



The Challenge of Sugar sweetened beverages



COLORADO
Department of Public
Health & Environment



Introduction and welcome

Webinar

Colorado Healthy Hospital Compact

April 16, 2015



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- Origin and purpose of the Colorado Healthy Hospital Compact

- Joining the Compact

- More information:

www.colorado.gov/cdphe/healthy-hospital-compact

- contact Don Sutton, donald.sutton@state.co.us



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Many thanks to our presenters!

For more information about the compact or for copies of today's slides, please go to:

www.colorado.gov/cdphe/healthy-hospital-compact

- or contact Don Sutton, donald.sutton@state.co.us



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Next webinar: June 18, 2015
Topic: Food Service Providers

Metro Healthy Beverage Partnership: Origin, Purpose and Scope

- Colorado Public Health Improvement Act of 2008
 - Community or Public Health Improvement Plan
 - Obesity Prevention
 - Healthy beverage consumption strategy
- Established in August 2013
 - Partners Include: Boulder County Public Health, Broomfield Public Health and Environment, Denver Environmental Health, Denver Public Health, Jefferson County Public Health, Tri-County Health Department

Memorandum of Collaboration

DENVER
HEALTH



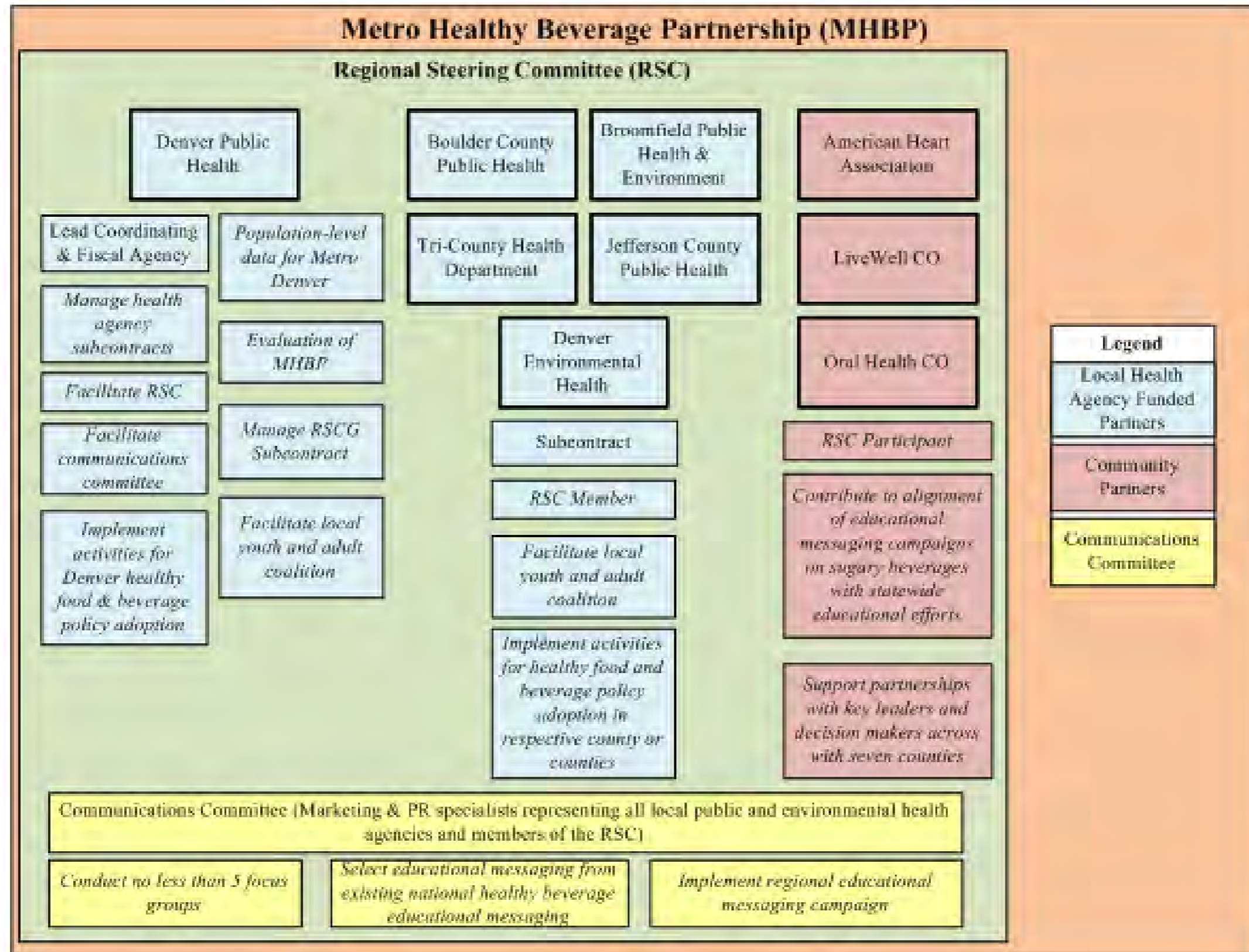
Purpose and Scope

- Assess and increase the readiness of the region to implement healthy beverage policies and practices

- Secure funds to increase the capacity of the region to implement healthy beverage policies and practices

- Increase the capacity of statewide partners to address policies and practices to increase consumption of healthy beverages

Scope of Work



Contact Information



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Healthy Beverage Environments: A Priority in Community Health Improvement

Colorado Healthy Hospital Compact Webinar
Presented by Ana Marin
Jefferson County Public Health



Healthy People 
Healthy Places 

Objectives:

1. Jefferson County's Community Health Improvement Plan
 - ▶ Healthy Beverage Consumption Priorities
2. Beverage Availability Assessment Toolkit
3. Jefferson County Public Health's participation on the Metro-Denver Healthy Beverage Partnership
4. Colorado Healthy Hospital Compact
 - ▶ Supporting Healthy Beverage Environments

