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Implementation Lessons from Latin America to Prevent and Reduce Childhood Obesity in the United States

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FRONT-OF-PACKAGE WARNING LABELS, TAXES ON SUGAR- SWEETENED-BEVERAGES, TELEVISION ADVERTISING, AND PORTION CONTROL IN LATIN AMERICAN COUNTRIES

IMPLEMENTATION LESSONS TO PREVENT AND REDUCE CHILDHOOD OBESITY IN THE UNITED STATES

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Disclaimer

The statements, conclusions, and views expressed in this report are those of the authors and do not reflect those of the University of California, Los Angeles. The authors alone are responsible for the content of this report.

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About the UCLA Latino Policy and Politics Institute

The UCLA Latino Policy and Politics Institute addresses the most critical domestic policy challenges facing Latinos and other communities of color through research, advocacy, mobilization, and leadership development to expand genuine opportunity for all Americans.

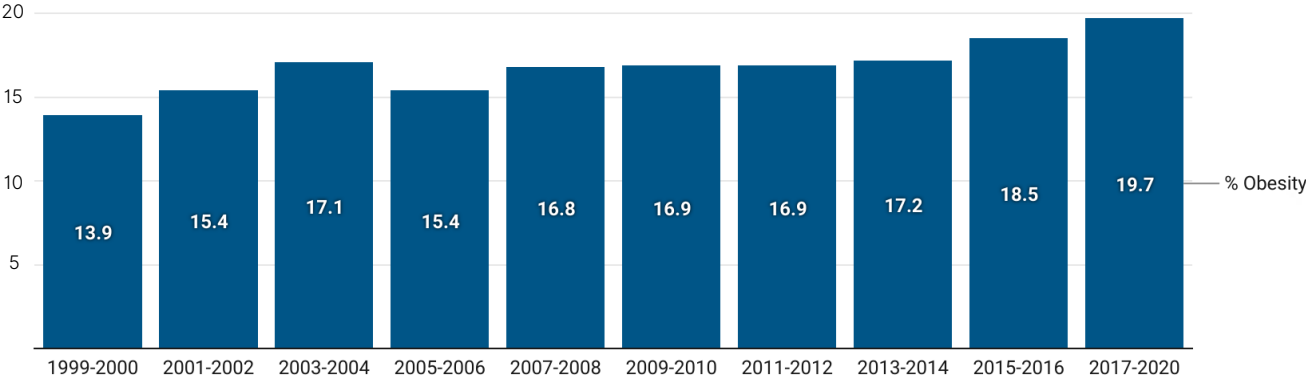
Table of Contents

INTRODUCTION	04
MENU LABELING	07
TAXES ON SUGAR-SWEETENED BEVERAGES	07
RESTRICTIONS ON ADVERTISING	09
PORTION CONTROL	10
FRONT-OF-PACKAGE LABELING	11
POLICY CONSIDERATIONS AND POTENTIAL SOLUTIONS	14
CONCLUSIONS	15
REFERENCES	16

INTRODUCTION

Obesity is an increasing problem for children and adolescents in the United States. Childhood obesity contributes to short and long-term negative health outcomes, including an increased risk for type 2 diabetes, high blood pressure, high cholesterol, poor self-esteem, anxiety, depression, and a higher risk of obesity in adulthood^{1, 2, 3}. In 1999-2000, the prevalence of obesity among children and adolescents ages two to nineteen was 13.9 percent. By 2020, it had risen to 19.7 percent (fig. 1).

Figure 1: Prevalence of obesity among children and adolescents aged 2 to 19 years old in the United States between 1999 and 2020



