

Healthy Beverages Community Action Guide



Indian Health Service September 2006 Updated March 2013

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IHS Nutrition Program IHS Clinical Support Center IHS Head Start Program Nutrition & Dietetics Training Program IHS Division of Oral Health, IHS National Oral Health Council IHS Division of Diabetes Treatment and Prevention IHS Community Health Representative Program IHS National Nursing Leadership Council HHS Emerging Leaders Program

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Water Prayers

"We give thanks to all the water of the world for quenching our thirst and providing us with strength. Water is life. We know its power in many forms~ waterfalls and rain, mists and streams, rivers and oceans. With one mind, we send greetings and thanks to the spirit of water."

Mohawk Thanksgiving Address



"Water is a prayer. Water is life. To destroy the land and water is to destroy the people."

Tony Skrelunas, Navajo

Foreword

Congratulations on your interest in promoting healthy beverages in your community. Many tribal groups have recognized that the current high level of sugar-sweetened beverages, primarily soda, and energy drink consumption has a negative impact on the health of American Indian and Alaska Native people. In fact, this was the spark that inspired the development of the **Healthy Beverage Community Action Guide to help people like you promote a healthier future** in tribal communities.

This **Healthy Beverage Community Action Guide** outlines a process for Indian communityowned actions to promote healthy beverages and decrease consumption of sugar-sweetened beverages and caffeinated energy drinks. The **Guide** planning process is flexible so that you can include actions specific to your own community. Facts about beverages and health burdens will help you become a healthy beverage expert in your community. Contact information for resources that you may find useful when designing your community-owned action plan is included. Additionally, there are some success stories to inspire you and your community.

As you work towards a healthier future for American Indian and Alaska Native communities, please share your experiences with us so that we can all benefit from your successes and challenges and use your experiences to help other communities in their promotions. Please contact me directly at my email address <u>Alberta.Bicenti@ihs.gov</u>.

Acknowledgements

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Introduction:

Why is using the Healthy Beverages Community Action Guide important?

- You will help tribal leaders, community action groups, and others act on their concerns about growing epidemics of obesity and diabetes in American Indian and Alaska Native communities.
- You will help stop the painful epidemic of baby bottle tooth decay and early childhood tooth decay.
- Obesity, diabetes, and tooth decay are linked with "liquid sugar" in sugar-sweetened beverages.
- You will learn steps you can take in your personal life and in the community to increase your intake of healthy beverages and decrease intake of sugar-sweetened beverages and caffeinated energy drinks.

What is in this Guide?

- Process guide for the community-owned healthy beverage actions including:
 - Steps to become a local healthy beverage expert.
 - Sample community beverage assessment forms.
 - Steps in your planning process.
 - Who should be on the Healthy Beverage team.
 - Planning actions, strategies, and evaluation.
- Information to help you become a healthy beverage expert and to share with the community including:
 - Sample fact sheets.
 - IHS6 Handouts Strengthen the Family Circle six one page emotion-based handouts.
 - o "Honoring the Gift of Children," six one page emotion-based handouts

What is your community's healthy beverage status?

Are healthy beverages available in your school, hospital, health center?

- Yes
- No
- Not sure

Are sugar-sweetened beverages available in vending machines?

- Yes
- No
- Not sure

What are your questions and concerns about healthy beverage choices in your community?

Do you question or are you concerned about:

- What changes will make healthy beverages available in my community?
- What changes will increase intake of healthy beverages and decrease intake of sugarsweetened beverages and caffeinated energy drinks?
- Who in my community shares my concern about high use of sugar-sweetened beverages?

Purpose of the Community Action Guide:

Why are we doing this?

The goal of the Healthy Beverages Community Action Guide is to help tribal communities work together to promote healthy beverages to decrease intake of sugar-sweetened beverages such as soft drinks and caffeinated energy drinks to fight obesity, diabetes, tooth decay, and high-risk behaviors associated with caffeinated energy drinks.

This Guide provides a process for use by communities to address the health effects of sugarsweetened beverages and caffeinated energy drinks. The Guide will help community members learn where sugar-sweetened beverages and energy drinks are sold or provided, provide information on the negative health impacts of these beverages, identify their own resources, and use the knowledge and ability of community members to promote change. The **Guide** focus is community action because Native people themselves are the best people to decide what changes are needed and to make those changes.

This Community Action Guide will help Health Promotion/Disease Prevention staff, schools, and tribal health paraprofessionals to advocate for and implement policies that support a healthier environment through a coordinated community framework.

This Community Action Guide will help you to:

- Assess community use of sugar-sweetened and caffeinated energy drinks.
- Understand community knowledge, attitude, and beliefs about health, nutrition, and drinking sugar-sweetened beverages and caffeinated energy drinks.
- Take action to increase access to healthy beverages in your tribal community.
- Develop an action plan for you and other action team members to implement and to develop a community healthy beverage policy.
- Brainstorm ideas for getting activities started.
- Identify, recruit and work with groups/team members who will be actively involved on your team.
- Find resources to improve beverages offered in your community.

Steps to Become a Healthy Beverages Expert

Step 1:

Familiarize yourself with the facts and information on childhood obesity and sugar-sweetened beverages and with the increasing use of caffeinated energy drinks. You can use information in this Guide to learn more about these issues.

Step 2:

Learn more about which beverages are healthy by reading nutrition labels on beverages your family drinks or that are offered in schools, communities, and health centers.

Step 3:

Make a note if your school has a healthy beverage resolution or policy, and find out what beverages are sold in your community.

What healthy beverages that are sold or served in your school?

- Water
- Low-fat, 1% or fat-free milk
- Fruit juice (100% real juice)
- Soy milk

Which unhealthy beverages are sold or provided in your school, clinic, and tribal offices?

- Regular soda
- Diet soda, ice tea and artificially sweetened beverages
- Sugar-sweetened iced tea or other sweetened drinks
- Flavored and sugar-sweetened water
- Fruit drinks
- Sports drinks
- Caffeinated energy drinks

Are unhealthy beverages sold in any of the following locations?

- Vending machines in public buildings
- Sporting events
- Cafeteria line
- Fundraising drives
- Schools store
- Other

Are unhealthy beverages served at the following events?

- Tribal meetings
- Health board meetings
- Tribal ceremonies and celebrations

Step 4:

Research or seek other school policies or resolutions that may affect the development of a Healthy Beverage policy.

Step 5:

Learn about the finances of removing soda and other sweetened beverages.

Step 6:

Coordinate a poll of parents and health care providers in your school district and community about their sugar-sweetened beverages and caffeinated energy drink concerns.

Find Others Who Want to See Change

Find one or more persons in who are concerned and willing to do something about sugarsweetened beverages and caffeinated energy drinks. When one or more people are concerned and willing to do something, it's time to begin.

Who can I ask to be involved?

Participants will get involved for many reasons:

- Their community is important to them.
- These are their issues and they believe they may contribute to make a difference.
- They expect positive outcomes.
- They envision of a better community.

Participants will need to have at least:

- Some knowledge and/or interest in issues about healthy beverages.
- Something they can identify within their community and a feeling they can contribute to make a difference.
- Willingness to get involved and participate.

How do I enlist participants?

- Attend a community committee meeting that has been set.
- Explain why you want participants involved and the purpose of your meeting.
- Keep a list of names and addresses as you build your list of participants.
- It is sometimes easier to ask people you already know and get them involved.
- Recruit participants from: the community at large, tribal leaders, health care providers, parents, teachers, school board members, churches, agencies and organizations, senior programs, health care facilities, and youth groups.

