

## How to Start Planning for a Healthy Beverage Community Action Campaign



Based on the results of the assessment and community feedback gathered, we suggest focus on areas that will promote discussion among decision-makers and community members enabling them to work towards an agreement on a healthy beverages environment. It's a good idea to start planning early. Here are specific steps to get the planning process started:

- Identify the Healthy Beverages Campaign Champion (Leader) and Action Team members
- Action team meets to brainstorm, develop strategy, plan of action, timeframe, and evaluation methods. For example, Action Team identifies community partners, organizes fun family events and presentations by elders.
- Will need to schedule 1 or 2 meetings perhaps in the evening to accommodate community leaders, elders, and individuals who are unable to take off from work. Announce meeting dates and times.
- Meetings led by a facilitator (and/or the workgroup leader/champion).
- Allow people/participants to remain focused on the topic and on the agenda. See sample agenda.
- Identify a recorder and timekeeper for the meeting.

⇒ *Agenda Sample:* **Improving the 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 Healthy Beverage project

Results of the Community Assessment

Presentation on a Friendly Healthy Beverages Environment

Q & A/Discussion

Closing Remarks

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.**

### Sample 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 dental caries 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% to 87% in women of the same age." (Insert diabetes data). Oral disease rates in AI/AN are 2-3 times 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 enclosed on health problems among AI/AN, you will support the need for this project in our community. (Insert your overweight and obesity facts, oral health and diabetes data)*

*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*

# Fact Sheet



## Why less Soda and More Healthy Beverages for Children and Youth?

- Teenage boys drink carbonated or non-carbonated soft drinks an average of three 12-ounce cans per day.
- Teenage girls drink more than two 12-ounce cans of carbonated or non-carbonated soft drinks per day.

## Direct 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; too much for children.

## Teeth and oral health

- Prevent tooth decay. According to the 1999 IHS Oral Health Survey, 79% of American Indian and Alaska Native (AI/AN) children aged 2-5 years have tooth decay. The prevalence increases with age to 87% at 6-14 years. and 91% at 15-19 years.
- Preserve beautiful smiles in children.
- Carbonated soft drinks can erode tooth enamel surfaces, leading to cavities. Carbonated soft drinks – both sugary and sugar-free, contain acids.
- Tooth enamel starts to dissolve when the pH level in the mouth drops below 5.5, and all soda have an acid level much stronger than 5.5. Coke has a pH of 2.53, and Pepsi 2.49. As a comparison, battery acid has a pH of 1.00.
- Sports drinks, energy drinks, and other flavored drinks such as Gatorade, Red Bull, and PowerAde may do more damage to your teeth than plain old cola. PowerAde caused up to 11 times more erosion of tooth enamel than Coca-Cola. (Source: Dental notes, spring 2005, Academy of General Dentistry).

## **Too much body weight (overweight)**

- ❑ According to the 2001 Surgeon General's *Call to Action to Prevent and Decrease Obesity*, today there are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980. 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 teen consumes 15 teaspoons of sugar per day from soft drinks.
- ❑ Each additional serving of sugar-sweetened drinks increases the frequency of overweight.
- ❑ Consumption 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).
- ❑ Researchers report a correlation between soft drink consumption and television viewing and obesity in adolescents. For 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 85<sup>th</sup> percentile. (Giammattei, 2003).

## **Diabetes**

- ❑ Overweight is a strong risk factor for developing Type 2 diabetes.
- ❑ Type 2 diabetes is increasingly common in American Indian and Alaska Native 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 are nutrients important for the 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 cause decrease in vitamin A, calcium and magnesium in children.
- ❑ The American Academy of Pediatrics recommends that school-age children limit their fruit juice to 8 – 12 ounces daily (1 – 1/2 cups/day total).

## 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 6½-ounce standard serving of the 1950s grew into 12 ounces, 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 averages for three age groups (shown below) shows Alaska Natives have more than twice as many decayed or filled teeth as 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

(Other contributors to the problem of tooth decay among Alaska Natives include poor access to dental care and preventive measures such as protective 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%.**

## Detailed Fact Sheet

(Adapted from Alaska Native Tribal Health Consortium)

### Pumped Up On Pop – Huge Volume

Manufacturers pumped out 15 billion gallons of pop in 2000 or 54 gallons for every man, woman, and child — that's 19 1/2 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 pop 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 teaspoon 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>

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### 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 the 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 dentists 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.

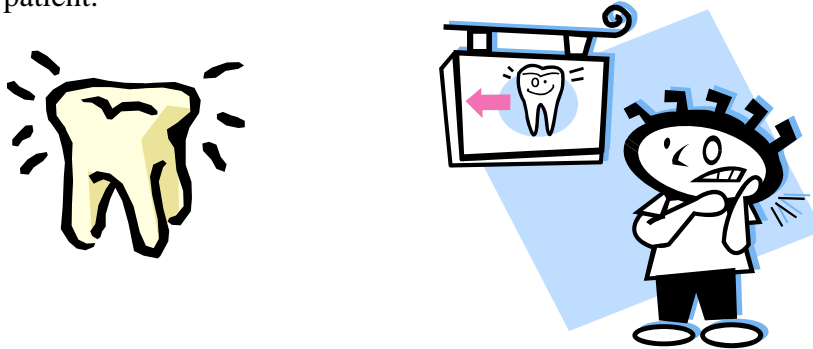
*Tooth decay and the soda factor: As consumption of sweet drinks grows by big gulps, cavities go crazy;* By Sue MacDonald, The Cincinnati Enquirer. April 07, 1999

From the website: [http://enquirer.com/editions/1999/04/07/loc\\_tooth\\_decay\\_and\\_soda.html](http://enquirer.com/editions/1999/04/07/loc_tooth_decay_and_soda.html)

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## 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: <http://www.qualitydentistry.com/library/agd/dsdb.html>

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## 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 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 additional 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

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## 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 the ubiquitous advertising, for increasing consumption is that the industry has steadily increased container sizes. In the 1950s, Coca-Cola's 6½-ounce bottle was the standard serving. That grew into the 12-ounce can, and now those are being supplanted by 20-ounce 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 single-serving 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](http://www.cspinet.org/sodapop/liquid_candy.htm)



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## **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 Facts Sheet** (1 page) “**What are you and your family drinking?**” created 2005, Kelle Vort, RD, San Felipe Pueblo Health and Wellness Department, NM: