

July 15, 2022

President Joe Biden  
The White House  
1600 Pennsylvania Ave, N.W.  
Washington, DC 20500

Ambassador Susan Rice  
Assistant to the President for Domestic Policy  
1600 Pennsylvania Ave, N.W.  
Washington, DC 20500

cc. White House Conference on Hunger, Nutrition, and Health at [WHHungerHealth@hhs.gov](mailto:WHHungerHealth@hhs.gov)

Dear President Biden and Ambassador Rice,

The Sugar-Sweetened Beverage (SSB) Reduction Workgroup brings together national, state, and local organizations working to reduce SSB consumption and make water a safe, accessible, and appealing alternative. On behalf of our group, we applaud your holding the second-ever White House Conference on Hunger, Nutrition, and Health and appreciate your work to gather input from a wide range of constituents.

We offer the White House Conference on Hunger, Nutrition, and Health priority policy, systems, and environment (PSE) recommendations, each of which will contribute to a reduction in SSB sales and consumption and/or support consumption of water in lieu of SSBs, and together will have a substantial impact on a major public health risk. SSBs are associated with diabetes, heart disease, weight gain, tooth decay and other chronic health conditions.

Our top recommendations, bulleted and bolded, are sorted into five overall strategies, followed by the rationale and evidence for each recommendation. The Appendix provides a complete list of all strategies we identified.

## SSB Reduction Workgroup's Policy Recommendations

### Strategy 1. A Surgeon General's report: Health effects of sweetened beverages

**Background.** SSBs are one of the largest sources of added sugars in the American diet<sup>1</sup> and include sodas; fruit, sports, and energy drinks; and sweetened coffees and teas. Consumption of these drinks is strongly associated with excess mortality,<sup>2</sup> obesity,<sup>3</sup> diabetes,<sup>4</sup> heart disease and other chronic diseases.<sup>5, 6</sup> In 2012, approximately 50,000 heart disease and type 2 diabetes deaths among US adults were associated with the consumption of sugary drinks;<sup>7</sup> these diseases are more likely to cluster among racial/ethnic minorities and low-income populations.<sup>8, 9</sup>

Intake of SSBs increased dramatically during the last half of the twentieth century<sup>10</sup> and remains at historically high levels despite recent decreases. SSBs are consumed at least once per day by 61% of

children and 50% of adults, down from 80% and 62% in 2003, respectively.<sup>11</sup> Although soda consumption has declined, consumption of other SSBs such as energy drinks has increased.<sup>12</sup> SSB consumption is highest among racial and ethnic minorities such as Black and Hispanic children and adults<sup>13, 14, 15</sup> and among people with low incomes and less wealth.<sup>14, 16</sup>

- **The Surgeon General should issue a report that reviews the evidence linking SSB consumption to weight gain, obesity, type 2 diabetes, heart disease, oral health, and other health conditions.**
- **The report should document the contribution of SSBs to total added sugars consumption.**
- **The report should address current levels of consumption in relation to US Dietary Guidelines for Americans and WHO guidelines.**
- **The report should describe factors influencing overconsumption of SSBs, especially food industry marketing and sales practices.**
- **The report should describe differences in SSB marketing, sales and consumption across age, gender, race, ethnic, socioeconomic groups and across geographic regions, as well as differences in the health conditions associated with SSB exposure.**

**Rationale/evidence base.** Authoritative reports from the Surgeon General can be powerful catalysts for effective public health policy, including at the state and local level. For example, the 1964 report of the Surgeon General’s Advisory Committee on Smoking and Health has had an outsized influence on development of tobacco control policy for 60 years.<sup>17, 18</sup> Other reports, such as the 1979 “Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention,” and the 1980 report on Maternal and Child Health have also had major influences on public health policy. A report on the health effects of SSBs could have a similar galvanizing effect. It would provide a compelling rationale for the federal government and its agencies to adopt the policies recommended in this document, and it could provide strong impetus and evidence for state and local action as well. It would provide the judiciary with an authoritative government source of essential facts to it needs to review cases related to SSB policy.