How to Start Planning for a Healthy Beverage Community Action Campaign

Steps to get the planning process started include:

- Identify a Healthy Beverages Champion (Leader) and Action Team members.
- Action team meets to brainstorm, develop strategy, plan actions, decide timeframes, and how to evaluate the action campaign. For example, Action Team identifies community partners, organizes fun family events and presentations by elders.
- Schedule 1 or 2 meetings. Include evening meetings to accommodate community leaders, elders, and individuals who are unable to take time off from work. Publicize the meeting dates and times.
- Use the sample meeting agenda and revise as needed for your community.
- Use the sample meeting guides (for example who should facilitate, ground rules, etc.

Develop an Action Plan and Plan Your Strategy

The concerned and willing persons form a team. The team will need to do some background work before a community-wide meeting to get others involved. Your team members will need to:

- Select a team leader.
- Complete a community needs assessment.
- Decide which areas to challenge first and which to do later.
- Assign responsibilities to team members to get activities going.
- Decide how to react when you meet resistance to the idea of replacing sweetened beverages with water, low-fat milk, diet sodas, and 100% fruit juices.
- Develop counter-marketing techniques to reduce soda pop consumption.
- Decide on specific activities that will bring about improvements. Activities *may* include:
 - Conduct focus groups: conduct focus groups to understand knowledge, attitude and beliefs about health, nutrition, and soda pop consumption.
 - Conduct literature review on soda pop and health and/or use information in this guide.
 - Involve the community in designing motivational gifts such as
 - Use one-page emotion-based messages and package in a canvas bag with Indian design, distribute with a water carafe for families and water bottle for individual(s).
 - Have creative person(s) come up with the Indian design for the project, the water carafe, and water bottle.
 - o Mobilize stakeholder communities (e.g., use meetings, marketing). .
 - Work with stakeholders to develop new nutrition and health education materials.
 - Establish initiatives to identify alternative funding for school activities.
- Develop a timeframe for actions including specific dates.
- Establish how you will evaluate how you will evaluate success and evaluate your progress as you work your plan.
- Identify team member responsibilities by using volunteers or making assignments to get going on the plan. You may need to:
 - Change your plan of action and timeline as needed as events develop. Be flexible.
 - React to opportunities when they come up.
 - Adjust or add other steps to deal with barriers.
 - Keep working towards your major goal.

Put the Plan into Action

In addition to the team implementing the plan, the team will need to inform others in the community about their plan in a way that increases community support and team membership. One or more meetings may be needed (see **Guide** sample meeting agenda and ground rules, etc.). Community comments at the meeting may lead to plan changes. At the meeting, the team leader or team members will need to:

- Give short presentation(s) of the Healthy Beverage project's history, progress, and recommendations to interested groups and tribal leaders.
- Briefly explain meeting format.
- Discuss results of community assessment
- Give details on activities, roles, and process.
- Give time for questions, answers, and discussion.
- Assign responsibilities to team members and get going.

Evaluate Process and Outcome

Review your progress and recognize your successes. Your plan may need to be revised to accomplish your goals and objectives.

Process evaluation measures can help you decide if the plan is working or needs to be changed. Celebrate the successes as you work towards your outcome/goal. Progress evaluation:

- Describes the services and activities that were implemented.
- Collects information on an ongoing basis to measure progress toward milestones (actions leading toward achieving your goal/outcome).
- Process evaluation provides early feedback on whether or not the program is proceeding as planned.
- Includes evaluation of:
 - Type of programmatic activity.
 - Characteristics of the staff offering the activity.
 - Activity frequency and length.
 - Size of group receiving activity.
 - Whether activity was completed as planned. If not,
 - List of barrier(s) and challenge(s).
 - What limits successfully overcoming barrier(s) and challenge(s)?
 - What actions created the barrier or challenge?
 - What actions will overcome the barrier(s)s and challenge(s)

An outcome evaluation is used to measure results.

- Examples of outcomes that could be evaluated include:
 - o School or tribal healthy beverage policy or resolution developed, passed, implemented.
 - Healthy beverages sold or served in your school.
 - o Unhealthy beverages sold or provided in your school, clinic, and tribal offices?
 - Unhealthy beverages sold or served at tribal meetings, health board meetings, tribal ceremonies and celebrations

Assessing the Community Beverage Environment

Sample Community Beverage Assessment Forms

The community beverage assessment will allow you to evaluate the type of beverages that are available and extent to which your community implements the kinds of procedures, guidelines and/or policies that are recommended as part of a healthier community environment. It will help you identify a place to start making healthier changes!

The assessment information will help American Indian and Alaska Native Communities to:

- Learn the current status of their community and schools.
- Gain support of the community, school administrators, community members, tribal leaders, parents, and health care providers. The assessment will help identify who is going to support your efforts.
- Create an action plan for improving the quality of beverages sold.
- Promote community awareness of detrimental health effects of sugar-sweetened beverages and energy drinks.

Community Beverages Assessment

There are several sample assessment forms applicable to vending machines, grocery stores, cafes, restaurants, and school cafeterias. We suggest that you

- Select the assessments you want to use and revise as needed for your community.
- Print the sample assessments.
- Choose a team of people to survey the community
- Choose a team leader to coordinate, write down, count, and add up the responses to score community schools, health centers, hospitals, etc.
- Combine the results for all community health centers, clinics, hospitals, schools, and tribal offices and report total results.
- Use the results in developing your action plan.
- Use the results to attract attention to the beverages sold out of vending machines.
- Use information gathered from the assessment of healthy beverage practices to generate support among your school, child care sites, hospitals, health centers, community buildings, tribal offices, and community members for your Community Healthy Beverage Action Plan.
- Share the assessment results with tribal leaders, school officials, parent groups, health centers, etc, once you have gathered the information.

The opportunities to improve your community environment are limitless. Consider what will work best in your area. The assessment can help your team make decisions.

Sample 1: Assessment Form

Assess your current vending machine beverage content: Survey what is currently available in your vending machines. A sample vending survey form is included. (Adapted form survey developed by the California Center for Public Health Advocacy)

# of Vending machines:	
Name of Data Collector:	
Location:	

Healthful Beverages	Number of Selections
Water	
Fruit juice (at least 50% real juice)	
Diet soda	
Low-fat/1% for fat-free milk	
Total number of healthy beverages	

Low-Nutrition Beverages	Number of Selections
Soda (regular)	
Whole or 2% milk	
Iced tea of other sweetened drink	
Fruit drink (less than 50% real juice)	
Sports drinks	
Other drinks	
Total number of unhealthy beverages	

Sample 2: Vending Machine Assessment Form

School: _____ Observer: _____ Location • Entrance/Hallway • Cafeteria • Gym • Outside building • Teacher lounge/staff room

• Other (Please specify)

Type of Machine 1. Beverage

Machine Availability

Is the Machine Currently on and available to students or is it turned off?

Reference: (assessment format) B Oldenburg et al. Checklist of Health Promotion environments at Worksites (CHEW): Development and Measurement Characteristics. Am J Health Promot. 2002:16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. http://www.cdc.gov/healthyyouth/shpps/index.htm 2004.