Community Health Improvement Plan

Data

- ✓ Community Health Assessment
- ✓ Capacity Assessment



Decisions

- ✓ Choose Priorities
- ✓ Select Strategies



Action

- ✓ Improve the Public's Health



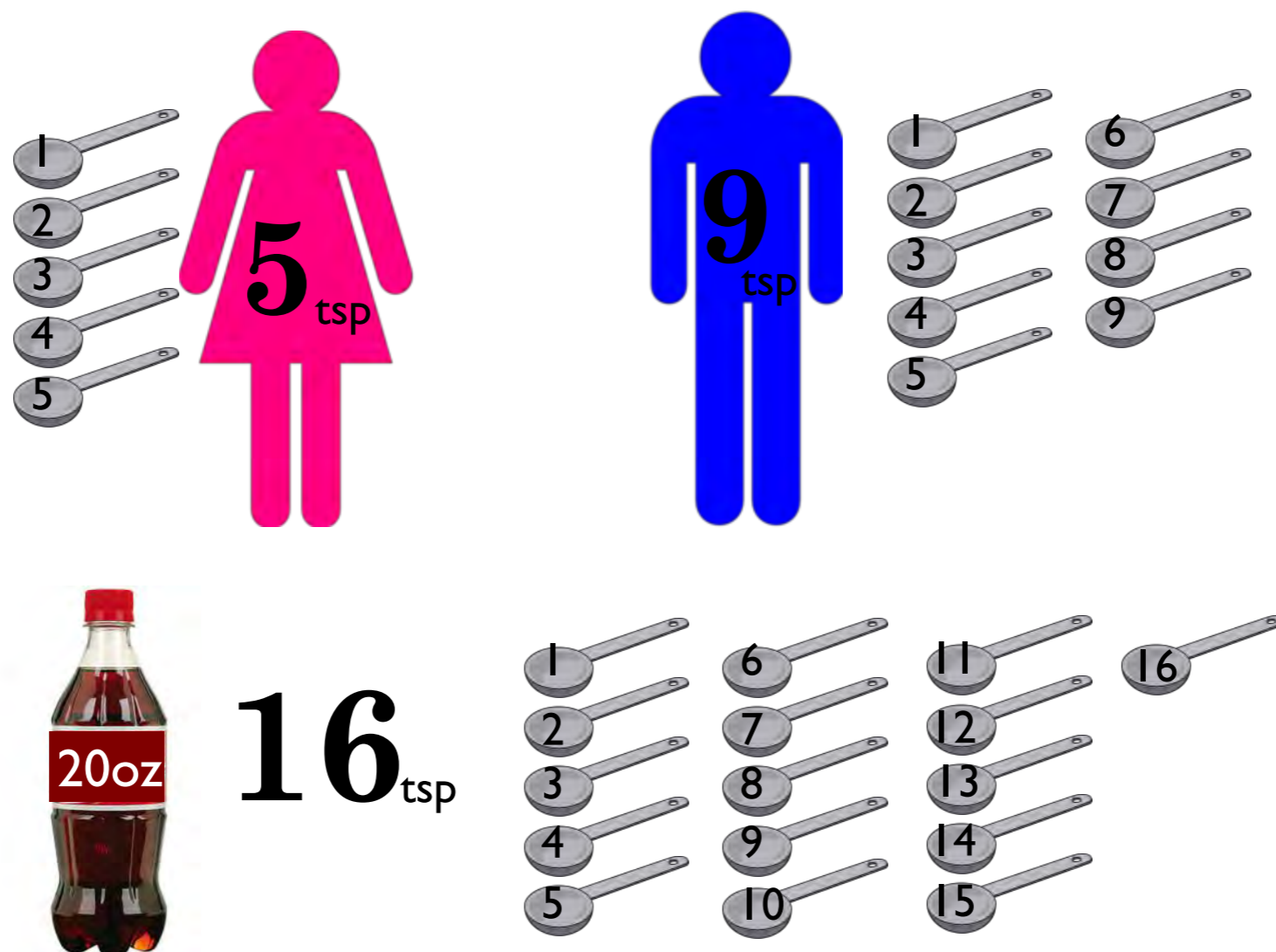
Community Health Improvement Plan

- ▶ Increase access to healthy food and physical activity
- ▶ Collaboration with multisectoral partners
- ▶ Environment, systems and policy change



Prioritizing Healthy Beverage Consumption

The American Heart Association recommends
Women and men limit the consumption of
added sugar to¹:



Prioritizing Healthy Beverage Consumption

- ▶ Added sugars now represent 17% of a normal US diet²
- ▶ It is estimated that 43% of added sugars come from sweetened beverages²
- ▶ People who consume sugary drinks regularly—1 to 2 cans a day or more—have a 26% greater risk of developing type 2 diabetes than people who rarely have such drinks³

Prioritizing Healthy Beverage Consumption

- ▶ Strategies to reduce sugary drinks consumption to improve health
- ▶ Support policies and practices to create environments that support healthy choices



Beverage Availability Assessment Toolkit

To educate toolkit users and to inform vending policy development and implementation

- ▶ Assessment tool has two parts:
 1. Beverage Vending Machine Assessment
 2. Safe, Free Drinking Water Assessment

- ▶ First step to improve worksite beverage options through SSB organizational policy

Metro Healthy Beverage Partnership

Jefferson County Public Health joined the Metro Healthy Beverage Partnership to coordinate policy initiatives that would support healthy beverage environments

Colorado Healthy Hospital Compact

- ▶ **Member of the Core Team for the CHHC**
- ▶ **Support partners to create healthy beverage environments**



Questions?

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Jefferson County Public Health

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Sources:

1. "By Any Other Name It's Still Sweetener." Getting Healthy. American Heart Association, 16 June 2014. Web. 24 Oct. 2014.
2. Natella, S., et al. Sugar Consumption at a Crossroads, Research Institute, Credit Suisse, September 2013
3. Malik, VS., et al. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care*. 2010;33:2477-83.



