

SUGARY DRINK STRATEGY PLAYBOOK

*Reducing Sugary Drinks to Promote
Community Health and Equity*



ChangeLab Solutions
Law & policy innovation for the common good.

10 WAYS TO LIMIT SUGARY DRINKS IN YOUR COMMUNITY



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WHAT ARE SUGARY DRINKS?

Sugary drinks (also called *sugar-sweetened beverages*, or *SSBs*)

are any non-alcoholic beverages that contain added caloric sweeteners.

Examples of these beverages include non-diet soda, fruit ades, sports drinks, energy drinks, sweetened waters, and sweetened coffee and tea beverages.¹



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INTRODUCTION

What's the problem with too much sugar?

Across the country, governments, institutions, and local leaders are stepping up to address sugary drink overconsumption in their communities. To understand why many community health advocates have focused on sugary drinks, it's helpful to look at broader patterns of how people consume sugar.

The bottom line is that it's harder for people to maintain a healthy weight if they're eating or drinking too much sugar. Sugar overconsumption has been linked to cardiovascular disease, type 2 diabetes, and rising obesity rates in adults and children.²⁻⁴

The World Health Organization (WHO) and the United States Department of Agriculture (USDA) recommend that children and adults get no more than 10% of their daily calories (roughly 200 calories) from *added sugar*, which means sugar added during processing or preparing a food.^{5,6} In reality, children and adults are purchasing and consuming over these recommended amounts. In 2015, US adults purchased more than 126 grams of sugar per day on average, which is equivalent to 488 calories, or 3 full-sugar sodas.⁷ For US children and adolescents, about 16% of their total calorie intake comes from added sugar.^{8,9}

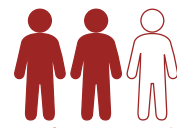


Why focus on sugary drinks specifically?

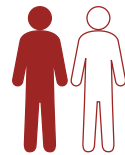
In important ways, sugary drinks are different from other forms of added dietary sugar. One way sugary drinks are different is that the added sugar they contain comes in liquid form and is processed by the body differently from other forms of added sugar.¹⁰ There is no fiber in sugary drinks, and fiber helps the body feel full.

Another thing that sets sugary drinks apart is the frequency of their consumption. Almost two-thirds of US children aged 2–19 drink at least 1 sugary drink a day,¹¹ and over half of US adults drink at least 1 sugary drink a day.¹² Habitual consumption of sugary drinks has been linked to significant health risks for both adults and children. For adults, consumption has been linked to congestive heart disease,¹³ increased risk of hypertension,¹⁴ and increased risk of type 2 diabetes.¹⁵ In children, consumption of sugary drinks has been linked to an increase in cardiovascular disease,¹⁶ type 2 diabetes,¹⁷ and weight gain.¹⁸

IN THE US

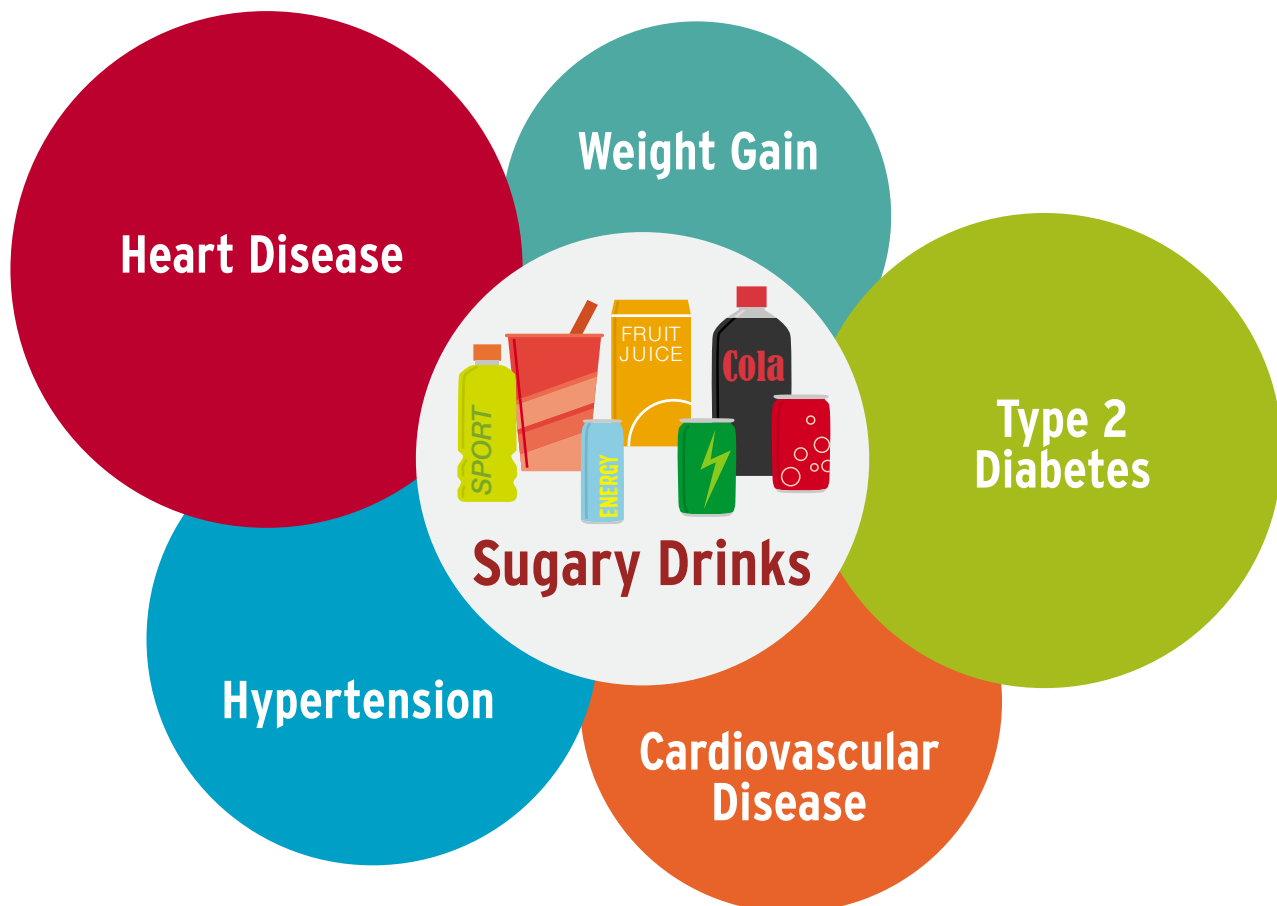


2 in 3 children &



1 in 2 adults

**CONSUME AT LEAST
1 sugary drink
A DAY**



How can sugary drink reduction strategies promote health equity?

Campaigns to curb sugary drink consumption can help promote health equity – that is, help to make sure that everyone has a fair opportunity to enjoy a healthy life. Sugary drinks can be a roadblock to health equity because of inequitable disparities among different demographic groups, such as the following:

- Men and women of color (specifically, Latinx and black) on average consume more calories per day from sugary drinks than their white and Asian peers.¹⁹
- Sugary drinks make up over 8% of black men and women's total daily calorie consumption, which is significantly higher than the percentage in other populations.²⁰
- Native populations (ie, Native American and Alaska Native) have higher rates of sugary drink consumption than their white peers and adults of other races.²¹ Alaska Native adults, for example, are over 3 times as likely as white adults to consume 3 or more sugary drinks a day.²²

Children also experience inequitable disparities, such as the following:

- Latinx and black children under 2 years old consume more sugary drinks than white children and are more than twice as likely as white children to be obese.^{23,24}
- Alaska Native and Native American children have the highest rates of obesity as a group, although these rates can vary by region.²⁵ In 2016, over 40% of Alaska Native students were considered obese compared with only 28% of their white peers. Alaska Native children are also significantly more likely to consume at least 1 sugary drink a day (63%) compared with their white peers (37%) and children of other races generally (42%).²⁶
- Children in low-income families of all races are twice as likely to consume sugary drinks compared with children in high-income families.²⁷

The pattern of inequitable disparities in sugar-related health issues mirrors disparities in consumption. For example, Latinx Americans and Native Americans are more likely to experience diabetes than their white peers,^{28,29} and the death rate for diabetes and heart disease for black adults is higher than for white adults.³⁰

These disparate consumption patterns and unjust health outcomes are the result of different factors compounding over time. Many of these factors are outside of individuals' and families' control, including the following:

- Beverage companies systematically target adults of color in advertising and marketing campaigns focused on increasing sugary drink consumption.³¹ Increased sugary drink consumption in turn exacerbates other health disparities experienced by these populations.
- Latinx children are exposed to more sugary drink marketing than any other group.³²
- Low-income children are more likely to experience limited availability of nutritious food and beverage options due to cost, proximity, or resources.³³ These factors all contribute to an increased risk for obesity.

Sugary drink reduction strategies can be used to counteract these inequitable disparities, especially when pursued in consultation with affected communities.

How do I use this playbook?

Many communities have proposed or implemented strategies to reduce sugary drink consumption, from public education campaigns to sugary drink taxes. Other communities are just getting started with improving community health through reduced sugary drink consumption.

A common question from changemakers is “Where do we start?” This playbook is meant to help generate ideas for a sugary drink reduction strategy and outline some important considerations along the path forward.

This playbook provides a menu of strategies to reduce sugary drink consumption, organized roughly by level of feasibility. While this playbook focuses on local strategies to address overconsumption of sugary drinks, some of these strategies can be adopted for statewide implementation. If you have a question about the adaptability of any of the strategies for your community, please [contact ChangeLab Solutions](#) or a local attorney.

An overview of the strategies is shown on pages 2–3. To sort the strategies, we considered the following factors:

- **Program-to-policy spectrum.** Many communities follow the path of starting with public education campaigns and then working up to restricting the availability of sugary drinks and promoting healthier alternatives through public policy. The strategy list in this playbook follows this program-to-policy spectrum. Strategies at the start of the playbook, such as education campaigns, focus on social and environmental changes. Strategies toward the end of the playbook focus on policy change, implemented through institutional policy or local law.

More feasible

1

2

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Less feasible

- **Implementation track record.** Strategies that appear early in the playbook have already been implemented by one or more communities. Policies that have been implemented in a few communities or have not yet been implemented but are still legally feasible appear later in the playbook.

It's unlikely that a single policy can substantially reduce sugary drink consumption or drastically improve health. Using multiple strategies, such as those listed in this playbook, can help communities create significant and long-lasting improvements in health for all.

What's new in this updated playbook?

This playbook has been revised to include an expanded introduction, expanded strategy descriptions, updated supporting evidence and evaluation data, new examples, and a restructured format. Some strategies have been moved, combined, or removed as part of an evaluation of their feasibility and implementation history.

There are also two new elements included in the description of each strategy: "Health equity in focus" and "Collaboration & engagement" sections.

"Health equity in focus" boxes

This new feature highlights health equity considerations and challenges that can arise when working on sugary drink strategies. Throughout this playbook, "Health equity in focus" boxes draw attention to equity considerations for each proposed strategy, including possible unintended consequences. For example, a community adopting a sugary drink tax could direct the tax revenue to benefit communities disproportionately affected by sugary drink consumption, perhaps by directing tax monies to ensure that all residents have access to drinkable tap water. Understanding such considerations will help changemakers create solutions that simultaneously reduce sugary drink consumption and support equitable, thriving communities.

"Collaboration & engagement" sections

In this revision, new sections highlight how to maximize support for sugary drink strategies through multisector collaboration and community engagement.

Multisector collaboration

By working together, changemaking partners can achieve more than they can individually. Sugary drink reduction strategies have many different stakeholders in government, nonprofit organizations, businesses, resident associations, and advocate groups. Establishing partnerships is often critical to achieving successful and sustained change. Such collaborations create a space for sharing knowledge and examining a diversity of perspectives, both of which can inform and enhance policy solutions.

For example, a city might have a public health department that is launching a healthy corner store program, as well as a coalition of dentists interested in promoting cavity reduction and gum health. These groups have a shared interest in promoting community health through strategies to reduce consumption of sugary drinks.³⁴ Such shared interests open the door to non-traditional partnerships and new successes in healthy changemaking.

KEY RESOURCES

Health in All Policies is a helpful model for multisector collaboration, especially across government agencies. To learn more, check out ChangeLab Solutions' resource, *A Roadmap for Health in All Policies: Collaborating to Win the Policy Marathon*, as well as their library of other [Health in All Policies resources](#).

Community engagement

Community engagement helps build awareness as well as a base of support for healthy changemaking. Working with affected communities (ie, those experiencing health inequities) to identify health concerns and potential solutions helps ensure that sugary drink strategies are both sustainable and tailored to the needs of residents.



