



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in SUPPORT of SCR114**  
**ENCOURAGING FOOD SERVICE FACILITIES IN THE STATE THAT OFFER A CHILDREN'S MENU OF MEAL OPTIONS, OR A MEAL THAT IS REPRESENTED AS A CHILDREN'S MEAL, TO SERVE CHILDREN'S MEALS WITH HIGHER NUTRITIONAL QUALITY AND INCLUDE ONLY BOTTLED WATER OR LOW-FAT MILK AS THE DEFAULT BEVERAGE IN THE MEAL OR MENU OPTION.**

SENATOR JOSH GREEN, CHAIR  
SENATE COMMITTEE ON HEALTH

Hearing Date: April 1, 2015

Room Number: 414

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department supports Senate Concurrent Resolution (SCR114)  
3 which encourages food service facilities to offer healthy beverage options and provide higher  
4 nutritional quality in children's menu or meal options. The concept of this resolution is based on  
5 national recommendations for reducing the consumption of sugar sweetened beverages (SSBs).  
6 The Division of Physical Activity, Nutrition and Obesity (DNPAO) at the Centers for Disease  
7 Control and Prevention (CDC) recommends decreasing the consumption of SSBs as one of six  
8 evidence-based strategies for preventing and reducing overweight and obesity. The 2010  
9 *Dietary Guidelines for Americans* also recommends reducing the intake of SSBs as a method to  
10 control calorie intake and managing body weight. The Institute of Medicine (IOM) likewise  
11 supports increasing the availability of lower-calorie and healthier food and beverage options for  
12 children in restaurants as a strategy.

13 Today in Hawaii, more than one in two adults (BRFSS 2012; 56%) and over one in four  
14 high school students (YRBS 2013; 28.2%) are overweight or obese. The rate of adults with  
15 diabetes in Hawaii is 8.4% and an additional 12.9% have been diagnosed with pre-diabetes (2013  
16 BRFSS). Hawaii spends an estimated \$470 million annually on obesity-related medical costs,  
17 and \$770 million on diabetes-related medical costs. SSBs have been identified by numerous  
18 scientific studies as a major contributor to our costly obesity epidemic.

1           Between 1977 and 2001, calorie intake from SSBs increased 135% for all age groups.<sup>1</sup>  
2   While overall SSB consumption has decreased in recent years, particularly among children and  
3   adolescents,<sup>2</sup> consumption rates remain high. On any given day, roughly half of the American  
4   population over two of age drinks at least one SSB, and 25% consume at least 200 calories from  
5   SSBs.<sup>3</sup> A typical 20-ounce soda contains 15 to 18 teaspoons of sugar and about 240 calories.<sup>4</sup> In  
6   comparison, the American Heart Association guidelines for daily added sugars is 5 teaspoons  
7   (100 calories) for an average woman, and 9 teaspoons for an average man.<sup>5</sup> There is also a  
8   strong correlation between weight and soda consumption. In children, each 12 ounce soft drink  
9   consumed daily, increases their odds of becoming obese by 60%.<sup>6</sup> Research has found that a  
10   small, persistent energy imbalance of as little as 50 calories per day can result in up to a 5-pound  
11   weight gain over the course of a year.<sup>7</sup> A meta-analysis of 88 cross-sectional and prospective  
12   studies found a higher intake of soft drinks was associated with higher body weight, greater  
13   energy intake, lower intake of other nutrients, and worse health outcomes.<sup>8</sup> In a national study of  
14   children 2-18 years of age, 6 in 10 didn't eat enough fruit in 2007-2010, and 9 in 10 didn't eat

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<sup>1</sup> Nielsen SJ and Popkin BM. "Changes in Beverage Intake Between 1977 and 2001." *American Journal of Preventive Medicine*, 27(3): 205-210, 205, 2004. Available at: [www.cpc.unc.edu/projects/nutrans/publications/Beverage%20trends-BP-Samara%202004.pdf](http://www.cpc.unc.edu/projects/nutrans/publications/Beverage%20trends-BP-Samara%202004.pdf).