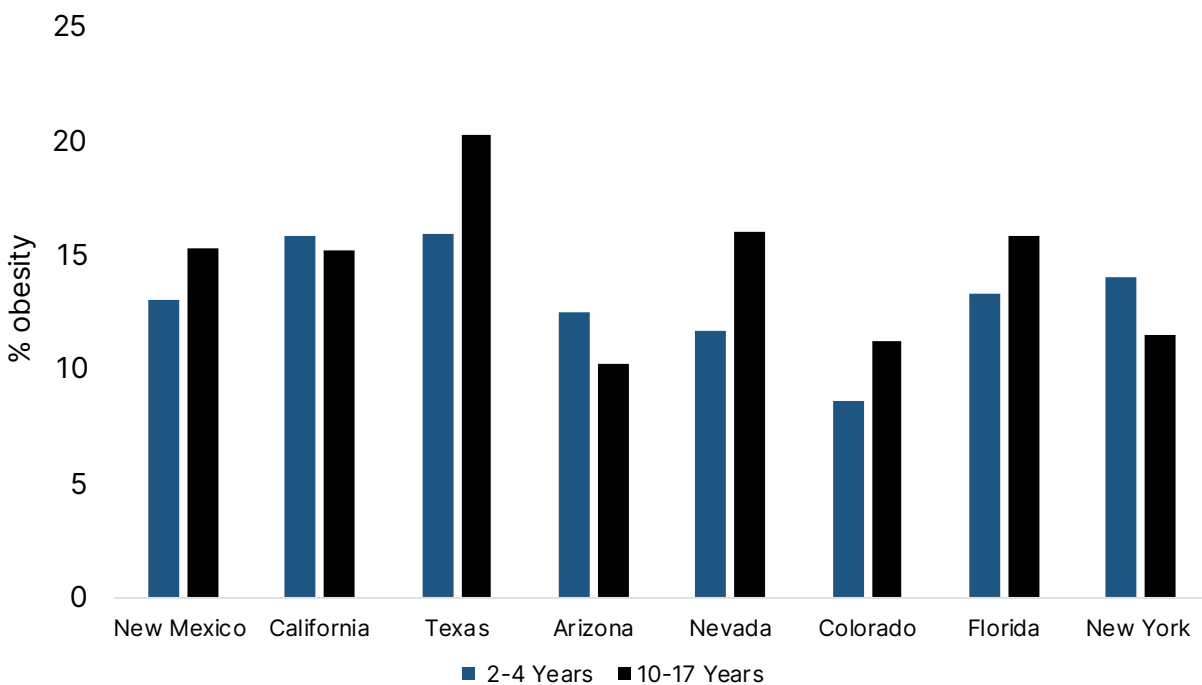
Source: https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#5
National Health Statistics Reports Number 288 October 1, 2017, Table 5. Trends in obesity prevalence among adults aged 20 and over (age adjusted) and youth aged 2-19 years United States, 1999-2000 through 2015-2016
Source: <https://www.cdc.gov/nchs/data/nhsr/nhsr158-508.pdf>
National Health Statistics Reports Number 158 June 14, 2021, Table 3. Prevalence of children and adolescents aged 2-19 years with obesity, by demographic characteristics: United States, 2017-March 2020

Childhood obesity is attributed to multiple factors, including an unhealthy diet. Children and adolescents in the United States often fail to meet the energy and nutrient recommendations outlined in the Dietary Guidelines for Americans (DGA), which are issued every five years by the US Department of Health and Human Services and the US Department of Agriculture⁴. Consumption of saturated fats, added sugars, and sodium is often excessive, while intake of dietary fiber, calcium, vitamin D, and potassium is low⁴. Heavily processed foods and beverages, which contain added sugar, salt, and/or fat, contribute to this dietary imbalance. When foods and beverages are processed, the raw agricultural commodity is deliberately altered, which can affect its nutrient composition².

Implementation Lessons to Prevent and Reduce Childhood Obesity in the United States

Although childhood obesity in the United States is increasing overall, the highest prevalence in 2017–2020 was among Latinas/os (26.2 percent)⁵. The racial/ethnic disparities in obesity prevalence continue into adulthood⁵.⁶ In 2020, Latinas/os made up 19 percent of the total US population, a percentage that is projected to increase to 28 percent by 2060⁷. As the Latino population increases, the prevalence of chronic health conditions among Latinas/os increases as well. For example, type 2 diabetes is one of the leading causes of death in the United States⁸. Between 2011 and 2016, Latina/o adults had the highest rate of type 2 diabetes, 24.6 percent, when compared with non-Latina/o white adults, 20.4 percent, and Black adults, 22.1 percent⁸. US states with a large population of Latina/o children and adolescents, such as California, New Mexico, and Texas, are likely to be particularly affected by the short- and long-term adverse effects of childhood obesity, including increases in adult obesity and the development of chronic conditions (fig. 2).