Community engagement will help changemakers understand why sugary drinks may be more or less attractive to certain consumers. For example, low-income parents are more likely than wealthy parents to give their children sugary drinks in order to treat them and provide short-term comfort in the face of long-term challenges.^{35,36} Understanding these kinds of motivations can help changemakers provide tailored alternatives for community members.

Special effort should be made to engage those most impacted by the health effects of sugary drinks, to ensure that strategies are relevant to their needs.³⁷ Such engagement produces a double benefit: giving people a meaningful say in what happens to them and their communities improves their ability to exercise self-determination, which in turn has a positive impact on health outcomes.³⁸

Community engagement can serve many purposes:

- Helping to define a specific problem (eg, overconsumption of sugary drinks) and its impact on community health
- Developing a shared vision for a community, which could include strategizing with communities about potential solutions to health inequities
- Holding institutions or government agencies accountable for whatever strategy is deployed
- Ensuring continued monitoring and evaluation of whether the strategy is working as intended
- Building long-term capacity in the community for addressing health inequities

Effective community engagement can also help sugary drink reduction strategies complement and amplify other campaigns for community health. Sugary drink reduction strategies are often part of a broader campaign to create healthier places for community members to eat, shop, work, and play.

Changemakers should be aware that there are different types of community engagement, and which type is most appropriate will depend on which sugary drink reduction strategy is pursued and the strategy's stage of progress. The appropriate level of engagement is also tied to evolving factors like community readiness, capacity to engage, and interest.

KEY RESOURCE

To learn more about how to clarify a community's role and influence in a decisionmaking process, check out the [spectrum of public participation](#) from the International Association for Public Participation.

What is a community?

This playbook uses *community* as shorthand for a group of people who will be affected, either directly or indirectly, by a proposed changemaking strategy. People in a community (1) are in a particular geographic area, like a neighborhood, and/or (2) share a common identity or characteristic.

What is an underserved community?

This playbook uses the term *underserved communities* to indicate communities that have historically received scarce investment and services from the public and private sectors. This scarcity is often the direct result of policy decisions, which can affect whether communities have access to important resources like well-funded schools, quality home loans, and water infrastructure. Because of this historical neglect, underserved communities are more likely to experience health inequities, political marginalization, and disinvestment.

This term is intended to indicate that, while underserved communities have their own internal resources and resilience to draw from, systems and institutions have failed to adequately meet their needs. Examples of underserved communities include people of color, low-income communities, and rural communities.

Sugary drink policy considerations

When starting work on a sugary drink policy strategy, there are many considerations.

Definitions of *sugary drink*

Different legislative bodies' definitions of *sugary drink* in proposed and enacted policies vary in several ways:

- **What types of beverages are included or excluded.** For example, some policies might not consider sweetened milk (eg, chocolate milk) to be a sugary drink; other policies might not include juices with added sugar in their definition of *sugary drink*.
- **Scope.** For example, some policies might apply only to prepackaged sugary drinks (eg, pouches, bottles, cans), while other policies might apply to fountain sugary drinks and coffee syrups as well.
- **Using measurements as criteria.** Some policies might define *sugary drink* by using calorie counts and serving sizes to determine which beverages should be restricted. For example, a policy could define *sugary drink* as a beverage that has a certain number of calories per serving.



When pursuing any of the strategies discussed in this playbook, changemakers will need to think carefully about which definition of *sugary drink* to use in their policy. Considerations might include political and implementation feasibility as well as the latest evidence on the effects of different types of sugary drinks on health. How a sugary drink is defined will also impact how different groups will be affected by the proposed policy. For example, if the intention of a policy is to improve children's health, policymakers should be aware that children consume many calories from fruit drinks and, on average, consume 4 times as many calories from sweetened milk as from soda.³⁹

Policymakers should be mindful of the relationship between a sugary drink definition and issue framing. For example, sugary drink taxes are often popularly known as *soda taxes*. While this phrase may be simple and memorable, it frames the issue of sugary drinks around soda, implicitly leaving out other beverages that also impact health and are consumed more by some populations than others. Black children, for example, drink more non-soda sugary drinks than their white peers.⁴⁰

KEY RESOURCES

ChangeLab Solutions includes a comprehensive definition of *sugary drinks* in its [model sugar-sweetened beverage tax legislation](#). This definition can be adapted for use in other policies.

ChangeLab Solutions collaborated with Healthy Food America to produce the [Best Practices in Designing Local Taxes on Sugary Drinks Policy Guide](#). The guide identifies critical legal, administrative, and political factors to consider when designing taxes on sugary drinks, and it includes extensive information on defining sugary drinks.

JUICE

What about 100% juice?

Fruit juice, 100% or otherwise, can easily be overconsumed because it is a liquid, and this overconsumption increases a person's sugar and calorie intake. Contrast fruit juice with the naturally occurring sugars found in whole fruit. It's harder to eat excessive amounts of whole fruit than to drink excessive amounts of fruit juice because whole fruit requires more effort to consume (ie, chewing) and contains high amounts of fiber. Fiber is a part of fruit and vegetables that cannot be easily digested, which gives the eater a sense of fullness.

For these reasons, the 2015–2020 Dietary Guidelines for Americans recommend that Americans eat mostly whole fruits rather than drink juice to satisfy daily fruit consumption guidelines.⁴¹ Similarly, a panel of nutrition experts recommends limited juice consumption for young children.⁴²

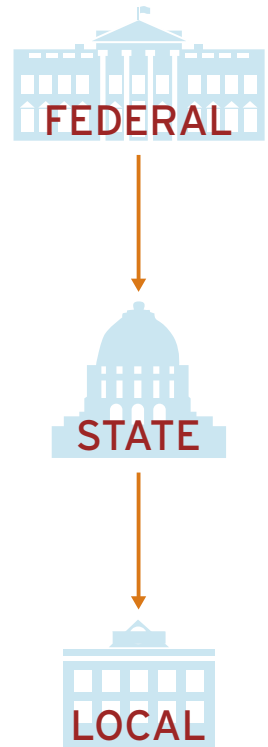
Legal considerations and preemption

This playbook does not include extensive discussion of legal considerations for each strategy. When exploring legal issues pertaining to proposed sugary drink strategies, local governments should review state law to determine whether they have the regulatory authority to enact those strategies.

Preemption is a legal doctrine that allows a higher level of government to limit or even eliminate the power of a lower level of government to regulate a certain issue. As with any other tool, the impact of preemption depends on when and how it's wielded. When it sets a floor, as in the case of the federal nutrition standards for foods sold on school campuses, it can ensure that, at a minimum, everyone benefits from the positive effects of a law.

However, in the sugary drink realm, an increasing number of state legislatures have adopted laws that preempt local governments' authority to regulate.⁴³ These preemptive laws are intended to prevent local jurisdictions from adopting policies at the local level. Such laws erode the basic police power of local governments to protect the health, safety, and welfare of residents. They can also leave a regulatory vacuum. For example, if local governments in a state lose the authority to regulate the nutritional quality of foods in restaurants and stores, and the state does not implement its own regulations, community members are then left without regulatory protections in this area.

For more information about preemption and public health, see ChangeLab Solutions' [fact sheets](#) on the topic.



KEY RESOURCE

ChangeLab Solutions has created a legal memo, *Preemption: What It Is, How It Works, and Why It Matters for Public Health*, which clarifies the significance of preemption in public health by explaining the concept of preemption and why its consequences are important to keep in mind when forming policy.

STRATEGIES



LAUNCH A PUBLIC AWARENESS CAMPAIGN

Public awareness campaigns are traditional health education tools that can educate communities about the risks of sugary drinks and encourage people to reduce consumption.

These campaigns can help address the fact that while many people are aware of the serious health consequences of soda consumption, they are less aware of the health risks that consuming other types of sugary drinks can present.⁴⁴ Some public awareness campaigns even encourage specific actions, such as taking a pledge to reduce one's consumption of sugary drinks by a particular amount.



In general, evaluation of awareness campaigns for community health shows promising results. For example, evaluation of antismoking campaigns suggests that public awareness campaigns can reduce harmful health behaviors, particularly when paired with supportive environments such as smokefree areas and access to cessation services.⁴⁵ In the sugary drink realm, early evaluation of public awareness campaigns suggests that these efforts can change consumer attitudes about the risks of sugary drinks.^{46,47}

One message public awareness campaigns can promote is how sugary drinks affect children, especially in underserved communities. Improving children's health and well-being is an issue that resonates with many stakeholders and can be a good starting point for a broader strategic discussion of sugary drinks.⁴⁸

Strategy in action

In California, the San Francisco Department of Public Health established Shape Up SF, a coalition of health-focused organizations, which launched a public awareness campaign called *Rethink Your Drink*. Advertisements for the campaign were created in multiple languages and featured questions like “You wouldn't eat 22 packets of sugar. Why are you drinking them?”

Shape Up SF also launched [Open Truth](#), a counteradvertising campaign that focused on countering the targeted marketing of sugary drinks to black and Latinx youths. Open Truth sought input from black and Latinx youths by forming a partnership with Youth Speaks, a youth-centered arts education program. As part of this partnership, youths were engaged in the creation of the messaging for the campaign and even appeared in some of the advertisements. The campaign created testimonial videos featuring youths of color sharing their thoughts on targeted marketing from the sugary drink industry.⁴⁹

In New York, the CUNY Urban Food Policy Institute in New York City led [a sugary drink countermarketing campaign](#) with local high school students. Youths developed posters with messages that focused on exposing the motives of sugary drink producers. The posters were displayed in areas of the city with high rates of diabetes, like East Harlem.

Collaboration & engagement

A public awareness campaign is a relatively straightforward way to engage partners in working toward a common goal. Building a broad base of support for any changemaking campaign helps build momentum, create sustained awareness of the issue, and engage a diverse set of skills from community members. Some likely partners include the following:

- **Community organizations.** Encouraging partners to engage in designing a public awareness campaign can contribute to the effectiveness of the message. For example, the Healthy Beverage Partnership in Denver, Colorado, is made up of members from different public health and environmental health agencies in 7 counties surrounding the Denver metro region. Together, they launched the Spot Hidden Sugar campaign to highlight the amount of sugar in sugary drinks compared with other foods.⁵⁰ Collaborative partnerships can better equip campaigns to leverage resources and ensure that the intended message is widely and successfully communicated.^{51,52}
- **Community members.** Integrating community voices into the campaign helps add personal stories to the narrative and ensure that the campaign's messaging resonates with priority populations. Including key community members also prevents campaigns from backfiring by inadvertently stigmatizing the very communities they want to be helping. Strategies for engaging community members in a campaign effort include on-the-ground organizing, educational efforts, listening sessions, focus groups, key informant interviews, and coordinating with other community organizers.⁵³ Working in this way can also help campaign organizers understand why people consume sugary drinks, which can help them create effective, tailored policy interventions in the future.



KEY RESOURCE

[Kick the Can](#) maintains a list of national, statewide, and local educational campaigns that focus on reducing sugary drink consumption and promoting healthy weight and physical activity. Many of the communities that created these campaigns offer their materials for other communities to use at no charge.

HEALTH EQUITY IN FOCUS

DE-STIGMATIZING OBESITY & PROMOTING “HEALTH AT EVERY SIZE”

Public health awareness campaigns have often focused on promoting weight loss or reducing body fat as a way to counteract the health impacts of sugary drinks. For example, one local campaign used the slogan “pouring on the pounds” and asked consumers, “Are you pouring yourself fat?”⁵⁴ This focus puts the blame squarely on the individual consumer for making “wrong” choices. It doesn’t address broader forces, like industry marketing, which work to increase consumption among deliberately targeted groups.

Messaging that focuses on weight can also stigmatize people classified as overweight, which can lead to distrust of health care providers and avoidance of medical care.⁵⁵ Internalized weight stigma impacts men and women across body weights⁵⁶ and can be intensified by age and race.^{57,58} For example, compared with white women, Latinx women are more likely to cope with weight stigma by engaging in unsafe weight behavior (bingeing, starving, or purging).⁵⁹

Negative impacts associated with focusing on weight have prompted many changemakers to rethink the messaging used in health campaigns. New emphasis on promoting health at every size includes weight-neutral messaging, which focuses on individual nutrition and physical health, as well as environmental, social, and marketing influences. This messaging aims to broaden the focus from weight to overall health, individual empowerment, and systemic or institutional forces that shape people’s health.



2

START A HEALTHY RETAIL STORE PROGRAM

Retailers are an important part of a community and can play a major role in local wellness through the products they choose to provide and promote to customers.

Corner stores, gas stations, convenience stores, and grocery stores are all places where community members can purchase everyday items like snacks, household supplies, and groceries. However, these stores may also be heavily stocked with unhealthy items like tobacco, alcohol, and sugary drinks. Healthy retail programs, which work with retailers to improve their food offerings and create a healthy store environment, have gained popularity in communities seeking to change their retail environment.

