SUGAR-SWEETENED BEVERAGES PLAYBOOK
PLAYBOOK STRATEGIES INCLUDE:

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Our recommended 10-strategy path to reduce SSB consumption and improve health in your community.

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Public health experts have identified sugar-sweetened beverages (SSBs) as major contributors to poor diet and rising obesity rates. Communities and states have proposed or implemented strategies to reduce consumption, from public education campaigns to portion size restrictions. Other communities and states are just getting started in their path to reduce SSB consumption among residents — in particular, children.

A common question from public health professionals around the country is “Where do we start?” This guide outlines a potential path to reduce SSB consumption and improve health. We provide 10 strategies for communities and states to consider, organized in a sequence that we have seen many places follow. In general, communities and states begin with public education campaigns and work their way up to restrictions on the availability of SSBs. It is important to remember that no single policy will substantially reduce SSB consumption or radically improve health. A collection of strategies, such as those listed in this guide, will create environments that promote health.

In an attempt to keep this guide short, we have not included extensive legal or policy discussion about each strategy. Among other legal issues to explore, local governments should review state law to determine whether they have the regulatory authority to enact these strategies. We provide an example and a key resource, usually a model policy, for each strategy. Contact ChangeLab Solutions for more information about any of these strategies.
For the purposes of this guide, an SSB is any non-alcoholic beverage that contains added caloric sweeteners.

Different legislative bodies have used different definitions of “sugar-sweetened beverage” in proposed and enacted policies. For example, some do not treat chocolate milk as an SSB; others do not treat juice drinks that contain less than 100 percent juice as SSBs. Some policies may only apply to bottled SSBs, while other policies may apply to fountain-dispensed and bottled SSBs.

When pursuing any of the strategies discussed in this guide, policymakers will need to think carefully about how they are going to define an SSB. Policymakers should consider the latest evidence on the effects of SSBs on health, as well as political and implementation feasibility.

**KEY RESOURCES**

**ChangeLab Solutions** has a comprehensive definition of SSBs in our *Model Sugar-Sweetened Beverage Tax Legislation*, which can be adapted for other policies.


**Healthy Eating Research** recently convened a panel of nutrition experts to develop healthy beverage-consumption guidelines for children and adults. These age-based guidelines can also be useful for evidence-based policymaking.

[www.healthyeatingresearch.org/images/stories/comissioned_papers/her_beverage_recommendations.pdf](http://www.healthyeatingresearch.org/images/stories/comissioned_papers/her_beverage_recommendations.pdf)
LAUNCH PUBLIC AWARENESS CAMPAIGN

Many people are not aware of the serious health consequences of SSB consumption. Public awareness campaigns are classic health education tools that teach the public about the risks of SSB overconsumption and encourage people to reduce consumption. Some campaigns even encourage consumers to take a pledge to reduce their consumption by a specific amount. Anti-smoking campaigns have paved the way, using public awareness to reduce harmful behaviors; these have been particularly effective when paired with supportive policies. Early evaluation of SSB public awareness campaigns suggests that they can change attitudes about the risks of SSBs.

Example
In 2009, New York City asked New Yorkers if they were “pouring on the pounds.” This informational campaign warned residents not to “drink themselves fat.” The city has followed up with several more commercials and resources intended to educate residents about the health risks of SSBs.

KEY RESOURCES
The Yale Rudd Center maintains a list of links to healthy beverage campaigns across the U.S. Many of the communities that created these campaigns offer their materials for free to other communities to use.

www.yaleruddcenter.org/resources/upload/docs/what/policy/SSBtaxes/Healthy_Beverage_Campaigns.xlsx

The California Center for Public Health Advocacy has created a website to serve as a clearinghouse for advocacy and policy materials from throughout the United States.

www.kickthecan.info
Governments can limit access to SSBs on public property by exercising their “market participant” power — the power to buy and sell goods and services. By adopting healthy procurement, or healthy purchasing, policies, governments can provide healthier beverages to employees and community members and make a positive impact on community health. If their purchasing volume is large enough, they may be able to create greater demand for healthier products in the broader community and influence the types of beverages that are available in local stores.