Lutheran

MEDICAL CENTER | **SCL Health**

Sugar-Sweetened Beverage Campaign HEAL Hospital Forum

April 16, 2015

Kristen Davis, MS, RD – Nutrition Services Director

Barb C'debaca Rivera - Retail Manager



Background to Our Journey

- Presented to Wellness Committee
- Commitment of our CEO and CMO

Dr. Michael Roizen, Preventive Medicine Department
at The Cleveland Clinic

- http://my.clevelandclinic.org/staff_directory/staff_display.aspx?doctorid=6161
- http://www.cleveland.com/healthfit/index.ssf/2010/07/sugar-sweetened_food_beverages.html



Our Hesitations

- Retail Sales – bottled beverages made up 30% of our overall revenues in the Café.
 - Senior Leadership driven
- Mandating –vs- Educating
 - Intervention Options
 - Awareness Campaigns (less effective)
 - Employee Challenges
 - Environmental Changes (more effective)
- Patient Satisfaction
 - SSBs are still available on patient menu and floor stock



Countdown to “Go-Live Date” 9/1/2011

- Presented at hospital’s monthly Director’s Meeting (6/2011)
- Massive Marketing Campaign
 - Posters in front of lobby and in café
 - Stoplight system for product identification
 - Video Loop Message from our CEO with youtube clips from NYC Health Department’s Anti-Soda Campaign Ads
 - <http://www.youtube.com/watch?v=-F4t8zL6F0c>
 - <http://www.youtube.com/watch?v=62JMfv0tf3Q>
 - Hospital’s Newsletter
 - “Rethink Your Drink” – employee campaign and education



September 2011

The Clear and Present Danger of SSBs

Hello! I'm checking in on how you're doing with the sugar-sweetened beverage phase-out on the Exempla Lutheran campus. I know this change has been a challenge for many of us, but I also still firmly believe it's the right thing to do. As you know, we have chosen not to sell sugar sodas based on a concern for the health of our associates and our commitment to the community, as have many hospitals, such as the Cleveland Clinic. Of course, associates may choose to bring SSBs from home for personal consumption. Those of you who know me know how much I value the freedoms we enjoy in this great country. However, it is my heartfelt wish that we will all choose a healthier path.

My friends, as I've mentioned earlier, this is the only real choice for a hospital that cares about both its associates and the community. Exempla Lutheran has a leadership role in working to improve community health. This community health responsibility begins with us—the women and men who make Lutheran a great place. If we aren't making an effort to manage our own health, how can we inform our patients and the community on better health practices? It comes down to a sense of personal responsibility—and ultimately, to how credible we appear to those whose health we toil tirelessly to improve.

I hear some rumblings now and then here at Exempla Lutheran about the supposed cancer-causing properties of diet beverages. I understand these concerns. I too have found myself carried away by news "hype" on more than one occasion. However, I'm one who believes we can find an article on the Internet to support every viewpoint—regardless of the author's qualifications. While the Internet is an incredible information-gathering tool, it's also an unfortunate source of misinformation. For example, some Internet stories claim that low- and no-calorie sweeteners cause cancer and other illnesses, but the U.S. National Cancer Institute states that scientific evidence *does not show* that these sweeteners are linked to cancer risk in humans.

All low-calorie sweeteners the FDA allows for use in foods and beverages—including aspartame, sucralose, saccharin, acesulfame potassium and rebiana—have been cleared as safe for all populations, including children, people with diabetes and women who are pregnant or lactating. The only exception is individuals born with the rare inherited disease, phenylketonuria (PKU). The FDA is arguably the most rigorous entity in the world for screening the health and safety of food, drugs and supplements. It leaves no stone unturned.