Figure 2: Percentage of Obesity Among Children in states with high Hispanic population Ages 2-4 and 10-17 Years Old



Source: <https://stateofchildhoodobesity.org/data-by-states/>

Implementation Lessons to Prevent and Reduce Childhood Obesity in the United States

Like youth in the United States, Latin American children and adolescents consume an excessive amount of highly processed beverages and foods⁹. Snacking, eating away from home, and the impact of modern food retailing all have a role in this shift away from healthy diets¹⁰. Innovative policies have been implemented in Latin American countries over the past few decades to prevent and manage childhood obesity, including taxation of sugar-sweetened-beverages (SSBs), menu labeling, restrictions on television advertising, and efforts to encourage portion control. In the mid-2010s, regulatory schemes centered on front-of-package (FoP) labeling spread rapidly in Latin America. Among the countries that have passed and implemented FoP requirements are Chile^{11, 12}, Mexico, Peru, and Uruguay¹³.

In the past few decades, the United States has implemented similar strategies to address childhood obesity. One of the provisions of the Patient Protection and Affordable Care Act (ACA) of 2010 requires food chains with over twenty establishments to display calorie content on their menus¹⁴. Local fiscal efforts have included imposing levies on the sale of highly sugared beverages, a challenging endeavor that has succeeded in a handful of cities¹⁵. A mandatory federal FoP labeling policy has been debated, but legislation has not been adopted. In 2022, the White House announced new initiatives to address hunger, food insecurity, and food accessibility, thereby acknowledging that these food-related issues impact millions of people in the United States, especially low-income families, rural communities, and racial/ethnic minorities. More than four billion dollars were allocated to improve access to nutritious food and the promotion of healthy choices. The development of a FoP labeling system is a key component of the administration's strategy¹⁶.

Evidence from published research on menu labeling, taxes on SSBs, restrictions on TV advertising, and strategies for portion control in Latin America and the United States provides useful lessons for policy makers, advocates, and other stakeholders who are working to promote FoP labeling as an intervention that can prevent and reduce childhood obesity.

The specific aims of this brief are to:

- **Examine existing evidence from studies of regulatory and fiscal policies in Latin America and the United States that were designed to prevent and reduce childhood obesity: labeling policies, taxation on SSBs, restrictions on TV advertising, and efforts to control portion size.**
- **Identify the challenges that have and are likely to affect the implementation of front-of-package (FoP) labeling policies in Latin America and the United States.**
- **Discuss the policy lessons that can be drawn not only from efforts to establish regulatory and fiscal policies but also from the policies themselves.**

MENU LABELING

Research on obesity in the United States from the Center for Science in the Public Interest (CSPI) found that children consumed nearly twice as many calories at restaurants than at home in 2001 and that consumers underestimated the caloric content of restaurant meals¹⁷. The CSPI suggested menu labeling as an approach that could help control rising rates of childhood obesity¹⁷. In response, the ACA required large chain restaurants to display caloric information for all menu items. The regulation is intended to encourage people to choose menu options with fewer calories¹⁸.

Since the menu labeling requirement was implemented, studies on its impact have noted mixed results. Some studies identified a positive association between the adoption of menu labeling and decreases in mean calorie consumption, as well as improvements in meal quality in a handful of chain restaurants¹⁸. A small but statistically significant association was found between menu labeling and calories ordered per meal^{19, 20}. This effect was found to be more frequent among women than men²⁰. A study of overweight participants found that menu labeling reduced caloric intake, but only for individuals who were not overweight²¹. Another study found that individual sociodemographic characteristics such as age and interest in seeking health information affected the level of attention given to menu labeling at restaurants²².

In contrast, other studies have concluded that menu labeling, on average, does not have the intended effect of decreasing the number of calories that are purchased or consumed¹⁹ and that providing caloric recommendations is ineffective in reducing overall caloric consumption^{23, 24}. Some evidence suggests that menu labeling may work in full-service restaurants and coffee shops but not in fast-food establishments²⁵. Overall, the evidence suggests that the impact of menu labeling on caloric awareness and consumption is influenced by individual sociodemographic characteristics such as sex, age, health literacy, and a predisposition to health seeking behavior.

