



Bubbling Over:

SODA CONSUMPTION AND ITS LINK TO OBESITY IN CALIFORNIA

The Facts

WHAT

Bubbling Over: Soda Consumption and Its Link to Obesity in California, a new study released today, shows that county by county consumption of soda and other sugar-sweetened beverages is linked directly to higher levels of overweight and obesity.

WHY

Unlike any other products Californians consume in large quantities, sodas offer no nutritional value. What's more, they contribute empty calories to the state's costly and out-of-control obesity crisis.

WHEN

This report utilizes data from the 2005 California Health Interview Survey (CHIS).

HOW

This report examines geographical variations in consumption of soda and other sugar-sweetened beverages among children, adolescents and adults in California, as well as its association with overweight and obesity among adults and adolescents, using data from the 2005 California Health Interview Survey. Researchers completed interviews with over 4,000 adolescents and over 43,000 adults drawn from every county in the state. Respondents self-reported their soda and other sugar-sweetened beverage consumption levels, and for children, the most knowledgeable guardian responded to questions regarding consumption of soda and other sugar-sweetened beverages.

WHO

The study was conducted by the UCLA Center for Health Policy Research and the California Center for Public Health Advocacy.

KEY FINDINGS

- » Over 10.7 million Californians over the age of one drink at least one soda or other sugar-sweetened beverage a day.
 - » 41 percent of children ages 2-11, 62 percent of adolescents ages 12-17, and 24 percent of adults drink at least one soda or other sugar-sweetened beverage every day.
 - » Adults who drink one or more sodas or other sugar-sweetened beverages each day are 27 percent more likely to be overweight or obese.
 - » Consumption of soda and other sugar-sweetened beverages varies from county to county and city to city in California with dramatic variations between some counties and some cities.
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Soda by the Numbers

- 22** The number of teaspoons of added sugar Americans consume daily, compared to the recommended 5-9 teaspoons.¹
- 17** The number of teaspoons of sugar in a 20-ounce bottle of soda.²
- 43** Percentage of additional calories Americans have been consuming since the 1970s that come from soda.³
- 50** The number of gallons of soda and other sugar-sweetened beverages the average American consumes annually.⁴
- 1** Ranking of soda among all foods as the source of added sugar in the American diet.¹
- 66** Percentage of all high fructose corn syrup consumed in the United States through beverages.⁵
- 149** Percent of increase in volume of average size soda sold in the 1950s compared to the average size soda sold today (from 6.5 oz³ to 16.2 oz⁶).
- 38** Percent of decrease in energy intake from milk since 1977, the same period in which soda consumption has skyrocketed.⁷
- 450** Different types of soft drinks produced by the big three soda companies.⁸
- 60** Percentage of increase in a child's risk for obesity with every additional daily serving of soda.⁹

1 Johnson RK, Appel LJ, Brands M, Howard BV, Lefevre M, Lustig RH, Sacks F, Steffen LM, Wylie-Rosett J; on behalf of the American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention. "Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association." *Circulation*. 2009; 120.

2 Jacobson MF. *Liquid candy: How soft drinks are harming Americans' health*. Center for Science in the Public Interest. 2005. Available at: http://www.cspinet.org/new/pdf/liquid_candy_final_w_new_supplement.pdf. Accessed December 5, 2008.

3 Woodward-Lopez G, Kao J, and Ritchie L. *To What Extent Have Sweetened Beverages Contributed to the Obesity Epidemic?* The Dr. Robert C. and Veronica Atkins Center for Weight and Health University of California, Berkeley, January 2009 – unpublished.

4 UC Berkeley Center for Weight and Health, based on Duffey, Kiyah J., and Barry M. Popkin. "Shifts in patterns and consumption of beverages between 1965 and 2002." *Obesity*. 2007;15:2739-2747., personal communication, September 2, 2009.

5 Bray GA, Nielsen SJ, and Popkin BM. "Consumption of high-fructose corn syrup in beverages may play a role in the epidemic of obesity." *American Journal of Clinical Nutrition*. 2004;79:537-43.

6 Popkin, Barry. UNC School of Public Health. Unpublished research.

7 Nielsen, Samara Joy and Popkin, Barry M. "Changes in Beverage Intake Between 1977 and 2001." *American Journal of Preventive Medicine*. October 2004.