Sample 3: Vending Machine Survey

The (your organization) would like to know your opinion about beverage choices in the vending machines located ______. The information gathered from this survey will be used to assess if there is a need for healthier options in vending machines, and if so we will implement a plan to make such healthy beverages available to you. Please take a few minutes to fill out this survey and return it to ______ in _____ department.

1.	I purchase regular soda, did drink and sports drinks fro	et soda, io	ce tea	and artit	ficially	sweetei rk: (che	ned beverages	s, fruit
	Almost every day		namg	macimi	c u t w o	ik. (ene	ek one)	
	A few times a week							
	A few times a month							
	Never							
2	Plasse rate the current sele	ctions in	vondi	na mach	ines la	cated or	tha	
۷.	Variate of Deverages				$\frac{110}{2}$			·
	variety of Beverages	LOW	1	Z	3	4	High	
	Reliability of Machine	Low	1	2	3	4	High	
	Rendefinty of Machine	Low	1	2	5	•	mgn	
3.	Drinking healthy beverage	s is impo	rtant t	o me	Yes		No	
4.	Current vending machines	offer hea	lthy b	everage	s Yes		No	
5.	What would you like to see	e added ii	n the v	rending	machin	es?		
	Water			U				
	Diet sodas							
	Skim milk							
	Gatorade							
	100% fruit juice/vegetable	juice						
6.	Would you purchase health	nier bever	rage it	ems if o	ffered?		YesNo_	
7.	Would you be willing to pa	ay more f	or hea	lthier be	everage	items?	Yes No	
Comm	ients:	-						
Refere	ences. Food Surveys Rutgers	Univers	itv Ri	verland	Comm	unity C	ollege and B	oise Sta

References: Food Surveys Rutgers University, Riverland Community College, and Boise State University.

Sample 4: Community Beverages Assessment Form or Progress Report or Report Card

(adapted from California LEAN) Location and Description of Beverages: (for example, 4 vending machines in high school cafeteria; 26 beverage choices sold in tribal grocery store)

Standard (2), and Deginning (1), below.							
	4	3	2	1			
	Excellent/	Very Good/	Good/	Beginning			
	Above	At Standard	Approaching				
	Standard		Standard				
Healthy Beverage	Variety of	Variety of	50% of all	Few or no			
Choices: Options:	healthy	healthy	items offered	healthy			
Are there more healthy	beverages.	beverages	for sale at any	options.			
options (waters, low fat	No sodas sold.	including	site include				
milks and 100% fruit		waters.	healthy				
juices) than there are		Only sugar-	beverages.				
sodas, energy drinks,		free sodas					
sports drinks, sweet teas?		sold.					
Are healthy beverages as		Soda is not					
accessible and available as		available to					
sodas?		students all					
NOTES:		day.					
·							
·							

Please Rate on a scale of four to one: "Above Standard" (4), "At Standard" (3), "Approaching Standard" (2), and "Beginning" (1), below:

	4 Excellent/ Above Standard	3 Very Good/ At Standard	2 Good/ Approaching Standard	1 Beginning
Healthy Choices: Portions. What are the sizes of beverages offered – for example, ½ cup fruit juice, 1 cup milk, 12 ounce cans, 20 ounce bottles, "super sizes", "big gulps"? NOTES:	Appropriate size beverages for child/adult	At least 75% of all items offered for sale at any site are appropriately sized.	At least 50% of all items offered for sale at any site are appropriately sized.	Few or no beverages appropriately sized. Most sodas are 20 ounce size or larger
Healthy Beverage Choices: Options: Are there more healthy options (waters, low fat milks and 100% fruit juices) than there are sodas, energy drinks, sports drinks, sweet teas? Are healthy beverages as accessible and available as sodas? NOTES:	Variety of healthy beverages. No sodas sold.	Variety of healthy beverages including waters. Only sugar-free sodas sold. Soda is not available to students all day.	50% of all items offered for sale at any site include healthy beverages.	Few or no healthy options.

	4	3	2	1
	Excellent/	Very Good/	Good/	Beginning
	Above	At Standard	Approaching	
	Standard		Standard	
Healthy Choices:	Appropriate	At least 75%	At least 50%	Few or no
Portions.	size beverages	of all items	of all items	beverages
What are the sizes of	for child/adult	offered for	offered for	appropriately
beverages offered – for		sale at any	sale at any	sized.
example, ¹ / ₂ cup fruit juice,		site are	site are	Most sodas are
1 cup milk, 12 ounce cans,		appropriately	appropriately	20 ounce size
20 ounce bottles, "super		sized.	sized.	or larger
sizes", "big gulps"?				_
NOTES:				
Rating Score:				

What Does the Overall Score Mean?

"4" Healthy Beverages Score: Excellent/Above Standard

There is a wide variety of healthy beverages available, accessible, and affordably priced for the community. There exists a "no soda" policy at school and tribal community sponsored events.

"3" Healthy Beverages Grade: Very Good/At Standard

There is a wide variety of healthy beverages available, accessible, and affordably priced for the community. Some sugar-sweetened sodas are sold at schools, tribal and IHS buildings, and tribal events. Soda is not available to students all day.

"2" Healthy Beverages Grade: Good/Approaching Standard

Healthy Beverages and sugar-sweetened beverages have an equal footing at schools, workplace, and at tribal and community sponsored events. There are limited restrictions on when soda is available to students and larger sizes of soda are available.

"1" Healthy Beverages Grade: Beginning

Healthy Beverages are rarely offered in vending machines and at tribal and community sponsored events. Sugar-sweetened beverages are the majority of beverages offered and sold in the community. Difficult to obtain affordable healthy choices, soda pop visibly advertised in the community. Soda sizes are 20 ounces or bigger. Soda is accessible to students at most times. Brand name sugar-sweetened beverages highly visible where community members meet (school, athletic events, and employee snack bars). Exclusive soda contracts at schools and tribal buildings. Soda is accessible at all times.

Sample 5: Community Beverages Assessment Form

	A Excellent	B Very Good	C Fair	D Poor	F Failing
Healthy Beverage Choices					
Are there more healthy options (waters, low fat milks and 100% fruit juices) than there are sodas, energy drinks, sports drinks, sweet teas? Are healthy beverages as accessible and available as sodas?					
Healthy Choices: Portions					
What are the sizes of beverages offered – for example, ½ cup fruit juice, 1 cup milk, 12 ounce cans, 20 ounce bottles, "super sizes", "big gulps"?					
Healthy Choices: Prices					
How are the healthy choices priced compared to other beverages? Are waters, juices, and low fat milks cheaper, more expensive, or equal in price compared to sugary sodas.					
Healthy Choices: Visibility					
Are there visible vending machines, snack bars, tribal events offering healthy choices? When can children get healthy beverages; i.e. School meals, school snacks, snack bars, markets, tribal events?					
Advertising and Promotion					
What are the messages at schools, sports fields, banners, tribal sponsored events advertising beverages? Do they promote healthy beverage choices such as waters, juices and milks.					

Sample Meeting Agenda

Improving Community Healthy Beverages Environment: Taking Action

Date: Time: Facilitator: Recorder: Timekeeper:

Objectives: (insert your objectives here)

- Discuss results of the Community Beverages Assessment.
- Discuss opportunities for collaboration and coordination to create a healthy beverage environment.

Agenda

- Welcome and Introductions prayer if appropriate. Circulate Sign in sheet
- Introduction to a Healthy Beverage project
- Results of the Community Assessment
- Presentation on a Friendly healthy Beverages Environment
- Q & A/Discussion
- Next Steps
- Closing Remarks
- Adjourn

Attach a list of participants (or description of the meeting participants; for example, 25 Head Start Program parents/teacher/staff/adults).