TAXES ON SUGAR-SWEETENED BEVERAGES

Latin American Countries

Scientific evidence has demonstrated that the intake of SSBs—sodas, energy drinks, flavored milks ready-to-drink teas and coffees, and juices that are not prepared exclusively with fruits and vegetables—is linked to weight gain²⁶ and increased risk of type 2 diabetes, cardiovascular disease, and other chronic conditions²⁶. In 2014, Mexico was the first country in the Americas to implement a tax on SSBs²⁷. Its supporters encountered several challenges, including a lack of budgetary resources and poor inter-institutional coordination²⁸. After a failed attempt in 2009, followed by several years of advocacy, the SSB tax passed in 2013, and the law was implemented in January 2014²⁷. Supporters—including academics, nongovernmental organizations (NGOs), and members of the public—played a crucial role in systematizing and disclosing relevant scientific evidence to legislators, who were facing strong pressure from the soda industry²⁷. The SSB tax added 1 peso per liter, increasing the price of qualifying beverages by approximately 10 percent²⁷. Although the long-term impact of Mexico's SSB tax will not be known for some time, to project what effect it might have, researchers used a modeling scenario that employed a 10 percent reduction in SSB consumption among Mexican adults, along with calorie compensation (the replacement of calories from SSBs with calories from other sources) of 39 percent. Researchers concluded that the tax would result in 189,300 fewer incident (first-ever) type 2 diabetes cases, 20,400 fewer incident strokes and myocardial infarctions, and 18,900 fewer deaths between 2013 and 2022²⁹. The model also projected that as a result of these improvements to public health, Mexico would save 983 million dollars in health care costs²⁹.

Implementation Lessons to Prevent and Reduce Childhood Obesity in the United States

In 2014, Chile implemented its own tax on SSBs. For beverages with an added sugar concentration of 6.25 grams per 100 milliliters or more, the existing tax increased from 13 percent to 18 percent. For SSBs below this threshold, the tax was reduced from 13 percent to 10 percent¹¹. Evidence suggests that roughly a year after implementation, groups with higher socioeconomic status had cut back on SSB purchases, while groups with lower socioeconomic status had not¹¹.

A major impediment to the timely passage and implementation of an SSB tax in Latin America has been lobbying by powerful transnational corporations³⁰. In Colombia, an SSB tax was proposed in 2016 with strong support from the country's ministry of health, NGOs, and the public health community. Intense pressure from the beverage industry, including harassment reported by activists³¹, led to the measure's defeat. Although the SSB tax was initially defeated³², the Colombian Congress approved a tax on SSBs and ultra-processed products in November 2022³². The SSB tax in Colombia will be implemented starting in November 2023³².

United States

SSB taxes aim to reduce the consumption of certain beverages while generating revenue and promoting public health. SSB taxes have been proposed but rejected in several state legislatures, but voters in eight cities—Boulder, the District of Columbia, Philadelphia, Seattle, and three cities in California (Albany, Berkeley, Oakland, and San Francisco)—approved SSB levies between 2015 and 2018 despite fierce opposition from the beverage industry¹⁵. In 2016, beverage companies spent \$30 million to unsuccessfully oppose the implementation of voter-approved taxes in San Francisco and Oakland³³. Evidence from Berkeley, the first US city to enact an SSB tax, suggests that it can be an effective instrument for shifting beverage purchases to healthier options without causing economic hardship, while raising revenue for social objectives³⁴. Not all localities that passed an SSB tax have been successful at maintaining it. Cook County in Illinois was obliged to repeal its measure four months after its implementation at least in part because it was perceived as a means to increase revenue rather than a measure to improve public health¹⁵.

