



# Frequently Asked Questions

## *About Healthy Beverage Programs*

Being prepared for tough questions from employees, visitors and the media is an important part of getting buy-in and creating sustainability for your organization's efforts to implement a sugary drink or healthy food policy. Below are some frequently asked questions and common concerns that your organization may encounter as you promote your new policy.

### **Why focus on sugary drinks? What about french fries, ice cream, and candy — they are all unhealthy.**

About 16% of Americans' calories come from added sugars, and 46% of these added-sugar calories come from soda, energy drinks and sports drinks (36% combined) and fruit drinks with added sugar (10%).<sup>1</sup> Even though these drinks have a lot of calories, they won't fill you up like the calories in solid food.<sup>2</sup> Researchers have found significant evidence linking sugary drink consumption to obesity and other health-related issues.<sup>3</sup> National health scientists have identified consumption of sugary drinks as "the single largest contributor of calories and added sugars to the American diet."<sup>4</sup> Indeed, increased sugary drink consumption is believed likely to account for at least 20% of the weight gained by Americans during the past 40 years.<sup>5</sup>



The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet provides responses for the questions that have typically come up when healthcare organizations have implemented healthy beverage programs.

## Isn't it wrong for hospitals and other healthcare institutions to deny patients foods that may provide them comfort in a time of stress?

Healthcare institutions and providers are on the front lines of the chronic disease burden of the obesity epidemic. The role of hospitals within the community is to model healthy behaviors. Creating a treatment environment that is free of unhealthy food and beverage exposure should be a priority. Many providers will be willing to sacrifice easier access to sugary drinks in an effort to promote patient health. Healthcare institutions can reserve the right to provide sugary drinks to patients in unique clinical situations of need.

## Sweetened beverages such as soda can be used to treat hypoglycemia. What are alternatives?

One hundred percent fruit juice provides just as much sugar as a soda and is a fast-acting source of glucose for someone whose blood sugars are low.

## Many patients use ginger ale for nausea management. What are alternatives?

Ginger is a widely used remedy for nausea. Any product containing real ginger can help to settle an upset stomach, such as ginger tea, ginger snaps, or crystallized ginger. Most ginger ales on the market today actually don't have much, if any, real ginger in them. Other dietary tips for nausea management include:

- snacking on crackers, toast, dry cereal
- eating more frequent small meals and snacks
- eating bland foods that don't have a strong odor and avoiding fatty spicy foods
- smelling a fresh lemon<sup>6</sup>

## Don't sports drinks provide sugars and electrolytes that are important for staying hydrated?

Intense marketing has led many to believe that sports drinks are necessary to remain healthy and safe during exercise. The truth is that for the general population, consuming adequate amounts of water followed by a nutritious meal is effective in replenishing electrolytes lost during exercise.<sup>7</sup> Water, which is needed by every system in your body to function properly, is the optimal beverage to choose to stay hydrated.

## What about the fact that many healthcare providers rely on the caffeine in soda to stay alert during long shifts?

Individuals may still bring soda or other sugary drinks onto hospital property. However, coffee and tea are also caffeine sources if that is what is preferred. There are also many ways to increase alertness that don't depend on caffeine (and that offer additional health benefits) including:

- getting a good night's sleep
- exercising, being active
- eating regular meals and not skipping meals, especially breakfast
- relaxing, meditating
- drinking plenty of water

---

The role of hospitals within the community is to model healthy behaviors. Creating a treatment environment that is free of unhealthy food and beverage exposure should be a priority.

---



### **What about diet drinks? Aren't artificial sweeteners helpful for weight control?**

Artificial sweeteners are sugar substitutes that provide sweetness but virtually no calories.