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Thoughts/comments on this issue?
Email grantsmailbox@exempla.org






Countdown to “Go-Live Date” 9/1/2011

- Collaboration with Our Vendors


Recommended PepsiCo Wellness Planogram




- **Row 1:** 1 Diet Lipton Lemon, 2 Diet Green Tea w/Citrus, 1 Diet White Tea Raspberry, 1 Diet Pure Leaf Sweet, 1 Diet Pure Leaf Lemon, 1 SoBe Leaf Green Tea, 1 SoBe Lean Energy
- **Row 2:** 4 Diet Pepsi, 2 Caff Free Diet Pepsi, 1 Di Wild Cherry Pepsi, 1 Pepsi Max
- **Row 3:** 1 Diet Brisk, 2 Diet Mtn Dew, 1 Sierra Mi: Free, 1 Diet Mug Rootbeer, 1 Diet Twister, 1 Tropicana Fruit Punch, 1 Tropicana Grape
- **Row 4:** 4 Aquafina, 2 Aquafina Grape, 2 Aquafin: Raspberry
- **Row 5:** 1 Gatorade FP, 1 Gatorade LL, 1 G2 Orange, 1 Propel Berry, 1 Ocean Spray OJ, 1 Ocean Spray AJ, 1 Light Ocean Spray Cranberry, 1 Sugar Free Lemonade