First meet with Tribal Official(s), ask for her/his support and follow up with a presentation to the Tribal Council and/or a Letter to a Tribal Leader.

Meeting Ground Rules:

- Remember to respect all opinions, ideas, and beliefs.
- Keep on agenda.
- Listen, appreciate, and show consideration for others.
- You have a right to disagree without expressing judgment.
- Strive to reach agreement.
- Start and end on time.

Handling Issues and Topics

Some topics may need further discussion and may require more time. It is important to record the topic and discuss it later when appropriate.

How to Conduct a Focus Group:

The purpose of the focus group is to collect information regarding the knowledge, attitudes, and beliefs of AI/AN people regarding soft drink consumption in order to provide culturally sound and effective strategies to reduce soda consumption in their communities.

- You will need a facilitator if you are going to conduct a focus group session. A Facilitators role is to:
 - o Be a resource person and leader
 - Be responsible for arranging a meeting for everyone to participate
 - Move the process along and help the group accomplish its objectives
 - Keep and enforce the ground rules
 - Give clear instructions and guidance about the activities
 - o Monitor the meeting to keep on time and allow extra time for discussion
 - o Be non judgmental and supportive
 - Provide essential information, and not opinions
- You will need to develop a list of questions to discuss.

Some major themes may emerge from the focus groups: for example soda pop consumption, the health impacts of soda consumption, health education messages, and intervention strategies

Sample Tribal Leader Letter

Date: Address:

Dear Chairman/Chairwoman, Mr. President:

As a health professional and (your title in organization), I want to make you aware that (your organization) is developing a healthy beverage awareness initiative to help reduce and prevent obesity, type 2 diabetes and tooth decay among American Indians and Alaskan Natives (AI/AN). The Healthy Beverage Initiative will officially kick off (Date/Time/Location). This project will reach out to people of all ages and empower them to make informed, healthy beverage choices. This project is done in partnership with (insert your local partners).

The purpose for the project is simple. America is facing a diabetes and overweight epidemic. This unhealthy trend is more prominent in our American Indian and Alaskan Native community. "Studies indicate that obesity rates for AI/AN children, adolescents, and adults are higher than rates for the US population. Age-specific prevalence of overweight ranged from 61% to 78% in 20- to 64-yr-old men and from 81-87% in women of the same age." (Insert diabetes data). Oral disease rates in AI/AN are 2-3 times higher in those of the non-Indian population. According to the 1999 IHS Oral Health Survey, 79% of AI/AN children aged 2-5 yrs have tooth decay; the prevalence increases with age to 87% at 6-14 yrs, and 91% at 15-19 yrs. Adults age 44 yrs have a 78% prevalence, and those aged 55 or older have lost at least one tooth due to tooth decay, gum disease, or other trauma."

We believe your commitment to and participation in this outreach effort is critical to the success of our healthy beverages project. I hope that after you take a look at the facts I have enclose on health problems among AI/AN, you will support this project in our community. (Insert your overweight and obesity facts, oral health and diabetes data as an enclosure).

I encourage you to support our efforts as we move forward with our project. I look forward to hearing from you. Our message needs to be heard so that our people can start taking a more active role in staying healthy.

Sincerely, Your name Address Phone number Fax number, Email address

Beverages and Health Information Fact Sheet

How much sugar-sweetened beverages are children and youth drinking?

- Toddlers aged 19-24 months drink sugar-sweetened fruit drink or soda each day.
- Preschool-aged children drink 9 oz. (almost a full can) of soda each day.
- Teenage boys drink on average 3-12 oz carbonated or non-carbonated soft drinks each day.
- Teenage girls drink more than 2-12-oz carbonated or non-carbonated soft drinks each day.
- The amount of calories children got from sugar-sweetened beverages doubled between 1977 and 2001.

Link between good nutrition and the ability to learn, play, grow and develop.

- Well-nourished and hydrated children have higher test scores, better school attendance and fewer behavioral problems.
- Parents can help children learn to enjoy water as the thirst quencher of choice.
- Caffeinated drinks are a mildly addictive stimulant drug and are not appropriate for children. Many soft drinks are caffeinated. A 12-ounce can of soda have 35-55 mg of caffeine which is too much for children.

Teeth and oral health

- Over three-quarters (79%) of American Indians and Alaska Natives (AI/AN) children aged 2-5 years have tooth decay and rate increase to 87% at 6-14 years and 91% at 15-19 years.
- Healthy beverages preserve preserves smiles and stops painful tooth decay.
- Carbonated soft drinks have acids that erode tooth surfaces and cause cavities.
- Tooth surfaces enamel starts to dissolve at a mouth pH level below 5.5. Soda pH is lower (more acidic) at 2.53, and Pepsi pH is 2.49. Bbattery acid pH is 1.00.
- Sports drinks, caffeinated energy drinks, and other flavored drinks such as Gatorade, Red Bull, and PowerAde cause up to 11 times more tooth surface erosion than Coca-Cola. (Source: Dental notes, spring 2005, Academy of General Dentistry).

Too much body weight (overweight)

- There are about twice as many overweight children and about three times as many overweight adolescents as there were in 1980 (2001 Surgeon General's Call to Action to Prevent and Decrease Obesity)
- Healthy weight for height will lower a person's risk for developing diseases such as diabetes and heart disease.
- Sugary soft drinks are the major dietary source of added sugars. Studies connect soda pop consumption with increased overweight and nutrient deficiency.
- The average serving of sugar-sweetened beverages is associated with overweight in children and teens.

- Sweet drinks, including soda, fruit drinks, and other sweetened beverages, increase the risk of overweight and obesity among preschool children. (Welsh, 2005)
- Overweight adolescents lost weight when sugar-sweetened with healthy beverages. (Ebbeling 2006)
- Researchers report a correlation between soft drink consumption, TV viewing and obesity in adolescents. Students who drank three or more soft drinks per day (both diet and regular soft drinks), and watched 3 or more hours of television per night had high body weights for height or high Body Mass Index (BMI) at or above the 85th percentile. (Giammattei, 2003).

Diabetes

- Overweight is a strong risk factor in developing Type 2 diabetes.
- Type 2 diabetes is increasingly common in Native American youth.
- Excess calories from sugary drinks can cause overweight.

Bone Health

• Soda consumption has replaced milk in the diets of many children, putting them at risk for fragile and broken bones and bone disease such as osteoporosis.

Vitamins, Minerals and Beverages

- Water is needed for good health.
- Milk contains vitamins, A, D, B-12, calcium, magnesium, and protein. These nutrients are important for developing strong bones, healthy teeth, nerves, and more. When soft drinks are chosen in place of milk; protein, calcium, zinc, vitamins A &C fall.
- Carbonated sodas contain sugar, corn syrup, caffeine, and water. Drinking carbonated sodas causes decrease in vitamin A, calcium, and magnesium.
- The American Academy of Pediatrics recommends that school-age children limit their fruit juice to 8-12 ounces daily (1-1 ¹/₂ cups/day total).