To challenge local SSB ordinances, the beverage industry has relied on preemption, a legal doctrine that allows a higher legal authority to limit or eliminate a lower authority's regulatory power¹⁴. Since 2017, Arizona, California, Michigan, and Washington have approved, with minimal public debate, legislation that preempts local SSB ordinances, and additional states have considered it¹⁴. In California a tug of war developed between proponents of the local ordinances and their adversaries¹⁴. The American Beverage Association spent \$7 million to help gather signatures in favor of a state ballot measure that would have required local jurisdictions to obtain a two-thirds supermajority to enact any local tax change. This far-reaching measure would have impaired a city's ability to fund public services. In exchange for the withdrawal of the ballot measure, the legislature and the governor agreed to pass a law that would ban SSB taxes until 2031, excluding those that had already been approved³⁵. AB 1838 went into effect in June 2018. After AB 1838 went into effect, an attempt was made to place an initiative on the 2020 ballot that would have taxed bottled sugar-sweetened soda, syrups, and powder at \$0.02 per fluid ounce, beginning July 1, 2021, but the measure was not successful³⁵. In 2020, a group of organizations that included Cultiva la Salud challenged AB 1838, arguing that it violated the state constitution³⁶. In 2021, a trial court declared the ban unconstitutional, stating that the state could not penalize charter cities for managing municipal affairs, and the ruling was upheld by a state court of appeal in March 2023³⁷.

RESTRICTIONS ON ADVERTISING

Latin American Countries

Restricting television advertising for unhealthy foods and beverages when children are likely to be watching is another approach that has been implemented to combat childhood obesity and the rise of chronic conditions. Partnerships were essential in the adoption of policies that restrict or ban TV advertisements targeted at children and adolescents in Latin America.

In 2014, Mexico restricted such advertising on network and cable TV between 2:30 p.m. and 7:30 p.m. on weekdays and between 7:30 a.m. and 7:30 p.m. on weekends³⁸. In 2016, Chile passed similar regulations to limit TV advertisements for unhealthy foods and drinks that exceed legal thresholds for calories, salt, saturated fats, and sugars³⁹. The first phase banned advertising in programs targeted at children under fourteen years of age in programs for which children made up at least 20 percent of the audience³⁹. The second phase, which began in June 2018, banned any advertising of unhealthy foods and drinks between 6:00 a.m. and 10:00 p.m.³⁹. Recent studies have shown that these efforts have had mixed results⁴⁰. A study that assessed pre- and post-policy impacts of the ban reported that although advertising significantly declined from 2016 to 2017, consumption patterns were not significantly affected⁴⁰.

United States

The United States has neither a comprehensive federal ban nor restrictions on TV advertising that pitches unhealthy foods and beverages to children⁴¹. Lobbyists for the food and beverage corporations have been successful in blocking efforts to pass legislation that would target these practices. In addition, corporations have found increasing protection in the United States' courts for commercial speech under the First Amendment⁴¹.

One of the powers of the Federal Trade Commission, the regulatory agency that protects US consumers, is to prevent unfair and deceptive commercial practices through its rulemaking capacity. In the late 1970s, the FTC proposed to use its unfairness standard to regulate the advertising of highly sugared foods to children, but the proposals were widely condemned. This led Congress to restrict the FTC's unfairness authority in several areas, including children's advertising, in 1980⁴¹. Currently, checks on children's advertising rely primarily on industry-derived standards and self-regulation⁴¹. Some states have passed bills that limit or ban advertisements of unhealthy foods in schools. In 2017, the California legislature approved a bill that banned schools in the state from advertising unhealthy foods or beverages on school premises during school hours⁴².

PORTION CONTROL

Latin American Countries

Portion control has been superficially explored in Latin America. Proponents think that exposure to smaller portions will recalibrate social norms about what is considered acceptable in regard to the amount of food or beverage consumed⁴³. In 2013, Peru passed a restriction that ensured that portion size was included in TV advertising to children and adolescents younger than sixteen years of age. Advertisements that showed “inappropriate portions” of food or beverages or the “immoderate consumption” of food and nonalcoholic beverages “containing trans fats or high levels of sugar, salt, and saturated fat” were not allowed.