## Strategy 2. Government sweetened beverage purchasing, sales and service policies

- **Develop and/or strengthen and implement federal policy and guidelines to eliminate or restrict access to sugary drinks on federal properties and in federally funded programs. (This could also apply to state and local government sites and programs.)**
- **Pair with policies and programs that increase access to safe and appealing drinking water at no charge in these properties/programs.**

**Rationale/evidence base.** Food service guidelines (FSGs), both voluntary and mandatory, can decrease the public’s exposure to SSBs while making healthier beverages more accessible, affordable, and appealing. FSGs create nutrition standards for allowable foods and beverages or behavioral nudges such as pricing, placement, and promotion.<sup>19</sup> These guidelines can be applied in a variety of venues (e.g., schools, worksites, hospitals, parks) and locations within those venues (e.g., vending machines, cafeterias, concession stands, and meetings).<sup>20</sup> Comprehensive FSG policies that include most venues and programs within a jurisdiction have been enacted in a small number of US sites, including New York

City<sup>21</sup> and Philadelphia,<sup>22</sup> the counties of Los Angeles<sup>23</sup> and San Diego,<sup>24</sup> and the states of Massachusetts<sup>25</sup> and Washington.<sup>26</sup>

Research examining the impacts of FSGs on beverage availability and consumption is limited, but early evaluations are promising. Boston passed a healthy beverage policy in 2011, eliminating the sale of SSBs on city property and mandating nutrition standards for vending machines and city-managed food or beverage service programs (including cafeterias and cafes).<sup>27</sup> Two years after implementation, a single-arm evaluation found that average energy per beverage sold decreased by 48.6 calories and average sugar content decreased by 13.1 g.<sup>28</sup> One study of a workplace SSB ban at a California hospital found that employees who were regular SSB drinkers reduced their daily intake by about half and had significant reductions in waist circumference.<sup>29</sup> Other evaluations have been mixed. For example, two years after Philadelphia adopted a comprehensive FSG policy for its government agencies in 2014,<sup>30</sup> a single-arm evaluation found that sales of healthier beverages increased 33%, total beverage sales did not change, and less healthy beverage sales experienced a nonsignificant 10% decline. Revenues from sales of all beverages dropped by 21%.<sup>31</sup>

### Strategy 3. A sweetened beverage excise tax

- **Local, state and federal legislative bodies should adopt legislation imposing excise taxes on SSBs at a minimum rate of 2 cents per ounce.**
- **Tax revenues should be invested in communities most impacted by health inequities and the health harms of sweetened beverages to advance nutrition and health equity.**
- **Representatives of impacted communities should be equal partners in all stages of the tax policy process, including the design of tax legislation (including how revenues will be used), and participating in decisions about tax revenue allocation.**

**Rationale/evidence base.** SSB taxes are one of the most effective policies for SSB reduction. They both reduce sales of SSBs and raise revenue that has been invested to improve nutrition security and health. Nine jurisdictions in the United States have adopted Sweetened Beverage Taxes, including eight local governments and one Tribal nation. Across the globe, more than 50 taxes are in effect.<sup>32</sup> Taxes have broad reach, affecting everyone living in a jurisdiction. A strong and growing body of evidence suggests that taxes raise the price of taxed beverages, reduce sales and purchases, and decrease consumption.<sup>33, 34, 35, 36, 37</sup> Early evidence about health impacts suggests taxes may reduce overweight, obesity, and dental cavities.<sup>38, 39</sup> Taxes have generated substantial revenues that have been allocated to support healthy food access and support nutrition security through nutrition incentives, provision of fruits and vegetables in schools and other strategies. They have also supported chronic disease prevention and treatment, early childhood programs, renovations of public facilities and more.<sup>40, 41</sup>

SSB taxes are an equity-promoting policy.<sup>42</sup> Evidence points to larger declines in sales among people with lower incomes and people of color, who are at higher risk for SSB consumption and associated health issues<sup>43, 44, 45</sup> In the United States, cities have invested tax revenues primarily in programs that serve these populations, adding to the equity-promoting nature of SSB taxes.<sup>40</sup> Investing revenues in lower-income communities also redistributes resources from wealthy to poor people,<sup>46</sup> thus mitigating concerns about fiscal regressivity (i.e., that the tax is a larger percentage of income for lower-income

households). The dollar amount of revenue allocations targeted towards programs benefitting people with lower incomes exceeds the amount of tax collected from this income group and generated a net transfer of revenues collected from higher-income populations to programs serving lower-income populations.<sup>46</sup>