Caffeinated Energy Drink Dangers

- Dizziness, jitteriness, anxiety, diarrhea and vomiting, blood pressure and heart disorders, and death have been reported to the FDA after drinking energy drinks.
- Mixing alcohol and energy drinks can lead to risk-taking behavior. These drinkers think that they are less drunk than they are, they drink more, and become even more intoxicated than those who drink alcohol alone.
- Being wide awake and drunk at the same time increases the risk of engaging in violent or other high-risk physical behaviors that can cause injury. College students who consumed alcohol mixed with energy drinks were more likely to be taken advantage of sexually or take advantage of someone else sexually, of being injured by riding with a drunken driver compared to students who drank alcohol alone (O'Brien et al., 2008).

Fact Sheet

Soda Pop Consumption Increasing

Manufacturers pumped out 15 billion gallons of pop in 2000, twice as much as the 1970s. Today's children consume 8 percent of their calories from soft drinks. The larger the container, the more people are likely to drink. The 6 1/2 –ounce standard serving of the 1950s grew into the 12 ounce, and is now being supplanted by 20 ounces. Pricing encourages the purchase of larger sizes at fast food establishments.

A preliminary report on an informal survey shows that more than half of the Alaska Natives surveyed drink at least one can of pop a day, and one fifth drink at least two cans a day.

Tooth Decay Hurts Alaska Natives

The 1999 Indian Health Service Oral Health Survey represents only about 1% of the Alaska Native population, but gives us preliminary data about the seriousness of the problem of tooth decay compared to non-natives. The tooth decay averages for three age groups (shown below). Alaska Natives have more than twice as many decayed or filled teeth as the non-Natives

Age	Alaska Native	U. S. All Rates
Ages 6-14	7	3.4
Ages 15-19	11	5
Adults 35-44	33	7.6

Tooth decay averages for three age groups:

(Other contributors to the problem of tooth decay among Alaska Natives include poor access to dental care and preventative measures such as sealants and fluoridation.)

Diabetes Rates Are Also Skyrocketing

According to a study from the Harvard School of Public Health, the odds of a child becoming overweight increase 1 to 6 times for each additional can or glass of sugar-sweetened drink per day. One of the most serious aspects of overweight and obesity in children is Type 2 diabetes. It accounted for 2 to 4% of all childhood diabetes before 1992, but rocketed to 16% by 1994. Moreover, overweight adolescents are much more likely to become overweight adults, with increased risk for developing heart disease and stroke, gallbladder disease, arthritis, and endometrial, breast, prostate, and colon cancers.

In Alaska, the rate of diabetes varies in different parts of the state, but some areas have rates of diabetes almost four times higher than the United States in general. These rates are increasing in all areas of the state. Rates of increase vary from 30% to 152%.

Pumped Up On Pop- Huge Volume

Manufacturers pumped out 15 billion gallons of soda pop in 2000 or 54 gallons for every man, woman, and child – that's 19 ½ ounces a day. This is twice as much as we consumed back in the 1970s. According to USDA, American children between the ages of 12 and 19 consume about a half of a quart of it a day or almost a gallon a week. Children are consuming eight percent of their calories from soft drinks. According to a study from Harvard School of Public Health, children's weight problems were directly proportional to how many soft drinks they drank. A 12-ounce cola has about 10 teaspoons of sugar and 150 calories.



A large cola (32 ounces) has 310 calories and 26 tsp. of sugar. Sunkist orange soda (12-ounce can) has 13 tsp. Mountain Dew (12-ounce can) has almost 12 tsp. Pumped up on pop Feb. 28, 2001 NBC on MSNBC website: http://www.msnbc.com/news/537202.asp#BODY

Tooth Decay and the Soda Factor

"Look here at the base of the teeth," dentist Dr. Paul Staubitz says, pointing to places in the mouth of a 20-year old where the enamel – the hard outer coating of the teeth – has been eaten away, leaving tooth surfaces looking flaky, crusty, and almost chalky.

Some teeth have tiny holes at the gum line.

"We see this all t he time," Dr. Staubitz says. "The kids don't know they have a problem, and this is what happens. They don't find out about it until it's too late."

The problem is cavities and dental decay, the likes of which some dentist haven't seen in years. Dentists think they have a pretty good idea of the culprit: a steady rise in the amount of sugary drinks guzzled every day by so many U.S. children. They're doing the Dew, sipping cola, firing up on sports drinks, and downing gallons of fruity punches and "thirst-ades" – all at the expense of plain old water and calcium-rich milk.

Tooth decay and the soda factor: As consumption of sweet drinks grows by big gulps, cavities go crazy: By Sue MacDonald, The Cincinnati Enquirer. April 07, 1999 From the website: http://www.enquirer.com/editions/1999/04/07/loc_tooth_decay_and_soda.html

Tooth Decay

"Drinking carbonated soft drinks regularly can contribute to the erosion of tooth enamel surfaces" according to the Academy of General Dentistry, an organization of North American dentists dedicated to continuing education to ensure the best possible dental care for the patient."



Academy of General Dentistry Consumer Information Fact Sheet From the website: <u>http://www.qualitydentistry.com/library/agd/dsdb.html</u>

Childhood Overweight

"Excessive bodyweight probably now constitutes the most common pediatric medical problem in USA. Although the cause of this apparent obesity epidemic is likely to be a multifactorial, our findings suggest that sugar-sweetened drink consumption could be an important contributory factor. The odds ratio of becoming overweight among children increased one-six times for each addition can or glass of sugar-sweetened drink that they consumed every day." *Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective and observational study.* By David S. Ludwig, Karen E. Peterson, and Steven L. Gortmaker THE LANCET – Vol 357 – February 17, 2001

Type 2 Diabetes in Youth

Type 2 diabetes is not uncommon in American Indian and Alaska Native youth. Among AI/AN youth age 15 to 19 years, diabetes increased by 106% in an IHS-wide study done in 1990-2001. Although the peak age of occurrence is usually around adolescence, type 2 diabetes has been reported in AI children as young as 4 years. Risk factors for type 2 diabetes in children include overweight, inactivity, and a family history of type 2 diabetes. IHS National Diabetes Program Interim Report to Congress Special Diabetes Program for Indians, December 2004.

Liquid Candy: Advertising, large container sizes lead to high consumption

"One reason, aside from ubiquitous advertising, for increasing consumption is that the industry has steadily increased container sizes. In the 1950s, Coca-Cola's 6^{1/2}-ounce bottle was the standard serving. That grew into the 12-ounce can, and now those are being supplanted by 20ounce bottles (and the 64-ounce Double Gulp at 7-Eleven stores). The larger the container, the more beverage people are likely to drink, especially when they assume they are buying singleserving containers.

Also, prices encourage people to drink large servings. For instance, at McDonald's restaurants a 12-ounce ('child size') drink costs 89 cents, while a drink 250% larger (42-ounce 'super size') costs only 79% more (\$1.59). At Cineplex Odeon theaters, a 20-ounce ('small') drink costs \$2.50, but one 120% larger (44-ounce 'large') costs only 30% more (\$3.25)."