Optional Coca-Cola H&W Single Door Planograms






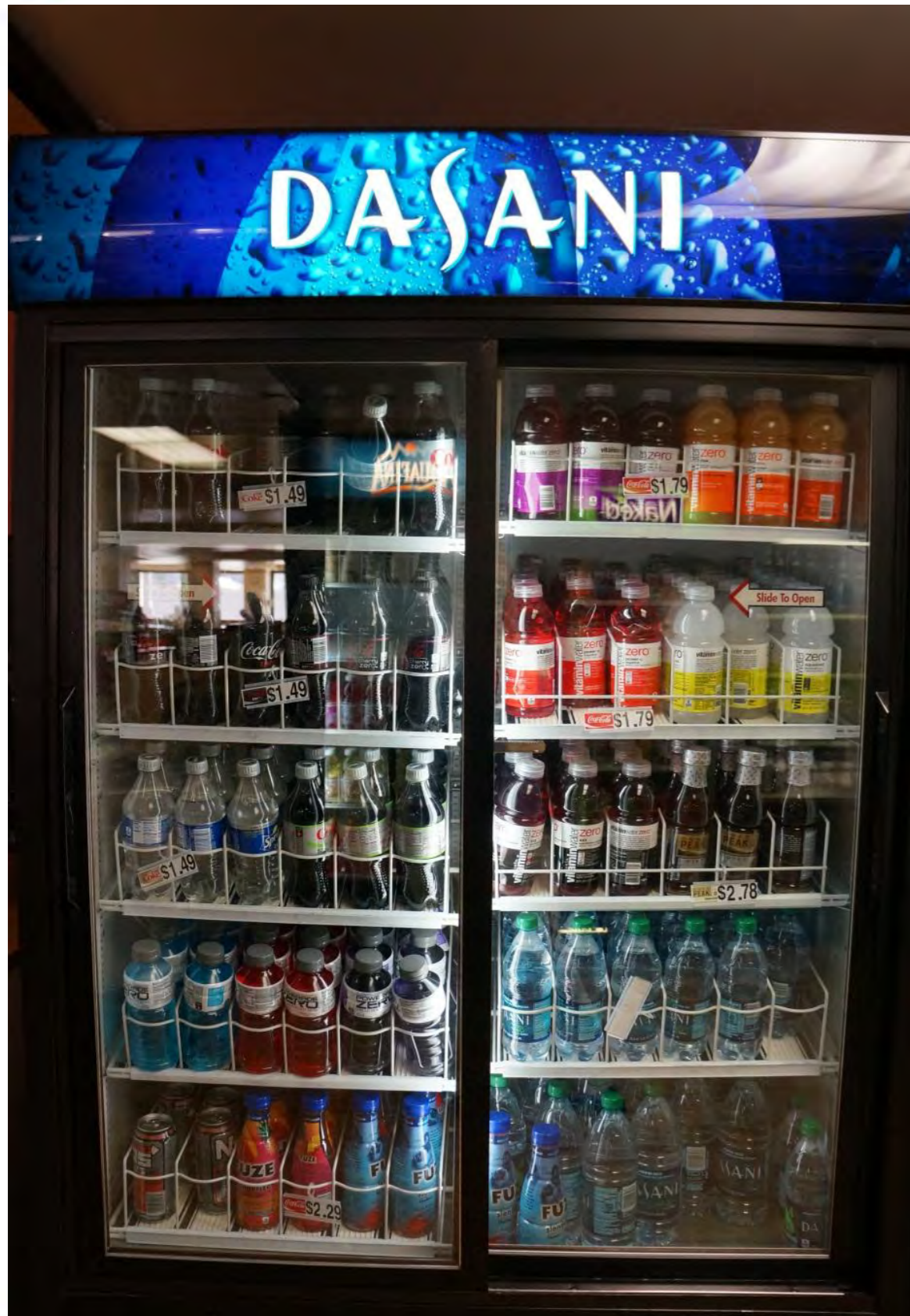
Option 1



Mostly Sparkling Option



Still (hydration) Option





Contracted with h.u.m.a.n vending

Operated by Pepstern Natural Brands



Two Months Post “Go Live”

- Employee Satisfaction
 - Increase in café complaints
 - Ongoing education
- Patient Satisfaction
 - September remained at 90th percentile
- Retail Revenues
 - Hospital has had 6% change in ADC
 - 5% Decrease in Café Sales Per Patient Day
 - 16% Reduction in Customer Counts
 - 14% Decrease in Total Sales
 - 14% Decrease in Total Beverage Sales
 - 37% Decrease in sales from “Bottled Beverages and Fountain Drinks”
 - 73% Increase in sales from “Juice” products
 - 3% Increase in sales from “Milk”



Resources

- CDPHE – Colorado Worksites
 - Smart Beverage Toolkit
- NYC Health Department’s “Pouring on the Pounds” campaign
- Position of the American Dietetic Association: Use of Nutritive and Nonnutritive Sweeteners
 - *J Am Diet Assoc. 2004;104:255-275.*
- The Coca-Cola Company Beverage Institute for Health and Wellness
 - http://www.beverageinstitute.org/en_US/pages/beverage-low-no-caloric-sweeteners.html
- FAQs – sent out to employees via the Wellness Committee
 - Artificial sweeteners

SMART BEVERAGE TOOLKIT

Promoting Healthy Beverage Choices
in the Workplace



ReThink Your Drink-Choose the Smart Beverage



Name: _____

Goal: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total # of SSBs
Week 1 (Baseline) Date: _____								
Week 2 Date: _____								
Week 3 Date: _____								
Week 4 Date: _____								

Green = SMART Choice

- Water
- Skim or 1% milk
- Unsweetened tea and coffee
- 100 % fruit or vegetable juice

Yellow = Better Choice

- Diet soda
- Artificially sweetened beverages with less than 25 calories per 8 ounce serving

Red = Unhealthy Choice, drink infrequently

