

Moderator: Hello, and welcome to Public Health Live, the third Thursday breakfast broadcast. I am Rachel Breidster and will be your moderator today. Before we get started, I would like to ask that you please fill out your on-line evaluations at the close of today's broadcast. Continuing Education Credits are available after you complete our short post-test and your feedback is always helpful to us in planning future programs. We encourage you to let us know what topics are of interest to you and how we can best meet your needs. As for today's programs, we will be taking questions throughout the hour. Our toll-free number is 1-800-452-0662 and you can also submit written questions by fax. Our fax number is 518-426-0696. You can also e-mail us questions throughout the hour at phlive.ny@gmail.com.

Today's broadcast is *Sugary Beverages: Why the Fuss and What You Can Do about It?* Our speakers are Dr. Ian Brissette from the New York State Department of Health and Melanie Shefchik from Rockland County Health Department. Welcome and thank you both so much for being here.

Dr. Ian Brissette and Melanie Shefchik: Thanks for having us.

Moderator: We are very excited to have you here and I know you both have a lot of interesting information to share with us today. But before we get started, we are actually going to hear from Dr. Kelly Brownell of the Yale Rudd Center for Food Policy and Obesity. We had the opportunity to meet with Dr. Brownell prior to today's broadcast to hear from him about the scope of this public health problem facing our nation.

Dr. Brownell: There are a number of concerns about sugar sweetened beverages. The chief concern is the link between consumption of these beverages and the risk for obesity and diabetes. There is study after study after study that shows this relationship to be true. But there are a number of other concerns with these beverages. They carry no nutrition at all. There is the addictive potential for consuming sugar and the known addition of liquid substance and in high amounts in some instances, namely caffeine, and you can see that the beverages are bad actors and it's no surprise public authorities are worried about them.

Overall, Americans are consuming a lot higher percentage of calories in their liquids than they used to. It used to be milk, a little bit of sugared beverages and water but now there are whole new categories like vitamin fortified water, energy drinks, sports drinks and the like. For about fifteen years there's been higher research done about the addictive properties that food may have and we begin to wonder what is going on chemically in the brain when people are consuming certain food. There's been a good amount of research on sugar showing that it can act on the brain very much like traditional substances of abuse, things like cocaine, heroin, morphine, alcohol and nicotine. Nobody claims that it has as big of an effect or is as addictive as some of these other substances, but the question is it addictive enough to create a public health menace?

You know, when I was a boy, sugary drinks were few in number and small in portion. So there were a few flagship beverages including Coke, Pepsi and 7up and a few orange and grape drinks and they came in eight-ounce bottles and people tend to consumer whatever is in a package, a bottle or a box. It's called 'unit bias' and so when I was a kid, when you had a Coke or Pepsi or whatever, you drank it, the event was over after eight-ounces and you might not have had another one for a long time. Now the

event isn't over until someone consumes all that twenty-ounce bottle or even bigger in some cases. Though the fact that these are so ubiquitous, there are so many of them, they are available everywhere, vending machines all over the place. Gas stations have become eating opportunities. Drug stores are eating opportunities. You see this all over the place. And the fact that the portion sizes are larger and driving people to consume more makes it not at all surprising that public health officials have turned their eyes to these sugary beverages as enemy number one.

Moderator: Dr. Brownell was so great to meet with him. He is a really great resource on this subject but I know that you're a great resource too and I'm excited to hear from you today, Ian. This whole topic, there is just way too much to cover in the scope of an hour. So, why don't we start by hearing from you about what do you actually hope for us to cover within the time that we have together this morning?

Dr. Ian Brissette: Sure Rachel. I would like to start by demonstrating and talking about some of the data sources that we use to conduct public health surveillance on sugary drinks and sugary drink consumption. I'd also hope to touch on and demonstrate how this data can be used to focus our public health planning and then also, in the context of doing this, I want to demonstrate and hope to convince you that ongoing data collection is a vital part of the public health response to sugary drinks.

Moderator: Now sounds like we have an interesting conversation ahead of us. Now, where did all of these efforts come from? Has there been research done that illustrates the nature of the problem that we are talking about today?

Dr. Ian Brissette: Absolutely. Just to touch on what Dr. Brownell had discussed before, there have been numerous studies in the past decade in the scientific literature demonstrating the association between sugary drinks, consumption and negative health outcomes. These are prospective longitudinal studies, meta-analysis that combine multiple studies together and they demonstrate clearly that regular sugary drink consumption, often defined as little as one 12-ounce serving per day is associated with negative health outcomes including weight gain, obesity in children and adults, and also Cardiovascular Disease and development of Type II Diabetes in adults. The consistency of the findings, the quality of the studies, the plausibility of the biological mechanisms linking behavior to these health outcomes have contributed to why experts like Dr. Brownell have identified sugary drinks as something that is worthy of our attention.

Moderator: Certainly sounds to me that it's worthy of our attention. But, has this been an ongoing problem or is this something that we are seeing people consuming more of these beverages now than they once did. Why are we talking about it now?

