



## 2022 White House Conference on Hunger, Nutrition and Health

### Issue: Sugary beverages on federal properties and in federally funded programs

**Problem:** Federal government beverage procurement/availability practices (purchase, sales and service) do not align with the Dietary Guidelines for Americans and other relevant policies.

**Pillars:** *Integrate nutrition and health; Empower all consumers to make and have access to healthy choices*

**Recommendation:** Develop and/or strengthen and implement federal policy and guidelines to eliminate or restrict access to sugary drinks on federal properties and in federally funded programs. For example,

- Ban all sales and serving of all sugary drinks in all federally funded healthcare facilities.
  - Includes Veteran Health Administration (Dept of Veterans Affairs), Military Health System (Department of Defense), and Federally Qualified Health Centers (Health Resources and Services Administration).
  - Models: University of California, San Francisco;<sup>1</sup> many more in US and UK.<sup>2</sup>
- Ban all sales and serving of all sugary drinks on all federal properties and in all federally funded programs or events.
  - Example: City of Berkeley, CA, Resolution No. 69,917.<sup>3</sup>
- Implement Food Service Guidelines for Federal Facilities.<sup>4</sup>
  - Provide incentives to move to “Innovative” level (see Table<sup>5</sup>) – or beyond.
- Other policies can discourage sugary drink consumption – and protect the environment:
  - Restrict sugary drink sales to beverage dispensers only, with recyclable/compostable cups provided and reusable bottles encouraged (i.e., no single-serve containers).
  - ORDER NO. 3407, a “Department-Wide Approach to Reducing Plastic Pollution,”<sup>6</sup> released 6/8/2022 by the Secretary of the Interior works to eliminate all single-use plastic packaging including all single-use beverage bottles.
    - Note that when University of Vermont banned only bottled water the strategy backfired and students purchased more sugary drinks.<sup>7</sup>

**Background:** The Dietary Guidelines for Americans, federal Child Nutrition Programs, Dietary Guidelines Advisory Committees, and a multitude of health organizations recommend that Americans cut their added sugar intakes. A summary of the science, together with citations, is provided in a 2022 letter to Congressional Child Nutrition reauthorization committees.<sup>8</sup>

Cutting back on diet related disease will save many billions in direct and indirect costs of poor health. (Please see examples and citations in [2022 letter](#)). It is notable that obesity is the leading disqualifier for fitness to serve in the military.<sup>9</sup>

- The Department of Defense spends \$1.5B annually on healthcare costs related to obesity for active duty and former service members and their families.<sup>10</sup>

Changing beverage consumption patterns – curbing intake of sugary drinks and replacing them with water – is an evidence-based, relatively low-cost, and feasible strategy to improve health and to reduce health disparities.

- UCSF researchers estimated that a net reduction of 166 kcal/day - less than one average cola drink - would have enabled young adults (aged 20-39) to meet the Healthy People 2020 obesity objective.<sup>11</sup>

- Ten months after a UCSF sugary drink sales ban, staff had significant decrease in sugary drink consumption and improvement in health outcomes (waist circumference and health biomarkers).<sup>12</sup>
  - Note, sugary drink bans in two other U.S. hospital systems are currently being evaluated for health outcomes.

This recommendation is supported by the National Clinical Care Commission Report to Congress, December 2021, “Leveraging Federal Programs to Prevent and Control Diabetes and Its Complications,”<sup>13</sup>

Recommendation 4.4: The National Clinical Care Commission recommends that all relevant federal agencies promote the consumption of water and reduce the consumption of sugar-sweetened beverages in the U.S. population, and that they employ all the necessary tools to achieve these goals, including education, communication, accessibility, water infrastructure, and sugar-sweetened beverage taxation.

- 4.4f. All federal agencies should promote drinking water and reduce sugar- sweetened beverage consumption within their own organizations and through the grants and programs they fund or administer. **All agencies should increase access to free, clean, and appealing sources of drinking water for their employees and visitors and develop procurement and other policies that curb the availability and sale of sugar-sweetened beverages to their employees and visitors.**
- 4.4g. HHS should serve as a federal model by (a) ensuring onsite access to safe, clean, and appealing drinking water; (b) restricting the sale of sugar- sweetened beverages in HHS- owned or HHS-leased offices, workplaces, and health care facilities; and (c) measuring the impact of these interventions on employee behavior and diabetes-related outcomes through voluntary participation in an evaluation of the model.