<sup>2</sup> Han E and Powell LM. "Consumption Patterns of Sugar-Sweetened Beverages in the United States." *Journal of the Academy of Nutrition and Dietetics*, 113 (1): 43-53, 2013. Available at: [www.ncbi.nlm.nih.gov/pubmed/23260723](http://www.ncbi.nlm.nih.gov/pubmed/23260723).

<sup>3</sup> Ogden CL, Kit BK, Carroll MD, et al. *Consumption of Sugar Drinks in the United States, 2005-2008*. National Center for Health Statistics Data Brief, No. 71, 2011, p. 5. Available at: [www.cdc.gov/nchs/data/databriefs/db71.htm](http://www.cdc.gov/nchs/data/databriefs/db71.htm).

<sup>4</sup> US Department of Agriculture. Nutrient data for 14400, Carbonated beverage, cola, contains caffeine. National Nutrient Database for Standard Reference, Release 24. 2012. Accessed June 21, 2012, <http://ndb.nal.usda.gov/ndb/foods/show/4337>

<sup>5</sup> Johnson, RK, Appel, LJ, Brands, M., Howard, BV, Lefevre, M., Lustig, RH, Sacks, F, Steffen LM, Wylie-Rosett, J. "Dietary Sugars Intake and Cardiovascular Health." *Circulation*, August 24, 2009, 1011-1020.

<sup>6</sup> 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.

<sup>7</sup> Kumanyika SK, Obarzanek E, Stettler N, et al. "Population-Based Prevention of Obesity: The Need for Comprehensive Promotion of Healthful Eating, Physical Activity, and Energy Balance: A Scientific Statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention (formerly the Expert Panel on Population and Prevention Science)." *Circulation*, 118: 428-464, 2008. Available at: <http://circ.ahajournals.org/cgi/content/full/118/4/428>.

<sup>8</sup> 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.

1 enough vegetables. In 2009-2010 white potatoes made up about 1/3 of the vegetables consumed,  
2 and 2/3 were eaten as French fries and chips.<sup>9</sup>

3 Americans including children consume about one-third of their calories outside of  
4 home.<sup>10</sup> Requiring retail food establishments to prohibit the sale of SSBs as a part of a children's  
5 meal would encourage families to choose a healthier option when eating outside the home.  
6 Children consume, on average, almost twice as many calories from a restaurant meal (770) as  
7 they do from a meal cooked at home (420).<sup>11</sup> Adding SSBs to these meals adds calories and  
8 sugar that may contribute to obesity and health problems. As of August 2008, 93% of children's  
9 meals at the 25 largest chain restaurants failed to meet a set of nutrition standards developed by a  
10 panel of nutrition experts and based in large part on key recommendation from the *Dietary*  
11 *Guidelines for Americans*.<sup>12</sup> In *Children's Food Environment State Indicator Report, 2011*, the  
12 CDC recommends increasing access to quality and affordable healthy foods and beverages as a  
13 way to improve the food environment for children. Ensuring healthy options are the default  
14 option in children's meals is one policy in a comprehensive strategy to reduce the consumption  
15 of added sugars to reduce the prevalence of obesity in Hawaii.

16 Thank you for the opportunity to provide testimony.

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<sup>9</sup> Centers for Disease Control and Prevention. "Progress on children eating more fruit, not vegetables." CDC Vital Signs. August 2014.

<sup>10</sup> Economic Research Service. 2004. *Diet Quality and Food Consumption: Daily food consumption at different locations: All individuals age 2 and older*.

<sup>11</sup> Zoumas-Morse C, Rock CL, Sobo EJ, et al. "Children's Patterns of Macronutrient Intake and Associations with Restaurant and Home Eating." *Journal of the American Dietetic Association*, 101(8): 923-925, 2001.

<sup>12</sup> Wootan MG, Batada A, and Marchlewicz E. *Kids' Meals: Obesity on the Menu*. Washington, DC: Center for Science in the Public Interest, 2008. Available at: <http://cspinet.org/new/pdf/kidsmeals-report.pdf>.



