



Statement by Tina Zuk Government Relations Director, VT

The American Heart Association recognizes sugary drinks as the largest source of added sugars in Americans' diets and over-consumption of these drinks as a contributor to obesity.

The AHA supports a 2 cent per ounce excise tax on sugary drinks in Vermont, using the funding to provide greater access to health care to low income Vermonters, subsidizing the purchase of healthy foods for low-income Vermonters and funding obesity prevention/education efforts that are evaluated.

Basis for our support:

- Over 60% of Vermont adults¹ and 29% of Vermont youth² are overweight or obese.
- 21% of all U.S. health care costs are spent on obesity-related conditions.³
- Estimated annual obesity-related medical costs for the state of Vermont are \$202 million, almost half of which are attributed to Medicare (\$41 million) and Medicaid (\$57 million);⁴ and another \$14.5 million is attributable to productivity losses caused by obesity.
- Consumption of sugar sweetened beverages has increased 500% in the past fifty years and is now the single largest category of caloric intake in children, surpassing milk in the late 1990s.⁵
- Sugar sweetened beverages account for at least one-fifth of the weight gained between 1977 and 2007 in the U.S. population.⁶
- People who drink 1-2 servings a day of sugary drinks are 26% more likely to develop type 2 diabetes than people who drink 0-1 serving a month.⁷
- The American Heart Association's Scientific Statement on Added Sugars recommends:⁸
 - ~ Most American women should eat or drink no more than 6 teaspoons per day from added sugars, and most American men should eat or drink no more than 9 teaspoons.
 - ~ A 20oz Coke has 16.75 teaspoons of sugar and a 20oz Mountain Dew has 19.25 teaspoons of sugar.
- Studies suggest that a 10% price increase for beverages through taxation would decrease consumption by about 8-10%.⁹

¹ Vermont 2012 BRFSS Adult Behavioral Risk Factor Survey; Vermont Department of Health

² Vermont 2013 YRBS Youth Risk Behavior Survey; Vermont Department of Health

³ Cawley J and Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *J Health Econ* 31.1 (2012):219-230.

⁴ E. A. Finkelstein, I. C. Fiebelkorn, and G. Wang, "State-level estimates of annual medical expenditures ... attributable to obesity," *Obesity Research*, vol. 12 no. 1 (January 2004), pp. 18-24; and Andreyeva T, Luedicke J, Wang YC. State-level estimates of obesity-attributable costs of absenteeism. *Journal of Occupational and Environmental Medicine*, 2014, in press.

⁵ Block G. Foods contributing to energy intake in the US: Data from NHANES III and NHANES 1999-2000. *J Food Comp Anal* 17 (2004): 439-47.

⁶ G. Woodward-Lopez*, J. Kao and L. Ritchie, Dr Robert C. and Veronica Atkins Center for Weight & Health, University of California. To what extent have sweetened beverages contributed to the obesity epidemic? *Public Health Nutrition*, 2010

⁷ Malik, et al., *DIABETES CARE*, VOLUME 33, NUMBER 11, NOVEMBER 2010

⁸ *Circulation*. 2009;120:1011-1020; ; Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement From the American Heart Association

⁹ Briggs, A. D., et al. (2013). "Overall and income specific effect on prevalence of overweight and obesity of 20% sugar sweetened drink tax in UK: econometric and comparative risk assessment modelling study." *BMJ* 347: f6189.