Liquid Candy: How Soft Drinks are Harming Americans' Health, by Michael F. Jacobson, Ph.D. An excerpt from the Center for Science in the Public Interest website:

http://www.cspinet.org/sodapop/liquid_candy.htm

Native Americans and tooth decay

Oral disease constitutes a major public health problem among Native Americans... the cost of treating oral health problems as well as the social disability resulting from poor oral health cannot be ignored, particularly in view of the fact that most oral health problems are preventable. Native Americans suffer from high rates of tooth decay, gum disease, and tooth loss. This situation has occurred while the oral health of the U.S. population at large has improved. The Oral Health of Native Americans: A Chart Book of Recent Findings, Trends, and Regional Differences, by William Niendorff, DDS, MPH, Dental Field Support and Program Development Section, Indian Health Service, Albuquerque, NM. 1991

Parent and Family Fact Sheet (1 page) "What are you and your family drinking?" created 2005, Kelle Vort, RD, San Felipe Pueblo health and Wellness Department, NM:

Fact Sheet Answers to Common Soda Industry Arguments

The soda industry is fighting to keep its products in schools. During your campaign you will most likely hear some or all of the claims listed below from soda industry spokespersons or opponents of a soda ban.

Industry Claim:

Schools will lose revenue if sodas and other sweetened drinks are removed.

Counter:

Schools across the nation have proof that revenues do not decline for schools. Because soda is cheaper to produce then fruit juice or even spring water, the soda industry has a higher profit margin with these beverages. But for schools, beverage sales often go up when a healthy beverage policy is implemented. (For examples check the Center for Science in the Public Interest <u>www.cspinet.org/schoolfood</u>) In addition, students should not be forced to subsidize their own education with revenue from unhealthy beverages. While it is shameful that most of our public schools are under-funded, soda sales are not an appropriate revenue source.

Industry Claim:

Students should have "freedom of choice." Schools should provide healthy options, but students should not have their choices limited.

Counter:

Baloney! Parents have the right to limit what beverages their children are drinking. Schools are in business to educate our children in a safe and healthy environment. The idea that students need access to soda while in school is nonsense.

Industry Claim:

Soda is a scapegoat. In order to fight childhood obesity we need to focus on eating healthy and getting more exercise. It is unfair to single-out one product. Soda can be part of a healthy diet.

Counter:

Consumption of soft drinks by children has risen dramatically over the last 30 years. While many strategies to increase exercise and improve student's diets must be considered, eliminating soda from schools is seen by medical experts as one of the most promising interventions in fighting the epidemic of childhood obesity.

From: PA Department of Agriculture "Healthy Beverage Tool Guide" The Food Trust, 2004 Philadelphia, PA. <u>http://www.Thefoodtrust.org</u>

A New Proposed Guidance System for Beverage Consumption in the United States

Levels of Beverages	Recommended Ounces
Level 1: Water	(20-50 fl oz/day)
• Essential for human life.	100 % water
• Necessary for metabolism and physiologic	
functions.	
• May provide calcium, magnesium, and fluoride.	
Level 2: Tea and Coffee, (Unsweetened)	4-5 cups (0-40 fl oz/day)
• Black, green and oolong tea – provides variety of flavonoids, antioxidants and fluoride.	Limit Caffeine (400 mg/day)
• Reduces tooth decay & cavities, reduces kidney	
stones, increases bone density	
• Coffee can reduce risk of Type 2 diabetes.	
colorectal cancer, and Parkinson's disease in men	
Level 3: Low Fat Milk, Skim Milk, Sov	(0-16 fl oz/day)
Beverages	
• Provides vitamin D, calcium and protein	
• Low fat milk and skim milk contribute to healthy	
diet	
• Soymilk provides alternative for people who do	
not drink cow's milk	
Level 4: Noncalorically Sweetened Beverages	(0-32 fl oz/day)
• Diet sodas, diet drinks are alternatives to	
providing a sweet drink	
• Nutritive sweeteners are added to most diet sodas & diet drinks	
• Downside is that drinks with sweeteners provide a sweeter taste, less preference for water, tea or coffee	
Level 5: Caloric Beverages with Some Nutrients	(0-8 fl oz/day)
• Fruits juices, vegetable juices, whole milk and	100% fruit juices
sports drink provide some nutrients	
• Downside is that could contain high energy	
content, high sodium, dense fats, too much	
carbohydrates	
Level 6: Calorically Sweetened Beverages	(0-8 fl oz/day)
• Sweetened with high fructose corn syrup or	
sucrose. Regular sodas, fruit drinks, and other	
carbonated drinks.	
• Can cause dental caries, weight gain, and Type II	
Diabetes	

The American Journal of Clinical Nutrition March 2006



"The Daily Healthy Beverage Guidelines" Unilever Health Institute 2006. http://www.liptont.com/downloads/tea_health/beverage_guide/lipton_bevguide_poster.pdf

The Daily Healthy Beverage Recommendations

The American Journal of Clinical Nutrition March 2006

- Women should drink 9 eight oz. servings of water
- Men should drink 13 eight oz. servings of water
- Limit caffeine intake to 400 mg per day
- Beverages should not be more than 10-15% of total daily calories
- Choose more beverages from the bottom of the pitcher
- Drink beverages from the top of the pitcher in moderation

Note: "Fluid needs vary widely among people and persons with higher-than-average needs should increase their fluid intake form calorie-beverages, preferably water."

The fluoride content of bottled water is usually much lower than fluoridated tap water, but on occasion it may exceed advisable concentrations.

Beverage Caffeine Content of 12-ounce beverages in milligrams

Food and dietary supplements are not required to list the amount of caffeine on the Nutrition Facts Label, but caffeine must be included in the ingredient list if it is included in a product. The caffeine amounts in the table below come from product information websites. If calorie levels for energy drinks could be found online, they are included in parentheses. Energy drink size also is noted if different from 12 oz.

Beverage	Milligrams of
	Caffeine
Monster Energy 16 oz (200 calories)	160
5 Hour Energy (2 oz)	90
Rockstar Punches (24 oz) (260 calories)	360
Red Bull (8.2 oz)	80.0
Jolt	71.2
Pepsi One	55.5
Mountain Dew	55.5
Mountain Dew Code Red	55.5
Diet Mountain Dew	55.5
Kick Citrus	54.0
Mellow Yellow	52.8
Surge	51.0
Tab	46.8
Diet Coke	45.6
Diet Coke with Lemon	45.6
Diet Coke with Lime	
Diet Vanilla Coke	45.6
Shasta Cola	44.4
Shasta Cherry Cola	44.4
Shasta Diet Cola	
RC Cola	43.0
Diet RC	
Diet Sunkist Orange	41.0
Mr. Pibb	40.0
Sugar-Free Mr. Pibb	40.0
Red Flash	40.0
Sunkist Orange	40.0
Slim-fast Cappuccino Delight Shake	40.0
Ruby Red	39.0
Big Red	38.0
Storm	38.0
Wild Cherry Pepsi	38.0
Pepsi-Cola	37.5
Pepsi Twist	37.5
Diet Pepsi	36.0

Beverage	Milligrams of
	Caffeine
Diet Wild Cherry Pepsi	36.0
Diet Pepsi Twist	36.0
Aspen	36.0
Coca-Cola Classic	34.0
Coke C2	34.0
Cherry Coke	34.0
Lemon Coke	34.0
Vanilla Coke	34.0
Diet Cherry Coke	34.0
Snapple Flavored Teas (Reg. or Diet)	30.0
Canada Dry Cola	30.0
A & W Crème Soda	29.0
Nestea Sweet Iced Tea	26.0
Nestea Unsweetened Iced Tea	26.0
Barq's Root Beer	23.0
A&W Diet Crème Soda	22.0
Slim-fast Chocolate Flavors	20.0
Snapple Sweet Tea	12.0
Lipton Brisk, All Varieties 9 Canada Dry Diet Cola	1.2
Diet Rite Cola	0
7-Up	0
Sprite	0
Mug Root Beer	0
Diet Barq's Root Beer	0
Sun Drop Orange	0
Minute Maid Orange	0
A&W Root Beer	0
Slice Sierra Mist	0
Fresca	0
Brewed Coffee	85
Instant Coffee	60
Decaffeinated Coffee	5
Coffee, Tall Starbucks	260
Coffee, Grande Starbucks	330
Espresso, Starbucks (solo)	75
Tea, green or instant	30
Tea, leaf or bag	50
Arizona Iced Tea-assorted flavors	15-30
Nestea Pure Lemon Sweetened Iced Tea	22
Сосоа	5
Herbal Teas	0
Bottle Water	0