Dr. Ian Brissette: Well, if you look at the data over the past thirty years, it's clear that the number of calories that sugary drinks compose of in our diet has increased dramatically. So, the figure up shows that from 1977 to 2006, among adults per capita there has been an increase of about 120% in terms of the number of kilocalories we consume per capita. Among children, it's around 75%. So, this dramatic increase coupled with the scientific literature have really identified the trigger that this a public health concern that we need to address.

Moderator: Yeah, those are some pretty startling numbers. 120% and that's when you put it that way. It's hard to ignore that.

Dr. Ian Brissette: The facts don't lie.

Moderator: Absolutely. So, you wanted to talk to us today about surveillance efforts. Can you start by just talking to us a little bit about what do you mean by surveillance and what goes into that process?

Dr. Ian Brissette: Sure. Public health surveillance is a core primary function. It refers to the ongoing systematic collection, analysis, interpretation and dissemination of data really to craft our public health response, and in this case coupled with the data that we saw we saw, we realized that there was an acute need in New York State for us to develop our surveillance infrastructure around this sugary drink so that we could plan and then track the success of public health initiatives.

Moderator: Okay. So, what specific needs are being addressed right now in your surveillance efforts?

Dr. Ian Brissette: Sure, we start with the basics. One of the needs is to understand how this risk behavior varies across the segments of our population, across the state and then over time. So, in epidemiology this is often referred to as understanding something over person, place and time. Second of all, there was a need also to understand some of the social demographics, the behavior, environmental characteristics that contribute to and sustain the behavior, and then also as we moved forward data is vital for us to plan our public health activities and in the long-term is necessary for us to understand whether our investments and our initiatives are contributing to a solution. So, for tracking the changes in this behavior over time, data is essential.

Moderator: Sure, it certainly makes sense to me. Now, let's talk more specifically about surveillance efforts in New York State focused around sugary drink consumption.

Dr. Ian Brissette: Glad to do it. So, to establish surveillance for public health surveillance around sugary drinks, we added onto an existing surveillance system, our Behavioral Risk Factor Surveillance System (BRFSS). Our BRFSS is an annual survey that really represents collaboration between states and our partner CDC. So the BRFSS is an annual random digital telephone survey of households and cell phone only residents. It's sampled such that the data allow us to project on to what the population of adults and in this case we will be talking about data with children as well. It's a surveillance system we have used in New York State for over thirty years to track behavioral risk factors that can be modified and in 2009 we added questions that would expand this existing resource to assess and track sugary drink consumption.

Moderator: Great. So, it sounds like a very comprehensive study. It's been going on for quite some time. What can you tell us about some of the questions that are asked in the survey?

Dr. Ian Brissette: Great. I would like to, just for context talk about two questions that we have measured. So, the first question that should be up on the screen measures regular soda consumption on a daily basis. Then also a second question about consumption of other sugary drinks that Dr. Brownell had referred to the fact that it's not just soda. It's these other sugary drinks. So, we catered our

questions to make that clear distinction. Now these questions were asked of every adult respondent participated in the BRFSS and also adults that had a child over 18 in the household they were asked to ask and answer these questions about a randomly selected child. And again, because of the design of the survey and our ability to weigh the data we could project that from the same sample to estimate characteristics of the population of adults and children about their sugary drink consumption habits.

Moderator: Very interesting. So now, what are some of the results that you were able to obtain from asking those kinds of questions?

Dr. Ian Brissette: Sue, so the graphic up there displays three different indicators that we've calculated. The first is the daily consumption of one or more regular sodas. A second indicator we track is the daily consumption of one or more other sugary drinks and the last set of bars, again it's adult and children sort of collector referred to a composite variable, refers to one or more sugary drinks or regular sodas per day. Starting with the left side of the graph, among adults you'd see that regular soda consumption, so one or more drinks per day, is actually more prevalent among adults than children. But, when we move across the graph to look at consumption of these other sugary drinks one or more times per day, you can see that the prevalence is much more common among children under 18 than adults.

Moderator: Which is some interesting findings and I think you have another chart that tells us even a little bit more about the relationship of age to consumption of sugary beverages as well.

Dr. Ian Brissette: Absolutely. So, if we break down age with a little more granularity, let's first focus on the data on children. Even among children 2 to 5 years old daily consumption, about 25% consume one or more sugary drinks per day and this increases to nearly 40% among the segment of kids 2 to 17 years of age.

Shifting to adults, consumption is most frequent among the younger age segments and decreases in a linear fashion over time so least consumption is prevalent among adults 60 years and older. So, again what this provides us is information about who in the population are consuming these beverages.

Moderator: Right. So, in addition to looking at variances by age did you find that there were differences in terms of gender and consumption of sugary beverages as well?

Dr. Ian Brissette: We did look at this and it differs by adults and children. So, when we are looking at among children, there is no statistical difference in the consumption of sugary drinks among boys and girls. But, among adults, we do find that adult males are more frequent consumers of sugary drinks than females.

Moderator: What about -- did you find differences in race or ethnicity or income level? Did that affect people's consumption of sugary beverages?

