[DATE]

The Honorable Richard Bloom

State Capitol Building  
P.O. Box 942849

Sacramento, CA 95814

**RE: AB 2782 (Bloom): Healthy CA Fund – Letter of Support**

Dear Assemblymember Bloom:

*[Organization Name]* is proud to support AB 2782 (Bloom): Healthy CA Fund. AB 2782 will require a 2 cents-per-ounce fee on sugary drinks. The revenue from this health impact fee will equip the state with dedicated resources to invest in communities that are disproportionately impacted by type 2 diabetes, dental disease, heart disease & stroke, and related sugary drink consumption diseases. *[Suggestion: Insert your Organizational mission statement and why AB 2782 helps to advance your larger health goals].*

Diabetes is one of the leading causes of death for Latinos, African Americans, Native Americans, and Asian Pacific Islanders in California. Over 43% of the Latinos, 40.3% Native Americans, 39.3% of African Americans and 38.7% of Asian Pacific Islanders, admitted to California hospitals in 2011 had diabetes. Strides have been made in education and awareness of healthier eating, and increasing physical activity, but we need a dedicated revenue source to fully address this epidemic and fully address the environmental and physical conditions that take away from our communities’ quality of life and life expectancy.

If we do nothing, it is predicted that 50% of Latino and African American children born since the year 2000 will develop type 2 diabetes during their lifetime.[[1]](#endnote-1)

The research that sugary beverages have a direct link with diabetes is incontrovertible; the links to obesity are even more established. [[2]](#endnote-2)[[3]](#endnote-3)[[4]](#endnote-4)[[5]](#endnote-5) We also know that the consumption of sugary drinks is a major driver of fatty liver disease,[[6]](#endnote-6) heart disease, stroke,[[7]](#endnote-7) pancreatic cancer,[[8]](#endnote-8) and kidney disease.[[9]](#endnote-9) These health impacts are both the result of beverages sweetened with either sugar or high fructose corn syrup[[10]](#endnote-10).

Soda, energy and sports drinks, sweetened water, and fruit drinks—all drinks that would be subject to the fee—are the largest source of daily calories for adolescents in the US.[[11]](#endnote-11) Moreover, sugar sweetened beverage consumption is highest among groups that have the highest risk of type 2 diabetes.[[12]](#endnote-12) Latinos, Native Americans, African Americans and Asian & Pacific Islanders are even more vulnerable due to genetic factors that make their bodies even more sensitive to the overconsumption of sugar. [[13]](#endnote-13)

When one considers that the economic consequences of diabetes in California have been estimated at over $37.1 billion[[14]](#endnote-14) and that it has been calculated that economic burden of diabetes and prediabetes on the average person is estimated to be over $700 for every man, woman and child—and that this amount represents a hidden “tax” paid by all through higher insurance premiums,[[15]](#endnote-15) it makes sense to place a fee on the sugar loaded products. These products are the largest sweetner or sugar intake in the American diet. Proceeds from the fee will be invested in resources for prevention in the zip codes that exhibit the highest rates of Type 2 diabetes. Given the elevated economic costs of diabetes, it is unfortunate that according to the California State Auditor, California's per capita funding for diabetes prevention is one of the lowest in the nation. The California State Auditor’s office recommends that, “If state lawmakers desire Public Health to increase its efforts to address diabetes, they should consider providing state funding to aid in those efforts.[[16]](#endnote-16)[[17]](#endnote-17)”

AB 2782 (Bloom): Healthy CA Fund, will enable the State to invest in communities disproportionately burdened by diseases related to the consumption of sugary drinks, especially Type 2 diabetes. This proposed dedicated revenue source is needed to directly offset the health impacts that disproportionately impact our communities.

For these reasons, [Insert your organization’s name here] is proud to support this important policy.

Sincerely,

cc: Chair of the Assembly Health Committee

1. Center for Disease Control and Prevntion. http://www.cdc.gov/diabetes/data/statistics/2014StatisticsReport.html [↑](#endnote-ref-1)
2. Hu FB, Malik VS. Sugar-sweetened beverages and risk of obesity and type 2 diabetes: Epidemiologic evidence. Physiol Behav 2010;100:46-54. [↑](#endnote-ref-2)
3. Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. Am J Public Health 2007;97:667-675. [↑](#endnote-ref-3)
4. de Koning L, Malik VS, Rimm EB, Willett WC, Hu FB. Sugar-sweetened and artificially sweetened beverage consumption and risk of type 2 diabetes in men. Am J Clin Nutr 2011;93:1321-1327. [↑](#endnote-ref-4)
5. Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB. Sugar-sweetened beverages and the risk of metabolic syndrome and type 2 diabetes: A meta-analysis. Diabetes Care 2010;33:2477-2483. [↑](#endnote-ref-5)
6. Abid A, Taha O, Nseir W, Farah R, Grovsovki M, Assy N. Soft drink consumption is associated with fatty liver disease independent of metabolic syndrome. J Hepatol. 2009. 5:918-24. [↑](#endnote-ref-6)
7. Bernstein AM, de Konig L, Flint AJ, Rexrode KM, Willett WC. Soda consumption and the risk of stroke in men and women. Am J Clin Nutr 2011; 93:1321-1327. [↑](#endnote-ref-7)
8. Mueller NT, Odegaard A, Anderson K, et al. Soft drink and juice consumption and risk of pancreatic cancer: The Singapore Chinese HEatlh Study. Cancer Epidem Biomar 2010: 19:447-455. [↑](#endnote-ref-8)
9. Saldana TM, Basso O, Darden R, Sandler DP. Carbonated beverages and chronic kidney disease. Epidemiology. 2007 4:501-506. [↑](#endnote-ref-9)
10. DiNicolantonio JJ, O’Keefe JH, Lucan SC. Added Fructose: A principal driver of type2 diabetes mellitus and its consequences. Mayo Clinic Proceedings. 2015. 90 (3): 372-381. [↑](#endnote-ref-10)
11. Reedy J. Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. J Am Diet Asso 2010; 110: 1477-1484. [↑](#endnote-ref-11)
12. Bleich SN, Wang YC, Gortmaker SL. Relation between consumption of sugar-sweetened beverages among US adults: 1988-1994 and 1999-2004. Am J Clin Nutr 2009; 89:372-381. [↑](#endnote-ref-12)
13. Nazare J-A, Smith JD, Borel A-L, et. al. Ethnic influences on the relations between abdominal subcutaneous and visceral adiposity, liver fat, and cardiometabolic risk provile: the international study of prediction in intra-abdominal adiposity and its relationship with cardiometabolic risk/intra-abdominal adiposity. Am J Clin Nutr. 2012; 96:714-26. [↑](#endnote-ref-13)
14. The Burden of Diabetes in California, 2015 California Factsheet, American Diabetes Association. [↑](#endnote-ref-14)
15. Dall TM, Zhang Y, Chen YJ, Quick WW, Yan Wg, Gogli J. The economic burden of diabetes. Health Affairs. 2010; 29(2): 297-300. [↑](#endnote-ref-15)
16. American Diabetes Association. [↑](#endnote-ref-16)
17. Even With a Recent Increase in Federal Funding, Its Efforts to Prevent Diabetes Are Focused on a Limited Number of Counties. CDPH. Report 2014-113. January 2015. [↑](#endnote-ref-17)