

Sept. 28, 2016

Dear Folks,

Allen Cain of Solano Ave. Association has given me the opportunity to reply to the email with the attached Yes on O1 flyer. As a member of the Albany city council and as a UC science editor, I have high standards. Still, the flyer you saw should be at best considered propaganda.

I have taken the text from the flyer (in red) and added links and my comments below. There were several factual errors and misunderstandings in the flyer. I have addressed them below.

If you are interested, please take the time to read why I do not support measure O1.

Thank you,

Michael Barnes
Albany City Council

P.S. A copy of the flyer can be downloaded here:

<https://app.box.com/s/d6xaemp4s6h3bv5ceeghggfpnucuxss1>

We face a serious health crisis.

More than one-third of all children, and nearly half of African-American and Latino children, are predicted to develop diabetes in their lifetimes. With diabetes rates on the rise, this is the first generation that is predicted to die younger than their parents - by nearly 10 years.

According to the U.C. Centers for Disease Control and Prevention, the statement above is incorrect. In recent years, the rates of diagnosed diabetes have been stable, not growing:

<http://www.cdc.gov/diabetes/statistics/prev/national/figage.htm>

The incidence rate (the rate of new cases) has been falling since 2009:

<http://www.cdc.gov/diabetes/statistics/incidence/fig1.htm>

Finally, diabetes tends to diagnosed later in life:

<http://www.cdc.gov/diabetes/statistics/incidence/fig3.htm>

Since today's children will not be seniors for at least half a century, it's impossible to know what the incidence rate of diabetes will be then. It's likely there will be medical and public health breakthroughs in the next fifty years. Since no one has a crystal ball that can see 50 years into the future with precision, we have no idea what the lifetime incidence of diabetes will be for today's children.

We all pay: Diabetes is predicted to cost California \$15 billion every year! Diabetes will cripple our families, work force, and our health care system.

I see no citations for this information. At least for Albany, the Alameda County health statistics tell a different story. You can download chapter five here:

<https://app.box.com/s/lh6k3ern08obb4m8bc5jqbw59li8zdpq>

Please read document pages 65 and 66 (these are the numbers at the bottom of the pages, not the pdf page number). Note that Albany has the lowest rate of diabetes in the county in the graph on page 66.

Sugary drinks are a big culprit. The #1 source of added sugar in the American diet, sugary drinks, is linked to increased risk of diabetes, heart disease, and tooth decay. Just one soda per day increases a child's chance of obesity by 55%, yet recent data from Alameda County shows that kids continue to consume sugary drinks in huge amounts.

Sort of. According to the Journal of the American Medical Association, 25 percent of added sugar in the American diet is from soft drinks. If you add fruit drinks and sports drinks, the total rises to 39 percent. But if you combine sweets and snacks with sweetened grains (processed breakfast cereals, for example) the total is also 39 percent:

<http://jama.jamanetwork.com/article.aspx?articleid=2506644>

Beverage companies continue to target children and teens. Parents don't stand a chance when Big Soda spends over \$1 million per day marketing sugary drinks to kids. We can do something!

Actually, soda sales have been declining for years. It's estimated that bottled water sales will exceed soda sales in 2017, accord to the NY Times article:

<http://www.nytimes.com/2015/10/04/upshot/soda-industry-struggles-as-consumer-tastes-change.html>

Although some of this decline has been taken up by increase sales of sports drinks (but not much, accord to the JAMA graph above):

<http://healthyeatingresearch.org/wp-content/uploads/2013/12/HER-Sports-Drinks-Research-Review-6-2012.pdf>

There a role for sports drinks but only for sustained high rates of exercise. As an avid cyclist, I found this discussion of bicycle racing sports nutrition pretty interesting:

http://www.pezcyclingnews.com/toolbox/toolbox-kilojoules-and-calorie-counting/#.V-yD_Mmnb51

A tax on distributors of sugary drinks in Albany. The tax is 1¢ per ounce on sugary drinks, soda, sports drinks, and energy drinks. Albany is predicted to raise \$220,000 per year – funds that can be used on health, nutrition, and recreation programs for our kids

As I've said more than once in council, this estimate is probably much too high for Albany. The soda tax in Berkeley (population 116,000) raises about one dollar per month per person. If you apply that same rate to Albany, (population 18,000), the annual figure is \$216,000.

But Albany is not Berkeley. Albany is a much more homogeneous, well-educated, middle-class town. That's precisely the demographic group that doesn't consume much soda in the first place. Albany lacks both Berkeley's large group of college students and a relatively large low-income population.

In addition, Albany is a much smaller town geographically, with a populated area of about one square mile. The town contains only one supermarket (Safeway) and one beverage store (BevMo) that mostly sells alcoholic beverages.

A high proportion of sodas and other sugar-sweetened beverages (SSBs) are bought outside of Albany and would not be subject to an Albany soda tax. So I doubt if a soda tax would raise the estimated \$220,000 figure.

Frequently Asked Questions: Who pays the tax? It is a tax the distributors who bring these drinks into Albany. It is an excise tax, like tobacco taxes, and is paid by the beverage companies, not consumers or retailers. Also, there is an exemption for small businesses.