Dr. Ian Brissette: We did and like with so many health risk behaviors, we did find very striking differences and disparities by race, ethnicity and household income. So, when looking at the data by race and ethnicity alone, consumption is much higher among Non-Hispanic Blacks and Hispanic populations when compared to Non-Hispanic Whites. And, we see a similar gradient of household

income and sugary drink consumption. So, sugar drink consumption was most prevalent among the population with a household income below \$25,000. And again, what this data focuses us on is that these are the populations in need.

Moderator: Right. That makes sense and that way, you have a better idea of who you're going to target when you're doing interventions. Right? Because you were talking about surveying and then using the data to plan an intervention.

Dr. Ian Brissette: Absolutely, it's a fundamental part of the process to understand what the distribution of this risk factor is in the population. We don't have the resources to address the entire population always with our interventions and surveillance data identifies where the need is greatest.

Moderator: Excellent. You provided us with a lot of specifics and a lot of information so far. Can you break it down and maybe summarize for us some take away points of the data you just provided? What are the key things that the audience should focus on?

Dr. Ian Brissette: I am glad to. Starting out we find it's really striking that when we're looking at sugary drink consumption among children, the consumption of these other sugary drinks is three times more prevalent than the consumption of regular soda. So, in terms what are the sugary drinks that children are drinking, it's these other sugary drinks not soda. We think it's also looking across the entire age spectrum. Consumption is highest among children from 12 and 17 and tails off among adults. Again, among adults alone, looking at it, consumption is more frequent among males than females. And looking across our entire population as I have stated before, consumption is greatest among younger adults, adults that are of Hispanic ethnicity and also that have lower household income.

So, I've been able to talk a little bit about the data we collect on consumption and why we think it's vital and planning our programs and long-term tracking the success of our initiatives. I would like to, if I could, start to talk about some of the other surveillance and data collection efforts that we under-take and again project how it influences our public health actions.

Moderator: Sure.

Dr. Ian Brissette: So when we look at sugary drink data it is clear that as a population we are over-consuming these beverages and excess calories that they have with them. What isn't clear, and again it's been stated in a number of important scientific articles, is that what we refer to as the beverage environment plays a critical role in influencing this behavior, and also explaining some of the disparities that we see, so looking at it as Kelly Brownell, Dr. Brownell had stated that these sugary drinks are ubiquitous. They are highly available. They are heavily promoted. They come in these large container sizes. When we're thinking about how to deal with an individual behavior like sugary drinks, from a public health perspective it's important to recognize and remember that this is rooted in the environment, and to address this individual behavior makes sense to look at the beverage environment as a potential for intervention.

Moderator: Sure. So if there are these different factors, both the individual risk factors and considering the environment that the beverages are promoted in or available in, what's the best method -- I mean as a public health official what is the best way to really address this problem?

Dr. Ian Brissette: Well, one way to think about the spectrum of activities that public health can take on is to think of it in terms of a pyramid. And we can think of the public health response to any event like sugary drinks in terms of a pyramid. The top of the pyramid reflect these more intensive person to person activities. As we move down the pyramid, the expectation that activities can have more impact because of their ability to reach larger segments of the population.

It has always been historically the goal of public health to work at this environmental level and take action to make the default behavior a healthy one, so in the case of surgery drinks this means taking on activities that reduce their availability and their promotion and promote healthier beverage choices such as water as alternatives.

Moderator: Now, today we're sitting here talking from a public health perspective and we can all see the value in doing this. Has there been any research about what is the general public feel about this and do they have opinions on this issue?

Dr. Ian Brissette: We collect that as part of our surveillance work as well. Unfortunately, I am not going to have the time to talk about all of the activities we take to assess the sugary drink environment but I would like to focus on some of the activities that we've done and data collection that we have done to ascertain the public's beliefs and support for potential actions to reduce the prominence of sugary drinks and promote healthier alternatives. And, I'd also like to focus on some data that we've collected around public beliefs especially about the health benefits or harm of sugary drinks and how it relates to some of the behavioral data.

So, the second data collection I would like to talk about was a public opinion poll that was conducted in conjunction with a Siena Research Institute. It was completed last year on about 1200 residents and sampled to produce population estimates with a relatively high degree of precision, about 2.8%.

Moderator: Excellent. Can you share with us some of the specific questions that were asked in this particular study?

Dr. Ian Brissette: I will. So, the first question that will come on the screen is a question that we used to ask about the public's beliefs about the appropriateness of children consuming different types of beverages, not just sugary drinks but a number of them. And they were specifically asked about their opinions on the health and harm for children from two to 12 and the question was worded to ask about whether they thought there would be a harm or benefit for a child drinking one or more of these beverages per day.

Moderator: Okay. So if you were asking 'did they find it harmful,' 'did they find it beneficial,' what did the results show? What was the general public's opinion on this?