Healthy retail programs have two important goals: (1) changing the retail space to promote health and (2) helping store owners understand their role in supporting community health and well-being. Ideally, store owners will be engaged early and often. Successful programs often start with small actions, like providing store owners with information and then letting them make decisions about the changes they would like to make.



Any changemaking in the retail environment will be strengthened by displaying sensitivity to the fact that small store owners are operating a business and need to make a living.

Healthy retail programs come in many shapes and sizes. In general, they ask retailers to agree to meet certain standards. As part of the agreement, the retailers receive benefits, such as free publicity, help with in-store promotion of healthy foods, or economic incentives. Healthy retail programs historically have been voluntary, with no penalty to stores that choose not to participate. Under this model, the more stores that opt into the program, the larger the impact on the broader retail environment.

A healthy retail program can include standards that address sugary drinks, such as the following:

- Encouraging placement of healthy beverages at the checkout counter
- Reducing the number of sugary drink options by a certain percentage
- Not selling single servings of fountain drinks that are larger than a set number of ounces and not providing free refills for fountain drinks
- If fruit or vegetable juice is sold, stocking only 100% juice with no added sugar or sodium
- Offering a minimum number of zero-calorie non-alcoholic cold beverages, including water
- Stocking water at eye level in cooler cases

Success of a healthy retail program relies on an effective partnership between retailers and program staff, as well as retailers' willingness to be monitored by the program. When changemakers think about creating healthy retail programs, they often focus on small, locally owned stores, for a few reasons:

- In general, it can be harder to persuade corporate food retailers (like chain supermarkets) to make changes in their offerings because they may need to run ideas through multiple layers of approval.
- While supermarkets and big-box stores carry unhealthy products, they typically also carry healthier items like fresh fruits and vegetables. This is often not the case for smaller retailers.
- In many communities, small stores are the main or most prevalent food source. In rural areas, the nearest large grocery store may be an hour away from some residents. And while urban areas may have corner stores on every block, these stores are less likely to carry healthy products.⁶⁰

That said, work to limit sugary drinks can be done with other types of stores. The feasibility of such work depends on relationships and resources available to changemakers.

Strategy in action

The Healthy Neighborhood Stores project, organized by the Douglas County Health Department in Omaha, Nebraska, provides training to retailers on price, placement, and promotional strategies to encourage healthier choices in their stores. Store owners were interviewed in order to understand their business needs and then educated on how making healthier options available in their stores would be profitable. Store owners received education on strategies to promote healthy options, like competitive pricing, placing healthy options at eye level, and customized price tags. The health department provided stores with interior and exterior signage, organized on-site cooking demonstrations, and provided support for redesigning stores as part of the program. As a result of the program, participating stores in Omaha have experienced an increase in sales.⁶¹



Collaboration & engagement

Here are some potential partners who can help get a healthy retail program off the ground:

- **Local economic development departments and chambers of commerce.** Given their interest in supporting local businesses and revitalizing neighborhood commerce, these entities may be able to help fund or otherwise support a healthy retail program.
- **Community organizations.** Other potential community partners for creating a healthy retail program include nonprofit food justice or hunger relief organizations that can connect retailers with local produce; local dietitians who can advise the program or the retailers; or store owner associations that can be effective partners in outreach and help assess barriers to participation.
- **Retail store owners.** Since participation is voluntary, buy-in from retailers is key for a successful healthy retail program. Retailers who are early adopters can signal to other store owners that the program is legitimate, desirable, and socially and economically beneficial.
- **Community members.** Consulting with shoppers in the areas surrounding the participating stores will help shape a certification program that meets the needs of the local community.

KEY RESOURCE

ChangeLab Solutions created a toolkit called *Health on the Shelf: A Guide to Healthy Small Food Retailer Certification Programs*, which describes how to create a strong healthy retail certification program. The toolkit includes sections on scope, needs, resources, requirements, and incentives, to help organizations decide how to approach working on a program with their retailers.

HEALTH EQUITY IN FOCUS

SUGARY DRINKS & SMALL FOOD STORES

A healthy retail program presents opportunities to promote health equity through in-store strategies aimed at reducing customers' exposure to unhealthy foods. Shoppers who have been exposed to sugary drink displays in stores have been found to be at higher risk for unhealthy weight.⁶²

The negative effects of such exposure can be particularly pronounced in underserved communities. Low-income neighborhoods have half as many supermarkets as the wealthiest neighborhoods and 4 times as many small grocery stores.⁶³ High store density and unhealthy product displays can increase people's exposure to products linked to chronic disease, which impacts health, especially for children and adolescents.^{64,65} Working to create healthier stores in retail-dense areas can shift the retail landscape toward stores that provide healthy options for shoppers in those communities.

In addition to improving shoppers' experience, healthy retail programs can approach store owners as valued community members and partners in making healthy change. A successful healthy retail program works not only to ensure healthier options in stores but also to improve stores' profitability in doing so.

Retail stores are run by business owners who are trying to earn a living. To ensure sustained and successful participation, healthy retail programs should be attentive to the realities of owning a small business. One way to support small food retailers' profitability is to connect them with economic resources, like low-interest loans and infrastructure upgrades, that can encourage their growth. Another strategy is partnering with retailers to provide input on how the healthy retail program is structured, so that it can be responsive to their business needs.

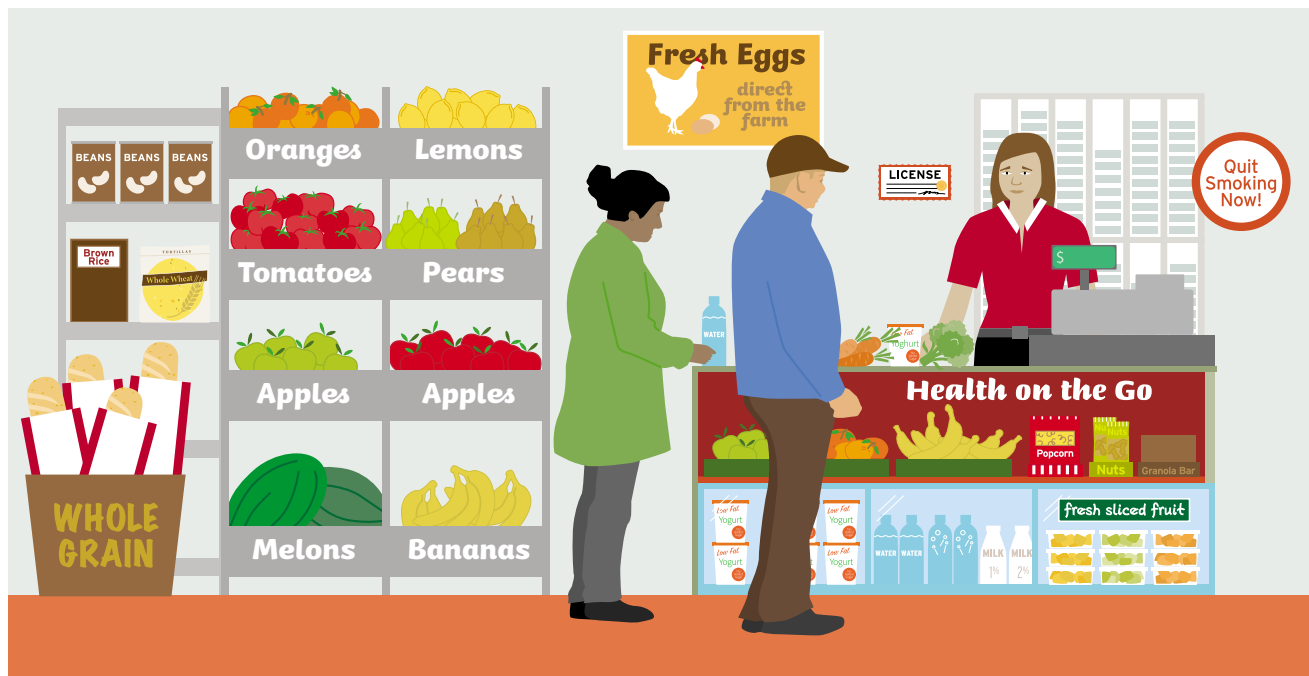


ESTABLISH HEALTHY CHECKOUT AREAS

How products are placed in stores has a significant effect on what people purchase, which in turn affects their health.⁶⁶

Sales of gum, candy, sugary drinks, and other products displayed in checkout areas represent 46% of these products' total supermarket sales.⁶⁷ For this reason, checkout aisles usually have strategic marketing and design features that encourage shoppers to choose the products placed there, which are usually unhealthy.⁶⁸ Impulse purchases of unhealthy foods, like those displayed in traditional checkout aisles, are linked to a risk of weight increase in regular shoppers.⁶⁹

When stores make healthy options more accessible, impulse shopping at the checkout aisle can benefit health. Increasingly, food retailers have begun offering "healthy checkout aisles," where only healthy snacks and beverages are offered.



Healthy checkout areas have been successfully implemented as voluntary programs that retailers opt into, with no penalties for not participating. For example, some large grocery chains, including Walmart, Aldi, and CVS, have voluntarily created healthy checkout aisles in some or all stores.⁷⁰⁻⁷² Like any change strategy involving the retail landscape, healthy checkout programs require strong relationships and communication with retailers to be successful.

Healthy checkout areas could also be implemented as local policy. As of the publication of this playbook, a local healthy checkout law has not yet been adopted. Although a healthy checkout policy would be grounded in established legal precedent, it is important to be aware that such a local law might draw a challenge from industry that could chart new legal territory. Therefore, a community that wishes to pursue this approach should work closely with attorneys who are well versed in this area of law.

Strategy in action

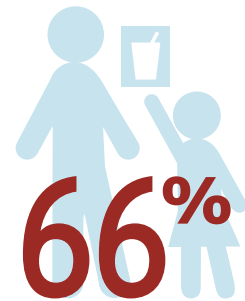
In 2017, Associated Food Stores, a Utah-based grocery store, implemented 1 “LiVe Well Lane” in all of its 43 locations. This change was the result of a partnership with the Utah Department of Health and Intermountain Health Care, a local nonprofit health system in Utah. The LiVe Well Lanes carry only dietitian-approved snacks and fresh fruit. Early evaluation studies show that customers are starting to change their shopping habits in response to the new lanes. Three months after the lanes were established, purchases of healthy items increased by 49% in the LiVe Well Lanes. Conversely, purchases of candy and unhealthy snacks decreased in traditional lanes.⁷³

Collaboration & engagement

Working to institute healthy checkout aisles may appeal to many potential partners:

- **Public health practitioners.** Public health practitioners who are working in the retail environment can be key partners on a healthy checkout strategy. Advocates for healthy checkout aisles might seek to include partners from substance abuse prevention (eg, tobacco, alcohol) or sexual health who have led efforts to promote health in the retail environment. Collaborating across sectors can build momentum for changemaking campaigns, with each partner bringing useful resources to the work.

- **Parents and caregivers.** Checkout aisles can be a difficult place for parents who are shopping with their children. Parents report that it's hard to shop at grocery stores where unhealthy food is present, and 66% find it hard to resist their children's requests for snacks.⁷⁴ For some families, saying yes at the checkout aisle is a low-cost way to treat their children. Parents and caregivers can help shape a healthy checkout intervention by identifying items or areas in the checkout they find most problematic and lending support for the initiative.
- **Community members.** Healthy checkout strategies, like other strategies focused on the retail environment, need input from the community to succeed. It's important to connect with community members (eg, residents, store owners) to understand their needs and concerns in regard to healthy checkout aisles. Community members can lend their expertise and offer firsthand knowledge of their retail experience to inform the policy. This input can give changemakers critical insight into why retailers stock aisles the way they do or what shoppers in a community need from a retail outlet. In working closely with the community, changemakers may also connect with a local champion who can help mobilize residents to support sugary drink reduction strategies.



66%
OF PARENTS
find it hard
to resist their
children's
requests
for snacks
when
shopping

KEY RESOURCES

ChangeLab Solutions' [model ordinance](#) on healthy checkout aisles is a tool that public health advocates can use to implement sustainable community-wide requirements for healthy checkout aisles. This model ordinance requires retailers to stock checkout aisles only with items that meet nutrition standards or with nonfood items. Though written as an ordinance (ie, local law), the language can be adapted for use in a voluntary healthy checkout program or for use as an organizational policy by individual stores or chains. Whether in the form of a law or a voluntary program, healthy checkout environments can be defined more broadly to include or exclude other items beyond sugary drinks or food. Those interested in adopting a healthy checkout policy should contact ChangeLab Solutions or a local attorney to discuss the legal considerations. For example, some jurisdictions have laws specific to products like tobacco and alcohol that might affect how their sales can be regulated.