The simplest form of healthy procurement is the healthy vending policy, which establishes nutritional standards for products sold in vending machines. Government agencies can also establish healthy meeting policies that encourage or require healthy beverages at internal and external meetings. The broadest approach is a healthy procurement policy that covers all beverages purchased with public funds, whether they are served in vending machines, meetings, or public facilities like jails.

Examples
Many local governments in California and throughout the country have adopted healthy vending policies. For example:

- Monterey County, California, prohibits all SSB sales in vending machines in most county facilities. Only healthy beverages, as determined by science-based standards, may be sold.

- The rural California communities of Redding and Visalia have also adopted healthy vending policies. In Redding, 100 percent of beverages sold in vending machines at facilities that primarily serve youth (e.g., recreation centers) and 50 percent of beverages sold in vending machines at other city facilities must meet nutrition standards, which exclude SSBs. Visalia requires that 50 percent of beverages sold in vending machines in the city’s Parks & Recreation Department facilities meet nutrition standards.
Beyond healthy vending, government agencies have implemented procurement policies to reduce SSB consumption. In Redding, the nutrition standards for beverages sold in vending machines also apply to at least 50 percent of the items sold at concession stands at city parks and recreational facilities. Similarly, Visalia’s beverage nutrition standards apply to 50 percent of all items sold at Parks & Recreation Department concessions and special events. Visalia also requires that only healthy beverage options be available at city meetings and programs, including afterschool programs and camps.

**KEY RESOURCE**

**ChangeLab Solutions** has a range of healthy procurement policies, including a model healthy beverage vending contract and a guide to understanding government procurement.

[www.changelabsolutions.org/publications/healthy-procurement](http://www.changelabsolutions.org/publications/healthy-procurement)
LIMIT SSBS IN WORKPLACES (PRIVATE SECTOR)

By one estimate, adults drink one-fifth of their daily SSBS at work. Private sector companies and organizations can limit access to SSBS in vending machines, cafeterias, and meetings, either as stand-alone policies or as part of broader employee wellness efforts. Hospitals, in particular, have been early adopters of these policies in many communities. A comprehensive approach to limiting SSBS should limit marketing of SSBS at the work site; limit the venues in which SSBS can be sold or served (e.g., vending machines, cafeterias, meetings); prompt employees, through signage, to make healthy choices when they’re buying or choosing what to drink; and make unhealthy options more expensive than healthy options. Local health departments or community-based organizations can provide encouragement and even incentives to local employers to institute these policies. Local governments should first consider adopting their own healthy beverage policies that can be a model for other employers in the community.

Example
The Cleveland Clinic, a large hospital system in Cleveland, Ohio, removed all SSBS from its food service and vending operations over the course of 45 days in 2010. It has negotiated new contracts with its food service providers that prohibit SSBS. The hospital system initially lost money after the policy change but expected to make up the lost revenue within a year.

KEY RESOURCE
The Boston Public Health Commission has a guide to improving nutrition in the workplace through organizational policies that reduce SSBS consumption.

www.waterinschools.org/pdfs/BostonPHCommission_HealthyBeverageToolkitFinal.pdf
Federal law establishes nutrition standards for school meals and other foods sold on school campuses in districts that participate in the National School Lunch Program. The federal standards are minimum standards, which states and school districts can build upon and strengthen. This policy approach takes many forms. Districts or states can prohibit all SSBs from being sold on school grounds, regardless of time or location. Restrictions can apply to all or some school facilities; for example, a policy could allow SSB sales during football games after school hours, but not in school buildings.