Dr. Ian Brissette: Well, from the graphic display, you'll see beliefs on six different beverages that we asked about and what I really want to focus on are beliefs about soda relative to other sugary drinks. So, when we are looking at the data concerning soda, 87% of the public identified that it would be harmful for a child 2-12 to drink this sort of beverage. But, when we're looking toward sports drinks, actually a much larger segment of the population, 41%, indicated that they would see -- only 41 indicated it would be harmful for a child 2-12 to consume one or more of the beverages per day. Again, on the other side of the spectrum, only 1% of the people polled indicate that there would be a health benefit for a child consuming beverages -- a soda, one or more sodas per day. But, when they were asked about sports drinks, nearly 20% thought there could be a health benefit to a child to drink one of these beverages. And, this is a striking difference, yet the caloric load that these beverages has is often very similar. So, in terms of moving this forward we saw this discrepancy as an important opportunity for our public health messaging.

Moderator: Yeah. It certainly seems like an important message to me because I think the marketing really does kind of promote it differently and you do think of soda as being more harmful than a sports drink, which don't we need that to replenish ourselves?

Dr. Ian Brissette: Absolutely.

Moderator: The findings also show some really interesting information about the relationship of age to what types of drinks children are consuming and it relates back to some of what you were talking about earlier. Can you just expand a little bit more on that for us again?

Dr. Ian Brissette: Sure. Looking back to the data that we collected on consumption in the BRFSS data, if you recall, I pointed out what children are drinking regularly and there is this disparity children are drinking these other sugary drinks more than they drink soda on a routine basis and we think that there is a clear connection between these findings and the polling data, so it's very evident that adults and parents view these sports drinks as being different. And, again as we refine and think about addressing sugary drink consumption, it's very clear that if we want to address it among children, we need to tackle this understanding that sports drinks somehow represent a healthier alternative to soda.

Moderator: And then did you also ask questions about people felt restricting access to the sugary beverages?

Dr. Ian Brissette: We did. Again one way we could shape or change the environment is restricting access to these beverages and clearly the data says if we're going to focus on a population it would be children. So, we asked children questions that ascertained the public's opinion about banning the sales or restricting serving of these sugary drinks in key settings, child care settings and elementary and middle and high school and we asked questions about this assessing the public's support for taking action to restrict these beverages in these settings.

Moderator: And what kind of things did you find in conducting that survey?

Dr. Ian Brissette: Well, we found that overall with the exception of high school there was strong support for the public taking action and school districts to ban the sales of these beverages from elementary and middle school, and then also restricting them from child care setting. So, there was strong public support for taking action to change the sugar drink environment in these settings.

Moderator: Interesting. So on the flip side of that we see there is some public support for restricting access, but you also looked at the other side and not just restricting access to the unhealthy choices but promoting access to healthier choices. Can you talk maybe a little more about that?

Dr. Ian Brissette: Absolutely. As I said, the environmental approach is really to try to make the default action the regular action that we do every day, the healthy choice and one way in which this could be done is through something like kids' meals. So, we asked the question whether the public would be supportive of making the default that comes with a child's meal be a healthier alternative and not allowing that to include soda or sugary drinks. So, what you saw on the screen was the question we used to ascertain public opinion's about this potential strategy.

Moderator: And what was the public's opinion about that potential strategy?

Dr. Ian Brissette: Well again, and the graphics should come up, you can see that there was overwhelming majority, about 62% of the public, supported taking this action and we found that support was particularly high among ethnic and racial minorities and low income New Yorkers and we think this is important because the BRFSS data suggests this is a group that tends to be high consumers of fast food and looking at the consumption data, they also tend to be consumers of sugary drinks.

Moderator: Once again Ian, you've reviewed so much data with us that you found from doing these surveys. It's tremendously helpful. Are there any take away points or a way that you would like to summarize this information--what the viewer should really focus on—the main message of everything you shared?

Dr. Ian Brissette: Sure. To focus on three main messages. One it that it is very evident that sports drinks and other sugary drinks are viewed differently than soda and again just to reiterate, this is an important challenge for our public health messaging and public health education work. Second, it's very evident that the public supports school districts taking action to remove and banning the sales of these drinks in elementary and middle schools, and also restricting them from being served in child care settings. And finally, we do find strong public support for taking action to make sure that the beverage that accompanies a kids' meal is a healthier alternative and most particularly support was strong in the segments of the population that are high fast food and also sugary drink consumers.

Moderator: Well Ian, thank you so much. You've shared so much information that I know I find very interesting. I am sure the viewers do as well. You know we are taking questions throughout the broadcast but in general, if people have more questions and want to get more information on this topic, are there resources you would recommend that people look at or visit in order to find out more?

Dr. Ian Brissette: Well, with respect to the data that I've presented today, the web links show here. Some of our broader surveillance reports on the topic on adults and children are available on our public website. I've also included a link to other reports from our BRFSS. We also track other modifiable health behaviors—receiving a flu shot, colorectal cancer screening—other health risk factors, so that link is there. And then for those who want to access the raw data on sugary drink consumption, I've included a link to the METRIX website off of the public health website and for those who are research oriented could download the files we used and the documentation to repeat or conduct some new analysis on the sugary drink data that we discussed today and as usual my email and contact information is available as well. They keep me busy but I am always responded to inquiries to people who are interested in the work that we do.