The [Center for Science in the Public Interest](#) has a variety of [resources](#) for practitioners working on healthy checkout interventions. These resources include materials that make the public health and economic case for healthy checkout and provide guidance to retailers on implementing healthy checkout, like nutrition standards and healthy snack lists.

HEALTH EQUITY IN FOCUS

HEALTHY CHECKOUT STRATEGIES IN CULTURAL MARKETS

Cultural markets can play an important role in reducing the harmful impact of sugary drinks in their communities. In Los Angeles, Northgate González Markets is an immigrant- and family-owned market chain with 42 stores across Southern California. The stores provide residents with Mexican foods and products.

In May 2016, Northgate González Markets recognized the effects of health problems like heart disease and diabetes on the mostly low-income Latinx communities they serve. By speaking with their customers, they identified a need for spaces in their stores that were free from high-calorie, high-sugar foods. They therefore began establishing healthy checkout aisles in their stores.⁷⁵ The new checkout lanes were branded under a bilingual display that read “Botanas Saludables/Healthier Snacks.”⁷⁶ Since implementation of the program, they have expanded their healthy checkout aisles from 5 to 15 lanes, with a commitment to expand to more stores.⁷⁷



4

BUILD ON FEDERAL STANDARDS TO EXPAND SUGARY DRINK RESTRICTIONS IN YOUTH-ORIENTED SETTINGS

Children and youths spend a lot of time in child care and educational settings, where they may be exposed to sugary drinks.

In 2014, roughly 70% of all 4-year-olds and 42% of 3-year-olds attended some form of preschool (including pre-K, Head Start, and center-based settings that receive subsidies, as well as private centers).⁷⁸ As children grow older, they enter schools and after-school programs. In 2017, about 50.7 million students were enrolled in public school,⁷⁹ and in 2014, 10.2 million students were enrolled in after-school programs.⁸⁰

The high number of children served makes early childhood education settings and grade schools important focus areas for sugary drink reduction strategies. Children who are in child care and after-school programs that receive government subsidies or who are provided food through a government-funded program often come from families that are at high risk for chronic disease.



One strategy for addressing inequitable health disparities among children is to ensure that child care providers and schools are implementing existing nutrition standards that include restrictions on sugary drinks. Four food programs provide food to children and students outside of the home: the Child and Adult Care Food Program (CACFP), the National School Lunch Program (NSLP), the Summer Food Service Program (SFSP), and the Special Milk Program (SMP). For an overview of these programs and who they serve, see page 31, “Federal regulations that affect beverages served or sold to children and students.”

Each of these programs regulates the types of beverages that can be made available or are reimbursable for the children they serve. Their standards overlap and differ. For example, while 100% juice is reimbursable in all of the programs,⁸¹ the allowability of flavored milk and other sugary drinks varies.

The following are strategies that changemakers can use to improve on federal standards:

- **Adopt federal standards locally to protect them from rollback.** Federal regulations may change with new administrations. For example, while the 2016 NSLP standards allowed only fat-free flavored milk, the USDA issued an interim final rule in November 2017 that allows schools to provide low-fat (1%) flavored milk.⁸² School districts that had adopted the 2016 NSLP standards as district policy could then continue to maintain stronger sugary drink standards for their student population, even as the federal regulations loosened.
- **Go beyond minimum requirements.** Federal policies set the floor (ie, minimum requirements) for beverage standards. Child care and educational sites are often also governed by state and local law. States and some localities can use their authority to regulate early child care settings and schools to restrict the availability of sugary drinks beyond what is required under federal food policy. Because regulatory contexts vary based on the state and type of site (eg, high school versus child care center), changemakers should consult with a local attorney who is well versed in issues particular to the site.
- **Close gaps.** For example, federal school wellness policy standards do not require schools to implement nutrition standards for events outside of the school day⁸³ or at infrequent school-sponsored fundraisers.⁸⁴ To address such gaps, a school district may decide to apply a wellness policy to school events that occur outside of the school day, like football games or dances on campus. As another example, SFSP does not require that potable water be made available during meal service, unlike CACFP and NSLP. Schools can help close that gap by ensuring that children who

attend summer programs have access to a healthy, affordable beverage alternative – namely, clean drinking water.⁸⁵ Check out the Health Equity in Focus box on page 35 for more information on the importance of water access.

- **Improve coverage to include more children and youths.** Federal food programs for child care and educational settings are voluntary, though rates of participation are generally high. However, many qualifying young people are still left out. For example, some child care settings, like informal caretakers or unlicensed settings, may not participate in a food program. Changemakers can consider policy strategies to address sugary drinks at sites not covered by federal law. Again, consultation with a local attorney can help in determining available options.

As with many of the strategies in this playbook, it's important to think about how a proposed change could potentially affect businesses such as child care centers (including after-school care) or family child care homes (ie, licensed child care centers run out of private homes). It may be challenging or expensive to change practices after new regulations are implemented, particularly for settings with fewer resources. See the Collaboration & Engagement section on pages 33–34 for more details.



Federal regulations that affect beverages served or sold to children and students

- The **Child and Adult Care Food Program (CACFP)** provides reimbursement for nutritious meals and snacks to eligible and participating child care centers, family child care homes, and after-school programs. In 2017, CACFP funded 4.4 million meals for children.⁸⁶ Over 100,000 family child care homes (providing care to 705,000 children) and over 60,000 child care centers (providing care to 3.6 million children) participated in CACFP.⁸⁷ The program is voluntary; sites may opt in.
- Around 95% of US schools participate in the **National School Lunch Program (NSLP)**,⁸⁸ a federal program that provides free or low-cost meals to millions of eligible students, including foster children, low-income children, and homeless children.⁸⁹ NSLP also provides reimbursement for nutritious snacks to eligible after-school sites such as schools, recreation centers, YMCAs, and Boys and Girls Clubs that offer educational and enrichment activities to children up to age 18. Participating sites must comply with nutrition standards for milk and juice. Certain sugary drinks are not allowed to be sold or served in public schools that participate in NSLP.⁹⁰
- In 2016, the US Department of Agriculture finalized regulations to require school districts, as a condition of their participation in NSLP, to implement **wellness policies** that promote student wellness and address childhood obesity.⁹¹ These wellness policies must include, among other things, specific goals for nutrition promotion, nutrition education, physical activity, and other school-based activities that promote student wellness.⁹²
- Each summer, the **Summer Food Service Program (SFSP)** provides reimbursement for nutritious meals and snacks to eligible and participating summer meal sites, which are often sponsored by local governments, school districts, and private nonprofits and may be located at schools, parks, recreation centers, housing complexes, Native American reservations, YMCAs, Boys and Girls Clubs, houses of worship, camps, summer schools, or other places where children congregate. Participating sites must comply with nutrition standards for milk and juice.
- The **Special Milk Program (SMP)** provides milk to all students who do not participate in federal meal service programs. The program reimburses milk served to students. Institutions that participate in federal meal programs can participate in the SMP if some of their students (children in half-day kindergarten) do not qualify for federal meal programs. Only flavored and unflavored fat-free or low-fat (1%) milk may be provided under this program.

Strategy in action

Strategies that build on federal sugary drink standards have been implemented at both state and local levels, particularly for school settings. In April 2015, the San Francisco Unified School District's (SFUSD) Board of Education adopted a wellness policy that goes beyond federal requirements.⁹³ SFUSD's school wellness policy prohibits the sale of sweetened beverages at all times on any district property.⁹⁴ Noncompliant beverages cannot be marketed, and juices must be 100% juice with no added sweeteners.⁹⁵ In 2017, the Kansas State Board of Education produced guidelines for wellness policies in school districts that include restrictions on sugary drink sales on school grounds.⁹⁶ The guidelines are structured in three levels so that districts have flexibility in crafting nutrition policies. The basic level simply meets USDA requirements, and the other two levels exceed them.⁹⁷

Other youth-serving sites are limiting sugary drinks as well. In 2012, California passed restrictions on what beverages can be provided to children in child care facilities. These restrictions go beyond federal nutrition standards governing the types of sugary drinks that may be provided to children.⁹⁸ In 2014, Boys & Girls Clubs of America, a national nonprofit organization, announced that it was changing its standards for food and beverages provided at its sites; as a result, it will no longer provide sugary drinks. This change affects 5,400 sites and clubs that provide services to youths in after-school and summer camp programs.⁹⁹ By 2019, each site or club will follow stricter nutrition standards for snacks and meals. These standards exceed the federal CACFP regulations because they specify that *only* non-sugary beverages can be served.¹⁰⁰



Collaboration & engagement

Many potential allies for sugary drink reduction strategies can be found in early childhood education, after-school settings, and schools.

Child care settings

- **Dental professionals.** Dental professionals can be natural allies to changemakers working on sugary drink strategies, given their shared focus on early childhood health. Consumption of sugary drinks early in life is linked to an increase in dental caries (ie, cavities).¹⁰¹ The American Dental Association, a national organization of dental providers, offers information about the dangers of sugary drink consumption in relation to children's oral health on their website¹⁰² and has supported efforts to promote access to drinking water containing fluoride, which protects children's teeth from decay.¹⁰³
- **Children's parents and caregivers.** As stakeholders with responsibility for children's well-being, parents and caregivers can be powerful advocates for improving water access and getting sugary drinks out of child care and after-school settings.
- **Child care business owners and staff.** These stakeholders understand the practicalities of policy implementation in a child care setting and can provide critical administrative support. While strategies that set higher nutritional standards may offer benefits to providers (eg, clean drinking water access), it's important to recognize that complying with regulations might be difficult or costly. Child care providers are almost all women and are disproportionately more likely to live in poverty, be women of color, or have low levels of education.¹⁰⁴ Similar to interventions in the retail environment, sugary drink strategies that implement higher standards can be paired with supports for child care providers, such as technical assistance and outreach in relevant languages.

Schools and after-school settings

- **Youths.** Youths can be creative strategy partners and a source of support if they are engaged in the process early on and if they develop a sense of ownership in changemaking.
- **Parents.** Parents can be powerful school wellness champions because of their interest in ensuring that the school and its environment encourage healthy choices for their children. Parents can also be trusted voices in discussions with decisionmakers because of their passion for their children's health and their familiarity with their children's schools.

- **School, after-school, and district staff.** These staff members have a strong interest in healthy student development and can influence policies affecting students. Another way to improve buy-in among these stakeholders is to emphasize that sugary drink reduction strategies in schools can also have a positive effect on staff health.
- **Mobile vendors, stores, and restaurants.** Retail establishments that sell sugary drinks near schools can be engaged in conversation about their impact on youths.

KEY RESOURCES

The Public Health Law Center has many [resources](#) on healthy nutrition in child care settings that address both state and local contexts.

ChangeLab Solutions has developed resources and model policies to help school districts looking to use their wellness policies to [reduce sugary drink consumption](#) or [promote free water access](#).

Water policy occurs at all levels of government. The Centers for Disease Control and Prevention developed a [toolkit](#) for communities that want to improve access to healthy drinking water in early childhood settings. A sugary drink reduction strategy can be paired with one of the recommended strategies in order to promote community health. In 2017, the Public Health Advocacy Institute released a [study](#) of state-level policies that address safe drinking water in child care centers and schools, which provides a detailed overview of current and recommended policies to increase water access.

Which drinks are allowed on school campuses?

Implementation of the National School Lunch Program (NSLP) in 2014 changed the nutritional standards for beverages offered for sale in school. These competitive food service standards are referred to by the USDA as *Smart Snacks*.¹⁰⁵ The standards ban the sale of regular soda (or any drink with more than 10 calories per 20 fluid ounces). To put that in perspective, a 20-ounce bottle of original Coke[®] has 240 calories (12 calories per ounce, as well as 65 grams of sugar) and thus would not be allowed under this rule.¹⁰⁶ Here is a summary of what schools can sell to students on campus during the school day if they participate in NSLP.¹⁰⁷⁻¹⁰⁹

All schools can provide the following:

- Water – no limit!
- Milk,¹¹⁰ 100% juice,¹¹¹ and diluted juice¹¹² in portion sizes of 8 fluid ounces (for elementary schools) or 12 fluid ounces (for middle schools and high schools)

Only high school campuses can provide the following:

- “Lower calorie” beverages (with or without caffeine and/or carbonation) that contain 5 calories per fluid ounce
- “No calorie” beverages (with or without caffeine and/or carbonation) that contain less than 5 calories per 8 fluid ounces and a maximum 10 calories per 20 fluid ounces

HEALTH EQUITY IN FOCUS

DRINKING WATER ACCESS FOR ALL CHILDREN

What children eat and drink when they are very young can affect lifelong eating patterns and preferences. Early exposure to drinking water rather than sugary drinks has multiple benefits: it helps children hydrate, develop a taste for plain water, and avoid dental issues associated with sugary drinks.¹¹³ Research has suggested that an increase in water access at schools could lead to fewer overweight and obese children.¹¹⁴ For these reasons, it's very important that children have access to free and clean drinking water. Risks of unsafe drinking water can be particularly acute for young children. For example, children's bodies absorb more lead than adults', so lead contamination of water is especially dangerous for children.¹¹⁵

Child care centers across the United States have been part of efforts to make sure children have access to safe and affordable drinking water. The Healthy, Hunger-Free Kids Act of 2010^{116,117} established a requirement to make water available to children at child care centers and family child care homes participating in CACFP.¹¹⁸ Additionally, some state governments have passed requirements that tap water be tested for lead in licensed child care centers.