Schools should consider how to improve students’ access to free water throughout the school day. Water fountains are often dirty or broken, children and parents fear that the water from the faucet is unsafe, and schools often discourage kids from drinking water during class. To promote health, schools can pair SSB restrictions with policies that encourage students to consume water throughout the day. They can also invest in improving water infrastructure — for example, by making repairs to water fountains and purchasing cold-water dispensers for cafeterias.

Two-thirds of urban secondary schools are within walking distance of at least one fast food restaurant. Students’ easy access to fast food undermines schools’ efforts to provide nutritious food and a healthy school environment. Communities can consider prohibiting fast food restaurants and mobile food vendors (both of which can be sources of SSBs) from locating near schools. This long-term zoning strategy will help maintain a healthy environment around schools.

What About 100 Percent Juice?
A panel of nutrition experts recently recommended age-based limits on 100 percent juice consumption. Research shows that juice can cause people to over-consume calories because it does not contain the fiber that whole fruits contain. For this reason, the 2010 Dietary Guidelines for Americans recommends that Americans eat mostly whole fruits, rather than drink juice, to get their daily servings of fruit.22
Example

The Kansas State Board of Education has produced guidelines for school districts to develop wellness policies that restrict SSB sales on school grounds. The guidelines are tailored to three levels — basic, advanced, and exemplary — so that districts have flexibility in crafting nutrition policy. The basic-level guidelines simply meet the USDA requirements. The advanced- and exemplary-level guidelines go further and restrict SSB sales by grade level and time of day.
States and some localities can restrict the availability of SSBs in childcare centers, as part of their power to license and regulate these centers. School districts and states can also establish standards for afterschool programs operating on school grounds. In places where the state or local government has complete discretion over childcare and afterschool funding, the government can require the childcare or afterschool programs to establish nutritional standards for beverages and to increase water consumption among the children they serve, as a condition of receiving funding.

**Example**

Georgia daycare regulations prohibit providers from serving soft drinks to children, except for special occasions. The regulations also explicitly require providers to make water available to children during and between meals and snacks.23
RESTRICT SSB MARKETING IN SCHOOLS

Schools have broad authority to control commercial messages on their campuses. Some states directly manage the process through which schools can enter into a contract that grants advertising rights. Other state legislatures are currently introducing new laws on the issue. If state law permits, the school district can approve a districtwide policy that restricts the advertising of foods and beverages on school property. Districts can ban all advertising on campus, ban the advertising of all foods or beverages on campus, or ban the advertising of those foods and beverages that the district does not allow to be sold on campus.

Example
In 2007, Maine passed legislation prohibiting brand-specific food or beverage advertising on school grounds, except for water and product packaging. Taking it one step further, the school board of Portland, Maine, has restricted the sale of SSBs at all school events, including football games.

KEY RESOURCE
ChangeLab Solutions has model school district policies restricting marketing and other resources to support this work.

www.changelabsolutions.org/publications/fact-sheet-school-food-ads
Most kids’ meals at popular chain restaurants have too many calories and too much fat, sugar, and sodium, despite widespread attention to the childhood obesity epidemic. Milk SSBs make up 9 percent of the calories kids consume daily. Local and state governments can establish standards for kids’ meals that prohibit SSBs from being served with the meals. The standards can extend beyond beverages and set minimum nutritional requirements for all foods served in kids’ meals.

**Examples**

The counties of Santa Clara and San Francisco in California have established nutrition standards for kids’ meals served with toys. These comprehensive standards include limits on beverages served with the meals.

**KEY RESOURCE**

[ChangeLab Solutions](http://www.changelabsolutions.org) has a model ordinance that establishes standards for kids’ meals served with toys. This ordinance can be modified to apply to all kids’ meals, regardless of whether a toy is offered.