Moderator: Thank you very much. You certainly painted a really vivid picture of what the data shows in New York State. And now we are going to take a moment to hear again from Dr. Kelly Brownell about what is the big picture looking like across the nation as we look at efforts around sugary beverages.

Dr. Brownell: There's a lot of activity going on around the United States and the countries outside the U.S. to discourage consumption of these beverages. There are educational campaigns. There is the famous pour on the pounds campaign that New York City did but lots of other places are doing education campaigns too to discourage consumption of the beverages. There are programs around the country on getting rid of these beverages in schools. The schools really were the first frontier and national legislation will kick in soon that will set quite good standards for what can be sold in schools to get rid of most of these sugary beverages. The Mayor of Boston declared that it was not a good idea for the city to sell things that could make people sick on government property, so the beverages are out. Hospitals around the country are beginning to get rid of the sugary beverages. These are only a few of the things that are being done.

These are signs of a tide that I think is sweeping the nation with concern over these beverages. So, I expect the beverage companies will have a problem on their hands in dealing with this and they will try to respond by marketing very aggressively to off-set the public health communities attempts to push people away from these beverages but, overall, they might become a product akin to the way the country looks at tobacco and it's not good. Parents will teach their children the message and the message will be conveyed in schools. The next generations will probably be drinking far fewer of these things than what you see today.

My colleagues at the Rudd Center have under taken very extensive research on the marketing of food products to children and published a report several years ago on the marketing of sugary beverages to children and the picture is appalling. There is so much marketing of the unhealthy beverages to kids, that it's no surprise that they're drinking these in large amounts and they're not just the type of things that we would consider soda or soda pop, but it's all these sugary drinks that are marketed specifically to kids. Sunny D, Capri Sun and stuff like that, and Kool-Aid—all of those sort of things are big players in this. There was a report several years ago by leading nutrition experts on how much physical activity you needed to do to require some electrolyte replacement, which is what these sports drinks are all about and they said it would take about the equivalent of a 100-mile bike ride in order to get enough activity

to a point where you would really need these things. And so the fact that they're aggressively marketed and the kids are consuming them thinking they're healthy for them when the vast majority of kids aren't doing enough activity to merit these drinks is a real concern. And kids may feel like when they drink these things they're given a free pass that they have magical properties that you're just consuming sugar water with things that aren't necessary for them. That's a real concern.

Moderator: So Melanie, we've heard from Ian looking at the picture in New York State. We've heard from Dr. Brownell looking at the picture nationally. I'd love to have the opportunity to talk to you now. You're representing Rockland County and it's going to be great to get some specific information about what you are doing locally. So, talk to us. Tell us what you're doing in Rockland County and how did you guys even get involved in working on this issue?

Melanie Shefchik: Well, within our Division of Health Promotion and Education in our Health Department, we focused very heavily on chronic disease prevention, particularly in the area of obesity and so reducing sugary drinks has been a part of these efforts over the years but in 2011, we applied for and were very lucky to receive a \$36,000 grant from the New York State Association of County Health Officials, also known as NYSACHO. That grant focused specifically on reducing sugar-sweetened beverages in our community. So it was really at that point that we began addressing this issue much more comprehensively.

Since then we've also incorporated it into our work-site wellness program where we provide technical assistance to employers in our county to and create policies and environments that support and create a healthy work place so in this case promoting healthy beverages. This type of work around sugar-sweetened beverages has been something we're committed to and we plan to sustain in our organization.

Moderator: Excellent. It's great to hear about organizations taking steps try to promote health. Now one of the things you did in your campaign was define what you mean by a sugar-sweetened beverage because we've been hearing about how it's not just the soda. So, talk a little bit about, in your organization, how did you define what beverages you were talking about?

Melanie Shefchik: Yeah, this an important piece of the educational effort so the public often hears things in the media things like the soda tax and the soda ban, so they are aware soda falls into this category of sugary drinks but what we found is there are a lot of common public misconceptions about the other types of beverages that are sugar-sweetened and that seems similar to what Ian presented on the public perception. So, as part of our efforts, we made sure that we discussed all the different types of sugary drinks and they include the energy and sports drinks, sweetened teas, lemonades, fruit drinks—many of those fruit drinks do not have any fruit in them whatsoever but the public tends to get confused by that—sweetened coffee beverages and really any beverage that contains added sugar.

Moderator: Yeah, and I think the first point of clarifying what do you mean and I know for myself it's a misconception about what things we're looking at, what falls into that category. Now, you defined what you meant by sugar-sweetened beverages, and where did you go from there? What were the goals of the campaign?

Melanie Shefchik: The over-arching goal was to reduce the availability and subsequent consumption of sugar-sweetened beverages in the community. Our plan to achieve that included three main activities. First, we wanted to implement an awareness and media campaign around sugar-sweetened beverages. We wanted to educate both our own employees and the public why this was an important topic to address. Secondly, we wanted to improve and modify the vending machines within all of our county-owned buildings. We wanted to make a positive impact on employees and visitors and serve as a role model for the changes we would like to see in the community. Lastly, we wanted to partner with other sites, particularly employers in the county and support environments that promote healthy options.