## Strategy 4. Sweetened beverage marketing restrictions and labeling

**Background.** Aggressive and misleading marketing is a major driver of sales and consumption of SSBs. The SSB industry has advertised, promoted, and sponsored its products globally and used discriminatory, racialized marketing tactics to drive sales among disproportionately affected populations, including youth, people of color, and low-income communities and countries.<sup>47</sup> A study of the exposure of parents of children under age 18 to advertising for fast foods and sugary beverages in five higher income nations found that the highest level of exposure is in the United States, with 80% of parents exposed to one or more advertising medium.<sup>48</sup>

Food marketing negatively affects children's and teens' diets and health. It increases calories consumed, preferences for unhealthy product categories, and perceptions of product healthfulness.<sup>49</sup> Companies target teens and Black and Latinx youth with marketing for their least healthy products.<sup>50</sup> Misleading and deceptive claims and imagery on advertisements and packages that create confusion among about the healthfulness of SSBs, including fruit drinks.<sup>51, 52</sup> Fruit drink packages commonly feature images of fruit, claims about nutrients (e.g., vitamin C, absence of sugar) and the presence of natural ingredients and "real" juice without disclosing actual juice content (often less than 10%), and downplay the addition of low-calorie sweeteners.<sup>53</sup> Such claims lead consumers to incorrectly believe that fruit drinks are healthy beverages.

### Restrict placement and promotion of unhealthy foods and expand the footprint and promotion of healthy foods

- **Allow promotion of only healthy foods at checkout aisles, endcaps, and other promotional displays. The City of Berkeley has recently adopted an ordinance banning SSBs from checkout aisles and allowing only healthy foods.**
- **Establish stocking requirements that determine the extent to which SSBs can be stocked and displayed on shelves and in what locations within stores.**
- **Restrict price promotions (e.g., 2 for 1 offers, deep discounts, manufacturer coupons).**

**Rationale/evidence base.** Beverage manufacturers, distributors and retailers deploy multiple strategies to drive SSBs in food retail settings.<sup>54, 55</sup> SSBs are prominently displayed and promoted throughout grocery stores.<sup>56</sup> Limiting sales and promotion of SSBs in retail settings, such as restrictions on product promotion and placement targeting the largest source of SSB purchases, is beginning in the United States, United Kingdom, and Australia.<sup>57, 58</sup>

### Protect children from marketing

- **Ban "junk food" advertising online and on television before 9 p.m.**

**Rationale/evidence base.** The US should follow the lead of the UK and propose a ban on advertising of high in fat, salt, or sugar (HFSS) products on television and online before 9 pm. This proposal is a part of

the UK's National Obesity Strategy; this regulation will go into effect at the end of 2022.<sup>59</sup> The Strategy also calls for the government to consider how to introduce a complete ban on all HFSS advertising online.

Digital media companies can use their vast technological capabilities to enforce a blanket ban on beverages being shown to children that are deemed unhealthy. For example, in October 2020, Google implemented a policy in the EU and UK that prevents ads for HFSS products, including all sweetened beverages with added sugar or other caloric sweeteners, from being shown to children under age 18. Companies wanting to advertise with Google must declare if their product is high in HFSS. HFSS products are automatically tagged and Google's algorithms do not show them to children under 18.<sup>60</sup>

## Eliminate federal corporate tax deduction for marketing of unhealthy foods and beverages

- **Eliminate unhealthy food and beverage marketing to children as a tax-deductible corporate expense.**<sup>61</sup>

**Rationale/evidence base.** This could be done through federal legislation that amends the IRS code to deny any deduction for advertising and marketing directed at children to promote the consumption of food and beverages of poor nutritional quality. A recent microsimulation modeling study by the Harvard Childhood Obesity Intervention Cost Effectiveness Study (CHOICES) found that out of five effective interventions to reduce childhood obesity through reductions in TV viewing, eliminating the tax deductibility of food advertising could reach the most children [106 million, 95% uncertainty interval (UI): 105–107 million], prevent the most cases of obesity (78,700, 95% UI: 30,200–130,000), and save more in health care costs than it costs to implement.<sup>62</sup>