In many communities, certain types of businesses require a special license, including cosmetologists, tobacco retailers, and restaurants. In these cases, governments have determined that these businesses need to follow specific standards of operation, for public health or other reasons. Nutrition advocates are now looking at licensing as a tool for increasing access to healthy food. By licensing retailers that sell SSBs, governments could require these stores to limit the number of SSBs they carry relative to healthy beverages, to restrict portion sizes, or to set a minimum price. Although this is a new idea for nutrition advocates, the tobacco control movement has implemented this strategy effectively to improve public health. Communities have used licensing to limit the sale of tobacco to minors and to regulate the density of tobacco retailers.

**Examples**

SSB retailer licensing has not yet been adopted in any jurisdiction in the United States. However, Minneapolis, Minnesota, has passed a broader, food retailer licensing ordinance that requires licensed grocery stores to stock minimum numbers of products in specific categories of staple foods: vegetables or fruit, protein, bread or cereal, and dairy. In California, over 90 cities and counties compel tobacco retailers to obtain a special license, and the majority of these laws require retailers to pay a licensing fee sufficient to cover the costs of implementing and enforcing the law. These licensing laws have been very successful in helping communities restrict minors’ access to tobacco products, regulate the location and density of tobacco retailers, and enforce related laws, such as those prohibiting sales of drug paraphernalia.

**KEY RESOURCE**

ChangeLab Solutions has a model healthy food retailer licensing ordinance, which can be adapted to place restrictions on SSB sales and encourage healthy food and beverage sales. [www.changelabsolutions.org/publications/HFR-licensing-ord](www.changelabsolutions.org/publications/HFR-licensing-ord)
Taxes can raise the price of SSBs relative to healthier options. Economists estimate that people would consume 12 percent fewer SSBs if prices increased by 10 percent. Tobacco taxes have been highly effective at reducing smoking rates, particularly among younger people. SSBs can be taxed via sales or excise taxes. Sales taxes are applied at the point of purchase, and excise taxes are levied on the manufacturer or distributor and therefore may be built into the retail price. Excise taxes are the most likely to reduce consumption, according to economists’ analysis. SSB taxes can also benefit the community when the tax revenue is earmarked for obesity prevention, oral health, and other public health initiatives.

Example
Over the past five years, dozens of state legislatures and some local governments have considered SSB tax proposals. In 2013, the Vermont legislature considered an SSB excise tax that would generate revenue for obesity prevention activities (such as providing incentives for healthy food purchases), as well as for healthcare premiums for uninsured residents.

KEY RESOURCE
ChangeLab Solutions has a model state SSB tax policy that could be adapted for local jurisdictions. www.changelabsolutions.org/publications/ssb-model-tax-legislation
LIMIT SSB PORTION SIZES

Portion sizes for most packaged and restaurant foods, including SSBs, have increased dramatically over the past several decades, and in some cases, a single serving of an SSB is up to ten times larger than a single serving of Coke when Coke was first introduced. Portion size restrictions limit the maximum size of single-serving SSBs. Such policies aim to change people’s ideas about what size drink is a “normal” amount to consume in a single sitting. These policies can also limit volume discounts that reward consumers who purchase very large individual servings.

Example
In 2012, the New York City Board of Health adopted a policy to prohibit 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, sued to challenge the law. In March 2013, on the day before the regulation was scheduled to take effect, a New York trial court struck down the restriction, ruling that the Board of Health exceeded its authority by adopting the regulation and that certain exemptions (for some types of establishments and beverages) rendered the law “arbitrary and capricious.” New York City has appealed the court’s ruling. Regardless of the appeal’s outcome, the issues cited by the trial court can all be addressed in future laws restricting portion sizes of SSBs, in order to make these laws less susceptible to legal challenge.

KEY RESOURCE
ChangeLab Solutions has a model policy that allows local governments to limit SSB portion sizes to 16 ounces.

www.changelabsolutions.org/publications/SSB-strategies
Many of the strategies presented in this playbook have been proposed or implemented in at least one community or state in the U.S. But these strategies do not represent the entire universe of what could be done to limit access to SSBs. ChangeLab Solutions has researched other options that have not yet been attempted in any community. We have made model policies and other guidance for all of these strategies available on our website.