Moderator: Great. Let's talk about that first objective you mentioned about the media campaign. Can you talk about what was involved?

Melanie Shefchik: Sure. So we started the development of that campaign by partnering with New York City to use and modify their very successful *Pouring on the Pounds Campaign* which I am sure that a lot of the viewers have seen elements of it. It's a really fabulous campaign. So we signed a publication use agreement with New York City and that provided us with access to all of their materials. So we actually used our grant funds to hire a consultant and that consultant was able to modify the materials and customize them to our needs in Rockland County. We were able to create some additional materials that utilized similar types of concepts from the *Pouring on the Pounds Campaign* as well.

Moderator: Can you describe some of the different components of the campaign that you implemented?

Melanie Shefchik: Sure. I also wanted to mention if a company or organization wants to use New York City's materials they can contact New York City. It's their Health Media and Marketing Division and they can complete the same type of publication use agreement form we completed and they'll have access to the materials so it's a great resource for organizations to get some free materials on this topic.

Moderator: Yeah. That sounds like a great resource and I am glad you mentioned that because certainly everyone wants the most bang for the buck to get the word out and that is a great opportunity for other organizations.

Melanie Shefchik: Absolutely. In terms of the components for the campaign we tried to utilize different components to reach different segments of the population as we could. We created several printed materials in both English and Spanish, flyers, fact sheets and posters. We created small, little wallet-sized cards that show case the different calories in common beverages and since we developed those materials about a year ago we already distributed or displayed over 5,000 pieces of them so there has been quite a demand from our community to share those materials which we're very happy about.

Another component of the campaign included visual and audio advertisements within our county buses so that element did have a cost associated with it, but we were able to place brochures in a unit behind the driver and we got to do that for free and for other municipalities it's worth looking into. We got a lot of great testimonials from that campaign and particularly health providers and patients were mentioning the ads and they were telling us so we were pleased to get that feedback about that portion

of the campaign. We also did advertisements on the entrance and exit doors as well as on the directors of the Palisades Center. That is a large mall in Rockland County and we did that during the holiday season last year so as a result we got a lot of traffic and views because of the timing of the year.

In the last element we worked with New York City commercials and included the local information at the end and played those on a variety of television channels in our area and again that piece did cost money but the clips are readily available on the internet so I encourage other places to post them on their website or posting on their Facebook and getting that message out.

Moderator: Great. And looking at the visuals and what is available on the hand-outs seems like great resources for organizations to use and I have seen the commercials myself and we're going to take a moment and I would like the audience to view one of the commercials to see how effective these media materials are.

Moderator: I really do love those commercials. I think it's such a great way to visualize to show how much sugar is actually in one of those beverages because it can seem like such an abstract concept but when you put it out there like that it's appalling to see someone downing 16 packets of sugar.

Melanie Shefchik: Sure.

Moderator: In addition to the commercials and the bus promotions and you did point of purchasing messaging. Is that correct?

Melanie Shefchik: Yeah. We really wanted to make a cue action by placing these messages in locations where an individual is faced with the decision of what to buy and consume. So, we placed and displaced these 'Make the Healthier Choice' decals or little clings. We placed them on all of our county vending machines and we displayed posters near the vending machines. We put both of items on the fridge in the employee kitchen and in the cafeteria next to the fountain drink. We tried to put them in places where people had a choice of what to consume. We also shared those materials with other organizations in our county so that they could also implement point of purchase messaging and they did.

Moderator: That sounds like an excellent idea. Now, in addition to putting the message out there, 'Hey, make the healthier choice'; you also chose to modify what's in the vending machine as well. Why would it be important to modify what is in the vending machines?

Melanie Shefchik: From the data and from the slide you will look at in a minute, we know that super markets, fountain drink purchases, and mass merchandising stores do make up the largest proportion of carbonated drink sales but vending machines still represent about 13% of the market share and that is a significant amount. In most of our county buildings, vending machines are the only location that an individual can buy a beverage. And so between our employees and our visitors, we knew that making this positive change could impact 3,000 people daily and that made sense to focus on the vending part of the equation.

Moderator: Sure. What did the process look like to under-take if you were trying to restructure everything available? How do you go about doing that?

Melanie Shefchik: It was quite a long process but we started by obtaining a copy of the existing vending contract and we wanted to see was there anything in there related to health and at that point there really wasn't. We next used an intern to create a visual pre-assessment of each of our county-owned vending machines so we looked at the different products in the machine. We looked at the price and where they were placed and did this to establish a baseline for improvement. We then met with the purchasing department and vending company and shared with them our recommendations from a public health standpoint to elicit some feedback from them about next steps that we should take.