## Front-of-package warning labels

- **The FDA or Congress should require nutrient warning labels on all SSB containers and packages indicating that these products are high in added sugars.**
- **The FDA should review current research and conduct consumer research to determine the most effective label format. Current research suggests that an icon with the words “high in sugar” may be an effective format.**

**Rationale/evidence base.** Front of food and beverage package warning labels provide consumers with actionable information they can use to make healthy choices. They also encourage industry to reformulate products so they are healthier. They may also counteract misleading nutrition claims on beverages.<sup>63, 64</sup> Two main types of warning labels are used: nutrient warnings (indicating a high amount of sugar) and health warnings (describing health harms of SSBs).

More than 40 countries have implemented voluntary or mandatory warning labels, which vary in appearance and application.<sup>65</sup> Chile's adoption of its Food Labeling and Marketing law in 2012 presented

the opportunity to evaluate a real-world warning label policy. The law mandates warnings for products high in sugar, saturated fats, sodium, or energy based on nutrient threshold values.<sup>66</sup> Purchases of beverages with “high-in” labels fell by 23.7% after implementation, with similar reductions across all income groups.<sup>67</sup> An example of Chile’s black octagonal nutrient warning and California’s proposed health warning can be found below. Peru, Mexico, Israel, and very recently, Canada, have adopted similar laws or regulations.



**Figure 2**  
Examples of front-of-package labels. (a) Nutrient warning implemented in Chile calling out “high-in” nutrients of concern (sugar, saturated fats, sodium, and calories). (b) Health warning proposed (but not adopted) in California in 2019. (c) Industry-developed Guideline Daily Amounts (GDA, also referred to as Daily Intake Guide) in Australia, Clear on Calories in Canada, Facts Up Front in the United States, and “Checa y Elige” in Mexico.

A meta-analysis of 23 studies found that health warning labels not only reduced purchases of sugary drinks but also elicited strong emotional responses, increased perceptions that sugary drinks contribute to disease, and reduced intentions to buy or consume sugary drinks<sup>68</sup> (3). A simulation study of a US national mandatory SSB health warning policy found larger benefits for racial/ethnic minority and lower-income adults.<sup>69</sup> Warning labels likely have a larger impact on consumer purchasing behavior than the numeric nutrient information found in the Nutrition Facts Panel on the back or side of packages.<sup>70, 71</sup> Recent studies have shown that front-of-package warning labels outperform traffic light, Health Star, and nutrition grade (e.g., NutriScore) labels in capturing consumers’ attention, improving their ability to identify products high in concerned nutrients, and increasing their intention to buy a relatively healthier option.<sup>72</sup> Warning labels have led manufacturers to improve the nutritional quality of their products to avoid negative labels.<sup>73</sup> Warning labels on tobacco and alcohol products have effectively raised public awareness of the hazards of tobacco and alcohol use and are a time-tested public health intervention that can be an effective applied to sugary drinks.

### Ingredient disclosure on front of packages: added sugars, low calorie (artificial) sweeteners, other ingredients of concern

- **The US Food and Drug Administration (FDA) should require the consistent reporting of added sugar and non-nutritive sweeteners on the front-of-package label for both sweetened drinks and unsweetened juices.**<sup>108</sup>
- **The US Congress should allow the FDA to require a percent juice declaration on front-of packages.**<sup>74,75</sup>

**Rationale/evidence base.** Companies often market products that are not recommended by health experts and promote them using claims and other marketing messages that do not correspond with expert advice about feeding young children.<sup>76,77</sup> Research has documented how marketing practices for sugar-sweetened drinks can mislead parents about proper nutrition for young children.<sup>78,79</sup> Specifically, claims about how products improve children’s health and development are frequently found on product labels<sup>80,81</sup> and parents describe these claims as confusing, deceptive, and misleading.<sup>82</sup>

## Improve the nutrition facts panel

- **The FDA should give added sugars in teaspoons (as well as grams) on the nutrition facts panel.**

**Rationale/evidence base.** The metric system is not popularly used in the United States. Therefore, FDA should revise the nutrition facts label to provide added sugars information in teaspoons, as well as grams, so that the general public can better understand sugar contents of SSBs and other foods.