8 West, Larry. "What is the Problem with Soft Drinks?" *The Environmental Magazine*. 2007. Available at: http://environment.about.com/od/health/as/soft_drinks.htm, accessed on January 21, 2009.

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



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Overweight and Obesity by the Numbers

- 56** Percent of California adults who are overweight or obese (35 percent overweight and 21 percent obese).¹
- 44** Percent of California adolescents who are overweight or obese (30 percent overweight and 14 percent obese).¹
- 173** Percentage of increase in adult obesity rates in California from 1984 to 2008 (8.9 percent to 24.3 percent).²
- 41** Amount in billions of dollars that overweight, obesity and physical inactivity cost California each year³ (twice the amount reported in 2000).⁴
- 1** Ranking of California among all states in the amount it spends in public and private money to address the health consequences of obesity.⁵

¹ 2005 California Health Interview Survey.

² Centers for Disease Control and Prevention. *Prevalence and Trends Data, California—2008, Overweight and Obesity*.

³ *The Economic Costs of Overweight, Obesity, and Physical Inactivity Among California Adults-2006* (July 2009). The California Center for Public Health Advocacy.

⁴ *The Economic Costs of Physical Inactivity, Obesity and Overweight in California Adults During the Year 2000: A Technical Analysis* (April 2005). Sacramento, CA: California Department of Health Services.

⁵ Finkelstein EA, Fiebelkorn IC, Wang G. "State-level estimates of annual medical expenditures attributable to obesity." *Obesity Research*. Jan 2004;12(1):18-24.



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Percentage of Adults Drinking One or More Sodas per Day and Percentage of Adults Who Are Overweight or Obese, by County

County	% Adults Drinking One or More Sodas per Day	% of Adults Who Are Overweight or Obese
Alameda	17.4	48.3
Butte	20.3	56.7
Contra Costa	21.2	59.5
Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra	20.8	59.1
El Dorado	21.6	57.1
Fresno	35.0	57.8
Humboldt	16.4	58.4
Imperial	36.4	67.1
Kern	36.6	66.2
Kings	39.1	63.8
Lake	30.1	62.6
Los Angeles	25.5	55.9
Madera	37.4	63.8
Marin	10.6	43.6
Mendocino	18.8	55.9
Merced	32.7	66.6
Monterey	27.1	61.1
Napa	27.3	56.2
Nevada	17.5	51.1
Orange	23.4	49.1
Placer	18.4	55.1
Riverside	29.5	63.2
Sacramento	23.6	58.5
San Benito	25.6	63.9
San Bernardino	29.6	64.7

County	% Adults Drinking One or More Sodas per Day	% of Adults Who Are Overweight or Obese
San Diego	21.1	54.7
San Francisco	10.9	42.6
San Joaquin	26.6	70
San Luis Obispo	18.3	56.6
San Mateo	14.4	46.1
Santa Barbara	19.0	53.9
Santa Clara	21.1	50
Santa Cruz	15.5	48.8
Shasta	27.5	56
Solano	26.1	59.7
Sonoma	20.7	56.5
Stanislaus	34.3	66.6
Sutter	29.2	55.3
Tehama, Glenn, Colusa	30.1	65.7
Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine	17.3	56.3
Tulare	36.1	66.1
Ventura	24.8	58.4
Yolo	13.9	55.9
Yuba	30.9	64
Statewide	24.3	56.1

2005 California Health Interview Survey

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Percentage of Adults, Adolescents and Children Drinking One or More Sodas per Day by County

County	% Adults	% Adolescents (ages 12-17)	% Children (ages 2-11)
Alameda	17.4	58.9	31.0
Butte	20.3	61.8	30.4
Contra Costa	21.2	47.2	40.7
Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra	20.8	63.0	24.5
El Dorado	21.6	55.3	31.8
Fresno	35.0	68.7	53.1
Humboldt	16.4	50.3	33.2
Imperial	36.4	61.2	60.7
Kern	36.6	67.2	55.0
Kings	39.1	57.7	57.2
Lake	30.1	62.8	31.6
Los Angeles	25.5	64.9	44.3
Madera	37.4	75.3	39.9
Marin	10.6	41.3	18.4
Mendocino	18.8	39.0	38.1
Merced	32.7	*	55.4
Monterey	27.1	58.1	32.8
Napa	27.3	56.8	41.5
Nevada	17.5	40.9	25.6
Orange	23.4	56.4	36.9
Placer	18.4	66.2	31.5
Riverside	29.5	69.5	40.6
Sacramento	23.6	55.5	35.4
San Benito	25.6	58.9	26.4
San Bernardino	29.6	68.5	49.6