**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

**Senate Committee on Health**

The Hon. Josh Green, Chair

The Hon. Glenn Wakai, Vice Chair

**Testimony on Senate Concurrent Resolution 114**  
**Submitted by Nani Medeiros, Public Affairs and Policy Director**  
**April 1, 2015, 2:00 pm, Room 414**

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, supports SCR114, encouraging all food establishments to offer milk or water with children's meals.

There is little doubt that a health crisis exists in Hawaii, aided in no small part by the consumption of sugar sweetened beverages. Per a 2004 study, sugar sweetened beverages are the largest single contributor of calories to the average Americans diet, while at the same time provided little to no nutritional value. The average American currently consumes 175 calories from sugar sweetened beverages alone, a number that comprised 10% of children and adolescents daily intake. This level of consumption does not come without consequences and in 2009 alone, over \$470,000,000 was spent on obesity-related medical expenditures in Hawaii.

The HPCA supports taking a proactive step to protecting our keiki from these health risks and our state from the onerous costs associated therewith. For these reasons we support SCR114 and thank you for the opportunity to testify.



To: The Honorable Josh Green, Chair, Committee on Health  
The Honorable Glenn Wakai, Vice Chair, Committee on Health  
Members, Senate Committee on Health

From: Jessica Yamauchi, Executive Director

Date: March 31, 2015

Hrg: Senate Committee on Health

Re: **Support for SR 65/SCR 114, ENCOURAGING FOOD SERVICE FACILITIES IN THE STATE THAT OFFER A CHILDREN'S MENU OF MEAL OPTIONS, OR A MEAL THAT IS REPRESENTED AS A CHILDREN'S MEAL, TO SERVE CHILDREN'S MEALS WITH HIGHER NUTRITIONAL QUALITY AND INCLUDE ONLY BOTTLED WATER OR LOW-FAT MILK AS THE DEFAULT BEVERAGE IN THE MEAL OR MENU OPTION.**  
**Wednesday, April 1, 2015 2:00p.m. Room 414.**

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Thank you for the opportunity to offer testimony in support of Senate Resolution 65 and Senate Concurrent Resolution 114, encouraging food service facilities in the state that offer a children's menu of meal options, or a meal that is represented as a children's meal, to serve children's meals with higher nutritional quality and include only bottled water or low-fat milk as the default beverage in the meal or menu option.

The Hawaii Public Health Institute (HIPHI) supports and promotes policy efforts to create a health Hawaii. HIPHI weaves silos into working relationships as an effective network, ensuring that we come together across sectors to advance collaboration and innovation in public health and work towards making Hawaii the healthiest place on earth.

Restaurants that offer children's menus typically serve refillable sugary drinks like sodas and fruit punch with their advertised kids' meals<sup>1</sup>. Parents often have to pay extra in order to get a healthy drink for their child. Restaurants should do more to make healthy choices more available to families by offering 100% juice, bottled water and low-fat milk as part of the bundled menu price. Ensuring that restaurants offer healthy beverages as the default drinks on kid meals will help children and parents make the healthy choice.

Sugary drinks contribute more calories and added sugars to our diets than any other food or beverage and daily consumption is strongly linked to higher childhood obesity and type 2 diabetes rates<sup>2</sup>. Children and adolescents today derive 10% to 15% of their total calories from sugary beverages<sup>3</sup>. Every day, 33% of children and 41% of teens consume fast food and only 3% of kids' meal combinations met the food industry's own revised CFBAI nutrition standards or the National Restaurant Association's Kids Live Well standards<sup>4</sup>.

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<sup>1</sup> Center for Science in the Public Interest, 2013

<sup>2</sup> Institute of Medicine, 2012

<sup>3</sup> Wang, Y 2008

<sup>4</sup> Rudd Center for Food Policy and Obesity, Fast Food Facts, 2013



Drinking just one 8-oz sugary drink per day increases a child's odds of becoming obese by 60%<sup>5</sup> and overweight adolescents have a 70 percent chance of becoming overweight adults. Subway, McDonalds, Wendy's, and Burger King have recently announced that they will now advertise and offer healthier drinks as a part of their kids' meals.

