indígena Oaxaqueño - Los Angeles

Chinese Progressive Association
Coalition for Humane Immigrant Rights of Los Angeles
Earth Mama Healing
El Quinto Sol de America
Fresno Center for New Americans
Fresno Interdenominational Refugee Ministries
Guam Communications Network
Korean Community Center of the East Bay
Korean Resource Center
Latino Coalition for a Healthy California
Libreria del Pueblo
Madera Coalition
Mid-City CAN
Nile Sisters Development Initiative
Pacific Islander Cancer Survivors Network
Roots Community Health Center/Roots Community Health Alliance
Services, Immigrant Rights, and Education Network
South Asian Network
SSG/Pals for Health
Street Level Health Project
The Council of Mexican Federations
Vision y Compromiso
Young Invincibles



- 1 Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB. "Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis." *Diabetes Care* November 2010: 2477-83.
- 2 Hu FB, Malik VS. Sugar-sweetened beverages and risk of obesity and type 2 diabetes: Epidemiologic evidence. *Physiol Behav* 2010;100:46-54.
- 3 Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health* 2007;97:667-675.
- 4 de Koning L, Malik VS, Rimm EB, Willett WC, Hu FB. Sugar-sweetened and artificially sweetened beverage consumption and risk of type 2 diabetes in men. *Am J Clin Nutr* 2011;93:1321-1327.
- 5 Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB. Sugar-sweetened beverages and the risk of metabolic syndrome and type 2 diabetes: A meta-analysis. *Diabetes Care* 2010;33:2477-2483.
- 6 Abid A, Taha O, Nseir W, Farah R, Grovsovki M, Assy N. Soft drink consumption is associated with fatty liver disease independent of metabolic syndrome. *J Hepatol*. 2009. 5:918-24.
- 7 Bernstein AM, de Konig L, Flint AJ, Rexrode KM, Willett WC. Soda consumption and the risk of stroke in men and women. *Am J Clin Nutr* 2011; 93:1321-1327.
- 8 Mueller NT, Odegaard A, Anderson K, et al. Soft drink and juice consumption and risk of pancreatic cancer: The Singapore Chinese HEath Study. *Cancer Epidem Biomar* 2010: 19:447-455.
- 9 Saldana TM, Basso O, Darden R, Sandler DP. Carbonated beverages and chronic kidney disease. *Epidemiology*. 2007 4:501-506.
- 10 Gregg EW, Zhuo X, Cheng YJ, Albright AA, Narayan KMV, Thompson TJ. "Trends in lifetime risk and years of life lost to diabetes in the USA, 1985-2011: a modeling study." *Lancet Diabetes & Endocrinology* November 2014: 867-874.
- 11 2012 California Diabetes Program Fact Sheet: http://diabetescoalitionofcalifornia.org/wp-content/uploads/2013/11/CDP_Fact_Sheet_2012-1.pdf
- 12 California Healthline 7/18/13: <http://www.californiahealthline.org/insight/2013/treatment-trends-pushing-diaabetic-amputations-down-list-of-options>
- 13 Sugary Drinks Fact Sheet, Harvard School of Public Health <http://www.hsph.harvard.edu/nutritionsource/sugary-drinks-fact-sheet/>
- 14 Babey SH, Wolstein J, Goldstein H. "Still Bubbling Over: California Adolescents Drinking More Soda and Other Sugar-Sweetened Beverages." *UCLA Center for Health Policy Research Health Policy Brief*, October 2013.
- 15 "A Review of Food Marketing to Children and Adolescents: Follow-Up Report." Washington, DC: Federal Trade Commission, 2012.
- 16 Harris JL, Schwarz MB, LoDolce M, et al. "Sugary Drink F.A.C.T.S.: Food Advertising to Children and Teens Score 2014." *Rudd Center for Food Policy and Obesity*, November 2014.
- 17 Harris JL, Schwarz MB, Brownell KD, et al. "Sugary Drink F.A.C.T.S.: Evaluating Sugary Drink Nutrition and Marekting to Youth." *Rudd Center for Food Policy and Obesity*, October 2011.
- 18 National Vital Statistics Reports, Vol. 62, No. 6, December 2013.
- 19 Diabetes Tied to a Third of California Hospital Stays, Driving Health Care Costs Higher. *UCLA Center for Health Policy Research. Health Policy Brief*. May 2014.