- Regular soda
- Energy drinks
- Sport drinks
- Sweetened coffee or tea
- Other beverages sweetened with sugar or high-fructose

Position of the American Dietetic Association: Use of Nutritive and Nonnutritive Sweeteners

ABSTRACT

Sweeteners elicit pleasurable sensations with (nutritive) or without (non-nutritive) energy. Nutritive sweeteners (eg, sucrose, fructose) are generally recognized as safe (GRAS) by the Food and Drug Administration (FDA), yet concern exists about increasing sweetener intakes relative to optimal nutrition and health. Dietary quality suffers at intakes above 25% of total energy (the Institute of Medicine's suggested maximal intake level). In the United States, estimated intakes of nutritive sweeteners fall below this, although one in four children (ages 9 to 18 years) can surpass this level. Polyols (sugar alcohols), GRAS-affirmed or petitions filed for GRAS, add sweetness with reduced energy and functional properties to foods/beverages and promote dental health. Five nonnutritive sweeteners with intense sweetening power have FDA approval (acesulfame-K, aspartame, neotame, saccharin, sucralose) and estimated intakes below the Acceptable Daily Intake (level that a person can safely consume everyday over a lifetime without risk). By increasing palatability of nutrient-dense foods/beverages, sweeteners can promote diet healthfulness. Scientific evidence supports neither that intakes of nutritive sweeteners *by themselves* increase the risk of obesity nor that nutritive or nonnutritive sweeteners cause behavioral disorders. However, nutritive sweeteners increase risk of dental caries. High fructose intakes may cause hypertriglyceridemia and gastrointestinal symptoms in susceptible individuals. Thus, it is the position of The American Dietetic Association that consumers can safely enjoy a range of nutritive and nonnutritive