## Strategy 5. Public education and awareness

**Background.** Most Americans are adequately hydrated, although there are notable exceptions, for example among the elderly and schoolchildren. Children, in particular, are subject to “voluntary dehydration” from low intake of plain water,<sup>83,84,85</sup> and disparities are seen by race and gender.<sup>86</sup> Between 2005 and 2010, more than a quarter (28%) of children aged 4-13 years old in the U.S. did not have a drink of plain water on two consecutive days.<sup>36</sup> Plain water accounted for less than one third of total daily dietary water intake from beverages and foods for children aged 4-13 years old.<sup>36</sup> Hydration may be of increasing importance in the light of climate change,<sup>87</sup> and it should be noted that drinking water in any form, and particularly tap water, has a smaller environmental footprint than other beverages.<sup>88</sup> Of concern is the source of hydration. Water is an essential nutrient.<sup>89</sup> Without water, human life can be sustained for only a few days. Adequate hydration is crucial for the proper function and regulation of the kidneys and heart thus affecting heart rate, blood pressure, vaso-vagal response, lipid regulation, removal of body waste products and thermoregulation; good hydration also supports mental concentration, mood, skin health, helps prevent headache and lubricates joints.<sup>6,90,91,92,93,94,95,96,97,98,99</sup> When drinking water is fluoridated it is proven to protect against dental caries,<sup>100</sup> the most common chronic disease among American children.<sup>101</sup> Low intake of plain water has been found to be associated with poor dietary quality and physical inactivity in youth.<sup>102</sup> Further, on a given day, children who do not drink any water consume twice the calories from SSBs when compared to children who drink water.<sup>103</sup>

## Place a symbol for water on the MyPlate nutrition guidance graphic

- **Request that USDA and HHA take the necessary steps to add a symbol for water to the MyPlate nutrition guidance graphic during the process to develop the 2025-2030 Dietary Guidelines for Americans.**
- **USDA should increase water promotion messaging in all consumer-facing materials issued by its Center for Nutrition Policy Promotion.**

**Rationale/evidence base.** The MyPlate graphic is the primary representation of the Dietary Guidelines for Americans for the American public. Posters of MyPlate are nearly ubiquitous in the nation’s school cafeterias, and the MyPlate concept is used by SNAP-Education and Expanded Food Nutrition Education Program (EFNEP) educators. While the Dietary Guidelines document provides an invaluable resource for professionals, educators, and anyone who seeks a fuller understanding of healthful eating, what most Americans see and learn from is the MyPlate graphic. For example, Cooperative Extension Nutrition Advisors in California reported that they would find the addition of a water symbol to MyPlate useful in their educational programs. Many in the general public remain unfamiliar with the importance of water

and lack an understanding of the factors mediating the amount of water required by an individual on any given day.<sup>104</sup> In addition, many are unaware of the high level of added sugars and calories they consume each day while quenching their thirst with SSBs.<sup>105</sup> Inclusion of water on MyPlate would increase knowledge among those segments of the population that are most vulnerable, including young people to whom SSBs are heavily marketed.<sup>106,107</sup> This action could build on the Obama White House Drink Up campaign to raise public awareness about the benefits of drinking water<sup>108</sup> and would support strategies designed to decrease the consumption of SSBs, e.g., those of the Centers for Disease Control and Prevention.<sup>109</sup>

<https://www.fda.gov/oc/ohrt/ohrt-reports/ohrt-report-2019-2020>  
<https://www.fda.gov/oc/ohrt/ohrt-reports/ohrt-report-2021-2022>  
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<https://www.fda.gov/oc/ohrt/ohrt-reports/ohrt-report-2049-2050>



Image: Screenshot of Canada's food guide, from <https://food-guide.canada.ca/en/>

The addition of a symbol for water on the MyPlate graphic has been promoted by leading public health professionals and organizations in letters on this issue submitted to the Dietary Guidelines Advisory Committees of 2014<sup>110</sup> and 2020,<sup>111</sup> as well as by 69 members of Congress in a letter sent to USDA and HHS.<sup>112</sup> The National Clinical Care Commission recommended the addition of a water symbol on MyPlate in their 2021 report to Congress.<sup>113</sup>