A more common approach in Latin American countries is to use policies that attempt to persuade private industry to change the composition of food and beverages by restricting or banning their sale. In 2019, Peru banned drinks with over 2.5 grams of added sugar per 100 milliliters in public and private primary and high schools, while similar restrictions in Ecuador and Uruguay allowed drinks with up to 7.5 grams of added sugar per 100 milliliters^{44, 45}. Rules that restrict only drinks with added sugars do not cover juices that are 100 percent fruit, which are often high in calories⁴⁴. Colombia and Brazil relied on industry-driven initiatives to limit the sale of sugary drinks in primary schools. In Colombia, beverage companies pledged to sell only water, 100 percent fruit juices, drinks with over 12 percent fruit juice, and cereal-based drinks in primary schools⁴⁴. In Brazil, beverage companies pledged to sell only water, fruit juice, coconut water, and dairy products to children twelve years of age and younger⁴⁴. There is no control over implementation, however, and pledges are frequently ignored⁴⁴.

United States

Soft recommendations have also been explored in the United States. The Dietary Guidelines for Americans for 2020–25 advise US residents to “pay attention to portion when making food and beverage choices”⁴⁴. The guidelines, which focus on health behaviors at the individual level, have not resulted in structural or policy-level changes. In 2020, the US Portion Balance Coalition was established as a public-private collaboration to encourage some food and beverage manufacturers, restaurants, food service firms, and trade associations to consider portion control. Several major food and beverage manufacturers, however, refused to participate in the coalition, and the guidance provided by the coalition was often ignored.

Policies that restrict the selling of SSBs in certain amounts have also been explored in the United States, mostly at the local level. In 2011, Boston mayor, Thomas M. Menino, issued the Healthy Beverage Executive Order, which went into effect in October 2011⁴⁶. The executive order directed city departments to eliminate the selling of SSBs on city property⁴⁶. SSBs that contained less than or equal to 1 gram of sugar per fluid ounce were allowed⁴⁶. In 2012, New York City passed a regulation prohibiting the sale of SSBs in containers over sixteen ounces in the city’s food service establishments⁴⁷. The beverage industry sued the city to prevent the enforcement of the regulation, which resulted in the regulation being struck down in June 2014⁴⁷.

FRONT-OF-PACKAGE LABELING

FoP labeling is a regulatory instrument that seeks to protect consumers from obesity and other risk factors that lead to chronic conditions such as type 2 diabetes. FoP labeling aims to facilitate the rapid and easy identification of products containing excess sugars, saturated fats, trans fats, and sodium^{48, 49}. FoP labeling also encourages the food and beverage industries to shift their production toward healthier options⁴⁹. The assumption is that the information on food labels will have two outcomes: it will lead consumers to buy labeled rather than unlabeled products, and it will correct mistaken beliefs about products' healthiness⁵⁰. Another benefit of FoP labeling is that the policy encourages companies to develop products with a healthier composition⁵¹. FoP labeling schemes that have been adopted include Keyhole logos in Sweden and other European countries, the Health Star Rating System in Australia and New Zealand^{48, 52, 53}, traffic light symbols in Ecuador and South Korea, and Guideline Daily Amounts (GDA) in the United Kingdom⁴⁸.

Latin American Countries

Latin American countries have rapidly adopted mandatory FoP warning labels. These labels consist of a black hexagon with white lettering which indicate that the product has excess sugars, saturated fats, trans fats, calories, or sodium⁵⁴. Chile was the first country to require FoP labeling for products that exceed limits of sodium, saturated fats, total sugars, and total energy (calories) (fig. 3)⁵⁵. Discussions about FoP labeling in Chile began in 2002 among policymakers, the scientific community, and community advocates. The initial bill included a set of policies that aimed to reduce the risk of developing noncommunicable diseases, and the labels depicted a traffic light. This bill received strong support from Chile's president, Michelle Bachelet. The FoP labeling system that was approved in 2012 was the result of negotiations between the food industry, legislative groups, and Chile's ministry of health⁵⁵.

Figure 3: Warning signs approved by the Ministry of Health in Chile, 2012



Source: (53)

Implementation Lessons to Prevent and Reduce Childhood Obesity in the United States

Peru, Uruguay, and Mexico followed Chile's initiative soon after¹³. One of the strengths of Latin American warning labels is that they call attention to nutrients of concern. Other FoP labeling systems, such as Australia's Health Star Ratings, or the Nutri-Score color coding system used in the European Union, often convey contradictory information, as products might be high in one nutrient and low in others, which is particularly challenging for products that are often perceived as healthy—sweetened yogurt and breakfast cereal, for example. In contrast, the FoP labeling systems in Chile, Peru, Uruguay, and Mexico display information about specific nutrients, helping consumers identify better options quickly and efficiently⁵⁴.