At that point they were able to provide us with a list of the available beverages they had within their distribution and we used that list to create an employee survey and find out which of the healthier beverage options available, which are the ones you would most likely purchase and see in the vending machines? We got a great response to that survey. I was shocked by how many people replied and they were thrilled we were moving in this direction. We also followed up with a taste test to try to get employee buy-in and make the employee part of the process. Then we developed the final policy and got that wording of the policy into the vending contract to make this a sustainable change and we're in the process of implementing that new product mix and we're excited about this process.

Moderator: That sounds exciting. Now, if other organizations want to do this and effective for them as well would it be the same process across the board? Is that something that other organizations could do?

Melanie Shefchik: The process would probably depend. It may be pretty similar. I mean there may be some elements we would recommend regardless like the taste test and the employee survey. In our case, as a government agency, we were dealing with contracts. We were required to do a bidding process. We had involvement from our purchasing department, so the process itself was sort of lengthy, so we worked with other companies in our county. In fact, just recently I worked with a county in the last couple of weeks and they were able to make these changes in a matter of a couple of weeks because they have a simpler relationship with the vending company and they could just say to them, we would like these changes and they do that so it depends on the formality of the relationship with your vending company.

Moderator: That makes sense. Now, what types of changes did you want to see with the vending machines? What did the feedback say from your employees and what was important to you guys to make changes?

Melanie Shefchik: We looked on the internet and found some really great guidelines, standards and policies that other places had implemented and used those to try and draft recommendations that would be a best fit for us here in Rockland County. We really wanted to provide people with a more proportional product mix and an adequate selection of healthier alternatives. From a pre-assessment, we knew that there were some machines that didn't carry water at all. There were some machines where water was regularly out of stock. For us, one of the main things was, we wanted water to be a minimum of two rows or equivalent number of buttons depending on the type of vending machine. We also wanted water to be placed in the most prominent location of the machine which is typically at eye-

level. And we wanted the sugary drinks to be placed in the least prominent location of the machine which is generally all the way at the bottom. We also wanted to implement a pricing differential with the water being at least 25 cents less than the sugary drinks and, lastly, we didn't want more than two rows of the machine to be sugar-sweetened beverages and we were defining that as beverages containing more than 25 calories per 8-ounce serving.

Moderator: So if looking at the vending machine, I am trying to visualize. If we've got two rows that are water and no more than two rows that are sugar-sweetened beverages. What else goes into the vending machine? What other options are available?

Melanie Shefchik: That's the hard part and figuring out what other beverages to have in there. You definitely see things like the diet or 0-calorie versions of beverages. They're widely available but we didn't want diet drinks be the healthier option so we did try to find some other naturally low-calorie beverages. From our employee survey, the top two healthier choices that were preferred by our employees were unsweetened iced-tea and club soda which comes in a variety of flavors. So, those are two other drinks. There are also some flavored waters on the market that are available. 100% fruit juice which we exempted from the sugar sweetened beverage category because it doesn't contain added sugar. And then also, depending on the machines that you have, you might see things like milk or vegetable juice. There is a variety of other things but it depends what the vending company has available. Do you have a bottle or can machine? At what price point do you want to sell the beverages? So it kind of varies.

Moderator: Okay. Interesting. Now, in addition to modifying vending machine content, what are other things an organization can do to implement and reduce consumption?

Melanie Shefchik: One easy thing is to practice healthy meetings. So whenever you are going to have a meeting or an event and you are serving beverages, be sure to include a water or club soda option for example. You can also modify your vending machine or create a healthy vending policy similar to what we did. You can provide pricing differentials that support healthier beverage purchases. You can do that in your vending machines, in your cafeteria, your gift shop, wherever you are selling beverages. You can also provide free water to employees with a water cooler or water fountain for example. You can provide taste tests of healthier beverages. A lot of times the vending companies are very willing to provide you with free samples to conduct these taste tests so that is worth looking into. You can also implement point of purchase messaging and lastly –really to spread this message and to be an advocate for these types of changes – you can try and encourage these interventions and changes within the community. Many of these activities can be translated into your public health work with employers, with schools, corner stores and restaurants and all of the other facets of our community.

Moderator: Excellent, and I think you have -- that is certainly a comprehensive list of what organizations can do and interesting that the vending machine suppliers being willing to do taste tests or provide samples. But I believe you have even more suggestions of what organizations can do as well.

Melanie Shefchik: Sure, from an educational standpoint, we found that the educational piece is essential for us in establishing buy-in and encouraging other organizations in our community to make

sustainable changes around sugar-sweetened beverages, so there is a number of activities you can do. You can distribute educational materials. And again, there is a variety of materials on this subject available at this point. I referenced New York City's earlier but there are others that you can look into. You could include articles and information about sugary drinks in your newsletter or any other publication you have. You can post messages or videos on your website or your Social Media outlets. You can also create visual displays that showcase the amount of sugar in these beverages. This can be as simple as taking an empty beverage container and filling it with the amount of sugar that's within that beverage. We find that people don't always know what X number of grams looks like when they read it on a food label, but when you present it to them visually, it is very eye-opening and they're often very surprised and interested to see it presented in that form.