Under federal law, substances — including artificial sweeteners — may only be used in food if the use is permitted by the Food and Drug Administration (FDA) under a food additive regulation or if the use is “generally recognized as safe” (GRAS).<sup>8</sup> In most cases, manufacturers are responsible for making their own GRAS determinations. While the FDA has the authority to review these GRAS determinations, due to limited resources it rarely does so.<sup>9</sup> There have been concerns about possible negative health

effects from consuming artificial sweeteners, and specifically about increased cancer risk. The National Cancer Institute states that “there is no clear evidence that the artificial sweeteners available commercially in the United States are associated with cancer risk in humans.”<sup>10</sup> However, diet sodas, like regular sodas, can contain caffeine and phosphoric acid, a combination that increases the risk of bone loss.<sup>11</sup>

Diet beverages can also have a sweeter taste than sugary drinks. Because human preferences for sweet foods and drinks can increase with exposure, researchers have theorized that regular consumption of artificially-sweetened drinks have the potential to lead to weight gain, instead of weight loss.<sup>12</sup> Therefore, diet drinks are not the best substitutes for sugary counterparts, and drinks that are naturally free of added sugars would be better choices for frequent consumption.

### **Being healthy is all about balancing calories in and calories out. Aren't soda and other sugary drinks fine as long as individuals properly manage their calories?**

Managing calories consumed in food and beverages and those burned off in physical activity is the key to maintaining a healthy weight. People who drink a lot of soda or other sugary drinks, however, tend to have a hard time finding this balance. These drinks typically contain a lot of calories (without much, if any nutrients), and result in extra calories consumed on top of a meal or snack. Practically speaking, to burn off the calories in one 12 ounce regular soda, an adult would have to walk for 30 minutes at a brisk pace.

### **Shouldn't we educate people about healthy eating, not force them to behave in a certain way?**

Education is an important part of any effort to get people to change their behaviors, but it is often not very effective when it's the only strategy. To achieve

real change, education must be accompanied by environmental changes that make [healthy choices the easy choices](#), such as making healthy options easily available, making unhealthy options less readily available, and making healthy options more affordable than unhealthy ones. A study conducted in two Boston teaching hospitals indicated that an educational campaign decreased purchases of sugary drinks in hospital cafeterias only when it was tied to an increase in sugary drink prices.<sup>13</sup>

### **How should community-based organizations respond to concerns that limiting sales of sugary beverages will hurt an important source of revenue for them, especially when they are already struggling for funding?**

When community-based organizations choose to provide healthy food and beverage environments for their clients, staff, and visitors, they affirm their commitment to the health of their communities. Increasing their revenue streams should not require sacrificing the health of their constituents. This is a message that community members will be able to appreciate and embrace.

*Last updated: March 2013*

This publication was prepared by the Public Health Law Center at William Mitchell College of Law, St. Paul, Minnesota, and Health Care Without Harm, with assistance from Jamie Harvie with the Institute for a Sustainable Future.

The Public Health Law Center thanks Michelle Strangis, Policy Coordinator for the Minnesota Department of Health's Comprehensive Cancer Control Program, for her review and comments.

The Boston Public Health Commission Healthy Beverage Toolkit was utilized with permission in the development of these resources.

## **Additional Resources**

This fact sheet is part of a series designed to support efforts to develop healthy beverage programs in hospitals and other healthcare settings. The entire series can be found on the Public Health Law Center's website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org) and at Health Care Without Harm's website at [www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org).

The [Commons Health Hospital Challenge program](#), led by the Institute for a Sustainable Future, also has resources and technical assistance geared towards communities, clinicians and Minnesota hospitals committed to leading obesity prevention efforts in their communities. [Health Care Without Harm](#), through its national [Healthy Food in Health Care Program](#), provides technical assistance and educational programming to support a national network of healthcare organizations in creating healthy food and beverage environments in their facilities. The [American Heart Association](#) also has several [policy position statements](#) on obesity prevention, and related resources to support healthy food and beverage environments in a variety of settings.



Financial support for this series was provided by Blue Cross and Blue Shield of Minnesota. Financial support was also provided by the [Minnesota Cancer Alliance](#) with funding from the Centers for Disease Control and Prevention (CDC) (Cooperative Agreement Number 5U55DP003045). The contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or those of any other person.