Federal law requires all publicly funded schools to provide free drinking water during lunch or meal service.¹¹⁹ Providing free water can encourage students to choose plain water over sugary beverages. Schools can go further and consider how to improve students' access to free water throughout the school day. Common water accessibility challenges include dirty or broken drinking fountains; tap water that is

unsafe (as happened in Flint, Michigan, in 2015¹²⁰ and Oakland Unified School District in California in 2017)¹²¹ or perceived as unsafe; and discouragement of water consumption during class.¹²² Schools can take action to promote students' on-campus water consumption through strategies like improving water infrastructure (eg, drinking fountains) and making cold water dispensers available campus-wide.

To ensure that all children benefit from clean drinking water, communities can be creative in developing water access policies that benefit everyone. One strategy is to focus on policies for specific settings, like schools, parks and recreation areas, or other government venues. Another strategy is to implement community-wide improvements to water infrastructure, ranging from upgrading water treatment facilities to smaller improvements like water bottle filling stations. To address the water crisis in Oakland, the city dedicated part of its sugary drink tax revenue to the installation of pure drinking water stations at over 100 public schools and child care centers.¹²³ Crafting water policies that have broad reach can help promote health equity and advance the success of policies to reduce sugary drink consumption.



RESTRICT MARKETING OF SUGARY DRINKS IN SCHOOLS

In 2016, USDA strengthened requirements for school wellness policies by including restrictions on what foods and beverages can be marketed on campus.¹²⁴

The rule states, among other requirements, that local school wellness policies must restrict marketing on school campuses to only those foods and beverages that meet USDA's Smart Snacks in School nutrition standards.¹²⁵

The USDA Smart Snacks standards include restrictions on the amount of sugar that beverages can contain if they are sold on school campuses, effectively prohibiting the marketing of specific high-sugar beverages. However, it may not affect a brand's general ability to advertise on campus. For example, a company that sells sugary drinks could still advertise no-calorie versions of their regular product line or use their



logo in advertisements if they carry products that meet the Smart Snacks standards.

The USDA regulations provide a baseline for marketing restrictions on school campuses. Like all federal regulations, however, these standards can change over time, particularly as administrations change. Because schools have broad authority to control commercial messages on their campuses,¹²⁶ school districts can go beyond the USDA requirements to restrict sugary drink marketing on campus in other ways. For example, schools may wish to consider the following strategies:

- Limiting brand marketing on campus
- Extending marketing restrictions beyond the school day to off-campus events or other school-related activities (eg, fundraisers)
- Banning the marketing of foods and beverages whose sale is restricted by the school district
- Banning marketing of all foods or beverages on campus
- Banning all marketing on campus

Depending on federal and state laws governing the school district, different policy options may be more or less feasible. Consult with a local attorney to understand the legal issues and what options are available to your local school district.

Strategy in action

Many school districts have integrated the current federal marketing restrictions into their wellness policies, which means that these restrictions would stay in effect even if the federal regulations were to change. In 2017, the Mission Consolidated Independent School District – located in Mission, Texas – adopted a wellness policy that limits marketing of food and beverages to those that meet the Smart Snacks in School nutrition standards, essentially protecting this restriction from any potential rollback of federal marketing requirements.¹²⁷

States also influence school policy. In 2017, the California legislature enacted a law that prohibits schools participating in the National School Lunch Program or School Breakfast Program from advertising foods or beverages that do not meet specified nutritional standards during the school day. Advertising at infrequent school functions or fundraisers is exempted from the prohibition.¹²⁸

Collaboration & engagement

Efforts to restrict marketing of sugary drinks on school campuses can open the door to collaboration with a variety of partners:

- **Changemakers working on healthy food.** These groups often focus their work on the food children eat in other environments and are potential allies in a campaign to restrict sugary drink marketing on school campuses.
- **Parent-teacher associations (PTAs).** School PTAs can help gauge the support of a district's parents for a proposal and may have connections to people in positions of power in the district.
- **The student body.** Youths can provide testimony and key insights into how marketing affects their food and beverage choices and how a restriction would impact their school wellness.

KEY RESOURCES

ChangeLab Solutions has created [model school district policies](#) and a [model state statute](#) to restrict marketing of unhealthy food and beverages and has developed [fact sheets and other resources](#) to support this work.

HEALTH EQUITY IN FOCUS

TARGETED ADVERTISING TO CHILDREN & YOUTHS

Sugary drink companies devote large amounts of money to promoting their products, and they use customized marketing strategies to target youths. In 2014, spending on sugary drink advertising dramatically outpaced spending on advertising of other, healthier beverages. For every \$1 spent on advertising water or 100% juice, \$4 were spent on advertising sugary drinks.¹²⁹

Marketing powerfully influences the types of products that young people are drawn to. Even when they're not hungry, children are susceptible to unhealthy food marketing and often prefer products that are marketed to them through targeted ads.¹³⁰

Young children are especially susceptible to advertising. When young children are exposed to food advertising, they are more likely to choose the advertised food than unexposed peers and they are more likely to ask their caregiver to purchase the food advertised to them.¹³¹ Preschoolers have shown preference for advertised products after just 30 seconds of exposure.¹³² Young children generally lack the cognitive skills and life experience to understand the difference between unbiased sources of information and promotional pieces for products.¹³³ Even teenagers are susceptible to emotive elements in advertisements that speak to common concerns like their looks, identity, and sexuality.¹³⁴

Sugary drink companies are aware of the influence of advertising and spend large amounts of money promoting their products to young people. In 2014, sugary drink companies spent \$866 billion on product and brand promotion via television, websites, third-party ads (that is, ads in which a website or publisher presents content for users and includes advertising delivered by another entity), and social media to market their products to youths.¹³⁵

Marketing strategies that promote unhealthy food and beverages are disproportionately aimed at youths from black, Latinx, and other communities of color, compared with their white counterparts.¹³⁶ Compared with other food and beverage categories, candy, sugary drinks, and other snack foods disproportionately target black and Latinx consumers.¹³⁷ Black youth, for example, view 70% more food-related ads than their white peers and twice as many ads for sugary drinks, candy, and snacks.¹³⁸

As a whole, sugary drink marketing has declined on television, websites, and even in third-party ads, but it has exploded on social media.¹³⁹ This increase has implications for youths, who use social media more extensively than adults; youths of color, in particular, use social media more extensively than their white counterparts.^{140,141} For example, one-third of black and Latinx teens – 10% more than their white peers – report using the internet “constantly.”¹⁴² Use of social media by youths of color increases their exposure to targeted advertising.

Providing spaces that are free of unhealthy food marketing is an important health equity issue, particularly for youths who are subject to targeted marketing. Maintaining and even expanding restrictions on sugary drink marketing on school grounds, where a majority of youths spend most of their time during the day, provides them with a space that is free of marketing. Working with school districts to strengthen restrictions on sugary drink marketing can help counteract the targeted marketing strategies of food and beverage companies.



ELIMINATE SUGARY DRINKS FROM KIDS MEALS

Despite widespread interest in helping children maintain a healthy weight, most kids meals at popular chain restaurants have too many calories and too much fat, sugar, and sodium.¹⁴³

Sugary drinks are a major contributor of excess calories in the diets of kids ages 2–18, representing 9% of their daily caloric intake.¹⁴⁴ Underserved communities often have limited access to high-quality foods.¹⁴⁵ Restaurants and fast food outlets may fill this gap for families, but they generally provide meals that are low in nutritional value.

Eliminating sugary drinks from kids meals can be accomplished through voluntary initiatives or policy that requires that the default beverage included in a kids meal be a healthier option, such as sparkling water or milk with no added sweeteners. Under such a policy, a sugary drink could be sold with a kids meal, but only if specifically requested by the purchaser.



Many fast food chains and restaurants have already voluntarily adopted policies limiting sugary drinks in meals served to kids. For example, McDonald's has added bottled water as a beverage choice for kids meals, with default options of low-fat milk and juice.¹⁴⁶ Other chains like Applebee's, Dairy Queen, Jack in the Box, Burger King, IHOP, Panera, and Wendy's have dropped soda as the default option in kids meals.¹⁴⁷

However, these chains' voluntary pledges to provide healthy options have had mixed results in implementation. In 2016, these chains had changed their online kids menu offerings in accordance with these pledges. Yet at some restaurant locations, soda still appeared on menu boards for kids and was offered as the default beverage option when kids meals were ordered.¹⁴⁸

Local and state governments can also pass laws that restrict the types of drinks that can be offered as part of kids meals. Such laws make healthier options the norm in a community while still providing families with the option to make their own selections. Laws establishing healthy kids meals can go beyond default options and require any sugary drinks to be sold separately. These laws can also establish minimum nutritional requirements for all foods served in kids meals. These changes can have a positive impact on families who rely on the affordability and accessibility of fast food meals.

Strategy in action

Between 2015 and 2018, the following California cities adopted ordinances requiring the default beverage included in kids meals to be a healthy option such as water, milk, or 100% juice: Davis (2015),¹⁴⁹ Stockton (2016),¹⁵⁰ Perris (2017),¹⁵¹ Berkeley (2017),¹⁵² Cathedral City (2017),¹⁵³ Long Beach (2017),¹⁵⁴ and Daly City (2018).¹⁵⁵ Santa Clara County, California, has adopted an ordinance establishing nutrition standards for kids meals served with toys or other incentive items. These standards include limits on beverages served with the meals.¹⁵⁶

In 2017, Lafayette, Colorado,¹⁵⁷ and in 2018, Baltimore, Maryland,¹⁵⁸ became the first US cities outside of California to adopt a healthy default beverage ordinance.

The ordinances adopted by these cities allow a restaurant to sell an alternative or substitute beverage with a kids meal only if it is specifically requested by the purchaser. The Daly City and Berkeley ordinances expressly state that an alternative beverage may be sold with a kids meal only at an additional cost.¹⁵⁹

Collaboration & engagement

Work on implementing a healthy kids meal policy lends itself to a variety of potential partners:

- **Community-based organizations.** Many local community-based organizations already focus on children's health and well-being and thus are natural allies. Larger organizations – for example, the American Heart Association's Voices for Healthy Kids – work specifically on this policy strategy and have established campaigns to improve children's nutrition that can pair well with strategies to limit sugary drinks.
- **Caregivers.** Engagement with caregivers and parents on a healthy kids meal ordinance is critical for successful policy adoption, particularly because this type of policy relies heavily on caregivers as gatekeepers for children's meals.
- **Restaurant owners.** If an ordinance regulating kids meals is passed, restaurant owners may need to change their menu items, their marketing, and the types of products they sell, and they may need support in order to do so. Initiating collaborative conversations with restaurant owners when starting work on a healthy kids meal policy will help to ease policy implementation and adherence. If work is just beginning on kids meal policy, encouraging retailers to voluntarily adopt changes can show other retailers that change is possible and increase support for a broad community-wide policy.
- **Community members.** A healthy kids meal policy is an opportunity to get the whole community involved. Some methods for engaging different segments of the community are facilitating restaurant surveys and assessments, identifying and enlisting key policymakers, and drafting a policy strategy that fits the needs of the community. Like many of the strategies presented in this playbook, this one requires engagement of community members from the start, to address community concerns, establish support, and encourage community advocacy for the policy.

KEY RESOURCES

ChangeLab Solutions has created a [model ordinance](#) that establishes nutrition standards for kids meals, including drinks served with kids meals, as well as [model policy language](#) that specifically addresses kids meals that offer toys. Contact ChangeLab Solutions or a local attorney for assistance in adapting this model language for a healthy default drink policy.

HEALTH EQUITY IN FOCUS

THE PURCHASING POWER OF COMMUNITIES OF COLOR

When parents select a drink for their children, many factors influence that choice. One factor is the targeted marketing campaigns used by sugary drink companies. These companies spend significant advertising dollars to nudge parents to choose their products, a strategy that is particularly aimed at communities of color.

In response to demographic trends, fast food and sugary drink companies have systematically developed marketing campaigns and products targeting communities of color. For example, McDonald's has a website called 365black.com that specifically markets to black consumers. And in 2013, twelve of the top fast food restaurants spent \$239 million in advertising on Spanish-language television.