Require Proportional Pricing

The U.S. food industry frequently uses “value” marketing — a technique that increases profits by encouraging the consumer to spend a little extra money to purchase a larger portion size in order to get “a deal.” However, for the consumer, the true cost of value marketing is a substantial increase in calories and saturated fat. Large-sized packages, containers, and restaurant portions give people the impression that it is more appropriate and reasonable to consume larger quantities of food and beverages than smaller packages, containers, and restaurant portions would suggest. To counteract this trend, proportional pricing leads consumers to eat and drink more modest portions of unhealthy food and beverages.

Requiring proportional pricing means preventing retailers from offering consumers a discount for buying larger quantities of unhealthy products. For example, one fast food chain occasionally offers all sizes of its fountain drinks for $1. If a customer purchases the 16-ounce drink (the “small” size), she will pay approximately 6 cents per ounce for the beverage. If she purchases a 30-ounce drink (the “large” size), she will only pay 3 cents per ounce. A proportional pricing requirement would prohibit this discount for the larger size. If the fast food chain set the per-ounce price at 6 cents, then the large size would cost $1.80 instead of $1.

Set a Minimum Price

Increasing the price of unhealthy food creates a financial incentive to avoid those options; as a result, both individual consumers and population groups purchase less of such foods. Strategies to increase the price of unhealthy items have changed the type of food that consumers buy. Public health research indicates that a 10 percent increase in SSB prices will lead to a 12 percent reduction in SSB purchases. While nutrition advocates tend to propose raising taxes on SSBs to make the drinks more expensive, policymakers could instead set a minimum price-per-ounce for SSBs, which would ensure that beverages are sold at a high price that discourages excessive consumption.
Make Water More Attractive at Restaurants
In restaurants, water is often not promoted, while SSBs are heavily promoted. Studies show that consumers tend to choose the usual or default option. Changing the default option (for example, by making water at least as affordable and accessible as SSBs) can impact consumers’ food and beverage choices. Policymakers can require that any retail food establishment that sells fountain drinks make noncarbonated water equally available at either (1) a cost-per-ounce that is equal to or less than that of the SSBs or (2) the actual cost to the retailer of the container, lid, and straw. Policies can also state that water must be sold in containers and sizes similar to those for SSBs and in an equally convenient way.

Create Healthy Checkout Aisles
Where a particular item is placed in a grocery store matters. Checkout sales of gum, candy, SSBs, and other products represent 46 percent of all supermarket sales of these products. Stores that present healthy food choices in the checkout area could make a considerable contribution to improving Americans’ diets. One approach to shape the retail environment is to require food retailers to offer a minimum number of healthy checkout aisles where only healthy snacks and beverages are offered. Be aware, though, that such a regulation is likely to draw a challenge that will chart new legal territory. A community pursing this approach would be well advised to work hand-in-hand with attorneys who are versed in the subtleties of this area of the law.

Post Warning Signs
For several types of products, including gasoline, signage at the point of sale alerts consumers that the product may compromise their health. Warning labels can be effective at deterring the use or overuse of harmful products. Many public health advocates are interested in requiring retailers to post signs on shelves where SSBs are sold, to advise consumers about the health impacts of the drinks. But the legal feasibility of this strategy is uncertain. Any warning sign requirement should be crafted in close partnership with attorneys who understand the potential legal challenges that may arise.

The Rise of “Anti-Bloomberg” Laws
An increasing number of state legislatures are considering, and even adopting, laws that preempt local governments’ regulatory authority over food sold in restaurants and retail stores. These laws are often referred to as “anti-Bloomberg laws” because they aim to prevent local jurisdictions from adopting portion size regulations similar to those introduced by New York City Mayor Michael Bloomberg and adopted by the city’s Board of Health. These laws erode the basic police power that many local governments use to protect the health, safety, and welfare of residents. Furthermore, they leave a regulatory vacuum for nutritional issues. Local governments lose the authority to regulate nutrition in restaurants and retailers, yet the state does not implement its own regulations.