"Caffeine Content of Popular Drinks" 14 June 2006 Wilstar 2006.

http://www.wilstar.com/caffeine.htm and http://www.energyfiend.com/the-complete-guide-tostarbucks-caffeine_30 March2013

Examples: Caffeine Equivalents in Sodas and Coffees

An individual may drink up to 2 (20 oz) sodas in one day

1 Coke (20 oz) = 60 mg of caffeine

Therefore 2 Cokes (20 oz) = 120 mg of caffeine

On a typical day, a person usually drinks 2 cups of coffee a day

However: 1 cup of Tall (12 oz) Starbucks = 260 mg of caffeine

Therefore: 2 cups of Tall (12 oz) Starbucks = 520 mg of caffeine

What are you and your family drinking?

What do you and your families drink with your meals?

If it is usually soda, Kool-Aid, sweetened iced tea, lemonade, fruit juice, or fruit punch, you may be getting lots of extra calories the body does not need.

Many of these drinks are loaded with sugar which can add unwanted pounds and raise blood sugar levels.

Although for most people, one 4-6 oz. glass of juice a day is okay, it's better to eat your fruit instead of drink it!

Drink	Amount	Calories	Teaspoons of Added
			Sugar/Grams of Carbohydrate
Soda (Coke ®)	12 oz.	140	9 teaspoons/39 grams
Kool-Aid ®	12 oz.	140	9 teaspoons/39 grams
Sweetened Iced Tea	12 oz.	125	8 teaspoons/33 grams
Lemonade	12 oz.	155	10 teaspoons/41 grams
Capri Sun	9.6 oz.	105	7 teaspoons/28 grams
PowerAde/Gatorade	16 oz.	144	9.5 teaspoons/38 grams
Apple juice	12 oz.	180	0 teaspoons/45 grams
Crystal Light	12 oz.	8	0 teaspoons/0 grams
Diet Coke ®	12 oz.	1	0 teaspoons/1 gram
Unsweetened Iced Tea	12 oz.	1	0 teaspoons/1 gram
1% Milk	8 oz.	110	0 teaspoons/12 grams
Water	12 oz.	0	0/0
Sparkling water	12 oz.	0	0/0
Propel (by Gatorade)	8 oz.	10	2 teaspoons/3 grams
Sugar-free Kool-Aid ®	8 oz.	3	0 teaspoons/1 gram

Check out the calorie and sugar content of the following popular drinks!

- Notice the serving sizes which are mostly 12 oz. If you super size your drink, watch out a 32 oz Coke ® has 400 calories!
- Notice the better choices you and your family can make. There are many high-flavor, low-calorie, low-sugar drinks to choose from.
- Aim for 8, 8 oz. glasses of water a day to stay well hydrated.
- Remember, what you drink is as important as what you eat.

Alternative Herbal Teas

(Commonly known as "Indian Tea")

Many alternative herbal teas are consumed by Native Americans for health, medicinal, and other ailments. These herbs are grown in the plains and mountain states and are used predominately in the Southwest, abundantly on the Navajo, Hopi, and Pueblo lands. The most commonly consumed teas are the: Indian Tea Greenthread (Thelesperma spp.) Dharmanada, Ph.D., Director, Institute for Traditional Medicine, Portland, Oregon

Traditional Method of Preparation:

"Late July or early August my mother and sister would go up to the mountains and gather ch'ilgoh wehih. When the buds open, usually we cut them 3-4 inches, so they would be more for next year. Next we would wash the plants well to get the dirt off. You may have to wash them several times. We would then lay them out to dry on the table or outside. When they are dry we would tie them up in bundles with strings and stored them in containers to be boiled later. We drink Ch'ilgoh with our meals or use it for medicine purpose. A bundle of tea takes about (2-5 minutes) to boil. It will produce a golden color."



Dharmanada, Ph.D., Director, Institute for Traditional Medicine, Portland, Oregon January 2004

Other Teas – Black, Green, and Oolong Tea

Black, green, and oolong teas are the most consumed drinks globally. Black, green, and oolong teas originate from the Camellia sinensis plant and have all been associated with health benefits.

Black, Green, and Oolong tea:

- Tea has flavanoids and antioxidants
- Reduces tooth decay & cavities
- Reduces kidney stones and increases bone density

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References

180,000 deaths worldwide may be associated with sugary soft drinks, American Heart Association Meeting Report, March 19, 2013. <u>http://newsroom.heart.org/news/180-000-deaths-worldwide-may-be-associated-with-sugary-soft-drinks?preview=5611</u>

Agron, P., Takada, E., Purcell, A. California Project LEAN's Food on the Run Program: An Evaluation of a High School-Based Student Advocacy Nutrition and Physical Activity Program. Journal of the American Dietetic Association, Adolescent Nutrition Supplement. 2002; 102(3): 103-105.

American Academy of Pediatrics (2004). Soft drinks in schools. Pediatrics, 113:152-154.

American Heart Association Meeting Report, 180,000 deaths worldwide may be associated with sugary soft drinks. March 19, 2013. http://newsroom.hear.org/news/180-000-deaths-world-wise-may-be -associated-with-sugary-drinks?preview

An insider's view of national strategies to control the obesity epidemic. William H. Diet, MD, PhD. National Institute for health Care Management Foundation, 1225 19th Street, NW, Suite 710, Washington DC 20036, March 2013, <u>www.nihcm.org</u>

Barry, M Popkin, Lawrence E. Armstrong et al. A new proposed guidance system for beverage consumption in the United States. AM J Clin Nutrition, March 2006, Vol. 83, No. 3, 529-542.

Ballew, Kuester, Gillespie, Archives of Pediatric and Adolescent Medicine Nov. 2000; 154:1148-1152.

Charles-Azure J, Little E. Promotion of Healthier Beverages in Indian Communities. The IHS Primary Care Provider. 2005:30(6):143-147.

Charles-Azure J; Blahut, Patrick; Starr, Delores, "Healthy Beverage" 2006, Power Point Contributors.

Crawford, Patricia B, et al. How discretionary can we be with sweetened beverages for children? Journal of the American Dietetic Assoc. 108:9, pp1440-1444, Sept. 2008.

Does drinking beverages with added sugars increase the risk of overweight?, Research to Practice Series, No.3, September 2006, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and physical Activity, CDC. Does drinking beverages with added sugars increase the risk of overweight? <u>http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/r2p_sweetend_beverages.pdf</u> Re: The Use of Caffeine in Alcoholic Beverages

Ebbeling, Cara B. et al. Effects of decreasing sugar-sweetened beverage consumption on body weight in adolescents: a randomized, controlled pilot study. Pediatrics. 117:3, pp 673-680, March 2006.

Giammattei J, Glen Blix, Marshak H, Wollitzer A, Pettitt D. Arch Pediatr Adolesc Med. 2003;157:882-886.

