



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
Senate Committees on Health and  
Judiciary & Labor  
Wednesday, February 6, 2013 at 1:15pm  
by  
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on behalf of Deans and Directors in the  
College of Health Sciences and Social Welfare  
University of Hawai'i at Mānoa

SB 1085: Relating to Obesity Prevention

Aloha Chairs Green and Hee, Vice Chairs Baker and Shimabukuro and Members of the Committees:

Obesity is the most significant risk factor for adult obesity and other chronic diseases such as diabetes and heart failure. Of great concern, obesity has become very common among adults in Hawai'i and now among the keiki and adolescents of Hawai'i.

- Approximately 1 in 3 children entering kindergarten are overweight or obese (Pobutsky, 2005). Childhood obesity increased 29% from 1999 to 2011 (YRBS 2011). In some communities of Hawai'i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai'i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48% (BRFSS 2010).
- Major health disparities exist across racial and ethnic groups in Hawai'i; 44% of Native Hawaiians adults are obese compared to 14% of Japanese adults.
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai'i rose from 5% to 7.7% of adults from 1997 to 2007.
- Age-adjusted diabetes is highest in Hawai'i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012).

Clearly obesity and obesity-related chronic diseases, such as diabetes are urgent public health concerns for the people of Hawai'i. If we do nothing, children, adolescents and young adults will lose years of life. Extensive research shows that the development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai'i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach.

Where do we start? Research shows the very strong association between added sugar in the diet and obesity and many chronic diseases. ***Sugar sweetened beverages***

**(SSB) are the single largest contributor to calorie intake in the United States**  
(Block, 2004).

- Science supports the association between SSB intake and the development of chronic disease including obesity, diabetes, high blood pressure and heart disease.
- In children, each extra can or serving of SSB per day increases obesity risk by 60% (Ludwig, 2001).
- Hawai'i's children have among the highest rate of dental cavities in the nation. Research shows that SSB weakens tooth enamel and increase the likelihood of tooth decay.
- The price of SSB has changed little, especially in comparison to other food items such as fruits and vegetables.

Studies estimate that a 10% increase in SSB price, about 1 cent per ounce, could reduce consumption by 8-11%, especially among those most vulnerable to the adverse health effects of SSB. This would decrease consumption by 8,000 calories per person per year (Brownell, 2009). ***This would likely be the single most effective measure to reduce obesity.*** In addition, the revenue generated would raise needed funds for programs in Hawai'i to support comprehensive strategies to prevent obesity and chronic disease such as physical education in public schools, farm to school initiatives, after school nutrition education and physical activity programs, worksite wellness programs and more.

For these reasons, the University of Hawai'i and its College of Health Sciences & Social Welfare support the **Sugar Sweetened Beverage** fee proposal.