Recent studies point out that the main mechanisms through which FoP labeling might modify behavior include consumers' increased awareness and comprehension of nutritional choices and their behavioral intentions. Evidence is unclear about the impact of FoP labeling on increasing consumers' perception of risk or on their interpersonal conversations about the labels. For instance, evaluations of FoP labeling in Chile found that the consumption of beverages high in sugar decreased by 23.7 percent after the regulation was implemented, particularly among households with education beyond high school¹². The impact of FoP labeling also surpassed that of the SSB tax¹². Another study found that the FoP labels in Chile decreased the demand for certain types of food, such as breakfast cereal, but that the labels' impact on other products like chocolates and cookies was inconclusive⁵⁶.

International laws and guidelines from the Codex Alimentarius and the North America Free Trade Agreement (NAFTA) were the basis for legal challenges to FoP labeling laws across Latin America. In Mexico, transnational companies argued that FoP labeling created trade restrictions, violating World Trade Organization agreements⁵⁷. Similar strategies by food and beverages companies were deployed in Chile, Peru, and Ecuador⁵⁸. Supporters of FoP labeling cited its potential to empower consumers, increase knowledge in the consumption of food and beverages, improve dietary choices, and reduce the risk of noncommunicable diseases⁵⁸. Although FoP labeling systems have been implemented worldwide, they are mandatory only in a few countries, limiting their potential to improve public health⁵⁹.

United States

Global momentum has motivated countries to adopt SSB taxes, and it is also motivating them to enact FoP labeling⁶⁰. In the United States, food labeling is governed by the Nutrition Labeling and Education Act (NLEA) of 1990, which requires containers for food and beverages to display a standardized food label. The US Food and Drug Administration (FDA) has a crucial role in any sort of nutrition labeling because it must approve any labeling placed on the front of packages. For example, expressed nutrition content claims — those that employ descriptive terms such as “low in sodium” and “high in fiber” — may be made only for nutrients for which the FDA has established a Reference Daily Intake⁶¹. The Nutrition Facts label include serving size, number of calories, and a list of ingredients, but it does not appear on the front of the package. In 2007, the Keystone Food and Nutrition Roundtable brought together nutrition advisors, food manufacturers, and retailers with the goal of creating a national icon system for FoP labeling. The goal of the resulting Smart Choices Program (SCP) was to enable consumers to quickly identify healthy food choices⁶². The scheme was informed by the Dietary Guidelines for Americans, reports from the Institute of Medicine, labeling regulations from the US Department of Agriculture–Food Safety and Inspection Service (USDA–FSIS), and the FDA⁶². The symbol—a green checkmark—was accompanied by the number of calories per serving and the number of servings per package. The label began appearing on packages in August 2009 (fig. 4)⁶². The program was criticized for being misleading, and it was halted two months later^{61, 63}.

Figure 4: The Smart Choices Icon and calorie indicator that would appear as a FoP label



Source: (60)

Some public health advocates thought that all nutrition and health claims on the front of food packages should be eliminated and, instead, that the Nutrition Facts panel should be revamped⁶⁴. An outright ban on a company’s front-of-package nutrition and health claims would trigger First Amendment challenges, however, yielding a constitutional conflict that could be solved only if the government could establish that the restriction directly advances a government interest⁶¹.