Ludwig, D, Peterson K, Gortmaker S. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. The Lancet Feb. 17, 2001, 357:505-508.

McCormack Brown, K., Akintobi, T., Pitt, S., Berends, V., McDermott, R., Agron, P., Purcell, A. California School Board Members' Perceptions of Factors Influencing School Nutrition Policy. Journal of School Health. 2004; 74(2):52-58.

National Center for Health Statistics, NHANES III

Story M, Strauss K, Zephier E, Broussard B. Nutritional concerns in American Indian and Alaska Native children: Transitions and future directions. Journal of the American Dietetic Association. 1998:98(2):170-176.

The Food Trust, Food Services Division of the School Pennsylvania Advocates for Nutrition and Advocacy (PANA) Pennsylvania Action for Healthy Kids, 1992

Re: The Use of Caffeine in Alcoholic Beverages http://www.fda.gov/downloads/Food/IngredientsPackagingLabeling/UCM190372.pdf

U.S. Dept of Health and Human Services. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: USHHS, PHS, Office of the Surgeon General, 2001, Washington, D.C.

U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, D.C.: U.S. Government Printing Office, January 2005. <u>http://www.healthierus.gov/dietaryguidelines</u>

Wang, Y. Clair, et al. Impact of change in sweetened caloric beverage consumption on energy intake among children and adolescents. Arch Ped. 163:4, pp 336-343, April 2009.

Weber JL, Lytle L, Gittelsohn J, Cunningham-Sabo L, Heller K, Anliker JA, Teufel NI, Retenbaugh CK. Development of a primary prevention program: insight gained in the Zuni Diabetes Prevention Program. Clinical Pediatrics 1998; 37:131-142.

Welsh J, Cogswell M, Rogers S et al. Overweight among low-income preschool children associated with consumption of sweet drinks: Missouri, 1999-2002. Pediatrics 2005, 115:223-229.

Appendix A: Other Additional Resources

"Reducing Soda Pop Consumption in American Indian and Alaska Native Communities", DHHS, Washington, D.C., June 01, 2005. (22-page report)

The Oral Health of Native Americans: A Chart Book of Recent Findings, Trends and Regional Differences, by William Niendorff, DDS, MPH, Dental Field Support and Program Development Section, Indian Health Service, Albuquerque, NM. 1991

Healthy Guidelines published in the American Journal of Clinical Nutrition. <u>http://www.lipton.com</u>

Caffeine Content Of Popular Drinks" 14 June 2006 Wilstar 2006. <u>http://www.wilstar.com/caffeine.htm</u> "Caffeine Content of Foods and Drugs." 12 June 2006 Nutrition Action Healthletter 1996.

Appendix B: PowerPoint Presentation (separate file)

Appendix C: Web Resources

Banning Sodas in your School: A Short Organizing Tool. http://www.departments.oxy.edu/uepi/cfj/Articles/BanningSodasinYourSchool.pdf Successful strategies used by the Los Angeles United School District (2nd largest school district) to pass a motion to ban sodas in schools.

Beverage Intake in the United States. 02 June 2006. UNC Carolina Population Center 2006. <<u>http://www.beverageguidancepanel.org/</u>>

Caffeine. 02 June 2006 Wikipedia 2006 http://www.en.wikipedia.org/wiki/Caffeine

California Project LEAN (Leaders Encouraging Activity & Nutrition) <u>http://www.californiaprojectlean.org/</u>

A joint program of the California Department of Health Services and the Public Health Institute focusing on youth empowerment, policy and environmental change strategies, and community-based solutions to increase healthy eating and physical activity. Website contains resources for advocacy and policy efforts, fact sheets, lesson plans, program plans, and youth specific campaign information, and research and evaluation reports.

Indian Health Service Nutrition and Diabetes Proams <u>http://www.ihs.gov/medicalprograms/nutrition</u> <u>http://www.ihs.gov/medicalprograms/diabetes</u>

Lesson Plan to help reduce soda pop in schools-NOW TV show, PBS http://www.pbs.org/now/printable/classroom_diet_print.html

A lesson plan and curriculum created by a Pennsylvania physical education teacher designed to increase awareness and understanding of soft drink consumption in schools. Includes lesson

objectives, related national health standards, background information, teacher strategies and related resources.

Liquid Candy: How Soft Drinks are Harming Americans' Health, Michael Jacobson, Center for Science in the Public Interest. <u>http://www.cspinet.org/new/pdf/liquid_candy_final_w_new_supplement.pdf</u> Making It Happen! School Nutrition Success Stories <u>http://www.teamnutrition.usda.gov/Resources/makingithappen.html</u>

Making It Happen! School Nutrition Success Stories shares stories from 32 schools and school districts that have made innovative changes to improve the nutritional quality of all foods and beverages offered and sold on school campuses. These success stories illustrate the wide variety of approaches used to improve student nutrition. The most consistent theme emerging from these case studies is that students will buy and consume healthful foods and beverages, and schools can make money from healthful options. Making It Happen! includes a variety of materials developed by some of the schools and contact information for each story.

Model School Wellness Policies National Alliance for Nutrition and Activity (NANA) http://www.schoolwellnesspolicies.org/WellnessPolicies.html

PA Department of Agriculture School Food & Beverage Reform Expelling Soda & Junk Food From School and PA Department of Agriculture "Healthy Beverage Tool Guide" The Food Trust, 2004 Philadelphia, PA. <u>http://www.Thefoodtrust.org</u> <u>http://www.thefoodtrust.org/php/programs/school.food.beverage.reform.php</u>

Strategic Alliance for Healthy Food and Activity Environments.

http://www.preventioninstitute.org/sa/enact/enact/

ENACT is a concrete menu of strategies designed to help improve nutrition and activity environments on a local level in seven environments: childcare, school, after-school, neighborhood, workplace, healthcare, and government.

FIRST NATIONS DIABETES PROGRAMS

Elders of the communities involved were and ... Here is a sample of community-based programs. The Pima of Gila River Indian Community ... At the Yukon Elder Wellness Centre, Ida Calmegane <u>http://www.niichro.com/Diabetes/Dia6.html</u>

Aboriginal health Healing and Wellness Health traditional medicine ...

Health and wellness include the physical, mental, spiritual, ... Making drinking water safe in First Nations communities Public ... The Impact of Medicaid Reform on Indian Health Programs ... http://www.turtleisland.org/healing/healing-wellness.htm

Photo References:

- 1. Page 1: NPS Photo or NPS Photo by (Jim Peaco; April 2001)
- 2. Page 4: Ceremonial; Photo Courtesy of the Indian Health Service/U.S. Department of Health and Human Services.
- 3. Page 6: Soda Can, Google Images
- 4. Page 27: Tooth illustration
- 5. Page 37: Tea Grass, Dharmananda, PhD., Director, Institute for Traditional Medicine, Portland, Oregon January 2004.
- 6. Page 37: Tea Flower, Tea Grass, Dharmananda, PhD., Director, Institute for Traditional Medicine, Portland, Oregon January 2004.
- 7. Page 37: Tea Bundle, Tea Grass, Dharmananda, PhD., Director, Institute for Traditional Medicine, Portland, Oregon January 2004.
- 8. Page 37: Multiple Tea Bundles, Tea Grass, Dharmananda, PhD., Director, Institute for Traditional Medicine, Portland, Oregon January 2004.