You can also offer presentations on this topic. We recently started doing lunch and learns and offering that to our employers and that's been going quite well. We've also offered community presentations to our Head Start and school groups and other local coalitions. We find that by doing these presentations, the group often follows up with us and wants to make a more permanent change or do something more than just the educational piece.

Moderator: It certainly sounds like your organization is taking action and getting involved in a lot of ways to combat this problem. Have you received any feedback from the public how your efforts are being received?

Melanie Shefchik: Yes. I have to say originally when we began embarking on this campaign, I was not sure how the public or even our own employees would respond to this, particularly to the media element because it is very visual and it's kind of in-your-face, but overall the feedback has been extremely positive. We have gotten a lot of emails and verbal self reports of reduced sugary drink consumption and sometimes people come up to me and say "I was going to drink this and I thought of your ad, so I changed my order." And it's nice to hear that and those types of comments and also the feedback from the community has been great. A lot of nonprofits, schools and employers have taken elements of this campaign and implemented it within their own organization and so to me that's really the best kind of feedback.

Moderator: That is terrific to hear and not only you're doing all this work but people are receptive to it and changing their actions which is the ultimate goal. Now Melanie, again, we have a couple of more questions from the audience but in addition to the information you've provided and the questions we're going to answer, what resources would you recommend for folks if they wanted to find more information about what you're doing or where to get promotional materials?

Melanie Shefchik: So, these are just a couple of resources. Again, there are so many resources. If you would like to learn more about our campaign in Rockland County or see some of the materials we've created, I would encourage you to visit our website. You can contact me directly. I am happy to share our experience.

The next resource is cutyoursugar.org. This is NYSACHO's website on sugary drinks. They have some great information about the other grant recipients and their projects. They also have some other

recommendations about making vending policy changes. I also wanted to mention that for people living in New York State counties, NYSACHO sent out over the summer a packet of sample materials that we developed as well as the other grant recipients. If you are interested in more, I do believe they have more, so you may want to reach out to NYSACHO.

Another resource is New York City's Sugary Drinks Page, and that contains some great data and some fact sheets, also the videos similar to what we saw before. And lastly, the Centers for Disease Control has a campaign, *Rethink Your Drink*, which I am sure a lot of the audience is already familiar with, but they also have some excellent resources for people to use.

Moderator: Terrific! Thank you very much. Now, we did get some questions from the audience and the first is for you Ian. What other sources of data could you look at to better understand this public health problem? Are there other data sources you would recommend?

Dr. Ian Brissette: Sure. I could speak to three. Two that are really from a population perspective and then moving down to what tools could be used at a community level. So from, at the state perspective we also looked at data on purchasing of these beverages through scanner, grocery scanner data again that's another way we could look at this behavior, understand what is being purchased in seasonality.

Earlier I talked about the idea of schools taking action to restrict beverages, so in our state we're currently looking at local wellness policies that school districts are required to have and submit to the State Department of Education, so we're looking at the percentage and number of schools that have already taken action on their own to restrict the beverages that are available, and another opportunity is there are a number of great tools that can be used to do retail assessment so assessing what is available in retail outlets in the community.

We have done a project in upstate New York where we've used and developed a tool and conducted these community-level assessments of what's available. I know New York City who we worked on this project also has an assessment tool and for someone who is interested in gathering information what is available in their community, whether it be broad or narrow I think those resources would provide some useful information.

Moderator: Excellent thank you. Melanie the next question is for you. If your public health organization has limited resources to address this issue what would be a good first step?

Melanie Shefchik: I think some of the interventions I mentioned toward the end. I know obviously our media campaign had elements with a cost associated with them but some of the point of purchase things can be implemented without any money if you're able to print materials that are already available and I am happy to share what we have done and created so people can use those. Definitely practicing the meetings, creating some presentations you could do with the community. There are a number of things. You have to be creative and I know funding is definitely an issue right now. We're feeling it too and we're trying to be creative to keep this momentum going.

Moderator: Okay. Ian, is there any consideration in including alcohol base beverages in these surveys?

Dr. Ian Brissette: We do collect that information separately. The indicators from a public health perspective that we are particularly interested are around binge drinking as a risk behavior. It's an interesting idea to also look at general consumption and then see how it correlates with sugary drink consumption. I know that it is also a source of excess calories in many peoples' diets.

Moderator: Sure. And thank you guys both so much and thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs and again continuing education credits are available. To obtain Nurse Continuing Education Hours, CME and CHES credits, learners must visit www.phlive.org and complete an evaluation and a short post-test for today's offering. Additional information on upcoming broadcasts and relevant public health topics can also be found on our Facebook page. Don't forget to like us on Facebook to stay up-to-date. As a reminder, you can also download the companion guide to this broadcast on our website phlive.org. The companion guide will provide you with learning activities to help further your knowledge and understanding of topics covered in today's program. An archive of this webcast will be available within two weeks. Please join us on February 21st for our next broadcast: *American Indian Public Health Disparities: Regional Differences in Health*. I am Rachel Breidster. Thanks for joining us on Public Health Live!