Public Health at the Crossroads: Constraint vs. Choice?

Richard Killingsworth, M.P.H.
Associate Professor
Director, Center for Public Private Partnerships in Health
University of Delaware
Public Health to the Rescue!
Public Health and Food: Misleading with Science
Public Health’s Newest Weapons: Fear and Taxes

“We are the healthiest, wealthiest, and longest-lived people in history. And we are increasingly afraid. This is one of the great paradoxes of our time….to be healthy.”

—Daniel Gardner, Author
The Science of Fear
The Danger of Sensationalized Agendas

“For some of the most important public health problems today, society does not have the luxury to await scientific certainty….but taxation should be the last resort”

However......
1. All options have not been exhausted.
2. Soda tax is the primary focus
3. Using evidence that is nascent, mixed, and yielding weak conclusions.
4. Public Health is divided.
5. There are other solutions yet to be explored and implemented.
Public Health at the Crossroads

Contraint-driven Health Promotion

Choice-based Health Promotion
Public health is moving away from enabling and reinforcing personal responsibility to choose the best option… To paternalistic approaches that force sanctioned behavior and eliminates the freedom to choose what is most appropriate.
A growing philosophy in public health is enabling government to protect the consumer through policy, legislative and regulatory constraints.

The hazard is that the consumer is disenabled from making choices that are best for him/her minimizing personal responsibility and the ability to make informed choices.
“We’re not taking away anybody’s right to do things, we’re simply forcing you to understand that you have to make the conscious decision to go from one cup to another cup. I would just like to push that from the consumer point of view and force the consumer to hopefully move over to the less fattening drinks and everybody will be better off.”  

Michael Bloomberg
• Precautionary Principle: “Do No Harm”
• Strive to be inclusive of all involved and transparent in all dealings
• Seek to find common ground and alleviate health inequalities
• When conflict arises give priority to those that promote wellness through principles of respect for the individual, self-determination and freedom of choice.
Public Health’s Playbooks of Constraint
Public Health’s Tools of Constraint

1. Restricting Advertising and Access
2. Reducing Availability and Choice
3. Reformulating Ingredients
4. Increasing Taxes and Prices
5. Sensationalize the product to be something it’s not.
Tobacco vs. Soda: No Comparison

- Tobacco is unique among consumer products...deadly when used as intended.
- Tobacco is a risk factor in itself...beverages just like any food if consumed appropriately are not.
- Tobacco has a proven addictive substance in nicotine, beverages do not.
- Master Settlement Agreement 1998 has caused public health to think other “sins” such as “soda” can and should be legislatively managed and regulated.

Surgeon General’s Report on Smoking and Health – 1964
1. The Logic:
   • Higher Taxes = Lower Consumption = +Health
   • Worked for Tobacco, cigarettes = cancer
   • Does not work for Soda, beverage = enjoyment
     • Soda accounts for 6% of total calories and is one product in a mass of food products
     • Obesity is a complex condition influenced by many factors and usually in combination.

2. Soda is not a sufficient cause of obesity.
3. Soda is a legal product that people enjoy to consume and prefer to keep at an affordable price.
4. The average consumer does not support more taxes.
1. Full-calorie soda sales down more than 17% from 2000-2016.
2. Average calories per serving from beverages down 31% from 2000-2016.
4. Beverage calories in schools are down more than 90% since 2004.
5. The obesity rate for adults in the United States climbed 23.6% at the same time regular soda sales were dropping.
6. The obesity rate in the United States among children climbed 23.7% at the same time regular soda sales went down.
7. Sugar sweetened beverages account for only about 6% of total calories.
8. Of all non-alcoholic beverages purchased today, 48% have zero calories.
The Philadelphia Experiment

- Philadelphia’s beverage excise tax is 24 times the PA excise tax on beer.
- Beverage tax collections were promoted to raise funds for pre-K, but Philly awards just 49% to pre-K.
- Soda tax revenues are below expectations, by nearly $7M.
- Consumers may drive out of town to buy beverages, rather than pay the higher taxes.
- Poor revenue performance threatens sustainability.
Public Health’s National Strategy

“The supreme art of war is to subdue the enemy without fighting.”
Sun Tzu, The Art of War

1. National media attention – keep in the minds of all
2. Change the perception of the culture – “soda is bad” – behavior change through fear and guilt
3. Change the minds of those who will implement the strategy – academia and government
4. Change the funding mechanisms for what can be implemented – government and philanthropy
5. Create a national network of leadership, funders, resources and doers – build dynamic capacity
6. Implement locally where is there strength and momentum – overwhelm the industry

The END GAME = Eliminate SSBs & Extract Funding
What Will Taxes Achieve?

Why revenue from soda may be politically expeditious, but have serious consequences:

1. Disgruntled constituents
2. Business owners financially affected
3. Fuels black market sales
4. Smuggling from other locations with lower prices
5. No impact on health, programs that can’t be sustained, and greater economic challenges
Why Partner?
Beverage Industry and Public Health
“People who work together will win, whether it be against complex football defenses, or the problems of modern society.”

Vince Lombardi
Head Coach
Green Bay Packers 1959-1967
Calls to Action

1. Explore:
   • to cultivate partnerships with Public Health and the Beverage Industry.

2. Think systems change:
   • Identify tipping points that are much larger than the political realm

3. Build support for choice-based efforts:
   • Cultivate community organizations and help develop tools and resources

4. Optimize alignment of partners
   • Include private, public, faith-based, etc…

5. Maximize resources
   • Align local funders with local efforts and partners to advance initiatives