This push toward direct marketing to communities of color is by design. Communities of color have great purchasing power in the United States. In 2016, Latinx, black, and Asian groups were making the fastest gains in total buying power.¹⁶⁰ It is estimated that African Americans' buying power will top \$1.5 trillion by the year 2021 and that they will become the largest group of color in the consumer market. The Latinx community has increased its buying power by 181% since 2000.¹⁶¹

It's not only industry that recognizes this purchasing power; grassroots movements have identified this strength as well. For example, community organizers have leveraged the purchasing power of communities of color¹⁶² with campaigns like the 2015 Blackout Coalition effort to encourage consumers to shop only at black-owned establishments.¹⁶³

Another strategy to leverage the purchasing power of communities of color is using policies like default beverages, which help nudge parents' dollars away from sugary drinks. This, coupled with other sugary drink reduction strategies, can help move the needle on the profitability of sugary drinks. It can also send a message to sugary drink companies that they will need to adapt their advertising and product lines as the purchasing power of communities of color shifts toward healthier beverage options.



7

LIMIT SUGARY DRINKS THROUGH GOVERNMENT AND PRIVATE SECTOR PROCUREMENT POLICIES

Governments and private employers can help employees and visitors enjoy healthier options by limiting sugary drinks on their property.

Private employers are generally free to create policies and enter into contracts with vendors as they see fit. Government entities, for their part, can control what types of food and drinks are served on their property through their purchasing power – that is, the power to buy and sell goods and services.

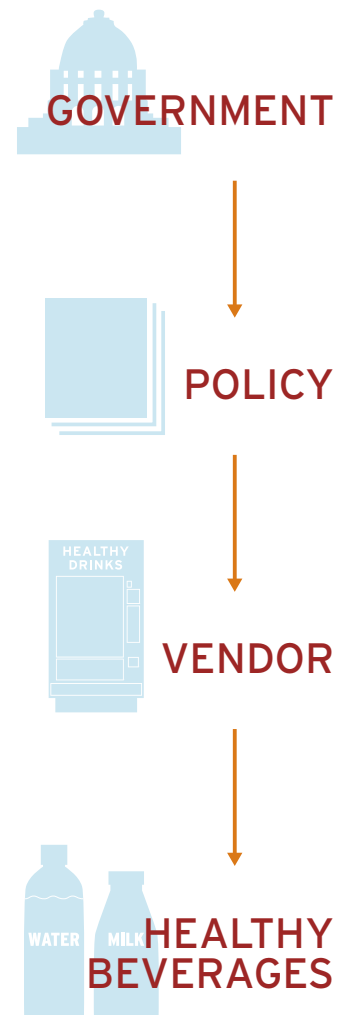
Government entities have a wide influence, especially among underserved populations. For example, government agencies provide food to people in jails, juvenile facilities, public hospitals, child care centers, schools, and senior programs. They also provide food to their employees and the public through retail outlets, cafeterias, and concession stands on their property.



By adopting purchasing policies that prioritize healthy, ethical, and sustainable food – often called *healthy procurement policies* – the public and private sectors can provide healthier beverages to employees and community members, thereby making a positive impact on community health. If their purchasing volume is large enough, these entities may also be able to influence the types of beverages available more broadly to the community by contributing to greater demand for healthier products. Procurement policies also provide an opportunity to affect other intersecting issues, such as sustainability and fair labor practices.

Procurement policies can take different forms, such as policies that focus on various specific venues. For example, a healthy vending policy may establish nutrition standards or other guidelines for products sold in vending machines specifically. This narrow focus contrasts with a broader approach that covers, say, all beverages purchased with public funds.

Different types of procurement policies will impact community members differently. Consider the difference between an employee who is able to buy healthier lunches at a cafeteria and a person in prison who is served healthier meals. For the person who is incarcerated, government procurement policy will have a much more significant impact on their life and health because they have no option but to eat government-procured food.



Strategy in action

Many government agencies have implemented procurement policies to reduce sugary drink consumption. In 2011, Thomas Menino, mayor of Boston, Massachusetts, signed an executive order that transitioned the city to healthier beverage standards.¹⁶⁴ The order required all beverages sold in vending machines, city-managed programs, contracted services, and food or beverage concessions in or around city-owned buildings to follow the Boston Healthy Options Beverage Standards. A study conducted in 2013 found that this policy had reduced the availability of high-sugar sodas on city property by almost 30%, while overall beverage prices did not increase.¹⁶⁵

Other jurisdictions have adopted more comprehensive procurement policies. In 2016, San Francisco, California, formally adopted the Good Food Purchasing Program, a holistic food procurement policy that prioritizes local economies, fair labor practices, environmental stewardship, and humane treatment of animals.¹⁶⁶

Collaboration & engagement

A strategy to restrict sugary drinks on government or private property may appeal to different types of potential partners:

- **Cross-agency collaborators.** Local government departments with direct involvement in food and beverage purchasing and distribution can be key partners. Local health departments can help make a case for the public health benefits of changing a procurement policy. Interdepartmental partners can include financial decisionmakers and purchasing officers.
- **Healthy beverage vendors.** Advocates of a healthy procurement strategy can establish ongoing partnerships with vendors of healthy beverages, to promote healthier habits among employees or other groups and to encourage local business development. Diverse businesses (eg, those run by people of color, women, veterans, or persons with disabilities) may have specific insights and opinions that will be helpful.
- **Employees.** Engaging an organization's workforce can help increase enthusiasm and reduce resistance to changes in beverages served or sold at that organization.

KEY RESOURCES

ChangeLab Solutions has a range of healthy procurement resources, including [model policies](#), [sample contract language](#), and a [fact sheet](#) on tools for implementing procurement policies.

HEALTH EQUITY IN FOCUS

PROCUREMENT THAT BENEFITS COMMUNITIES, LOCAL ECONOMIES, & THE ENVIRONMENT

Restricting sugary drinks through a procurement policy is a good opportunity for large institutions – such as government agencies, universities, and hospitals – to contribute to their community’s wellness. Procurement policies don’t have to stop at nutrition; they can also be an opportunity to promote important factors that make communities healthier and more equitable, like strong local economies, fair labor practices, environmental stewardship, humane treatment of animals, and support for priority small businesses (eg, those owned by people of color, women, veterans, or persons with disabilities). Procurement policies that restrict access to sugary drinks can also promote healthier options, such as water or plain milk.

ChangeLab Solutions developed an [infographic](#) in partnership with the Center for Good Food Purchasing that illustrates the multiple benefits of an equitable procurement policy.

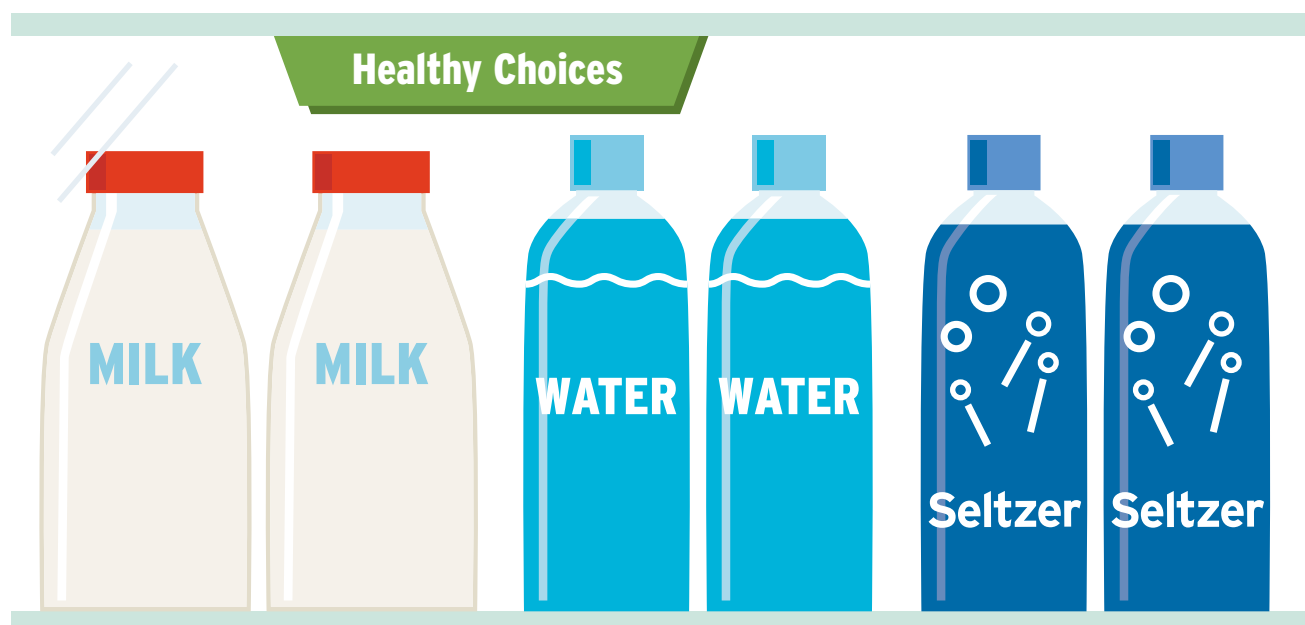


REDUCE SUGARY DRINKS AT ANCHOR INSTITUTIONS

Anchor institutions – like hospitals, universities, and established community-based organizations – are entities that have deep roots in local communities due to a mix of mission, investments, and relationships.

Anchor institutions share a common desire to help their local communities thrive. Because they generally control a variety of economic, intellectual, and human resources, they are in a good position to positively influence community health.¹⁶⁷

Anchor institutions working to limit sugary drinks can use a number of strategies as both a food purchaser and a venue where food is consumed. These strategies include limiting the marketing of sugary drinks for sale on their property; limiting the venues in which sugary drinks can be sold or served (eg, vending machines, cafeterias, meetings); using signs to prompt employees to make healthy choices at the point of sale or access; or making unhealthy options more expensive relative to healthy options.¹⁶⁸



Anchor institutions can also use their significant purchasing power to influence vendors and contractors to provide healthy options. For example, a university might convince a vending machine operator to remove sugary drinks and to place the healthier options more prominently. Those changes at the university might then be replicated at smaller local organizations that use the same vendor.

As employers, anchor institutions can play an important role in using sugary drink reduction strategies to improve the health of their employees. Adults consume, according to one estimate, 20% of their daily sugary drinks at work.¹⁶⁹ In 2017, over 7 million adults over the age of 16 were employed by hospitals in the United States and over 3.85 million were employed by universities, community colleges, and trade schools.¹⁷⁰ One way that anchor institutions can positively influence their large workforces is through worksite wellness policies. Wellness policies can include healthy vending requirements (in which sugary drinks are restricted or not available), exercise programs, and commuter benefits.

Anchor institutions' positive influence can extend beyond their own employees into other areas of the community as well. High-traffic institutions like universities and hospitals can model healthy environments and behaviors to visitors. Anchor institutions can adopt internal policies that limit access to sugary drinks in their public areas like vending machines and cafeterias. These policies can stand alone or can be part of a broader community wellness effort that extends beyond the boundaries of the anchor institution itself.

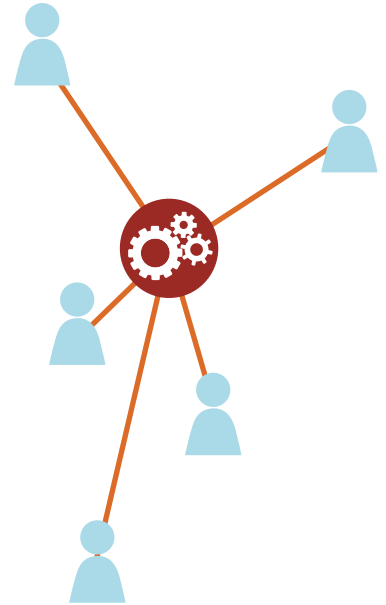
Strategy in action

Many hospitals across the nation have begun to embrace healthier beverage standards for their campuses. Vanguard Health in Chicago, Illinois; the Cleveland Clinic in Cleveland, Ohio; and the University of California, San Francisco, are among the many hospital systems that have limited the added sugar in beverages provided on their campuses.¹⁷¹ The Healthy Hospital Food Initiative in New York is a voluntary program in which hospitals adopt the New York City Food Standards, which cover cafeterias, beverage vending, food vending, and patient meals. As of February 2018, 38 hospitals across New York City were participating in the program.¹⁷²

Collaboration & engagement

Anchor institutions that aim to reduce availability and consumption of sugary drinks can benefit from developing these partnerships:

- **Local community-based programs.** Community and civic organizations have a strong connection to local residents, and many of these groups are already working to support community health. Working with these groups can connect larger systems with the needs of the community. Community groups will usually have insights on how to frame a policy to resonate best with community members, respond effectively to community needs, and maximize value to the community during implementation.
- **Health departments.** Some health departments can provide technical assistance to institutions working on policy strategies to promote wellness at work. Such technical assistance programs may be able to provide policy drafting or implementation support to encourage adoption of the policy.
- **Communities served by anchor institutions.** Anchor institutions are connected to the communities they serve in many ways. Input from community members who might be affected by an anchor institution's strategy is key to successful implementation. Community groups may already be engaged with anchor institutions to benefit community health in other ways – for example, through community advisory boards. Support for a sugary drink reduction strategy could be garnered through working with a community advisory board connected with an anchor institution, which may already be working on broader community health initiatives.