Nearly fifty countries around the world feature “water” in their graphic nutrition guidance.<sup>114</sup>

### Screen for SSB consumption in clinical settings (medical, dental) and provide education and counseling to support healthy beverage choice

- **Encourage/incentivize and, where feasible, require that electronic health record (EHR) screener tools include a question on types and amounts of SSBs consumed.**
- **With inter-agency collaboration, develop and disseminate healthy beverage education materials and resources to medical and dental care providers.**

**Rationale/evidence base.** Clinical visits, and particularly the frequent clinical visits in pregnancy and in early childhood, provide a unique opportunity for health care providers to screen for beverage consumption habits and then educate about the benefits of drinking water and limiting SSB intake. In a New York City clinic serving low-income patients, families who were knowledgeable about the American Academy of Pediatrics’ beverage intake recommendations were less likely to drink SSBs than those who were unaware of the guidelines.<sup>113</sup> Several studies suggest that physician counseling to limit SSBs during clinical encounters can reduce intake of SSBs and increase consumption of water and milk among children.<sup>115,116,117</sup> Lewis et al. implemented an addition to an electronic health record screener tool with a single item question on sugary drinks and fruit juice consumption during pediatric visits.<sup>118</sup>



## Countermarketing campaigns focused on SSBs

- **Congress should fund a nation-wide, ongoing, culturally-tailored countermarketing campaign focused on SSBs. Funds could be made available to state and local health agencies and non-government organizations to develop and implement campaigns.**
- **Campaigns should use online, social media and traditional communications channels.**
- **Campaigns should prioritize message delivery to populations most impacted by SSB marketing and sales.**

**Rationale/evidence base.** As noted above, aggressive marketing by the beverage industry drives sales and overconsumption of SSBs. Countermarketing to mitigate the effects of industry advertising is an effective strategy to increase awareness among consumers of manipulative and misleading marketing tactics and shift consumer choice to healthier products. Countermarketing has been defined as “communications strategies designed to reduce the consumption of unhealthy products by exposing the motives and denormalizing marketing activities initiated by the producers.”<sup>119</sup> It describes product adverse effects and shows how industry manipulates consumers and targets vulnerable populations. It has proven effective in tobacco and alcohol control and is a promising strategy for encouraging healthier beverage choices.<sup>119, 120, 121</sup> Evidence from the US and Australia suggests beverage countermarketing campaigns can reduce choice and purchase of SSBs.<sup>122, 123, 124</sup>



## Enhance nutrition and food security research

- **Develop the evidence on effectiveness of beverage policy, systems and environment change interventions and their impacts on health and diet disparities.**

**Rationale/evidence base.** The continued high levels of SSB consumption call for redoubled policy interventions to reduce availability and sales of SSBs. The beverage choices people make are to a large extent determined by their beverage environments, including the types of beverages available in their communities or online, exposure to beverage marketing, and the relative prices of beverages. Policy and system changes are powerful tools to change beverage environments so that they are supportive of healthy beverage patterns for all Americans. Research should continue to build evidence showing the effectiveness of policies to reduce the consumption of SSBs and increase access to water.

## Conclusion

Research shows that substituting drinking water for SSBs can help reduce intake of calories from added sugars among both children and adults<sup>125,126,127,128</sup> and can reduce the risk of dental caries.<sup>129</sup> Notably, no single policy will reduce SSB consumption to healthy levels and support water consumption, so an integrated policy approach that adapts to changing market and consumption trends, evolving social,

political, and public health needs, and emerging science, is critical.

Sincerely,



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## Appendix 1. Complete Set of Suggested Recommendations, sorted by White House Conference Pillars

### Overarching/General recommendations

- Surgeon General report on SSBs and health
- Develop science-based guidelines on minimum daily water intake requirements

### Improve food access and affordability

- Consider changes to the SNAP program that could incentivize healthy choices and disincentivize unhealthy purchases. Associated considerations might include whether SNAP should or should not retain its role as an income supplement program, how different SNAP recipients' purchasing patterns are (or are not) from others with low income, and how/would other government nutrition policies (e.g., federal procurement guideline implementation) align with such changes to SNAP requirements.
- Congress, USDA and a representative sample of stakeholders should initiate investigation and consideration of revisions to farm subsidies so that they better align with nutrition and health goals.