County	% Adults	% Adolescents (ages 12-17)	% Children (ages 2-11)
San Diego	21.1	63.1	34.8
San Francisco	10.9	42.1	21.5
San Joaquin	26.6	77.8	44.2
San Luis Obispo	18.3	66.8	41.7
San Mateo	14.4	50.1	32.5
Santa Barbara	19.0	53.8	39.8
Santa Clara	21.1	48.2	40.9
Santa Cruz	15.5	56.0	41.4
Shasta	27.5	60.0	32.0
Solano	26.1	58.7	45.2
Sonoma	20.7	60.7	42.0
Stanislaus	34.3	*	47.5
Sutter	29.2	*	44.5
Tehama, Glenn, Colusa	30.1	*	36.8
Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine	17.3	*	35.0
Tulare	36.1	71.0	44.2
Ventura	24.8	60.4	39.0
Yolo	13.9	62.4	37.3
Yuba	30.9	62.9	50.5

2005 California Health Interview Survey
*Indicates results not statistically reliable

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Percentage of Adults, Adolescents and Children Drinking One or More Sodas per Day by City (page 1 of 3)

City or Census Designated Place	% Adults (age 18 and over)	% Children and Adolescents (ages 2-17)
Anaheim	26.5	45.4
Antioch	21.9	44.8
Bakersfield	33.9	60.1
Baldwin Park	29.0	52.2
Bellflower	30.9	51.3
Buena Park	24.5	44.0
Burbank	19.6	48.3
Carlsbad	16.3	43.5
Carson	25.0	52.7
Chino	31.2	56.3
Chino Hills	22.2	52.4
Chula Vista	23.1	46.2
Citrus Heights	21.9	39.4
Clovis	27.0	53.8
Compton	33.2	54.7
Concord	21.5	44.2
Corona	29.6	50.7
Costa Mesa	25.0	43.5

City or Census Designated Place	% Adults (age 18 and over)	% Children and Adolescents (ages 2-17)
Daly City	13.7	38.3
Downey	29.6	51.4
East Los Angeles *	38.4	53.3
El Cajon	22.2	47.6
El Monte	29.2	51.8
Elk Grove *	21.2	43.3
Escondido	22.6	48.1
Fairfield	26.5	47.0
Florence-Graham *	36.5	54.2
Fontana	31.9	57.5
Fremont	14.1	38.0
Fresno	33.5	57.4
Fullerton	23.6	44.0
Garden Grove	24.0	43.9
Glendale	19.6	47.6
Hawthorne	31.4	53.2
Hayward	18.4	41.3
Hesperia	27.2	55.5

2005 California Health Interview Survey

Note: includes only cities in which the population of children and adolescents ages 2-17 was at least 20,000

*Indicates census designated place

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Percentage of Adults, Adolescents and Children Drinking One or More Sodas per Day by City (page 2 of 3)

City or Census Designated Place	% Adults (age 18 and over)	% Children and Adolescents (ages 2-17)
Huntington Beach	20.7	40.7
Indio	37.5	55.6
Inglewood	32.6	55.0
Irvine	19.5	43.6
Lancaster	30.7	54.8
Livermore	15.1	41.1
Long Beach	27.2	51.5
Los Angeles	24.8	51.9
Lynwood	33.3	53.5
Merced	33.3	61.9
Mission Viejo	18.0	43.3
Modesto	31.8	57.0
Moreno Valley	33.7	55.4
Murrieta	26.5	49.7
Norwalk	31.0	51.5
Oakland	20.6	44.1
Oceanside	20.8	47.7
Ontario	32.9	57.7