KEY RESOURCES

ChangeLab Solutions has developed a workplace wellness policy guide, [Walk This Way: A Resource on State and Local Policies That Support Physical Activity and Wellness in and Around the Workplace](#). The guide provides information and resources that organizations can use to adopt formal wellness policies, which can include sugary drink restrictions.

The Public Health Law Center provides [resources](#) for hospitals looking to develop sugary drink reduction policies. These resources were created in collaboration with Health Care Without Harm and the Minnesota Cancer Alliance, and they focus on reducing unhealthy products in an institutional setting – specifically, health care.

HEALTH EQUITY IN FOCUS

HOSPITALS AS ANCHOR INSTITUTIONS FOR HEALTH

Many people pass through hospital doors every day, and many others are touched by hospitals' community programs. Hospitals have significant power to influence communities, including the ability to shape the way people in their communities think about health. Increasingly, hospitals have identified areas of influence beyond primary care and have expanded their non-clinical programs to address the social determinants of health. Many hospitals and health systems are starting to use their powerful economic position to support their communities through their procurement strategies, hiring, and community investments. These investments can have a big impact on the communities they serve.

Hospitals have leaned into their status as anchor institutions by contributing back to the communities they serve.¹⁷³ In 2010, the University Hospitals system in Ohio invested \$1.25 million in a development strategy to create jobs for neighborhood residents.¹⁷⁴ Kaiser Permanente, a leader in the promotion of economic development in underserved areas, purchased more than \$1.5 billion in goods and services from women- and minority-owned businesses in 2014.¹⁷⁵ The Mayo Clinic in Minnesota used their community development funds to invest in community-based assisted housing, contributing to the construction of over 875 units of housing.¹⁷⁶

As hospitals embrace new roles beyond providing health care, they can be effective champions of community health promotion efforts like sugary drink reduction strategies. Their inherent interest in promoting health and their reputation for providing care for their patients can complement efforts to improve the food environment for individuals and communities. Organizations like Health Care Without Harm have developed tools that hospitals can use to audit, track, and implement sugary drink reduction policies.¹⁷⁷



TAX SUGARY DRINKS

Taxes can nudge consumers toward healthier options by raising the price of sugary drinks relative to healthier options. Economists estimate that consumption would drop by 12% if sugary drink prices increased by 10%.¹⁷⁸

Taxes have also been successful in reducing consumption of other harmful products like alcohol and tobacco. Increasing the price of tobacco products through strategies that include taxes has been highly effective in reducing smoking rates, particularly among young people.^{179,180} Similarly, there is strong evidence that increasing alcohol prices through excise taxes decreases excessive alcohol consumption and related harms.¹⁸¹

Taxes on sugary drinks are most commonly implemented as an excise tax collected from distributors of sugary drinks, with the increased cost generally passed on to consumers in the form of a higher shelf price. These taxes are levied by volume (by the ounce) or by the amount of sugar in a drink (by grams or teaspoons).¹⁸²



Those creating a policy to tax sugary drinks have several opportunities to promote health equity:

- **Community involvement.** First, community members who will be impacted by the tax increase should play a prominent role in influencing the tax proposal and design, to ensure that their interconnected social, economic, and health concerns are addressed. Community input also helps decisionmakers minimize unintended negative consequences that the tax may have on community members. One strategy for engaging community members is to use community advisory boards to help advocate for and ensure equitable outcomes. For example, a community advisory board can make funding recommendations to the taxing municipality and provide public accountability. Membership could include leaders from underserved communities, as well as people with expertise in designing, implementing, and evaluating public programs and services.
- **Outreach and education.** Those involved in a sugary drink campaign can provide outreach and education to affected community members both before and after a tax is passed. Many people are unaware of the inequitable disease burden associated with sugary drinks and the sugary drink industry's marketing practices that target underserved communities. Education efforts can also help community members see the benefits of the tax and how the revenue is being used.
- **Equitable revenue spending.** Changemakers should ensure that, barring legal constraints, sugary drink tax revenue is directed to communities disproportionately harmed by sugary drink marketing and consumption. While revenue from taxes on sugary drinks can be allocated to programs that directly address the health impacts of sugary drinks (like improving water access or access to healthy, affordable beverages and foods),¹⁸³ funds can also be allocated for programs and services that address locally relevant health equity issues and the social determinants of health. Such programs might, for example, improve access to preschool and early learning programs, foster equitable K-12 education outcomes, or fund equitable economic development, such as affordable housing or incentives for businesses owned by people of color or women. Tax revenue spending should reflect the issues identified as most important by the communities bearing the brunt of the tax burden.

Changemakers interested in pursuing a sugary drink tax policy should consult with a local attorney in order to understand state and local legal requirements related to tax design. Tax design issues include whether to use a sales or excise tax; what the tax base is (eg, volume, sugar content); what beverages are being taxed (ie, defining *sugary drinks* for the purpose of the tax); what the tax rate will be; and how to dedicate tax revenues. Potential legal issues include whether there are restrictions on a general

or special tax; voting thresholds; voting timelines (eg, the ballot certification process); preemptive restrictions on what can be taxed (eg, not SNAP purchases); and aggregate tax caps.

Strategy in action

Dozens of state legislatures and local governments have considered proposals for sugary drink taxes. In 2014, Berkeley, California, became the first locality to pass a tax on sugary drinks, followed in 2016 by Albany, California; Oakland, California; and Boulder, Colorado.¹⁸⁴

Early evaluation of sugary drink taxes suggests that they have resulted in decreased consumption of sugary drinks and generated revenue for communities. In January 2017, Philadelphia enacted the country's highest sugary drink tax at \$0.015 per ounce. After the tax, early evaluation indicates that the odds of Philadelphians consuming sugary drinks on a daily basis decreased by 40%, while the odds of consuming bottled water increased by 58%.^{185,186} Two years after the implementation of its tax, Berkeley saw a nearly 10% drop in sugary drink sales. Sales of untaxed beverages, especially water, have increased in Berkeley, along with the overall beverage sales rate. There was no initial evidence that the tax led to a drop in store revenues, nor have consumers' grocery bills increased as a result of the tax.¹⁸⁷

Some communities are using tax revenue to address the social determinants of health. Boulder dedicates the majority of the revenue from its tax to addressing health equity issues in the community by supporting health promotion, general wellness, and chronic disease prevention programs.¹⁸⁸ These programs will be focused in low-income areas, to provide clean water, healthy food, and sports programs for those who can least afford them.

Other communities are embarking on a broader effort to tax junk food, including sugary drinks. In response to increasing rates of obesity and diabetes, the Navajo Nation instituted the Healthy Diné Nation Act of 2014.¹⁸⁹ This act imposed a 2% tax on all food items of minimal to no nutritional value sold at retail locations within the Navajo Nation until 2020. These items include sugary drinks as well as snacks high in salt, saturated fat, and sugar. Tax revenue – nearly \$4 million in FY 2016–2017¹⁹⁰ – is deposited into the Community Wellness Development Projects Fund.¹⁹¹ This fund supports healthy eating and active living efforts – for example, improving bike and walking trails, developing park and recreation facilities, and clean water initiatives – in all 110 chapters of the Navajo Nation.¹⁹²

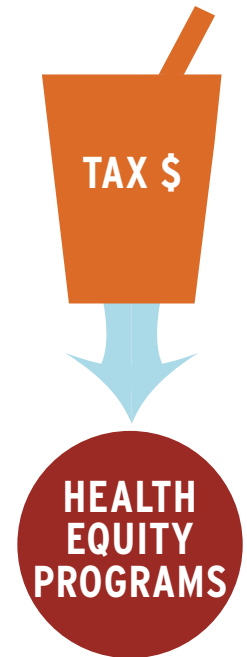
Although taxing sugary drinks has helped reduce overall consumption and has been successfully implemented in local communities, industry influence has begun to stifle local innovation. In 2017, Michigan banned the establishment of any local food taxes, including taxes on sugary drinks; in 2018, Arizona passed a similar measure prohibiting cities and towns in the state from imposing extra taxes on sugary drinks.^{193,194} In the summer of 2018, the California state legislature passed a 12-year ban on new local food and beverage taxes, a move heavily influenced by the American Beverage Association.¹⁹⁵ All of these measures were supported by beverage industry representatives. Local communities working in this area should be aware of the impact of industry intervention as local sugary drink taxes rise in popularity.



Collaboration & engagement

Working on a sugary drink tax measure provides a broad range of opportunities for partnership:

- **Traditional and non-traditional public health partners.** Allocating funds from a sugary drink tax to programs that promote health equity can facilitate many potential partnerships. For example, if a proposed sugary drink tax will direct money toward ensuring that safe, clean, and affordable water is available in a community's low-income schools, advocates of the tax could partner with the school district or school board, parent-teacher organizations, environmental nonprofit organizations, water districts, utility management companies, or environmental health departments.
- **Local government staff.** Advocates of sugary drink taxes should develop working relationships with city or county staff (eg, the city manager and city attorney) to identify and answer important political, procedural, and legal questions. Technical assistance providers or government staff members in localities that have previously implemented a sugary drink tax can also be sources of helpful information and advice.
- **City council or county board.** Local governments often are working with limited budgets and may be receptive to discussions about additional sources of revenue. Supporters of sugary drink taxes can help educate these decisionmakers on the benefits of such a tax and potential earmarking.
- **Community members who will be affected by the tax.** Taxes affect the communities they are levied on. Any effort to enact and implement a sugary drink tax should include community members in the decisionmaking process, particularly those who are disproportionately impacted by the negative health effects of sugary drinks.



KEY RESOURCES

ChangeLab Solutions has created a [model statute to establish a sugary drink tax](#), which can be adapted for use in local jurisdictions.

In 2016, ChangeLab Solutions collaborated with Healthy Food America to produce the [Best Practices in Designing Local Taxes on Sugary Drinks](#) policy guide. The guide identifies critical legal, administrative, and political factors to consider when designing taxes on sugary drinks and includes extensive information on defining *sugary drinks*. ChangeLab Solutions and Healthy Food America are creating a new and improved guide on sugary drink taxes, scheduled to be released in late 2018. The new guide builds on the 2016 guide and incorporates learnings from communities that have enacted taxes to date.

Healthy Food America's [website](#) offers many resources on sugary drink reduction policies, with a primary focus on [sugary drink taxes](#).

HEALTH EQUITY IN FOCUS

EQUITY CONSIDERATIONS IN SUGARY DRINK TAX POLICIES

Taxes on products like sugary drinks affect consumers equally – that is, every purchaser of a sugary drink pays the same amount of tax. Opponents of sugary drink taxes may criticize these taxes by saying that they're regressive. When a tax is regressive, low- to moderate-income families pay a higher percentage of their income toward the tax than high-income families. The sugary drink industry has fought sugary drink taxes by funding countercampaigns that focus on regressivity.¹⁹⁶ Since 2009, the industry has spent over \$100 million on opposition campaigns aimed at defeating sugary drink reduction policies.¹⁹⁷ Similar tactics have been used by the tobacco industry to fight tobacco taxes and smokefree air policies at the expense of the health and lives of already unjustly burdened people.

Any conversation about equity or regressivity should frame the issue in the broader equity context of sugary drinks – that is, the sugary drink industry has consistently targeted its products disproportionately to vulnerable communities and youths through predatory marketing.¹⁹⁸ Disproportionate marketing contributes to the impacts of chronic diseases (like diabetes and heart disease) associated with overconsumption of sugary drinks being experienced regressively, or disproportionately, by underserved communities. Communities targeted by sugary drink marketing often feel the impact of social and health costs associated with chronic disease more severely.

Price increases of products like sugary drinks, tobacco, and alcohol have been shown to have a significant effect on consumption, providing disproportionate health *benefits* to low-income communities.^{199,200} Directing tax revenue toward health-promoting resources and services is another way to create disproportionate health benefits for underserved community members.

Another criticism of sugary drink taxes is that they may negatively impact small businesses and shrink employment opportunities in retail outlets.^{201,202} The effect of sugary drink taxes on businesses is not well researched, and it is still unclear whether sugary drink taxes have significant impact on small businesses, given that many tax initiatives have taken effect only in recent years. However, preliminary evaluation of Berkeley's 2014 sugary drink tax indicate that the tax has not decreased the revenues of local independent businesses, contrary to industry claims.²⁰³



ADOPT CUTTING-EDGE SUGARY DRINK REDUCTION STRATEGIES

The strategies presented so far in this playbook have been proposed or implemented in at least one community or state in the United States.