KEY RESOURCE
For more information about preemption and public health, see our fact sheet: www.changelabsolutions.org/publications/understanding-preemption
ENDNOTES

1 A recent Field Poll in California found that 75 percent of voters see a link between sugary sodas and obesity, while only 26 percent of voters see a link between sugary sports drinks and obesity. Field Research Corporation. Release #2436: Field—The California Endowment Obesity Prevention Survey. Survey of 1,184 California registered voters, conducted October 17-24, 2012. http://field.com/fieldpollonline/subscribers/Ris2436.pdf


3 See, e.g., Testing the Effectiveness of PSAs Aimed at Reducing SSB Consumption, PowerPoint presented by Amy Jordan to the Rudd Center for Food Policy and Obesity, November 13, 2012. www.yaleruddcenter.org/resources/upload/docs/seminar/2012-fall/slides/Jordan.pdf


5 New York City Health Department. 2009.“New Campaign Asks New Yorkers if They’re ‘Pouring On the Pounds.’” August 31.


7 Monterey County Board of Supervisors. 2009. County of Monterey ‘Healthy’ Vending Machine Policy. www.co.monterey.ca.us/admin/pdfs/HealthyVendingPolicy.pdf


13 Foods sold outside of school meal programs are often referred to as “competitive foods.” Competitive foods include beverages sold individually in the cafeteria to students, as well as through other venues on campus like snack bars and vending machines.

14 The Healthy, Hunger Free Kids Act of 2010, which reauthorized funding and set policy for core child nutrition programs, including the National School Lunch Program, requires the USDA to set minimum nutrition standards for all food sold on school campuses, including competitive foods. See Pub. L. No. 111-296, §§ 201, 208, 124 Stat. 3183, 3214, 3212-3222 (2010) (codified at 42 U.S.C. §§ 1753(b), 1779). In 2012, the USDA published revised regulations that set forth nutrition requirements for school meals (breakfast, lunch, and snacks); with the exception of flavored nonfat milk, SSBs do not meet the nutrition requirements for school meals. See 7 CFR 210.10, 220.8 (2012). The USDA is expected to publish revised regulations on nutrition requirements for competitive foods in 2013. The proposed regulations (released in February 2013) do not allow sales of SSBs other than flavored nonfat milk in elementary, middle, and junior high schools. In addition to flavored nonfat milk, high schools can sell SSBs within specified calorie limits (which typically would allow for sports drinks but not sodas), but not in the meal service area during meal periods. See National School Lunch Program and School Breakfast Program: Nutrition Standards for All Foods Sold in School as Required by the Healthy, Hunger-Free Kids Act of 2010, 76 Fed. Reg. 9530, 9536 (proposed February 8, 2013) (to be codified at 7 CFR 210.10).


17 ChangeLab Solutions’ Drinking Water Access Fact Sheet is available at: www.changelabsolutions.org/publications/drinking-water-access-schools


20 Under the advanced-level guidelines, SSBs may not be sold until after school for elementary students and one hour after the lunch period for high school students. Under the exemplary-level guidelines, SSBs may not be sold at any time for elementary students and not until after school for high school students. The advanced- and exemplary-level guidelines also explicitly allow for the sale of electrolyte replacement beverages (with less than 48 grams of sugar per 20-ounce unit) in vending machines located near high school athletic training centers.


33 See supra note 2.


36 New York Statewide Coalition of Hispanic Chambers of Commerce v. The New York City Dept. of Health and Mental Hygiene, No. 653584/12 (Supreme Court of New York, New York County, March 11, 2013).

37 Young LR and Nestle M. 2002. See supra note 35.

38 Id.


43 See supra note 32.