The Public Health Law Center provides information and technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice. For specific legal questions, consult with an attorney.

## Endnotes

- <sup>1</sup> U.S. DEP'T OF AGRIC. AND U.S. DEP'T OF HEALTH AND HUMAN SERVS., DIETARY GUIDELINES FOR AMERICANS, 2010 27-28 (7th ed. 2010) [*hereinafter* 2010 U.S. DIETARY GUIDELINES].
- <sup>2</sup> Y. Claire Wang et al., *Impact of Change in Sweetened Caloric Beverage Consumption on Energy Intake Among Children and Adolescents*, 163 ARCH. PEDIATRIC & ADOLESCENT MED. 336, 336-37 (2009).
- <sup>3</sup> Janne C. deRuyter et al., *A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children*, 367 NEW ENG. J. MED. 1397 (2012); Cara B. Ebbeling et al., *A Randomized Trial of Sugar-Sweetened Beverages and Adolescent Body Weight*, 367 N. ENG. J. MED. 1407 (2012); Qibin Qi et al., *Sugar-Sweetened Beverages and Genetic Risk of Obesity*, 367 NEW ENG. J. MED. 1387 (2012); and Matthias B. Schulze et al., *Sugar-Sweetened Beverages, Weight Gain, and Incidence of Type 2 Diabetes In Young and Middle-Aged Women*, 292 J. AM. MED. ASS'N 927 (2004).
- <sup>4</sup> INST. OF MEDICINE, ACCELERATING PROGRESS IN OBESITY PREVENTION, SOLVING THE WEIGHT OF THE NATION 167 (2012). *See also* 2010 U.S. DIETARY GUIDELINES, *supra* note 1, at 29.
- <sup>5</sup> Gail Woodward-Lopez et al., *To What Extent Have Sweetened Beverages Contributed to the Obesity Epidemic*, 14 PUB. HEALTH NUTRITION 499, 505 (2011).
- <sup>6</sup> DARTMOUTH-HITCHCOCK MED. CTR., SUGAR-SWEETENED BEVERAGES, FREQUENTLY ASKED QUESTIONS, [http://employees.dartmouth-hitchcock.org/documents/pdf/faq\\_Sugar\\_Sweetened\\_Beverages.pdf](http://employees.dartmouth-hitchcock.org/documents/pdf/faq_Sugar_Sweetened_Beverages.pdf).
- <sup>7</sup> Michael N. Sawka et al., *Exercise and Fluid Replacement*. 39 J. MED. & SCI. IN SPORTS & EXERCISE 377, 386 (2007).
- <sup>8</sup> 21 U.S.C. § 321(s). *See also* U.S. GOV'T ACCOUNTABILITY OFFICE, FOOD SAFETY: THE FDA SHOULD STRENGTHEN ITS OVERSIGHT OF FOOD INGREDIENTS DETERMINED TO BE GENERALLY RECOGNIZED AS SAFE (GRAS) 4-5 (2010).
- <sup>9</sup> *Id.*, at 8-14.
- <sup>10</sup> NATIONAL CANCER INST., ARTIFICIAL SWEETENERS AND CANCER, [www.cancer.gov/cancertopics/factsheet/Risk/artificial](http://www.cancer.gov/cancertopics/factsheet/Risk/artificial).
- <sup>11</sup> Katherine L. Tucker et al., *Colas, But Not Other Carbonated Beverages Are Associated With Low Bone Mineral Density In Older Women: The Framingham Osteoporosis Study*, 84 AM. J. CLINICAL NUTRITION 936, 936 (2006).
- <sup>12</sup> David S. Ludwig, *Artificially Sweetened Beverages: Cause for Concern*, 302 J. AM. MED. ASS'N 2477, 2477-78 (2009).
- <sup>13</sup> Jason P. Block et al., *Point-of-Purchase Price and Education Intervention to Reduce Consumption of Sugary Soft Drinks*, 100 AM. J. PUB. HEALTH 1427, 1429 (2010).