### Integrate nutrition and health

- Ban all sales and serving of all sugary drinks in all federally funded healthcare facilities. Includes Veteran Health Administration (Dept of Veterans Affairs), Military Health System (Department of Defense), and Federally Qualified Health Centers (Health Resources and Services Administration)  
Promote the elimination of sales and serving of SSBs at all health care facilities
- Develop and/or strengthen and implement federal policy and guidelines to eliminate or restrict access to sugary drinks on federal properties and in federally funded programs. (This could also apply to state and local government sites and programs)
- Make safe and appealing water readily available at no charge in health care facilities
- Screen for SSB consumption and offer counseling and education on healthy beverage choices in clinical settings

### Empower consumers to make and have access to healthy choices

#### SSB taxes

- Impose excise taxes on SSBs

#### Labels

- Require nutrition (added sugars) or health warning (e.g., diabetes) on front of package labels on SSBs
- Require front of package labels on fruit drinks that disclose key ingredients
- Require the FDA to establish a statement of identity for toddler milks and require that front-of-packages labels
- Menu warning labels for added sugars

## Marketing

- Healthy retail: restrict placement and promotion of unhealthy foods and expand the footprint and promotion of healthy foods
- Restrict marketing of SSBs in public places
- Ban "junk food" advertising online and on television before 9 p.m to limit marketing to children
- Develop and enforce more stringent rules for restricting false and misleading advertising and health claims, including removal of unfounded structure/function claims and misleading imagery and inclusion of appropriate disclaimers.
- State attorneys general should use their consumer protection authority
- Allow only advertisements for healthy products on public property
- Enforce and further expand Children's Online Privacy Protection Rule
- Eliminate federal corporate tax deduction for marketing of unhealthy foods and beverages

## Food standards

- Set stronger standards for formulation of toddler milks/identity standards (FDA)

## Consumer education

- Develop countermarketing campaigns focused on SSBs
- USDA should add a symbol for drinking water to the MyPlate graphic
- FDA should improve nutrition facts panel to make it more consumer-friendly by listing added sugars in teaspoons as well as grams
- Better utilize SNAP-Ed & WIC for beverage education & as a mechanism to support PSE change
- Work with Community Health Worker networks to decrease SSBs and encourage water
- Work with public water suppliers (water "utilities") and utility networks as such American Water Works Association to promote uptake of more user-friendly formats for the annual Consumer Confidence Report of water quality that are already required by law.

An example is this award-winning template for an improved Consumer Confidence Report, at, <https://www.policyinnovation.org/water/ccr-template/>

## Healthy beverage availability

- Beverages available at government sites and facilities: procurement policies for healthy beverages, increase availability of drinking water available at no charge
- Beverages available at public and tribal schools and at early education and childcare sites – ensure access to safe and appealing water throughout the day, request that USDA develop a standard for added sugars in school meals, align state licensing requirements for childcare centers and homes with USDA's CACFP beverage provisions (including drinking water regulations), reduce lead in drinking water and cooking water. Build supports for these PSE strategies into USDA Local School Wellness Policy (with CDC, school board organizations) and USDA's NSLP Administrative Review and CACFP

monitoring.

- Restaurants – healthy default beverage requirements for kids’ meals, together with supports for implementation
- Charitable/emergency food system – guidelines and tax deductions for healthy foods and beverages

## Support physical activity for all

- Integrate healthy hydration access and education into policies and programs that make it easier for people to be more physically active and that increase awareness of the benefits of physical activity

## Enhance nutrition and food security research

- Health effects of SSBs (and added sugars in general) – health outcomes, addiction
- Effectiveness of policies/PSE approaches to reduce SSB exposure and increase water availability
- Health effects of water intake and daily required intake
- Use participatory research methods that involve community members
- Address conflicts of interest in research funding and promote transparency and disclosure

## Citations

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