POLICY CONSIDERATIONS AND POTENTIAL SOLUTIONS

1. FoP labeling schemes implemented in Latin America can serve as models in the United States. Mandatory FoP labeling could encourage consumer reliance on the information provided by the labels, and it could also motivate food manufacturers to reformulate their products, leading to healthier food and beverage options⁶⁵. A recent study determined that only mandatory labeling would have a critical impact on the public's health. Implementation of a mandatory system would certainly be challenged by food and beverage companies as a violation of their First Amendment rights. Although commercial speech is protected, certain components of FoP labeling might withstand scrutiny. Nutrient-specific summary information meets First Amendment requirements because it is purely factual. Interpretative nutrient-specific summary information that employs colors and designs, such as those used for warning labels, could also withstand First Amendment scrutiny⁶⁵. Regardless of the approach, any attempt to regulate FoP labeling would be met with pushback from the food and beverage industry⁶⁵.
2. Preemption laws that exist in some states are an indicator of the food policy climate.
3. Lobbying from the food and beverage industry will likely include intense opposition to FoP labeling, particularly since criticism from the FDA prompted the discontinuation of the Smart Choices Program. To combat the enactment of local ordinances that regulate SSBs, the American Beverage Association spent millions of dollars to promote a ballot measure that would have required local jurisdictions in California to obtain a two-thirds margin to enact any local tax change, impairing their ability to fund public services.
4. Restrictions and bans on TV advertisements of unhealthy foods and beverages to children and adolescents is another approach that can be used in the United States, but constitutional challenges would be certain. Food and beverage companies would argue that proposals aimed at restricting or banning TV advertisements to children and adolescents would violate their right to commercial speech.
5. The US Congress should consider granting jurisdictional authority to federal agencies that would oversee TV advertising targeted at children and adolescents. Currently the restrictions and regulations on TV advertisements for children are mostly industry-led, which poses multiple challenges, including ensuring accountability⁴¹.
6. Implementing portion control is another approach to prevent and reduce childhood obesity. The food and beverage lobby will likely present strong opposition⁴⁷, as it did in New York in 2012, when it successfully challenged the city's prohibition on the sale of SSBs in large containers in the city's food service establishments.
7. Consumers who believe that food consumption is an individual choice may reject any regulation seen as an interference.
8. Preemption laws can hobble local efforts to address obesity through SSB taxes. Even when a state preempts a city's authority to levy SSB taxes, however, ballot initiatives and legislation can be used to reinstate them. Local ordinances and community support is critical when a FoP labeling policy is pursued.

9. Evidence from Mexico, Chile, and other Latin American countries indicate that SSB taxes can produce cost savings and improve health outcomes, but the benefit of FoP labeling is not as clear. The research does not support claims that nutrition warnings discourage consumer purchases of sugary drinks and processed foods⁵⁴. Assessments of FoP labeling in Chile, however, offer sound evidence that can be translated into the US context. Considerations for policymakers include choosing regulatory thresholds for categories that represent a large share of consumers' intake of critical nutrients. It is also important to recognize that FoP labeling and SSB taxes are complementary policies⁵⁰.

10. The absence of consensus among stakeholders poses an important challenge to efforts that implement FoP packaging mandates. The active participation of academic and nonacademic researchers, policy makers, and community-based organizations is crucial to the success of policies that aim to improve public health⁵⁵. Negotiations over mandatory FoPs in Latin America brought together all the stakeholders: food and beverage companies, legislative groups, health departments, and the community. This approach could also be successful in the United States.

11. The passage of SSB laws has been successful in part because of the involvement of a broad coalition of supporters. Academics, NGOs, and community members worked to generate knowledge about fiscal measures, systematize and disclose scientific evidence, and increase the visibility of the problem, which brought the issue before the public.

12. Generating the momentum that initiatives need to succeed can require years of preparation. In the case of the SSB tax in Mexico, a national obesity prevention policy succeeded in positioning obesity as a policy issue that merited the public's attention as early as 2007. Although Mexico's SSB tax was not implemented until 2014, the focus on preventing obesity as a national priority raised awareness and provided an environment in which public support for the measure could grow. Similar events occurred in Chile. In the United States, the White House has recently showed strong interest in addressing the childhood obesity epidemic, but political and institutional factors may undermine crucial congressional support.

CONCLUSIONS

Mexico, Chile, and other Latin American countries are employing a multipronged approach to combat childhood obesity that employs FoP labeling, bans on TV advertisements for unhealthy foods and beverages, portion control, and taxes on SSBs. US policymakers, researchers, and community members should consider a similar strategy, one that includes FoP labeling. Efforts to reduce and prevent childhood obesity should also address racial and ethnic disparities. Latino children are disproportionately impacted by obesity, which increases the risk of chronic conditions, such as type 2 diabetes, and heightens the risk for obesity in adulthood.

Implementation Lessons to Prevent and Reduce Childhood Obesity in the United States

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