The strategies in this section represent some innovative options that, as of publication, have not yet been successfully attempted in any community.

License sugary drink retailers

In many communities, running some types of businesses requires special licensing that serves a regulatory purpose. Licenses are required for a wide range of businesses, including tobacco retailers, restaurants, and casinos. For public health and other reasons, governments have determined that these businesses should be held to specific standards of operation. Nutrition advocates are now looking at licensing as a tool that could be used to increase access to healthy food.

Licenses to sell sugary drinks could include various requirements, such as limiting the proportion of sugary drinks relative to healthy beverages that a store could stock, restricting portion sizes, or setting a minimum price. Although licensing is a new idea in the nutrition space, the tobacco control movement has long used this strategy effectively to improve public health; for example, communities have used licensing to limit the sale of tobacco to minors and to regulate the density of tobacco retailers.



KEY RESOURCE

ChangeLab Solutions offers a [model ordinance](#) for communities that wish to regulate the sale of sugary drinks near schools.

HEALTH EQUITY IN FOCUS

COLLABORATING WITH MOBILE VENDORS

Mobile retail outlets like food trucks, carts, and stands are common in almost every community. When these vendors sell food and drinks near school campuses, they can help or hinder schools' efforts to improve the food environment for students. Vendors near schools might encourage youths to purchase unhealthy foods like sugary drinks. Some communities have attempted to limit such vending by adopting policies that restrict or ban mobile vending near schools.

While policies that limit mobile vending may limit unhealthy and sugary drink choices near schools, they may also have unintended consequences. For example, mobile vending policies tend to be adopted in urban areas with a high population of Latinx children, which can lead to unintended consequences when these policies call for criminal penalties.²⁰⁴

Prior to 2017, the City of Los Angeles prohibited all sidewalk vending in the city and specified criminal penalties for violators. In 2016, advocates for legalizing street vending raised the issue of the prohibition's impact on vendors, who were predominantly from Latinx immigrant communities. By enforcing criminal penalties on sidewalk vending, the city was increasing the risk that vendors would have contact with the criminal justice system, which could bring them to the attention of federal immigration authorities. In an effort to reduce potentially harmful enforcement activity in its immigrant communities, city officials legalized sidewalk vending in Los Angeles in 2017. Vendors are now regulated by the city through a formal permitting process, and violations are penalized with fines instead of criminal enforcement.²⁰⁵

Changemakers working to restrict mobile vending of sugary drinks need to evaluate the full community context before moving forward. Mobile vendors can be engaged as partners to ensure that students have access to healthy options and that policy efforts don't have unintended consequences. Early research suggests that the presence of healthy mobile vending can increase consumption of more nutritious food.²⁰⁶ To facilitate healthy options, communities can take a variety of approaches to collaborate with mobile vendors:

- Instituting conditional permits for mobile vendors near schools that require them to meet certain nutritional standards
- Waiving permit fees, expediting permits, or otherwise prioritizing healthy mobile vendors in the permitting process
- Issuing a disproportionate number of healthy vending permits, if the total number of permits is restricted
- Providing incentives to healthy mobile vendors, such as access to more advantageous vending locations²⁰⁷



Require warning labels or signs

Several types of products are required to have warning labels or signage at the point of sale or other places, alerting consumers to health risks associated with the product. For example, California requires warning labels on food and beverage containers that contain the chemical BPA.²⁰⁸ As another example, the federal government requires that alcoholic beverages carry warning labels stating the risk of consuming alcohol during pregnancy or while operating machinery.²⁰⁹ Public health researchers have found that warning labels can be effective in deterring use or overuse of harmful products.²¹⁰ For that reason, public health advocates are increasingly interested in requiring retailers to post signs on shelves where sugary beverages are sold, to advise consumers about the health impacts of sugary drinks.

In 2015, San Francisco lawmakers enacted a law requiring sugary drink advertisements to include the following label: “WARNING: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay. This is a message from the City and County of San Francisco.” This law was challenged by industry groups, including the American Beverage Association, which argued that it unconstitutionally burdened advertisers’ First Amendment right to free speech. As of publication, this case was pending in the 9th Circuit Court of Appeals. Accordingly, the legal feasibility of this strategy is uncertain. Any policy that requires warning signs or labels should be crafted in close partnership with attorneys who understand the potential legal challenges.

KEY RESOURCE

ChangeLab Solutions offers [model legislation](#) requiring a safety warning for sugary drinks, which is intended for use at the state level; however, its warning requirements can be adapted for local use.



Limit portion size

Portion sizes for most packaged and restaurant foods, including sugary drinks, have increased dramatically over the past several decades. In some cases, a single serving of a sugary drink is 10 times larger than a single serving of Coke was when the product was first introduced.²¹¹ Portion size restrictions limit the size of single servings of sugary drinks that can be sold. Such policies are intended to change social norms about the volume of sugary drinks that individuals consume in a single sitting.

In 2012, the New York City Board of Health (BOH) adopted a policy that prohibited sales of single-serving beverages greater than 16 ounces in retail



outlets within the board's jurisdiction. A coalition of industry trade groups, including the American Beverage Association, brought a lawsuit challenging the law. The court found that the BOH had exceeded its authority in enacting the law and therefore struck it down.²¹² That ruling, however, does not affect the legality of the approach itself; the ruling was based solely on how New York's law was enacted.

KEY RESOURCE

ChangeLab Solutions offers a [model policy](#) for local governments that limits portion sizes of sugary drinks to 16 ounces.

Require proportional pricing

The US food industry frequently uses "value marketing" techniques that leverage customers' desire to get a good value for their money. Industry increases profits by encouraging consumers to spend a little extra money to purchase a larger portion in order to get a good deal.²¹³ However, for the consumer, the value marketing often comes with the added cost of a substantial increase in calories and saturated fat.²¹⁴ Large food packages, food containers, and restaurant portions suggest that it is appropriate, typical, reasonable, and normal to consume a high volume of food and beverages.²¹⁵ Proportional pricing – which sets price in proportion to quantity – leads consumers to exercise portion control by selecting and consuming more reasonable portions of unhealthy food and beverages.²¹⁶

Proportional pricing of sugary drinks means that consumers do not receive a discount for buying larger quantities. For example, one fast food chain occasionally offers all sizes of its fountain drinks for \$1.²¹⁷ If a customer purchases the 16-ounce drink (the small size), she would pay approximately 6 cents per ounce for the beverage. If she purchases a 30-ounce drink (the large size), she would pay only 3 cents per ounce. A proportional pricing requirement would prohibit this discount for the larger size. If the fast food chain were required to use the same per-ounce price for all sizes, then the large size would cost \$1.88 instead of \$1.



KEY RESOURCE

ChangeLab Solutions offers several [fact sheets](#) on strategies to reduce consumption of sugary drinks, including one called *Portion Size Limits and Beyond*.

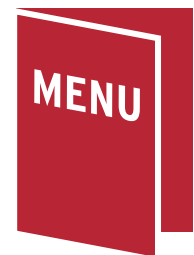
Set a minimum price

Increasing the price of unhealthy foods creates a financial incentive for consumers to avoid those options; as a result, both individual consumers and population groups decrease their purchases of such foods.²¹⁸ Strategies that increase the price of unhealthy items have proven effective in altering the types of food that consumers purchase.²¹⁹ Taxes are the most commonly discussed mechanism for raising sugary drink prices. To discourage excessive consumption, policymakers could also consider legislation that sets a minimum per-ounce retail price for sugary drinks and that prohibits the use of coupons and other marketing tactics that would discount the final sales price below the required shelf price. Unlike a tax, however, a minimum price law does not raise revenue for the government and therefore cannot be used to fund health-promoting programs and interventions.



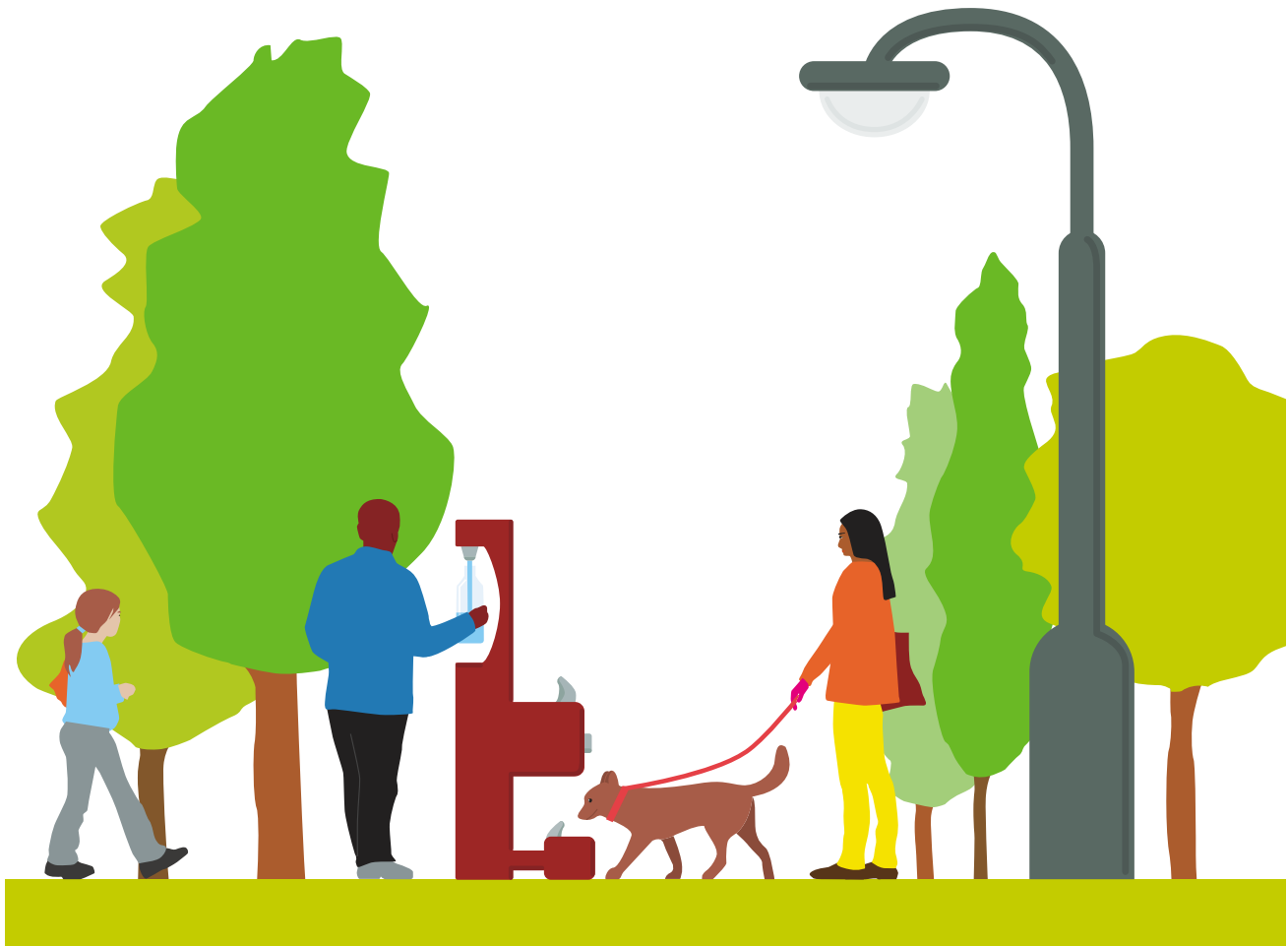
Make water more attractive at restaurants

In restaurants, water often is not promoted, while sugary drinks are heavily promoted. Studies show that consumers tend to choose the usual or default option.²²⁰ Changing the default option – for example, by making water at least as affordable and accessible as sugary drinks – can be successful in changing consumer behavior with respect to their purchases of foods and beverages.²²¹ Policymakers can require that any retail food establishment that sells fountain drinks make non-carbonated water equally available at either (1) a cost per ounce that is equal to or less than that of the sugary drinks, or (2) the actual cost to the retailer of the container, lid, and straw. Policies can also include a provision that water must be sold in containers and sizes similar to those for sugary drinks, in a manner that is equally convenient.



CONCLUSION

This playbook provides an overview of common as well as cutting-edge strategies that communities can use to reduce consumption of sugary drinks. Equity considerations, cross-sector collaboration, and community engagement all help lay the foundation for the success of sugary drink strategies. Most of the strategies here focus on local sugary drink policy or program interventions; however, some can be modified for use at the state level. This playbook is not intended to provide an exhaustive list of strategies but rather to serve as a starting point for deeper work in this area.



NOTES

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