



City and County of San Francisco
DEPARTMENT ON THE STATUS OF WOMEN



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Date: June 9, 2014
To: Linda Wong, Clerk of the Budget and Finance Committee, Board of Supervisors
CC: Jason Elliot, Director of Legislative and Government Affairs, Office of Mayor Lee
Thru: Dr. Emily Murase, Executive Director
From: Elizabeth Laferriere, Legislative Director
Re: Sugar-Sweetened Beverage Tax Ordinance, BOS File No. 140098

It is the charter mandate of the Department on the Status of Women to provide analysis to the Mayor and the Board of Supervisors regarding legislation that impacts women and girls. The Sugar-Sweetened Beverage (SSB) Tax Ordinance falls under this mandate.

SSBs like soda, juice drinks, and sports drinks, pose health risks to all consumers, although some risks impact girls and young women more so or differently than boys and young men. These health risks relate to young girls' physical health and psychosocial development. First, SSBs negatively impact young girls' bone development: a 2009 study found that drinking SSBs triples girls' risks of bone fractures.¹ SSB intake is also associated with a reduction of milk consumption, lowering bone mineral density. Half of adult bone mass is grown during adolescence so it is critical that young girls develop healthy bones.²

Further, SSBs contribute to obesity and diabetes rates, as each additional SSB serving increases a child's risk of obesity by 60%.³ In addition to physical ailments such as diabetes and asthma, childhood obesity contributes to body dysmorphia, decreased confidence, and the likelihood of eating disorders, conditions which disproportionately harm girls.⁴ Among Californian third-graders, 35% of girls report a desire to lose weight, and 24% report dieting with the intent to lose weight.⁵ Consumption of SSBs is also linked to mental problems in adolescents including hyperactivity, mental distress, and conduct problems, for which girls are disproportionately penalized.⁶ Limiting girls and young women's SSB consumption, as well as encouraging nutritious eating and play, therefore significantly impact their physical health and positive self-image.

Beyond its influence on girls' current well-being, the health consequences and likelihood of SSB consumption follows young girls into womanhood. The beverage consumption patterns of girls at age 9 predict their patterns at age 19, and, on average, girls' rates of drinking milk decrease while those of drinking soda increase over time.⁷ Numerous health problems are connected to adult women's consumption of SSBs, including uterine, endometrial, and breast cancers. Additionally, women who drink 2 servings of SSBs a day have a 26% greater risk of developing Type 2 diabetes than those who do not.⁸

Further, pregnant women who drink SSBs transfer the consequences of consumption to the next generation. The teenagers of women who gain excessive weight during their pregnancies are more likely to be obese than those who gain a moderate amount of weight, even when controlling for eating habits and genetic predisposition to obesity, indicating a significant impact of prenatal environment on teenage obesity.⁹ Moreover, research suggests that diabetic mothers' high blood sugar during pregnancy may also predispose their children to diabetes.¹⁰

In these ways, **a decrease in SSB intake not only benefits girls and young women in the short term—it also significantly impacts their long-term health and the well-being of their children.** Discouraging the choice of consuming SSBs while encouraging nutritious eating habits would have far-reaching benefits for girls, young women, adult women, and future generations. Funding after-school physical activities and healthier eating through this tax would magnify those effects and provide more opportunities for girls to engage in important health education.

Therefore, the Department generally supports the May 2014 draft of the Tax on Sugar-Sweetened Beverages, BOS File No. 140098. However, Sec. 557, which mandates an annual expenditure report, lacks any distinct requirement to evaluate the Fund’s equitable allocation. Currently, the proposed oversight committee is tasked with analyzing programming to identify community needs and inform the optimal use of the Fund. In performing said analysis, **the committee should be required to analyze the gender, race, and socioeconomic indicators of the children benefiting from the fund so as to ensure its fair distribution.** The Department would also request that **some of the funding be directed to programs that promote a healthy self-image.**

If enacted, this small but meaningful intervention would promote health improvements for thousands of women and girls.

Please direct any questions to Legislative Director Elizabeth Laferriere at (415) 252-2578 or elizabeth.laferriere@sfgov.org.

¹ Wyshak, G. (2009). <http://www.ncbi.nlm.nih.gov/pubmed/10850510>

² Weaver, CM. (2008) <http://www.ncbi.nlm.nih.gov/pubmed/18296321>

Gortmaker, S. et al. (2009). <http://www.rwjf.org/content/dam/farm/reports/reports/2009/rwjf50143>

³ Schulze M.B., et al. (2010). <http://www.ncbi.nlm.nih.gov/pubmed/15328324>

⁴ Strauss R.S. (2000). <http://www.ncbi.nlm.nih.gov/pubmed/10617752>

⁵ Robinson, T.N. et al. (2001). <http://www.ncbi.nlm.nih.gov/pubmed/11174614>

Girls Incorporated. (2007). <http://www.girlsinc.org/sites/default/files/downloads/girlsandtheirbodies.pdf>

⁶ Lien L. et al. (2006). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1586153/>

⁷ Striegel-Moore, R.H. et al. (2006). <http://www.ncbi.nlm.nih.gov/pubmed/16492426>

Fiorito, L.M., et al. (2010). <http://www.ncbi.nlm.nih.gov/pubmed/20338280>

⁸ Schliep, K. et al. (2013). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578404/>

Malik V. et al. (2010). <http://care.diabetesjournals.org/content/33/11/2477.full>

⁹ Paul, A. (2010). <http://time.com/84145/how-the-first-nine-months-shape-the-rest-of-your-life/>

¹⁰ Ibid.