



**Testimony in Support of LD 852 – An Act to Establish Maine School Beverage Standards**  
**Submitted by Tina Pettingill, MPH**  
**On behalf of the Maine Public Health Association**

Good afternoon Senator Langley, Representative Kornfield, and members of the Education and Cultural Affairs Committee,

My name is Tina Pettingill- the executive director of the Maine Public Health Association. MPHA is an organization that represents over 400 public health professionals across the state dedicated to the health and well-being of all Maine residents. We are a science-based association that only weighs in on bills when we have the data or evidence to support our testimony.

I come today asking for your consideration and support of LD 852. We all can agree that obesity is a problem of epidemic proportions in Maine. One-third of our Maine children are overweight or obese. Poor nutrition and the consumption of high-calorie foods and beverages are major contributors to excess weight and increase the risk of cancer. Obesity can also lead to cavities, diabetes, heart disease, stroke, sleep apnea, metabolic syndrome and being overweight for children also brings an increased risk for being bullied online and at school.

There are, of course, many contributing factors and strategies to combat and prevent obesity. Today we are here to discuss just one of those strategies - eliminating the exposure to, and consumption of, sugar-sweetened beverages during school hours. Sugar-sweetened beverages are drinks with added caloric sweeteners (such as sugar, corn syrup, agave) and can include soft drinks (soda), fruit drinks, sports drinks, tea and coffee, energy drinks, sweetened milk, or any other beverage with added sugars. Sugar-sweetened beverages are a primary source of added sugars in many of our diets, accounting for 16 percent of all calories consumed.<sup>1</sup> For children aged 2-18, sugar-sweetened beverages are the largest contributor to “empty calories” (calories from solid fat and added sugars) constituting 22 percent of empty calories consumed.<sup>2</sup> In addition, one-half of the population ages 2 and older consumes sugar-sweetened beverages on any given day, with 25 percent consuming at least one 12 ounce can and 5 percent at least four 12 ounce cans.<sup>1</sup> That number increases to 70 percent for boys aged 2-19.\*

Since passing in December 2010, the federal Healthy, Hunger-Free Kids Act, we have come closer to promoting healthy behaviors within schools. LD 852 will bring Maine closer to what evidence demonstrates is currently best practice.

Children and adolescents are captive audiences within a school and by allowing the sale of specific items, there is an endorsement of its safety and health benefits. MPHA and our partners are concerned with the message this sends to students, their parents and our communities. Schools in Maine are not just educational institutions; they are the pillars of our communities. Schools are where kids go to learn, where we grow athletes and artists but also where we hold

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community meetings, we go to vote, and we even go to exercise. We rely on our schools set the cultural norms and tone around health, safety and what is acceptable behavior for our children and adolescents. Selling sugar-sweetened beverages and unhealthy foods indicates that those drinks are healthy and necessary within a child's diet.

Though limiting exposure to, and endorsement of, sugar-sweetened beverages in our schools may seem like a small step toward combating obesity, we know that it is a critical step within a comprehensive approach.

For that reason, MPHA supports legislation that prohibits sugar-sweetened beverages, including sports drinks, in schools and also supports efforts to limit consumption of foods and beverages that contribute to overall poor diet quality. LD 852 is based on the latest recommendations from the USDA around competitive food items and is science-based in respect to keeping children healthy and able to learn. We hope to work with you and others here today to craft a bill that clarifies the language and intent of the bill and improves student health and capacity to learn.

### Background and Resources

\*Sugar-sweetened beverage consumption is directly linked to diabetes, cardiovascular disease, dental caries, weight gain, overweight, and obesity. Additionally, evidence exists that consumption of sugar-sweetened beverages is associated with overall poor diet quality, including higher intake of low-quality carbohydrates, lower intakes of fruits and dietary fiber and lower intake of variety of macronutrients.<sup>1</sup> Sugar-sweetened beverages can increase total caloric intake without providing any nutrients to improve health or reduce the risk of disease. Sugar-sweetened beverages are also related to cancer risk in their association with weight gain, overweight, and obesity. One study concluded that consumption of sugar-sweetened beverages account for 20 percent of the weight gain in the U.S. from 1997 to 2007.<sup>1</sup>

<sup>1</sup> IOM (Institute of Medicine). 2012. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press. USDA/HHS. 2010. Dietary Guidelines for Americans, 2010. 7th ed. Washington, DC: U.S. Government Printing Office.

<sup>2</sup> Reedy, J., and S. M. Krebs-Smith. 2010. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. *Journal of the American Dietetic Association* 110(10):1477-1484.

#### Other sources:

\*Ogden, C. L., B. K. Kit, M. D. Carroll, and S. Park. 2011. Consumption of sugardrinks in the United States, 2005-2008. *NCHS Data Brief* (71):1-7.

\*Vartanian L, Schwartz M, and Brownell K. April 2007. Effects of soft drink consumption on nutrition and health: A systematic review and meta-analysis. *American Journal of Public Health*. 97(4): 667-675.

\*Woodward-Lopez, G., J. Kao, and L. Ritchie. 2010. To what extent have sweetened beverages contributed to the obesity epidemic? *Public Health Nutrition* 1-11.