Other examples of procurement policies that encourage healthy beverages:

- [Good Food Purchasing Program: Purchasing Standards for Food Service Institutions](#) provides a procurement scoring system that supports five core values: nutrition, local economies, environmental sustainability, valued workforce, and animal welfare. The program includes beverage standards.
- [Menus of Change](#) University Research Collaborative advances similar core values and includes substantially reducing sugary drinks.
- University of British Columbia Healthy Beverage Initiative.<sup>14</sup>

**Co-benefits beyond nutrition and health include:** decreased disparities in sugary drink consumption and thus in negative health outcomes; decreased healthcare expenditures; institutional integrity of the federal government and alignment with other policies; decreased environmental footprint, including climate change-exacerbated issues, e.g., strained water resources; decreased transportation of products.

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<sup>1</sup> Epel ES, et al. 2020. Association of a Workplace Sales Ban on Sugar-Sweetened Beverages With Employee Consumption of Sugar-Sweetened Beverages and Health. *JAMA Intern Med* 180(1):9-16.

<sup>2</sup> O’Connor A. 2019. *Sugary Drink Ban Tied to Health Improvements at Medical Center*. New York Times, at, <https://www.nytimes.com/2019/10/28/well/eat/sugary-drink-soda-ban-health-medical-center.html>

<sup>3</sup> Berkeley Sugar-Sweetened Beverage Product Panel of Experts. 2022. See, <https://berkeleyca.gov/sites/default/files/documents/2022-06-14%20Item%2027%20Recommendation%20that%20the%20City%20Council.pdf>

<sup>4</sup> Food Service Guidelines Federal Workgroup. 2017. *Food Service Guidelines for Federal Facilities*. Washington, DC: U.S. Department of Health and Human Services.

<sup>5</sup> *Ibid.*

**Table 3. FOOD AND NUTRITION Standards for Beverages, Food Service Guidelines for Federal Facilities**

Category	Standards	Implementation Level <sup>a</sup>
	Provide free access to chilled, potable water.	Standard
	When milk and fortified soy beverages are available, offer low-fat beverages with no added sugars.	Standard
<b>Beverages</b>	When juice is available, offer 100% juice with no added sugars. <sup>b</sup>	Standard
	At least 50% of available beverage choices contain ≤40 calories per 8 fluid ounces <sup>c</sup> (excluding 100% juice and unsweetened fat-free or low-fat [1%] milk).	Standard
	At least 75% of available beverage choices contain ≤40 calories per 8 fluid ounces <sup>c</sup> (excluding 100% juice and unsweetened fat-free or low-fat [1%] milk).	Innovative

<sup>a</sup> Standard implementation criteria are considered to be widely achievable within food service; implementation at this level is expected. Innovative implementation criteria promote exceptional performance in various areas of food service; implementation at this level is encouraged.

<sup>b</sup> Vegetable juice contains <230 mg sodium per serving.

<sup>c</sup> Equivalent measures include ≤60 calories per 12 fluid ounces or ≤100 calories per 20 fluid ounces.

<sup>6</sup> Secretary of the Interior. 2022. *Department-Wide Approach to Reducing Plastic Pollution*. At, <https://www.doi.gov/sites/doi.gov/files/elips/documents/so-3407.pdf>

<sup>7</sup> Berman ER, Johnson RK. The Unintended Consequences of Changes in Beverage Options and the Removal of Bottled Water on a University Campus. *Am J Public Health*. 2015;105(7):1404-1408.

<sup>8</sup> University of California Research Consortium on Beverages and Health. 2022. *Letters to Senate Agriculture and House Education and Labor Committees*. See, <https://ucanr.edu/sites/NewNutritionPolicyInstitute/files/365130.pdf>

<sup>9</sup> Council for a Strong America. 2018. *Unhealthy and Unprepared*. Available at <https://strongnation.s3.amazonaws.com/documents/484/389765e0-2500-49a2-9a67-5c4a090a215b.pdf?1539616379&inline;filename=%20Unhealthy%20and%20Unprepared%20report.pdf%22>

<sup>10</sup> Centers for Disease Control and Prevention and Mission: Readiness. (2017). *Unfit to Serve: obesity is impacting national security*. At <https://www.cdc.gov/physicalactivity/downloads/unfit-to-serve.pdf>

<sup>11</sup> Basu S, Seligman H, Winkleby M. 2014. A metabolic-epidemiological microsimulation model to estimate the changes in energy intake and physical activity necessary to meet the Healthy People 2020 obesity objective. *Am J Public Health* 104(7):1209-16.

<sup>12</sup> Epel ES, et al. 2020. *Op. cit.*

<sup>13</sup> National Clinical Care Commission. 2021. *Report to Congress on Leveraging Federal Programs to Prevent and Control Diabetes and Its Complications*. At, <https://health.gov/about-odphp/committees-workgroups/national-clinical-care-commission/report-congress>, pages 38-41.

<sup>14</sup> Di Sebastiano KM, Kozicky S, Baker M, Dolf M, Faulkner G. 2021. The University of British Columbia healthy beverage initiative: changing the beverage landscape on a large post-secondary campus. *Pub Health Nutr* 24(1):125-135