

Testimony Before the Committee on Human Services of the District of Columbia

Council of the District of Columbia Committee on Human Services

Public Hearing

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I am Dr. Bill Dietz, Chair of the Sumner M. Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at George Washington University. Prior to coming to the Redstone Center, I was the Director of the Division of Nutrition, Physical Activity, and Obesity in the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention. I am also a co-author of the American Academy of Pediatrics (AAP) Policy Statement on Sugary Drinks.¹ Thank you for the opportunity to testify on the Nutrition Equity Amendment Act for the District of Columbia. The views expressed in this testimony are my own and do not necessarily reflect the views of the George Washington University.

As stated in our 2019 AAP policy statement on reducing sugary drink consumption in children and adolescents, “excess consumption of added sugars, especially from sugary drinks, poses a grave health threat to children and adolescents, disproportionately affecting children of minority and low-income communities.” In accord with the American Heart Association, our statement calls for public policies aimed at decreasing consumption of added sugars. The Nutrition Equity Act provides a sound basis for achieving this goal. This Act also advances the Redstone Center’s goal of making the District the healthiest capital city in the world.

Sugary drinks are the number one source of added sugars in the American diet² and increase the risk of overweight and obesity.³ Sugary drinks, like regular soda, fruit drinks, sports and energy drinks, and sweet tea,² contribute nearly 50% of added sugars in the U.S. diet and provide no nutritional value.¹ A majority of Americans consume at least one sugary drink on any given day, and adolescents and young adults consume the largest quantities of sugary drinks.⁴ For example, data from the National Health and Nutrition Examination Survey indicate that the top 25% of 12-to-19-year-olds who consume sugary drinks drink 500-600 kcal/day. The increased marketing of sugary drinks to Black Americans increases consumption of these drinks and contributes to their disproportionate risk of obesity and diabetes.⁵

Nearly 3 in 4 U.S. adults and more than 1 in 3 children are overweight or have obesity.^{6,7} Obesity increases the risk for dental decay, cardiovascular disease, hypertension, insulin resistance, type 2 diabetes, fatty liver disease, and all-cause mortality.¹ The diseases and disabilities associated with obesity, including heart disease, diabetes, and cancer, are among the top 5 causes of death in the District.⁸ More than half of all adults living in DC are overweight or have obesity, with rates above 70% in Wards 7 and 8.⁹ More residents die each year from complications related to obesity than from AIDS, cancers, and homicides combined.⁹ Nearly 50% of District residents have diabetes or pre-diabetes.¹⁰ Diabetes is among the top 10 causes of death in each Ward¹¹ and the fifth leading cause of death in the District. Nearly 3,000 residents are newly diagnosed with diabetes each year.¹² Rates of obesity,

diabetes, and other diet-related illness are highest among Black residents in the District.⁹ Residents in Wards 5, 7, and 8 have 2 to 6 times the risk of death from diabetes compared to the national average.¹² Among DC residents who die from diabetes, 77% are from Wards 7 and 8 compared to 17% from Wards 2 and 3.¹³ Black residents have a death rate from diabetes that is six times higher than white residents.¹⁴ The additional health care costs from diabetes average \$9,600 per person per year.¹⁵ Obesity and diabetes are also major risk factors for severe illness and death associated with COVID-19 infections, and emphasize the need to prevent obesity.^{16,17} As of this year, Black residents in DC have accounted for 76% of COVID fatalities despite comprising 46% of the population.¹⁶ If the prevalence of diabetes and diabetes continue to increase in the District, the cost could amount to as much as \$1 billion per year.¹⁰

The Council Should Support the Nutrition Equity Amendment Act

As we know from the experience in other cities, the excise tax on sugary drinks included in the Nutrition Equity Act will increase the price of the drink on the shelf and decrease the purchase and consumption of these products.¹ The net effect will likely lower the unacceptably high burden of diet-related diseases in the District. Evidence from other cities has shown taxes to sugary drinks are successful in decreasing sales,¹⁸ and the tax is most effective when coupled with educational campaigns, as proposed in this legislation.¹⁹ To reduce the effects of sugary drink consumption on the disproportionate rates of obesity and diabetes in the District, I strongly urge the Council to pass the Nutrition Equity Amendment Act.

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