Soft drinks are the most common kids' meal beverage, offered by 78% of top chain restaurants. The next most frequent beverage offerings are fruit juice (58%) and whole milk (43%)<sup>6</sup>. According to a survey done in 2014 by the National Restaurant Association, 72% of consumers say that they would be more likely to visit a restaurant that offers healthful options<sup>7</sup>

For these reasons, and the continued physical health of Hawaii, the Hawaii Public Health Institute supports Senate Resolution 65 and Senate Concurrent Resolution 114. Thank you for the opportunity to testify.

Respectfully,

A handwritten signature in black ink that reads 'Jessica Yamauchi'.

Jessica Yamauchi, MA  
Executive Director

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<sup>5</sup> Rudd Center for Food Policy and Obesity, 2012

<sup>6</sup> Center for Science in the Public Interest, 2013

<sup>7</sup> National Restaurant Association, 2014



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The American Heart Association **SUPPORTS** SR 65/SCR 114.

Sugary drinks are an unnecessary part of the American diet that decades ago were just a treat and are now guzzled at alarming rates. From sports drinks to sodas to fruit-flavored drinks, today's children are drinking their age in these sugary drinks each week. Today's children derive 10% to 15% of their total calories from sugary beverages. Reducing consumption will improve rates of obesity, diabetes and heart disease.

Sugar-sweetened beverages represent the single largest of sugar in the American diet. An average 20-ounce sugar-sweetened beverage such as soda contains more than 16 teaspoons of sugar. Since the late 1970s, intake of sugar-sweetened beverages has more than doubled among adults ages 18 and older, and over one-quarter of Hawaii adults drink soda every day.

Too much added sugar from soda and sports drinks can overload critical organs over time, leading to serious diseases such as heart disease, stroke, high blood pressure, type 2 diabetes and dental erosion, pancreatic cancer, and metabolic syndrome. Sugar-sweetened beverages are also associated with a risk of weight gain and obesity. Drinking just one 12-ounce soda every day increases a child's odds of becoming obese by 60 percent, and doubles the risk of dental carries. While most sugar-sweetened beverages contain little or no nutritional value, soft drink consumption is also associated with lower intakes of milk (therefore calcium and other nutrients).

Childhood obesity has more than tripled in the past 30 years, and obese children are at least twice as likely as non-obese children to become obese adults. Fifty-seven percent of adults in Hawaii are overweight or obese, and 1 in 3 children entering kindergarten in Hawaii are overweight or obese.

Consuming sugar through beverages also fools your body. When you consume sugar as a beverage you don't feel as full. It's easy to down 10 or more teaspoons of sugar in a single 12-oz. soda. The American Heart Association recommends no more than 6 teaspoons of added sugar per day for women and no more than 9 teaspoons per day for men. Thus, one average 12-oz. can of sugary beverage can put you over the daily maximum recommended amounts of added sugar.

Overweight and obesity account for approximately \$147 billion in annual health care costs nationally, or 9 percent of all medical spending. An estimated \$470 million is spent annually on obesity-related health problems in Hawaii. Roughly half of those costs may be paid by Medicare and Medicaid, meaning taxpayers absorb the costs for health care associated with obesity treatment.

The AHA urges your SUPPORT for SR 65, SCR 114 as part a comprehensive approach to reducing and reversing Hawaii's overweight and obesity epidemic.

Respectfully submitted,

Donald B. Weisman  
Hawaii Government Relations Director

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Please remember the American Heart Association in your will.



**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [kealanani@gmail.com](mailto:kealanani@gmail.com)  
**Subject:** Submitted testimony for SR65 on Apr 1, 2015 14:00PM  
**Date:** Tuesday, March 31, 2015 11:50:22 AM

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**SR65**

Submitted on: 3/31/2015

Testimony for HTH on Apr 1, 2015 14:00PM in Conference Room 414

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joanna K Patterson	Individual	Support	No

Comments: With increasing rates of obesity and diabetes in children, I support this resolution as a public health student at Hawaii Pacific University and an advocate for diabetes in youth.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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