The above statement completely misunderstands both the mechanism of the allocation of taxes and the point of the soda tax in the first place. One of the main points of both cigarette taxes and soda taxes is to discourage consumption by raising the cost to consumers. The tax is applied to distributors because it is convenient. Unless they pass the tax onto retailers, they will lose profits. And unless retailers pass the tax on to consumers, they will lose profits. Most of the research on the Berkeley soda tax has been precisely about how much of the tax has been passed on to consumers. The results are mixed.

Where does the money go? The tax is predicted to raise \$220,000 in Albany, funds that will be spent to improve health in our City. A community process with input from educators and health professionals will guide the City in using the funds to support community health and nutrition programs. Will it work?

YES! Soda taxes are a proven strategy to reduce consumption and raise funds to support health programs in our communities. Results from a new study in Berkeley show a 21 percent drop in consumption of sugary drinks in Berkeley's low-income neighborhoods since the soda tax went into effect ----- compared to similar neighborhoods in Oakland and SF – and a 63% increase in water consumption.

Here is the UC Berkeley story on that study that shows a 21 percent drop:

<http://news.berkeley.edu/2016/08/23/sodadrinking/>

Here is the journal article itself:

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303362>

You need to take the study results with a big grain of salt (or a swig of soda). The study was based completely on on-the-street surveys taken at two different times. Surveys of consumption patterns that rely solely on memory are notoriously unreliable. For example, I don't even remember what I ate last week, and I have no idea how much water I drank.

If there has been a noticeable decline in soda sales in Berkeley, it ought to be reflected in a decline in the amount of revenue raised by the soda tax. But the soda tax revenue is holding fairly steady, although due to seasonal fluctuations (more soda sales in summer, less in winter) it's too early to tell for sure.

Who is against the tax? Big Soda is putting profits before health by spending millions of dollars to defeat these initiatives. Big Soda bought \$10 million in TV and radio ads, and millions more into ground campaigns to defeat proposed Bay Area sugary drink taxes this fall.

I'm opposed to Albany's soda tax because I just don't think it's good public policy for our little city, and I don't think demonizing one part of a very complex problem is a good public health strategy. And in general, I am opposed to misinformation, regardless of its source. Misinformation is unhealthy. For a different take on the issues of sugar and obesity, see these articles from some real UC Berkeley experts:

Patricia Crawford is on the advisory council for the Berkeley Soda Tax:

<http://californiaagriculture.ucanr.edu/landingpage.cfm?article=ca.v067n01p13&fulltext=yes>

This piece by John Swartzman M.D., UCB public health dept., is also good:

http://www.huffingtonpost.com/berkeley-wellness/sugar-health_b_8270620.html

Will the tax raise prices on groceries? This is a tax on the beverage companies – not on the consumer or the retailers. In an on-going study, in-depth interviews with 19 Berkeley stores show that none have reported raising prices of non-beverage items.

Nothing prevents retailers from raising prices. If they are not passing on to consumers the full cost of the soda tax, then they are either losing profits or raising the price of other goods. There

have been two studies on the amount of pass through to consumers from the Berkeley soda tax. Both agree that for sugar-sweetened beverages as a whole the pass through is around 43 percent to 47 percent. The first is the NBER/Cornell study:

<http://www.news.cornell.edu/stories/2015/08/study-berkeley-soda-tax-falls-flat>

<http://www.nber.org/papers/w21465>

The other study from the same UC Berkeley folks who did the street survey mentioned above:

<http://news.berkeley.edu/2015/10/07/soda-tax-boosts-sugary-drink-prices/>

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302881>

So here is the obvious question. For the sake of using round numbers, let's just say the pass through rate is 50 percent. Thus a soda tax in Albany might be expected to raise the cost of a 12-ounce can of an SSB by six cents. Imagining your child is an AHS student having lunch on Solano Ave. Will a six-cent price increase in the cost of that can of SSB change their consumption behavior?

Why Albany? Albany is joining a regional movement that is leading the nation in fighting diabetes. Albany kids are at risk, too – 25% of Albany 5th, 7th and 9th graders in public schools are either overweight or obese. (Alameda Co. Health Data Profile, 2014)

That data is available on document page 64, at this link:

<https://app.box.com/s/lh6k3ern08obb4m8bc5jqbw59li8zdpq>

Albany has one of the lowest rates of childhood obesity in the county. More recent data for AUSD is available here:

http://data1.cde.ca.gov/dataquest/PhysFitness/PF_SearchName.asp?TheYear=2014-15&cTopic=FitTest&cLevel=District&cName=albany&cCounty=&cTimeFrame=S

Summary report for AUSD here:

<http://data1.cde.ca.gov/dataquest/PhysFitness/PFTDN/Summary2011.aspx?r=0&t=2&y=2014-15&c=01611270000000&n=0000>

I'll leave it to someone else to decipher exactly what this information means.

Who supports this measure? Mayor Maass, Council Members: Pilch, Nason and McQuaid, School Board Members: Blanchard, Low and Stapleton-Gray, Nancy Skinner, Albany dentists, doctors & businesses, American Heart Association, American Academy of Pediatrics, Sierra

Club, League of Women Voters, CA Democratic Party, Public Health Institute, Latino Coalition for a Healthy CA, Public Health Advocates. Website has full list.