sweeteners when consumed in a diet that is guided by current federal nutrition recommendations, such as the Dietary Guidelines for Americans and the Dietary References Intakes, as well as individual health goals. Dietetics professionals should provide consumers with science-based information about sweeteners and support research on the use of sweeteners to promote eating enjoyment, optimal nutrition, and health.

J Am Diet Assoc. 2004;104:255-275.

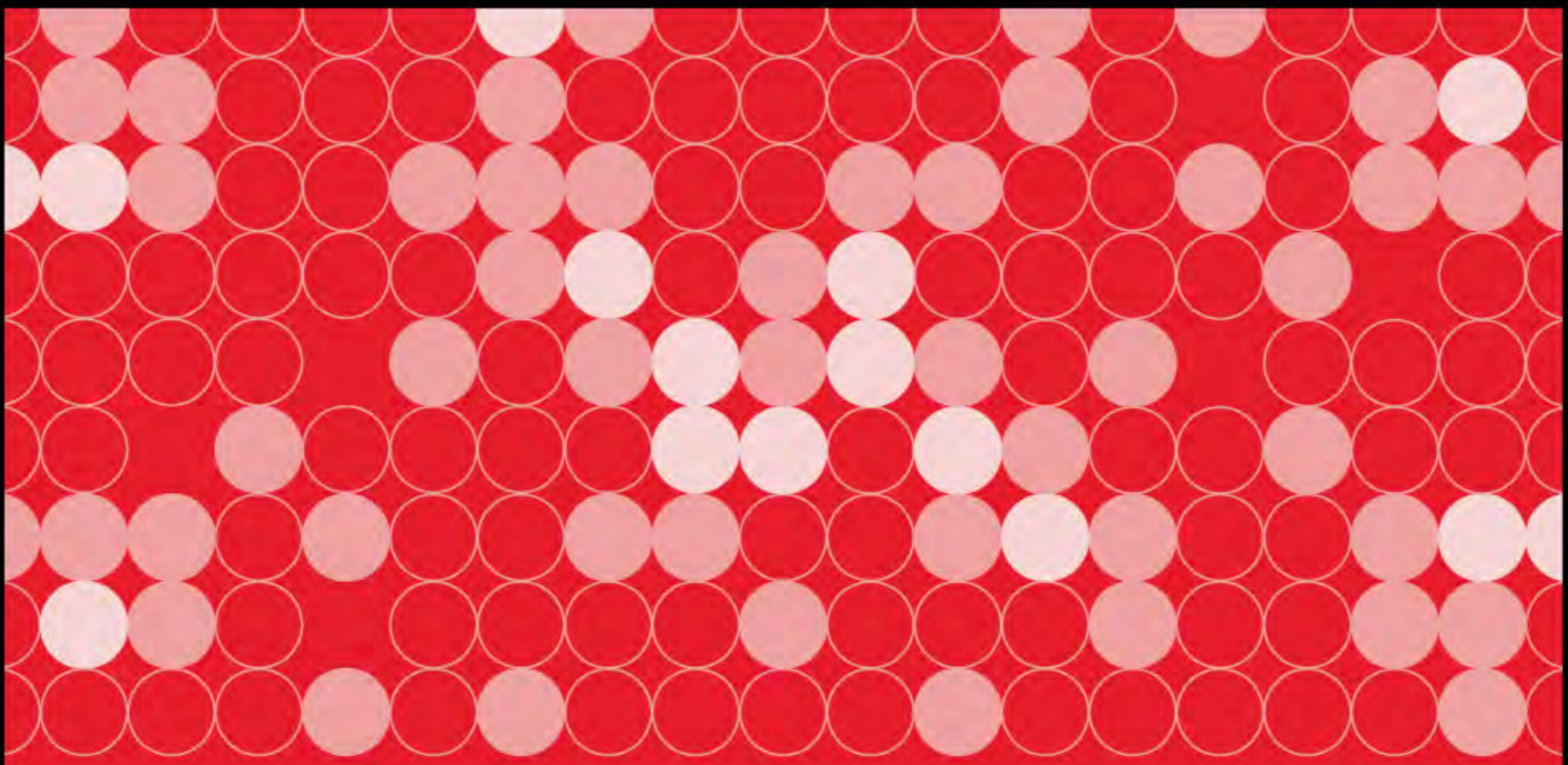
People are born liking the sensation of sweetness (1). Sweetness can be a sensory cue for energy to fuel metabolic needs and physical activity. Foods that are naturally sweet, such as fruit and breast milk, contain important nutrients to support health. Sweet foods and beverages offer a pleasurable addition to a meal or snack. Sweet-tasting compounds help mask unpleasant tastes, thereby enabling the development of more palatable foods, health care products, and medicines.