City or Census Designated Place	% Adults (age 18 and over)	% Children and Adolescents (ages 2-17)
Orange	22.6	46.0
Oxnard	30.0	50.6
Palmdale	32.1	54.9
Pasadena	22.9	54.2
Pomona	29.5	56.6
Rancho Cucamonga	26.0	54.6
Redding	25.3	44.2
Rialto	32.8	59.4
Richmond	28.4	46.1
Riverside	31.7	49.8
Roseville	16.4	43.6
Sacramento	25.4	44.3
Salinas	28.9	46.9
San Bernardino	32.7	58.6
San Buenaventura (Ventura)	22.3	46.6
San Diego	22.8	46.2
San Francisco	11.5	36.9
San Jose	21.7	42.8

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Percentage of Adults, Adolescents and Children Drinking One or More Sodas per Day by City (page 3 of 3)

City or Census Designated Place	% Adults (age 18 and over)	% Children and Adolescents (ages 2-17)
Santa Ana	33.2	47.3
Santa Clara	19.2	40.6
Santa Clarita	20.6	49.9
Santa Maria	24.1	48.3
Santa Rosa	19.7	45.4
Simi Valley	20.5	44.0
South Gate	36.8	52.9
Stockton	28.1	57.3
Sunnyvale	18.7	39.8
Temecula	28.2	47.8
Thousand Oaks	19.8	43.8
Torrance	18.9	46.0
Tracy	24.9	56.9
Vacaville	25.4	45.4
Vallejo	25.7	48.8
Victorville	29.2	57.0
Visalia	30.8	56.3
Vista	23.8	48.8
West Covina	21.6	50.4
Westminster	22.4	42.8

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Note: includes only cities in which the population of children and adolescents ages 2-17 was at least 20,000

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Recommendations

What Individuals Can Do

Reduce consumption of soda and other sugar-sweetened beverages for you and your family.

What Hospitals, Workplaces, Religious Institutions, and Other Community Organizations Can Do

- Incorporate information about soda and other sugar-sweetened beverages into workplace wellness programs.
- Limit or replace soda and other sugar-sweetened beverages in vending machines.
- Provide and sell healthy beverages at programs and events, especially those attended by children and adolescents.
- Limit or exclude soda and other sugar-sweetened beverage advertising and sponsorship of events, sports leagues, facilities and programs.

What Cities and Counties Can Do

- Provide and sell only healthy beverages at city and county sponsored events especially those attended by children and adolescents (e.g., preschool programs, after-school programs, parks and recreation).
- Limit or exclude soda and other sugar-sweetened beverages in vending machines in property owned or leased by cities or counties.

- Limit or exclude soda and other sugar-sweetened beverage advertising and sponsorship at city and county events, sports leagues, facilities and programs.
- Place a surcharge on soda and other sugar-sweetened beverages and use revenue for obesity prevention efforts such as after-school programs, physical education in schools, healthy school food programs, and improvements in parks and recreation programs.

What the California Legislature Can Do

- Impose an industry fee on soda and other sugar-sweetened beverages and earmark funds for community-based prevention programs, with funds going to communities in proportion to their consumption levels.
- Prohibit marketing of soda and other sugar-sweetened beverages on public school campuses K-12.

What Congress Can Do

- Tax soda and other sugar-sweetened beverages and earmark the revenues for community-based prevention programs, with funds going to communities in proportion to their consumption levels.
- Require the Federal Trade Commission to develop and implement standards for soda and other sugar-sweetened beverage advertising aimed at children under age 12.

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Organizational Backgrounder



The California Center for Public Health Advocacy (CCPHA) is an independent, nonpartisan, nonprofit organization that raises awareness about public health issues and mobilizes communities to promote the establishment of effective state and local health policies. CCPHA is currently supported by grants from First 5 LA, The California Endowment, the Vitamin Cases Consumer Settlement Fund, Kaiser Permanente (North and South), Mental Insight Foundation and The Robert Wood Johnson Foundation, as well as by private contributions.



The UCLA Center for Health Policy Research is one of the nation's leading health policy research centers and the premier source of health policy information for California. The UCLA Center for Health Policy Research improves the public's health by advancing health policy through research, public service, community partnership, and education. Established in 1994, the UCLA Center for Health Policy Research is based in the UCLA School of Public Health and affiliated with the UCLA School of Public Affairs.