Sweet taste is stimulated by a wide variety of compounds including sugars, sugar alcohols, and dipeptides. The properties of foods and beverages affect the sweetening power of these compounds, including physical state, temperature, and the presence of other flavors. Compounds stimulate the sweet sensation by interacting with taste receptors in the mouth and throat. Through a transduction mechanism, the sweet chemical message is changed to a nerve signal for the perception of sweet taste. Models of sweet transduction are being tested under speculation that nutritive sweeteners have different mechanisms than nonnutritive sweeteners (2). Sweet taste perception and liking for sweetness varies across individuals. One source is genetic. A phenotypic marker of genetic variation in

taste is the bitterness of 6-*n*-propylthiouracil (PROP) (3). Those who taste PROP as very strongly bitter also taste a range of nutritive and nonnutritive sweeteners as sweeter than those who taste PROP as weakly bitter (4). Sweet taste can be altered in conditions that influence the integrity of the taste system (5). These conditions may elevate sweet threshold (ie, lower sensitivity) but may depress perceived sweet intensity at concentrations usual to eating. The aged population can show elevated sweet thresholds (depressed sensitivity) but report the sweetness of concentrated sweeteners equal to younger cohorts (6). Even though liking for sweet taste is innate, the preferred level of sweetness varies with a number of factors, some of which include taste genetics (7), exposure during childhood (8), diabetes (9), being fed or fasted (10), and addiction (11).

The food supply offers consumers a wide range of choice in sweeteners. One distinguishing characteristic of sweeteners is the provision of energy. Nutritive sweeteners provide a sweet taste and a source of energy; nonnutritive sweeteners are sweet without energy. Because obesity rates have increased globally (12), there is great interest in dietary factors that cause energy intake to exceed energy expenditure (13). Existing evidence does not support the claim that diets high in nutritive sweeteners *by themselves* have caused an increase in obesity rates or other chronic conditions (eg, hyperlipidemia, diabetes, dental caries, behavioral disorders) (14). Nonetheless, consumers who want the taste of sweetness without added energy may select nonnutritive sweeteners to assist in the management of weight, diabetes, and other chronic diseases. Nonnutritive sweeteners also have the potential to assist in dental health and dietary quality.

0002-8223/04/10402-0020\$30.00/0
doi: 10.1016/j.jada.2003.12.001



FOR MORE INFORMATION...

EATING RIGHT FOR A HEALTHY WEIGHT

Visit www.mypyramid.gov for a personalized eating plan that includes the amount of each food group you need each day. If you have special dietary needs, talk with your healthcare provider or visit www.eatright.org to find a registered dietitian near you who can customize your plan.

ON SWEETENERS

For more information about sweeteners, visit our Beverage Institute for Health & Wellness at www.thebeverageinstitute.org. The Beverage Institute is part of The Coca-Cola Company's ongoing commitment to beverage innovation, nutrition science and education.

**THE LOWDOWN ON
LOW-CALORIE SWEETENERS**

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QUESTIONS???

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